

NEXT10

What We Heard

The Next 10 Social Profit Survey

What We Have, What We Need and Where We Go Next

Results of the regional social profit sector survey, September 9 to October 6, 2026

325

survey responses

60

organizations represented

300

distinct programs (approximate)

Prepared for the Regional Working Session

October 15, 2026 | SMS Equipment Place, Fort McMurray

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1. About this report

In September 2026, FuseSocial, United Way Fort McMurray and Wood Buffalo and the Wood Buffalo Community Foundation, working with the Tomorrow Project tables, invited everyone who works or volunteers in the region's social profit sector to complete a short survey. The survey asked four things: what organizations deliver today, what needs and pressures they see among the people they serve, what people ask for that cannot be found in the region, and where organizations would be prepared to step up or step back if the funding and partners were in place.

The three organizations are referred to in this report as the partnership, and the Regional Municipality of Wood Buffalo as the Municipality. The survey is the first part of The Next 10, the sector's contribution to the Municipality's next Community Safety and Social Well-Being Plan. The second part is the Regional Working Session on October 15, where the sector reviews these findings, fills the holes, and works out who could carry the work forward with the right resources. The third part is a confirmed interest register and a sector proposal to the Municipality, due in December.

This report sets out what 325 people told us. It is written for the people who will be in the room on October 15 and for the partnership. It records what was said and organizes it so that it can be used; it does not make recommendations. Where the survey points to a decision the room needs to make, the report says so and leaves the decision to the room.

Figure 1. The Next 10 process and where this report sits.



How to read the numbers

Most questions were optional and people dropped off as the survey went on, so each chart states the number who answered that question, and percentages are shares of those who answered. Open-ended answers were read in full and sorted into themes. For those questions the percentages show how many respondents raised a theme, and one answer can count toward more than one theme. The survey counts people, not organizations. Several organizations had many staff respond, so a few voices are louder in the raw counts than they are in the sector. Where that matters, the report also gives a count by organization. Appendix C describes the method.

How to read the quotes

Respondents wrote a great deal, and much of it reads better in their words than in a summary. Quotes appear throughout the report in the teal boxes, and a longer collection is in Appendix F. They are reproduced as written, with spelling and punctuation corrected and nothing added. Each is attributed by the respondent's role and organization, as they gave them in the survey, and never by name. Roles are the survey's own categories: front-line staff, staff member, director or manager, executive leadership, board member and volunteer. A quote is one person's view. Nothing in it should be read as the position of their organization unless they said so, and many front-line respondents were careful to say that they do not speak for theirs.

2. Key messages

The six numbers below give the shape of the survey. Nine findings follow, each developed in the sections after this one.

Figure 2. The survey at a glance.



1. **Money is the first pressure.** Nearly half of respondents (48%) named cost of living, income or affordability as one of the three biggest pressures on the people they serve. It was the top pressure for front-line staff, managers and executive directors alike, and it was raised by 70% of organizations. People are working and still cannot cover rent, food and transportation.
2. **Mental health and housing come next, and they overlap.** Three in ten named mental health services and three in ten named housing. The housing need is wider than affordable units: respondents described supportive housing for people with complex needs, recovery housing for parents and families, shelter for men with children, and housing that lets seniors stay in the region.
3. **The people falling through the gaps are among the groups fewer organizations serve.** People living with low income (59%), people with mental health or addiction challenges (54%), people experiencing homelessness (43%) and people with disabilities (43%) top the list. For families, children and youth and 2SLGBTQ+ people, more organizations serve them than see them falling through. For the groups at the top of the list, it is the other way around.
4. **Referrals break down because services are full, not because people do not know where to send someone.** Waitlists are the biggest reason a referral goes wrong (64%), followed by the person not being able to get there (45%) and eligibility rules (42%). Only 12% said they do not know where to send people, and only 6% said referrals usually work. Respondents serving rural communities reported every barrier at a higher rate.
5. **The sector has one clear ask: sustained, multi-year funding.** Asked for the single most important thing that would help them keep delivering what works, 69% chose it. Among executive directors the figure was 87%. Everything else (staff, data, space, less administration) was in single digits.
6. **Organizations want to grow and work together more than start new things.** Asked where they would step up, 53% would expand a program they already deliver and 52% would work with others on a shared need. 15% would step back from something another organization is better placed to lead, and almost nobody sees a successor for what they might hand off.

7. **A lot of what works is precariously funded.** Respondents flagged permanent supportive housing and recovery housing, in-home supports for seniors, unfunded crisis shelter beds, a school food program that has stopped, a safe visitation service that was dropped and never picked up, free rural after-school and camp programs, and core Indigenous family supports delivered with little or no dedicated funding.
8. **Three gaps came up again and again, from different parts of the sector.** There is no coordinated way for people to find and be connected to services, though at least a dozen organizations run their own navigators. There is very little for adults with disabilities after they leave school. And there is little support between hospital or treatment and home.
9. **Respondents want a wider group in the room on October 15, and they want the day to end with decisions.** They asked for people with lived experience, First Nation and Métis representatives, rural communities, front-line workers, the Municipality and the health system to be present, and for the day to produce owners and next steps rather than another list.

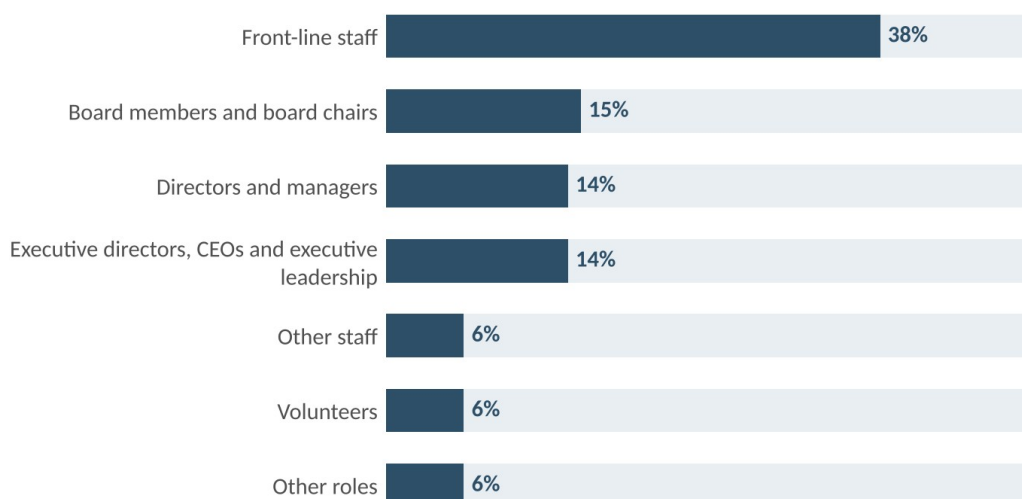
3. Who responded

325 people completed some or all of the survey between September 9 and October 6, 2026. The typical respondent spent about 15 minutes, and many spent far longer: some of the open-ended answers run to several hundred words. Almost everyone answered the opening questions about their role, their organization and the populations they serve. 250 described the needs they see, 208 answered the step up or step back question, and 196 reached the final question. 124 people left their name and 98 agreed to be contacted to follow up.

3.1 Roles

Front-line staff were the largest group at 38%. Board members (15%), directors and managers (14%) and executive leadership (14%) together made up 43%. Volunteers, other staff and people in roles such as coordinator, supervisor, nurse, counsellor and school principal made up the rest. This matters for reading the results: the survey is weighted toward the people who do the work and see clients daily, which is a strength for describing need and a limitation for reading the step-up answers as organizational commitments. Several respondents said so themselves: one board member wrote that "the whole board must decide on this", and a front-line worker at a youth mental health program answered the step-up question and then added, "I can't speak for that level of the organization."

Figure 3. Respondents by role.



n = 325. Respondents chose one role.

3.2 Organizations

304 respondents named their organization. After combining different spellings, 60 distinct organizations are represented, plus a handful of people who answered as individuals or preferred not to say. 21 organizations had one respondent, 5 had two and 34 had three or more. Five organizations (Wood Buffalo Wellness Society, St. Aidan's Society, YMCA of Northern Alberta, Autism Society of the RMWB and The Hub Family Resource Centre) account for 28% of all responses. Appendix D lists every organization and its number of respondents.

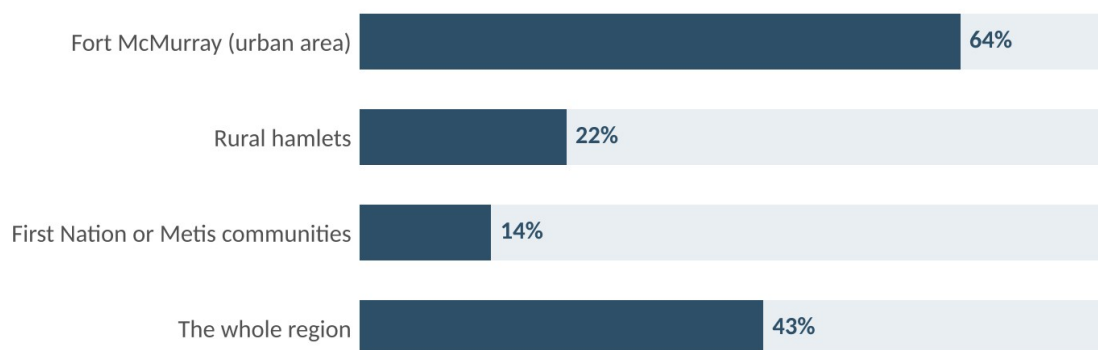
Housing, homelessness and recovery services, seniors services, newcomer settlement, children and family services, disability services, mental health, food security, the arts and the Catholic school division are all well represented. Some voices are thin or absent. No one responded under the name of the Fort McMurray Public School Division or of a First Nation. Athabasca Tribal Council, McMurray Métis, Nistawayou Association Friendship Centre, Aunties Within

Reach, Sesequon Healing Society, Fort McKay Wellness Centre and the Willow Lake Community Association did respond. Health services contributed three responses. Licensed child care operators, faith communities beyond one soup kitchen, sport and recreation groups, and organizations based in Fort Chipewyan, Janvier and Conklin are lightly represented. These gaps matter for October 15, because several of the groups that are missing are the same ones respondents said should be in the room. One settlement agency leader made a related point about the survey itself: when the community is surveyed, settlement agencies should be asked to help reach newcomer residents, because otherwise "this created a huge gap in missed information."

3.3 Where respondents work

64% mainly serve the urban area of Fort McMurray and 43% serve the whole region. 22% serve the rural hamlets and 14% serve First Nation or Métis communities; respondents could choose more than one. For the comparisons later in this report, respondents are grouped by the most specific area they named: 140 serve Fort McMurray only, 106 serve the whole region, and 75 serve rural hamlets or First Nation or Métis communities.

Figure 4. Part of the region mainly served.



n = 321. Respondents could choose more than one.

How to read this chart. Respondents could choose more than one part of the region, so the bars add to more than 100%. Each bar is the share of the 321 respondents who answered.

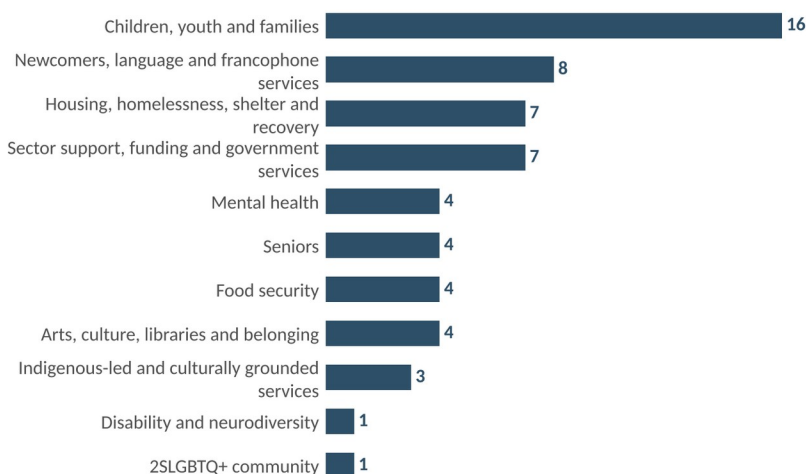
3.4 Who respondent organizations serve

Families (56%), children and youth (54%), the general public (54%) and Indigenous Peoples (51%) are the populations the most respondents' organizations serve. Fewer serve people experiencing or at risk of homelessness (34%) or women and people experiencing family or gender-based violence (29%). Francophones, neurodivergent people, survivors of sexual trauma and trafficking, artists, people experiencing racism, and the sector itself were written in under "other". Section 5.2 sets these figures beside the groups respondents see falling through the gaps.

4. What we have: programs and services in place today

210 respondents listed 796 programs and services for 55 organizations. Once duplicate entries from colleagues at the same organization are set aside, the list runs to roughly 300 distinct programs. Figure 5 shows how many organizations described at least one program in each area, and Appendix B summarizes the programs themselves, area by area. Five observations follow from the inventory.

Figure 5. Organizations with at least one program described, by area.



Organizations with at least one program described in that area, from 796 entries by 210 respondents. Some organizations appear in more than

How to read this chart. Each bar counts organizations, not programs; an organization with a housing program and a food program is counted once in each area. The areas match the headings in Appendix B.

Most of what the sector runs is core and ongoing, and much of it is full

Respondents described the large majority of their programs as core or ongoing rather than time-bound. The region already has substantial infrastructure for people with complex needs: two permanent supportive housing programs (Tawâw and the Centre of Hope's 17-resident program with a managed alcohol component), Housing with Supports for more than a hundred people, sober living homes, a detox centre with pre-treatment beds, a virtual treatment program, an FASD (Fetal Alcohol Spectrum Disorder) assessment clinic, a 45-bed women's shelter with second-stage housing, street outreach from two organizations and a day shelter. Every one of these was described as full, waitlisted or precariously funded, and the same is true of the settlement agencies, the seniors outreach team, the family resource network and the autism programs. One health worker described the capacity problem this way.

"We currently have a 16 bed facility, that's in an old house, although the atmosphere of the building is good. It would be better to expand services into a newer building to better serve our community as we are turning away people at this point."

Front-line Staff, Primary Care Alberta

The time-bound programs are the ones people are worried about

Time-bound and pilot entries were fewer, but they show where the risk sits. Some Other Solutions' therapeutic groups are funded to the end of 2027. The Alzheimer Society's Cultural Communities team and its grief and palliative work are project funded. Nistawoyou's land-based teachings and cultural crafting depend on grants, and its school banana program has stopped. St. Aidan's Age Well At Home in-home supports were funded through a federal pilot with no guarantee for this year. Waypoints' Unity House runs nine crisis beds with no funding attached. Fort McKay Wellness Centre's free after-school program and summer camp rely on project grants that are disappearing. Aunties Within Reach described most of its core Indigenous family support work as unfunded or underfunded. The Hub's Family Resource Network is being asked to offer more with less provincial funding.

"We want to continue to offer these for free but funding opportunities and grants are slowly disappearing or are only project based."

Executive Leadership, Fort McKay Wellness Centre

"We were supplying schools in Fort McMurray with bananas. Unfortunately, food security funds were severely diminished this year and we are struggling to get this program back in motion. It costs approximately \$900 per week to supply cases of bananas for up to 27 schools in the area."

Board Member, Nistawoyou Association Friendship Centre

Navigation is happening in at least a dozen places at once

St. Aidan's Link workers, CMHA's Community Supports Coordinators, The Hub's systems navigators, the Multicultural Association's Welcome Centre, YMCA settlement intake, the Autism Society's Disability Resource Coordinator and Caregivers Network, the Alzheimer Society's First Link, Wood Buffalo Pride's system navigation, Providence's Support Services Connector, Taproot's family support workers, Service Canada's outreach and Nistawoyou's informal referrals all help people find and reach services. Each is organized around a population. None is formally connected to the others, and respondents from several of them asked for a coordinated approach.

"I notice many organizations have a system navigator in house who makes outside referrals and it could be beneficial to be on the same page, share program referrals, capacity, and expansion."

Director or Manager, The Hub Family Resource Centre

Rural delivery exists, but it is thin

Hub on Wheels runs weekly in every rural community except Fort Chipewyan. The Food Bank's Mobile Pantry reaches six communities from Conklin to Fort Chipewyan. Waypoints, Wood Buffalo Pride, the Autism Society, the Arts Council, Justin Slade Youth Foundation, Aunties Within Reach and the library all deliver something in rural communities, and Mark Amy Recovery Services runs Wellness Wednesdays in Janvier. Fort McKay Wellness Centre runs its own free after-school, camp and meal programs. Several respondents described rural outreach as a "band-aid solution" because it is not consistent, and it is expensive to deliver because of distance, travel and the relationship-building it requires (Section 5.5).

Several things are in the pipeline

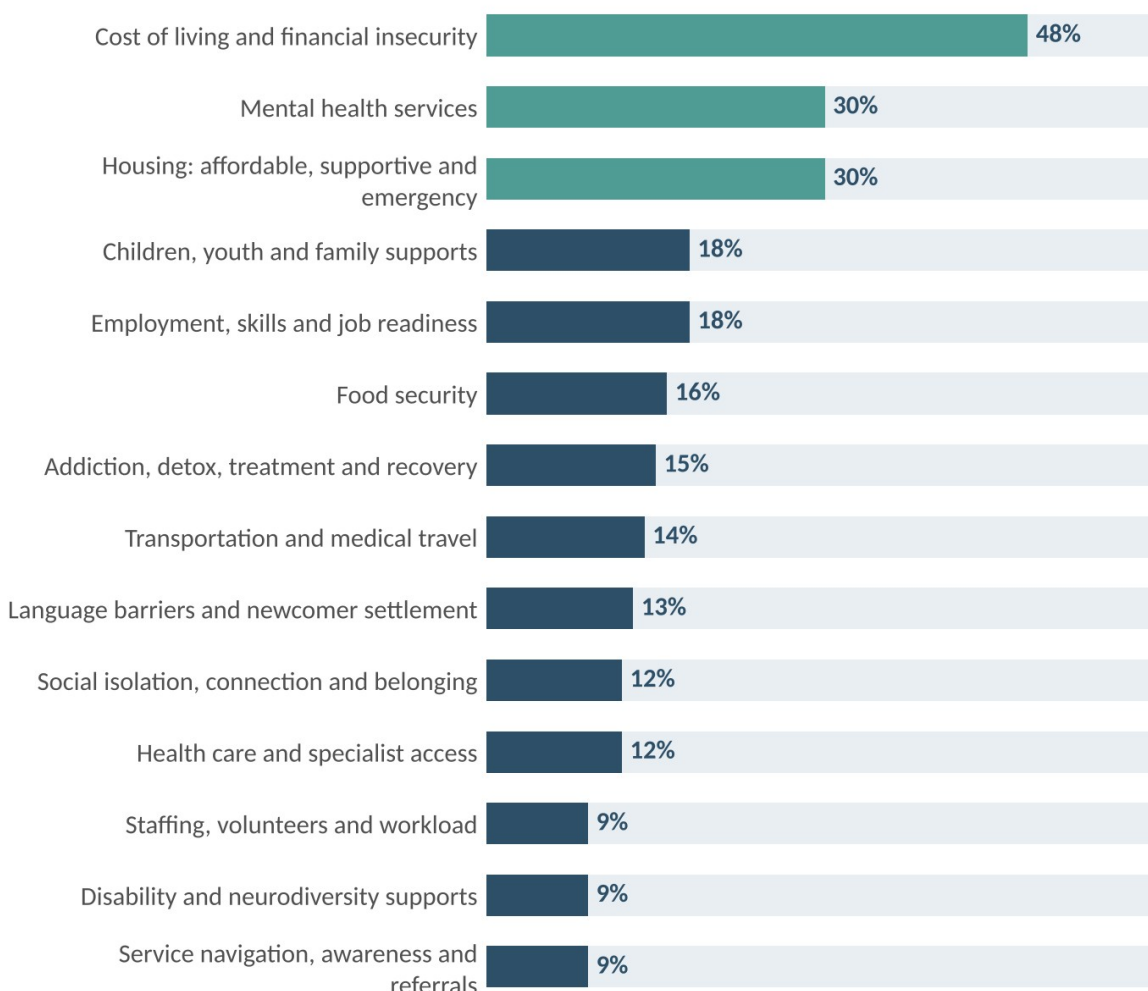
Respondents named CASA House and the CASA Adolescent Day Program (opening fall 2027), the Suncor Arts INCubator, FuseSocial's LoveWB website with a service directory, a YMCA proposal for a Wood Buffalo Connect communication platform for residents and service providers, a library digital technology position, youth programming with Kickstand (the provincial network of youth mental health hubs), and The Hub's wish to revive the Our Children Our Youth coalition. These should be on the table on October 15 so new work builds on them rather than beside them.

5. What we need

5.1 The biggest needs and pressures

Respondents were asked to name the three biggest needs or pressures among the people their organization serves. 250 people gave 715 answers between them. Figure 6 shows how often each theme came up once the answers were coded, and Figure 7 shows the words respondents used most, scaled by how often they appeared. Themes are not exclusive; "no money for rent" counts toward both financial insecurity and housing.

Figure 6. The biggest needs and pressures, by theme (share of respondents naming the theme).



n = 250. Share of respondents naming the theme among their three biggest needs. Coded from open text; many named more than one. Top three in teal.

How to read this chart. Each bar is the share of the 250 respondents who answered this question and who named that theme at least once among their three answers. Because one answer can carry more than one theme, the bars add to more than 100%. The three largest themes are shown in teal. The chart shows the 14 most common themes; the rest are covered in the text.

applications." People in that position go "from one income support to another", as one worker put it, with the rest of their settlement on hold.

"Income support challenges as applications are not approved and newcomers find this hard to navigate the complicated application. After doing the applications, they are not approved and due to less digital literacy they have to be dependent on staff and if the deadline is not met, they have to restart the applications that are causing mental stressors for many newcomers."

Front-line Staff, YMCA of Northern Alberta

Families under strain, and what follows from it. Family services staff drew a straight line from money to everything else: trouble affording food, housing, toiletries, recreation for children and therapy; stress and exhaustion in parents; and, in the words of one executive director, basic needs that "lead to stress, which leads to family breakdown and child abuse."

"Many families struggle with the rising cost of living, including housing, groceries, and childcare. Parents face stress and exhaustion, while children need more support with emotional regulation and social development."

Front-line Staff, The Hub Family Resource Centre

Emergency money that does not exist. Mental health workers, the friendship centre, the food bank, housing staff and municipal staff all described requests for small, immediate amounts: a damage deposit, a replacement for lost identification, a utility bill, gas, formula and diapers, a bus ticket rather than a monthly pass. In the words of a municipal manager, "sometimes it is needed immediately." Few organizations have a fund for it.

Financial insecurity sits underneath most of the other themes. It is why people cannot afford counselling, cannot get to appointments, cannot keep housing and turn to the food bank.

Mental health services

30% named mental health, and it was the second theme for directors, executive directors and board members and for respondents serving the whole region. The requests were specific, and together they describe gaps at every level of care.

- **Counselling people can afford, for long enough.** Free or low-cost counselling was the most common request, with the qualifier that it has to last. A shelter and housing executive said complex needs "in our experience require dozens of sessions". One respondent noted that the low-cost options that do exist "employ mostly people without advanced counselling training."

"Mental health care shouldn't be out of reach because of cost. Everyone regardless of income should be able to access professional mental health and wellness services."

Executive Leadership, Some Other Solutions

- **Psychiatry and acute care, which currently mean a referral out of town.** Youth and adults are referred out of the region for psychiatric care. A school division respondent asked for "acute mental health care, hospital level" and a hospital wing "like Unit 35/36". Housing and recovery staff asked for rapid psychiatry and long-term inpatient mental health care for people with concurrent disorders.

"Free therapy from professionally regulated therapists, although available resources are limited. Specialized mental health care such as psychiatric care: clients both youth and adult are referred out of town for psychiatric care."

Executive Leadership, Some Other Solutions

- **Children and adolescents.** Timely services for children and youth, supports for the families caring for them, and the ability to follow children for longer than six months after discharge. A front-line worker in a school-based mental health classroom said regular schools are "too busy, overcrowded, and overworked to address mental health concerns in a real capacity", and that the classroom itself is not equipped for the level of substance use some teenagers are experiencing.

"Regular schools being too busy, overcrowded, and overworked to address mental health concerns in a real capacity."

Front-line Staff, CASA Mental Health

- **The middle ground.** People who need more than peer support or a community program but are not in crisis. A mental health worker described this gap in detail and proposed a low-barrier service offering short-term counselling, navigation, follow-up and connections.

"There is a significant gap for people who need more support than peer support or community programming can provide, but who may not be in immediate crisis or require emergency services. A low-barrier service offering short-term counselling, navigation, follow-up, and connections to other supports could help prevent concerns from escalating."

Front-line Staff, CMHA Wood Buffalo

- **After hospital and after treatment.** Transitional supports when people leave inpatient care, recovery programs or hospital: safety plans, follow-up, peer support, and time to practise new skills. Three respondents from one mental health organization raised it independently.
- **After hours, in French, and for specific groups.** After-hours and crisis-adjacent support; mental health care in French, which does not exist in the region; neuroaffirming care for autistic people; culturally based, multilingual care for newcomers; 2SLGBTQ+ inclusive care at low cost; and individualized support for seniors, including in assisted living.

Housing: affordable, supportive and emergency

30% named housing. It was the second theme for front-line staff and for respondents serving Fort McMurray and the rural communities, and it was raised by 43% of organizations. The answers describe at least seven different housing problems, listed in Table 1, so "more housing" on its own is too broad an ask for October 15.

"Another Tawâw. We have a 30 person waitlist which translates to a 2 to 3 year wait for our housing program."

Executive Leadership, Wood Buffalo Wellness Society

Table 1. Seven housing problems described by respondents.

Housing problem	What respondents described
Affordable housing for families	• Units at 40% or more below market, which one provider says its current 20% discount does not approach • Four-bedroom and larger units for large and newcomer families • A second subsidized option besides Wood Buffalo Housing, because "when a client cannot go back there, they are left with no options" • Housing subsidy with a shorter waitlist

Housing problem	What respondents described
Permanent supportive housing	• A second building like Tawâw • The existing program has a 30-person waitlist, which its executive director translates into a two to three year wait • Supportive housing licensed under continuing care for people whose needs are medical as well as social
Recovery housing for parents and families	• A home for single mothers in recovery and their children • Reunification homes for parents working with Children's Services to get their children home • Recovery housing that accepts people with children and complex needs • Raised by six respondents from housing and recovery programs
Shelter for men	• There is no shelter for men in the region • None anywhere for men fleeing violence with their children • Raised by six respondents from two organizations
Between hospital and home	• Transitional and sober living housing after treatment, with structured programming attached • A supportive residential program for youth and adults with concurrent disorders who cannot live independently but do not need hospital
Seniors housing	• More housing like Rotary House for seniors who need some support and are still mobile • Completion of Willow Square so older adults do not have to leave the region for continuing care • Housing that lets couples stay together as their needs change
Landlords and the low-to-moderate gap	• Landlords willing to rent to people with a history, and pet-friendly units • A housing navigator for people who do not score high enough for Housing First and are not facing eviction, a gap that settlement workers say leaves most newcomers with nothing

Housing staff also described changes in who is arriving: an increase in seniors experiencing homelessness, and three-generation households in programs designed for individuals. The director of one shelter and housing program wrote that the need for housing "should be precedent as it is a basic human right", and that housing has to be built from a trauma-informed lens because Fort McMurray is a hub for rural communities "who have faced and are still experiencing generational trauma."

IN THEIR WORDS

"I would develop a supportive residential program for youth and adults with concurrent disorders who are unable to live independently and require ongoing clinical and behavioural support. A program that bridges this gap could help prevent homelessness, repeated hospital or emergency-room visits, involvement with the justice system, and housing breakdowns."

Front-line Staff, Centre of Hope

"Most newcomers do not score high enough on SPDATs to get housing first support, they are not facing eviction so can't access eviction prevention. There is nothing for the low to moderate housing support needs."

Staff Member, YMCA of Northern Alberta

Children, youth and families, and employment

18% raised needs specific to children, youth and families and 18% raised employment. The two overlap for teenagers and young adults, and both overlap with newcomers.

Waiting for FSCD and losing child care in the meantime. Inclusive child care staff described long waits between applying for Family Support for Children with Disabilities, approval and funded supports being in place. While families wait, children who need one-to-one support are being expelled from daycares and day homes, and educators are trying to include children with complex developmental, behavioural, sensory and trauma-related needs without the staffing to do it. The same staff asked for coaching, developmental consultation and navigation while families wait, "rather than requiring them to reach a crisis point before receiving help."

"Families can experience lengthy waits between applying for FSCD, receiving approval and having funded supports in place. This can be particularly challenging when a child requires 1:1 support to safely and successfully participate in a child care setting."

Front-line Staff, Providence Inclusive Child Care

Youth with nowhere to go and nothing free to do. Youth organizations described teenagers looking for "things to do that don't cost money", for places to go in the evenings, on weekends and in school breaks, and for a first job at 15 or 16. A school division manager asked for a mentorship program to help students "keep food in their bellies, clothing on their back" by building a résumé and work skills. A school division leader listed "jobs for teenagers" among the three biggest needs.

Aging out at 18. Three respondents from one youth organization, independently, asked for a program for ages 18 to 25, "for when they age out." A former participant who now works there put it this way: "the world is scary, you don't need to be an adult as soon as you graduate." The autism society and the school division said the same for young adults with disabilities, who leave school at 18 into nothing.

"More free programming and youth centres for youth, transitional programming for youth who age out of programs like this. The world is scary, you don't need to be an "adult" as soon as you graduate."

Staff Member, Justin Slade Youth Foundation

Employment for newcomers. Settlement workers described a closed loop: employers ask for "Canadian experience", employment services require language benchmark four, LINC (Language Instruction for Newcomers to Canada) classes have waitlists of 200 to 300 people and the higher-level classes have been cut, and people cannot get a work ticket without an offer letter or an offer letter without a ticket. People with very low English have no employment service at all. Several asked for an employment program that connects people directly with employers rather than ending at résumé writing.

IN THEIR WORDS

"Most of the clients are asked to have Canadian experience to be able to get a chance to find a job. Unfortunately, due to the language barriers and the fact they are newcomers it's become increasingly hard for them to secure a job. They end up going from one income support to another and it has a huge impact in their settlement."

Front-line Staff, YMCA of Northern Alberta

"Employment support that transcends beyond resume writing and interview coaching. Organizations that would support with looking for jobs and refer clients to employers."

Front-line Staff, YMCA of Northern Alberta

Food, addiction, transportation, language, isolation and health care

Six further themes were each raised by between one in eight and one in six respondents.

- **Food security (16%).** Emergency food, rising grocery costs and declining nutritious donations. The food bank's board reported that nutritious food basket donations have fallen because donors are feeling the same prices. The friendship centre asked for an emergency food fund for the things a hamper does not carry, such as meat, or gift cards, aimed at single-parent and off-reserve Indigenous families. A food bank worker added that people need "standard shelter where people can live in a dignified way and prepare and store what food they can get." Food security was the second theme for volunteers and the third for executive directors.

"Nutritious food basket donations have declined due to the high cost of groceries and the overall cost of living."

Board Member, Wood Buffalo Food Bank

- **Addiction, detox, treatment and recovery (15%).** A consistent list from detox, housing and recovery staff: concurrent disorders, more detox beds and medical detox in town, an in-person treatment facility in the north, low-barrier resources for people with low cognitive capacity, sober living with structured programming, aftercare and financial support for people leaving treatment, and supervised consumption with drug checking. It was the fourth theme for directors and managers and fifth for rural respondents.

"More sober living programs and homes that have a structured program attached to them. More programs for aftercare and financial support to help someone leaving treatment."

Front-line Staff, organization not stated

- **Transportation and medical travel (14%).** Rides from the hamlets to town, medical travel to Edmonton (one seniors board member noted that most specialists are 450 kilometres away), children getting to the CASA classroom, families with babies for whom "the bus is not ideal in the winter", and a city transit and on-demand system that four respondents from one family agency and a seniors board member described as not working for their clients.

"On demand transportation is not user friendly. Clients are losing out on services because they cannot use the on demand service well."

Front-line Staff, Taproot Community Support Services

- **Language barriers and newcomer settlement (13%).** Almost entirely about English classes, translation and employment. One college program has a 250-person waiting list for LINC. Single mothers cannot attend classes because there is no child care, which led to a request for adult night school. Agencies cannot afford interpreters, so some services are closed to people who do not speak English. A francophone organization described requests for in-depth support in French on Canadian culture, adult education equivalency and personal finance that it cannot meet with its staff.

"LINC class waitlists are over 300 and recent funding cuts reduced class numbers even further so many cannot access services for a year or more. No longer any language classes above CLB 4."

Staff Member, YMCA of Northern Alberta

- **Social isolation, connection and belonging (12%).** Raised for seniors, newcomers, youth and 2SLGBTQ+ people, and the top theme by far among volunteers (54%), more than half of whom visit seniors. One volunteer described a senior's three biggest needs as "to know someone is there to help if she needs, someone to check up on her, someone to chat with or company." A theatre manager listed "a reason to gather

and share." A respondent outside any organization named "judgement from others, including service providers who do not understand their struggles."

"I met so many seniors who were grieving pets they had to give up in order to live in a facility, seniors who were lonely and just wanted someone to go for a slow-paced walk with them, and seniors who were alone and newly diagnosed with dementia and scared on what their life is going to look like now. Many seniors mentally suffer alone when they don't need to."

Front-line Staff, Autism Society of the RMWB

- **Health care and specialist access (12%).** Family doctors, geriatricians and other specialists, home care, continuing care beds (people "need to leave Fort McMurray at times due to no beds"), French-language care, cardiac care, dental and optical costs, and autism and ADHD assessments that are private and paid out of pocket. Board members raised health care more than any other role.

"Many people and their families must travel to larger centres, such as Edmonton, for specialized consultations, assessments, and dementia diagnoses. Bringing more specialized geriatric and dementia care into local communities would improve timely access to assessment, diagnosis, treatment, and ongoing support."

Front-line Staff, Alzheimer Society of Alberta and NWT

Themes raised by fewer respondents

A smaller number of respondents raised things that are easy to lose in the counts and should not be.

- **Indigenous-led programming and cultural safety (8%).** Seven respondents from one housing and recovery organization, at every level from front-line to executive, named "Indigenous programming" or "Indigenous organizations doing the work" as one of their three biggest needs. Indigenous organizations asked for culturally safe women's and emergency shelter, "truly culturally safe and trauma-informed resources", land and space for land-based healing, ceremonies and sweat lodges, and powwow teachings in Fort Chipewyan. Section 5.5 and Section 6 return to the distinction respondents drew between Indigenous-serving and Indigenous-led.

"Not enough Indigenous programming, Indigenous organizations doing the work."

Executive Leadership, Wood Buffalo Wellness Society

- **Safety, hate and discrimination (8%).** 2SLGBTQ+ organizations and a municipal inclusion worker described rising hate and intolerance, provincial legislation, and an inability to support youth in schools because of it. Girls' programming staff raised gender-based violence, online safety and body image. Front-line health staff named domestic and child abuse among the three biggest pressures.
- **Disability and neurodiversity (9%).** Adults with disabilities have nothing after high school; PDD (Persons with Developmental Disabilities) designations are "almost impossible to get"; emergency services are not equipped to respond to neurodivergent people in crisis; and workplaces and public spaces are not sensory-friendly. Board members raised disability more than other roles.

"Day program for when our 18 year olds with disabilities finish school and cannot work or attend post secondary. There isn't anything for them like this here."

Front-line Staff, Autism Society of the RMWB

- **Organizational capacity (9% staffing and 9% funding).** "People are stretched and burned out." Turnover, disengaged boards, skill gaps, demand that exceeds supply, grant processes that are "inconsistent and

unreliable", and a seniors centre run by a working board that puts in at least 750 volunteer hours a month. A child care network board noted that staff ask for better wages and benefits and that provincial funding caps make it impossible.

"Capacity: people are stretched and burned out. Adaptability: how can we change what is no longer working? Sustainability: always."

Director or Manager, FuseSocial

- **Arts, recreation and third places (8% and 8% space).** "Not enough third places." Space to make and show art, affordable workshops, sport that is not tied to income and does not require travel to Edmonton, and activity space. One arts worker summed up what people in the arts need in three words: cost, care and say.

"Cost: supplies, travel, everyday living expenses. Care: people need welcoming spaces to connect and heal. Say: people want a real voice in programs made for their community."

Front-line Staff, Arts Council Wood Buffalo

- **Technology (4%).** Seniors who are "not tech savvy enough" for online systems, newcomers who cannot complete applications, students without computers at the youth centre, and the library's wish for a dedicated technology support position.

Does the answer change depending on who you ask?

Not at the top. Cost of living leads for every role except volunteers, and for every part of the region. The differences are in what comes next, and Figures 8 and 9 show them by role and by part of the region. Front-line staff put housing second and are the group most likely to raise employment and language, which reflects how many of them work in settlement and housing. Directors and managers put mental health and housing level and were the most likely to raise addiction. Executive directors named cost of living most often of any group (64%) and put mental health and food security next. Board members were more likely than others to raise organizational funding, seniors and health care, and less likely to raise housing. Volunteers, most of whom visit seniors, named isolation first.

By part of the region, respondents serving rural hamlets and First Nation or Métis communities named cost of living even more often (60%) and, after housing and mental health, put children and youth, addiction and food next. Respondents serving the whole region put mental health second by a clear margin and were the most likely to raise health care access and waitlists. Respondents serving Fort McMurray only were the most likely to raise employment and language, again because that is where the settlement agencies work.

Figure 8. Share of each role group naming each theme among their three biggest needs.

	Front-line and other staff (n=133)	Directors and managers (n=36)	Executive leadership (n=33)	Board members (n=35)	Volunteers (n=13)
Cost of living and financial insecurity	50%	47%	64%	37%	23%
Mental health services	29%	39%	42%	29%	0%
Housing: affordable, supportive and emergency	34%	39%	24%	17%	15%
Children, youth and family supports	18%	25%	18%	14%	8%
Employment, skills and job readiness	23%	6%	21%	11%	0%
Food security	13%	11%	30%	17%	31%
Addiction, detox, treatment and recovery	16%	31%	6%	11%	0%
Transportation and medical travel	14%	17%	9%	14%	23%
Language barriers and newcomer settlement	17%	14%	6%	9%	0%
Social isolation, connection and belonging	9%	11%	15%	9%	54%
Health care and specialist access	14%	11%	3%	20%	0%
Staffing, volunteers and workload	12%	8%	0%	11%	0%

Share of each group naming the theme among their three biggest needs. Darker means more often.

How to read this chart. Read down each column to see what one role group named most often, and across each row to compare groups on one theme. Each cell is the share of that role group naming that theme; darker cells mean a larger share. The number of respondents in each group is shown under the column heading, and the volunteer column rests on only 13 people.

Figure 9. Share of respondents in each part of the region naming each theme.

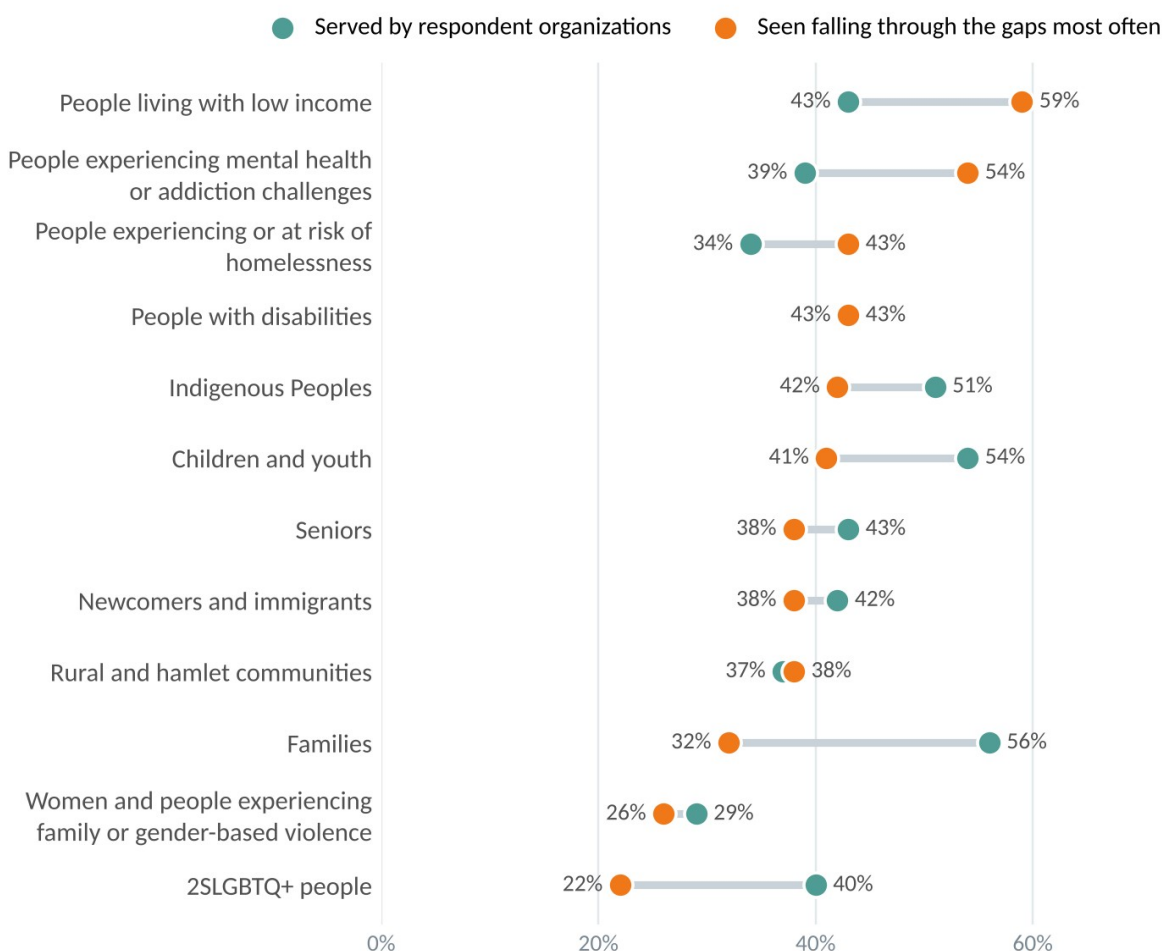
	Serve Fort McMurray only (n=110)	Serve the whole region (n=81)	Serve rural hamlets or First Nation or Métis communities (n=58)
Cost of living and financial insecurity	41%	51%	60%
Mental health services	27%	35%	31%
Housing: affordable, supportive and emergency	36%	19%	34%
Children, youth and family supports	18%	12%	24%
Employment, skills and job readiness	22%	11%	19%
Food security	15%	15%	22%
Addiction, detox, treatment and recovery	16%	9%	22%
Transportation and medical travel	15%	10%	19%
Language barriers and newcomer settlement	19%	9%	9%
Social isolation, connection and belonging	11%	14%	14%
Health care and specialist access	11%	16%	9%
Staffing, volunteers and workload	13%	6%	7%

Share of each group naming the theme among their three biggest needs. Darker means more often.

How to read this chart. Respondents are grouped by the most specific part of the region they serve (Section 3.3). Each cell is the share of that group naming that theme; darker cells mean a larger share. Compare across a row to see where a theme is felt most.

5.2 Who falls through the gaps

Figure 10 sets two answers side by side for each population: the share of respondents whose organization serves that group, and the share who see that group falling through the gaps most often. Where the orange dot sits to the right of the teal one, more people see the group falling through than serve it.

Figure 10. Populations served by respondent organizations compared with populations seen falling through the gaps.

Served: n = 322. Falling through the gaps: n = 259. Respondents could choose more than one.

How to read this chart. Each row is one population. The teal dot is the share of respondents whose organization serves that population (322 answered). The orange dot is the share who named that population as one of the groups that most often falls through the gaps (259 answered). The grey line joins the two. When the orange dot is to the right of the teal dot, more people see the group falling through than serve it, which points to a gap in coverage; when it is to the left, the group is widely served and less often seen as falling through. Populations are sorted by the orange dot. Both questions allowed more than one answer.

People living with low income (59%) and people experiencing mental health or addiction challenges (54%) are the two groups most often seen falling through, and both are served by fewer than half of respondent organizations. People experiencing or at risk of homelessness are served by one of the smallest shares of organizations (34%) and seen falling through by 43%. For families, children and youth, Indigenous Peoples and 2SLGBTQ+ people the pattern reverses: many more organizations serve them than see them falling through, which suggests coverage, though not necessarily depth. Front-line staff were the most likely to name people who are homeless; executive directors were the most likely to name rural and hamlet communities and Indigenous Peoples; board members were the most likely to name seniors.

The write-in answers, and answers elsewhere in the survey, add groups the list did not offer: teenagers aged 14 to 18 and young adults 18 to 23; adults with disabilities after they age out of school; Indigenous groups without charitable

status that cannot access grants; the working poor who do not meet eligibility criteria; college students; people in rural communities waiting for emergency response; men as single parents, who "have different needs" and "need a lot more support"; people aged 50 to 59, who fall between family and seniors programs; and small organizations that cannot afford shared services or send staff to training. Section 5.5 looks at eight of these populations in more depth.

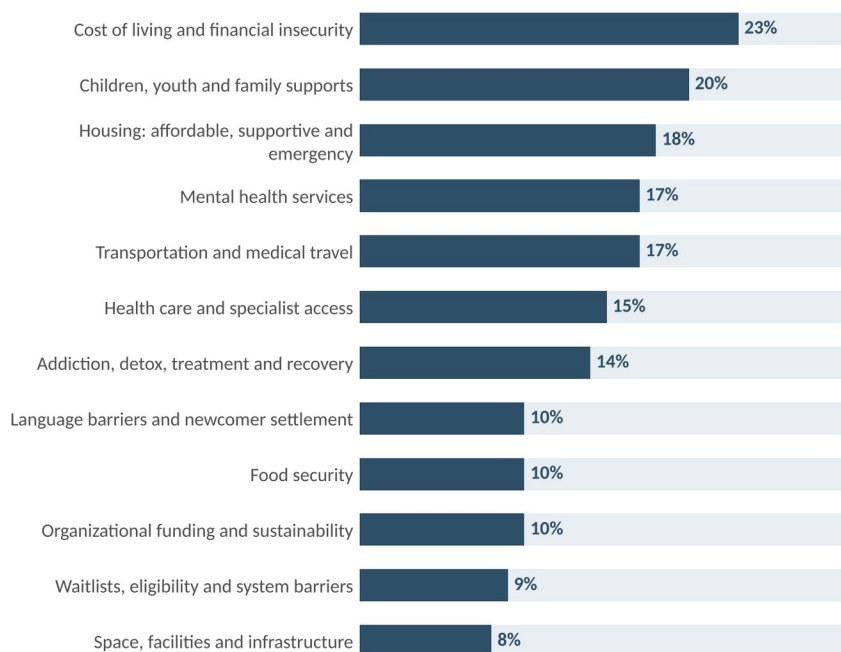
5.3 What people ask for that cannot be found in the region

213 respondents described what people ask their organization for that it cannot provide and that cannot be found anywhere in the region. The themes in Figure 11 overlap with the needs above, but this question drew out specific missing services, and Table 2 lists them. It is the nearest thing in the survey to a gap list, and a reasonable starting point for October 15. Two things stand out. First, several of the gaps are a shortage of capacity rather than an absence of service: the service exists, and the waitlist, the eligibility rules or the price put it out of reach. A primary care worker summarized it as "services are available but there are gaps to access: waitlists, not meeting criteria, working poor, language barriers." Second, many of the asks are small: a ride, a gas card, a gift card for meat, formula, a replacement ID, somewhere to store belongings, a kitchen to cook in, a fenced playground.

"Meals for those that are ill or unable to attend the soup kitchen in person. Temporary storage of personal belongings for those that can't afford a storage unit."

Director or Manager, NorthLife Fellowship Soup Kitchen

Figure 11. What people ask for that cannot be provided or found in the region, by theme.



n = 213. Share of respondents whose answer touched the theme. Coded from open text.

How to read this chart. Each bar is the share of the 213 respondents who answered this question whose answer touched that theme. One answer can count toward more than one theme. The themes are the same set used in Figure 6, so the two charts can be compared directly.

Table 2. Services people ask for that respondents could not provide or find in the region.

Area	What people asked for
Housing and shelter	• A shelter for men, and for men fleeing violence with their children • Recovery-based housing for parents and families, including parents working with Children's Services • More permanent supportive housing for complex needs • Enough emergency shelter beds • Transitional or sober living housing after treatment • A shelter that accepts families regardless of immigration status • A housing navigator for people with low to moderate needs • Rapid housing • Seniors assisted living and continuing care beds in the region • A safe living environment for teenagers
Treatment and clinical care	• Medical detox in town • An in-person treatment facility • Intensive, trauma-focused inpatient addiction and mental health treatment for the north • Psychiatry for complex clients • An acute mental health unit • Youth addiction treatment and detox • Long-term inpatient mental health care • Psychosis supports in rural communities • Crisis response for autistic youth and adults • Supervised consumption and drug checking • After-hours support • Free ongoing counselling • Transitional supports after hospital or treatment • Residential programs for children and youth without a waitlist
Health care	• Geriatricians and other specialists who come to Fort McMurray (several respondents suggested monthly clinics) • Home care • Gender-affirming care • French-language health and mental health care • Cardiac care • The cost of dental and optical care • Autism and ADHD assessments, which are private and paid out of pocket • Timely developmental assessments for children • Occupational, speech and play therapy

Area	What people asked for
Disability	• One-to-one aides in child care while families wait for FSCD • Overnight respite • Daytime programming and a PDD-approved drop-in for adults with disabilities • An outreach program for neurodivergent adults • Specialized behavioural supports • Specialized schools • Supportive and communal housing for neurodiverse people • Adult autism diagnosis
Basic needs and emergency help	• Emergency financial assistance for rent, damage deposits, bills, lost identification and gas • Formula and diapers • Food beyond a monthly hamper • Meals on wheels and meal delivery for people who cannot come in • Laptops, phones and mobile plans • Temporary storage for people without housing • Help with status cards, immigration documents and the Canada Revenue Agency
Transportation	• Rides or taxi fare to medical appointments, especially for families with babies in winter • Medical travel and accommodation in Edmonton • Transit from the hamlets • Transportation to programs (CASA classroom, family support programs, preschool, field trips) • Donated sport equipment coming from Edmonton rather than from within the region
Newcomers and language	• LINC seats (waitlists of 200 to 300 and a year or more) • Classes above benchmark four, which were cut • Employment services for people below benchmark four or on temporary status • Translation and interpretation, which agencies cannot afford • Culturally based, multilingual, in-person mental health support • Help with income support applications • Affordable child care so mothers can attend language classes • Adult night school • In-depth support in French on Canadian systems and personal finance
Children, youth and families	• Free or affordable child care, including outside 6 a.m. to 6 p.m • Programming for young adults 18 to 25 • Computers at the youth centre • Free evening and weekend places for youth • Tutoring • Home visitation in other languages • Support for families whose children have extreme behaviours • Boy-specific programming • Services for people aged 50 to 59

Area	What people asked for
Seniors	• In-home help with cleaning, meals, laundry, yard work and snow • Medically assisted living in the community • Meals on wheels • Medical travel support • One-to-one help with technology • Volunteers for every isolated senior
Space and the arts	• A purpose-built arts space and a real gallery ("not just a hallway") • Arts education at the post-secondary level • An autism centre with room for day programs and overnight respite • A kitchen people can cook in • More room at the seniors centre • A larger gymnastics facility • A bigger Redpoll Centre (the shared office space for social profit organizations)

IN THEIR WORDS

"Although there are programs offering non-traditional hours, the current funding model does not support the program in implementing affordability outside of traditional 6am to 6pm hours. Supplemental fees are not regulated and lead to two tier or unaffordable outcomes."

Executive Leadership, Children First: Community Child Care Network Society

"Adults seeking an autism diagnosis face significant barriers, including very long wait times and, in some cases, substantial private assessment costs."

Executive Leadership, Autism Society of the RMWB

"Our community frequently asks for comprehensive, in-depth support in French regarding Canadian culture, adult education and equivalency systems, and personal financial management. We cannot provide them internally due to our limited staff capacity and very scarce French-language resources."

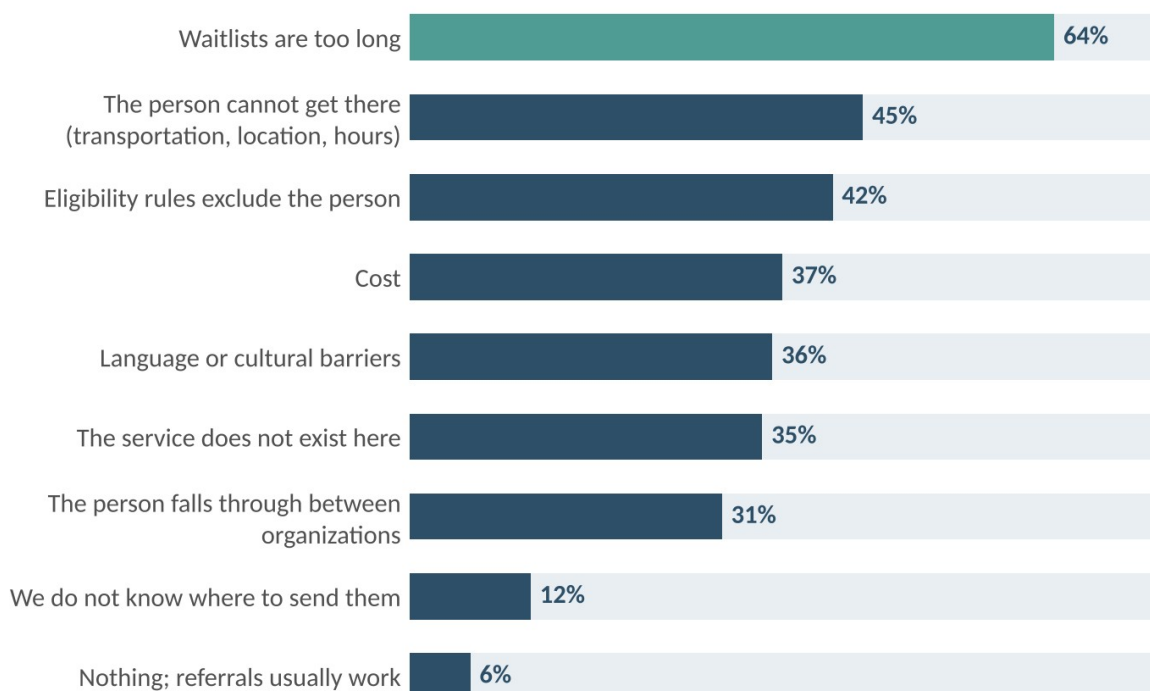
Staff Member, Francophonie Canadienne Plurielle (FRAP)

5.4 What goes wrong with referrals

When respondents refer someone to another organization, what most often goes wrong? 209 answered. Waitlists are the clear leader at 64%. Getting there (45%), eligibility rules (42%), cost (37%), language and cultural barriers (36%) and the service not existing here (35%) follow in a tight cluster. Nearly a third said the person falls through between organizations. Only 12% said they do not know where to send people, and 6% said referrals usually work.

"We can provide information, navigation and referrals, but sometimes the appropriate service has long waits, eligibility restrictions, limited capacity, or is difficult to access because of language or cultural barriers."

Executive Leadership, Multicultural Association of Wood Buffalo

Figure 12. What most often goes wrong when referring someone to another organization.

n = 209. Respondents could choose more than one.

How to read this chart. Respondents could choose as many barriers as applied, so the bars add to more than 100%. Each bar is the share of the 209 who answered. The last bar, "nothing; referrals usually work", is the share who reported no problem.

Respondents who serve rural hamlets or First Nation or Métis communities reported nearly every barrier at a higher rate (Figure 13, at the end of this section): 56% said the person cannot get there (against 40% of those serving Fort McMurray only), 48% named eligibility rules, 46% named cost and 40% said the service does not exist. Respondents serving the whole region were the least likely to say they do not know where to send people (7%).

The write-in answers added discrimination against 2SLGBTQ+ clients in services that divide people by binary gender, services that look different on paper than they do for the client, a lack of follow-up between referral and connection, long waits for equipment and specialist appointments, and a reluctance to send people to places where they have had a bad experience. Settlement workers described a loop in which Wood Buffalo Housing and income support "keep on sending clients back to the YMCA office", and a manager at a First Nation organization described referrals as "short term or limited. Everyone refers to someone else but no one is doing the actual work." A child and youth mental health manager noted that even within Fort McMurray, which side of the bridge a family lives on affects whether they can reach a service.

IN THEIR WORDS

"Better supports at Wood Buffalo Housing and income support as they keep on sending clients back to the YMCA office and do not provide any supports to them. Clients are so frustrated with long waiting and complicated application process due to language barriers."

Front-line Staff, YMCA of Northern Alberta

"Families may be navigating several systems at once, including FSCD, AHS, Early Intervention, schools and

community agencies. Stronger coordination, clearer referral pathways and system navigation would help families access the right support sooner and reduce the likelihood of children falling through gaps between services."

Front-line Staff, Providence Inclusive Child Care

Figure 13. Referral barriers by part of the region served.

	Serve Fort McMurray only (n=85)	Serve the whole region (n=71)	Serve rural hamlets or First Nation or Métis communities (n=52)
Waitlists are too long	65%	62%	65%
The person cannot get there (transportation, location, hours)	40%	45%	56%
Eligibility rules exclude the person	44%	37%	48%
Cost	35%	34%	46%
Language or cultural barriers	36%	34%	38%
The service does not exist here	38%	30%	40%
The person falls through between organizations	32%	28%	35%
We do not know where to send them	15%	7%	12%

Share of each group choosing the barrier. Respondents could choose more than one.

How to read this chart. Each cell is the share of respondents in that column who chose that barrier; darker means more. Read across a row to see whether a barrier is felt more in one part of the region than another.

5.5 Population spotlights

The themes above cut across populations. This section sorts the same material by population and gathers what respondents said about eight groups of people. Each spotlight draws on every open-ended question in the survey, not only the needs question, and gives the share of respondent organizations that serve the group and the share who see it falling through the gaps where the survey asked. These are the voices of people who work with each group, not the group itself, and several respondents said the people themselves should be at the table on October 15.

Seniors

Served by 43% of respondent organizations; seen falling through the gaps by 38%. Named most by board members and volunteers.

What respondents see

Seniors services, the seniors centre, the Alzheimer Society, a francophone seniors organization, housing staff and volunteers described a population growing "faster than ever before" while the services around it run at

capacity. The pressures are financial (income just above benefit thresholds, medical travel to Edmonton with no reimbursement, dental and optical costs), practical (rides, groceries, housekeeping, snow, help with technology and forms) and emotional (loneliness, grief, loss of independence). Housing staff are seeing more seniors experiencing homelessness. Volunteers who visit seniors named isolation above everything else.

The seniors centre is run by a working board that puts in at least 750 volunteer hours a month and has a plan for more housing to which, in its words, "the city isn't responding." The in-home supports that let people age at home were funded through a federal pilot with no guarantee for this year. A new bus system was described as "a nightmare to navigate." Several respondents noted that people aged 50 to 59 fall between family and seniors programs.

"Our current location cannot handle the increased volumes. They want to spend their last days in the community they call home, not a location where family and friends struggle to visit!"

Board Member, Golden Years Society

What is missing

- Sustained in-home supports: housekeeping, meals, laundry, yard work, snow and home safety, with navigation attached
- Medical transportation and travel support for appointments out of town, and travelling specialist clinics including a geriatrician
- Housing like Rotary House, completion of Willow Square, and medically assisted living in the community so people can stay in the region at the end of life
- Meals on wheels for seniors who are sick or housebound
- One-to-one help with technology and forms, and more ways to meet people: walking groups, coffee times, individual engagement rather than only through agencies
- Individualized mental health and addiction support for seniors, including in assisted living

"Providing preventative support earlier could help seniors maintain their independence, reduce isolation, and potentially prevent situations from becoming crises that require more intensive intervention."

Front-line Staff, St. Aidan's Society

"Seniors want to be engaged individually, not just through agencies."

Staff Member, Fédération des aînés franco-albertains (FAFA)

Children, youth and families

Families are served by 56% of respondent organizations and children and youth by 54%; seen falling through by 32% and 41%.

What respondents see

More organizations serve children and families than any other group, and the respondents who work with them gave some of the most detailed answers in the survey. In the early years the main problem is waiting: for FSCD, for developmental assessments and for one-to-one aides, during which children lose child care placements and families manage alone. In child care the problem is money: subsidies that stop at \$326.25, unregulated fees outside 6 a.m. to 6 p.m., and an early childhood workforce in which "more than 85% of ECEs are new in the last 4 years." For youth the needs are belonging and a first step into adulthood: free places to go in the evenings and on weekends, a first job, a mentor (the mentoring agency's biggest struggle is finding enough), and something for the years between 18 and 25.

Two leaders at one family services agency made the same structural point: children are not treated as a vulnerable population in the social well-being strategy and have no representation on municipal committees. One agency stepped back from Safe Visitation last year and no one picked it up. School staff said schools are the first line of support for families in crisis and are not resourced for it, and asked for a community liaison between

schools and agencies.

"Would love to see greater community understanding that childcare is infrastructure. If parents can't access quality childcare they can't get to work."

Board Member, Children First: Community Child Care Network Society

What is missing

- Shorter FSCD waits, one-to-one aides in child care, and coaching, consultation and navigation while families wait
- A family wellness service with short waits, evening hours, culturally responsive support and transportation
- Free youth spaces in evenings, weekends and school breaks, especially for rural and Indigenous youth, and more drop-in play for families
- Youth employment, mentorship and résumé programs for ages 15 and up, and a program for ages 18 to 25
- Transportation for children to the CASA classroom and other programs
- Supply-side child care funding, food security funding in child care, and investment in educator wages
- Safe Visitation restored, the Our Children Our Youth coalition revived, and children named as a vulnerable population in the plan

"Support should be available early, including while families are waiting for assessments, diagnoses, or funding, rather than requiring them to reach a crisis point before receiving help."

Front-line Staff, Providence Inclusive Child Care

"We want the Municipality and community partners to know that youth need more than programs. They need safe places to belong, positive experiences, supportive adults and opportunities to have a voice."

Executive Leadership, Justin Slade Youth Foundation

Newcomers and francophones

Newcomers and immigrants are served by 42% of respondent organizations and seen falling through by 38%. Francophones were written in under "other".

What respondents see

Respondents from the two settlement agencies, the college's language program, the family resource network and francophone organizations described a settlement system with a bottleneck at language. LINC waitlists run from 200 to over 300 people and a year or more; classes above benchmark four were cut; employment services require benchmark four; employers ask for Canadian experience; and income support and housing applications fail on language and digital literacy and have to be restarted. Agencies cannot afford interpreters, so mental health counselling and other services are closed to people who do not speak English. Single mothers cannot attend classes without child care. Newcomers on temporary status, asylum seekers and temporary foreign workers are excluded from most employment services altogether.

Francophone respondents described a separate absence: no health care or mental health care in French, few French resources for families, youth and seniors, and requests for in-depth French support on Canadian systems and personal finance that a small organization cannot meet. The regional francophone association's leadership and board will be at the Francophone convention in Edmonton on October 15.

"Some services exist but are not available to newcomers due to immigration status, waitlists, English proficiency or cultural relevancy."

Staff Member, YMCA of Northern Alberta

What is missing

- More LINC seats, classes above benchmark four, workplace-specific language classes and adult night school
- An employment program with a computer lab and direct connections to employers, open to people with very low English and on temporary status
- Interpreters, translation, staff who speak other languages, and home visitation in other languages
- Free child care so mothers can attend language classes
- A housing navigator for the low-to-moderate gap, and a family shelter open regardless of immigration status
- Culturally based, multilingual, in-person mental health support
- French-language primary care and mental health care, and French conversation circles and resources

"With new immigrants it's hard for them to learn English, especially the single mothers that can't go for LINC because there is no childcare. Nice to have night school for adults."

Front-line Staff, YMCA of Northern Alberta

"For newcomers, successful integration is about more than accessing services. It is about building relationships, finding employment and opportunities, understanding and participating in the community, sharing their culture while learning about others, and feeling that Wood Buffalo is truly home."

Executive Leadership, Multicultural Association of Wood Buffalo

Indigenous families and communities

Indigenous Peoples are served by 51% of respondent organizations and seen falling through by 42%. No First Nation responded under its own name.

What respondents see

Respondents from Athabasca Tribal Council, Aunties Within Reach, Nistawoyou, Sesequon Healing Society, Fort McKay Wellness Centre, McMurray Métis and from housing and recovery programs that serve a largely Indigenous population described two things at once: how much Indigenous people are over-represented in homelessness, addiction, poverty and child welfare involvement, and, in their view, how little of the money intended for them reaches Indigenous-led organizations. "Indigenous-serving and Indigenous-led are not always the same thing." Access to a service "does not necessarily mean that a service is accessible, culturally safe or appropriate." Indigenous organizations without charitable status cannot get grants. A First Nation organization's manager wrote, among the three biggest needs, "Our youth are not okay."

The specific asks were about culture as the means of healing: land and space for land-based healing, ceremonies and sweat lodges, an Indigenous healing centre, Indigenous-led recovery programs, culturally safe women's and emergency shelter, powwow teachings in Fort Chipewyan, life skills programs after addiction, and a dedicated crisis team working with policing so that prevention and early intervention can be built around culture. A housing director said Indigenous-led programming "benefits all, including non-Indigenous people." Rural and remote delivery was described as requiring travel, time, continuity and relationship building that funding based on numbers served does not recognize.

"Indigenous families should have meaningful opportunities to receive support from Indigenous-led organizations and, wherever possible, from workers who understand their culture, community, lived realities and ways of knowing."

Executive Leadership, Aunties Within Reach

What is missing

- Direct, sustained investment in Indigenous-led organizations, covering leadership, administration,

transportation and infrastructure as well as front-line work

- Land and space for land-based healing, an Indigenous healing centre, sweat lodge and ceremony
- Indigenous-led recovery and healing programs, including Wellbriety, and culturally safe shelter for women and families
- A dedicated crisis response team working with policing, with prevention built around culture
- Powwow teachings and gatherings in Fort Chipewyan, with travel support to larger powwows
- Grant access for Indigenous organizations without charitable status, and emergency financial support for members arriving from other communities
- First Nation and Métis representatives, Elders and Knowledge Keepers in the room on October 15

"Crisis, real crisis not perceived. And specific expertise not as generalists. A dedicated team with policing. There are incredible models elsewhere. This way we can focus on prevention and early intervention: education, strengthen protective factors, mitigate risk factors, one-to-one family planning, culture as healing."

Director or Manager, Athabasca Tribal Council

"Reconnecting Indigenous people to culture and providing Indigenous-led healing space has the potential to positively impact all sectors within the RMWB."

Board Member, Sesequon Healing Society

People with disabilities and neurodivergent people

Served by 43% of respondent organizations and seen falling through by 43%. Neurodivergent people were written in under "other".

What respondents see

Thirteen respondents from the autism society, plus inclusive child care staff, school staff, a parents' society and housing staff, described supports that largely stop at 18. In childhood the problem is waiting for FSCD and losing child care while waiting. At 18 almost everything ends: there is no day program, no PDD-approved drop-in, no employment program (one used to exist at the college and no longer does), no supportive housing designed for neurodiverse adults, and a PDD designation that is "almost impossible to get." Adults seeking an autism diagnosis face long waits or private fees. Families cannot find overnight respite. Emergency services are not equipped to respond to a neurodivergent person in crisis, and workplaces and public spaces are not sensory-friendly.

Housing staff added that neurocognitive barriers such as FASD and brain injury are "extremely prevalent" among people who are unhoused, that an FASD assessment can take years, and that services with strict eligibility rules screen those people out. One autism worker who ran an outreach program elsewhere described what an individualized adult outreach service looks like, from cooking and money to wills, palliative care and crisis, and the agency said it could build one by combining two programs it already runs.

"Need a building just for our adults to have a safe place to go but with workers that can support them while they are there."

Front-line Staff, Autism Society of the RMWB

What is missing

- Daytime programming and a PDD-approved, staffed drop-in for adults with high support needs, with its own space
- An individualized outreach program for neurodivergent adults, and a workforce program for young people with disabilities
- An autism centre with room for day programs and overnight respite
- Access to adult autism diagnosis and lower-cost assessments for children

- A crisis team and inpatient option for autistic youth and adults, and neuroaffirming mental health care
- Supportive and communal housing for neurodiverse people, and low-barrier services designed for FASD and brain injury
- Neurodivergent training for workers, teachers, parents and emergency responders, and sensory-friendly workplaces

"FASD and brain injury create significant barriers for individuals to access services, especially if those services are not designed to be low barrier or have strict eligibility requirements. Working with someone whose Full Scale IQ is 43 is going to look different than working with others when addressing mental health and addiction needs."

Director or Manager, Wood Buffalo Wellness Society

"Families that live in our region who feel that they are supported by the community and society, where they don't have to leave the comfort of their hometown because we lack the establishments and resources for them."

Staff Member, Autism Society of the RMWB

People experiencing homelessness, addiction and complex needs

People experiencing or at risk of homelessness are served by 34% of respondent organizations and seen falling through by 43%; people with mental health or addiction challenges by 39% and 54%.

What respondents see

More than fifty respondents from housing, shelter, detox, recovery, outreach and mental health programs told a consistent story. The word they used most was "concurrent": people with addiction and mental illness and often a cognitive disability at the same time, for whom nothing in the region is designed. Every stage of the system is full: the detox centre turns people away, the two permanent supportive housing programs have waitlists measured in years, there is no medical detox and no in-person treatment facility, sober living is scarce, and when people leave hospital or treatment there is "nothing between being medicated for their issue" and going home alone. Housing staff cannot find landlords willing to rent, and some clients cannot return to Wood Buffalo Housing and have "no options." Front-line staff asked for supervised consumption and drug checking, and said so repeatedly: "safe consumption sites save lives, money, and resources."

Families are part of this. Six respondents asked for recovery housing for parents and families, including parents working with Children's Services to get their children home, and six asked for a shelter for men, including men fleeing violence with their children. Programs built for individuals are now housing three generations.

"Wrap around supports or a program like Healing Hearts in Edmonton or the Dream Centre in Calgary. Transitional housing so when someone is leaving treatment they can slowly integrate back on their own."

Front-line Staff, organization not stated

What is missing

- A second permanent supportive housing building, and supportive housing licensed for people with medical needs
- Medical detox in town, more detox beds, an in-person treatment facility, and intensive inpatient care for the north
- Recovery housing for parents and families, reunification homes, and a shelter for men and their children
- Transitional housing and peer support after treatment and after hospital, with structured programming attached
- Onsite addiction medicine and psychiatry in low-barrier settings, delivered with an FASD-informed lens

- A supervised consumption site with drug checking, and a measured alcohol program
- Landlords willing to rent, a second subsidized housing option, after-hours support, and small practical things: phones, storage, bus tickets

“Onsite addictions and mental health intervention at a clinical level to address complex and pervasive barriers for adults experiencing homelessness with barriers to housing, overseen by an addictions physician and provided in a low barrier, FASD informed lens.”

Director or Manager, Wood Buffalo Wellness Society

“Transitional programming when individuals leave addiction treatment to allow time to practice new skills, form new healthy relationships, and for their families to also be involved in recovery through education.”

Front-line Staff, CMHA Wood Buffalo

2SLGBTQ+ people

Served by 40% of respondent organizations and seen falling through by 22%.

What respondents see

The gap between those two numbers is the widest in the survey, and the respondents who work most closely with 2SLGBTQ+ people explained why it is not reassuring. Four respondents from the pride organization, a municipal inclusion worker and a theatre manager described rising hate and intolerance, provincial legislation that has changed what they can do in schools, gender-affirming care that requires travel, services that divide people by binary gender or “do nothing to include” 2SLGBTQ+ people, and young people in particular who are “more likely to leave town than access support outside of our programs.”

“It feels like people who are struggling in the ways we’ve seen are being completely ignored and neglected. They’re more likely to leave town than access support outside of our programs. This is more a comment on the entire region than any particular org.”

Front-line Staff, Wood Buffalo Pride

What is missing

- A gender-affirming care clinic for Two Spirit, trans and gender diverse people, and inclusivity training in primary care and all health care
- Low-cost, 2SLGBTQ+ inclusive mental health care
- Mandatory inclusion training and policies with follow-through, and expansion of the Rainbow Spaces program and inclusive services directory
- A publicly visible network for services and events, and outreach to communities that have difficulty reaching the pride organization's programs
- Financial support, housing and employment placement for 2SLGBTQ+ people on low incomes

“We are not able to support youth in schools effectively due to legislation. Trans affirming healthcare and support is challenging to find in the region and often requires travel.”

Front-line Staff, Wood Buffalo Pride

Rural hamlets and remote communities

Rural and hamlet communities are served by 37% of respondent organizations and seen falling through by 38%. 75 respondents mainly serve rural hamlets or First Nation or Métis communities.

What respondents see

Respondents who serve Anzac, Conklin, Fort Chipewyan, Fort McKay, Gregoire Lake Estates, Janvier and Saprae Creek named cost of living more often than any other group (60%) and reported every referral barrier at a higher

rate: 56% said the person cannot get there and 40% said the service does not exist. What exists is a set of weekly or monthly visits (Hub on Wheels, the Mobile Pantry, Wellness Wednesdays in Janvier, arts, pride, autism and youth outreach) that respondents value and also call "a band-aid solution" because it is not consistent. A rural community association volunteer answered the "cannot provide" question with one word: "Transit."

Two Indigenous organizations and an arts worker made the same request in different words: consistent presence in rural communities rather than occasional visits, and rural communities involved in decisions. Rural delivery costs more because of distance, travel and relationship building, and respondents asked that funding recognize that. Fort McKay Wellness Centre runs its own free after-school, camp and meal programs on grants that are disappearing. Respondents also named needs specific to communities far from town: psychosis supports in rural areas, sport opportunities that do not require travel, emergency response wait times, and federal and provincial services that require internet or a trip to town.

"Isolation from services: rural communities. Yes organizations go out there but not consistently, a "band-aid solution"."

Director or Manager, The Hub Family Resource Centre

What is missing

- Rural transit, fixes to the on-demand system, and transportation for program participants
- Consistent rather than occasional presence: regular travel to Fort Chipewyan, a real relationship with each community, and rural communities involved in decisions
- Operating funding for rural organizations and for the extra cost of rural delivery
- Mobile federal and provincial service clinics with trusted local partners, and hamper delivery and an expanded mobile pantry
- Free youth spaces and sport in rural communities, and powwow teachings in Fort Chipewyan
- Rural outreach for autistic and neurodiverse people, and psychosis and crisis supports outside town

"Supporting one family in a remote community may require travel, time, continuity and extensive relationship building, but that investment can have impacts across generations."

Executive Leadership, Aunties Within Reach

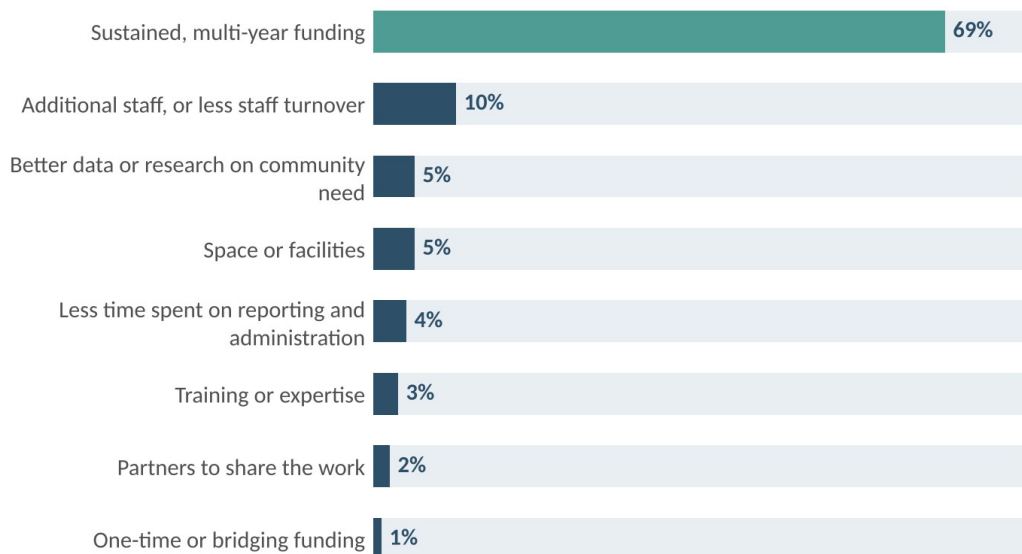
"Bringing services directly into communities would help individuals access federal benefits, obtain identification, apply for programs, and receive personalized support without the barriers of travel, limited internet access, or navigating complex systems."

Staff Member, Service Canada

6. What would help organizations keep delivering what works

Respondents were asked to pick the single most important thing that would help their organization keep delivering the programs that are working. 220 answered, and 69% chose sustained, multi-year funding. Additional staff or less turnover was a distant second at 10%. Better data, space, less reporting, training and partners were each chosen by 5% or fewer. The pattern holds across roles and strengthens with seniority: 63% of front-line and other staff chose funding, 70% of board members, 78% of directors and managers and 87% of executive directors.

Figure 14. The single most important thing that would help organizations keep delivering what works.



n = 220. Respondents chose one.

How to read this chart. Respondents could choose only one option, so the bars add to 100%. Each bar is the share of the 220 who answered.

What "sustained" means to the sector

The comments explain the number. Year-to-year funding makes it impossible to keep staff, which drives turnover, which drives burnout among those who remain; one executive director called it "a never ending cycle." Project funding pays for new things and not for the people, buildings, administration, transportation and relationships that make the existing things work. Government funders underfund repairs and maintenance on the buildings programs depend on. One housing provider pays \$56,000 a month on an affordable housing mortgage and would lower rents if it did not. Grant processes are "inconsistent and unreliable", with delays in funding flowing. One respondent counted a growing number of agencies that have closed in the past three years, and others said more are at risk. Funders among the respondents made the same point from their side: the need is growing while the money raised shrinks, and every dollar spent on prevention saves several in crisis response.

"Living year to year, not knowing if you are going to get funding is not a way a business should be run. Non-profits are businesses."

Executive Leadership, CMHA Wood Buffalo

IN THEIR WORDS

"If we didn't have to pay \$56K a month on our affordable housing mortgage, we could lower the rent to

tenants needing affordable housing below the 20% discount we offer now. Which is not nearly low enough for many in need. What we do, we do very well. But we are not financially stable which restricts the supports we can provide."

Executive Leadership, Waypoints Community Services Association

"We don't have enough operating or capital money for repairs and maintenance as government funders always significantly underfund these expenses. For long-term sustainability, we need more revenue to support appropriate repairs and maintenance on our four properties, and capital replacement funds, for example, new roofing."

Executive Leadership, Waypoints Community Services Association

"When non-profits are underfunded or stretched beyond capacity, the impact goes far beyond one organization or one program. It means fewer places for people to turn, longer waitlists, less prevention and early intervention, and greater pressure on crisis and emergency services."

Front-line Staff, CMHA Wood Buffalo

How funding should work, not only how much

Respondents also offered ideas about the shape of funding. A more coordinated and equitable approach that looks at who is funded to do what, for whom, against where the real gaps are, so that organizations "complement one another rather than operate in silos." Multi-year operating agreements for essential services delivered by a single provider, rather than themes that change each year. A funding model that distinguishes core or strategic partners from "nice to have" and funds accordingly, with room for exceptions when provincial or federal cuts land.

IN THEIR WORDS

"I think that the municipal funding model should perhaps have a more strategic approach to which organizations are "core" or "strategic partners" and which are "nice to have" and allocate funding according to that. Leaving room to make exceptions based on provincial and federal funding cuts."

Executive Leadership, Arts Council Wood Buffalo

"Funding should support a strong network of organizations that complement one another rather than operate in silos. We need to build a system of wraparound services where organizations can work together, make warm referrals, and support individuals and families through multiple connected needs."

Executive Leadership, Some Other Solutions

Further points were made about who gets funded and how. Direct investment in Indigenous-led organizations rather than in organizations that count Indigenous people in their service population, with the true cost of Indigenous-led delivery recognized. Recognition of the cost of professionally regulated clinicians when funding mental health services. Investment in the organizations already doing the work before new programs. Less red tape in reporting, and the ability for agencies to speak to Council directly rather than through a summary. A role for the Municipality in offsetting provincial cuts to schools and family resource networks. And, from one arts leader, the thought that the answer might be permanent sustained funding, a universal basic income, "or both."

"Every dollar invested in prevention saves multiple dollars in response. The alternative is often responding later through emergency funding, crisis services, housing interventions, or other higher-cost measures when organizations or programs can no longer meet community needs."

Board Member, United Way Fort McMurray and Wood Buffalo

IN THEIR WORDS

“Indigenous-serving and Indigenous-led are not always the same thing. Funding can flow to larger, non-Indigenous organizations because they identify Indigenous people within their service population, while Indigenous organizations that hold the relationships, cultural knowledge and trust required to actually reach families remain underfunded.”

Executive Leadership, Aunties Within Reach

“There is value in recognizing organizations that employ professionally registered clinicians and provide evidence-informed regulated services to the community. Funding decisions should consider not only the program being proposed but also the qualifications of the professionals delivering it.”

Executive Leadership, Some Other Solutions

“Reduce the barriers and red tape and ensure that the agency or committee can speak directly to council, instead of a watered down summary. It's ok to have hard conversations and really highlight what is going on.”

Executive Leadership, YMCA of Northern Alberta

7. Where we go next

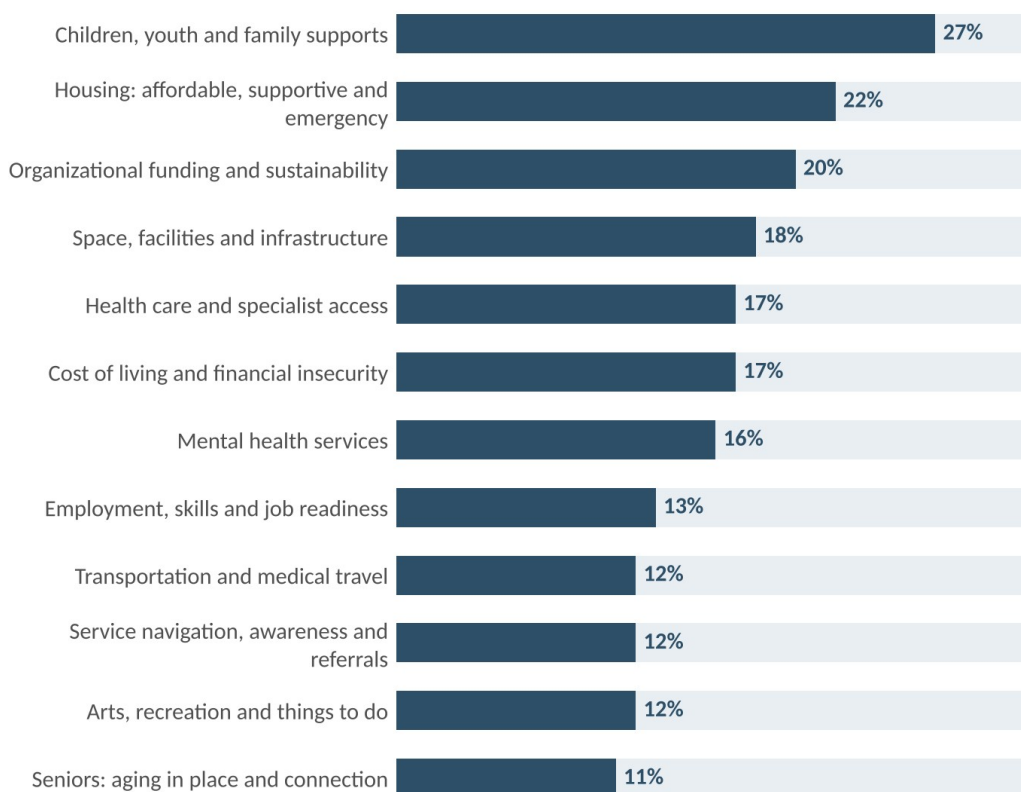
7.1 If one thing could start or grow tomorrow

188 respondents answered an open question: if one thing could start or grow in the region tomorrow to meet the needs you see, what would it be and who would it be for? The answers lean toward growing what exists over starting something new, and many name a specific program. Figure 15 shows the themes. Table 3 groups the ideas; Appendix E lists every distinct idea with the number of people who raised it.

“The programs in the community are doing well. Investing in them would be better.”

Front-line Staff, YMCA of Northern Alberta

Figure 15. The one thing respondents would start or grow tomorrow, by theme.



n = 188. Share of respondents whose answer touched the theme. Coded from open text.

How to read this chart. Each bar is the share of the 188 respondents who answered whose idea touched that theme; one idea can count toward more than one theme, so the bars add to more than 100%. The themes are the same set used in Figures 6 and 11.

Table 3. What respondents would start or grow tomorrow.

Area	Ideas named by respondents
Housing with supports	• Another Tawâw (six respondents) • A building like Tawâw for recovery living • A supportive residential program for youth and adults with concurrent disorders who cannot live independently but do not need hospital • Transitional housing after treatment • Recovery and reunification housing for families • More subsidized housing beyond Wood Buffalo Housing • Seniors housing like Rotary House and completion of Willow Square • Affordable housing co-located with child care • More landlords
Treatment, clinical and health care	• A medical detox facility and more detox beds • Onsite addiction medicine and psychiatry in low-barrier settings, informed by FASD • Youth treatment and detox • Low-cost or free counselling without long waits or complicated eligibility • Neuroaffirming mental health care and a crisis team for autistic people • Travelling specialist clinics and a geriatrician who visits monthly • A gender-affirming care clinic • French-language primary and mental health care • Cardiac care • More family doctors • A supervised consumption site
Children, youth and families	• Timely early intervention and shorter FSCD waits, with help while families wait • A coordinated early childhood support service • A family wellness service with short waits, evening hours and transportation • Investment in the first six years • Children recognized as a vulnerable group in the plan • Free youth spaces in evenings, weekends and school breaks • A program for ages 18 to 25 • Youth employment and mentorship • Transportation for CASA • More mentors so fewer children wait for a match • School nutrition • Local recreation so families stop driving to Edmonton
Adults with disabilities	• Daytime programming for adults with high support needs • A PDD-approved drop-in • An individualized outreach program • An autism centre with space for programs and overnight respite • Rural outreach • Adult diagnosis

Area	Ideas named by respondents
Seniors	• Sustained in-home supports so people can age at home • Meals on wheels • Medical transportation • Travelling clinics • More seniors housing • One-on-one technology help • Coffee and walking groups that build social networks
Newcomers and language	• More LINC seats and language classes above benchmark four • An employment program with a computer lab and direct connections to employers • Adult school and training with free child care • Interpreters and staff who speak other languages • A program that builds on the skills newcomers bring • Employers offering placements for Canadian experience
Navigation and coordination	• Coordinated access pathways by issue or subsector • A central service directory with a coordinator who convenes the existing navigators • A communication platform for residents and providers • A master events calendar • A systems navigator community of practice and central intake for children and youth services • A community liaison between schools and agencies • Coordinated case management for people with several needs at once • Mobile federal and provincial services in rural and Indigenous communities • Better promotion of what already exists
Funding and the sector	• Steady, multi-year, flexible operating funding (the single most common answer) • A coordinated and equitable funding approach • Direct investment in Indigenous-led organizations • Investment in organizations already doing the work • Governance training for local boards • More volunteers • Continued collaboration between FuseSocial, United Way, the Foundation, the Municipality and funders
Indigenous-led and cultural	• An Indigenous healing centre • Land-based healing • Indigenous-led recovery programs • Powwow teachings and gatherings in Fort Chipewyan • Funding for Indigenous-led front-line services • Youth-led programs

Area	Ideas named by respondents
Food, arts and belonging	• Hamper delivery and more rural food support • Emergency food funds for meat and gift cards • A new arts centre and gallery (the Arts INCubator) • An arts program at the college • Sport funding not tied to income • A community hub with a coffee shop where staff can spot loneliness early • More third places

Three things about these answers matter for October 15. First, the most common single answer, across every role, was not a program at all but steady funding for the programs that exist. Second, several of the most developed proposals came from front-line staff describing something they have run or seen elsewhere: the individualized outreach model for neurodivergent adults, the low-barrier counselling and navigation service, the coordinated early childhood support service, the community hub with trained staff. Third, the same idea was sometimes raised by people in different sectors, apparently without knowing it: a directory or platform (the YMCA's Wood Buffalo Connect, FuseSocial's LoveWB, the pride organization's "publicly visible network", a soup kitchen's directory of services, the library's resource page), and a convening of the existing navigators (proposed separately by the settlement, family services and funder respondents).

"Plans get written, but multiple groups and agencies don't seem to connect in order to execute these discovered plans."

Board Member, Wood Buffalo Community Foundation

IN THEIR WORDS

"A community hub for everyone, including informal and formal programming. It could have a coffee shop and comfortable place for people to meet. Staff would be trained to identify signs of loneliness and create relationships with people and provide referrals as needed. A space where people who are struggling can receive help before the crisis hits."

Respondent, organization not named

"Too much programming is shoved down from corporate think tanks and isn't curated to the community needs."

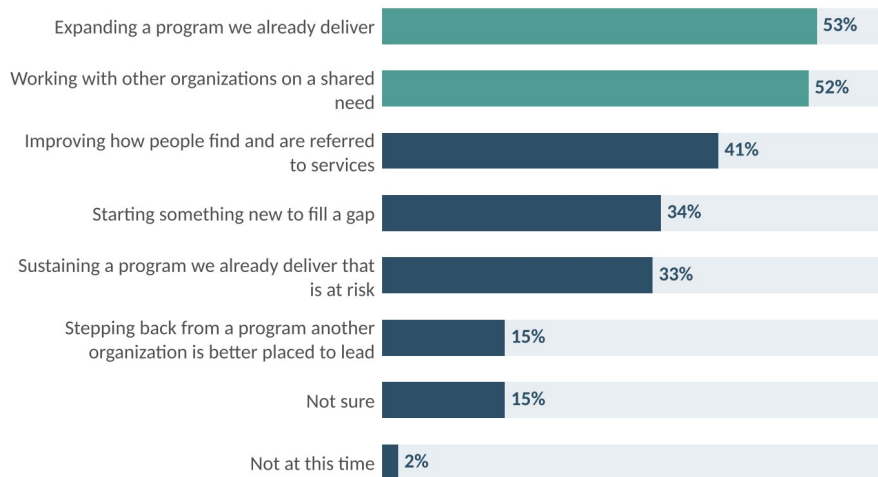
Director or Manager, Girls Inc. of Northern Alberta

"We already have lots of social programs, services, and events. Collaboration and investment need to be enhanced in what is already happening."

Board Member, Wood Buffalo Food Bank

7.2 Where organizations would step up or step back

Respondents were asked where their organization would be prepared to step up or step back if the funding and partners were in place, and to think about what they would be willing to put their name to on October 15. 208 answered. Expanding a program they already deliver (53%) and working with other organizations on a shared need (52%) lead. Improving how people find and are referred to services follows at 41%. A third would start something new and a third would sustain a program that is at risk. 15% would step back from something another organization is better placed to lead.

Figure 16. Where organizations would be prepared to step up or step back.

n = 208. Respondents could choose more than one.

How to read this chart. Respondents could tick as many options as applied, so the bars add to more than 100%. Each bar is the share of the 208 who answered. The answers are individual views, not organizational commitments; Appendix A gathers them by organization.

The answers shift with seniority (Figure 17). Executive directors were the most likely to choose shared work (68%) and, with board members, the most willing to step back (26% of each). Directors and managers were the most likely to choose expansion (64%). Front-line staff were the least likely to step back (10%) and the most likely to say they were not sure, which fits what several of them wrote: that the decision is not theirs to make.

Figure 17. Step up and step back choices by role group.

	Front-line and other staff (n=121)	Directors and managers (n=25)	Executive leadership (n=31)	Board members (n=23)
Expanding a program we already deliver	53%	64%	61%	48%
Working with other organizations on a shared need	50%	48%	68%	52%
Improving how people find and are referred to services	45%	44%	39%	22%
Starting something new to fill a gap	37%	40%	32%	22%
Sustaining a program we already deliver that is at risk	31%	36%	35%	39%
Stepping back from a program another organization is better placed to lead	10%	20%	26%	26%
Not sure	16%	8%	6%	17%

Share of each group choosing the option. Respondents could choose more than one.

How to read this chart. Each cell is the share of that role group ticking that option; darker means more. Read across a row to compare the groups on one option.

What the step-up answers look like in practice

152 respondents named the program or need they had in mind. Appendix A sets these out organization by organization. Grouped by the kind of step, they are as follows.

- **Sustain what is at risk.** Permanent supportive housing and recovery housing; the Centre of Hope drop-in; traditional hampers and the Mobile Pantry; drop-in play; free after-school and summer camp in Fort McKay; the Bead and Heal program; the CASA trauma program; the detox centre; Link and outreach workers for seniors; the school banana program; repairs and maintenance on shelter and housing properties.
- **Expand what works.** LINC and language classes; sober living and recovery outreach; the Mobile Pantry and hamper delivery to rural clients; JSYF Presents into rural communities with career preparation; one-to-one mentoring to cut the waitlist; inclusive child care coaching and family navigation; Rainbow Spaces and the inclusive services directory; the Welcome Centre and Tomorrow Project; home visitation and parenting workshops; literacy programming in town and rural; arts workshops and Creative Connections; parent-child and social-emotional programs; drop-in play beyond age six; French services for newcomers, families, seniors and youth.
- **Start something new.** A shelter for men experiencing domestic violence and their children; transportation for children and youth to programs; transitional peer support and post-hospital follow-up; a PDD-approved drop-in and an individualized outreach program for neurodivergent adults; a systems navigator community of practice and central intake for children, youth and family services; a centralized service directory coordinator and provider portal; a master events calendar; a dedicated crisis team working with policing; Indigenous-led recovery and healing programs; a measured alcohol program and supervised consumption; a workforce program for students with disabilities; Safe Visitation restored; the Our Children Our Youth coalition revived; food security through community gardens; community needs data gathering.
- **Improve how people find and reach services.** First Link direct referral; the Welcome Centre; LoveWB's directory; a library resource page modelled on Red Deer's; the pride organization's directory; coordinated referrals for newcomers, seniors and people facing language barriers; collaborative outreach on federal benefits, identification and the dental care plan; better promotion so that people know services exist.
- **Work with others on a shared need.** Financial literacy with the library; coordination between funders to avoid duplication; coordinated hampers, Christmas hampers and back-to-school programs among seniors and family agencies; cross-cultural programming with the library, YMCA, Multicultural Association and FRAP; a stronger funded model for Indigenous family support inside the family resource network; the Francophone association working with English-speaking partners; shared services and fund development; governance training; collaboration on food security.

IN THEIR WORDS

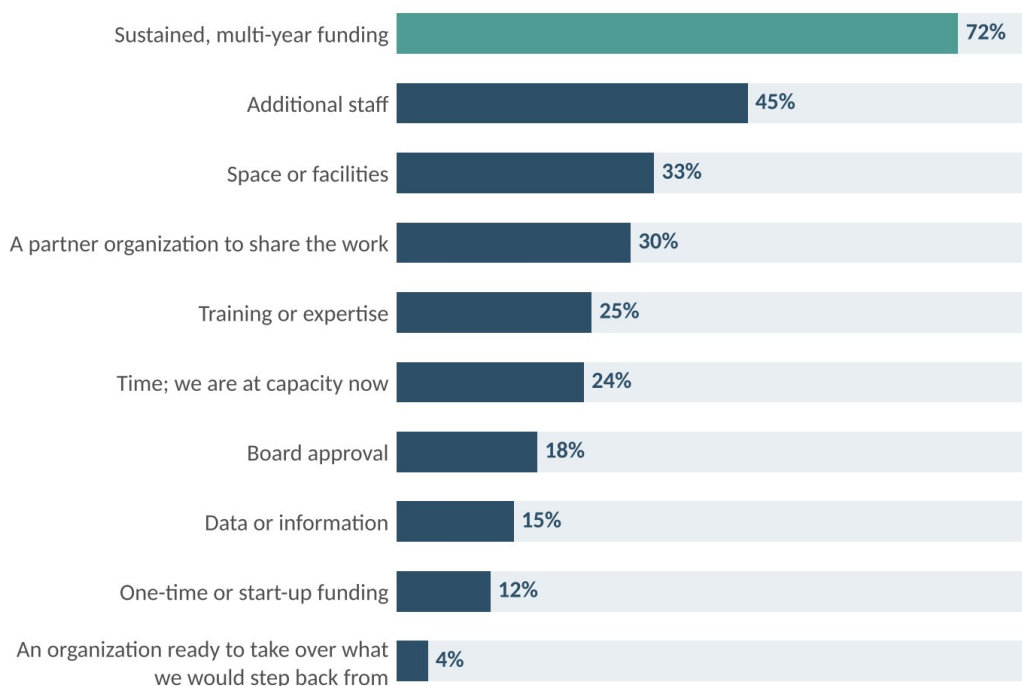
"My work has chatted a bit about how we could better support people who are coming out of hospital or recovery, ensuring that they are receiving the support that they need, the safety plans, the referrals, but it takes people and funding to make it happen."

Executive Leadership, CMHA Wood Buffalo

"We work closely with The Hub to support Indigenous families within their program and would like a stronger funded model to do so."

Executive Leadership, Aunties Within Reach

What would organizations need to do it? Sustained, multi-year funding again (72%), then staff (45%), space (33%) and a partner to share the work (30%). A quarter said time, because they are at capacity now; the executive director of the seniors agency wrote, "We are currently tapped." Only 4% named an organization ready to take over what they would step back from, which goes a long way to explaining why so few step-backs happen. Write-in answers added buy-in from the community and from the Municipality, clear roles between partners to avoid duplication, transportation, and board or management approval.

Figure 18. What organizations would need in order to take on what they described.

n = 194. Respondents could choose more than one.

How to read this chart. Respondents could choose more than one, so the bars add to more than 100%. Each bar is the share of the 194 who answered.

Appendix A sets out, organization by organization, what respondents said they would be prepared to do and what they would need. It is built from individual answers, many of them from front-line staff who were careful to say they do not speak for their organization, so it is a starting point for the afternoon of October 15 and not a list of commitments. Leadership of each organization will be asked to confirm, adjust or withdraw entries, with the register closing on October 31.

Two things in the register are worth flagging now. First, the step-back answers were about partnership more than withdrawal: the library offering space and promotion for programs others are better placed to lead, a funder working with another funder to avoid duplication, a seniors centre wanting to coordinate hampers and back-to-school programs, a family services director "willing to be a team player if we do find overlap." Second, the one documented step-back in the survey is a caution. The Hub stepped back from Safe Visitation last year; no other organization had the capacity to take it on, and the service is still missing. Any step-back the sector proposes on October 15 needs a named successor and the resources to go with it.

IN THEIR WORDS

"Last year we stepped back from Safe Visitation, but no one else had the capacity to take it on. This is still a gap in the community. We are not in a place to take on new programs."

Executive Leadership, The Hub Family Resource Centre

"For stepping back, we often partner with other organizations who have the expertise to lead and we allow them to have space for free, and promote the program on social media and to our registered library patrons."

Executive Leadership, Wood Buffalo Regional Library

8. Messages for the Municipality and the partnership

The survey closed by asking whether there was anything else respondents wanted the Municipality and the partnership to know. 74 people had something to say. Their messages fall into eight groups.

- **Fund what works before it closes.** The most common message by far. Respondents described agencies that have closed in the past three years, services running at maximum, and organizations living grant to grant. They asked for multi-year operating funding for essential services, recognition that repairs, maintenance and administration are part of service delivery, and investment in the organizations already doing the work rather than in new programs. A shelter and housing leader asked the Municipality directly for multi-year funding for services "that no other organization does."

"If community safety and social wellbeing are truly priorities, non-profits need sustainable funding, meaningful partnership opportunities, and a real voice in planning and decision-making. Supporting the organizations already doing this work is an essential part of ensuring people do not get left behind."

Front-line Staff, CMHA Wood Buffalo

- **Prevention pays.** Funders and front-line staff made the same argument: every dollar spent on early intervention and sector capacity saves several in emergency and crisis response later, and the alternative is paying more when programs can no longer meet need. A family services leader applied it to the first six years of life.
- **Children and families are missing from the plan.** Two respondents from family services asked why children are not treated as a vulnerable population in the social well-being strategy and have no representation on municipal committees, and asked that child care operators be invited into the conversation. School staff asked the Municipality to pay attention to what is happening in schools "beyond what the provincial government says."

"Why are children not considered a vulnerable population according to council? Positive experiences and reduced toxic stress in the first six years of life builds a foundation for lifelong health. If we invest in young families, supporting them through postpartum, giving them the tools they need, we save money long term."

Executive Leadership, The Hub Family Resource Centre

- **Indigenous-led services and cultural matching.** Access to a service is not the same as a service being culturally safe. Respondents asked the Municipality to recognize the true cost of Indigenous-led delivery, to give Indigenous families a real choice in who serves them, and to invest directly in the Indigenous organizations that already hold community trust. A housing director noted that Indigenous-specific programming by Indigenous-led organizations "benefits all", and another that neurocognitive barriers such as FASD and brain injury are common among people who are unhoused and that services need to be designed for them.

"Access to a service does not necessarily mean that a service is accessible, culturally safe or appropriate."

Executive Leadership, Aunties Within Reach

- **Include lived experience and front-line voices throughout, not only during consultation.** Several respondents said planning should include newcomers, Indigenous and rural communities, seniors, youth, people with lived experience and front-line workers at the table, with more than one agency speaking for each group, and that the process should end in practical, measurable actions. One warned that "high turnover leads to the same conversations year after year."

"Having the right people at the tables on these committees is vital to the community impact. You also need more than one agency voice for that demographic or pillar to ensure that there is a fair reflection of what service providers are seeing in the community."

Executive Leadership, YMCA of Northern Alberta

- **Rural communities want consistent presence.** Respondents from the arts, Indigenous family services and family programs asked for a continuing relationship with rural communities rather than occasional visits, and for rural communities to be involved in decisions.

"Better relationship with rural communities and let the rural communities feel more involved."

Front-line Staff, Arts Council Wood Buffalo

- **Transit is not working for clients.** Four respondents from one family services agency, settlement workers and a seniors board member said the on-demand transit system is hard to use and people are losing services because of it.
- **The seniors population is growing faster than the services.** Seniors organizations asked the region to get ahead of the trend, said they are at capacity now, and a mental health worker asked for individualized mental health and addiction support for seniors, including in assisted living.

"The Senior population in our region is growing faster than ever before. Some services are running at max now and in some cases no longer provide the support required. As a region we need to be proactive and get ahead of this trend."

Board Member, Golden Years Society

Several respondents also thanked the partnership for creating the process, asked that this report be shared back for validation, and asked that the Municipality keep working with FuseSocial. One board member suggested that if October 15 cannot hold everything, a second date should follow rather than forcing the work into one day. A few messages were about recognition: that students and staff "are members of the community too"; that the arts are "vital" in a region "so focused on industry and recreational sports"; and, from two detox workers, that their colleagues are "the best."

"We are talking about what Wood Buffalo should look like over the next ten years. It shouldn't only be funders and executive directors deciding what the gaps are."

Executive Leadership, Multicultural Association of Wood Buffalo

9. For October 15

The survey closed with two questions about the Regional Working Session itself: what the day must cover to be worth people's time, and who should be in the room. The second feeds the invitation and registration process, which is running separately from this report. The first is summarized here, followed by the decisions the survey findings leave for the room.

9.1 What the day must cover

Asked what the day must cover to be worth their time, respondents were consistent. Funding came first: how multi-year, sustainable operating and capital funding could work, and who would provide it. Then concrete actions with owners and next steps, "not more brainstorming"; referral pathways, coordination and clear roles between partners so that work is not duplicated; and practical opportunities to collaborate on shared needs, with time to talk to the other people in the room. Specific issues several respondents want on the agenda: FSCD waits and one-to-one supports in child care, youth mental health and connection, food insecurity, the seniors population, and transportation. Two cautions came with the requests: staff have ideas, but every idea has a cost that has to be put on the table; and the day needs follow-up tasks and accountability so that the conversation turns into action.

"The day should focus on concrete actions, not more brainstorming."

Director or Manager, Arts Council Wood Buffalo

9.2 Questions the survey leaves for the room

The survey describes the needs and the willingness; the choices belong to the room. These are the decisions the findings point to, in the order they are likely to matter for the plan.

1. **Coordinated access.** A dozen organizations run navigators and referrals fail mainly on capacity and follow-through. Does the sector propose one coordinated access function, or coordinated pathways by subsector? Who hosts it, how do the existing navigators connect to it, and what does it cost?
2. **Housing with supports.** Respondents named a second permanent supportive housing building, recovery housing for parents and families, a shelter for men with children, transitional housing after treatment and seniors housing. What is the sector's ask, in what order, and who leads each piece?
3. **Adults with disabilities.** Daytime programming for adults with high support needs came up from families, staff and board members alike, and the autism society is willing to lead. What would it take, and where would it run?
4. **Seniors at home.** In-home supports and medical travel are the difference between aging at home and leaving the region, and the pilot that funded them is not guaranteed. How are they sustained?
5. **Youth 18 to 25.** Youth and disability organizations described young people aging out with nowhere to go. Who hosts the transition, and with whom?
6. **Rural delivery.** Which services should travel, on what schedule, from which base, and how is transportation for residents solved alongside?
7. **Indigenous-led delivery.** Respondents drew a line between Indigenous-serving and Indigenous-led. What share of the work in the plan should be led by Indigenous organizations, and how is the true cost of that delivery funded?

8. **The funding model.** What does the sector propose to the Municipality: multi-year operating agreements for essential single-provider services, a tiered core partner model, direct investment in Indigenous-led organizations, or a combination? What does the sector offer in return in terms of coordination and reporting?
9. **Step-backs and successors.** Fifteen percent would step back from something. Which programs, who takes them on, and with what resources?
10. **Who is missing.** Public schools, First Nations and most Métis locals, child care operators, health services and faith communities were thin or absent in the survey. How are they brought in before the December proposal?

A food bank board member summed up the sector's position in a sentence, and it is a good note to end on.

"The sector is strong together, and we are already doing great work. Building on what we have would take us to a milestone rather than starting to reinvent the wheels."

Board Member, Wood Buffalo Food Bank

Appendix A. Interest register from the survey

This table summarizes what respondents from each organization said their organization would be prepared to do, what they have in mind, and what they would need. Entries come from individual respondents, not from boards or executive directors, unless the respondent was in that role. Where several people from one organization answered, the "prepared to" column shows the options chosen by at least a third of them. The options are: sustain a program that is at risk; expand a program already delivered; start something new to fill a gap; improve how people find and are referred to services (referrals); work with other organizations on a shared need (shared work); and step back from a program another organization is better placed to lead. Organizations will be asked to confirm, adjust or withdraw their entries at the October 15 session and by October 31. Organizations are listed alphabetically. Respondents who did not name an organization are not shown.

Organization (respondents)	Prepared to	What they have in mind	Would need
ACFA régionale de Wood Buffalo	- Referrals - Shared work	Build on existing francophone services for newcomers, families, seniors and youth; work with francophone and English-speaking partners on shared gaps.	Staff
Alzheimer Society of Alberta and NWT (4)	- Referrals - Shared work	Use the First Link direct referral program as a way to connect vulnerable people to services; partner with others on shared needs.	Not stated
Arts Council Wood Buffalo (8)	- Sustain - Expand - Start new - Referrals - Shared work - Step back	Expand workshops, rural programming (including Bead and Heal in Fort Chipewyan) and Creative Connections; open the Suncor Arts INCubator with the RMWB; sustain long-running rural programs that are always chasing funding.	- Multi-year funding - Staff - Space - Partner - Time/capacity
Athabasca Tribal Council (2)	- Sustain - Expand - Step back	A dedicated crisis response team working alongside policing, with prevention and early intervention built around culture; expand cultural connections for the whole community.	- Multi-year funding - Staff - Partner
Aunties Within Reach	- Expand - Shared work	Grow capacity to reach Indigenous families in rural communities; a properly funded model for its work with The Hub.	- Multi-year funding - Staff
Autism Society of the RMWB (11)	- Sustain - Expand - Start new	Daytime programming and a PDD-funded drop-in with its own space for adults with high support needs; an individualized outreach program with 1:1 support; resource navigation and family support.	- Multi-year funding - Staff - Space

Organization (respondents)	Prepared to	What they have in mind	Would need
Big Brothers Big Sisters of Wood Buffalo (2)	• Sustain • Expand • Shared work • Not now	Sustain and expand One-to-One Mentoring to cut the waitlist; work with others on youth mental health, connection and family support.	• Multi-year funding • Staff • Partner • Training • Successor org
CASA Mental Health (6)	• Expand	More CASA Classrooms if funded; transportation so children can get to programs; the Trauma Program for attachment trauma (not yet offered locally); collaboration with other agencies.	• Multi-year funding • Space
CBI Health	• Expand	Fund longer-term training for clients.	• Multi-year funding
Centre of Hope (5)	• Sustain • Expand • Start new • Referrals • Shared work	Sustain the drop-in; expand Housing with Supports and Permanent Supportive Housing; transition housing with staff and training for people moving into housing.	• Multi-year funding • Staff • Space • Time/capacity
Children First: Community Child Care Network Society	• Sustain • Expand • Shared work	Co-locate child care with affordable housing (Build Canada Homes); sustain child care and food in care.	• Multi-year funding • Staff • Space • Partner • Board approval • Start-up funding
CMHA Wood Buffalo (7)	• Expand • Start new • Referrals • Shared work	Transitional peer support for people leaving hospital or treatment (safety plans, referrals, follow-up); sustain Circle of Connection, Crafting Connections and Wellness by Design; coordinate with other agencies.	• Multi-year funding • Staff • Training • Time/capacity
Fort McKay Wellness Centre	• Sustain • Shared work	Keep the free after-school program, summer camp and meals going as project-based grants disappear.	• Multi-year funding • Staff • Training

Organization (respondents)	Prepared to	What they have in mind	Would need
Fort McMurray Catholic Schools (8)	- Start new - Referrals - Shared work	Publicly funded specialists for students with exceptionalities; a workforce program for students with disabilities (a former Keyano program); nutrition programs; partnerships.	- Multi-year funding - Partner - Time/capacity - Board approval
Fort McMurray Montessori Foundation	- Expand - Shared work - Step back	Recreation (tennis, soccer, robotics, cricket) for youth; lower-cost mental health and social-emotional assessments for children.	- Multi-year funding - Partner - Training
Fort McMurray Wood Buffalo Economic Development and Tourism	Step back	Open to exploring efficiencies through strategic partnerships; no specific area named.	Not stated
Francophonie Canadienne Plurielle (FRAP)	- Start new - Referrals	French conversation circles and classes; French-language resources and communications.	- Multi-year funding - Staff
FuseSocial (3)	- Expand - Start new - Referrals - Shared work	Shared Services and governance support; the LoveWB website with a service directory feature (in progress).	- Multi-year funding - Staff - Training - Time/capacity - Data
Fédération des aînés franco-albertains (FAFA)	- Referrals - Shared work	Coordination with multicultural organizations.	Not stated
Girls Inc. of Northern Alberta (4)	- Sustain - Expand	#GirlsToo programming to end gender-based violence; sustain and expand existing programs.	- Multi-year funding - Staff - Training - Time/capacity
Golden Years Society (5)	- Sustain - Expand - Shared work	Meals on wheels; coordinate with others to avoid duplicate hampers and back-to-school programs; seniors housing outside the subsidized system; better use of, and more, space at the centre.	- Space - Partner - Time/capacity

Organization (respondents)	Prepared to	What they have in mind	Would need
Justin Slade Youth Foundation (7)	- Expand - Start new - Referrals - Shared work	Expand JSYF Presents into rural communities and into evenings, weekends and school breaks; add career preparation; a transition program for youth aging out of the Drop-in Centre; resume workshops.	- Multi-year funding - Staff - Partner - Training
Keyano College / Keyano Theatre (2)	- Sustain - Expand - Start new - Referrals - Shared work - Step back	LINC and the Community Adult Learning Program.	Multi-year funding
KidSport Wood Buffalo	- Expand - Referrals	Sport equipment needs in the community.	- Multi-year funding - Staff - Space - Board approval
Lifemark	- Sustain - Referrals - Shared work	Sustain employment programs; referrals.	- Multi-year funding - Training
Local HERO Foundation	Sustain	Sustain the regional helicopter emergency medical service.	Not stated
Mary Amy Recovery Services	Not sure	Not sure at this time.	Not stated
McMurray Métis (Local 1935)	Shared work	Functions to involve seniors.	Space
Multicultural Association of Wood Buffalo (2)	- Sustain - Expand - Referrals - Shared work - Not now	Strengthen the Welcome Centre, Tomorrow Project seniors work, language access and navigation; coordinated referrals so newcomers, seniors and people facing language or cultural barriers do not fall between services; ELLA for English learners.	- Multi-year funding - Staff - Space - Data

Organization (respondents)	Prepared to	What they have in mind	Would need
Nistawayou Association Friendship Centre (2)	• Referrals • Shared work • Step back	Restart the school banana program (about \$900 a week for up to 27 schools) with partners; systems navigation; collaborate on food security.	• Multi-year funding • Staff • Partner • Successor org
Norfort Gymnastics Association	• Expand • Shared work	Expand and diversify programming to reach a broader demographic.	• Multi-year funding
NorthLife Fellowship Baptist Church / Soup Kitchen	• Referrals	Work together on a directory of services for the sector.	• Staff • Partner • Training • Time/capacity • Board approval • Data • Start-up funding
Pastew Place Detox Centre (7)	• Expand • Referrals • Shared work	Expand detox capacity and treatment; sustain detox services.	• Multi-year funding • Staff • Space
Primary Care Alberta / AHS	• Expand	Move the 16-bed facility out of an old house into a newer building; people are being turned away.	• Multi-year funding • Space
Providence Inclusive Child Care (2)	• Sustain • Expand • Referrals • Shared work	Expand coaching, outreach and family systems navigation; improve referral pathways; collaborate on early intervention, FSCD access and timely 1:1 supports in child care.	• Multi-year funding • Staff • Partner • Time/capacity
Regional Municipality of Wood Buffalo (2)	• Expand • Referrals • Shared work • Not sure	Staff answering as individuals: expand Rainbow Spaces and the inclusive services directory; work with employment organizations so existing services are inclusive.	• Multi-year funding • Staff • Space • Training
Safe Community Wood Buffalo	• Not sure	The board will decide.	• Multi-year funding • Board approval

Organization (respondents)	Prepared to	What they have in mind	Would need
Service Canada	• Referrals • Shared work	Collaborative outreach and benefits access with organizations serving vulnerable people (income benefits, identification, the Canadian Dental Care Plan).	• Partner • Data
Sesequon Healing Society	• Expand • Start new • Shared work	Indigenous-led recovery and healing programs.	• Multi-year funding • Space
Some Other Solutions (4)	• Sustain • Expand • Shared work	Sustainable, accessible, specialized mental health services; barrier-free affordable therapy for low-income and rural communities.	• Multi-year funding • Staff
Sport Wood Buffalo	• Sustain • Expand • Start new • Shared work • Step back	Accessible sport options (space, access, funding and programming).	• Multi-year funding • Staff • Space • Partner • Time/capacity • Board approval
St. Aidan's Society (12)	• Not sure	At capacity now ("we are currently tapped"); Link and Outreach workers; senior volunteers.	Not stated
Taproot Community Support Services (4)	• Expand • Referrals	Transportation for the families it serves; family support workers; make its services better known.	• Time/capacity
The Children's Centre	• Sustain • Shared work	Sustain the preschool program, which is struggling against low daycare fees.	• Multi-year funding
The Hub Family Resource Centre (11)	• Sustain • Expand • Referrals • Shared work	Sustain drop-in play and rural programming; expand drop-in beyond ages 0 to 6; bring back Safe Visitation (stepped back last year, nobody took it on); a central intake and systems navigator community of practice for children, youth and family services; revive the Our Children Our Youth coalition; cross-cultural programming for newcomers with the Library, YMCA, MCA and FRAP.	• Multi-year funding • Staff • Partner • Training

Organization (respondents)	Prepared to	What they have in mind	Would need
United Way Fort McMurray and Wood Buffalo (4)	No option chosen	Issue-specific coordinated access service pathways; the Redpoll Centre.	• Multi-year funding • Staff • Space • Partner
Waypoints Community Services Association (3)	• Sustain • Expand • Start new • Referrals • Shared work • Step back	A domestic violence shelter for men and their children; multi-year operating and capital funding for repairs and maintenance on four properties.	• Multi-year funding • Space • Partner • Successor org
Wood Buffalo Community Foundation (4)	• Sustain • Expand • Shared work	Community needs-based data gathering and analysis; work with United Way to avoid duplicated funding; partnerships that reach groups without government funding.	• Multi-year funding • Data
Wood Buffalo Food Bank (7)	• Sustain • Expand • Referrals • Shared work	Expand the Mobile Pantry and monthly hamper delivery to rural clients; a delivery service; sustain the Traditional Hamper and Mobile Pantry while strengthening referral pathways; community gardens.	• Multi-year funding • Staff
Wood Buffalo Pride (3)	• Sustain • Expand • Start new • Referrals • Shared work • Step back	Visibility and accessibility of events; outreach to communities that have trouble reaching services; anything that reduces barriers.	• Multi-year funding • Staff • Space • Partner • Time/capacity
Wood Buffalo Regional Library (4)	• Expand • Step back	Expanded literacy programming in town and in rural communities; financial literacy with a partner; a resource page for finding services (paused); formal partnerships where other groups lead programs in library space.	• Multi-year funding • Staff • Training • Time/capacity
Wood Buffalo Volunteers	• Not sure	Not sure.	Not stated

Organization (respondents)	Prepared to	What they have in mind	Would need
Wood Buffalo Wellness Society (16)	• Sustain • Expand • Start new • Referrals • Shared work	Sustainable funding for permanent supportive housing and recovery housing, both waitlisted and precariously funded; another PSH program; recovery-based housing for individuals with children and complex needs; Sakihitowin recovery living and recovery outreach; expand Mark Amy virtual and rural supports (Janvier); a supervised consumption site; a measured alcohol program; on-the-land services.	• Multi-year funding • Staff • Space • Start-up funding
YMCA of Northern Alberta (19)	• Sustain • Expand • Start new • Referrals • Shared work	A centralized service directory coordinator and a coordinated access and referral process; more LINC and language classes; an employment service for people with very low English; more settlement staff; the Wood Buffalo Connect communication platform (CIP proposal); youth programs with Kickstand; home visitation and parenting workshops; adult school and affordable daycare.	• Multi-year funding • Staff • Space • Training

Appendix B. Programs and services named by respondents

A summary of the 796 program entries, grouped by area and condensed to one line per organization. Descriptions are the respondents' own, shortened. Organizations that named programs but gave no description are included where the program name was clear. This is an inventory of what respondents chose to list, not an audit of everything each organization does.

Housing, homelessness, shelter and recovery

Organization	Programs and services named
Wood Buffalo Wellness Society	• Tawâw permanent supportive housing (24-hour, Indigenous-based, on-site nursing and health care aides) • Housing with Supports (case management and rent supplements) • Sakihitowin sober living homes for men and women • Mark Amy Recovery Services virtual treatment program, men's and women's groups, Wellbriety, aftercare and counselling • Recovery outreach (pilot) • Safer use supplies and naloxone and STBBI outreach • Land-based healing camps • Wellness Wednesdays walk-in addiction counselling in Janvier • Family violence support
Centre of Hope	• Day shelter and drop-in (showers, laundry, meals, clothing, nurse, partner clinics) • Housing with Supports for about 105 people • Permanent Supportive Housing for 17 residents with 24-hour staffing and a managed alcohol program • Street Reach outreach van • FASD assessment and diagnostic clinic and FASD outreach (NEAFAN) • Indigenous liaison • Coordinated access
Pastew Place Detox Centre	• Detox beds (five to seven days) • Pre-treatment beds while waiting for a treatment date • Day programming and meetings for in-house and community clients • Support with treatment applications and housing referrals • Drug court support
Waypoints Community Services Association	• Unity House emergency women's shelter (45 beds, 9 of them unfunded crisis beds) with a 24-hour crisis line • Second Stage transitional housing (13 units, up to two years) • Below-market affordable rental housing • Rural outreach for domestic and sexual violence • Sexual Trauma Support Services and the Child and Youth Advocacy Centre • Opportunities for Change court-mandated program • Community education

Organization	Programs and services named
Mary Amy Recovery Services (WBWS)	• Five-week virtual treatment program • Virtual and in-person support groups • Referrals to treatment centres
Sesequon Healing Society	• Land-based healing • Cultural activities • Wellbriety recovery circle (new) • Powwow dancing
Primary Care Alberta / AHS	• Addictions and mental health services • Drug court • A 16-bed residential facility

Mental health

Organization	Programs and services named
CMHA Wood Buffalo	• Recovery College (free peer-developed courses) • One-on-one peer support with no appointment or diagnosis required • Community Supports Coordinators (system navigation, applications, referrals) • Caregiver support including Caregiver Connections and Circle of Connection • Youth mental health and prevention programming (Crafting Connections, Living Life to the Full) • ASIST, MHFA and workplace education • Community events and groups with Wood Buffalo Pride
Some Other Solutions	• Individual, couple and family counselling on a sliding scale, free for people over 55 • 24-hour crisis line • Youth mentoring and support groups in both school divisions • Therapeutic support groups (funded to the end of 2027) • Grief and loss groups • Play therapy • Tomorrow Project groups for older adults
CASA Mental Health	• CASA Mental Health Classroom (12 students, grades 4 to 12, weekly therapy and social-emotional learning, caregiver sessions) • Consultation with professionals. Coming fall 2027: CASA House (non-hospital residential) and the CASA Adolescent Day Program. Not offered locally: Indigenous Services and the Trauma Program
Private practice	• Counselling and long-term trauma therapy • Consultation and supervision for front-line workers

Children, youth and families

Organization	Programs and services named
The Hub Family Resource Centre	- Family Resource Network spokes (systems navigation for families with children 0 to 24, infant and child development, caregiver capacity) - Drop-in play in Fort McMurray and Anzac - Hub on Wheels weekly in every rural community except Fort Chipewyan - Peaceful Pathways safe exchange and New Ways for Families - Postpartum support group - Triple P, Circle of Security, Kids Have Stress Too, Kimochis, Momentum - Newcomer support group and cross-cultural parenting - ASQ developmental screening
YMCA of Northern Alberta (family and youth)	- Family Connect home visitation (prenatal to age 6) - HIPPY home instruction for newcomer mothers - Youth Transitions and Youth Resiliency (ages 11 to 24) - Positive parenting, developmental screening, Kimochis and Rainbows grief programming in schools
Taproot Community Support Services	Family support workers: caregiver capacity building, mentoring, advocacy in schools and health care, goal planning and budgeting, connection to resources
The Children's Centre	- Early Learning and Play program (breakfast and play, Nobody's Perfect, moms' groups) - Pre and postnatal food and support programs (Food for Two, Beginning with Baby) - Preschool with transportation - Family outreach - Adopt a Family
Providence Inclusive Child Care	- Inclusive Child Care coaching and consultation for child care programs and day homes - Family support, systems navigation and referral - Professional development for educators - Multidisciplinary consultation with OT and SLP - Community and rural outreach
Children First: Community Child Care Network Society	- Child care 6:30 a.m. to 5:30 p.m. with cooked meals - Food pantry for families and educators - Frozen meals for vulnerable individuals - Toy lending library
Fort McMurray Montessori Foundation	- Child care - Before and after school care - Weekend care (initiative)
Aunties Within Reach	- Culturally grounded pregnancy, birth, postpartum and early parenting support for Indigenous families - Rural and remote outreach and navigation - Traditional parenting, family wellness and cultural education - Reproductive health education - Training of Indigenous Aunties and birthworkers. Core work, much of it unfunded

Organization	Programs and services named
Big Brothers Big Sisters of Wood Buffalo	• One-to-One Mentoring • Group and school-based programs (Go Girls!, Game On, Teen Wellness, Ignite) • Corporate mentoring • Couple matches • Full Circle
Justin Slade Youth Foundation	• The Dugout drop-in centre for ages 12 to 17 with meals • JSYF Presents trips, events and workshops • Youth outreach • Rural and Indigenous outreach • Cooking club, homework help, Brain Stem technology program, resume help • Qreative Connections with Wood Buffalo Pride
Girls Inc. of Northern Alberta	• In-school co-ed workshops • Menstrual education and free period kits including rural delivery • Online safety • Gender-based violence awareness (#GirlsToo) • Economic literacy • Staying Strong mentoring • Indigenous and cultural programming
Fort McMurray Catholic Schools	• Breakfast and nutrition programs in every school • Specialists (OT, PT, SLP, behavioural, psychology) • Division behavioural consultant • CASA school program • MITS liaison • Outreach school • Connecting families to agencies
Safe Community Wood Buffalo	• Car seat installation and inspection • Youth traffic and bicycle safety • Helmet exchange • Alcohol and party safety education
KidSport, Sport Wood Buffalo, Norfort Gymnastics	• Registration funding for children facing financial barriers and group funding (KidSport) • Low-cost programs, female-only activities, accessible sport pilot, newcomer sport tour, 55+ activities (Sport Wood Buffalo) • Recreational and competitive gymnastics, cheerleading and trampoline (Norfort)

Newcomers, language and francophone services

Organization	Programs and services named
YMCA of Northern Alberta (settlement)	• Immigrant Settlement Services (needs assessment, orientation, applications, referrals, English conversation circles, LIFT and bus tickets) • Resettlement Assistance Program for government-assisted refugees • Settlement Workers in Schools with free spring and summer camps • Foreign Worker and Temporary Foreign Worker programs • Case management • Local Immigration Partnership, Newcomer Interagency Network and Welcoming Week
Multicultural Association of Wood Buffalo	• Welcome Centre (information, navigation and referrals for anyone) • ELLA English language learning assistance in schools • Interpretation and translation • The Tomorrow Project seniors outreach and navigation • Financial literacy • Indigenous and rural outreach, cultural awareness and anti-racism initiatives
Keyano College	• LINC English classes (waitlist of 200 to 300) • Community Adult Learning Program (CELP and CAEC preparation, digital skills, literacy, job skills) • Academic upgrading • Language support for early childhood education certification • Arts and education programs
ACFA régionale de Wood Buffalo	• French-language child care and before and after school program (Garderie Chez Madame Pico) • Community and cultural events • Francophone newcomer settlement and welcome services • Family and youth programs • Health and mental health initiatives with Réseau Santé Alberta
Francophonie Canadienne Plurielle (FRAP)	• Francophone newcomer settlement • Settlement Workers in Schools • Language and employment support for child care level 1 certification • Foreign worker program
Fédération des aînés franco-albertains (FAFA)	• Social connection events for francophone seniors • Information and referrals • Translation
Lifemark and CBI Health	• Employment readiness workshops, job preparation, resumes, mock interviews, safety tickets, mental health support • Path to Possible Employment program (up to 24 weeks)

Seniors

Organization	Programs and services named
St. Aidan's Society	• Link program (entry point: information, referrals, financial benefits and tax filing for people 60 and over) • Outreach program (assessment, intensive case management, social prescribing) • Age Well At Home in-home supports (federal pilot funding, not guaranteed this year) • Volunteer program (companionship, rides, groceries) • Community development, age-friendly work and elder abuse prevention • Pathcard project with the Tomorrow Project
Golden Years Society	• Free Friday breakfast and \$10 Wednesday lunch • Crib, cards, crafts, quilting, movies • Yoga, floor curling, darts, pool, walking • Some transportation to the centre • Help with forms and taxes • Referrals through the Seniors Resource Committee, Tomorrow Project and ACOA
Alzheimer Society of Alberta and NWT	• First Link referral program • First Link Connection • Care partner support groups and one-on-one meetings • Seeds of Hope family learning series • Cultural Communities team (time-bound) • Grief and palliative approach (time-bound)
McMurray Métis (Local 1935)	• Senior lunches and get-togethers • Cultural days

Disability and neurodiversity

Organization	Programs and services named
Autism Society of the RMWB	• Social respite for ages 3 to 17, PEERS and Kids First camp • Transitions, adult social and life skills programs for ages 16 and up (six-week cohorts) • Disability Resource Coordinator and Caregivers Network (FSCD, PDD, AISH, RDSP, guardianship applications) • Parent support groups • Rural and Indigenous community outreach • Autism awareness training and inclusion bins • Summer camp
Providence Inclusive Child Care and Centre of Hope FASD clinic	• See the children and families and housing sections

Food security

Organization	Programs and services named
Wood Buffalo Food Bank	• Emergency and monthly hampers • Mobile Pantry to six rural communities from Conklin to Fort Chipewyan • Basic Shelf program and kitchen skills classes • School breakfast program • Seniors meal preparation and delivery • Food rescue and community food drives • Outreach and referral • Volunteer program
NorthLife Fellowship Baptist Church Soup Kitchen	• Hot noon meal Monday to Friday prepared by volunteers • Spiritual guidance • Referrals to other programs
Nistawayou Association Friendship Centre	• Food served at almost all programs with leftovers sent home • Elders' suppers, Bannock and Bingo, tea and bannock • School banana program for up to 27 schools (paused for lack of funds) • Youth cooking classes (time-bound)
Wood Buffalo Volunteers	• Soup kitchen

Indigenous-led and culturally grounded services

Organization	Programs and services named
Athabasca Tribal Council	• Children and family services as a designated First Nation agency • Medical transportation coordination • Employment and training (grant funded) • Cultural connections to Elders and ceremony • Addictions and mental health crisis response • Prevention and early intervention
Nistawayou Association Friendship Centre	• Ongoing cultural programming in a culturally safe space • Land-based teachings and cultural crafting (grant dependent) • Informal referral support
Aunties Within Reach, Sesequon Healing Society, Wood Buffalo Wellness Society	• See the children and families and housing sections for culturally grounded family support, land-based healing and Indigenous-based supportive housing
Fort McKay Wellness Centre	• Free year-round after-school program for ages 5 to 17 • Free recreation • Weekly field trips to Fort McMurray • Free summer camp with meals • Free suppers and meals during programs

2SLGBTQ+ community

Organization	Programs and services named
Wood Buffalo Pride	• Rainbow Spaces designation and directory • Employment support (funding dependent) • System navigation, in-reach and name change support • Peer support groups (caregivers, trans, Two Spirit, people in recovery) • Inclusion training • Advisory groups • Recreation, education, social and arts events • Rural outreach • Qreative Connections with JSYF • Social work practicum students

Arts, culture, libraries and belonging

Organization	Programs and services named
Arts Council Wood Buffalo	• Seniors and the Arts (with St. Aidan's) • Artist in Residence • Cultivating Indigenous Talent mentorship • Suncor Indigenous teaching artist program • Rural arts programming with staff in Fort Chipewyan (Bead and Heal, ribbon skirts, birch bark baskets, Elder teachings, Treaty Days) • Creative Connections • Arts Month • Collective Threads exhibition • Summer and winter makers markets • Business of the Arts and artist consultations • Online arts calendar • Advocacy • The Suncor Arts INCubator (in development)
Wood Buffalo Regional Library	• Free collections and library cards • Public computers, printing and internet seven days a week • Programming for all ages • Literacy programming • Homebound service, books by mail and rural material delivery • Safe second space to study and work
Keyano Theatre and Suncor Energy Centre for the Performing Arts	• Performances and events • Venue space

Sector support, funding and government services

Organization	Programs and services named
FuseSocial	• Shared Services (HR, communications, evaluation, governance, strategic planning, coaching) • Leadership Wood Buffalo • Training and development • Volunteer engagement and emergency volunteer activation with ESS • The Tomorrow Project • LoveWB website and directory (in development)
United Way Fort McMurray and Wood Buffalo	• Grant funding each cycle • Investment in collaborative initiatives • The Redpoll Centre shared office space • Tools for Schools • Period Promise • Days of Caring volunteer connection
Wood Buffalo Community Foundation	• Annual granting • Community data and information • Connecting funders with community need • Information about other grant sources
Regional Municipality of Wood Buffalo	• LIFT low-income transit program • Grants for preventive programs • Funding for subsidized counselling
Service Canada	• Outreach and service navigation in Indigenous communities, schools, seniors centres, shelters, food banks and newcomer organizations • Collaboration with community and government partners
Fort McMurray Wood Buffalo Economic Development and Tourism	• Business retention and expansion • Investment attraction • Tourism development • Workforce initiatives • Brand stewardship
Local HERO Foundation	• The region's only 24-hour helicopter emergency medical service, dispatched to rural and remote locations • Advocacy for patient care and local dispatch

Appendix C. Method and notes

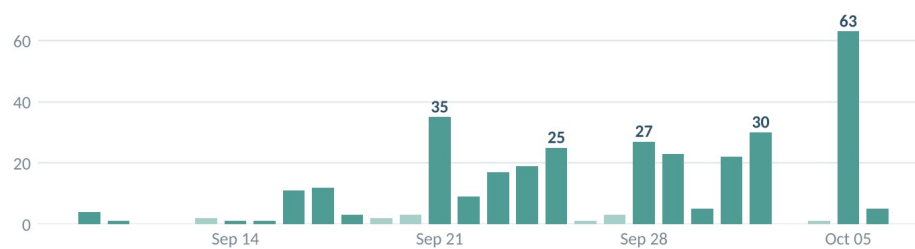
The survey

The Next 10 Social Profit Survey was built in SurveyMonkey and distributed by FuseSocial, United Way Fort McMurray and Wood Buffalo and the Wood Buffalo Community Foundation through their networks, the Tomorrow Project tables and social media between September 9 and October 6, 2026. It was open to anyone who works or volunteers in the region's social profit sector, at any level. It had 18 questions in six parts: about you and your organization; needs and gaps; programs and services; what would help; where you would step up or step back; and October 15. Most questions were optional.

Responses

325 responses were received. Figure 19 shows when they arrived; most came in the final two weeks, and 63 arrived on October 5 alone. There were no blank responses; three people answered only the opening questions. Responses were not screened out for brevity, and no duplicates were removed, because colleagues from the same organization often gave similar answers legitimately. The number answering each question is shown in Table 4.

Figure 19. Responses by day, September 9 to October 6, 2026.



Responses by start date, September 9 to October 6, 2026. Weekends in lighter teal.

Table 4. Number of respondents answering each question.

Question	Answered
Role	325
Organization	304
Populations served	322
Part of the region served	321
Three biggest needs or pressures	250
What people ask for that cannot be provided	213
Groups falling through the gaps	259
Programs and services delivered	210
Single most important thing	220
One thing to start or grow	188
What goes wrong with referrals	209
Step up or step back	208
Program or need area in mind	152
What would be needed	194

Question	Answered
Who from your organization should attend	149
Who else should be in the room	118
Anything else for the Municipality and partnership	96
Contact consent	196
Name and email provided	124

Analysis

Closed questions were tabulated as counts and as percentages of those answering. Organization names were standardized so that different spellings and abbreviations of the same organization count together; where a respondent named two organizations, the first was used. Open-ended answers were read in full and coded against a set of 25 themes developed from the answers themselves. Coding was done by keyword rules applied consistently across questions, followed by a review of every answer the rules did not match and of samples of matched answers, with the rules adjusted until the themes fit the answers. A single answer can carry more than one theme. Percentages for open-ended questions use as the denominator the number of people who gave a substantive answer, excluding "no", "not sure" and similar. Because several organizations had many respondents, the three most common need themes were also counted once per organization; the ranking did not change. The word cloud in Section 5 is built from every word in the needs answers after common words are removed, with phrases such as "mental health" and "cost of living" kept together.

Quotes are reproduced as written, with spelling and punctuation corrected and nothing added; where a sentence is taken from a longer answer, nothing is quoted out of its original sense. Quotes are attributed by the respondent's role and organization as given in the survey, and never by name. Roles are the respondent's own choice from the survey: front-line staff; other staff (shown as "staff member"); director or manager; executive leadership; board member; volunteer. Where a respondent did not name an organization, the attribution says so. The population spotlights in Section 5.5 and the ideas bank in Appendix E were compiled by reading every open-ended answer and grouping statements by population and by idea.

Limitations

The survey was designed to hear from the people who work and volunteer in the social profit sector, and it should be read as their account of what they see; the Municipality's own engagement with residents covers the public's view. Respondents chose to take part, and organizations that encouraged staff to respond are better represented than those that did not. Front-line staff are the largest group, which strengthens the description of need and weakens the step-up answers as organizational commitments. Public schools, First Nations and most Métis locals, health services, child care operators and faith communities are thin or absent. Theme percentages depend on how answers were written and coded and should be read as orders of magnitude, not precise measures. The counts in the ideas bank are counts of people who raised an idea, and an idea raised by six colleagues at one organization is not six times as widely held as one raised once. None of these limitations changes the main findings, which are consistent across roles, parts of the region and ways of counting.

Follow-up

98 respondents agreed to be contacted to follow up on their answers and 61 asked to receive a summary of what we heard. 124 left a name and email address. Contact details are held by FuseSocial and are not reproduced in this report.

Appendix D. Organizations represented

60 organizations, with the number of respondents from each. Two respondents preferred not to name their organization and 19 left the question blank or described themselves without naming an organization.

Organization	n	Organization	n
ACFA régionale de Wood Buffalo	6	Nistawoyou Association Friendship Centre	9
Alzheimer Society of Alberta and NWT	4	Norfort Gymnastics Association	1
Arts Council Wood Buffalo	8	NorthLife Fellowship Baptist Church / Soup Kitchen	3
Athabasca Tribal Council	2	Pastew Place Detox Centre	9
Aunties Within Reach	2	Primary Care Alberta / AHS	3
Autism Society of the RMWB	13	Providence Inclusive Child Care	5
Big Brothers Big Sisters of Wood Buffalo	3	Regional Municipality of Wood Buffalo	9
CASA Mental Health	10	Safe Community Wood Buffalo	1
CBI Health	1	Service Canada	1
Centre of Hope	7	Sesequon Healing Society	1
Children First: Community Child Care Network Society	2	Some Other Solutions	5
CMHA Wood Buffalo	8	Sport Wood Buffalo	1
Fort McKay Wellness Centre	1	St. Aidan's Society	21
Fort McMurray Catholic Schools	11	Suncor Energy Centre for the Performing Arts	1
Fort McMurray Montessori Foundation	1	Support4Moms Society	1
Fort McMurray Wood Buffalo Economic Development and Tourism	1	Taproot Community Support Services	4
Francophonie Canadienne Plurielle (FRAP)	1	The Children's Centre	2
FuseSocial	4	The Hub Family Resource Centre	12
Fédération des aînés franco-albertains (FAFA)	1	United Way Fort McMurray and Wood Buffalo	8
Girls Inc. of Northern Alberta	5	Waypoints Community Services Association	4
Golden Years Society	7	Willow Lake Community Association / Anzac FCSS	3
HISC Committee	1	Wood Buffalo Community Foundation	5
Justin Slade Youth Foundation	10	Wood Buffalo Food Bank	10
Keyano College / Keyano Theatre	4	Wood Buffalo Housing	1
KidSport Wood Buffalo	1	Wood Buffalo Pride	5
Lifemark	1	Wood Buffalo Regional Library	8
Local HERO Foundation	1	Wood Buffalo Ribfest	1
Mary Amy Recovery Services	1	Wood Buffalo Volunteers	1
McMurray Métis (Local 1935)	2	Wood Buffalo Wellness Society	26
Multicultural Association of Wood Buffalo	4	YMCA of Northern Alberta	20

Appendix E. Ideas bank

Every distinct idea respondents raised for something that could start, grow or change, drawn from the "one thing" question, the "cannot provide" question, the step-up question and the closing message to the Municipality. Ideas are grouped by area and listed with the number of respondents who raised them. Similar ideas from different respondents are combined; where respondents named a specific program, the name is kept. The counts are of people, not organizations, so an idea raised by several colleagues at one organization carries their combined count. Nothing here has been assessed for cost or feasibility; that work belongs to October 15 and after.

Housing with supports

Idea	Raised by
A second permanent supportive housing building ("another Tawâw")	6
Recovery-based housing for individuals with children and complex needs, including reunification homes for parents working with Children's Services	5
A shelter for men, including men fleeing violence with their children	5
Transitional or sober living housing after treatment, with structured programming attached	4
Seniors housing like Rotary House; completion of Willow Square; medically assisted living in the community	4
A supportive residential program for youth and adults with concurrent disorders who cannot live independently but do not need hospital	2
More landlords willing to rent, and a rental program that works with landlords	2
A family shelter open regardless of immigration status	1
A housing navigator for people with low to moderate needs who do not qualify for Housing First or eviction prevention	1
A second subsidized housing option besides Wood Buffalo Housing	1
Affordable housing at 40% or more below market, with four-bedroom and larger units	1
Affordable housing co-located with child care (Build Canada Homes)	1
Low-income and transition homes for people fleeing violence	1
Capital, repairs and maintenance funding for existing housing properties	1

Treatment, clinical and health care

Idea	Raised by
Medical detox in town, a larger detox facility and more detox beds	6
Low-cost or no-cost counselling without long waitlists or complicated eligibility, including short-term counselling with navigation and follow-up	6
An in-person treatment facility; intensive, trauma-focused inpatient treatment for the north	4
A supervised consumption site with drug checking; a measured alcohol program	4
Travelling specialist clinics and a geriatrician who visits monthly or biweekly	4

Idea	Raised by
Rapid psychiatry, psychiatric beds and an acute mental health unit	3
Youth addiction treatment and detox	3
Transitional supports after hospital or treatment: peer support, safety plans, follow-up	3
Home care expansion	3
Onsite addiction medicine and psychiatry in low-barrier housing, delivered with an FASD-informed lens	2
Specialized intensive outpatient and inpatient care for severe mental illness and addiction	2
A crisis team for autistic youth and adults, with an inpatient option and family supports	2
A gender-affirming care clinic and inclusivity training for health providers	2
French-language primary care and mental health care	2
Neuroaffirming mental health supports	1
A cardiac care program at the hospital with a cardiologist on site	1
More family doctors	1
Expansion of the harm reduction program	1
Mental health resources on hoarding	1

Children, youth and families

Idea	Raised by
Youth employment, mentorship and resume programs, including first jobs for ages 15 and up	5
Shorter FSCD waits, one-to-one aides in child care, and early intervention and navigation while families wait	4
Free youth spaces in evenings, weekends and school breaks; more drop-in centres	4
A program for ages 18 to 25 and a transition out of youth programs	4
Transportation for children to the CASA classroom and other programs	3
More CASA classrooms and the CASA trauma program offered locally	2
Specialized schools and publicly funded specialists in schools	2
A family wellness service with short waits, evening hours, culturally responsive support and transportation	2
Children recognized as a vulnerable population in the plan and represented on municipal committees	2
More mentors and expansion of one-to-one mentoring	2
A larger drop-in play space, and drop-in play extended beyond age 6	2
Local recreation for children (soccer, cricket, swimming lessons) so families do not travel to Edmonton	2
School nutrition programs, including restarting the school banana program	2
A coordinated early childhood support service: family navigation, developmental consultation, behaviour and regulation support	1
Investment in the first six years, including postpartum support	1

Idea	Raised by
Youth-led programs and initiatives	1
A workforce program for students with disabilities	1
Menstrual education in schools and adult education on gender-based violence	1
Neurodivergent training for workers, teachers and parents	1
Lower-cost mental health and social-emotional assessments for children	1
A community liaison between schools and agencies	1
Safe Visitation restored to complement safe exchange	1
The Our Children Our Youth coalition revived	1
Supply-side child care funding, subsidies for the lowest-income families and investment in early childhood educator wages	1
Boy-specific programming	1
A fenced playground	1

Adults with disabilities and neurodivergent people

Idea	Raised by
Daytime programming and a PDD-approved drop-in for adults with high support needs	6
An individualized outreach program for neurodiverse adults	2
An autism centre with space for day programs and overnight respite	2
Sensory-friendly workplaces and establishments	2
Overnight respite for families	1
Access to adult autism diagnosis	1
Supportive and communal housing for neurodiverse people	1
Social events for people with disabilities	1

Seniors

Idea	Raised by
Sustained in-home supports: housekeeping, meals, laundry, yard work and snow	6
Medical transportation and travel support for appointments out of town	5
Meals on wheels and meal delivery for people who cannot come in	4
One-on-one help with technology	3
Travelling clinics for seniors' health needs	2
Walking groups, coffee times and other ways to build social networks	2

Idea	Raised by
Individualized mental health and addiction support for seniors, including in assisted living	1
Services for people aged 50 to 59	1
Senior functions and gatherings in the Métis community	1

Newcomers and language

Idea	Raised by
More LINC seats, classes above benchmark four, and adult night school	7
An employment program with a computer lab and direct connections to employers, open to people with very low English	5
Interpreters, translation, staff who speak other languages, and home visitation in other languages	4
Free child care so mothers can attend language classes	2
Employers offering work or volunteer placements so newcomers can gain Canadian experience	1
Culturally based, multilingual, in-person mental health support	1
A program that develops the skills newcomers bring with them	1
A cultural intake worker for mental health and laptops to borrow	1
Help with income support applications	1
More settlement staff for the volume of clients	1
French conversation circles, classes and French-language resources	1

Navigation, coordination and awareness

Idea	Raised by
Better promotion of existing programs so people know they exist	4
A central service directory with a coordinator who convenes the existing navigators and runs a provider portal	3
A communication platform for residents and providers (Wood Buffalo Connect; the LoveWB directory)	3
A systems navigator community of practice and central intake for children, youth and family services	2
Coordinated case management for people with several needs at once	2
Mobile federal and provincial services in rural and Indigenous communities	2
A social services hub or one-stop shop for families in difficulty	2
Coordinated access pathways by issue or subsector	1
A wraparound system where organizations make warm referrals and follow people through	1
A master events calendar so events stop clashing	1
A community hub with a coffee shop and staff trained to notice loneliness and connect people early	1

Idea	Raised by
A clear service pathway in the employment sector	1

Funding and the sector

Idea	Raised by
Steady, multi-year, flexible operating funding	12
Investment in the programs and organizations already doing the work	4
Continued collaboration between FuseSocial, United Way, the Foundation, the Municipality and funders	3
Direct investment in Indigenous-led organizations	2
Volunteer recruitment to meet program demand	2
Community needs-based data gathering and analysis	2
A coordinated and equitable funding approach based on who is funded to do what and where the gaps are	1
A tiered funding model that distinguishes core or strategic partners from nice-to-have	1
Recognition in funding decisions of organizations that employ regulated clinicians	1
Governance training for Wood Buffalo social profit boards	1
Expansion of shared services and fund development support	1
Less reporting red tape, and agencies able to speak directly to Council	1
Commercial land to support business growth and private investment	1

Indigenous-led and cultural

Idea	Raised by
An Indigenous healing centre and land for land-based healing	2
Indigenous-led recovery and healing programs, including Wellbriety	2
Powwow teachings and gatherings in Fort Chipewyan, with travel support to larger powwows	1
A dedicated crisis response team working with policing, with prevention and early intervention built around culture	1
Expanded cultural connections for the whole community	1
Sweat lodge and healing ceremonies	1
Grant access for Indigenous organizations without charitable status	1

Food security

Idea	Raised by
Hamper delivery and an expanded mobile pantry for rural clients	4
Emergency food funds for items the food bank does not carry, such as meat, or gift cards	2
Community gardens producing food that can be donated	1
Public and private investment in affordable food	1
Meals for people who cannot attend the soup kitchen in person	1
More food hampers and food kits	1

Arts, recreation and belonging

Idea	Raised by
A purpose-built arts centre and a real gallery (the Suncor Arts INCubator)	5
Sport funding not tied to income, accessible sport options and donated equipment from within the region	3
Expanded rural arts programming and mentorship	2
A bigger and more manageable Redpoll Centre (the shared office space for social profit organizations)	2
An arts program at Keyano College	1
A larger gymnastics facility	1
Alternatives to monopolized event venues	1
More third places where people can gather	1

Transportation

Idea	Raised by
Rural transit and fixes to the on-demand transit system	4
A dedicated transportation service for program participants	2
Bus tickets for one-time help instead of monthly passes	1

Appendix F. Voices: more of what respondents said

Respondents wrote more than this report could carry in its main sections. This appendix collects further quotes, grouped by theme, chosen because each adds a detail, a distinction or a proposal that the sections above could only summarize. The same rules apply as elsewhere: words are the respondents' own, with spelling and punctuation corrected, attributed by role and organization.

Money and making ends meet

"People sometimes need support beyond food, such as affordable housing, transportation, employment assistance, and access to other basic necessities."

Staff Member, Wood Buffalo Food Bank

"The ongoing stress of having to make difficult choices between essential expenses can also affect mental health, contributing to anxiety, stress, social isolation, depression, and reduced quality of life."

Staff Member, St. Aidan's Society

"Many clients need support with food, transportation, and safety tickets required for work, such as WHMIS and First Aid. These barriers can make it difficult for them to secure and maintain employment."

Front-line Staff, Lifemark

"Supply side funding for child care programs that allows for low income families to have subsidies for even the \$326.25, as these children are not in care and we really don't know where they went."

Executive Leadership, Children First: Community Child Care Network Society

"It would also be nice if we were able to purchase bus tickets instead of a whole bus pass for the month for clients who come in and need one-time help."

Front-line Staff, CMHA Wood Buffalo

"Financial insecurity, leading to trouble affording food, housing, toiletries, recreation for their children, therapy."

Director or Manager, The Hub Family Resource Centre

Mental health

"Lack of proper mental health care and therapy. Low cost options employ mostly people without advanced counselling training."

Respondent, organization not named

"Complex mental health issues and not enough easy access to free counselling for a reasonable amount of time, which in our experience requires dozens of sessions."

Executive Leadership, Waypoints Community Services Association

"Short term emergency or urgent stabilization, or the ability to follow kids past discharge longer than six months."

Executive Leadership, CASA Mental Health

"In between services and programs beyond being medicated for their issue."

Front-line Staff, Primary Care Alberta

"Shorter wait times, evening and weekend appointments, culturally responsive support, and outreach services for families experiencing transportation or financial barriers."

Staff Member, The Hub Family Resource Centre

"Waiting times for psychiatric appointments are quite long often, and that can discourage families and get in

the way of proper improvement.”

Front-line Staff, CASA Mental Health

Housing

“The wait list for the two active permanent supportive living programs are lengthy and growing more.”

Front-line Staff, Wood Buffalo Wellness Society

“In housing initiatives programs are now supporting family units of three generations all at one time.”

Director or Manager, Centre of Hope

“Maybe another subsidized housing program besides Wood Buffalo Housing. When a client cannot go back there, they are left with no options.”

Front-line Staff, CMHA Wood Buffalo

“Standard shelter where people can live in a dignified way and prepare and store what food they can get donated or purchased.”

Front-line Staff, Wood Buffalo Food Bank

“Another facility like Rotary House. We have seniors that need some supports, but are still mobile. It houses them in a family atmosphere, that increases their socialization and physical activities, while removing some tasks like cooking and house cleaning. Our current location always has a large wait list, especially for couples.”

Board Member, Golden Years Society

“We need different types of housing to suit the needs of individuals we serve, more housing with staffing and case management.”

Executive Leadership, Centre of Hope

“Build Canada Homes is a great opportunity for affordable housing initiatives to partner with child care initiatives and to maximize investment. Co-location would be closer to home for vulnerable families, allowing them to pursue education or enter the workforce.”

Executive Leadership, Children First: Community Child Care Network Society

Children, youth and families

“Educators want to provide inclusive care, but staffing ratios, limited resources and the level of individual support some children require can make this challenging.”

Front-line Staff, Providence Inclusive Child Care

“It's very difficult for our children 15 and up to get even a part-time job. A mentorship program to help them build their résumé, even helping them to acquire some work skills to gain confidence, would be amazing.”

Director or Manager, Fort McMurray Catholic Schools

“There is a real need for more consistent mentors and fewer youth waiting for a match.”

Front-line Staff, Big Brothers Big Sisters of Wood Buffalo

“More free, accessible youth spaces and activities outside of school hours, especially evenings, weekends and school breaks. This would be for youth ages 12 to 17, including those who may be isolated, low-income, rural, Indigenous, or not involved in traditional sports or activities.”

Executive Leadership, Justin Slade Youth Foundation

“More than 85% of early childhood educators are new in the last four years. They would be more inclined to stay if their wages were invested in.”

Executive Leadership, Children First: Community Child Care Network Society

"I see a lot of parents taking their children to Edmonton and Calgary for recreational activities and sports like soccer and cricket."

Executive Leadership, Fort McMurray Montessori Foundation

"Support for families with children who have extreme behaviours that put everyone's safety at risk."

Executive Leadership, Fort McMurray Catholic Schools

"Students often are in need of a safe living environment. This is really hard to acquire if they are teenagers."

Director or Manager, Fort McMurray Catholic Schools

"Children are a key vulnerable group."

Executive Leadership, The Hub Family Resource Centre

Newcomers and francophones

"Getting work tickets and permits: you must have an offer letter but can't get an offer letter without tickets and certifications."

Staff Member, YMCA of Northern Alberta

"An employment program similar to a job agency with a computer lab that can help clients with limited digital skills to apply for positions while having connection with employers to fill positions."

Front-line Staff, YMCA of Northern Alberta

"A program that can develop the asset that newcomers bring with them."

Front-line Staff, YMCA of Northern Alberta

"Translation services for newcomers and immigrants needing systems navigation or services: very expensive, beyond our budget."

Director or Manager, The Hub Family Resource Centre

"Our community is diverse and includes long-standing Francophone residents as well as families and newcomers from across Canada and around the world. This diversity is a strength, but it also highlights the importance of having spaces and opportunities where people can connect, participate and build a sense of belonging in French."

Executive Leadership, ACFA régionale de Wood Buffalo

"Free schools for youths from 19 to 30 who have severe language barriers."

Front-line Staff, YMCA of Northern Alberta

Seniors

"Increased access to light housekeeping, meal preparation, transportation and accompaniment, home-safety supports, social connection, technology assistance, and help navigating health, housing, financial, and community services."

Front-line Staff, St. Aidan's Society

"Existing data will say that most people will want to age in their own home. Being able to offer reliable in home supports to allow people to age independently and well will minimize the impact to the health care system."

Executive Leadership, St. Aidan's Society

"Most medical specialists are 450 kilometres away; seniors need transportation and accommodation."

Board Member, Golden Years Society

"There is a group of seniors who use the pool and are not included in the walking group. Having a coffee time

for them might help to expand their network outside of the pool.”

Volunteer, St. Aidan's Society

“Having access to appropriate services and supports within one's own community can promote connection, stability, belonging, and continuity of care.”

Front-line Staff, Alzheimer Society of Alberta and NWT

“As a working board it takes a minimum of 750 volunteer hours per month to operate the organization.”

Board Member, Golden Years Society

“Services for 50 to 59.”

Front-line Staff, St. Aidan's Society

People with disabilities and neurodivergent people

“We helped individuals not only with navigating resources, housing, and food security, but also to navigate all relationships in their lives, teaching life skills specific to each individual, more than just laundry and cooking, supporting them to not only live, but to thrive.”

Front-line Staff, Autism Society of the RMWB

“Access for emergency services that can appropriately respond to neurodivergent individuals and their families in moments of crisis.”

Board Member, Autism Society of the RMWB

“More sensory-friendly workplaces that empower autistic and neurodiverse individuals to feel comfortable, supported, and successful at work.”

Front-line Staff, Autism Society of the RMWB

“A place they can hang with their peers and have fun but learn life skills too, going out in community as a group to shovel snow for example. Parents can drop them off and go to work and not have the worry of trying to find the right care for them.”

Front-line Staff, Autism Society of the RMWB

“PDD designations are almost impossible to get.”

Executive Leadership, Wood Buffalo Wellness Society

“Daycare providers having adequate skills and resources to include children with special needs in their programs.”

Front-line Staff, Providence Inclusive Child Care

Indigenous families and communities

“This includes stable funding for the people, infrastructure, transportation, administration and core operations required to deliver those services, not only short-term project funding.”

Executive Leadership, Aunties Within Reach

“Indigenous specific programming by Indigenous-led organizations benefits all, including non-Indigenous people, and is needed as Indigenous people are over represented in homelessness, mental health populations, and stats associated with poverty.”

Director or Manager, Wood Buffalo Wellness Society

“People ask for more powwow opportunities and teachings. There are very few in Fort Chipewyan, and travelling to a powwow is costly and difficult from a remote community. Many families want the chance to experience that connection to culture close to home.”

Front-line Staff, Arts Council Wood Buffalo

"Difficult with grants for Indigenous organizations that don't have charitable status."

Board Member, Wood Buffalo Community Foundation

"Emergency financial and social supports, particularly for Indigenous members arriving from other communities."

Front-line Staff, Nistawayou Association Friendship Centre

"Indigenous life skill programs to continue past addictions to help with time management, goal setting, basic computer skills, resume writing."

Front-line Staff, Wood Buffalo Wellness Society

"Expertise is great. Be open to hearing others' lens and perspective and how it can support the circle."

Director or Manager, Athabasca Tribal Council

Addiction, recovery and complex needs

"Lack of low barrier addiction resources to fit the needs of people with low cognitive capacity."

Director or Manager, Wood Buffalo Wellness Society

"Safe consumption sites save lives, money, and resources."

Front-line Staff, Wood Buffalo Wellness Society

"After hour support. We help when and where we can but we are limited."

Front-line Staff, Wood Buffalo Wellness Society

"Basic necessities like housing, food, clothing are hard for them to keep. Staying clean from drugs and alcohol. Keeping clients safe while detoxing."

Front-line Staff, Pastew Place Detox Centre

"Our current classroom is not equipped to deal with the level of addiction and substance abuse issues that some teens are experiencing, and there are limited resources across the entire province to help teens."

Front-line Staff, CASA Mental Health

"Undiagnosed, untreated mental health, cognition impairments, FASD, brain injury. Lack of supervised housing for individuals with complex barriers. Health care, and adequate discharge plans."

Director or Manager, Centre of Hope

"Get to the root cause of the active addictions first. That's the only way the first steps towards healing and wanting the supports are going to happen."

Staff Member, The Hub Family Resource Centre

Arts, belonging and third places

"Arts are vital to this community by bringing people together and encouraging a safe and creative environment for newcomers, families, Indigenous members, women, and individuals. We could all use more art in a region that is so focused on industry and recreational sports."

Front-line Staff, Arts Council Wood Buffalo

"A space in town where people can create art and be creative. Also a proper art gallery in town that isn't just a hallway."

Staff Member, Arts Council Wood Buffalo

"Not enough third places. Not enough arts spaces to practice or rent. Limited opportunities to engage with

arts.”

Director or Manager, Arts Council Wood Buffalo

“Financial assistance for sport. Amount of out of town travel for sport. Availability of activity space.”

Front-line Staff, Sport Wood Buffalo

“2SLGBTQIA+ supports, especially for youth. A reason to gather and share. Mental health supports.”

Director or Manager, Keyano College

“Mental health, loneliness and a need for belonging. Affordable access to activities and social opportunities. Preparing for independence and adulthood.”

Executive Leadership, Justin Slade Youth Foundation

The sector and its funding

“Staff ask for better wages, benefits and so on. As the funding has been capped by the Government of Alberta funding requirements it is impossible to do so.”

Board Member, Children First: Community Child Care Network Society

“Inconsistent and unreliable government granting processes, delays in funding flowing.”

Executive Leadership, United Way Fort McMurray and Wood Buffalo

“Just generally more of what we currently offer, but we are already exceeding our own capacity.”

Front-line Staff, FuseSocial

“Rent is too expensive in Fort McMurray to expand to meet families' needs.”

Director or Manager, Autism Society of the RMWB

“Quality, consistent, reliable information on community needs where the social profit sector can facilitate supports.”

Board Member, Wood Buffalo Community Foundation

“No single organization can address them alone. Continued communication, collaboration and sustainable investment in services that are already being accessed by residents will be important.”

Executive Leadership, Wood Buffalo Food Bank

“There are so many amazing organizations in the city, I just wish more people knew about them.”

Front-line Staff, Justin Slade Youth Foundation

“We need more awareness on how much not for profits struggle with funding, and needing to do more with less. The amount of agencies that have closed in the past three years is growing.”

Front-line Staff, CMHA Wood Buffalo

Working together

“A master calendar that allows events to work together instead of clashing.”

Front-line Staff, CMHA Wood Buffalo

“Social services hub: a one stop spot where families could go to get information and support when having difficult times.”

Front-line Staff, Fort McMurray Catholic Schools

“A community liaison to schools to help with identifying the proper organization or program that would meet the needs of vulnerable student families. It is difficult to identify which support or program is available and how families can apply.”

Staff Member, Fort McMurray Catholic Schools

"A more coordinated approach would help ensure people are supported from the first point of contact until they are successfully connected to the services they need."

Executive Leadership, Multicultural Association of Wood Buffalo

"Better service navigation, support for complex needs, and more accessible services outside Fort McMurray, along with stronger collaboration to prevent people from falling through the cracks."

Director or Manager, FuseSocial

"Better collaboration between agencies, more collaborative projects like the seniors project, reduction of duplication."

Board Member, United Way Fort McMurray and Wood Buffalo

"People thrive when they have stable housing, meaningful employment, social connections, access to healthcare, and a sense of belonging. Community planning should continue to prioritize these foundations of well-being."

Front-line Staff, YMCA of Northern Alberta

"Appreciate the time and effort put into creating spaces for community to come together and create new partnerships."

Board Member, Nistawoyou Association Friendship Centre