



SOCIAL RECOVERY TASK FORCE AGENDA

DATE: Apr 15, 2020

TIME: 1pm

PLACE: Virtually - [Social Recovery Task Force - YouTube](#)

Chairperson: Kim Krawec, Manager, Family Community Support Service

Members Attending: Jeff Genung, Mayor
Susan Flowers, Councillor
Terri Lauer, FCSS
Natalia Tapia Glenn, Rotary Club
Jan Tracy, Cochrane Activettes
Lauren Delahunt, Victim Services
Chairra Nicolle, Helping Hands
Sandra Gatemen, Big Hill Haven

Administration: Nicole Copses, Recording Secretary

Regrets:

1. CALL TO ORDER

2. AGENDA - AMENDMENTS & ADOPTION

2(a) Agenda additions/deletions

2(b) Adoption of the Agenda

3. ADOPTION OF PREVIOUS MINUTES

3(a) Adoption of the Minutes

4. BUSINESS

4(a) Old Business

i. Next Steps

a. Mental Health Engagement

- Committee reports and updates

b. Support and resources promotion

c. Discuss engagement surveys (public and organization)(attached)

4(b) New Business

i. Round table discussion

5. ADJOURNMENT

SOCIAL RECOVERY TASK FORCE SURVEY

In these difficult times, when everyone's lives are being affected by the COVID-19 pandemic, you can do something important for your families, friends, neighbours and community. Please take 10 minutes to participate in the Social Recovery Task Force (SRTF) survey. The information gathered will help the task force understand and respond to our community's needs.

The Economic Recovery Task Force and the Social Recovery Task Force are working together to support residents and local businesses. These survey results may be combined to support the work of both task forces.

To participate in the survey, visit letstalkcochrane.ca/SRTF or complete this paper survey.

Completed surveys can be dropped off in the mail slot at:

Cochrane Family and Community Support Services

209 Second Ave W, Cochrane, AB T4C 2B9



1. How would you say your mental health and personal well-being was prior to the COVID-19 pandemic?

- Excellent
- Very good
- Good
- Fair
- Poor
- Other? Please explain: _____

2. How concerned are you about the following impacts of the COVID-19 pandemic?

	Extremely concerned	Very concerned	Somewhat concerned	Not at all concerned
My own physical health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My own mental health and personal well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The amount of stress in my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vulnerable family members' health (e.g. elderly family members, those with chronic conditions)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overloading the health system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family stress from confinement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loss of routine/disruption of day-to-day life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uncertainty about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessing the essential goods that I need (e.g. due to shortages, store closures, delayed shopping, long lines)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase in disagreements and conflict in my home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence in my home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. What other concerns do you have regarding the impact of the COVID-19 pandemic? _____

4. Thinking about the current situation, have you experienced any of the following? (check all that apply)

- Feeling helpless about the situation
- Loss of interest and pleasure in your daily activities
- Change in the quality or the duration on your sleep
- Feeling more irritable or having moments of anger that you did not have before
- Moments of great anxiety
- Increased use of alcohol and/or drugs
- None of the above
- Other? Please explain: _____

5. How much have the following negatively impacted your state of mind?

	Greatly impacted	Moderately impacted	No impact at all
News appearing in the media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing my daily schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My financial situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fear of being infected or infecting someone else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guidelines or instructions from the authorities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The situation of someone close to you (i.e., elderly person with COVID-19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concerns about personal safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. What else has had a negative impact on your state of mind? _____

7. Where do you currently live (community/neighbourhood)?

8. How would you describe your sense of belonging to your local community?

Very strong Somewhat weak
 Somewhat strong Very weak
 Other? Please explain: _____

9. In times of stress and need, what are your top three networks of support? Please choose your top three.

Community agencies Health professionals
 Employer Neighbours
 Faith groups School
 Family Support groups
 Friends

If other, please specify: _____

10. Do you have access to technology to connect with family, friends or other social groups outside of your household?

Yes No

11. Do you feel that you have the mental health support you need?

Yes No

12. Are you aware of the mental health resources in our community?

Yes No

13. Have you or anyone in your household lost their job because of the COVID-19 pandemic? (check all that apply)

Yes, I have
 Yes, someone in my household has
 No, but my hours have been reduced
 Not yet, but I'm concerned it might happen if things continue as is
 No, my job/ family income is secure

14. Since the COVID-19 pandemic, how has it been for you or your household to meet its financial needs?

Much more difficult Somewhat easier
 Somewhat more difficult Much easier
 Neither more difficult nor easier I don't know

15. If the current public health response to the COVID-19 pandemic does not change for the next few months, what will happen to your financial situation?

Significantly worse Somewhat better
 Somewhat worse Significantly better
 No change I don't know

16. How likely is it in your household that food will run out before you receive money to buy more?

Very likely Unlikely
 Likely Very unlikely
 Neither likely nor unlikely I don't know

17. What's your current housing situation?

Own home Living in Camp
 Rental No fixed address
 Staying with family/ friends
 Other? Please explain: _____

18. How likely is it that you will need to move within the next 6 months because you can no longer afford your current home?

- Very likely
- Likely
- Neither likely nor unlikely
- Unlikely
- Very unlikely
- I don't know

19. Have you applied for any of the following financial relief services? (Check all that apply)

- I have not needed financial relief services
- Mortgage deferral
- Utility payment deferral
- Property tax deferral
- Credit card payment deferral
- Employment Insurance
- Canada Emergency Response Benefit
- Canada Recovery Benefit
- Canada Recovery Caregiving Benefit
- Canada Sickness Benefit
- I don't qualify for government financial relief programs
- Other? Please specify: _____

20. Thinking to after the COVID-19 pandemic, what is your outlook on your financial stability?

- Extremely concerned
- Moderately concerned
- Somewhat concerned
- Slightly concerned
- Not at all concerned

Please tell us why: _____

21. Would you visit a business or organization that is not considered essential if they had good measures in place such as space to allow for physical distancing and frequent disinfecting of surfaces?

- Very comfortable
- Somewhat comfortable
- Neither comfortable nor uncomfortable
- Somewhat uncomfortable
- Very uncomfortable
- Other? Please explain: _____

22. What would help you feel safe when returning to non-essential shopping? _____

23. Do you own a business in the Town of Cochrane as your primary source of income?

- Yes
- No

If yes to question 23, how would you rate your overall mental well-being when you're at work.

- Very Good
- Good
- Fair
- Poor
- Extremely Poor

If yes to question 23, how would you rate your stress levels at work?

- Low
- Medium
- High
- Very high

If yes to question 23, would you be interested in having access to more mental health resources at your disposal? (such as mindfulness classes, meditation, stress reduction workshops, etc.)

- Yes
- No

If yes to question 23, how can the municipality help with your businesses overall mental well-being? _____

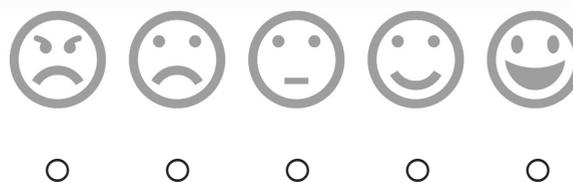
24. Do you have ideas or suggestions on programs that could be offered to keep your spirits up during the COVID-19 pandemic? _____

25. How do you prefer to participate in programs?

- In-person
- Virtually

Other: _____

26. Overall, how do you feel about the long-term future of Cochrane's social well-being?



27. What has changed for the BETTER for you since the COVID-19 pandemic? (list 1 or 2 things, if any) _____

28. What has changed for the WORSE for you since the COVID-19 pandemic? (list 1 or 2 things, if any) _____

The following questions are asked for statistical purposes only. Your answers will remain completely anonymous and will not be shared with any third party.

29. My age:

- Over 65 19-30
 46-64 18 or under
 31-45

30. Gender:

- Male Female
 Prefer not to answer
 Or: _____

31. I identify as:

- Heterosexual Gay
 Lesbian Bi-sexual
 Questioning
 Or: _____

32. My citizenship/immigration status is:

- Canadian citizen
 Work visa (Temporary Foreign Worker)
 Refugee
 Permanent resident/landed immigrant
 Student visa
 Temporary resident
 Visitor visa
 Other? Please specify: _____

33. Which of the following best describes where you live?

- Town of Cochrane
 Western Rocky View County
 MD of Bighorn
 Stoney Nakoda Nation
 Other? Please specify: _____

34. How many people live in your household including you?

- 1 2 3 4 5 6+

35. How many children 0-6 years old reside in your household?

- 0 1 2 3 4 5 6+

36. How many children 7-12 years old reside in your household?

- 0 1 2 3 4 5 6+

37. How many children 13-18 years old reside in your household?

- 0 1 2 3 4 5 6+

38. How many adults over 65 years old reside in your household?

- 0 1 2 3 4 5 6+

39. Can you estimate your household income, before taxes and deductions, for 2019? Household refers to all family (related) members of your household (exclude roommates).

- Under \$20,000 \$120,000 to \$139,999
 \$20,000 to \$39,999 \$140,000 to \$159,999
 \$40,000 to \$59,999 \$160,000 to \$179,999
 \$60,000 to \$79,999 \$180,000 to \$199,999
 \$80,000 to \$99,999 \$200,000 and over
 \$100,000 to \$119,999 I don't know

40. This is the second survey distributed by the Social Recovery Task Force. Did you complete the initial survey in June 2020?

- Yes No

41. How do you find information regarding services, programs and events? (check all that apply)

- Cochrane Program and Activity Guide E-Newsletter
 Newspaper Posters
 Websites Word of mouth
 Digital sign Social media
 Radio

If other, please specify: _____

Please provide any other feedback or comments:

If you would like to participate in further surveys or provide additional feedback, please provide your contact information.

Name: _____

Phone number: _____

Email: _____

NEED TO SPEAK TO SOMEONE?

Call us, we can provide support or connect you with the resources you need!

Mon-Fri 9am-4pm:

Cochrane Family & Community Support Services (FCSS) 403-851-2250

For after-hours support on evenings and weekends contact:

Distress Centre: 403-266-4357

Social Recovery Task Force Organization Engagement Survey

1. Contact Information

Organization:

Name:

Position/Role:

Email Address:

2. What are the top three trends, needs and/or primary concerns your organization has identified as a result of COVID-19 pandemic that have impacted the populations you are supporting?

3. Which of the following, if any, has your organization experienced in response to the COVID-19 pandemic?

	To a great extent	To some extent	Not at all
Reduced revenue from earned income (e.g. sales and/or fees)			
Increased funding to support program delivery, operations, safety protocols			
Reduced revenue from fundraising (e.g. cancelled events, donations)			
Increased donations (e.g. cash, supplies, services)			
Increased costs to support program adaptations, adoption of technology for program delivery and working remotely			
Decreased costs (e.g. program supplies, travel, meeting space)			
Reduced financial reserves			
Changing in-person events to virtual events using video conferencing software (e.g. Zoom, Google Hangouts)			
Disruption of supplies or services (e.g. to clients, communities)			
Increased demand for services/support from clients and communities			
Decreased demand for services/support from clients and communities			
Increased staff and volunteer absences			
New partnerships to provide services to clients and communities			
Disruption of services to clients and communities			
Challenges related to staff and volunteers needing to work remotely			
Need to revisit or institute updated remote work and sick leave policies			
Reduced hours for staff because of			

	To a great extent	To some extent	Not at all
budgetary restraints			
Salary reductions for staff			
Temporary or permanent closure of organization			
Other (please specify)			

4. Did your organization remain open and operation during the COVID-19 pandemic?

- Yes, we are open and operating
- Yes, we are open and operating but have modified our programs and operations
- No, we have had to close our doors until further notice
- We expect to be permanently closing our operation
- Other (please specify)

5. Did your staffing levels change as a result of COVID-19?

- Increased staff
- Staff levels remain the same
- Temporary layoff of staff
- Permanent layoff of staff
- Other (please specify)

6. To what extent are you currently delivering your regular programs and services?

- More than usual
- The same as we always do
- Programs continue to be delivered, but in a different way
- In a moderately reduced capacity
- In a severely reduced capacity
- No longer delivering our regular programs and services

7. Please estimate the total financial impact that the COVID-19 pandemic (state of emergency, related economic downturn) will have on programs, services, or general operations of your organization to the best of your knowledge.

- Less than \$50,000
- \$ 51,000 - \$ 99,999
- \$100,000 - \$249,999
- \$250,000 - \$499,999
- \$500,000 - \$999,999
- \$1,000,000 or more
- Don't know

8. How important is government funding for your organization? (e.g. federal, provincial, and/or municipal)

- Extremely important
- Very important
- Moderately important
- Not important

9. Are there any emergency funding programs for which your organization has applied or intends to apply for during the COVID-19 pandemic? (e.g. Mental Health Response Plan, \$60 million in Social Services emergency fund)

- Yes (please specify) (TEXT BOX)

- No
- Not eligible
- Don't know

10. How likely is it that your organization will be able to adequately perform regular operations, such as events and providing programs and services for your clients, during the remainder of 2020?

- Very likely
- Somewhat likely
- Somewhat unlikely
- Very unlikely
- Unsure

11. As of today, how optimistic are you for your organization's ability to recover from the impacts of COVID-19? On a scale of 1 (Not at all optimistic) and 5 (Very optimistic)

1 (Not at all optimistic)	2	3	4	5 (Very optimistic)
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12. How can the Town of Cochrane support you to address current and future challenges? (please select all that apply)

- Provide knowledge about new ways of partnering / possible partnerships
- Provide knowledge about emergency preparedness
- Provide knowledge on organizational capacity building
- Provide knowledge/data on current and future trends
- Provide information on grant opportunities
- Other (please specify)

13. What is your greatest need and greatest concern right now as an organization?

14. In your opinion, what should the top priorities be for the Social Recovery Task Force?

15. Are there any other comments you would like to share?