



# Calgary and Area Regional Collaborative Service Delivery Outcome Evaluation Report

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## Acknowledgements

We heartily thank all those who contributed to this outcome evaluation and corresponding report.

We acknowledge the dedication of Calgary and Area RCSD partners to continuous improvement and use of evidence for decision-making and future planning. We also acknowledge that the effort and resources required for a multi-year evaluation such as this are not insignificant, and it is to the credit of the RCSD partners that they enabled the quality and quantity of data that made this report possible.

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And most importantly, the comprehensive nature of this report is due to the parents/caregivers, youth, service providers and network partners who openly shared their experiences, perspectives and suggestions. We thank you for your time and effort and assure you, your voices are being heard.

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## Executive Summary

Calgary and Area RCSD has focused on evaluation from inception for the purposes of learning and informed decision-making. This current report, drawing from a data set gathered between 2014 and 2019, presents an assessment of the network's contribution to provincial, network and inter-organizational outcomes. As such, it is a substantive resource for the Leadership and Executive Teams to reflect on and use to drive service system and partnership improvements. Over all it tells a good news story that highlights the network's many successes and clarifies places where extra effort could yield stronger results.

### Key Findings by Dimension

#### 1. RCSD Network: How well is Calgary and Area RCSD functioning as a network?

- The network has clearly defined itself and is making progress on garnering support from all partners.
- The network's capacity to collaborate and share information is both challenging and improving.
- Partners are well linked with one another, agree communication occurs both formally and informally, and are engaged.
- Learning and reflection are core to the work of the network.
- Progress is being made in key network indicators of 'value' and 'working together'.
- Accountability to both external and internal organizations is clear and integral to the network's values.
- There are clear signs of growing sustainability.

#### 2. Children, Youth and Families: Are they included, supported and engaged effectively by the network?

- Progress is being made in optimizing services through specialist interventions provided by the network.
- Beneficiary voice is emergent and discloses areas of success and challenge in the inclusion of their perspective.
- Parents indicate an emergent partnership role with service providers.
- Parents report becoming good advocates and managers but are uneasy in this role.
- Children and youth show increasing challenges with managing anxiety.
- The network is intentional in working towards smooth transitions and is making a positive contribution to this result.

#### 3. Service Providers: Do they work to scope of practice, support teamwork, participate in/ provide shared learning opportunities, and share information?

- Network partners are designing for coordination and collaboration and achieving some emergent successes.
- Sharing information, at all levels of the network, remains a challenge. The data over several years suggests that this may be an area where focused attention will always be necessary to maintain or leverage any gains made, particularly as there is routine turnover in staff.
- Service providers are gaining new, relevant skills but establishing a culture of collaboration requires ongoing nurturing at all levels.

#### 4. Service Delivery: Is it aligned with regional priorities and integrated across partners?

- Partners identify core challenges to be overcome and show progress towards equitable resource allocation.
- Partners, parents and service providers agree family centred practice is a challenging model to implement – but are making progress.
- Service providers appreciate opportunities to participate in cross-regional and cross-sector learning although the opportunities to access this are variable.
- Integrated, cross-system planning shows progress and some challenges.
- Service providers and parents are variable in their rating of adaptation to support better outcomes for children and youth.
- The network is solution-focused, creative and strategic in delivering services, although partners and the service providers offer variable perspectives.
- Parents and service providers agree there is much to be done to improve service transitions and the network is responding.
- The network values inclusive communities, but could do more to provide professional development focused on this value.
- The network is developing special projects and working with service providers to evolve practice and engage stakeholders.

#### 5. System: Is the RCSD recognized as a trusted advisor at regional and provincial levels?

- The network is not yet substantively elevating network knowledge among decision-makers, although some changes are being realized at the service provision level.
- The network is increasing its reach and engaging community organizations as potential partners to increase awareness and integration of services. Looking at those organizations recommended as 'additional partners' in the PARTNER survey W2, of the 30 identified, 19 already have current linkages with the network.

## Recommendations

Engage partners, parents and other stakeholders in developing the following:

- 1. Define 'success' in achieving key outcomes.** Criteria and target levels can be derived from the network's vision and experience, as well as literature and validated tools (Wilder, PARTNER, etc.). So doing will increase critical thought about the kind of data gathered and its utility, and ensure agreement on standards and use for change in programs, practices and policies. As an example: "90% of service providers agree (vs. 50 or 75%) that '*parents are fully engaged as partners*'."
- 2. Develop a shared understanding of family centred practice.** This is clearly not about shifting professional roles or tasks to parents. It is about engaging families, ensuring that they have opportunities to learn about intervention options, supporting their participation in planning, and building their capacities to support their children directly.
- 3. Develop a practicable approach to implementing family centred practice** with families and service providers. Both have articulated barriers to success, and these must be addressed. Monitoring the process is key, including understanding, satisfaction, and agreement that expectations are appropriate and realistic. Measuring progress (outcomes) is also important.

4. **Continue to promote reciprocity among partners.** Reciprocity is key to sustainability and effectiveness, and with trust increasing within Calgary and Area RCSD the opportunities to promote reciprocity also increase. Its practice should benefit the reciprocating partner organizations, the network and, most importantly, the children, youth and families. In cases where partners are under-investing, determine the reasons and barriers to ensure you are addressing the challenges in your actions. (*Generalized reciprocity* includes two major components: a. making and keeping commitments to bring to the table all the expertise and resources one can; and, b. trusting that others will respond by bringing all they can).
5. **Champion system change.** Calgary and Area RCSD has defined the foundations for effectiveness: family centred philosophy; research and collective learning; attention to time and timing; cross-sectoral design and engagement; and, general willingness to invest (2018 JDD Proceedings). The network also has communication channels, evidence to share, and experience. Using its rich experience and data, the partners can (and should) now advise on improvements to systems - for the benefit of children, youth and families.
6. **Continue to link service providers and build their capacities** for effectiveness through cross-sector/ inter-disciplinary professional educational initiatives.
7. **Continue to engage beneficiaries in design and evaluation.** Build on the recent experience with parents to articulate and resolve key challenges. Further the use of the EQ 5DY survey data through follow-up focus groups designed creatively to facilitate their participation. Gather service providers to share the learning from this report and probe on areas that will be enriched by their experience.
8. **Update the evaluation framework,** including the logic model (Level 1: Network), to align with new learning from this report.

In summary, the data gathered in this multi-year outcome evaluation indicate that the Calgary and Area RCSD, an ever-learning network, is evolving its process and practice to ensure robust contribution to articulated outcomes. The network is thoughtfully designed and continues to improve – to the growing benefit of the children, youth and families it serves.



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## Section 1. Introduction

### Context

Calgary and Area Regional Collaborative Service Delivery (Calgary and Area RCSD) was established as one of 17 RCSD regions in an effort by the Government of Alberta to enable collaboration between Health (including Alberta Health Services), Community and Social Services, Children's Services, Education, other community organizations, and First Nations in order to address identified needs, coordinate and leverage systems, build system capacity, and plan for sustainability in meeting the needs of children, youth, and their families (see Figure 1). The fundamental logic behind the RCSD initiative is that no one organization can meet all the needs of children and families, and that a network of organizations working together collaboratively is more likely to achieve this goal.

#### Provincial Vision for RCSD

Children and youth reach their full potential.

- Children and youth are successful
- Children and youth are healthy
- Children, youth and their families are secure and resilient



Figure 1. Provincial RCSD Key Areas of Focus

Regional Collaborative Service Delivery includes all children and youth between birth and 20 years of age who have been identified as having complex needs or a low incidence disability and children or students from ECS to Grade 12 who are registered within an Alberta school authority.

The development of the RCSD initiative includes a shift in focus to capacity building and integrated service delivery that is anticipated to result in better meeting the identified needs of Alberta's children and youth. For example, System Improvement is expected as an

outcome when RCSDs focus attention on improving collaboration within their networks. This focus is expected to help schools, community partners, and families better navigate and access a continuum of relevant supports and services. In total, four categories of provincial outcomes were developed to capture the core changes identified as relevant to the provincial RCSD mission and mandate: effective collaboration, enable supports, system improvement, and effective governance.

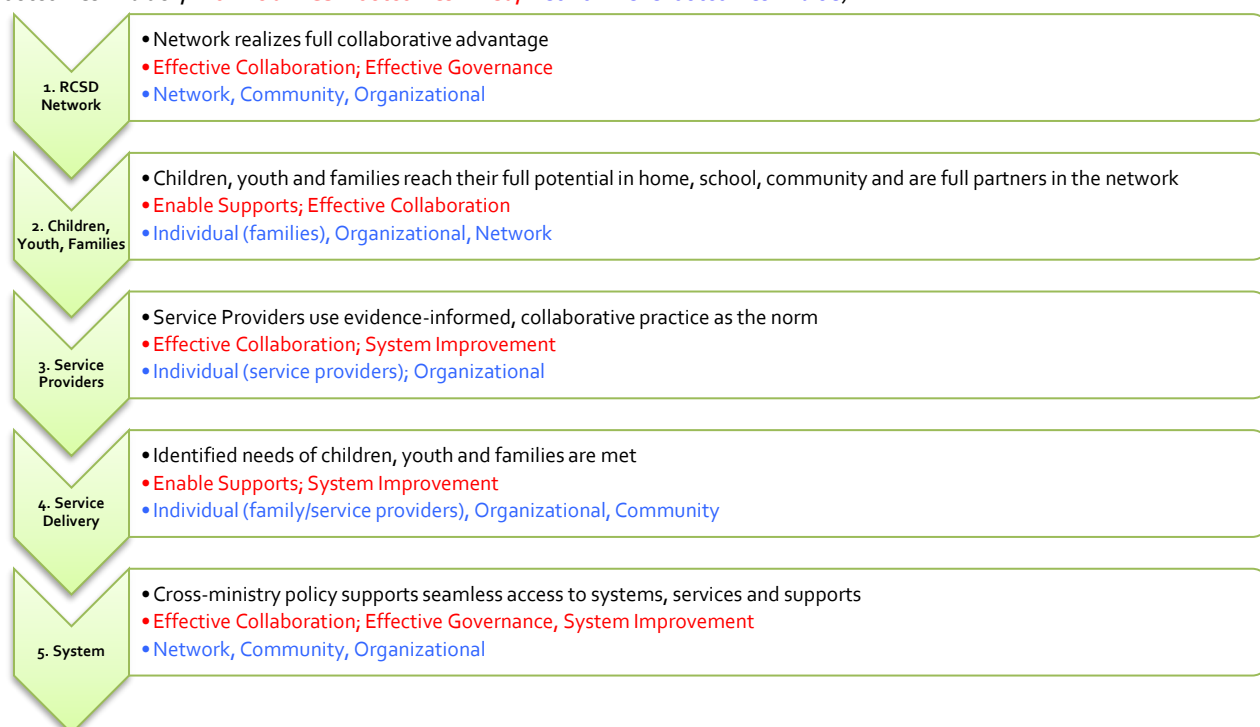
### Evaluation Background

The primary purpose of Calgary and Area RCSD's evaluation is to explore the effectiveness of Calgary and Area RCSD by assessing outcomes related to partnership collaboration and to children, youth and families. To that end, the network has identified five dimensions of work that capture the essence of its focus: 1) the network; 2) children, youth and families; 3) service providers; 4) service delivery; and, 5) system. Working across the Level 1 Logic Model (see Calgary and Area RCSD Evaluation Plan 2017), the activities, outputs, reach, and three stages of outcomes were identified for each of the five dimensions. In the process, the team was intentional in aligning the outcomes for the five dimensions with those



identified by the province and with network level outcomes. Consequently, the results contributed to and / or achieved by Calgary and Area RCSD directly support progress towards the provincial RCSD vision. Figure 2, below, shows the alignment of the three levels of outcomes, at the long-term outcome level.

**Figure 2. Calgary and Area RCSD Five Dimensions of Work and Outcomes** (Calgary and Area RCSD outcomes in black, Provincial RCSD outcomes in red, Network-level outcomes in blue)



The provincial RCSD system is predicated upon 17 functioning regional networks each contributing to both common provincial and unique regional outcomes for the wellbeing of Albertan children and youth and their families. To ensure the work of Calgary and Area RCSD is evidence-based, the network is committed to monitoring and evaluating its capacity as a network and its contribution towards outcomes. By so doing, the partnership ensures that data informed decisions are taken to strengthen capacity and mitigate challenges – all with a view to success with outcomes. To drive towards that goal, and under the guidance of the Accountability and Assurance Committee, Calgary and Area RCSD developed an Evaluation Plan (2017) to provide a roadmap for evaluation activities across a three-year timeframe (2017 – 2019). A key deliverable of this work is this outcome evaluation report, a first for the partnership, which assesses contribution to outcomes. The evaluation objectives are to:

- Determine the extent to which the network achieved contribution to its stated outcomes;
- Inform the network as to how well it has contributed provincial and network level outcomes;
- Identify important lessons to be learned and recommendations for future implementation;
- Analyze the impacts or changes that have occurred and provide evidence / data to support policy and practice changes for the network.

This outcome report delivers substantive insight into outcome considerations. This report enables Calgary and Area RCSD to understand better how the anticipated changes occurred (or not) as a result of activities undertaken and what unexpected outcomes emerged; as well as to use this knowledge for the next phase of strategic planning.

## Section 2. Methodology

### Background and Approach

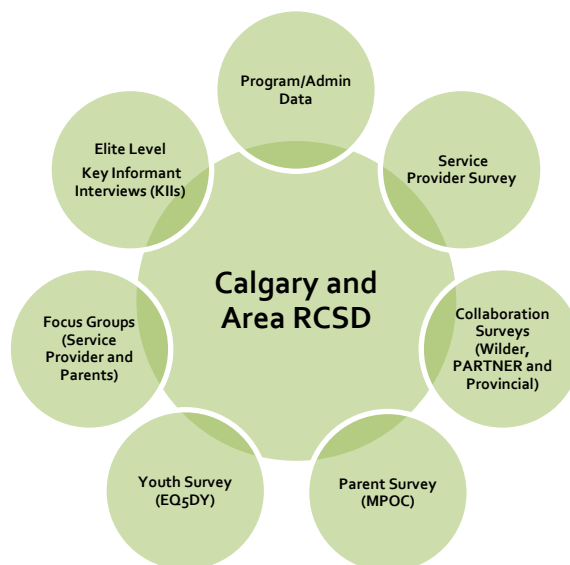
The primary data collected for this report was captured across two years of evaluation activity, 2017 – 2018 and 2018 – 2019. Data tools were developed to inform the high-level evaluation questions developed in the Evaluation Plan (2017). These evaluation questions, which address each of the five dimensions of the network’s activity, form the core of this report and are as follows:

1. How well does Calgary and Area RCSD function as a network?
2. Are children, youth and families included, supported and engaged effectively by the network?
3. Do service providers work to scope of practice, support teamwork, participate in / provide shared learning opportunities, and share information?
4. Is service delivery aligned with regional priorities and integrated across partners?
5. Is Calgary and Area RCSD recognized as a trusted advisor at regional and provincial levels?

The metrics to support the answers to these questions were gathered through using a mixed method data collection process (capturing both quantitative and qualitative data) and accessing multiple lines of evidence (e.g., perceptions of network decision-makers, parents and youth, Service Providers [SPs]). Mixed methods ensure robust triangulation of implementation evidence arising from the evaluation, across seven lines of evidence. In several instances, data collected for this report represents Wave 2 (W2) data as several tools have been used previously (2014-2015) for Wave 1 (W1) data collection. Where this occurs, and the data sets are comparable, comparative data is reported on to show change over time.

Figure 3, below, visualizes Calgary and Area RCSD data sources for this report. Note that the data reports on each line of evidence are located in the Technical Report that supports this Outcome Report.

Figure 3. Data collection



## Description of Methods

For a detailed description of the methods and tools used, please see the companion Technical Report. One item of clarification is that the term “RCSD Program Data” refers to a collection of Calgary and Area RCSD annual reports, joint development day proceedings, program specific annual or evaluation reports, etc. created between 2014 and 2019. Table 1, below, depicts which methods were used to collect data for each dimension of interest. Of note is that the same tool or method might contribute data to more than one dimension.

**Table 1. Use of data collection methods by dimension**

Dimension	A.	B.	C.	D.	E.	F.	G.	H.	I.	J.
	Wilder Survey	PARTNER Tool	Prov RCSD Survey	MPOC Survey	EQ <sub>5</sub> DY	Frontline Service Provider Survey	RCSD Program Data	Elite Level KIIs	Parent Focus Group	Frontline Service Provider Focus Groups
1. RCSD Network	*	*	*					*		
2. Children, Youth and Families				*	*		*	*	*	
3. Service Providers				*		*			*	*
4. Service Delivery						*	*		*	*
5. System							*	*		

## Data Analysis

**We used a mixed methods approach** to analyze and integrate both quantitative and qualitative data, to address Calgary and Area RCSD’s high-level evaluation questions. Each type of data was first analyzed separately. Findings from each analysis were integrated at a later stage.

**Quantitative Analysis** was undertaken using SPSS and Microsoft Excel, as required, using primarily descriptive statistics, and, in the case of the PARTNER Tool, social network analysis. This analysis method was used to report on a variety of indicators. In addition, for Wilder Survey, MPOC Survey and PARTNER Tool, data was scored in adherence with the guidelines provided in each tool’s manual.

**Qualitative Analysis** was undertaken using content analysis and grounded theory principles. Responses were coded, themed, compiled and reported with the goal of providing depth and meaning to learnings derived from the quantitative measures.

The data were organized by theme and reported using the following qualifiers:

- Few/Very Few: less than one-tenth of the individuals have expressed a particular opinion.
- Several: one-third to one-half of individuals interviewed expressed a particular opinion.
- Many/Most: one-half to three-quarters of individuals expressed a particular opinion.
- Almost All: all but one or two individuals expressed a particular opinion.
- All: reflects consensus. All interviewees expressed the same view or opinion.

Each line of qualitative data served the purpose of probing on key findings arising from quantitative survey data (i.e., Wilder Survey, Frontline Service Provider Survey, MPOC Survey). The results were then synthesized and integrated with the appropriate survey report (see the Technical Report for these items). The data were brought together in the conclusion and recommendations of each combined report, to highlight the important findings.

**Combining multiple research methods and sources of data** allowed for corroboration across measures and aided in the generation of findings that are rich and meaningful, and implications that are useful.

## Section 3. Evaluation Results

This section presents a triangulation of data results to address key evaluation questions (located in Calgary and Area Evaluation Plan 2017) relevant to outcome reporting (i.e., reporting by contribution towards outcomes identified in Calgary and Area RCSD Level 1 Logic Model [as of 2018 11]). The five (5) dimensions of interest separate the section. The relevant **Calgary and Area RCSD long-term outcome**, **provincial** and **network** level outcomes are noted in the boxes below each dimension.

Throughout this section the reader will be alerted to a key learning by this icon:



This symbol indicates a key learning(s) arising from the data.

### Dimension 1. RCSD Network

RCSD Network realizes its full collaborative advantage	
Effective Collaboration and Effective Governance <sup>1</sup>	Network, Community and Organizational

#### 1. How well is Calgary and Area RCSD functioning as a network?

Networks are balancing acts in which multiple organizations work together toward a common goal none could achieve alone.<sup>2</sup> A mandated network, Calgary and Area RCSD has chosen to be reflective about its capacity to collaborate, realize its potential and measure contribution to articulated outcomes. To tease out details of how well the balancing act is going, the data presented here illuminates the partners' progress towards becoming a high-functioning network.

Note the data derives from both quantitative and qualitative tools, with both individual (Wilder and Elite Level interviews) and organizational group level (PARTNER) responses. Further, this data was collected across time, with W2 Wilder data captured in 2017 (W1 2014) and W2 PARTNER data gathered in 2019 (W1 2015). It is important to remember this passage of time and the work that Calgary and Area RCSD accomplished between the two sets of data collection, and the impact of both on the resulting data sets.

<sup>1</sup> Red text indicates a Provincial Outcome and teal text indicates a Network Outcome

<sup>2</sup> Networks Leadership Symposium (2018). Networks as Balancing Acts: Managing Inherent Tensions? Symposium Proceedings, Vancouver, B.C.

**1.1 Does the network have a clear vision and goals that are understood and supported by all partners?**



**The network has clearly defined itself and is making progress on garnering support from all partners.**

Elite level key informants noted that from the outset Calgary and Area RCSD had gained a high level of commitment from each organization represented in the partnership. They observed the level of investment made in establishing foundational documents, articulating/ documenting goals and objectives, developing rubrics, and designing for evaluation. These informants affirmed the functionality of Calgary and Area RCSD and the individuals and teams that make it work.

Wilder data indicates respondent agreement with dimension of 'the network understands and supports its goals', although the percentage of agreement is mid-range (75%) across all relevant factors (range: 40% - 92%). When looking across the two waves of Wilder data, variability is seen in this dimension, with the percentage responses assessed from borderline (3.0 – 3.9) to high achievement (+4.0) assessment. Note that three of the five factors achieve an excellent rank (4.0+), while two are calculated as borderline (3.5 and 3.7).

**Table 2. Wilder data: concrete, attainable goals and objectives (by 4-point scale)**

Questions 31 – 35 (orange indicates decrease; green increase)	W1 (n=31)	W2 (n=24)	Change (T1 – T2)
31. I have a clear understanding of what our collaboration is trying to accomplish.	4.1	4.1	0
32. People in our collaborative group know and understand our goals.	3.9	3.7	-0.2
33. People in our collaborative group have established reasonable goals.	3.9	4.0	0.1
34. The people in this collaborative group are dedicated to the idea that we can make this project work	3.7	4.0	0.3
35. My ideas about what we want to accomplish with this collaboration seem to be the same as the ideas of others.	3.5	3.5	0

\*Score of 4.0 or higher show area is well addressed; 3.0 – 3.9 are borderline.

Wilder respondents also affirm they serve a unique purpose (67%) and that it requires collaboration (87%) to achieve stated goals. Elite level key informants align with the Wilder data. They observed the partners: take the time needed to work together to create solutions; keep the vision and mission in the foreground; and, are intentional about renewing and deepening commitment to removing barriers impacting children, youth and families.

Putting children and youth first is key. As long as the teams continue to do that, we'll be successful.  
*Elite Level key informant*

PARTNER survey participants reported improvement in contribution to the outcome 'adoption of a shared vision among partners', although still only indicating 50% agreement (9/18) at W2 and marginal change across the waves (n=9 W2; n=7 W1). Overall, they agreed more that 'partners are actively involved in RCSD work, planning and initiatives (n=17) and they share an 'improved or increased commitment to the RCSD approach' (n=15).

76% agree 'partners collaborate to set priorities'  
*PARTNER survey*

## 1.2 Are network structures and processes contributing positively to the work of the network?



The network's capacity to collaborate and share information is both challenging and improving.

Wilder respondents agree the partner organizations 'have a history of working together' (4.1; 91%). The people at the network Executive and Leadership Team tables are known and experienced leaders who are dedicated to the network's mission. However, Wilder data relevant to this dimension is typically borderline indicating room to grow. There is general agreement that partners 'have a stake in both process and outcome' (3.6) and 'the level of commitment among the collaboration participants is high' (3.7; 71%). These factors are assessed more positively by the partners and are more aligned with the PARTNER trust scores, as discussed in question 1.6 below.

However, 'the time partners have to take information back to their organizations for decision-making' (3.5; 62%) or 'the authority to speak for their organization' (3.2; 71%) indicate work can be done in these areas. As these last two factors address decision-making capacity, the assessment suggests there may be barriers in structure and process that should be addressed.

Key factors from Wilder concerning structure and process, over W1 and W2 data, disclose the network has not achieved a score of 4.0 or over (showing special strength). Rather, these scores are ranked similarly, within a borderline assessment, at both W1 and W2:

**Table 3. Wilder structure and process factors**

Factor	W1	W2	Change
Flexibility	3.4	3.4	0.0
Clear roles and policy	3.5	3.5	0.0
Multiple layers of decision-making	3.5	3.4	-0.1
Share a stake in process and outcome	3.7	3.6	-0.1
Appropriate pace of development	3.7	3.4	-0.3

Elite level key informants observed that those in governance are the right people for the work but may not have positional authority to make the needed decisions (although they likely know with whom to surface issues). Many respondents agreed on the following identified core challenges the network faces: inadequacy of the funding model; balancing interests between the organization and the network; insufficient

54% agree partners 'are willing to compromise'  
Wilder Survey respondents

We are spread quite thin and, due mostly to time demands, we don't get into the deeper conversations that are needed.

*Elite Level key informant*

conflict management skills; struggles with listening to each other; growing complexities on many fronts; and, coming to resolution on ways forward. These respondents noted the following impediments to compromising: organizational policies, funding allocations, assumptions, too little discussion/ interaction, and, network turnover eroding understanding of partners and key issues.

Beyond these challenges, Wilder respondents agree 'there is a clear process for making decisions among the partners' (3.3; 66%) and the partners have a 'clear sense of their roles and responsibilities (3.7; 71%).

PARTNER data indicates a number of successes in the consideration of structure and processes. In fact, when selecting for progress towards desired outcomes, among those chosen most frequently were: 'improved or increased collaboration and partnering processes among RCSD partners (17) and 'improved or increased information across service systems' (17). This positive assessment in 2019 may speak to improved processes that were implemented post-2017 when the Wilder data was gathered (W2).

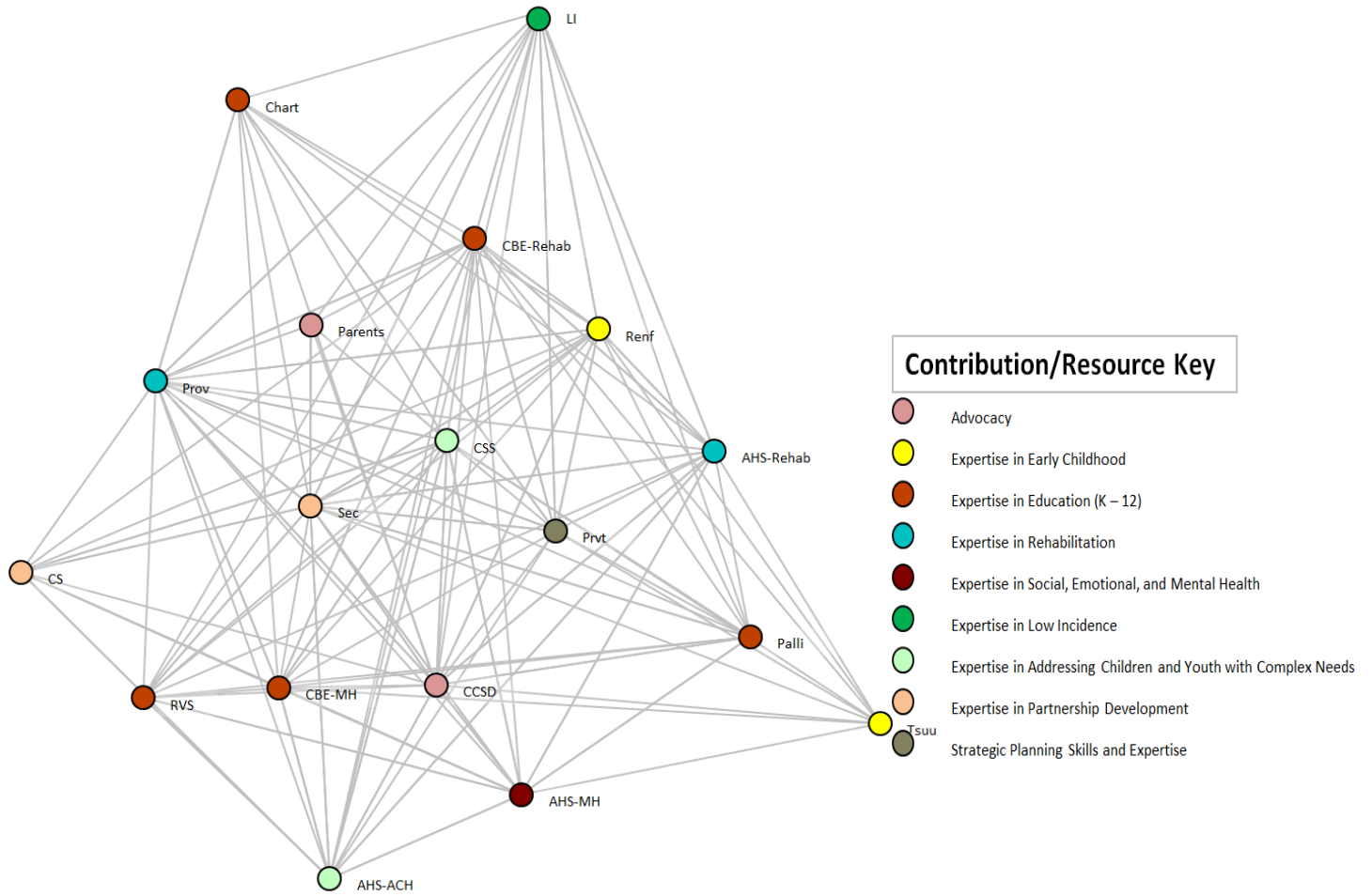
In terms of organizational resources that would directly facilitate structures and processes, the following contributions were identified in PARTNER (of a possible 17 organizations):

- 15, 'knowledge of resources' and 'paid staff to participate in committee work'
- 14, 'data' and 'strategic planning skills and expertise'
- 12, 'expertise in partnership development'
- 10, 'expertise in facilitation'
- 8, 'expertise in measurement and evaluation'
- 7, 'administrative support'
- 6, 'expertise in finance' and 'acting as fiscal agent'

Looking at organization self-assessment of its *most important contribution* to the network, among the 18 organizations responding to 21 options provided (14 relating to skills and processes), n=2 noted 'advocacy' and 'partnership development', and, n=1 'strategic planning, skills and expertise'. This result, relatively few choosing skills or processes as their most important contribution, is understandable in that partners primarily identified their core content expertise as their most important contribution. See the network map (Figure 4,) below.



Figure 4. Members most important contributions to Calgary and Area RCSD



### 1.3 Does the network promote higher levels of engagement in each of its members?



Partners are well linked with one another, agree communication occurs both formally and informally, and are engaged.

PARTNER respondents indicate the network collectively had 220 confirmed dyadic (two-way relationship) linkages. The average number of linkages per organization was 12.94 (of a possible 17), meaning most organizations were linked to 76% of the network's total number of organizations. In addition, 65% of respondents agreed Calgary and Area RCSD has been successful in achieving its collaborative advantage a 'fair amount'.<sup>3</sup> Most organizations assess as well connected to each other and together, successful in collaboration, especially in sharing resources, collaborative project work, working on targeted initiatives/ joint ventures and building new relationships.

<sup>3</sup> Note 29% assessed 'successful at achieving its collaborative advantage' at 'a small amount' and 6% agreed 'a great deal'.

Elite level key informants noted the challenge of moving network learning and advocacy forward to generate decisions and impact non-network stakeholders. Several agreed that annually re-connecting to highest-level decision-makers (i.e., those with more authority than Executive Team members) could help raise the profile of the network. They suggest an annual meeting with these colleagues to discuss progress and challenges, to address barriers to collaboration and to create linkages to support network outcomes.

PARTNER data above and below shows a transition from the earlier collected Wilder data, which indicated less success in building engagement levels among the membership. The following indicators from Wilder attained a borderline assessment, although two are 'higher borderline' at 3.7:

- 71% agree the level of commitment among the collaboration participants is high (3.7)
- 67% agree 'everyone who is a member of our collaborative group wants this project to succeed (3.7)
- 54% agree the organizations that belong to our collaborative invest the right amount of time in our collaborative efforts (3.3)

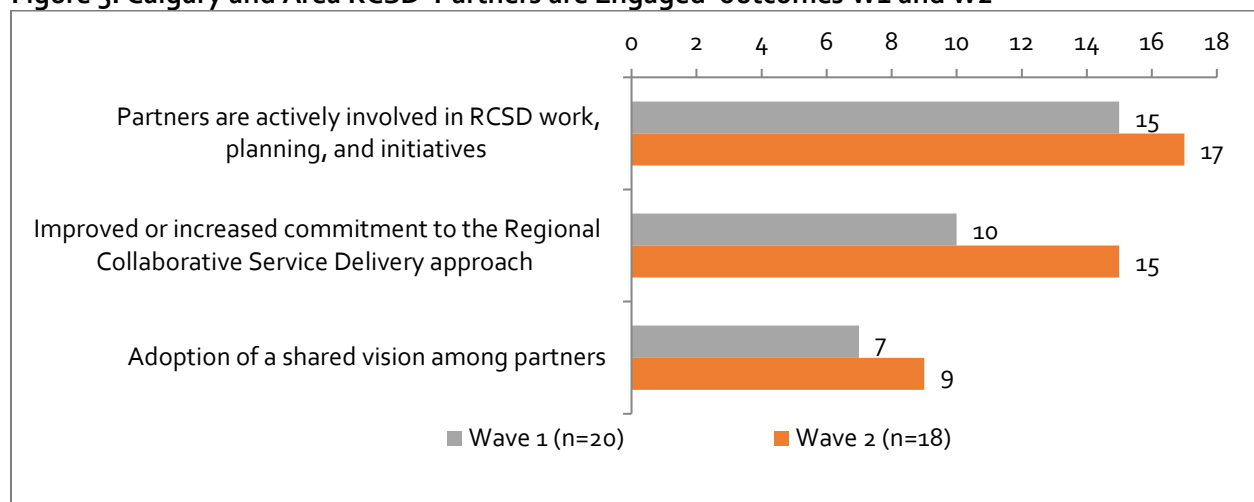
The network expanded to include Tsuut'ina in the partnership. RCSD increased funding and access to services, to support the First Nation. In addition, Tsuut'ina participated in key network events.

*Annual Report 2017/18*

However, Wilder data did provide more positive insights on the level of the network's formal and informal communication, noting: 91% agree 'communication among the people in this collaborative group happens at both formal meetings and informal ways' (4.1); and, 79% agree 'I personally have informal conversations about the project with others who are involved in this collaborative group' (3.9). In this dimension the network shows stronger patterns of assessment than elsewhere.

Through the PARTNER tool, organizations assessed 'the network as engaged' as the most successfully achieved outcome. Across the two waves of data the growth in partnership engagement is evidenced:

**Figure 5. Calgary and Area RCSD 'Partners are Engaged' outcomes W1 and W2**



Finally, interview respondents identified ways of increasing engagement through re-thinking agendas to enable deeper discussion on priority issues; building capacity for meeting facilitation, to

ensure all are engaged and have the opportunity to share their ideas; and, being intentional in creating an environment of openness to increasing understanding of one another. Overall, they affirmed the intention and dedication of the network members, but underscored the need to be vigilant in making pathways for deeper engagement.

<p>"We need options for contributing ideas and giving feedback in different ways, so quiet people get a chance to voice opinions and over-contributors are held in a bit." (Elite level interviewee)</p>	<p>" We should ask ourselves, how we can help create openness, so all are free to share? We need to take responsibility to be active listeners, empathetic and ask ourselves if we've become entrenched and default to superficial listening only, or if we're trying to understand." (Elite level interviewee)</p>
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### 1.4 Do partners use inter-organizational learning to advance network development / functioning?



**Learning and reflection are core to the work of the network.**

Calgary and Area RCSD has a long-standing commitment to self-reflection and learning. The complete set of data behind this report is one indicator of the depth and breadth of evaluation evidence wanted to empower the partnership and ensure success in outcome contribution.

Collaborative Conversations: Executive and Leadership members taking time to explore what is working well and areas of concern or constraint.  
*Annual Report 2017/18*

Elite level key informants observe the importance of continuous improvement to ensure the best approaches are chosen to facilitate results. To that end, key principles were identified at the 2018 Joint Development Day, relevant to achieving collaborative success. Five principles were

identified, including 'research and collective learning', described as: "In many of these projects, the first step was research to access an existing evidence base and/or to assess the current state through environmental scans or accessing the practice experience. This initial rigor and shared learning about a topic area contributes to the success of the initiative" (Joint Development Day Proceedings 2018).<sup>4</sup>

Wilder respondents affirmed partners are kept up-to-date, with 92% agreeing 'I am informed as often as I should be about what goes on in the collaborative'. This factor shows improvement over W1 (4.0) to W2 (4.3). Further, 88% of respondents agree 'The people who lead this collaborative group communicate well with the members' (4.3 W2; 4.1 W1).

Directly addressing inter-organizational learning, network partners have collaborated to deliver the 'Imagine That!' annual learning event for service providers. Since 2014, this event brings together service providers across systems and services to facilitate collaborative learning. Conference themes are designed to address emergent issues that are broadly relevant across sectors, including: Supporting Health in Youth and Ourselves: *Caring for Trauma* (2015) to Supporting Connections: *Advancing Collaborative Culture* (2018).

79% agree the network is improving service quality through innovation in service delivery by or bringing the latest evidence in to practice.  
*PARTNER survey respondents*

<sup>4</sup> The other four principles are: Child and family centred; Time and timing; Multi-sector involvement and meeting of shared needs; and, Willingness of all parties to invest.

Research is routinely funded to ground new and innovative initiatives. Most recently, a literature review and environmental scan were completed to inform the Youth in Transitions working group. Similarly, the partnership undertook a literature review and delivered an important learning event on Student Threat Assessment to support understanding of key influences and challenges concerning student violence in schools. Calgary and Area RCSD's reach is notable in using learning opportunities to advance the network and secure the best evidence to achieve the collaborative's outcomes.

### 1.5 Is the network effective? Is the network efficient?



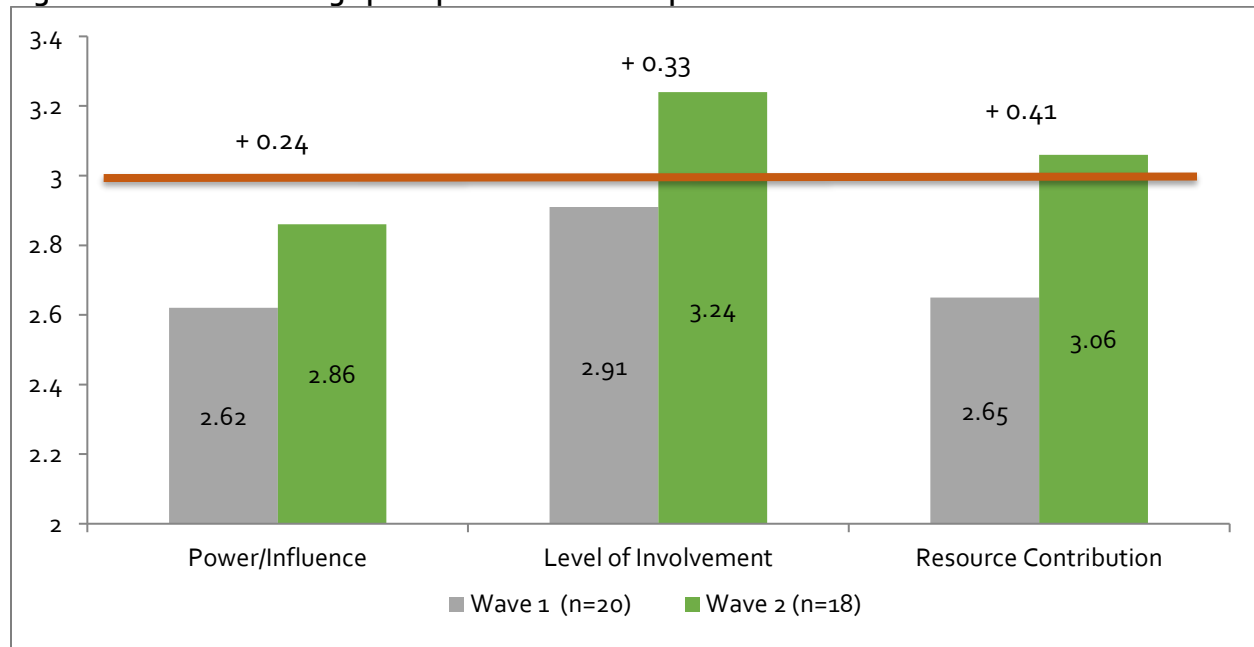
Progress is being made in factors of 'value' and 'working together'.

#### Network Effectiveness

As indicated above, 71% of PARTNER respondents assess the network as successful in reaching its collaborative advantage, indicating the partnership's effectiveness. Respondents identified the following four aspects further contributing to its success: shared resources (16); collaborative project work (16); working on targeted initiatives/joint ventures (15) and, building new relationships (15). Overall, in 12 of the possible 15 factors, the network shows an increase in collaboration over W1.

In addition, respondents addressed questions of network 'value' across three measures of: power/influence, level of involvement, and resource contributions. W2 data shows notable increases in 'value' to W1, indicating the network is making progress towards leveraging the full value of its membership, with two out of three categories considered good in W2 (i.e., scores above 3).

Figure 6. Members' average perception of value comparison W1 and W2



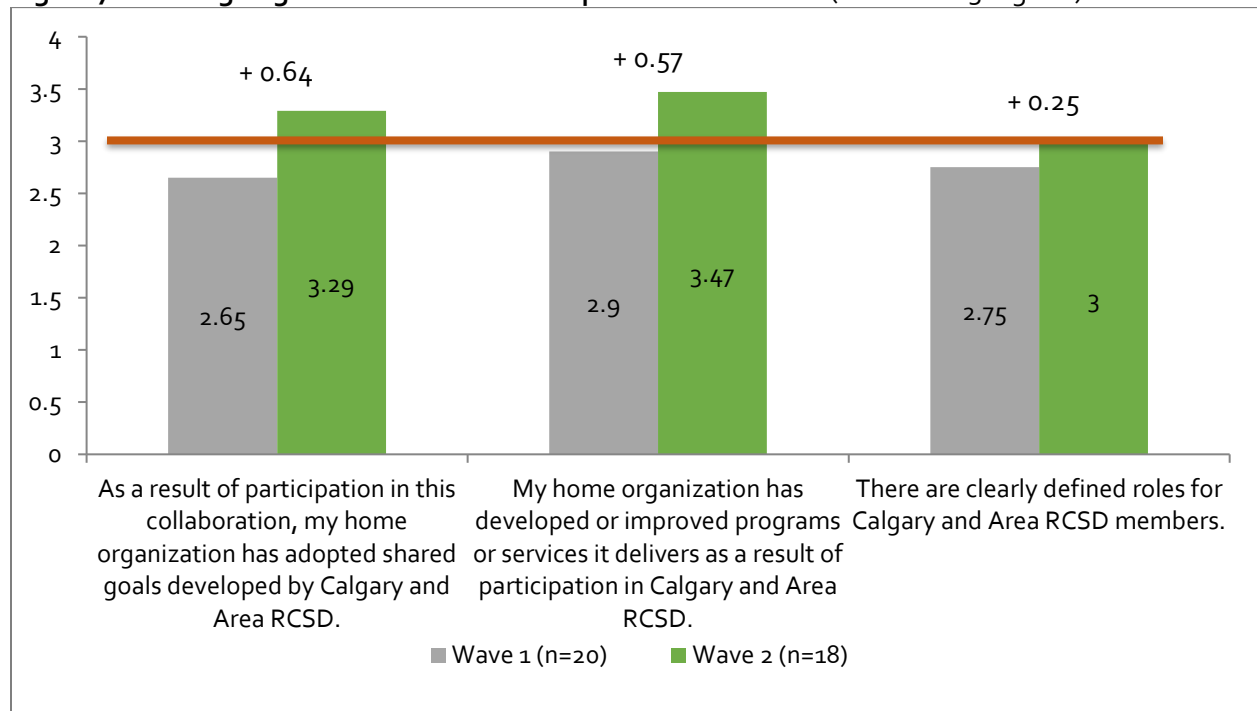
## Network Efficiency

Describing the nature of their organization’s relationship with network partners, PARTNER respondents identified: 24% had only awareness of one another, 23% shared cooperative activities; 33% shared coordinated activities; and, 20% they had integrated activities. As a result of these relationships, PARTNER data shows increases in 5 (of 12) factors resulting from the linkages: 21% led to improved processes; 14% provided a new or wider perspective; 14% led to an increased ability to navigate between systems to access services and supports; 9%, led to new program development; and, 6% led to a change in organizational culture toward partnership and collaboration.

Wilder data shows areas where the network could focus to increase efficiency by building capacity for flexibility and increased collaboration: 50% agree ‘there is a lot of flexibility when decisions are made; people are open to discussing different options’ (3.2 W2; 3.5 W1). 66% agreed ‘people in this collaborative are open to different approaches to how we can do or work’ (3.6 W2; 3.2 W1).

PARNER survey includes a ‘Working Together Scale’ to assess organization capacity for group interaction, motivations for participation and the results of the collaboration. Calgary and Area RCSD is showing progress in this area, as W2 data indicates.

**Figure 7. Working Together Scale results comparison W1 and W2 (score over 3 is good)**



## 1.6 Is the network accountable?

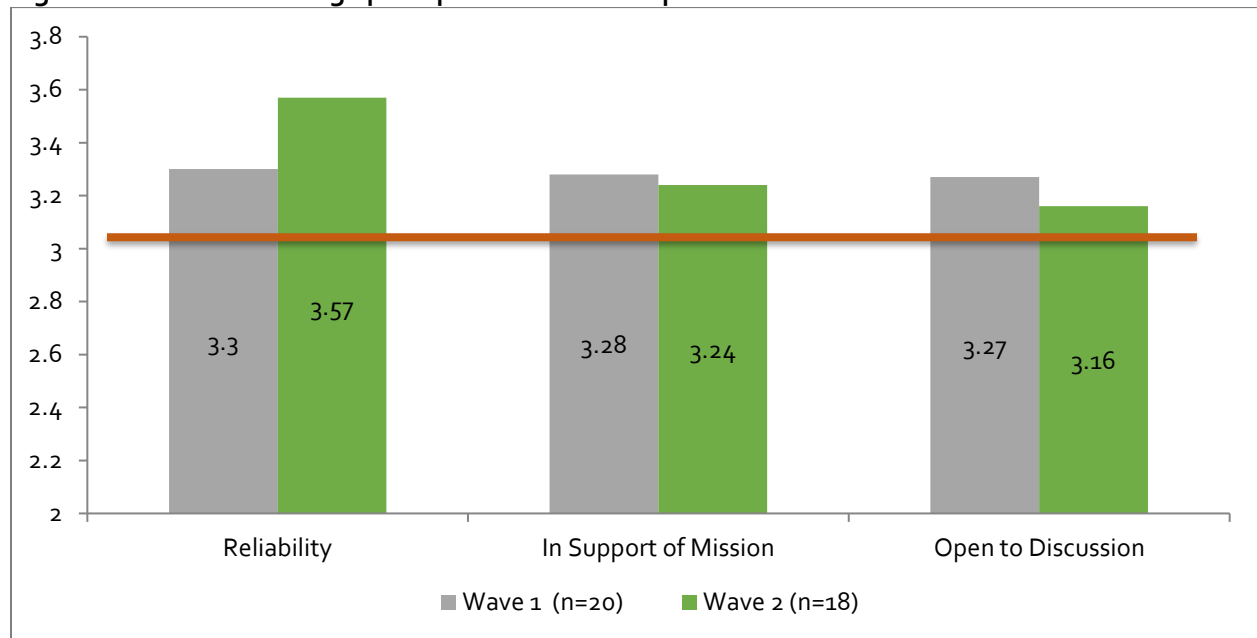


Accountability to both external and internal organizations is clear and integral to the network's values.

The network is accountable to the Provincial RCSD office to which it submits annual reports. Within the network, accountability is to the Regional Executive Team. Beyond these hierarchies the network partners exhibit their accountability to one another through their commitment to evaluation, and by articulating their goals in logic models that trace the network's strategy from actions to outcomes. With logic model tools available, measuring progress toward achievement is transparent and reasoned.

However, the network's greatest accountability is expressed through partner capacity to trust one another; trust is fundamental for an effective network. W2 PARTNER data shows places of growth and decline in the trust dimension – with increases in 'reliability' but decreases in 'support of mission' and 'open to discussion'. It is important to note that in both W1 and W2 data sets, the network exceeded the 3.0 benchmark, indicating the trust level was good overall. The partners have a good foundation upon which to build.

Figure 8. Member's average perception of trust comparison W1 and W2



Wilder data illuminates the earlier accountability assessment of respondents. Note 66% agree there are clear processes for decision-making and, as noted above, communication is stable. Elite level

We need to create an environment where we can be more honest and have frank discussions.

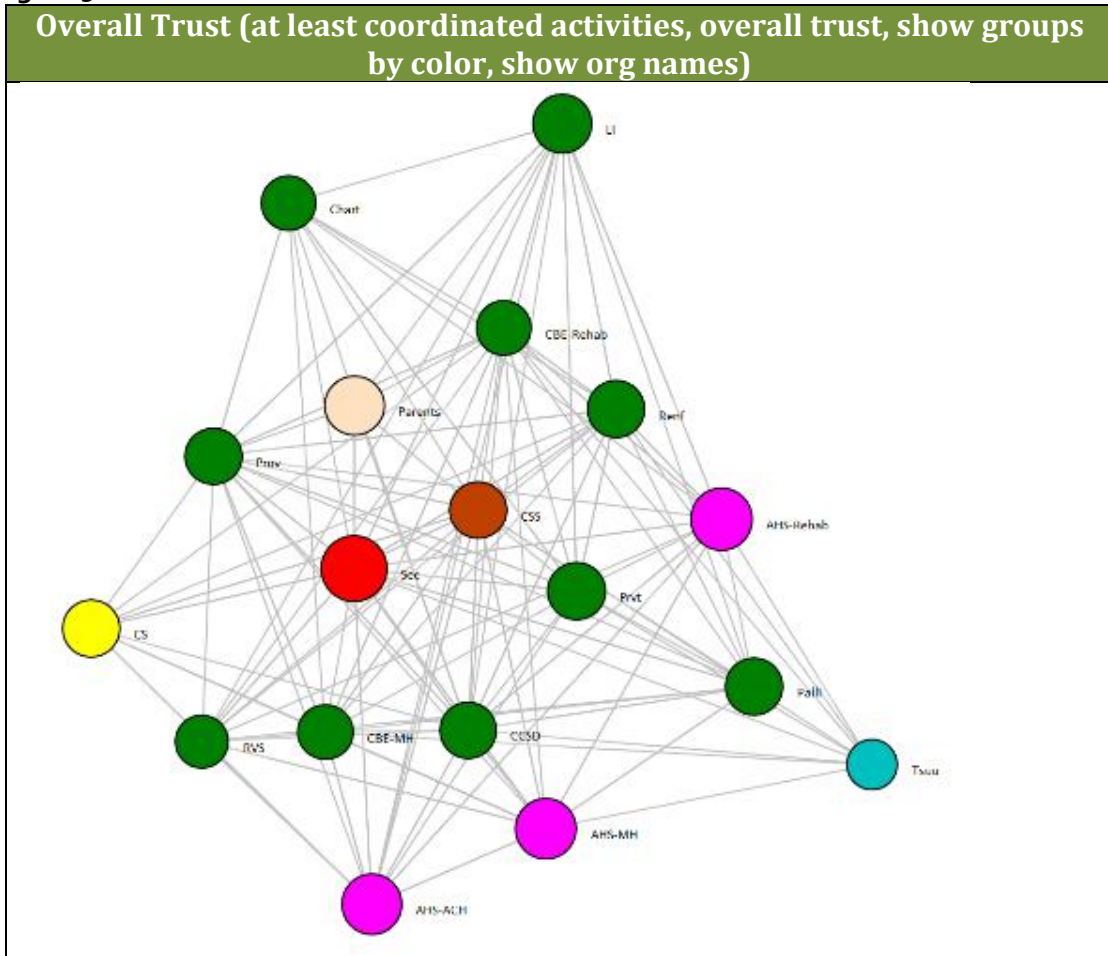
*Elite Level key informants*

key informants observed that challenges exist, and overall the network would benefit from building its capacity to manage conflict when it arises. Many agreed the need exists to increase understanding and appreciation for the diversity of organizations in the network as one way to invite open dialogue and resolution. Finally, Wilder data on trust indicates 26% of respondents agree 'people involved in our collaborative always

trust one another.' The Wilder trust factor and the key informant observations are juxtaposed with the stronger assessment of the network's trust capacity, as provided by W2 PARTNER data, below.

To visualize the overall trust through linkages, Figure 9 clarifies the data. Larger nodes have more perceived overall trust among other network members. The lines demonstrate respondent indication they had a relationship with another member of the network.

**Figure 9. Overall trust scores W2**



## 1.7 Is the network sustainable?



### There are clear signs of growing sustainability.

Wilder data indicates respondents affirm Calgary and Area RCSD is sustainable:

- 96% agree 'people involved in our collaboration represent a cross section of those who have a stake in what we are trying to accomplish'
- 91% agreed 'the people in leadership positions for this collaboration have good skills for working with other people and organizations'
- 88% agree 'this group has the ability to survive even if it had to make major changes in its plans or add some new members in order to reach its goals'
- 84% agree 'this collaboration is able to adapt to changing conditions, such as few funds than expected, changing political climate, or change in leadership'
- 79% agree 'the time is right for this collaborative project'
- 71% agree 'each of the people who participate in decisions in this collaborative group can speak for the entire organization they represent'

25% agree 'our collaborative has adequate funds to do what it wants to accomplish'  
*Wilder survey participants*

In addition, Wilder respondents identified the following areas where the network needs to nurture growth:

- 58% agree 'all the organizations we need to be members of this collaborative group have become members'
- 58% agree 'we are currently able to keep up with the work necessary to coordinate all the people, organizations, and activities related to this collaboration'
- 54% agree 'our collaborative group has adequate 'people power' to do what it wants to accomplish'

All elite level key informants observed the amount of funds was inadequate and the funding model required adapting. They affirmed that even with 100% efficiency the funding would be inadequate due to the increasing number of children and youth with complex problems. Several informants agreed Calgary and Area RCSD would benefit from tracking the (social) return on investment generated from their work and use this metric to leverage discussions on funding inadequacies.

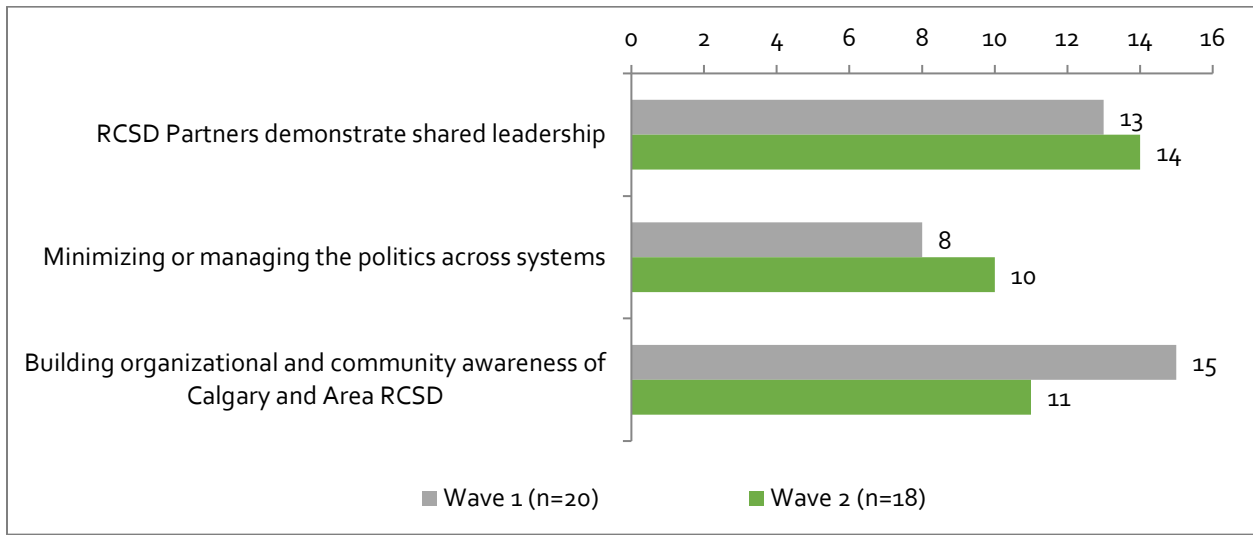
Concerning 'sustainable solutions are in place'<sup>5</sup> (regarding system improvement) PARTNER respondents indicate 33% agreement (4 of 12 respondents). Overall, PARTNER data indicates areas of progress in two of three outcomes concerning 'effective leadership/ governance'. The network is making progress in demonstrating shared leadership and minimizing/ managing politics across systems. However, in terms of generally building awareness of the network, there has been a decline. It is not clear what this means – perhaps some of the work has been done to address 'awareness building' or the network has reverted to a more internal focus that has excluded focus from the area.

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<sup>5</sup> Note that this is a new outcome and therefore only W2 data.

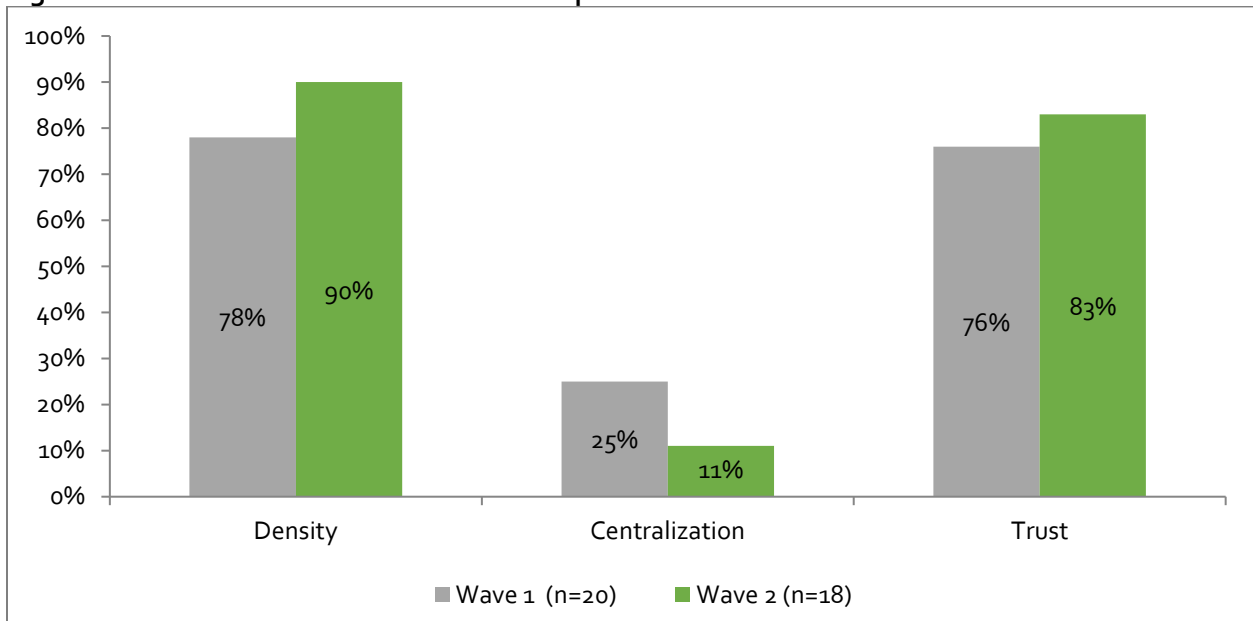


**Figure 10. Sustainability outcomes Calgary and Area RCSD has made progress compared W1 and W2**



Finally, concerning 'Density' (linkages in the network in relation to the total number possible) and 'Degree of Centralization' (the degree to which the network is centralized around a few nodes) scores, the network shows areas of improvement, indicating increased capacity for sustainability (trust was discussed above, but is included in this figure). Note 'density' has increased by +12%, 'centralization' has decreased by -14% (a good sign) and 'trust' has increased by +7%.

**Figure 11. Network measures and scores comparison W1 and W2**



\*Note the lower the 'centralization' score the more similar the members are in terms of their connections to others (more decentralized, which is consider a good thing in networks).

## Dimension 2. Children, Youth and Families

Children, Youth and Families reach their full potential in home, school, community and are full partners in the network	
Enable Supports and Effective Collaboration	Individual (families), Organizational and Network

### 2. Are children, youth and families included, supported and engaged effectively by the network?

Elite level key informants agreed that all planning and decision-making should begin with the touchstone: "Is this the best for the children, youth and families we serve?" Following that, they agreed, "Hold one's organizational mandate lower/more loosely and the network mandate higher/more tightly." When these guiding principles are observed, it was felt that outcomes for this dimension would be achieved and that children, youth and families would affirm they are included, supported and engaged.

Every need of every child could be met if we would take time to be creative and work as partners.

*Elite Level key informant*

Parents indicated 'advocacy' was their most important contribution to the network.  
*PARTNER data (see Figure 4)*

To ground those principles, the network has engaged parents on the Leadership Team since inception and identifies their voice as vital to planning and decision-making. In addition, parents contribute significantly to a number of committees that guide specific pieces of the RCSD's work (e.g., Learning Partnerships, Transitions Working group) and a parent representative attended a Provincial RCSD meeting on behalf of the Leadership Team – the first to do so in the province (Calgary and Area RCSD Annual Report 2017/18).

PARTNER data indicates the 'parent node' identified as providing the following eight resources (selected from a possible 22) as their contribution to the network: leadership, community connections, expertise in social, emotional and mental health, knowledge of resources, advocacy, expertise in addressing children and youth with complex needs, expertise in family support and parent education, and, expertise in facilitation.

#### 2.1 Has the RCSD optimized the quality of existing services / supports delivered?



**Progress is being made in optimizing services through specialist interventions provided by the network.**

Overall, parents affirmed their appreciation for and quality of the services and supports their children receive. Focus group participants remarked on the compassion and care they have experienced in routine and acute circumstances their children/youth have faced. Eighty percent of MPOC respondents (71% W1) agreed service providers 'look at the needs of the whole child [e.g., mental, emotional, social, physical and learning needs].' There was majority agreement that their child/youth receives services and supports needed to be successful.

Elite level key informants noted that some systems with important stakes/ interest in the work of the network were missing at the table, resulting in knowledge gaps that impacted service delivery and quality. They identified the following stakeholders as in need of engagement, at least on a quarterly or semi-annual basis:

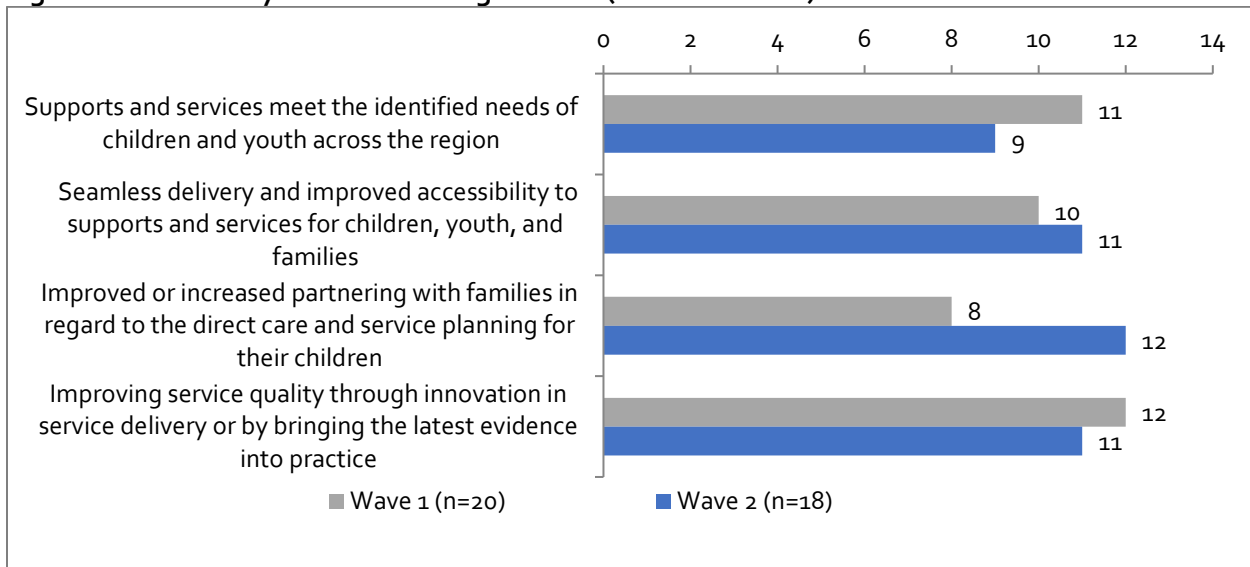
- Youth justice – to represent young offenders;
- Family justice – to represent families as well as children and youth;
- Indigenous organizations – to represent Indigenous children across multiple environments; and,
- Treaty rights experts – to facilitate provincial and federal jurisdictions’ responsibility and how this impacts the Calgary and Area RCSD’s work.

However, in terms of optimizing the quality of services and supports delivered, the network’s program data provides highlights about some specific services that have made a difference (e.g.; School-Based Mental Health annual activity and diagnostic reports, COPE annual reports, Complex Needs annual case analyses, annual roll up and review of Low Incidence cases, CONeX reports, Complex Communication Needs pathways work, etc.). These various service areas collect service data, survey families, undertake annual activity roll ups, or identify systems challenges or successes. While they represent only a partial picture, these program data provide critical input into ensuring the quality and quantity of service provided and to identifying promising approaches. There is no existing mechanism to capture all service data for a number of reasons:

- There is no singular ‘set’ of RCSD services – the services supported with RCSD enhancement funding are frequently blended with those that the partners provide with funding from within their individual systems. This ensures that service gaps can be addressed differentially across settings.
- As a partnership, RCSD has moved toward maximizing the use of limited professional expertise by ensuring a continuum of care from universal to targeted to individualized services – any attempt to quantify or qualify services is generally only at the level of individualized service.

Calgary and Area RCSD’s partner organizations assessed the extent to which they observed the network addressing key outcomes for children and youth (responding to the PARTNER survey question, ‘From your organization’s perspective, progress has been made toward the following outcomes’). Network partners affirmed ‘data informs priority setting’ as most successfully achieved outcome (100% agreement; 14 of 14 organizations agreeing). They had the least confidence that ‘[supports and services meet the identified needs of children and youth across the region](#)’ (9 of 14 partners agreeing), likely reflecting partner assessment of the limited resources they have to work with, given the demand. Across W1 and W2 data, respondents rate both growth and decline among the factors key to this dimension (see Figure 12).

**Figure 12. Child and youth outcome agreement (PARTNER data)**



\*Note, 'Data informs priority setting' and 'Regional priorities are addressed' were not included in W1.

## 2.2 Are the needs of children, youth and families informing and guiding service planning?



**Beneficiary voice is emergent and discloses areas of success and challenge in the inclusion of their perspective.**

Family centred practice is predicated on ensuring the core beneficiaries inform and guide service planning. Parents responding to the MPOC survey indicate 76% agreement (74% W1) with the statement that service providers 'help parents feel competent' (the lowest response in the dimension). About half of focus group respondents noted their voice was included in service planning; the other half did not affirm this as the case. Rather, the parents indicated they feel lost between the service silos; left on their own to research options and opportunities; left with engaging private sector services because public sector provision has short

83% parents agreed they were 'treated as an equal rather than just as the parent of a child.' (75% W1)  
MPOC Survey respondents

"Families are not always informed that their child has been identified by school as having a functional concern and that the teacher or other school staff is receiving consultation about their child."  
"Often report details are not in family-friendly language . . . Parents often do not know how, who or have the means to access transition supports and services."  
*Service Provider Survey respondents*

timelines and long gaps in service; and, uninformed as 'service providers did not help families understand what they didn't know.'

Further, only 75% (68% W1) of MPOC respondents agreed they were 'provided with opportunities to make decisions about supports and services.' Focus group parents who agreed noted they had frequent communication with the service providers, regular debriefs on results achieved, plans and next steps, and that overall, their voice was welcomed at the table. Less satisfied parents

noted frequent changes in service providers; lack of a road map that clarifies their child/youth's service provision landscape; lack of manuals and resources to empower their knowledge and voice;

and, and, lack of timely assessments or not being aware their child/youth was being assessed. All of this, they believe, results in service gaps for their child/youth.

When service providers were asked to assess their engagement with families, they responded with:

- 61% agree 'parent/children/youth are involved as much as possible in service planning'
- 68% agree 'information about transition plans and actions is made available to families'
- 75% agree 'parents are informed of the child/youth's progress'

Calgary and Area RCSD service providers attending the 2018 Imagine That! learning event answering the event evaluation survey (31% [n=65] response rate) agreed (51%) 'they learned about the impact on families and children when parents are not included and when partners do not collaborate as best as possible.' As well, 44% agreed they 'learned about the importance of engaging with youth and families at the system and service levels'.

This data indicates the challenges experienced by service providers to facilitate parent/ caregiver/ guardian engagement with service planning. This challenge is affirmed by the mixed experiences of parents in being included in decision-making processes.

### 2.3 Is the RCSD building children, youth and family capacity to engage as partners?



**Parents indicate an emergent partnership role with service providers.**

On the one hand, MPOC survey respondents generally agreed that they are enabled as partners, showing improvements over W1 data:

- 77% (71% W1) agree that service providers 'fully explain and support service choices to parents'; and,
- 74% (64% W1) agree that service providers 'let parents choose when to receive information and the type of information.'

Yet, in the focus group, responses were mixed concerning their engagement as partners and/or being empowered participants (40% experience full partnership, 40% found it mostly good, 20% had significant problems). The less satisfied parents would like far more help with finding resources and learning opportunities for themselves, to better support their child/youth. Respondents report being left on their own to learn and discover what is needed and available for their child/youth. They note that a key source of their learning is provided informally, at community parent support groups.

On the other hand, all focus group respondents agreed that they felt uncomfortable at having no choice in playing a major role as their child/youth's 'practice partner' at home. They were often unsure that they had good technique for their child/youth, and thought it was an unequal 'partnership' that puts them in such a place. The participants generally felt that the service providers had more confidence in them than they should have. In some cases, they worried that they may cause their child/youth harm. They understand that the "experts" do not have enough time and there are not enough of them to provide a higher, perhaps more appropriate, dose of support, so the gaps are left for parents to fill at home.

The group generally agreed that the 'partnership' and 'family centred practice' model could too easily shift more responsibility to the family than they can handle. This practice direction has added a steep learning curve to family experience, introducing new needs in the following areas:

Don't let 'family centred' come to mean 'family driven'. I want to be there but I can't carry the load of driving the process and providing the therapy.

*Focus Group participant*

- Advocacy skills "to ensure my child is receiving the services and supports that will help them become the best they can be."
- Learning the role of each system and service provider.
- Ability to achieve 'purposeful engagement' and

participate in good decision-making.

- The role of researcher - following up on comments made and information provided, as the service providers do not have the time to fully expand on / discuss at length the options.

Finally, RCSD program data sheds further light on the parent voice in matters of partnership and decision-making. The Collaboration Outreach Navigation and Exchange of Information (CONeX) evaluation (2017-18)<sup>6</sup> captured the following recommendations from parent data:

- 1 Provide more opportunities for parents to take a leadership role in case coordinating the supports for their child/youth.
- 2 Utilize more time to discuss the case closure process during the initial consultation so that parents feel more aware and confident.
- 3 Ensure sufficient time is utilized throughout the case conceptualization process.

## 2.4 Is the RCSD building capacity of children, youth and families for self-advocacy and self-management?



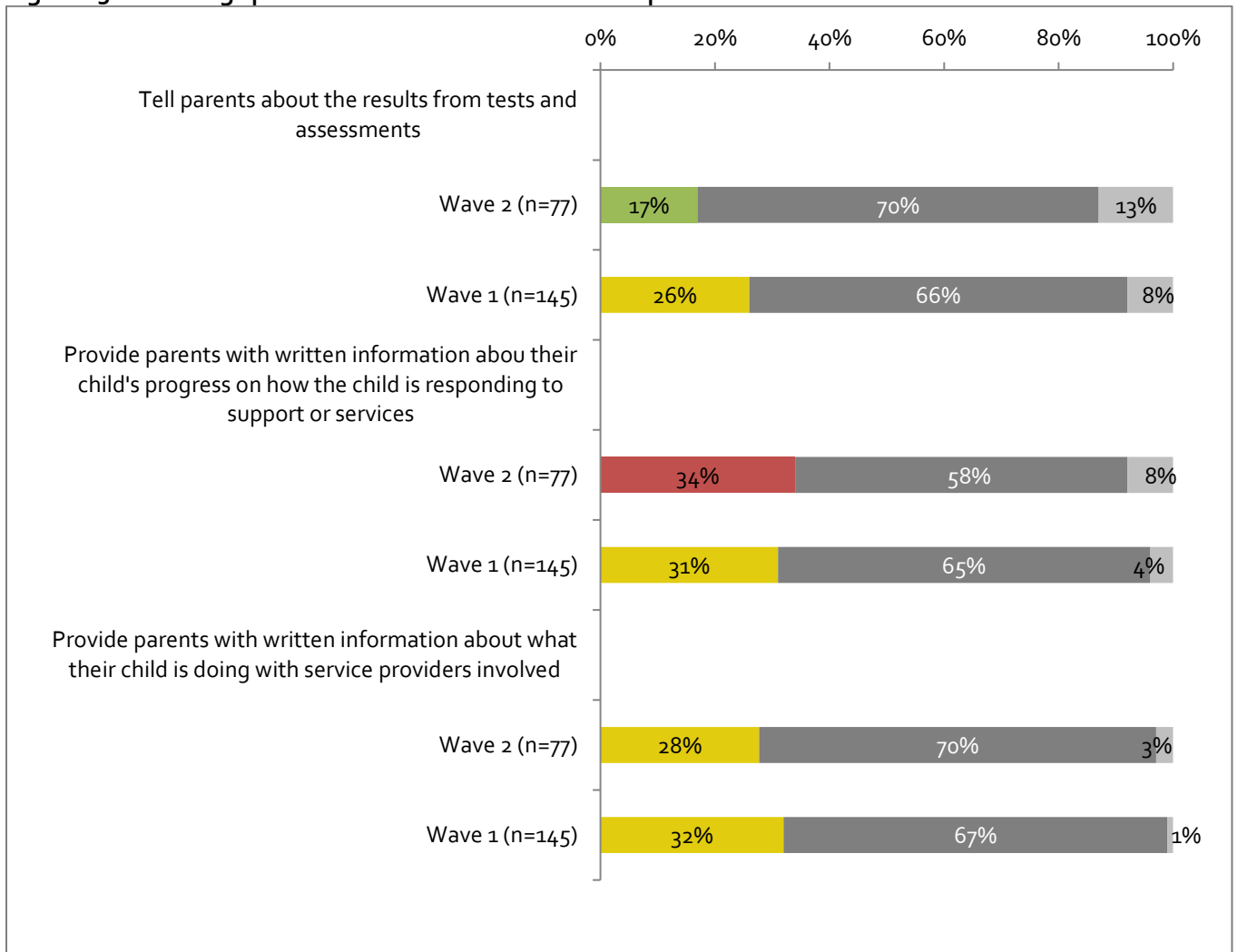
**Parents report becoming good advocates and managers but are uneasy in this role.**

Providing access to sufficient information about how their child is doing is one way of helping families improve their ability to manage and advocate for their needs. Figure 13 below depicts what MPOC respondents had to say when it comes to providing parents with specific information about their child/youth's progress:

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<sup>6</sup> Note that the CONeX evaluation include a Parent Survey but only garnered n=3 responses (30% response rate), and so is not included in this report.

**Figure 13. Providing specific information dimension comparison**



For W2 data, the agree scores range from a high of 83% (tell parents about test results) to a low of 66% (provide parents with written information on their child’s progress). This range indicates that if parents want information, they need to be able to ask for it and/or find it for themselves.

Not surprisingly, the focus group participants’ responses were also mixed when asked about the transparency and frequency of information provision. But they agreed on their need to advocate for information and services and that this was a skill that they developed over time. They further agreed they needed to be persistent and respectful of the service providers in balance with the need to self-advocate and self-manage the services and supports.

The respondents offered the following examples of ‘acting on behalf’ of their child/youth:

- During the hospital ‘discharge’ process the parent intervened to ensure adequate information and support was available post-discharge;
- Accessing the private health system to ensure their child’s needs were better met;
- Hiring private service providers when the public system delayed assessing the need;

- Hiring private service providers to close gaps left by public service systems and providers (e.g., summer holidays); and,
- Moving the child from the one school system to another to access better coordination of services and easier access to service providers due to smaller student populations (upon recommendation from the originating school service providers).

All participants were committed to doing the work needed for their child/youth to progress, and most had no reservation in asking for information. Most agreed that they have learned to find information that is relevant to their child/youth's situation, but that this learning has not been supported well, so was neither easy nor quick. They are now more knowledgeable, and almost all are able to ask questions of service providers and determine what they need. They note that building their capacity for full participation and being proactive has consumed countless hours. They think it should not be necessary for all families to go through the same discovery process. Rather, the service providers and systems should provide a clear pathway, and links to resources, at the start.

Finally, MPOC survey respondents were asked, 'what could have been done to further help your involvement in meeting the needs of your child/youth'. Overall, n=45 answered this open-ended question. The following are four key quotations:

*"For starters a phone call, so I know who the vision therapist is. What tools [they use] and why. I can't advocate what I don't know."*

*"Only have limited resources and tools available. My child makes do with what they have, NOT what would work the best. I personally/financially provide equipment to fill the gaps and that is not equitable education practice. I pay to give my child the same education that his peers don't pay for."*

*"The speech pathologist last year communicated well and listened to all our feedback and suggestions. The school could have done much better in involving us rather than make excuses as to why things could not be done."*

*"I would have liked to have further conversations regarding interventions my child could have."*

## 2.5 Has the quality of life of children and youth increased?



### Children and youth show increasing challenges with managing anxiety.

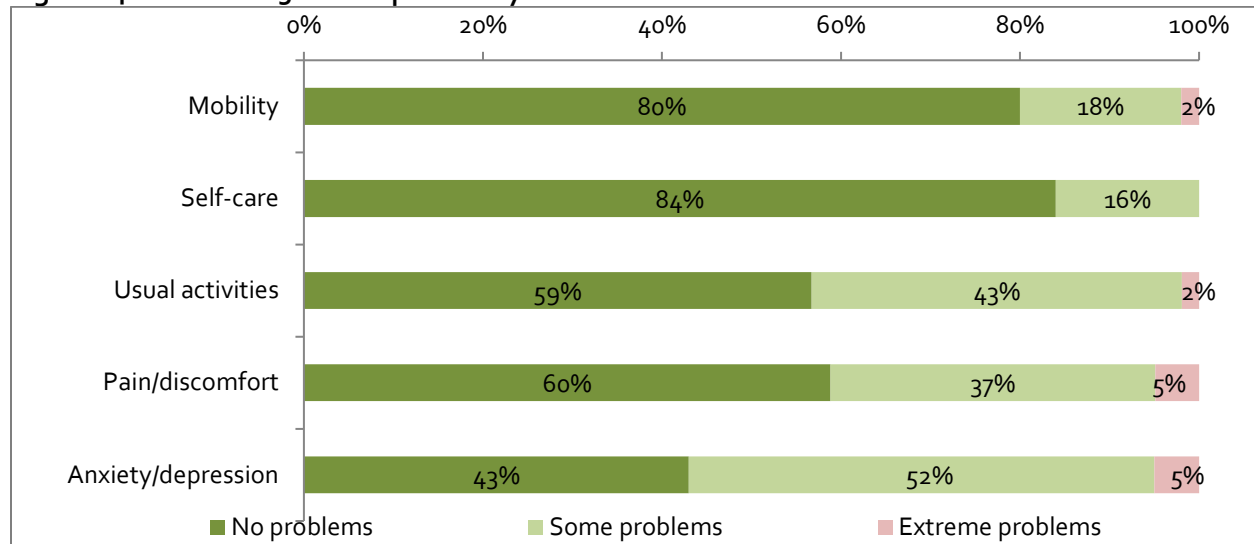
To address this quality of life question, Calgary and Area RCSD piloted use of the EQ5DY<sup>7</sup> tool with youth receiving services and supports. The EQ-5D-Y is a child-friendly version of the original EQ-5D tool that describes health status in five dimensions: mobility, self-care, usual activities, pain/discomfort, and anxiety/depression. The intent of the data collection was not to assess normality to a population, but rather to understand the health status of the children and youth served by the RCSD. A total of n=45 youth completed the survey; while this is a small sample the data is of interest, showing trends worthy of note<sup>8</sup>.

<sup>7</sup> The EQ-5D is a "standardized measure of health status developed by the EuroQol Group in order to provide a simple, generic measure of health for clinical and economic appraisal" (EuroQol, 2018).

<sup>8</sup> Alberta has no current norms to consider alongside the RCSD's data. Plans are in place for provincial data within the next year; the network will be well positioned to work with the provincial data, especially during W2 data collection.



**Figure 14. Overall EQ5DY comparison by dimension**



In response to the request to identify health status at time of the survey, an average score of 77% indicated that generally, they felt their health that day was good. Aligned with this score, only 16%, 20% and 45% report problems (some to extreme) with self-care, mobility and usual activities. However, 43% indicate pain/discomfort is a challenge and 57% identify anxiety/ depression as a problem.

78% of the network's budget is used for school based mental health and rehabilitation services.  
*Calgary and Area RCSD Annual Report 2017/18*

This EQ5DY data is instructive when held alongside network program data concerning child/youth mental health challenges drawn from School Based Mental Health (SBMH 2017-2018), Mental Health Transition Specialist (MHTS, 2018/19), COPE (2017/18) and CONeX (2017/18). Key findings from these four strategies supported by the network included:

- SBMH data reports n=760 treatment or consult cases, with 51% male, 47% female and 1.5% transitioning.
- The MHTS is part of a multi-disciplinary team providing consultation and assessment to children/youth and their families who present to Emergency Departments with mental health concerns. A key component of the specialist's role is to support and facilitate collaboration between the systems involved. The team consulted for risk assessment n=388 children/youth in the year.
- The average length of family liaison involvement with families was 11.3 months. Of COPE's referral cohort (n=332), 52% had not been seen by a physician, indicating that COPE is reaching children previously not receiving/accessing the physician/mental health services they require.
- Working with the 'top-of-the-pyramid' cases, CONeX engages with n=272 service providers. These providers have been mentored to build their capacity to work effectively and efficiently with parents and systems to better provide for the children/youth with complex needs they support. Service providers report (CONeX Evaluation 2017/18):
  - 85% agree 'increased my ability to maintain progress with the child/youth and family that has already been achieved'.
  - 52% agreed 'increased my understanding of how to flex within my role to meet the needs of children/youth with complex needs and their families'.

## 2.6 Are children, youth and families experiencing smooth / seamless service transitions?



**The network is intentional in working towards smooth transitions and is making a positive contribution to this result.**

Wilder Survey respondents had 66% agreement 'people in this collaborative group are open to different approaches to how we can do our work'. Key informants furthered the point in agreeing they need 'to take time and work tougher to create solutions so each partner gains and children, youth and families win'. To get there, the network's decision-makers stated willingness to consider different ways of working. Most agreed, 'let's get futuristic and imagine demographics of children, youth and families in 10 years and plan for that now.' To that end, the network has invested its focus on finding ways to support transitions, for instance, by flexing mandates as possible.

Achieving a smooth and seamless service experience is of high value according to parent respondents to the MPOC and in the focus group. MPOC respondents affirmed they 'plan together so they are all working in the same direction' (80% W2; 73% W1). COPE data also shows parent agreement 'I have a much better understanding of the issues involved' (3.31 of 4-point scale) and 'my questions were answered' (3.51).

However, in terms of providing parents with information specific to their child/youth's needs, or general information on the child/youth's wellbeing (61% W2; 68% W1), focus group parents were in

Our youth received hospital services for 11 years and suddenly was no longer eligible (through child services) to continue. We would have managed this transition far better, if we had been informed of the looming loss of eligibility and the need to re-start as an adult, and could have avoided the resulting gap in services.

*Focus Group parent*

less agreement. Overall, these two 'information' dimensions achieved the lowest agreement levels in the survey. The parents provided concrete examples of where they feel they have been failed and barriers constructed in experiencing smooth and seamless service.

For instance, most focus group participants were not happy to provide the role of 'service-hub' to ensure their child/youth's access to services and supports - this left them feeling unsupported. They, with no preparation, had to ensure that the multiple service providers knew what one another were doing. Further, they needed to manage the gaps in services by bringing in skilled support through the private system. This left them feeling frustrated. However, for those participants who needed to self-manage transitions across age thresholds, the frustration increased. Without systems' supporting parents, transitions (i.e., from pediatric to adult care) were not sufficiently planned and service gaps were experienced.

Finally, it should be noted that, in acknowledgement that points of transition are often the most stressful for families, the network began, in 2017, a 3-year commitment to improving points of transition for children and youth at all ages.

## Dimension 3. Service Providers

Service Providers use evidence-informed, collaborative practice as the norm	
Effective Collaboration and System Improvement	Individual (service providers) and Organizational

### 3. Do service providers work to scope of practice, support teamwork, participate in / provide shared learning opportunities, and share information?

Calgary and Area RCSD has carefully defined 'ways of working' for service providers in the *Service Delivery Rubric* to support operationalizing quality service delivery. Comprised of six levels, the 'ways of working' are defined as: Partnering with Children, Youth and Families; Collaborating and Sharing Information; Integrating Service Delivery; Providing a Continuum of Supports and Services; Building Capacity; and, Promoting Innovation and Evidence Informed Practice. The three ways of working further clarified below are particularly relevant to this section of the report:

- **Collaborating and Sharing Information:** Upholding a shared commitment to work toward meeting RCSD goals. Timely and open sharing of information and resources to ensure effective service delivery and better outcomes for children, youth and families.
- **Providing a Continuum of Supports and Services:** Provision of supports and services through a multi-tiered model ranging from system-wide, universal services that provide support for all children and youth; to targeted services designed to meet the needs of a particular group; to intensive, specialized supports for those who require individualized plans and intervention. Ties of increasingly intensive intervention are designed and implemented to address varying needs, ensuring that every child receives the level of support necessary for his/her success.
- **Promoting Innovation and Evidence Informed Practice:** Staff embrace innovative and evidence informed practices, which are guided by the best research and available evidence. Working in an evidence informed way.

Guided by the aspirational articulation of the rubric, the network supports service providers' growth and development with the goal of optimizing the experience of the children, youth and families they serve.

#### 3.1 Is there evidence of greater coordination and collaboration across systems and teams?



**Network partners are designing for coordination and collaboration and achieving some emergent successes.**

Respondents to the Frontline Service Provider survey<sup>9</sup> and follow-up focus groups were overall an experienced group of professionals, with 70% having 6 – 10+ years of experience in their area. More than 50% of respondents felt they were doing well on this dimension, making the results unequivocal. However, there is still considerable room for improvement:

- 60% agreed 'staff are proactive in anticipating the needs of one another and ensuring access to information';

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<sup>9</sup> This survey was designed in alignment with the *Service Delivery Rubric*. Focus group participants were purposively selected for the survey follow-up sessions.

- 59% agreed 'a collaborative lens is deeply embedded in decision-making processes';
- 58% agreed 'leaders, managers and supervisors are regarded as models of collaborative practice and problem solving';
- 58% agreed 'the methods of communication between service providers ensure clear and timely transfer of important information'; and,
- 55% agreed 'systems are responsive to feedback provided by families and youth about their services, when appropriate'.

If participants answered 'strongly disagree' or 'disagree' they were asked to provide an explanation and noted comments in accordance with the following themes:

- Communication and collaboration amongst service providers is less than ideal; in many cases providers do not work effectively together to best manage the transitions (x16);
- Information sharing is a challenge, privacy considerations or mistrust between providers make the efficient transfer of needed information less than optimal (x11); and,
- Caseloads are too large and the FTE is too small to effectively manage the cases (x6).

Parent focus group data aligns with service providers' self-assessment of coordination and collaboration. Parent respondents noted that services within schools were nearly seamless, but they agreed that beyond the school there was a clear breakdown of communication. As noted above, this left parents feeling the need to shoulder the responsibility and become the 'information' hubs that enabled the service providers who supported their child/youth to coordinate and collaborate.

Since 2017, the network has established working groups to bring focused attention to the early years, to school aged transitions across systems, and youth in transition to adulthood, for the purpose of strengthening coordination and collaboration. In addition, the following successes in this area are identified in the 2017/18 Annual Report:

- **Early Childhood System Connector:** primary focus on supporting connections between providers in partner systems and early childhood services and resources. The role includes developing linkages with community groups and bringing focused attention to work with the Tsuut'ina Nation providers to ensure their access to network resources.
- **Mental Health Transition Specialist:** focus on school-aged children and youth and based out of Alberta Children's Hospital. Specialist has a lead role in supporting and facilitating the collaboration between education, community and acute care health systems to support beneficiaries experiencing mental health concerns.
- **CONeX:** 2017-18 saw the second year of the Collaboration, Outreach, Navigation and Exchange of Information pilot project in the complex needs area. There was a growing recognition for the need for new mechanisms to support this population. CONeX was established to build the capacity of systems to meet the needs of children with co-morbid mental health diagnoses who were transitioning from acute care back to community supports and requiring case coordination. Partner feedback suggests that the project is a valuable resource that is building the capacity of teams and improving the way that systems work with families when the child has complex needs, including serious mental health issues.

In addition, 2018 – 2019 saw the implementation of a Youth Transitions to Adulthood Systems Connector position designed to inform RCSD partners on opportunities for system alignments/synergies that would better support youth transitions to adulthood.

### 3.2 Are service providers successfully using the provincial Information Sharing Strategy?



**Sharing information, at all levels of the network, remains a challenge. The data over several years suggests that this may be an area where focused attention will always be necessary to maintain or leverage any gains made, particularly as there is routine turnover in staff.**

A key outcome in the Government of Alberta's strategy is "Information sharing is encouraged and expected."<sup>10</sup> Yet, across all lines of the network's evaluation evidence respondents indicate challenges with sharing information. Service providers rated information sharing across services at 58% agreement and 36% disagreement ('methods of communication between service providers ensure clear and timely transfer of important information'). Among service providers who disagreed, they identified both privacy considerations and mistrust as barriers (x11 responses). In addition, 58% of service providers agreed 'leaders, managers and supervisors are regarded as models of collaborative practice and problem solving' reinforcing the important role that managers have in supporting collaboration and information sharing, but also suggesting that this can be a struggle at the decision-maker level, too.

Vision: Information Sharing will improve service delivery to Albertans through increased collaboration across the GoA and service delivery partners.  
*Information Sharing Strategy 2017*

A few focus group parents report the lack of transparency and information sharing among service providers in the public system (no one system was identified) was a factor in an increased use of private system professionals. Elite level key informants observed barriers at the organizational level (i.e., an organizational commitment outweighs the benefits of collaboration) impede action on the RCSD mandate to collaborate and share, which facilitates the goal of family centred service delivery. On the other hand, these informants also found the network to be successful in having hard conversations (note the improving 'trust' score in W2 PARTNER data). This trust score bodes well for the network in addressing the complexities of collaboration, including those related to sharing information.

### 3.3 Are service providers contributing to a culture of evidence-informed, collaborative practice?



**Service providers are gaining new, relevant skills but establishing a culture of collaboration requires ongoing nurturing at all levels.**

Calgary and Area RCSD has chosen to increase the use of evidence-informed practice and embed this within all levels of its work and culture. Attending to the learning needs and capacity to collaborate of service providers is a key focus of the network's activity, as evidenced by the *Service Delivery Rubric*, which defines, in measurable terms, commitments to operationalize the RCSD 'ways of working'. In addition, distributing the network's e-newsletter, posting learning events and resources on the website, and delivering targeted learning events all contribute to

Sectors should support interdisciplinary learning and networking and this means overcoming challenges of professionals privileging their own area for professional development and choosing interdisciplinary and multi-sectoral opportunities when offered.  
*Service Provider Focus Group respondents*

<sup>10</sup> In July 11, 2017 the Government of Alberta replaced the former Information Strategy Document (August 29, 2012) with *Information Sharing Strategy: Supporting Social-Based Service Delivery*

increasing access to relevant resources in order to positively impact service provider practice and collaboration.

As context, 83% of service provider respondents agreed 'our team has the appropriate expertise to meet the service needs of children/ youth,' indicating a high level of confidence in their skill level. As well, 75% of service providers agreed 'staff contributes to the evidence base' and 62% agree 'knowledge is accessed, shared and distilled into practice.'

To support the ongoing learning needs of service providers and encourage a cross-system and cross-sector culture of collaboration, over the years (2014 – 2018) the network has hosted Imagine That! to target areas of critical focus that support contribution to stated network outcomes (see Table 4).

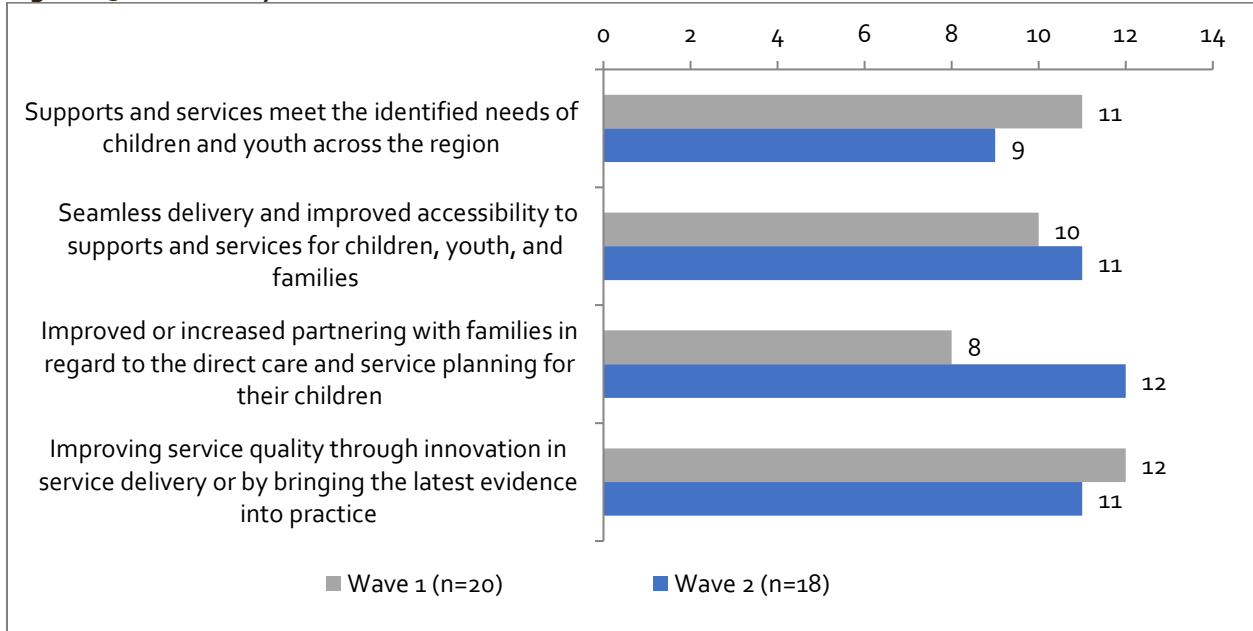
**Table 4. Imagine That! learning themes and participant numbers**

Year	Event Theme	# Participants
2018	Supporting Connections: Advancing Collaborative Culture	209
2017	Reframing Transitions: Supporting The Journey Together	209
2016	Supporting Health in Youth and Ourselves: <i>Caring for Trauma</i>	240
2015	Relationships, Emotion and Attachment: Building a common language for everyone who works with or raises children and youth	229
2014	Building Collaborative Practice through: Communication, Trust, Dignity, Respect and Sharing Information	231

Evaluation satisfaction survey data gathered post-Imagine That! learning events shows a consistent trend towards larger agreement scores that measure learning ('learning new perspectives', 'learning how to use', 'learning more about'). Aside from the Imagine That! events, the network has supported a variety of other topic specific, cross system and cross sector learning opportunities that specifically speak to the necessity of collaboration (e.g., Student Threat Assessment) as a condition of best practice. Service providers are learning and contributing to an increasingly robust, evidence informed practice environment.

Finally, PARTNER data indicates both gains and small losses in factors defining the outcomes for 'the needs of children and youth are met/ enable supports and services,' which include learning factors. Figure 15 shows the variability between W1 and W2 data.

Figure 15. Child and youth outcomes in W1 and W2 PARTNER data\*



\*Data informs priority setting (n=14) and Regional priorities are addressed (n=13) were not included in W1.

One would assume that if partners’ evidence “improved/increased partnering with families in regard to the direct care and service planning for their children” (W2 agreement increased by 4 points) then services would also improve, including through innovation and evidence. However, the data was virtually unchanged for “Supports and services meet the identified needs of children and youth across the region”. Building linkages between learning and service provision to nurture this area will enable service providers in strengthening the evidence base and the collaborative culture that enhances service delivery.

## Dimension 4. Service Delivery

Service delivery ensures the identified needs of children, youth and families are met	
Enable Supports and System Improvement	Individual (families / service providers), Organizational and Community

### 4. Is service delivery aligned with regional priorities and integrated across partners?

The network is strategic in understanding the needs of its beneficiaries and in defining priority actions to address them, by adopting a multi-year approach. Gathering internal data and discussing/ deciding on further directions takes time and intention – and therefore is a regular item on the agendas of the Executive and Leadership Teams and the annual Joint Development Day. These activities support partner alignment with respect to common priorities. To that end, the focus over the 2017 – 2019 operational years included system navigation initiatives, along with Student Threat Assessment, transitions in Early Childhood, Youth Transition to Adulthood, and engaging the First Nation community as a network partner.

#### 4.1 Is the allocation of resources aligned with regional priorities?



Partners identify core challenges to be overcome and show progress towards equitable resource allocation.

The Executive and Leadership Teams identify the regional priorities and manage the challenge of aligning resources appropriately. To that end they access system data, as well as evaluation and research data, to inform priorities and find agreement on future directions. Given the population growth and diversity in the region, the challenge of resource allocation grows steadily.

Yet, as the data above shows, all lines of evidence indicate agreement that there are not enough resources to address identified regional priorities – and this presents the greatest challenge to the network. Elite Level key informants remarked on the complexity involved in prioritizing resource allocation equitably. They identified the following barriers to collaborative resource allocation:

- The core obligation to the organization sometimes outweighs the benefits of collaboration within the network.
- Where there is money involved there is always higher organizational self-interest.
- Inability to trust that helping others to 'win', as opposed to focusing on a 'win' for only one's own organization, will result in greater 'wins' for the network and partners overall.
- Organizational policies can limit partners' capacity to compromise.
- All partners represent their organizational hierarchies and have to answer to decision-makers and align with them; they have to get their 'fair share' of resources.

[To advocate for more funds] we need to put energy in to demonstrating returns on our investments.

*Elite Level key informant*

Beyond the challenge of collaborating in the disbursement of funds, informants noted the regional complexities (i.e., increasing numbers of children and youth and their increasing needs) increase while fewer resources are available. This tension is inescapable and requires 'thinking differently and finding efficiencies', according to interview participants.



Wilder data indicates 84% agree 'this collaboration is able to adapt to changing conditions, such as fewer funds than expected, changing political climate, or change in leadership' (3.9). In addition, the

2016-17 highlighted some difficulties in the process of serving children with complex needs in the three regions. The resources of the previous years were no longer enough to serve the same number of children with a process based on a first-come, first served response. This led to difficult decisions among partners regarding stretching resources and ensuring that there was an ability to provide supports – financial or otherwise, to those most in need.

2017 Annual Report

more recent PARTNER data shows the number of partner linkages (on average, 12.94/ node) and contribution to the network is robust. There is agreement (65%) on the network's success in achieving its collaborative advantage, with the top five aspects of collaboration that enable success, being: shares resources,

collaborative project work, working on targeted initiatives/ joint ventures and building new relationships. Concerning the outcome, 'funding is used effectively and efficiently,' 14 of 18 partners (78%) agreed progress was being made in this area. Finally, the PARTNER network 'value' score shows:

- Two of the three dimensions of value (level of involvement, resource contribution) for the overall partnership are over the benchmark of 3.0, indicating the network has good value.
- The one dimension with a lower score (2.86, power/ influence) suggests the network is not yet leveraging the full value of its membership.

The evidence may be showing that building generalized reciprocity, and the social capital that comes with it, would benefit the network. For instance, to what degree are partners bringing the resources (i.e., expertise) of their own system into the network? There is still room for partners to explore if they are coming to the table with everything they can.

#### 4.2 To what extent are family centred practice principles utilized in service delivery?

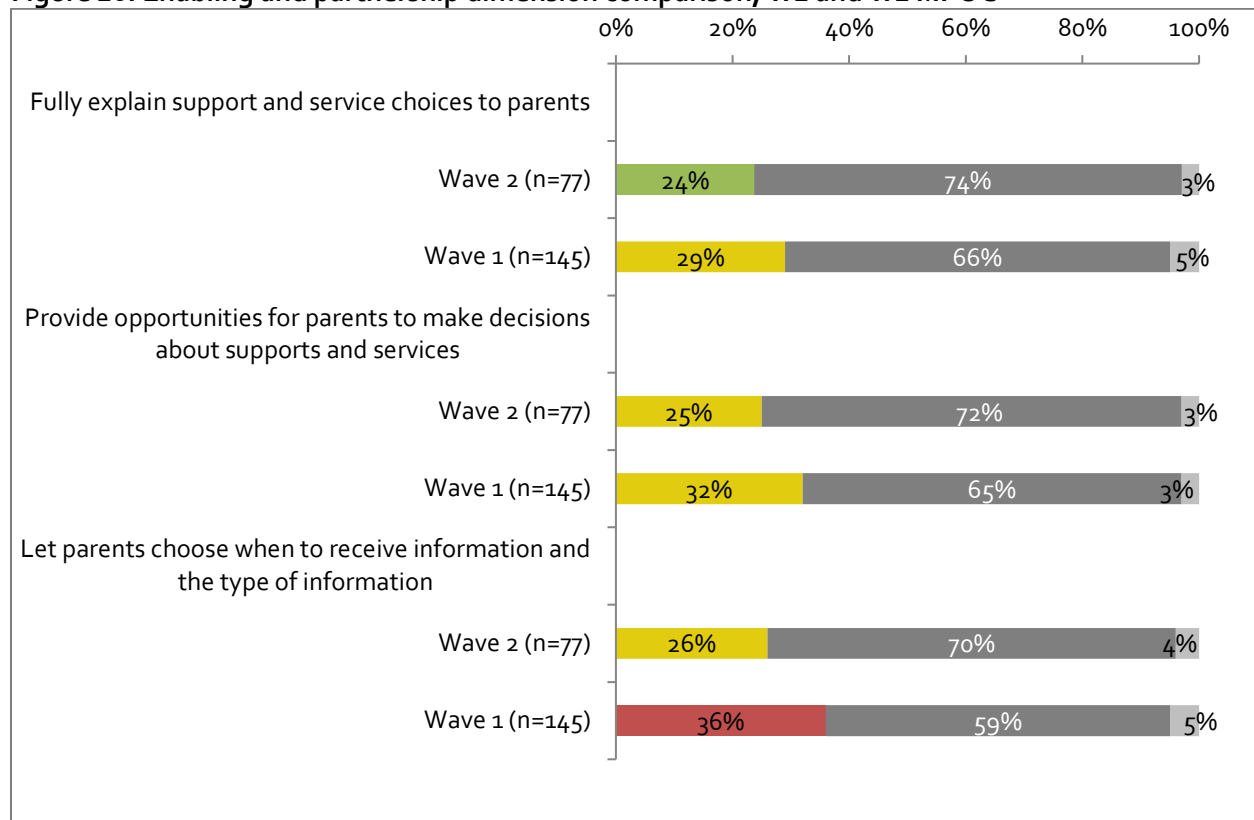


**Partners, parents and service providers agree this is a challenging model to implement – but are making some progress.**

While service providers and partners agree family centred practice is an important approach, it will likely require nurturing for parents to buy in fully and not experience it as a downshifting of professional responsibility to the family. All lines of evidence show this model is difficult to implement. Nonetheless, some data reveals contributions towards this goal. For instance, PARTNER data indicates 12 of 18 partners agree (67%) **there have been increases in 'improved or increased partnering with families in regard to the direct care and service planning for their children'**.

On the other hand, parent voice is variable on matters related to family centred practice, when MPOC and focus group data are both considered. MPOC parent respondents agree service providers 'treat parents as an equal rather than just as the parent of the child' (83%) and 'help parents feel competent' (76%). Concerning the dimension of 'enabling and partnership' the data shows consistent improvement in W2 over W1 – with reasonably high ratings:

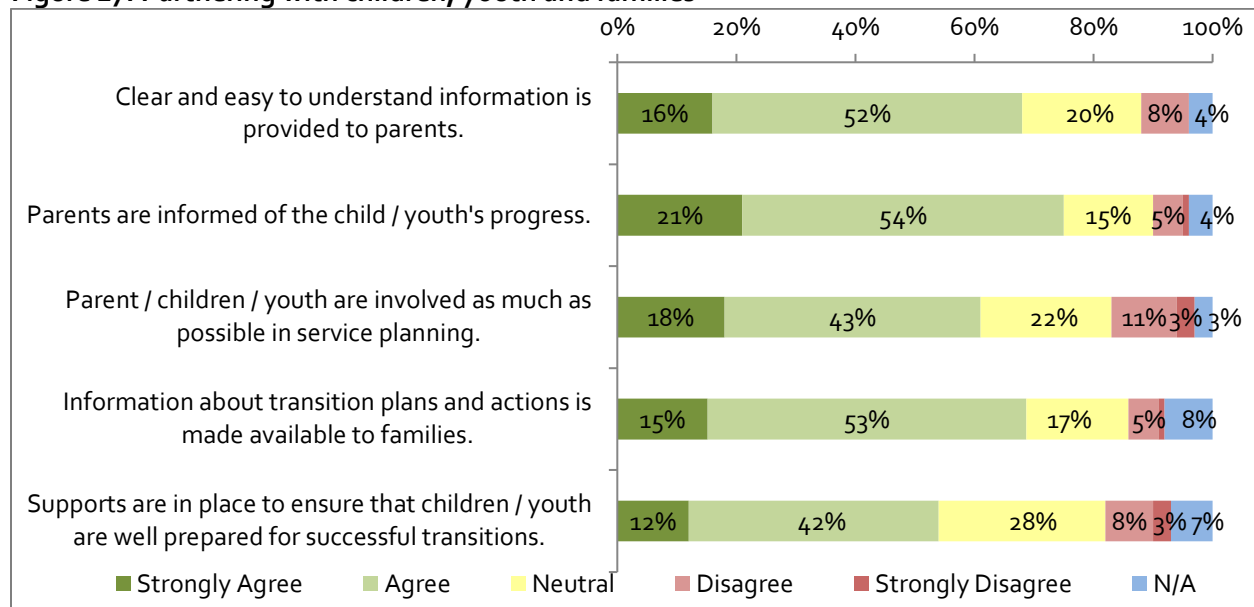
**Figure 16. Enabling and partnership dimension comparison, W1 and W2 MPOC**



But as noted above in Dimension 2 data, parents participating in the focus group were clear that 'partnership' and 'family centred practice' too easily shifts more responsibility to the family than they can handle. These respondents are not comfortable: working with their child at home (practice partners) on exercises provided by the expert; being the 'hub' for all the service providers to ensure each of them know what the other is doing; and, taking on responsibility to close the gaps left by systems not providing sufficient information to plan ahead. These parents assess their experience of family centred practice as a burden.

Partnering with children, youth and families is not something service providers assess with high agreement scores, either. Across indicators of communication, involvement and providing supports the agreement rates are average. Sixty-one percent of service providers agreed 'parent/ children/ youth are involved as much as possible in service planning' and 68% agreed 'clear and easy to understand information is provided to parents'. This data suggests there is more work to be done to ensure children, youth and families are appropriately involved and that the information provided is clear and easy to understand.

**Figure 17. Partnering with children, youth and families**



Service provider respondents were asked to describe their experiences partnering with parents. While they all agreed involving parents in planning is a key for success, only a few offered examples of how this works on the ground. Many indicated they do not have the time to attend meetings with parents and/or the parent is unwilling to participate. Others noted that when parents are involved, it is often in separate sessions (e.g., one for teachers, one for parents). Those succeeding with

integration remarked on the value of face-to-face time with parents and the importance of building a relationship. 2018 Imagine That! (event theme: *Supporting Connections: advancing collaborative culture*) data indicates that 33% of participants learned about the importance of collaboration between service providers and building trust with families and 24% disagreed.

Comments on the event included the request for more practical information and take away skills to be provided to support capacity building to collaborate with each other and families.

What the data does point to, including network program data, such as COPE, MHTS and CONeX, is the importance of the 'case manager' role. For focus group parents who have worked with a case manager, the reported benefits are many, and chief among these is reducing their stress in having to assume the hub role. These parents feel appropriately engaged and included.

When available, as it is for complex cases, the case manager role is well received. When absent, the role is missed; 26% of Service Provider survey respondents agree 'there is one case manager and one shared file for clients with complex needs'. Service provider focus group respondents noted the case manager role was critical to the most complex cases but in general, having the third party perspective this role brings facilitates a collaborative process between the families and the service team. While resources make having a stand-alone case manager generally available impossible, further consideration could be given as to how to build the mechanisms to support all service providers in assuming this case management function as a part of their roles.

Service providers agreed on the importance of positive relationships with clients but added that creating a trusting relationship means something else is not getting done, as it takes time.  
*Service Provider Focus Group participant*

Finally, parent focus group respondents provided the following recommendations concerning the 'enabling and partnership' dimension:

- All respondents agreed the 'family centred practice' model and the idea of a 'partnership' was the driver behind more responsibility for their child/youth's care falling on the family. This model needs to be carefully managed by the service provider to ensure their work is not offloaded on to the family. Parent respondents would like to be included in deciding on the balance. This observation was a crosscutting theme throughout the focus group and suggests further work with families and providers is needed to ensure a common understanding of family centred practice which, in essence, is designed to meet the family where they are at and tailor programming and responsibilities to a level that meets with the capacity of the family.
- Aligned with the above, respondents would like their child/ youth to have more access to service providers to receive a larger "dose" of professional services and supports. They worry that the parent role of providing 'at home' assistance ('practice partner') by helping their child meet targets is misplaced, as they are not the experts. They also worry about the costs of accessing private care to fill in the gaps.

#### 4.3 Is cross-regional capacity building successful?



**Service providers appreciate opportunities to participate in cross-regional and cross-sector learning although the opportunities to access this are variable.**

PARTNER data indicates the network affirms 'improved or increased commitment to the RCSD approach', is being realized with 15 of 18 organizations agreeing (83% W1 and W2). Further, Calgary and Area RCSD is committed to both a cross-regional and cross-sectoral approach. RCSD program data summarizes: cross-regional collaboration continues to be successful in the areas of complex needs and low incidence service and capacity building. In addition, the network supported several cross-sector learning activities for 1142 front-line service providers and families across a number of key content areas (2017 and 2018 Annual Reports). As well, there is consistent and sustained effort to share knowledge and approaches across regions that may not be captured in formal evaluation data – for example Calgary and Area RCSD routinely shares research reports, practice or evaluation frameworks, and established/planned working processes with other regions so that they may leverage this work.

Service provider focus group respondents affirmed the importance of cross-regional, cross-sector capacity building and the benefits accruing from this enhanced commitment. They noted very few conferences/ forums/ workshops are available through their professional organizations that provide a cross-sectoral perspective and opportunity. The network's Imagine That! provides the needed focus; service provider respondents noted this with appreciation. Post-event data shows a positive agreement rating for 'took the opportunity to network with other parents and professionals' (increasing from 72% to 88% agreement over time, with a dip to 82% in 2018).

Participants estimated the ratio of discipline specific vs. multi-sectoral professional development was about 90/10. Also, the RCSD has funded initiatives in the areas of need (such as Low Tech/No Tech AAC for children with Complex Communication Needs) that have been hugely successful. They identified the following logistical limitations that are a barrier for their own discipline providing an inclusive learning event: space for the event, cost, and parking provision.

Finally, service provider survey respondents were asked about where they can access capacity building opportunities. The majority of participants agreed, in descending order, programming is directed at providing: communities of practice [to] facilitate opportunities for mentoring and coaching (61%) and conferences or learning events offered by partner organizations are routinely opened up to community agencies (58%). If participants answered 'strongly disagree' or 'disagree' they were asked to provide an explanation and noted comments in accordance with the following themes:

- Professional development is not available or open to outside agencies so many participants have been unable to attend (x9); and,
- No conferences or communities of practices are available (x5).

#### 4.4 Are integrated, cross system case plans being successfully implemented?



##### Integrated, cross system planning shows progress and some challenges.

Overall, the majority of service provider respondents agreed that they work in an environment that facilitates cross-sector planning. In descending order, staff are proactive in anticipating the needs of one another and ensuring access to information (60%); a collaborative lens is deeply embedded in decision-making processes (59%); leaders, managers and supervisors are regarded as models of collaborative practice and problem solving (58%); the methods of communication between service providers ensure clear and timely transfer of important information (58%); and, systems are responsive to feedback provided by families and youth about their services (55%).

If participants answered 'strongly disagree' or 'disagree' they were asked to provide an explanation and noted comments in accordance with the following themes:

- Communication and collaboration amongst service providers is less than ideal; in many cases providers do not work effectively together to best manage the transitions (x16);
- Information sharing is a challenge, privacy considerations or mistrust between providers make the efficient transfer of needed information less than optimal (x11);
- Parents are not as involved in the service planning and delivery as they should be (x9);
- Caseloads are too large and the FTE is too small to effectively manage the cases (x6); and,
- Parents may not participate or engage fully in the support for their children (x5).

In addition, twelve PARTNER organizations agreed the network had made progress on 'improved or increased partnering with families in regard to the direct care and service planning for their children' (67%), showing a substantive increase over W1 data (38% W1). This area was the outcome selected by respondents as 'the outcome most successfully achieved'. The inclusion of parents in the development and implementation of cross system case plans is a key factor to their success.

In contrast to the PARTNER 2019 data, fewer than half of Service Provider respondents (2017) agreed families have a lead or co-lead role in some services or activities such as facilitation of workshops for other families (31%). On the other hand, parent respondents to MPOC (2018) rated over all that 'enabling partnership' domain was a 'moderately high' success (5.3 [of a possible 7.0] and consistent between W1 and W2). Concerning 'provide opportunities for parents to make decisions about supports and services', 80% of MPOC respondents agreed 'more than sometimes'.

33% service providers agreed parents are fully engaged members of the service team and participate in team capacity building activities (38% neutral; 26% disagree; 3% N/A).  
*Service Provider Survey respondents*

While there is a steady trend of improvement noticed in this area as reported by parent respondents to the MPOC, focus group parents provided a cautionary voice. While the majority feel they have a say and choices in decision-making, a few do not. These parents need to be, and are, proactive advocates for their child for both information and services. Focus group respondents agree that schools are more successful with internal coordination of services and supports but there is a breakdown with agencies 'outside-of-school'. Further, they agreed inter-agency communication was trending to non-transparent and non-collaborative. This resulted in gaps and inconsistent information that negatively impacted the child/ youth and family.

Finally, parent focus group respondents provided the following recommendations concerning their experience of 'coordination and comprehensive services':

- Respondents would benefit if home and community service providers were linked in to the school system and all shared information. This disconnect is a barrier to their child/youth accessing needed supports.
- Participants would like to know one team member would become the focal point for the service providers and liaise with the parents. This would ensure efficient and coordinated communication to the benefit of all.
- Respondents observed that their GPs were too far out of the loop with the service providers and this disadvantaged their child. They would like the GP to be a central part of the discussions on services and supports, as they are the one who has the wholistic view of the child/youth's health.
- Participants would like their child to have more time with the service provider and fewer 'hand offs' to an assistant. They want their child to have the benefit of the service provider's expertise.

As noted above, all lines of evidence report on the challenges of engaging parents as partners in the development of case plans for their child/ youth, which is a core component of successful, integrated implementation. [Finding ways to be inclusive in this domain will ensure the cross-sector planning of service providers is increasingly successful and sustainable.](#)

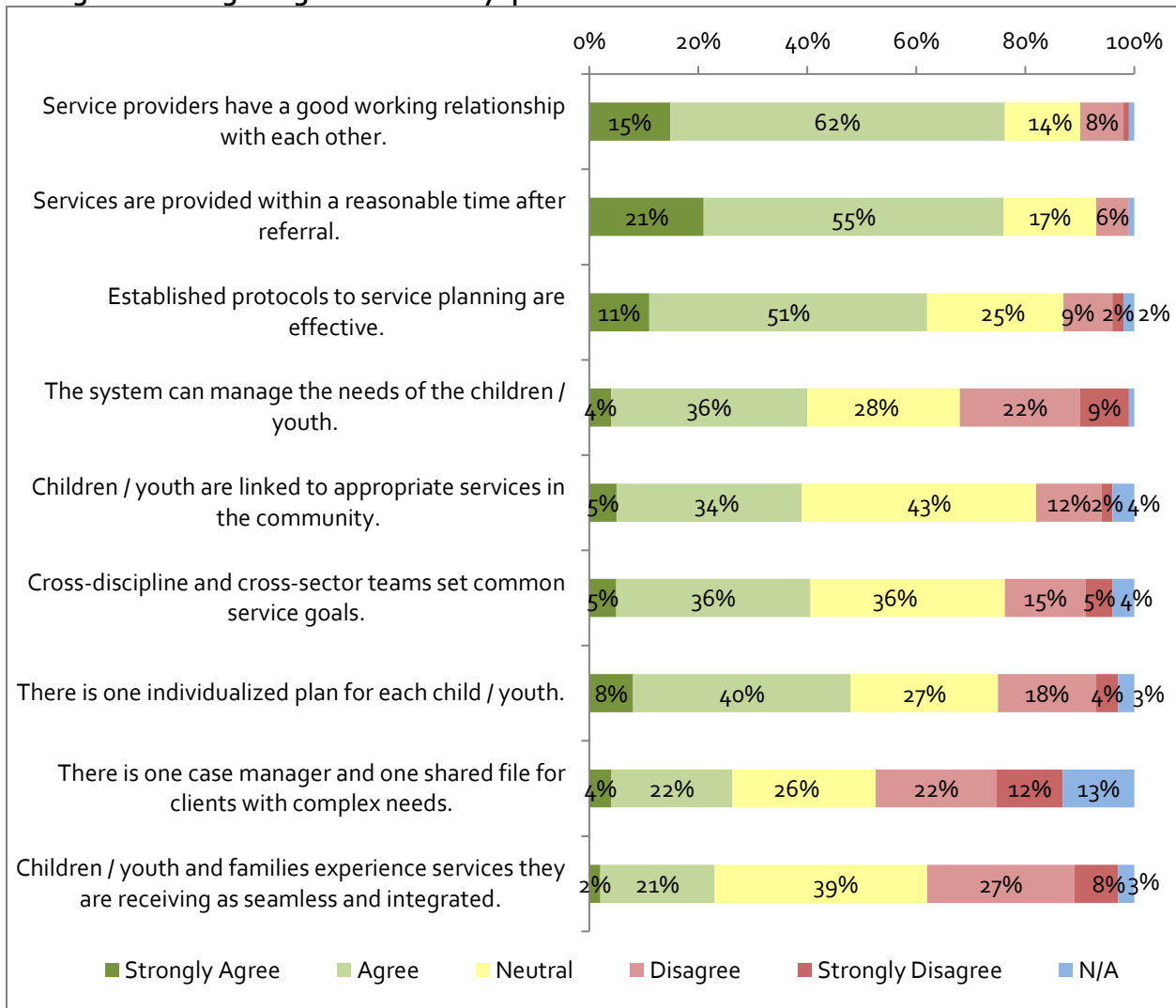
#### **4.5 Are environments, services and resources being adapted to support improved functioning for children and youth?**



**Service providers and parents are variable in their rating of adaptation to support better outcomes for children and youth.**

Being adaptive to support improved outcomes for children and youth is related, at least in part, to service providers' capacity to integrate service delivery across sectors, which in turn depends upon relationships, protocols, setting common goals – in short, working together. Service provider survey respondents rated their capacity to provide integrated services, showing variable successes across the factors. Seventy-seven percent agree they have good working relationships and services are provided within a reasonable time after referral (76%). However, only 23% agree beneficiaries experience services as seamless and integrated.

**Figure 18. Integrating service delivery questions**



If service providers answered 'strongly disagree' or 'disagree' they were asked to provide an explanation and noted comments in accordance with the following themes:

- There is increasing demand and complexity in the system with too few resources which have resulted in longer wait lists and less than optimal care (x28);
- There is a consistent lack of integration and collaboration and communication amongst the service providers in the system which makes it challenging to coordinate the best care (x26);
- Information sharing between service providers and where to access resources is not readily available (x6); and,
- There is often not one case manager who controls the file (x5).

Service delivery is disjointed between organizations/agencies. Different professionals working with child/youth do not have common files, especially if they are not from the same organization. Schedule conflicts and difficulties finding opportunities to communicate can sometimes impeded effective collaboration.

*Service Provider Survey respondent*

Service provider focus group participants provided the following insights to more fully

understand service adaptations that work and/or are needed:

- All participants affirmed the need for interdisciplinary and multi-sectoral teams; when this is in place referrals and shared protocols work efficiently. Once again, relationships based on trust were identified as critical to successful service delivery.
- Logistically, having a place to meet is important, and not every sector at the table had access to this. Further, everyone in the group did not have a consistent place where child/ youth information could be found, noting that 'theoretically, there should be a copy of all reports in the student's file.' There was agreement that file management was in need of streamlining and that their prompt access to the child's file was core to success.
- A few participants also observed a systemic problem. They see themselves as professionals who can be trusted – and yet systems cannot find/ create bridges to permit the transfer of information among them. There seems to be a lack of trust that the information will be used professionally. When this happens, it is, for them, a sizable barrier to successful service delivery.

Parent focus group respondents offered the following observations on the provision of services:

- A few found little transparency among the public service providers, with each other and with the family. They turned to the private system to ensure they would always: 1) be aware of what was happening among the team providing the interventions; and 2) have a leading voice at that table.
- Most participants noted their GPs are limited to referring to a pediatrician, who then refers to the next layer of child specialist (e.g., psychiatrist). This layered referral structure creates long waits for the families to access needed services. This was identified as an area where partnership needs to be built to ensure families are empowered to secure the best supports for their child/youth.

A few found little transparency among the public service providers with each other and with the family. They turned to the private system to ensure they would always 1) be aware of what was happening among the team providing the interventions, and 2) would have a leading voice at that table.

*Parent Focus Group participant*

Creating environments, services and resources that are more consistently delivered in an integrated and seamless way would strengthen successes in this area.

#### 4.6 Are more innovative ways of delivering services being developed?



**The network is solution-focused, creative and strategic in delivering services, although partners and the service providers offer variable perspectives.**

Calgary and Area RCSD is intentional in finding evidence-informed innovations and developing innovative programs to support the outcomes they have identified. The history of this solution-focused effort is traced through RCSD program data (i.e., annual reports) and evaluation data collected for this report. As 80% of Wilder respondents note, 'trying to solve problems through collaboration has been common in this community. It's been done a lot before'. Further, 87% of Wilder respondents agreed 'what we are trying to accomplish with our collaborative project would be difficult for any single organization to accomplish by itself'. As a network, partners affirm their capacity to discover innovative ways of delivering services to better meet the needs of the beneficiaries.

We need to take time to be creative about addressing challenges in the logistics of service delivery.

*Elite Level key informant*



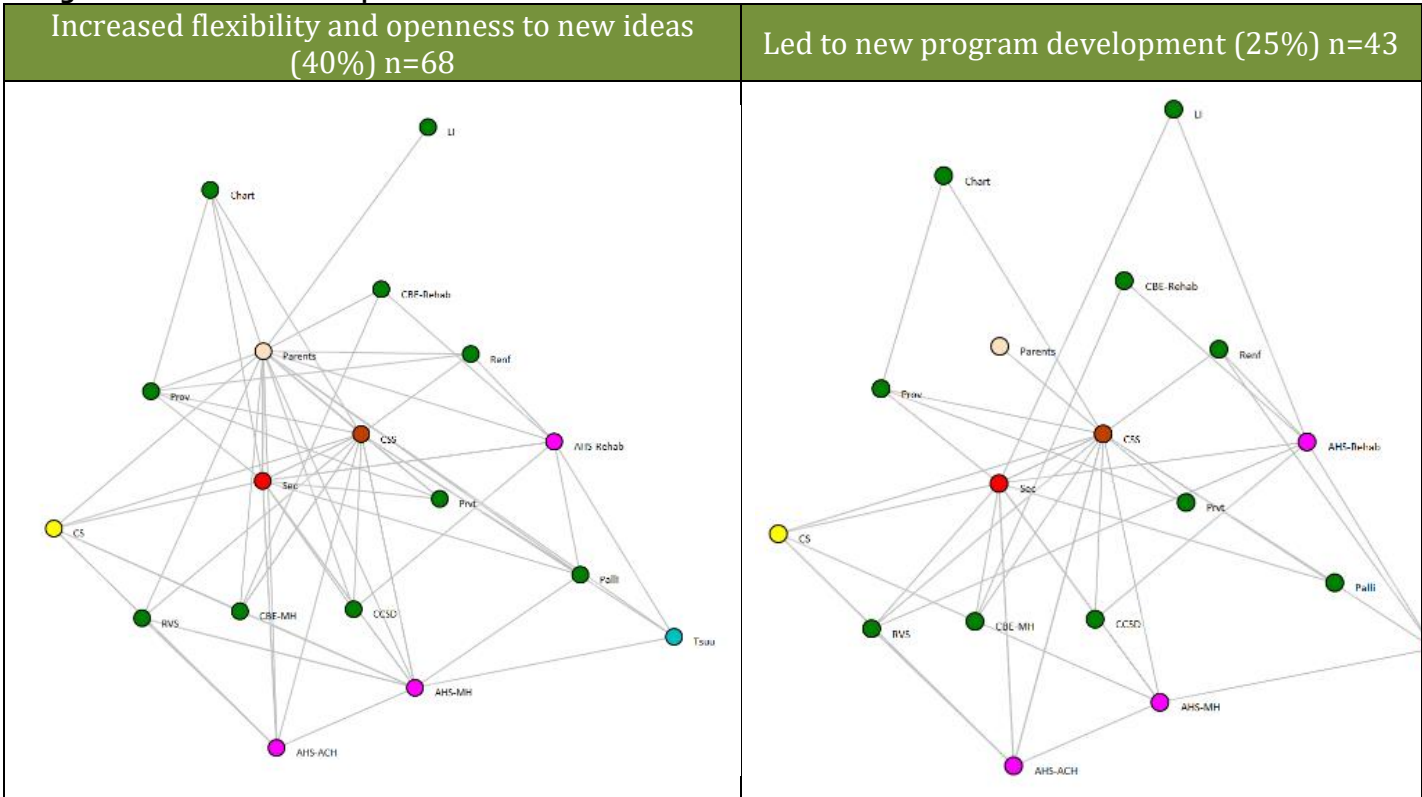
Elite Level key informants observed the ongoing need for creativity – thinking outside the box – to find new ways forward, observing the need to shift language (i.e., talk as if we are on a journey together, rather than in a battle) and broaden perspectives (i.e., shift from talking about outcomes for 'students' to outcomes for 'children, youth and families'). Most significantly, they all agreed on the need to 'create an environment where we can be more honest and have frank discussions' to evolve the 'RCS D way of working'.

PARTNER respondents were asked to describe the nature of their relationship with others in the network. Level of engagement – proximity to one another's ideas and influence – impacts innovative thinking; the data shows a need to explore the meaning of the findings in this area to ensure the right intensity of linkages are in place for particular activities. [Partners responded across four increasing levels of engagement: 24% awareness of one another; 23% cooperative activities; 33% coordinated activities; and, 20% integrated activities. Network effectiveness is tied to having focused integration on the dimensions needing it and looser connections that can bring in new data from outside the partnership.](#)

Partners also rated the qualities of their relationships on wider perspective; flexibility and openness to new ideas; and, new program development – each factors impacting capacity to innovate. The following social network maps visualize the agreement level and number of linkages (Figures 19 and 20).



Figure 20. This relationship has . . .



Along with the network partners, service providers were asked about their experience of promoting innovation and evidence informed practice. The majority of participants agreed, in descending order, [staff contributes to the evidence base \(75%\)](#); [families are recognized as a source of evidence \(75%\)](#) and, knowledge is accessed, shared and distilled in to practice (62%).

Service provider focus group participants offered ideas to support shared learning and experience to evolve practice. They noted the learning could address and discuss:

- The different models being used;
- Experience with children/youth in transition;
- Experiences in engaging parents – what’s working and what’s not – and learning from one another’s practices; and,
- The need to connect with each other more frequently to address issues, learn, innovate and plan.

Finally, service providers offered the following recommendations for this dimension:

- Sectors should support interdisciplinary learning and networking and this means overcoming challenges of professionals privileging their own disciplines for professional development and choosing interdisciplinary and multi-sectoral opportunities when offered;
- Learning about models used in other sectors would be of value and others experiences in engaging parents; and,
- Sharing sector specific benchmarks with one another and learning about any provincial benchmarks relevant to their work.

#### 4.7 Are partner systems supporting seamless age/stage and service transitions?



**Parents and service providers agree there is much to be done to improve service transitions and the network is responding.**

The data discloses the challenges experienced in partner systems supporting seamless services and service transitions. [Twenty-three percent of service providers](#) agree ‘children/youth and families experience services they are receiving as seamless and integrated’. The following list of questions were ranked with less than 50% agreement by service provider respondents, concerning transitions:

- There is one individualized plan for each child/youth (48%);
- Processes are in place to ensure the alignment of services for children/youth that receive more than one service (48%);
- Cross-discipline and cross-sector teams set common service goals (41%);
- The system can manage the needs of the children/ youth (40%);
- Children/youth are linked to appropriate services in the community (39%);
- Programs are aligned based on jointly established regional benchmarks (37%);
- Collective data from partner organizations facilitates integrated planning across the region (26%);
- Children/youth and families experience services they are receiving as seamless and integrated (23%); and,
- Their site has the appropriate number of staff to meet the needs of the children/youth (21%).

Parent survey and focus group respondents agree that smooth transitions are of critical importance for the family – and are too often not achieved. They noted the struggles with even the ‘small’ transitions as one service provider concludes and the next one continues with their child/ youth. The gap in services at this transition point is often disruptive and the parent needs to be vigilant to

ensure their child/ youth remained on the case list for the next service provider. Parents further commented on the consequences of not planning in advance for their youth's transition to adult services. For a few of them, this resulted in a year gap in service provision; and, in once case, the need to attend the Emergency Department for the 18 year old to receive the same injection previously received by the respirologist at the clinic, showing not only service impacts but the system costs that can accrue due to poor transitions.

PARTNER respondents (44%) affirmed the network has 'led to improved processes (e.g., screening, referral, or follow-up processes' and 46% agreed it 'led to an increased ability to navigate between systems to access services and supports'. These numbers indicate managing transitions continues to be an area of network growth.

That said, the network is intentional in developing and implementing important programs to address the gaps in establishing smooth transitions. For example, [Youth Transitions to Adulthood \(YTA\)](#) has a three-year mandate to explore mechanisms to better support youth transitions to adulthood. The [Early Childhood System Connector](#) includes providing a primary focus on supporting connections between providers in RCSD partner systems and early childhood services and resources. The role will promote partner and community linkages, identify potential collaborative opportunities and support the role of parents as leaders in this sector. It will also include a focus on working with the Tsuut'ina Nation providers to link their families and service providers to available early years resources and enhance the services and supports provided by the Nation. [The Mental Health Transition Specialist](#) will facilitate the collaboration between education, community and acute care health systems to support children and youth experiencing mental health concerns. The goal is to improve information sharing and communication within systems, between systems and families, and between health and relevant education/community service providers. [COPE](#) facilitates service linkages for children, youth and families who would otherwise not be able to access services. COPE includes a family liaison support provider to facilitate smooth access to and transition between services.

These specialized programs are tracking their results and early indicators show the positive impact they have on this dimension of network activity.

#### 4.8 Are diversity needs addressed, planned for?



**The network values inclusive communities, but could do more to provide professional development focused on this value.**

To address diversity is to address inclusive communities. The Executive and Leadership Teams engaged in a one-day learning activity with Bruce Uditsky from Inclusion Alberta, to increase understanding of the network's mandate within the broader policy and societal frame. This event supported increased understanding of how the network contributes, or can contribute, to the common goal of inclusive communities (2017 Annual Report).

The network's Youth Transitions to Adulthood (YTA) working group is grounded in an inclusive community perspective. This means the working group will facilitate environments "where families and service providers feel safe, respected and comfortable in being themselves and expressing all aspects of

their identities.”<sup>11</sup> The YTA logic model includes: ‘actions to promote and connect and address diversity gaps’ as an output of the Service Delivery dimension. It will be guided by definitions and distinctions outlined in the *Service Delivery Rubric*, which provides criteria outlining ‘inclusive ways of working’.

For service providers, the challenge of diversity is experienced on the ground, in very practical ways.

Sustained and Embedded Practices: Professional development includes a focus on inclusion, is ongoing, has cross discipline/organization/sector involvement, and considers needs identified by staff and families.

*Service Delivery Rubric ‘Providing a Continuum of Supports and Services’*

When asked what needs to happen to support parent participation in service planning, focus group respondents noted that matters of language and culture must be addressed. They suggested having a network of first language users to support translation and help parents to navigate the system; try to facilitate parent access to cultural broker to build trust; and, facilitate better parent understanding and increase their engagement in service planning for their child.

Service providers further addressed the challenge of stigma, especially as related to the mental health of the child/ youth and its erosion of inclusive environments. Respondents noted parents will often not want to sign consent to share information when a mental health issue is involved, the barrier being fear their child will be stigmatized if they do. These respondents suggest meeting these parents halfway and offering face-to-face conversation to get to know them and find out what kind of assistance could support their willingness to share information. They observed it is important not to overwhelm them, but to show them their child will receive consistent supports through the service process. In these ways a more inclusive community is created for the benefit of the family and the service providers.

57% service providers agree ‘professional development about equity and inclusion is responsive to staff and family needs.’  
*Service Provider Survey respondents*

Finally, partnership with Tsuut’ina Nation has resulted in revising key documents to be inclusive of values and culture. Professionals involved in service provision to children and youth at Tsuut’ina schools are not only providing services, but learning about the culture and improving their own capacity to work with children from the Nation (2017 and 2018 Annual Reports).

#### 4.9 What policy and mandate impacts are identified and communicated?



**The network is developing special projects and working with service providers to evolve practice and engage stakeholders.**

Service provider survey respondents reported changes in response to the question, ‘how did you flex or modify any of your organizational processes, procedures, or policies?’ (CONeX Program Evaluation 2018, RCSD program data). Respondents noted:

- 25% implemented academic accommodations;
- 21% went outside regular mandate to support families;
- 19% reallocated resources and funding to support families;
- 10% reported flexing but not details on implementation; and,

<sup>11</sup> See: [http://mcos.ca/wp-content/uploads/2017/07/module-1\\_toolkit\\_what-is-a-welcoming\\_and\\_inclusive\\_community.pdf](http://mcos.ca/wp-content/uploads/2017/07/module-1_toolkit_what-is-a-welcoming_and_inclusive_community.pdf)

- 6% expanded entrance and maintenance requirements for unidentified service programs.

Reported in the same program data, managers noted the following items (top 5) as aspects of CONeX that are unique to regular service delivery: 25% 'better coordination of service supports'; 20% 'better communication and collaboration across systems' and 'mental health support and counselling services'; 15% 'neutral and holistic perspective on the individual cases'.

In terms of new services provided, based on network recommendations, the Mental Health Transitions Specialist has impacted systems through the following selected service examples (see Final MHTS report Jan 2019):

- Knowledge transfer to facilitate greater understanding of the child/youth's presentation and in the development and implementation of support or safety plans.
- A dedicated MHTS mailbox to send demographic information in support of child/youth sent to hospital for risk assessments.
- Education and orientation on hospital triage process leading to the development of 'Mental Health Emergency & Inpatient Care Information Summary' in collaboration with stakeholders.

Finally, the network implemented a Student Threat Assessment Project that included a two-day, cross-system workshop (n=180 participants) to review and disseminate project findings, engage other external partners (i.e., law enforcement), and identify key system leaders to advance the recommendations from the project in a multi-system approach (2018 Annual Report).

These changes indicate the network's increasing influence on policy transitions in support of better services for families.

## Dimension 5. System

System cross-ministry policy supports seamless access to systems, service and supports	
Effective Collaboration and System Improvement	Network, Community and Organizational

### 5. Is the RCSD recognized as a trusted advisor at regional and provincial levels?

We know from PARTNER data that there has been a decrease in partners building organizational and community awareness about the network externally (61% agree W2; 71% agree W1). This change needs exploration, as the network has affirmed advocacy as a core outcome. For instance, articulated in the logic model are the following network level activities: champion work regionally/ provincially; develop strategic external partnerships; strategize with other community collaborations for the purpose of linking and leveraging each other's work. Short-term outcomes noted for this level are: positive recognition, championing the RCSD network and at the longer term: Calgary and Area RCSD become a trusted advisor (System Level).

2 of 18 nodes identified 'advocacy' as their most important contribution to the network. 17 nodes identified 'leadership' as the most common resource contribution.

*PARTNER data*

For instance, articulated in the logic model are the following network level activities: champion work regionally/ provincially; develop strategic external partnerships; strategize with other community collaborations for the purpose of linking and leveraging each other's work. Short-term outcomes noted for this level are: positive recognition, championing the RCSD network and at the longer term: Calgary and Area RCSD become a trusted advisor (System Level).

While there is no concrete affirmation from the evaluation evidence of having achieved a 'trusted advisor' status, Wilder data provides affirmation of the network's capacity to influence the sectors involved (the ratings at W2 are similar or increased over W1). Partners agreed:

- 91% (increased) 'the people in leadership positions for this collaboration have good skills for working with other people and organizations';
- 66% (same) 'others (in this community) who are not part of this collaboration would generally agree that the organizations involved in this collaborative project are the right organizations to make this work'; and,
- 58% (same) 'leaders in this community who are not part of our collaborative group seem hopeful about what we can accomplish'.

There is an opportunity to more effectively communicate and champion the work of Calgary and Area RCSD within its partner systems and with the local community . . . there is an opportunity for building a broader awareness and understanding of the RCSD approach within all of the partnering ministries. The considerable accomplishments of Calgary and Area RCSD could be brought to bear in both cases.

*2018 Annual Report*

Elite Level informants noted the Executive and Leadership Teams have the capacity to make needed decisions and when necessary, are linked in with the people in their systems who are required to make the higher level decisions to move the learning and needs of the network forward. **The challenge identified is the attrition of team members and the impact on capacity to influence as new members are integrated into the network. To offset this, a more structured approach to supporting orientation and transitions on the Executive and Leadership Teams has been developed and implemented.**

Finally, it should be noted the network increasingly receives calls for its information and resources from other RCSDs and from the Provincial RCSD Office, as well as requests from the Provincial RCSD



Office for input into new RCSD directions – including those related to outcomes and measurement. The role of Calgary and Area RCSD as a key leader within the province was acknowledged in an annual meeting with the Provincial RCSD Office in January 2019. While this was not explored in the evaluation data collected for this report, tracking the push and pull of information will provide evidence of the network's growing influence in the sector.

### 5.1 To what extent are policy barriers identified and elevated?



**The network is not yet substantively elevating network knowledge among decision-makers, although some changes are being realized at a service provision level.**

PARTNER response to two relevant questions on the Working Together scale indicates positive response to network influencing change: 'as a result of participation in this collaboration, my home organization has adopted shared goals developed by the network'; and, 'my home organization has developed or improved programs or services it delivers as a result of participation in the network' (see Figure 7, above). Further, when partners were asked 'what aspects of collaboration contribute to the success of the network': 67% of respondents agreed 'expanded cross-systems knowledge in senior administrative levels'. These ratings bode well for the network championing its learning in the environments where policy barriers are addressed.

Concerning changes to services and supports, partners agreed this relationship:

- 41% 'led to improved services or supports for young children and their families' (44% W1);
- 12% 'enhanced my ability to allocate resources to the right services, supports or programs' (22% W1), and;
- 4% 'has not resulted in any systems change, but we anticipate that it will' (14% W1).

These results suggest there is more work to be done to influence greater change, based on network learning, for services and supports. Again, this area is emergent for the network at this time.

### 5.2 To what extent has there been a strategic and purposeful integration of services?

The network is increasing its reach and engaging community organizations as potential partners to increase awareness and integration of services. Looking at those organizations recommended as 'additional partners' in the PARTNER survey W2, of the 30 identified, 19 already have current linkages with the network.

Beyond reaching out to potential partners to extend the network's reach, the 2018 Annual Report outlines a number of resources, developed by the network, that were shared with other RCSDs. Knowledge mobilization is a strategic activity of the network to support widespread awareness of key learning to positively influence the delivery of services and supports. The pull of these documents is an indicator of Calgary and Area RCSD's emerging reputation as a trusted source of the latest evidence or resource. The following examples of shared resources were offered:

- A Partnership Governance Level Rubric (to assess the extent and quality of collaboration), drawing on the research on collaboration and inter-organizational networks was introduced locally and then shared provincially.
- Partner worked with PolicyWise on a presentation about the network's Service Delivery Rubric to be made available to other RCSDs.

- The literature review and findings from the Student Threat Assessment project were shared broadly.
- The literature review for the Transitions to Adulthood work was shared broadly.
- The networks e-newsletter continues to bring forward learning opportunities and research and policy reports that support the goals of RCSD.

Finally, by 2017 the network's partnership with Tsuut'ina Nation had progressed from planning to full service delivery. Highlights of selected accomplishments are: Alberta Health Services commenced provision of rehabilitation and mental health supports and therapy services in 2016 and increased the level provided in 2017, 2018, and 2019; RCSD partners are working with Tsuut'ina colleagues to culturally adapt and more fully incorporate Nation values into the service model; a Mental Health Capacity Building project and COPE were extended to Tsuut'ina schools; and invitations to sit on the Leadership Team were extended to Tsuut'ina colleagues from health, education, and child and family services. The Education Director joined the Leadership Team in May 2017.

## Section 4. Summary and Recommendations

### Summary

As noted above, Calgary and Area RCSD evaluation data gathered for this report began in 2017 and extends to 2019. When Wave 1 data collection is included, the timeline goes back as early as 2014. Therefore, this report presents a multi-year data assessment of a network that is ever-learning and improving its process and practice, to ensure robust contribution to articulated outcomes. [As a result, we see the changes made across time to transform challenges to successes and new evidence from service providers and parents brings fresh perspectives for consideration.](#)

What is clear from the data is that the network is developmental and emergent, committed to learning, adjusting, and moving forward with the best evidence to achieve articulated results. And in most cases, it is influencing a very complex and challenging environment, and doing so with decreasing resources and increasing sector complications.

At the network level, evidence shows the growing trust reported by partners, across time. It also discloses that while there is clear commitment to the network way of working, continued attention on structures and processes would be of benefit to the partnership, and increased advocacy would benefit the network as a whole and its partners individually. [Overall, Calgary and Area RCSD network measure scores \(density, centralization and trust\) show positive growth across time, indicating the robust health of the partnership. Further, we see the promising and growing influence of the network's research and resources in the sector, with emergent potential to contribute to system level change.](#)

The dimension of families, children and youth presents with more variable ratings on the level to which they feel engaged as partners and their perceptions of the appropriateness of the family centred practice model. [Parents and others confirm the network has optimized the quality of existing services. However, partners, service providers and parents provide moderate assessment that services and supports are meeting the needs of the region's children and youth and that transitions are seamless.](#) Finally, parents would appreciate more transparent and curated information to facilitate their child/youth's progress and look to see a reduction in their roles as hubs and practice partners.

[Of special note in this data set is the voice of youth – for this is the first time data has been collected by RCSD from this key beneficiary.](#) While the number of responses was low, the key finding concerning the level of anxiety they identified triangulated with network learning from other stakeholders. The data affirms the many specialized supports and services Calgary and Area RCSD is providing to address the mental health needs of children and youth. Addressing the growing and increasingly complex mental health challenges of youth is an area where the network is innovative and proving to develop important new service approaches.

Generally, service providers and service delivery data indicates moderate ratings in coordination and collaboration, and demonstrates the need to extend cross-sector professional development offerings that include networking, evidence informed practice learning, and a continued focus of development of a collaborative practice culture. Barriers to sharing information continue to impede service providers' work. On the other hand, [service providers indicate confidence in their skills and approaches to](#)

delivering evidence-informed supports. And the network shows purposeful development of innovations to support increasing service access and sector innovations.

While partners assess as moderate increases in child and youth outcomes, they have greater agreement on the network's improved capacity to work with parents as partners. Meanwhile, service providers are less certain about their inclusion of parent voice in their work. Service providers express less agreement in this area and indicate that family centred practice is a model difficult to implement, especially in view of their limited time and resources. The practical challenges faced in employing the model highlights areas where additional capacity building and practice changes/ innovations could make a difference. Finally, service provider rating of their capacity to deliver on integrated, cross system case plans shows need for intentional development.

Concerning system level assessments, [at the service provision level the data across lines of evidence agrees that some positive transitions are being made in light of emergent learning. As well, the network is sharing its learning broadly and concurrently being seen as a trusted source of the latest evidence or resources.](#)

In terms of higher-level system impacts, partners indicate the right people are at the table to leverage and champion the network's learning to positively influence sector policies and policy barriers. As knowledge mobilization and dissemination is a legitimate work of the network, and stakeholder request for their resources is in demand, extending their reach in this area warrants greater attention, to the benefit of the families and service providers in this province. More could be done by the partners to contribute to their authentic role as advocates and champions of the network.

## Recommendations

Engage partners, parents and other stakeholders in developing the following:

- 1. Define 'success' in achieving key outcomes.** Criteria and target levels can be derived from the network's vision and experience, as well as literature and validated tools (Wilder, PARTNER, etc.). So doing will increase critical thought about the kind of data gathered and its utility, and ensure agreement on standards and use for change in programs, practices and policies. As an example: "90% of service providers agree (vs. 50 or 75%) that '*parents are fully engaged as partners*'."
- 2. Develop a shared understanding of family centred practice.** This is clearly not about shifting professional roles or tasks to parents. It is about engaging families, ensuring that they have opportunities to learn about intervention options, supporting their participation in planning, and building their capacities to support their children directly.
- 3. Develop a practicable approach to implementing family centred practice** with families and service providers. Both have articulated barriers to success and these must be addressed. Monitoring the process is key, including understanding, satisfaction, and agreement that expectations are appropriate and realistic. Measuring progress (outcomes) is also important.
- 4. With trust improving, there is increased opportunity to promote reciprocity among partners.** Reciprocity is key to sustainability and effectiveness. Its practice should benefit the reciprocating partner organizations, the network and, most importantly, the children, youth and families. In cases where partners are under-investing, determine the reasons and barriers to ensure you are addressing the challenges in your actions. (*Generalized*) reciprocity includes two major

components: a. making and keeping commitments to bring to the table all the expertise and resources one can; and, b. trusting that others will respond by bringing all they can.

5. **Champion system change.** Calgary and Area RCSD has defined the foundations for effectiveness: Family centred philosophy; research and collective learning; attention to time and timing; cross-sectoral design and engagement; and, general willingness to invest (2018 JDD Proceedings). The network also has communication channels, evidence to share, and experience. Using its rich experience and data, the partners can (and should) now advise on improvements to systems - for the benefit of children, youth and families.
6. **Continue to link service providers and build their capacities** for effectiveness through cross-sector/ inter-disciplinary professional educational initiatives.
7. **Continue to engage beneficiaries in design and evaluation.** Build on the recent experience with parents to articulate and resolve key challenges. Further the use of the EQ 5DY survey data through follow-up focus groups designed creatively to facilitate their participation. Gather service providers to share the learning from this report and probe on areas that will be enriched by their experience.
8. **Update the evaluation framework,** including the logic model (Level 1: Network), to align with new learning from this report.

# Appendix

## Ethics:

### Ethical Considerations

Participation in the data collected for this outcome report was voluntary and informed consent was implied by participation in surveys. Participation in the key informant interviews or focus group discussions was also voluntary. In addition, either verbal or written consent was obtained at the beginning of those discussions.

All activities carried out by the evaluation team were in accordance with the ethical principles set by the Canadian Evaluation Society (CES), to which all Catalyst evaluators are both members and have achieved the Credentialed Evaluator designation conferred by the CES. In addition, one of the team is a Second Opinion Reviewer with A Project Ethics Community Consensus Initiative (ARECCI).

Finally, the evaluation plan was screened for ethical risk by undergoing the ARECCI review process. The appropriate feedback from ARECCI was implemented (i.e., to be guided by the ARECCI *Ethics Guidelines for Quality Improvement and Evaluation Projects*) to avoid any ethical oversight – which was assessed as minimal.

See: <https://evaluationcanada.ca/ethics> and [ARECCI.health@albertainnovates.ca](mailto:ARECCI.health@albertainnovates.ca)

## Methods:

### Quantitative Data

#### A. Wilder Collaboration Factors Inventory (Wilder)

This validated self-assessment tool addresses 20 research-tested factors and produces only quantitative data. This survey has 40-items grouped in to the six domains, as follows: 1) environment; 2) member characteristics; 3) process and structure; 4) communication; 5) purpose; and, 6) resources. The individual items are measured on a 5-point scale; the guideline for interpreting the factors is:

- 4.0 or higher: Strengths (not needing further attention)
- 3.0 – 3.9: Borderline (potentially requiring attention); and,
- 2.9 or lower: Concerns (requiring the group’s attention).

The Wilder online survey was implemented with the Executive and Leadership members, who responded individually to the survey, for a second wave of data collection. W1 of the Wilder survey was implemented with n=52 persons (Executive and Leadership Teams, committee members, and Secretariat members). N=32 completed W1, garnering a response rate of 58% in 2014. W2 was administered by online survey to members of the Executive and Leadership Teams, only (n=31). A total of n=24 respondents completed the survey, resulting in a response rate of 77%. The survey was uploaded, managed and analyzed by the evaluation team. The results have been combined to

represent all 24 participants for anonymity and data strength purposes. In addition, the data was comparable with W1 data and is reported on as such.

### **B. PARTNER Tool**

PARTNER (Program to Analyze, Record, and Track Networks to Enhance Relationships) utilizes Social Network Analysis (SNA), a quantitative methodology that focuses on relationships between and among organizations. It measures and maps the strength and quality of those relationships. This tool was used for W1 data collection (2016 03) as well as for W2 in this report (2019 01).

As in W1, Calgary and Area RCSD's Accountability and Assurance Committee determined the boundaries of the network<sup>12</sup> and adapted the PARTNER Tool questions for this W2 implementation. The instrument includes a number of fixed questions with the ability to adapt some of the questions to the unique context of Calgary and Area RCSD. For example, a question related to the progress on outcomes was adapted to list outcomes relevant for the network. A number of similar adaptations in context were made.

Following an introductory email, the survey link was sent out to a respondent for each organization (n=18) identified as part of Calgary and Area RCSD. In most cases the identified respondent was a Leadership Team member. The respondent was instructed to complete the PARTNER Tool on behalf of their organization or named business unit, from the perspective of its participation in Calgary and Area RCSD. Respondents were given the option of consulting with other individuals within their organization who participate in Calgary and Area RCSD and completing the survey as a group. The importance of a high response rate for an accurate assessment of the network was discussed and reinforced a number of times with the Leadership Team prior to the survey being conducted. W2 data collection garnered a 100% response rate (W1 garnered a 95% response rate).

### **C. Provincial Survey**

The Provincial RCSD Office created a 23-question regional survey, in 10 categories, for Executive, Leadership and Management Teams across the 17 RCSD networks in Alberta. The measures used (highly aligned to the Wilder Survey) are related to collaboration in order to provide data on that important network component. Other questions are to inform program operation at the regional level. The survey uses a 5-point Likert Scale.

Calgary and Area RCSD received, on request, their disaggregated data from the provincial cohort. The annual survey was implemented in June 2017 with n=25 responses (17 from Leadership Team and 8 from the Executive Team from a total of 36 possible respondents) with a response rate of 69%. Note that five responses were incomplete and as a result unable to be counted in the regional and provincial aggregate.

### **D. MPOC Survey**

The MPOC-20 is a research-validated instrument used in a wide variety of settings to evaluate aspects of family centred care as assessed by parents with children and youth receiving support services (King, Rosenbaum & King, 1995). As family centred practice is a value of Calgary and Area RCSD, this measure was deemed appropriate for providing information that will allow continued improvement of family centred practices across Calgary and Area RCSD partner systems.

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<sup>12</sup> Bounding the network involves identifying the organizations to be invited to complete the survey.

The survey questionnaire included was compiled from the MPOC-20 instrument (dividing among the five domains of the survey) and includes demographic and open-ended questions identified by Calgary and Area RCSD Accountability and Assurance Committee. This was the second administration of the survey (W1 was in 2015) and as in W1, the survey was delivered using online survey software (November 6 – December 7, 2018). Service providers were given the link to disseminate to the parents of child(ren) and/or youth to whom they provide services. There was no exclusion to participation; the goal was to include parents, caregivers and guardians whose child/youth received supports and services through all partner sectors of Calgary and Area RCSD. However, service providers were able to exercise professional judgment in the administration of the survey (e.g., if a family was in an immediate crisis the service provider was not expected to give them the survey link).

### **E. EQ 5DY**

Developed and validated by EuroQol, the EQ-5D-Y is a child-friendly version of the original EQ-5D tool that describes health status in five dimensions: mobility, self-care, usual activities, pain/discomfort, and anxiety/depression. Each dimension has three levels: no problems, some problems, and extreme problems. The respondent is asked to indicate their health state under each dimension. Respondents are also asked to indicate their overall health state by selecting a number between 0-100 where the end points are labeled as the worst imaginable health state (0) and the best imaginable health state (100). At this time, EuroQol has not published population norms on the EQ-5D-Y.

The EQ5DY was put into field in the month of November and the online survey closed on December 7, 2018. The survey link was provided to RCSD service providers for implementation on one work day during the week of International Children's Day (November 20th). The service providers provided the link to children and youth, ages 8 -18, and offered the option to assist in completing the survey. Overall, 45 respondents completed the survey either online or on paper (that was uploaded to the online software, on their behalf).

The intent of the data collection was not to assess normality to a population, but rather to take a snapshot of the health status of the children and youth served by the Calgary and Area RCSD, and to be an exploratory first step in developing a mechanism for gathering input directly from children and youth.

### **F. Frontline Service Provider Survey**

This survey was designed in alignment with Calgary and Area RCSD's *Service Delivery Rubric*, which has six sections: 1) Partnering with Children, Youth and Families; 2) Collaborating and Sharing Information; 3) Integrating Service Delivery; 4) Providing a Continuum of Supports and Services; 5) Promoting Innovation and Evidence Informed Practice; and, 6) Building Capacity. This survey, therefore, is structured in 6 sections.

The instrument was in field for three weeks in November/ December 2017 and we used a snowball effect for garnering responses. The link to the survey was distributed among potential participants at: a Calgary and Area RCSD Imagine That! learning event; on the network's website; through the Executive and Leadership Team contacts; and, by word of mouth. Overall, 194 responses were recorded on the online survey tool; after data cleaning, 178 full completions were recorded and serve as the n value for this survey. Note that this application of the survey represents wave 1 data for the network.



### **G. RCSD Program Data**

The data for this report covers the period of 2016 – 2019 and is reported in aggregate. The following data was reviewed for this report:

- COPE Annual Reports (2016-2017; 2017 – 2018)
- Complex Needs Annual Review (Annual complex Needs Review 2018-2019; Summary Report for Goal Attainment 2017-2018; Caseload Overview 2016-2017)
- CONeX (CONeX Systems Feedback Summary 2018 Extended Version; CONeX Systems Feedback Summary 2018; RVDS CONeX Evaluation 2017-2018)
- Student Threat Assessment (Calgary Threat Assessment Workshop Report 2018)
- Imagine That! (Summary Reports 2014, 2015, 2016, 2017, 2018)
- Joint Development Day Proceedings (2016, 2017, 2018)
- School Based Mental Health (2016-2017 Stats Report; 2017-2018 Stats Report)
- Annual Reports (2016-2017; 2017-2018)
- Leadership Presentation Summaries (Summary Collaborative Work Resulting in Positive Change)
- Leadership Meeting Quality (Aggregated data Dec 2017 – February 2019)
- Mental Health Transition Specialist (Final MHTS Report 2019 01)

## **Qualitative Data**

### **H. Elite Level Key Informant Interviews (KIIIs)**

KIIIs were conducted with Executive and Leadership Team respondents to probe areas of strength and challenge that emerged in the Wave 2 Wilder findings. To that end, the Accountability and Assurance Committee purposively selected 13 individuals. Of these, 11 agreed to complete a telephone interview (30-45 minute) with a Catalyst team member.

The respondents were asked questions to illuminate the meaning of the Wilder data, and to offer recommendations for addressing barriers and challenges identified.

### **I. Parent Focus Group**

A focus group was planned for the purpose of probing the key findings derived from the quantitative data provided by the MPOC Survey. Successes and challenges were addressed by the focus group guide questions, which were aligned with the five domains of the survey

Focus group recruitment was through the online MPOC survey, whereby a question was inserted at the end of the survey asking if respondents would be interested in participating in a focus group; n=30 respondents indicated willingness to participate. Email and telephone recruitment of the respondents resulted in a single focus group of 10 recruited participants, held in February 2019. Two participants were unable to attend and provided their answers in writing; eight participants attended the focus group in person. Catalyst evaluators conducted the focus group discussion, which lasted about 90 minutes.

### **J. Frontline Service Provider Focus Group**

Following analysis of the Frontline Service Provider Survey, two focus groups were held in January 2018, with purposively selected frontline providers (by Leadership Team), to probe on areas of interest arising from the survey data. There were n=12 participants for each group, equaling a total of 24 respondents, representing a 100% response rate to our recruitment. This data was summarized in aggregate and the draft report was sent to the focus group participants for validation.

## Evaluation Strengths and Limitations:

### Strengths

**Several methods and mechanisms were used to enrich the data collection process** and increase confidence in the overall results. These included:

- Calgary and Area RCSD Accountability and Assurance Committee oversees the evaluation process and is inclusive of key stakeholders to this work, including members of the Secretariat. This group has approved all measures used for data capture, contributed to all evaluation documents and plays an important role in results analysis and mobilization.
- An Evaluation Plan (2017) was created at the outset; therefore, systems to collect the necessary data were built into the advancement of the evaluation strategy, including discussions on how to utilize learning contained in this outcome report.
- The use of multiple lines of evidence in order to triangulate findings and increase the reliability of the analysis.
- Accessing multiple stakeholders from distinct groups (e.g., Calgary and Area RCSD decision-makers, service providers, parents, youth).
- Testing the use of EQ5DY, a validated functional health status tool, to capture youth self-reported perceptions of health and understand the network's contribution to stated outcomes.
- The use of Wave 2 data capture to assess trends developing over the longer term of Calgary and Area RCSD implementation.

### Limitations

**There were also some limitations associated with the implementation** of the methods described above. These included:

- Potential for a respondent bias in the focus groups (service providers and parents), as participants self-selected for the opportunity to discuss key findings. However, while this bias is noted, the data is useful, especially when triangulated with other lines of evidence and the qualitative data is brought in to perspective.
- Lower than hoped for MPOC respondents for the W2 survey. This may be due in part to the timing of the survey in field (in the fall for W2, as opposed to the spring for W1).
- Low responses to the EQ5DY Survey (W1) limit the utility of the data. This was Calgary and Area RCSD's first attempt to collect data from youth and the implementation process resulted in key learning relevant to W2 data capture. There is utility in sharing the process and results with selected service providers, to strategize what could be done to increase numbers for W2.

**Catalyst believes that these limitations do not affect** the value of the evidence provided in this outcome report. There is a rich array of useful information here to assist network learning and decision-making. The data is showing trends towards the importance of Calgary and Area RCSD's contribution to the outcomes articulated, to the benefit of the children, youth and families who are the direct beneficiaries of the work.



