

ABOUT THE SURVEY

The ACDS Survey 2020 gathered data on the impact of the 'first wave' of the pandemic, specifically, from March 17 when the provincial public health emergency was declared, to October 31 when there was a steep resurgence in active COVID-19 cases marking the start of a 'second wave'.

To assess the effects of wave 1 of COVID-19, data was collected for:

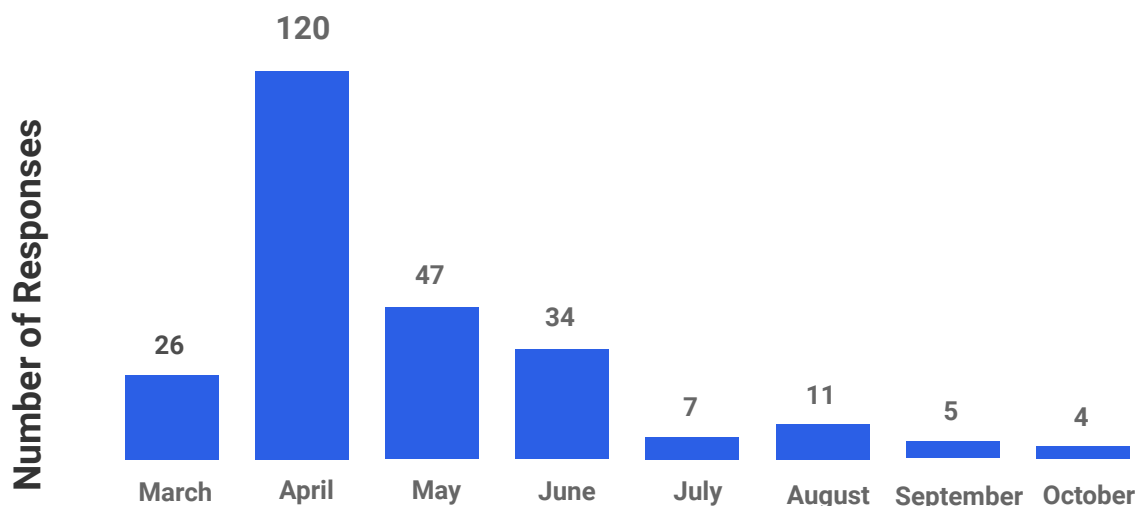
- **January 1, 2020:** pre-pandemic (benchmark) state
- **The month in which the organization felt it was most impacted** between January 1 and October 31, 2020 (each respondent stated their most impactful month for the topic under consideration)
- **October 31, 2020:** post-wave 1 state

Survey response rate: 38%

48 ACDS member agencies, representing 57 service locations across Alberta

Results are generalizable to the PDD-funded CDS sector.

Month of Greatest Impact: All Questions

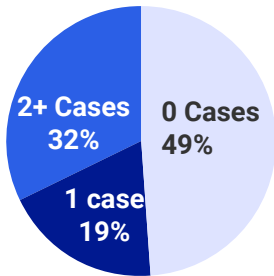


COVID-19 EFFECTS ON ORGANIZATIONS

Issues That Had a Major Effect on the Delivery of Services

- Access to the community (64% of organizations)
- Interpreting and applying public health orders (40%)
- Sourcing PPE or cleaning supplies (33%)
- Accessing and arranging safe transportation (32%)
- Assessing the applicability of public health orders (25%)
- Technological difficulties (20%)
- Accessing timely COVID-19 tests (15%)

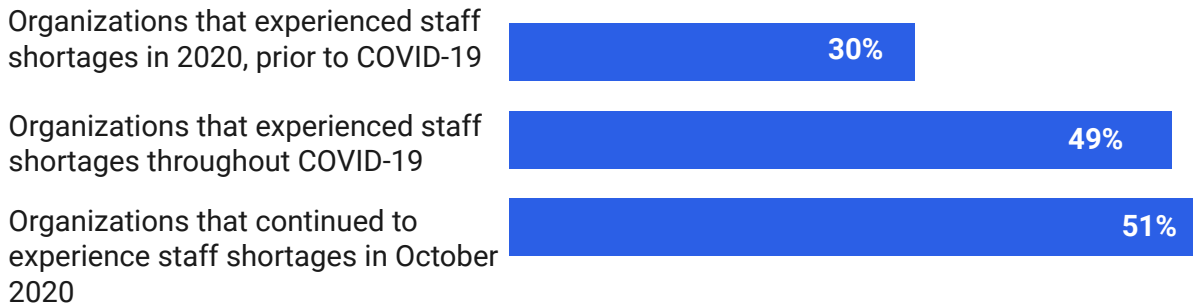
COVID-19 Cases in Individuals or Staff up to Oct 31, 2020 (n = 57)



“In all of the situations, the difficulty was not just the diagnosed person, but all of the exposed people who also had to isolate. In some cases, it affected every staff person working in the program.”

“Our employee resources are slim at the best of time, so this brought us to a state of crisis.”

Staff Shortages Before and During Wave 1 (n=57)

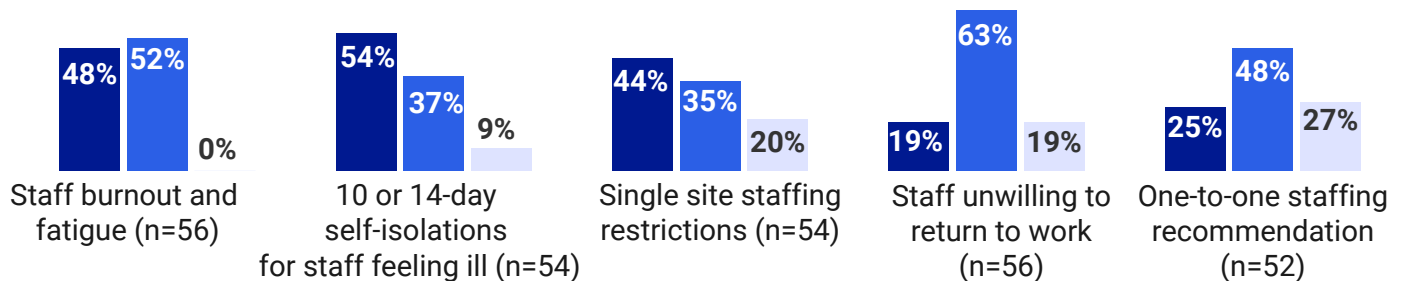


Several factors led to staff shortages or challenged organizations’ ability to deliver services due to the pandemic.

“Less interactions with co-workers and the community, increased cleaning demands, worries about transmission, fear, family worries are all taking a toll on employees.”

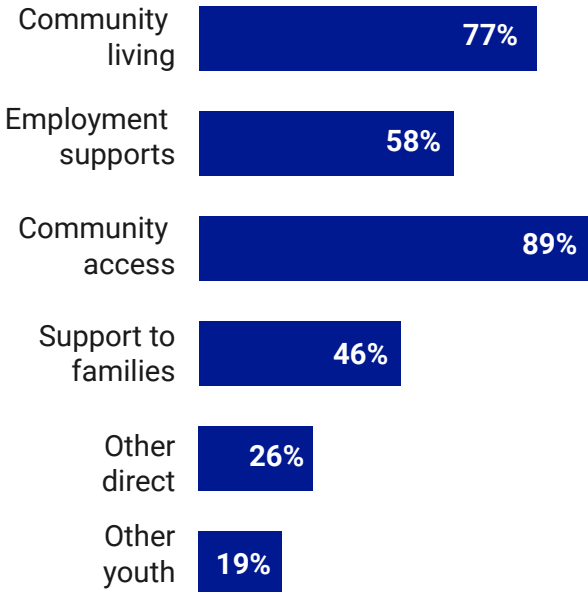
Effect of Staffing Issues on Organizations

■ Major Effect ■ Minor Effect ■ No Effect



ORGANIZATIONAL PROFILES

Percentage of Organizations Offering Services on Jan 1, 2020

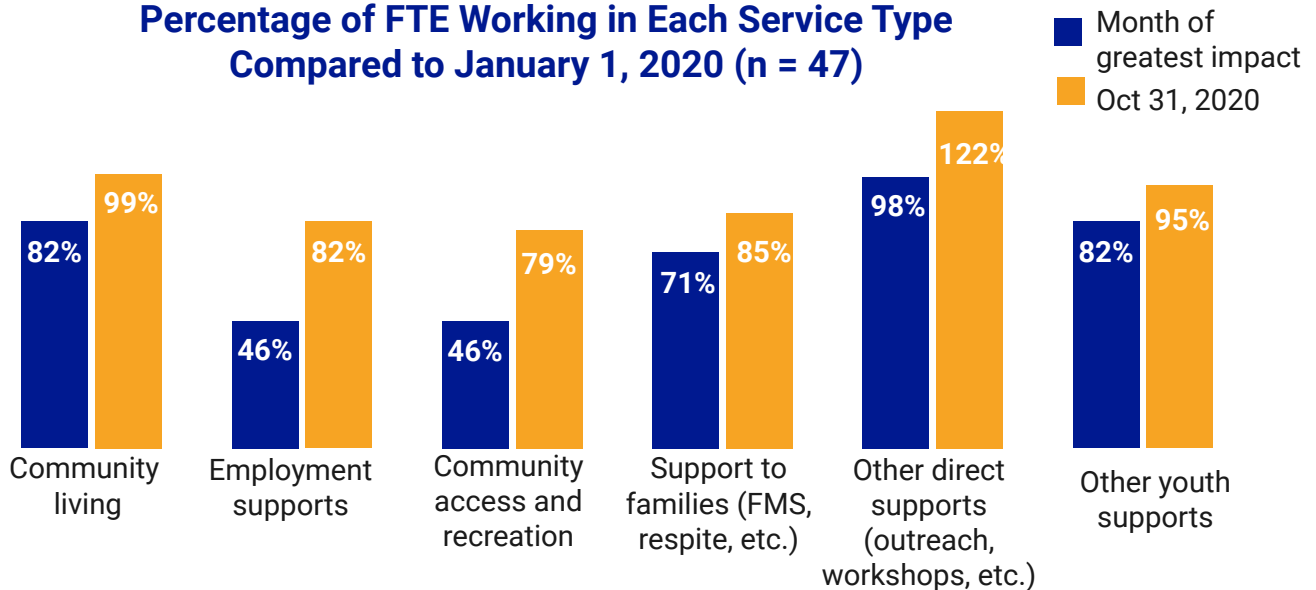


All service types had fewer full time equivalent (FTE) employees working in the month of greatest impact compared to January 1, 2020.

By October 31, the number of FTEs in each service type was trending back to pre-pandemic levels, although many programs were still operating at reduced capacity or had been heavily modified.

The greatest increase was in 'other direct supports' category, which saw a 22% increase in FTE compared to January, likely due to organizations shifting employees from in-person supports to online programs and outreach.

Percentage of FTE Working in Each Service Type Compared to January 1, 2020 (n = 47)



With many services suspended between January 1 and October 31, 2020, the number of individuals supported also fell. In addition to service suspensions, common reasons for the drop in individuals in service included the lack of willingness of individuals or their families to return to services (25% of respondents stated that this had a major effect on their organization), and stringent visitor restrictions (22%).

Individuals in Service Compared to Jan 1, 2020 (n=47)

Month of greatest impact 71%
 October 31, 2020 94%

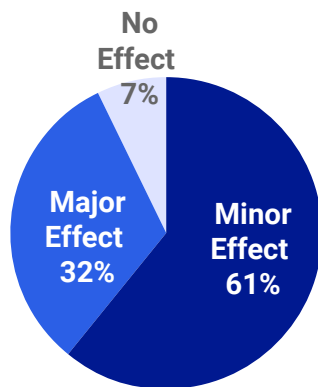
FINANCIAL INFORMATION

Operating Expenses

Average estimated annual organizational expenses for 2020/21 were revised **down by 2%** on October 31, 2020 compared to the budgeted amount on April 1, 2020.

Although the overall change in average expenditures is small, the uncertainty of expenses due to the pandemic caused significant stress to organizations.

Effect of COVID-related Expenses on Organizations (n = 56)



“We are experiencing much higher insurance rates, more PPE costs, utilities costs and accounting fees”

“[Lower] staff wages due to reduced capacity to invoice for services, employee layoffs”

Operating Revenues

Average annual organizational revenues for 2020/21 were estimated on October 31, 2020 to be **3% lower** compared to the budgeted amount on April 1, 2020.

All revenue sources declined except Government of Canada funding due to pandemic supports such as wage and rent subsidies.

Average Change in Organizational Operating Revenues between April 1 and October 31, 2020 (n = 45)

PDD	-2%
FSCD	-12%
Alberta Works	-9%
Government of Canada	+19%
Fundraising (including gifts, donations)	-29%
Social Enterprise (including sales, fees)	-2%
Total	-3%

Fundraising revenues fell by an average of

29%

STAFFING

In the months of greatest impact (April and May) the workforce had shrunk by 16%, largely due to temporary layoffs from suspended services.

By October 31, 2020, there were still 7% fewer employees compared to January 1, as some programs remained closed or had been modified.

During this time, the CDS workforce shrank by approximately 1,300 workers.

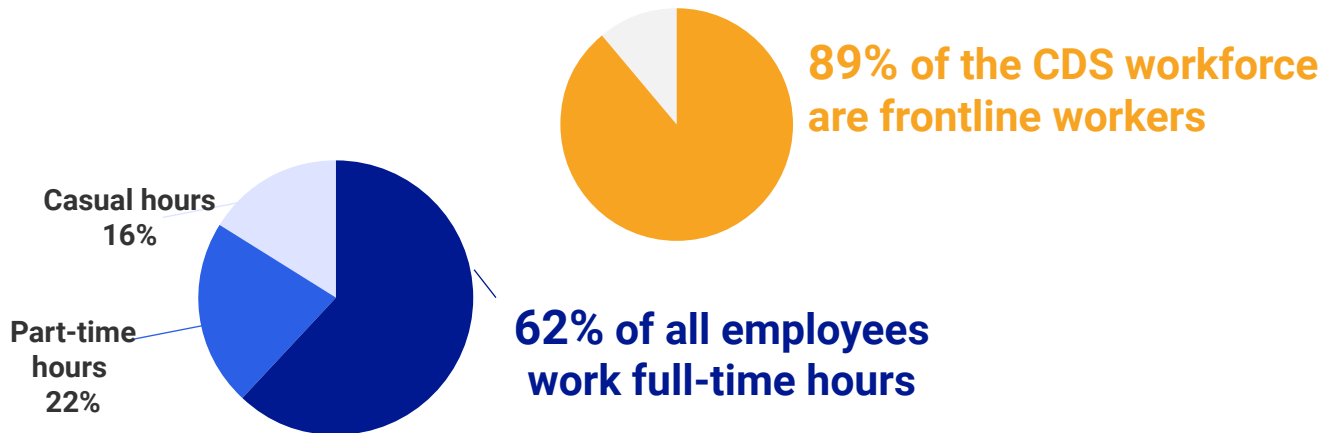
The workforce shrank

7%

from January 1 to October 31, 2020

Percentage of Employees Compared to Jan 1, 2020

Month of Greatest Impact		Oct 31, 2020
80%	Frontline positions	91%
91%	Leadership and other positions	97%
85%	Full-time hours	93%
81%	Part-time hours	95%
86%	Casual hours	92%
84%	Total	93%



WAGES

The **average hourly wage** in the survey sample in 2020 was **\$21.50**

54% of the CDS workforce made **under \$20.00 an hour**

“[The sector needs] wages and benefits that mean an employee can commit to one job and know they will have some security without having to work multiple jobs just to make ends meet.”

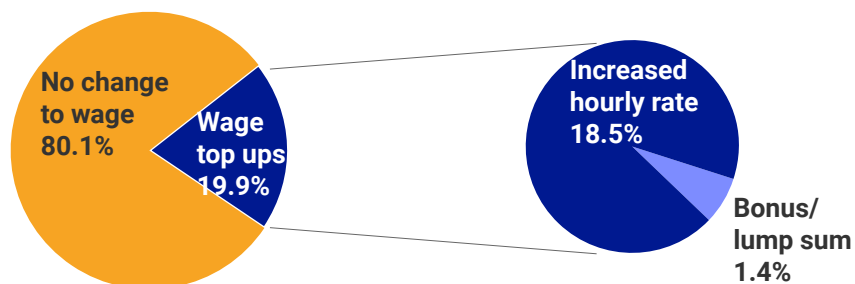
Position	Min	Average Low	Average High	Max
CDSW	\$15.00	\$17.13	\$21.82	\$29.75
CDSP	\$15.00	\$19.80	\$24.45	\$35.00
Emp Spec	\$16.28	\$19.26	\$25.14	\$32.00
CSN-1	\$16.00	\$20.11	\$25.03	\$29.65
CSN-2	\$16.50	\$21.11	\$26.07	\$29.00
Team Leader	\$18.32	\$23.87	\$28.82	\$36.96
Other Direct Service	\$15.00	\$19.79	\$27.40	\$40.50
Coord'r	\$20.00	\$27.73	\$35.12	\$44.64
Director	\$27.05	\$40.79	\$48.98	\$65.93
Other Leaders	\$17.25	\$29.01	\$36.58	\$67.61
ED/CEO	\$27.00	\$44.10	\$52.56	\$89.56
Other Admin	\$15.65	\$21.32	\$28.68	\$45.00
Other Positions	\$15.00	\$19.75	\$25.26	\$32.00

CDSW had an average hourly wage of **\$18.76** (approx. \$39,000/year). This is approximately 30% lower than public sector wages for comparable positions.

CDSP made an average of **\$21.59** (approx. \$45,000/year).

Some businesses introduced hazard pay for workers in April and May 2020 to incentivize and show appreciation for employees providing essential services. Federal funding was also made available in May to top up essential worker wages, however, it was not distributed by the province to CDS workers until 2021.

Percentage of Employees Receiving COVID-Related Wage Top-Ups from Employer (n = 57)



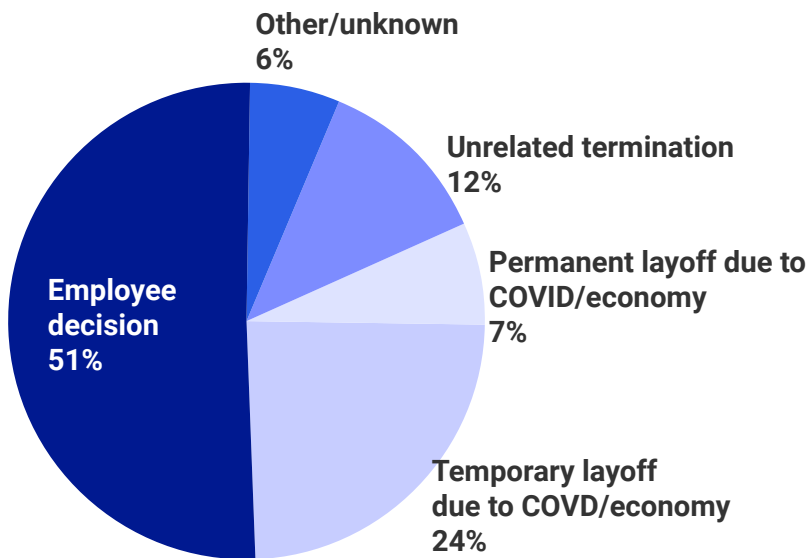
TURNOVER AND VACANCIES

The calculation for turnover does not include temporarily laid-off employees who: (i) were rehired, or (ii) remain 'employed' with their organization, but are not currently working (inactive employees). Additionally, turnover is reported for only a 10-month period (January 1 to October 31, 2020).

Industry turnover between January 1 and October 31, 2020 was

17%

Reason for Turnover (n=54)



Position	Turnover
CDSW	18%
CDSP	14%
Emp Spec	19%
CSN-1	50%
CSN-2	34%
Team Leader	8%
Other Direct Service	10%
Coordinator	5%
Director	3%
Other Leaders	5%
ED / CEO	0%
Other Admin	18%
Other Positions	39%
Overall Average	17%

The vacancy rate was 5.9%

The highest vacancy rates were in the frontline positions of CSN-1 (9.5%) and CDSW (6.4%).

ADAPTING AND REBUILDING THE CDS SECTOR

What adaptations will organizations continue to utilize post-COVID?

Virtual and in-home supports

Increased technology

Cleaning protocols and PPE

Work-from-home

Changes to facility

Organizational structure

Single-site staffing

What measures do organizations believe are essential to rebuilding the CDS sector?

Adequate wages

Flexible funding

Training

Recruiting a new workforce

Focus on individuals in service

“All of our programming became 100% online. We built a new website to support our [individuals] remotely, and all of our staff had to self-train on using Zoom and managing their typically in-person collaborations and facilitations in an online environment. We will forever maintain our ability to be seamlessly remote.”

“Medical masks may not be ‘continuous’ at a certain point in time, but perhaps will be used just as commonly as gloves.”

“Funding levels do not match the “human” need of the individual, and often times, only focus on a narrow scope of services which results in a number of unmet needs in the individual’s life. There needs to be a “service-for-life” approach that focuses on providing “human-services” in addition to the medical/physical services.

By providing individuals [with] what they need, when they need it, there would be more long-term stability and quality of life for the individual, and a less reactive funder to service provider relationship.”

INCREASING SECTOR AWARENESS AND RESILIENCE

It is essential that AHS and other programs and systems that intersect with PDD understand its mandate, scope, and service delivery model, and examine the implications of their policies on PDD services and individuals.

The general public also needs to be made more aware of the essential and critical work performed in the sector.

A resilient sector needs strong, adaptive organizations. Investment by funders in organizational capacity is critical. This includes funding for administrative resources and supports to help leaders assess and improve organizational viability by putting in place strategies to successfully navigate change and uncertainty.

Such strategies may include trimming services to a niche expertise, collaborating or partnering to address capacity gaps, and merging to strengthen or expand program reach.

“We need to bring more awareness and understanding of our sector to government officials and departments. AHS had no idea non-licensed group homes even existed pre-COVID. We are not viewed in the same light as other essential workers and this is a huge problem because once again our staff don’t get equal treatment for wage incentives, increases or bonuses.”