



Calgary and Area Regional Collaborative Service Delivery Outcome Evaluation TECHNICAL Report April, 2019

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Table of Contents

Introduction	3
Wilder Survey, Elite Level Key Informant Interviews and Provincial Survey	4
Partner Survey	35
MPOC Survey and Parent Focus Group	97
EQ 5DY	133
RCSD Program Data	138
Frontline Service Provider Survey and Focus Groups	139

Recommended citation format:
Calgary and Area Regional Collaborative Service Delivery. *Outcome Evaluation Technical Report*.
Calgary, AB., April, 2019.

Introduction

The 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).

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.

The five dimensions of network activity were analyzed using the relevant lines of evidence, as described in the table, below. Each line of evidence is provided in the data presented following the table.

Use of data collection methods by dimension

Dimension	A.	B.	C.	D.	E.	F.	G.	H.	I.	J.
	Wilder Survey	PARTNER Survey	Prov RCSD Survey	MPOC Survey	EQ5DY	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							*	*		

Wilder Survey, Elite Level Key Informant Interviews and Provincial Survey

1. Introduction and Overview

This report contains the results of three lines of evidence on matters of capacity to collaborate:

- Wilder Collaboration Factors Inventory - Wave 1 (2014) and Wave 2 (2017)
- Key Informant Interviews (KIIs) in early 2018
- Provincial RCSD Executive and Leadership Team Collaboration Survey - Wave 2 (2017)

Section 2 includes a description of the Wilder tool and a summary of data gathered. The Key Informant Interview process is outlined in **Section 3**.

In **Section 4**, the Wilder Wave 2 data and KII data (probing key issues identified through Wilder data) are integrated. The 11 interviewees carefully considered the questions and generously gave their time to present their interpretations of the data, collaborative dynamics and recommendations to consider.

Section 5 of this report provides three types of recommendations:

- A. The collection of all recommendations provided by interviewees;
- B. Recommendations for using this report; and
- C. Recommendations for evaluation in the future.

2. Wilder Collaboration Factors Inventory: Description and Summary

A. Description

The Wilder Collaboration Factors Inventory (Wilder) is a reliable, validated tool for assessing collaboration, based on twenty factors:

1. History of Collaboration or Cooperation in the Community;
2. Collaborative Group Seen as Legitimate Leader in the Community;
3. Favorable Political and Social Climate;
4. Mutual Respect, Understanding, and Trust;
5. Appropriate Cross Section of Members;
6. Members See Collaboration As in Their Self-Interest;
7. Ability to Compromise;
8. Members Share a Stake in Both Process and Outcome;
9. Multiple Layers of Participation;
10. Flexibility;
11. Development of Clear Roles and Policy Guidelines;
12. Adaptability;
13. Appropriate Pace of Development;
14. Open and Frequent Communication;
15. Established Informal Relationships and Communication Links;
16. Concrete, Attainable Goals and Objectives;

- 17. Shared Vision;
- 18. Unique Purpose;
- 19. Sufficient Funds, Staff, Materials and Time; and,
- 20. Skilled Leadership.

Wave 1 [W1] of the Wilder tool was implemented in 2014. Wave 2 (W2) was administered by online survey to members of the Executive and Leadership Teams (n=31). A total of 24 respondents completed the survey, resulting in a response rate of 77%. The survey was uploaded, managed and analyzed by Catalyst Research and Development Inc. The results have been combined to represent all 24 participants for anonymity and data strength purposes.

B. Wilder Summary of Results (Wave 2)

The Wilder results by factor are in Table 1 below. Items with less than 60% agreement are highlighted. Please see Appendix B for the Wilder Factors assessed using the Wilder analysis categories.

Table 1. Summary of Wave 2 Data by Factor

Factor	Average % Agreement (Agree + Strongly Agree)
History of Collaboration or Cooperation in the Community	86
Collaborative Group Seen as Legitimate Leader in the Community	62
Favorable Political and Social Climate	77
Mutual Respect, Understanding, and Trust	51
Appropriate Cross Section of Members	77
Members See Collaboration As in Their Self-Interest	92
Ability to Compromise	54
Members Share a Stake in Both Process and Outcome	64
Multiple Layers of Participation	56
Flexibility	58
Development of Clear Roles and Policy Guidelines	65
Adaptability	86
Appropriate Pace of Development	63
Open and Frequent Communication	77
Established Informal Relationships and Communication Links	86
Concrete, Attainable Goals and Objectives	88
Shared Vision	75
Unique Purpose	77
Sufficient Funds, Staff, Materials and Time	40
Skilled Leadership	91

The Wave 2 and Wave 1 data (2014) are compared in Appendix B. However, note that Wave 1 was collected with a larger group that included the Executive and Leadership teams, sub-committee members and Secretariat staff. The W1 analysis utilized the online Wilder data collection form. As a result, the data was collected and scored through the Wilder website and raw data is unavailable to be accessed. This data nuance limits the comparability of responses to aggregately coded scores on the factors as opposed to the Wave 2 data from 2017 that can be manipulated. The Wave 2 data is more comprehensive than the Wave 1 data, and thus comparisons occur at the end of the report.

In Section 4, the Wilder results are presented by factors and questions, and integrated with KII data.

Finally, for this report we have provided an additional comparison of the W2 Wilder data to the 2016 – 2017 Provincial RCSD Collaboration Survey that was in field in May 2017. Both the Executive and Leadership teams responded to the surveys (note: they were administered to both groups under separate titles). We have included this comparison to facilitate understanding of the growing capacity to collaborate among the Calgary and Area RCSD network’s decision-makers. This report is located in Appendix B.

3. Key Informant Interviews: Description

As noted above, the KIIs 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 an interview (30-45 minute) with a Catalyst team member.

The respondents were asked eight questions to illuminate the meaning of the Wilder data, and to offer recommendations for addressing barriers and challenges identified. The data were organized by theme and reported using the following qualifiers:

- No/None: no individual identified the particular issue.
- Few/Very Few: less than one-tenth of the individuals have expressed a particular opinion.
- Some: one-tenth to one-third of individuals 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.
- Majority: more than three-quarters, but not all, interviewees were of the same opinion and/or held similar perceptions regarding an issue or topic.
- Almost All: all but one or two individuals expressed a particular opinion.
- All: reflects consensus. All interviewees expressed the same view or opinion.

In the section that follows, the KII findings are presented after the Wilder data from which the KII questions arose. The final section includes a summary of the recommendations provided by interviewees.

4. Results: Wilder and Key Informant Interviews Integrated

A. Core Strengths

The key informant interview began with the introductory question below, which focused on core strengths:

Q1. Overall the Wilder data shows Calgary and Area RCSD is excelling (achieved an agreement score of 85% or higher) in the areas of: Skilled Leadership (91%); Concrete, Attainable Goals and Objectives (88%); Relationships and Communication Links (86%); Adaptability (86%); and, History of Collaboration and Cooperation (86%). **What do you identify as the network’s core strengths that promote its effectiveness and efficiency?**

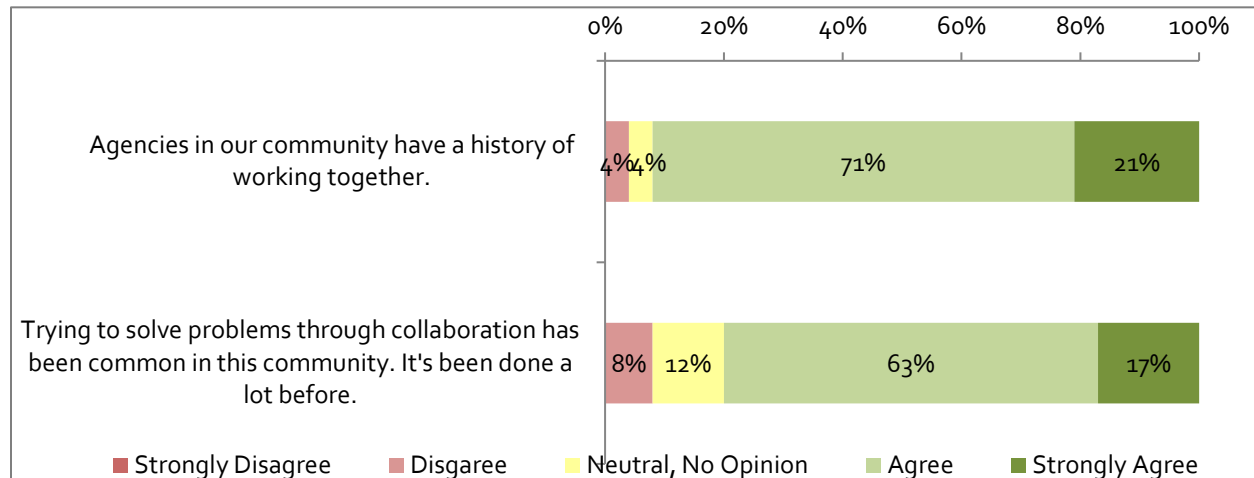
The five core strengths below were each supported by several interviewees.

Table 2. Core Strengths

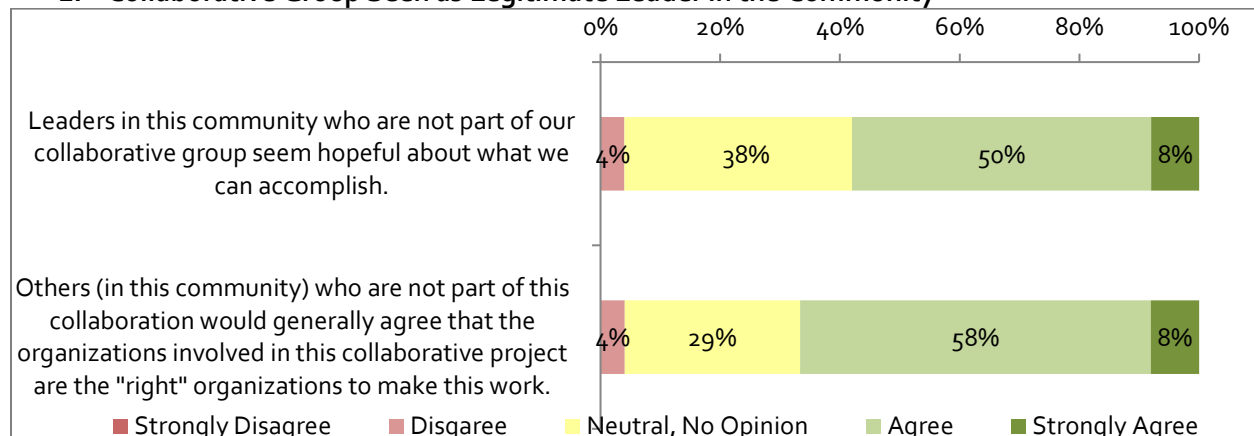
Theme	Description
1. Impressive individuals	Respondents used the following terms to describe the team members: - Committed to their work, and to advocating for Children, Youth and Families - Impressive individuals - Highly skilled, good leaders. - Leaders - at level to have an impact. - Experts - knowledgeable about their organizations and sectors. - Professional – they know what to do and how, and are confident and courageous. - Highly engaged - ready to collaborate and courageous for the most part.
2. Common vision for children, youth and families	“Members have, as a common vision – that children, youth and families would achieve their potentials.” “Putting children and youth first is key. As long as the teams continue to do that, we’ll be successful.”
3. Network structure and processes	It engaged each sector and gained high commitment from each organization. “We invested in establishing Calgary and Area RCSD foundations:” articulating and documenting goals and objectives, and rubrics; aligning, referencing, approving. The RCSD is not expert driven.
4. Challenging conversations	“Some conversations are rocky, but we have them and get (common) understanding.” “We gained ability to have difficult conversations and, sometimes, we find solutions. (The discussions) are difficult but we maintain respect and trust in order to have them.”
5. Network Secretariat	“Phenomenal individuals and teams with the knowledge and skills needed.” Good “engagers and relationship builders.” “They understand power and politics of dealing with both small and big players.” “They hold things together and keep us on task/course.”

B. Wilder Factors 1-6: Toward an Environment of Respect, Understanding and Trust

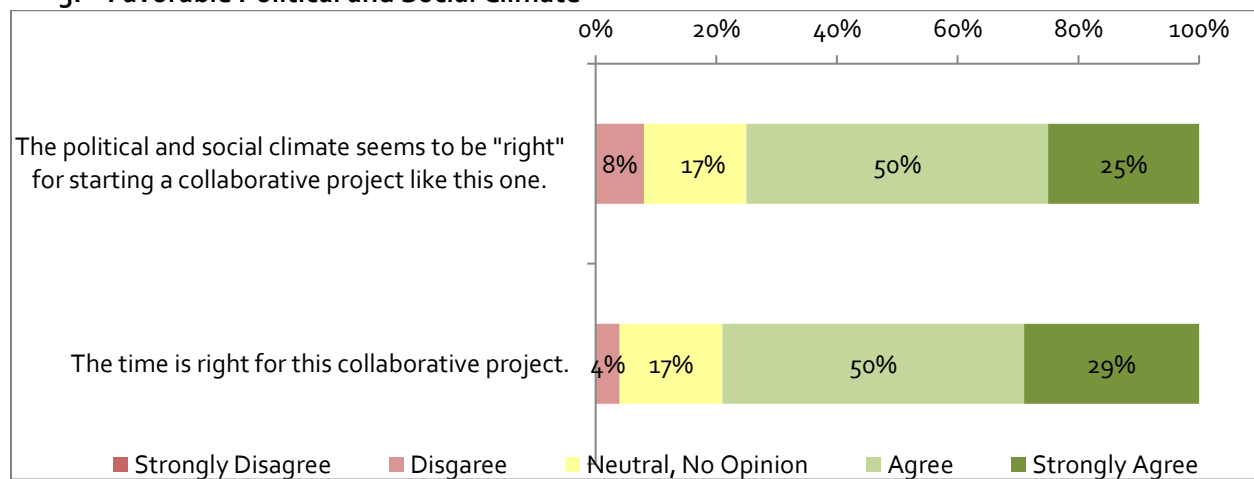
1. History of Collaboration or Cooperation in the Community



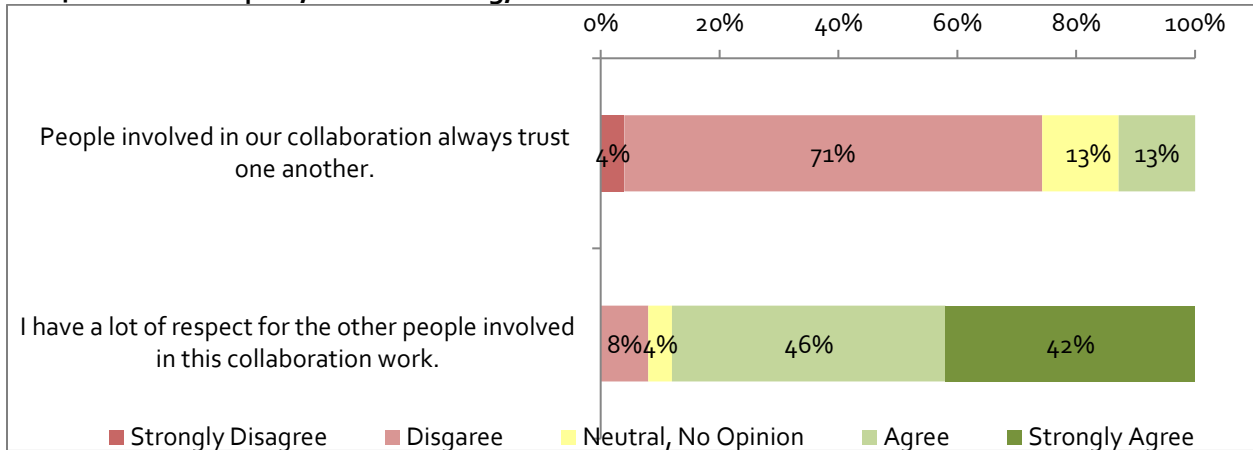
2. Collaborative Group Seen as Legitimate Leader in the Community



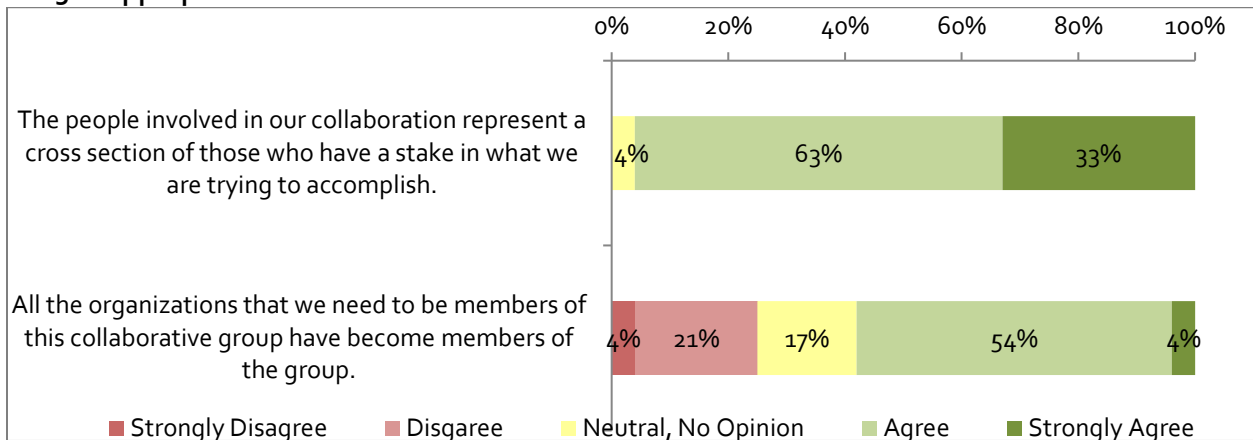
3. Favorable Political and Social Climate



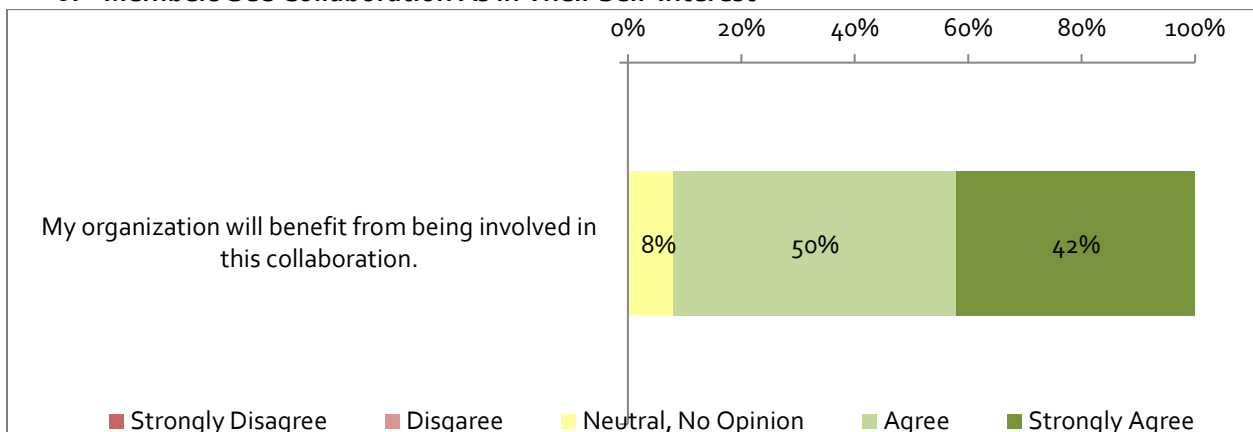
4. Mutual Respect, Understanding, and Trust



5. Appropriate Cross Section of Members



6. Members See Collaboration As in Their Self-Interest



Q2. Although respondents strongly affirmed that 'collaboration is in their self-interest' (92% agreement), the data indicates the factor of 'Mutual Respect, Understanding and Trust' is a challenging area, garnering 51% agreement in Wave 2 data and showing a marginal decrease from Wave 1 data. **What do you see as**

the core challenges to creating an environment of respect, understanding and trust? How could these challenges be mitigated? In your role on Executive or Leadership, what could you do to help the partnership improve in this area?

Response to Q2:

Several respondents said they did not observe this as a significant challenge and noted the 50/50 pattern in this and other questions. They thought it might reflect differing factors and dynamics in the Leadership and Executive teams and/or be based in individuals rather than systems and structures. Several noted that Co-chairs were improving processes. Many indicated that there had been progress, saying they were “on the brink of having trust” or “80% of the way there” or “finding more solutions people can live with.” The challenges and recommendations below were each supported by several.

Table 3. Core Challenges

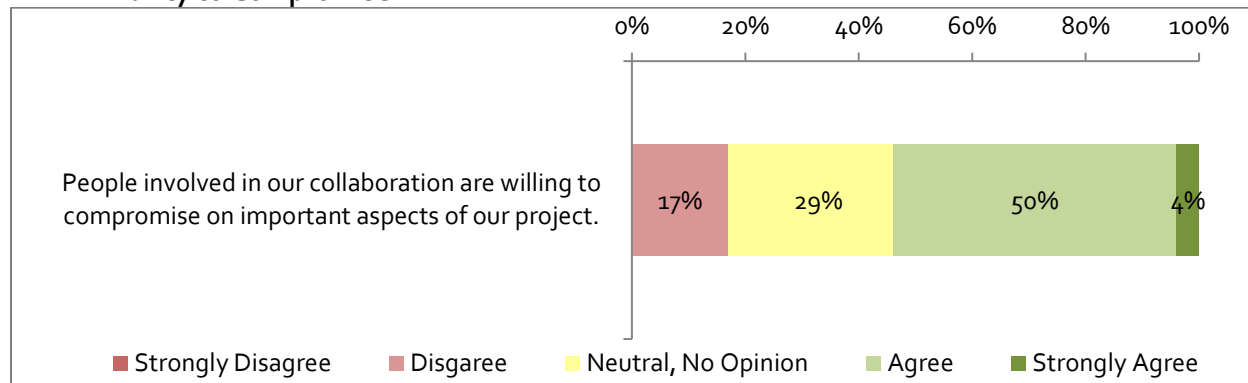
Core Challenge	Description
1. Calgary and Area RCSD Funding Model I.e., allocated to School Divisions (SD) (per capita, with formula)	Resources provided were insufficient, but the move to population-based funding compounded the shortfall. The RCSD and funding structure could work but is currently causing problems. “Funding becomes ‘SD money’ so they decide how to spend it with (little) discussion.” This challenges the RCSD concept and collaboration and might be blurring our focus on beneficiaries (Children, Youth and Families [CY&F]). “It makes conversations difficult and some solutions lead to hard feelings.”
2. Balancing interests: organization with collective	Some are not fully invested in the (collaborative) process. “We wear two hats at the RCSD: 1) organizational - achieving our unique outcomes, by our action and by collaborating with others; and, 2) collective - achieving population goals together.” Core (obligation) to (one’s own) organization outweighs benefits of collaboration. “Where there is money there is always higher organization self-interest” (vs deciding on what is best for CY&F). “Some are entrenched in their view and not willing to give (on their organization’s interests) if the status quo is beneficial.”
3. Conflict management skills, attitudes	Caused mostly by above. Everyone comes with codes of conduct around respect. People go to the network manager, rather than directly to the other party. Some dominant personalities are challenging. Decisions get handed down sometime – hierarchy gets in the way of collaboration.
4. Listening	Systems and services are sometime set in place without hearing from the implementers, which allows problems that could have been prevented. Members of each team feel that some members do not listen well, so do not understand the issues from others’ perspectives.
5. Complexities	Increasingly complexities on many fronts: kids and families; school contexts (Catholic, Public, Charter, Private, urban and rural); space, logistics and distances; changes in ministries; transitions to services that don’t exist; the travel ban (so cannot get to meetings or provide services).
6. Problem resolution and reaching consensus	We have had tough, honest conversations at meetings, but it’s not clear when consensus is reached and we can move on. For example, does each partner have a veto? E.g., One partner raises a concern, which seems to be dealt with. But then the topic appears again on next agenda with different rules and conversation.

Table 4. Recommendations to Core Challenges

Recommendation	Description
<p>1. Reinforce the focus on CY&F, and appreciate partners and collaboration</p>	<p>About any decision, ask “Is this the best for CY&F?”</p> <p>Regularly, frequently remind ourselves of our RCSD guiding principles</p> <ul style="list-style-type: none"> - Every member is valued, so respect is non-negotiable - Disagreements must be respectful – so work it out - Distinguish between individuals (who are very worthy of respect) and portfolios - Understand the other and their perspective is key - We’re the role models for others in the organization <p>“Hold one’s organizational mandate lower (more loosely), and the collective (RCSD) mandate higher (more tightly).”</p> <p>Take time for processing if people feel uncomfortable. Perhaps use a signal to pause “We’re not comfortable with that, so let’s talk about it.”</p> <p>“Reinforcing (focus) may help the Leadership Team more than the Executive Team.”</p>
<p>2. Examine and change the funding model</p>	<p>Ask “how is our funding model affecting collaboration?”</p> <p>Address the frustration, starting at provincial level (as they need to endorse it).</p> <p>“Rethink purpose and approach. Map the needs for Indigenous partners, too.”</p> <p>“Help those who control funds see how they ‘win more’ by allowing others to win.”</p> <p>Examine other models for funding collaborative initiatives, and see what could be helpful (e.g., Edmonton RCSD, other collaboratives in Alberta and elsewhere).</p>
<p>3. Build conflict management skills, attitudes, processes</p>	<p>A facilitated workshop can create a safer environment.</p> <p>Use evaluation data to start discussion.</p> <p>“Help people appreciate and value collaboration, and understand the benefits.”</p> <p>Acknowledge conflict, blind spots, assumptions, and create strategies to address them.</p> <p>When conflict arises, go first to the individual (rather than Secretariat). If that does not work, then go to manager and discuss how to discuss with the other.</p> <p>Begin building skills with the Leadership Team, as challenges they face may result in more conflict.</p>
<p>4. Use creativity and language</p>	<p>Acknowledge the difficulty of wearing both organizational and collective hat at once. How can one really make that work in practice?</p> <p>Learn to think and work differently to leverage our small resources.</p> <p>Language – “(Talk as though) we are on a journey together, rather than in a battle.”</p> <p>“Shift from talking about outcomes for ‘students’ to outcomes for ‘children, youth & families’.”</p>
<p>5. Build understanding and appreciation for diverse organizations</p>	<p>Understand that different organizations work differently, and face different pressures, politics and complexities. Approaches that work for one don’t necessarily work for others. E.g., Education differs from AHS, from large school districts and from small ones, and urban from rural.</p> <p>Acknowledge (historic) tensions: school districts vs. others, small vs. large districts.</p> <p>Understand collaboration and appreciate the value of partnering.</p> <p>Create an environment where we can be more honest and have frank discussions.</p> <p>Try to de-emphasize individual organizations, and imagine how it works with many.</p> <p>Remember the budget cycle. Getting processes right takes time.</p>
<p>6. Transparency processes</p>	<p>Track process and rationale to address the perception that side conversations may be more important than decisions made at a meeting.</p>

C. Wilder Factor 7: Ability to Compromise

1. Ability to Compromise



Q3. The data shows challenges in the network's 'Ability to Comprise' on important aspects of your work together (54% agreement), *although it does show a slight increase over the Wave 1 assessment.*

What are the factors that limit capacity to compromise? What could the partnership do to improve in this area?

Responses to Q3

Most respondents noted that this is closely related to the question before (re: Mutual respect, understanding and trust) so comments made there apply here as well. Each factor and recommendation theme below was noted by several, and comments condensed as follows.

Table 5. Factors that Limit Capacity to Compromise

Factor	Description
1. Ability to compromise	Budgets and organizational policies limit individual's ability to compromise. Need to have fundamental belief that working together can benefit CY&F. "(We) need permission or authority to compromise so things move forward. If we don't have that, we can't compromise, so we need to get that first." Individuals may not see/feel benefit, so are less inclined to compromise.
2. Controlling limited resources	"It's about Institutional self-interest, and pressure not to lose money." Individuals have needs to control, so feel unable to let go and risk a larger benefit. Sometime a partner wants to do it on their own, so does not engage others. All members represent their bosses and hierarchy, have to answer to them and align with them, so have to get their "fair share" of resources.
3. Underlying assumptions	Large, well established organizations may come with established cultures and pre-conceived notions. May feel they are coming to give something, rather than build something together. Some may bring resentment (perhaps community resentment).
4. Missing critical discussion	Funding is too often allocated, and services altered, without much interaction. "We are spread quite thin and, due mostly to time demands, we don't get into the deeper conversations that are needed". As a result, the holder of the resource can't always hear partners' ideas to benefit from them. Opportunities to build relationships and create new solutions together are also missed.

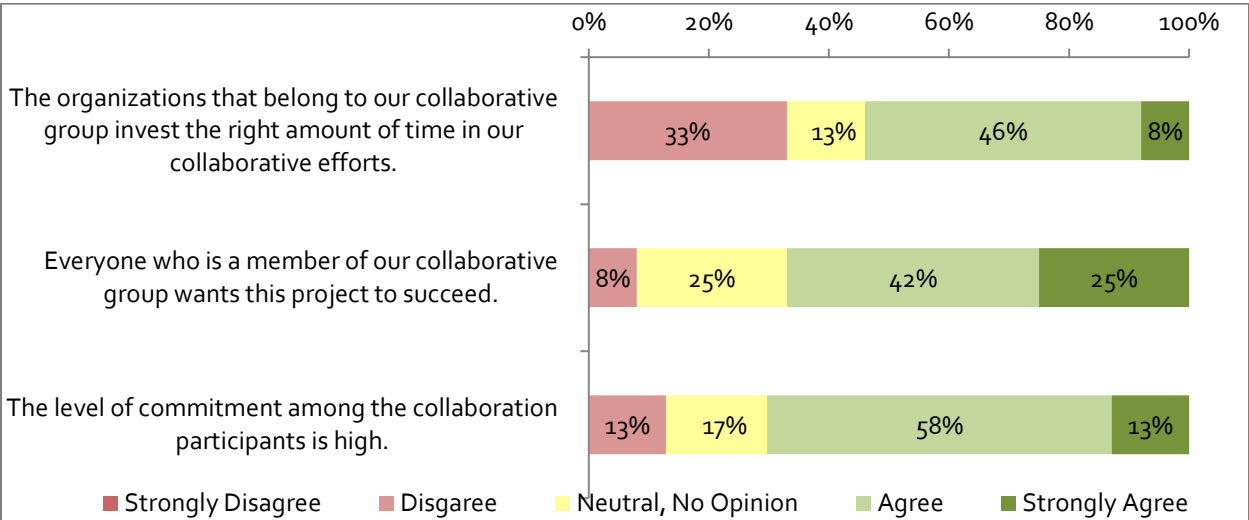
Factor	Description
5. Understanding one another	"It's too easy to assume we understand other groups. We need to examine that." With the high turnover in the team, we need opportunities for people to learn. E.g., Could we share "5 most important things to know about (X group) I represent" or "5 things to know about our (special needs operations)"?

Table 6. Recommendations to Mitigate Limitations

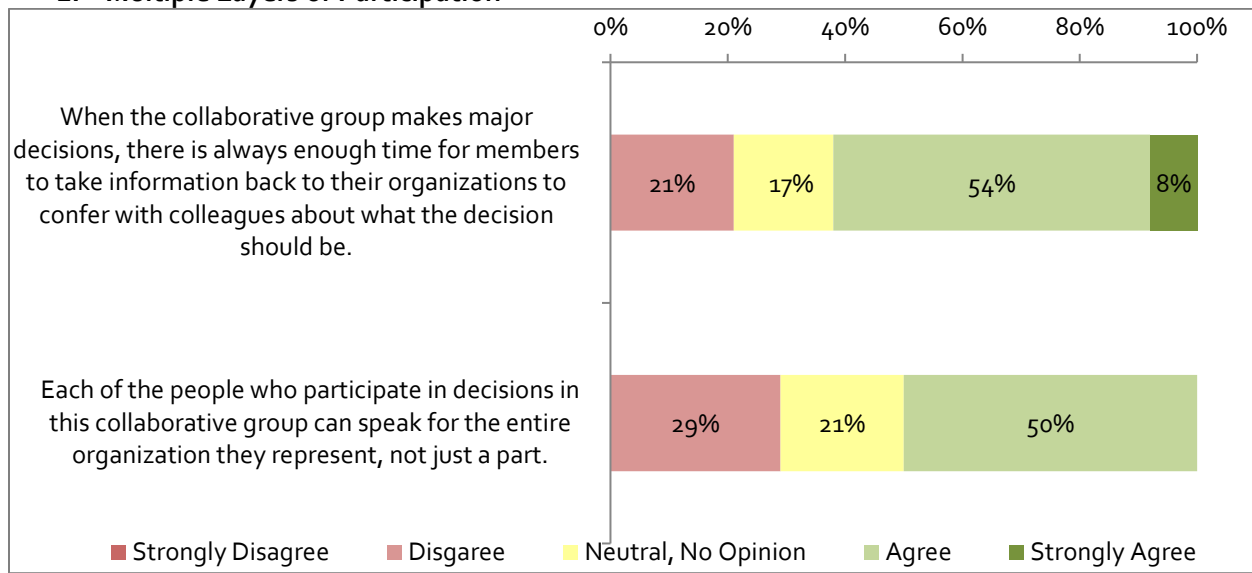
Theme	Description
1. Full discussion for creative solutions	Everyone needs to have an equal voice, feel heard, that they make a difference. "We can overcome many challenges by creative solutions (e.g., collaborate but meet primary obligation to organization). Let's put kids and families first and be more creative to remove barriers to getting the job done."
2. Gaining permission	Particularly at Leadership Team, individuals may need more (direction, permission, freer rein) than their boss or the Executive team member can provide. Consider which barriers are real and which are imaginary. If the desire is to collaborate, and barriers are discovered, go back to the system. Determine who has positional authority to permit change, and elevate (e.g., to Asst. Deputy Minister, Superintendent) and say, "X is getting in the way. Can it be changed or softened?"
3. Help to feel the benefits	"It sometime isn't easy to see or feel the benefits of collaboration with everything that's going on." "Create ways to enable individuals to feel the benefits of compromise and collaboration, and drive it."

D. Wilder Factors 8 & 9: Ability to Engage and Speak

1. Members Have a Stake in Both Process and Outcome



2. Multiple Layers of Participation



Q4. The data indicates a lack of capacity of the members to speak for the 'entire organization they represent' (50% agreement). This factor *indicates a marginal decrease over the agreement score achieved in Wave 1 data.* **What do you think this means? What do you think would enable network members to speak for their organization in Calgary and Area RCSD decisions?** (Prompt: Are people with sufficient authority and knowledge representing their organizations? If not, how could this be changed to improve communication with systems about RCSD and its integration into processes?)

Response to Q4:

Several respondents noted that this question overlaps with other questions above, so comments made there should apply here as well. Several also noted that this question may apply more to members of the Leadership Team than Executive Team.

Several noted each factor and recommendation below. Comments were condensed as follows.

Table 7. Capacity to Speak for Organizations

Theme	Description
1. Leadership and Executive teams may differ	Most (all?) of the Executive Team can speak for their organizations and be supported. "Those in Leadership Team are the right people for operationalizing the work but may not have positional authority to make major shifts. They can use their position to surface issues and connect to the right person."
2. Role in RCSD & in organization	"It's unrealistic to expect any individual (except CEO) to speak for a large organization." For some, this network is only a fraction of their portfolios. They may not feel they have expertise to contribute.
3. Group dynamics	Some dominate conversations. Some ignore others' voices and keep bringing up issues until they get their way. These challenges could be addressed by the chair's management of the meeting. Some may be unaware they are speaking in acronyms all don't understand.

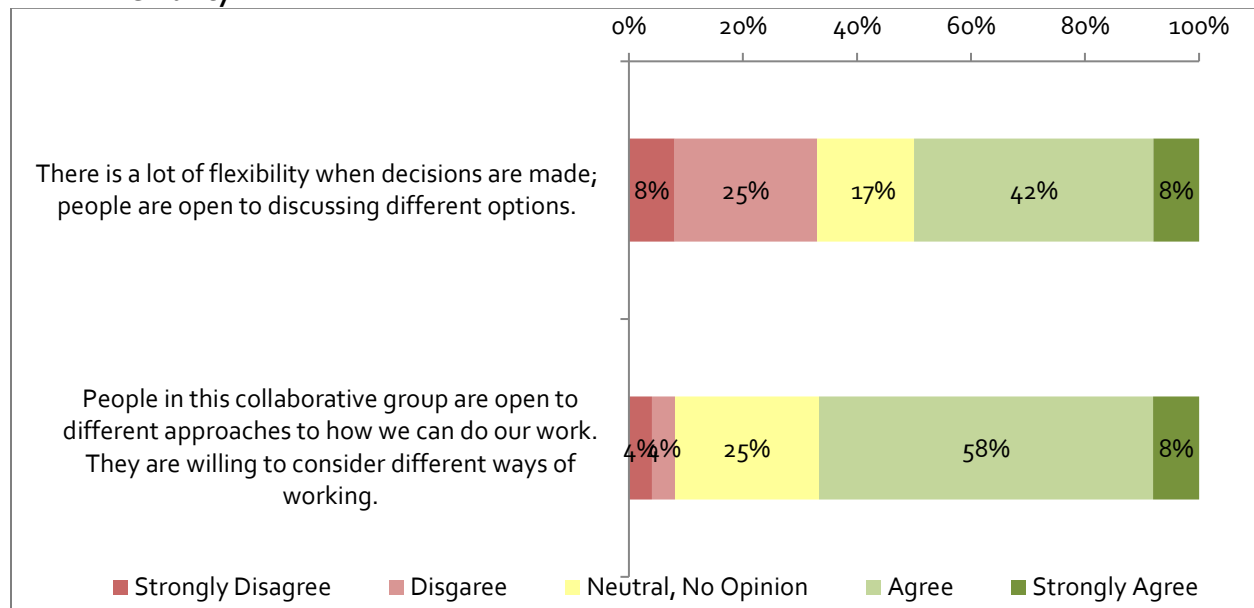
Theme	Description
	The team currently meets in one large group. Could divide into smaller groups for some items. As above, relationships are key – need trust, respect to speak up.

Table 8. Recommendations to Empower Speakers

Theme	Description
1. Creative solutions	Take time to be creative about addressing challenges in logistics of service delivery. E.g., Could creative thinking make car travel more efficient and reduce that budget?
2. Group dynamics in conversations	Several felt these could be addressed by the chair, and several felt an independent facilitator could be helpful on occasion.
3. Find ways to obtain authority	If members don't have appropriate level of authority, some options are as follows: <ul style="list-style-type: none"> - Request it be delegated to them (generally or for specific decisions) - Get it delegated for specific decisions. Analyze agenda, then come prepared - Send recommendation and request for authority to make decision while the matter is being discussed, in order to expedite the decision the RCSD takes (may work better for School Districts than for AHS).
4. Missing stakeholders	Some sectors with important stakes / interests in our work are missing: <ul style="list-style-type: none"> - Youth justice – representing young offenders - Family justice – have implications for families as well as children and youth - Indigenous organizations - Treaty rights - provincial and federal jurisdictions aren't agreeing on responsibility and this impacts our work "Create a mechanism for (the above) stakeholders to be engaged - even if only on a quarterly or semi-annual basis."
5. Measuring progress	We are very clear about what is important to measure. Most partners have established measures, reference points, and standards for outcomes for children and youth. We should agree on measures of progress, benchmarks, standards. Then apply these to different approaches, such as addressing C&Y mental health through family liaison workers and/or specialists.
6. Connect with highest level decision-makers	Several raised the idea of annually re-connecting highest level decision-makers (i.e., those with more authority than Executive Team members). They could discuss progress and challenges, and address barriers to collaboration.
7. Accept some limitations	We may need to accept some limitations and work around them. For example, it's great to have operations people in Leadership Team but, for decisions where representative doesn't have authority, decisions may be delayed while checking (to end of meeting or until next meeting) to get full support. Organizations are complex, with multiple levels, managers, cross-influences, etc. "It's due to system complexities, not a reflection on representatives on the team."

E. Wilder Factor 10: Flexibility and Open Discussions

1. Flexibility



Q5. Open discussions are important for collaboration, and one or two stakeholders must not control discussion. The network achieved an agreement score of 50% in the area of 'people are open to discuss different options' (*showing no improvement over Wave 1 data*). **What could the Executive and Leadership teams do to facilitate open discussion of options, leading to effective decision-making?**

Responses to Q5:

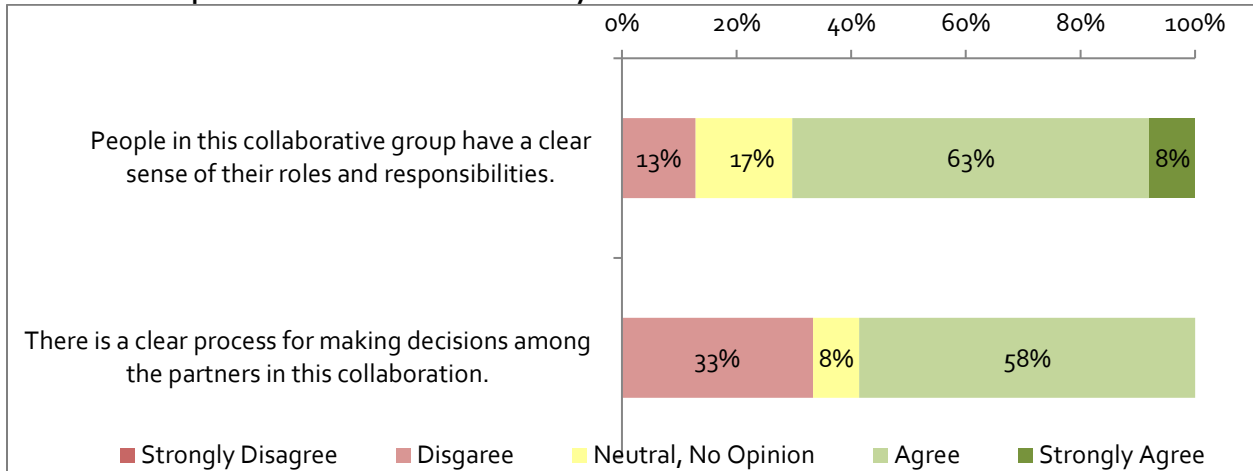
Most agreed this continues to be an important problem to address, and especially important for those who are new to the teams, new to their organizational role, perhaps having a diverse portfolio in a small organization, and less familiar with the issues. Most also noted that all representatives are skilled leaders, so familiar with positive meeting dynamics and can make this happen. Many already offered comments and recommendations about this topic and contributing factors in response to the questions above, so those should be included when thinking about this question.

Recommendations for establishing more open discussions are presented in the table below.

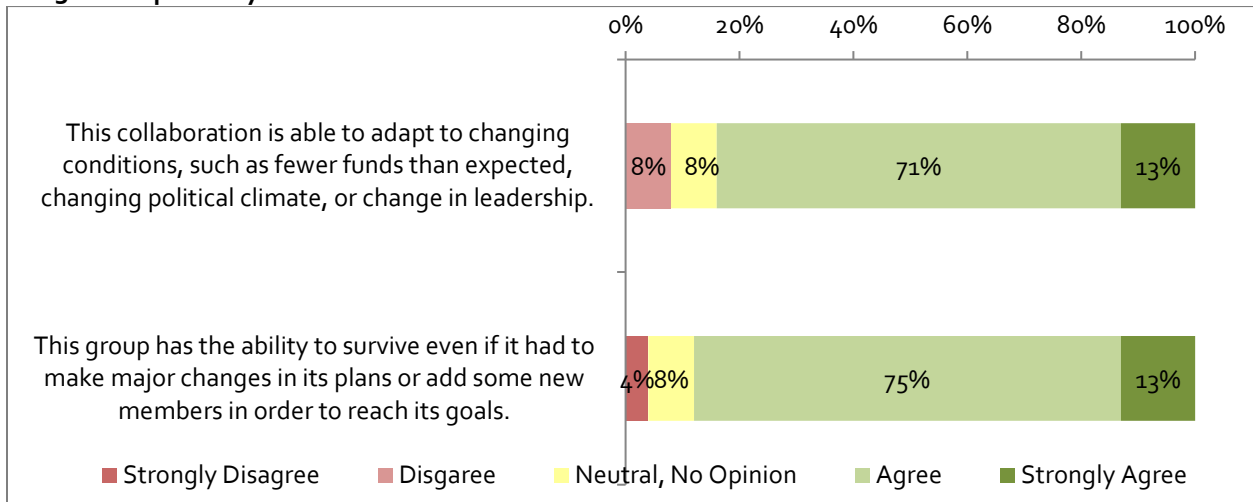
Table 9. Facilitating Open Discussions

Recommendation	Description
<p>1. Needs of groups and individuals</p>	<p>Some wondered if this challenge (having open discussions) was stronger in the leadership team.</p> <p>Some wondered about the impact of team composition. I.e.,</p> <ul style="list-style-type: none"> - about half school representatives, - about half other ministries, and minority representation from NGOs. <p>A few noted that service providers may have learned to be quite vocal. “As passionate advocates, they may feel that they need to be heard in more detail and more frequently to ‘market their idea’ effectively.” It’s also easy to get emotional about those who are suffering and falling through cracks.</p> <p>If we can enable people to relax about that, and meet these needs another way, we can free up meeting time, improve productivity and satisfaction.</p>
<p>2. Re-thinking agendas</p>	<p>Many commented that meetings have large agendas. “They are jam-packed agendas. They are very agenda driven with lots of items to get through, leaving little time for discussion.” Some items may not need to be on the agenda. They could be handled another way, perhaps in small groups, so meetings become more productive and engaging. For instance, if an agenda item only involves 3 or 4 members, those could get together, while others discuss something else.</p>
<p>3. Facilitation in meetings</p>	<p>Several noted that co-chairs might consider speaking less and ensuring that all are able to contribute somehow (e.g., via smaller group processes). Janice helps by asking a quiet person “What do you think?”</p> <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.” “Not everything needs to be discussed by everyone.”</p> <p>Some apps (e.g., Mentimeter) can help get all ideas up on the screen.</p> <p>Several noted Janice’s exercise on healthy processes as a good example.</p>
<p>4. Personal reflection on role</p>	<p>“We should be asking ourselves how we can help create openness, so all are free to share?” “We, as individuals, need to take responsibility to become active listeners, empathetic. We need to ask ourselves if we’ve become entrenched and default to superficial listening only, or if we’re trying to understand.” Some have developed a “standard view or script or role” that may no longer be functional.</p>

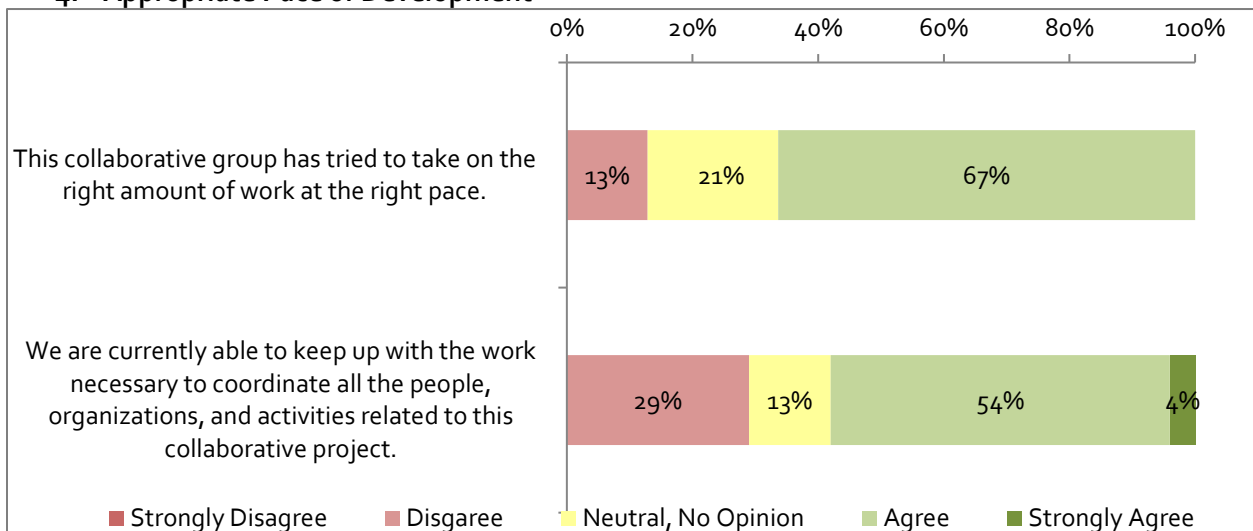
2. Development of Clear Roles and Policy Guidelines



3. Adaptability

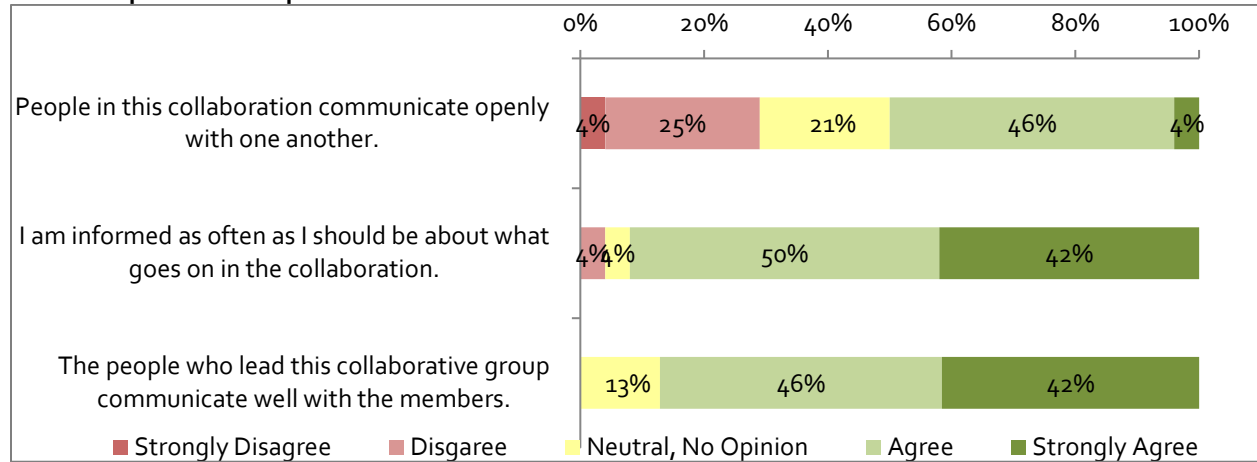


4. Appropriate Pace of Development

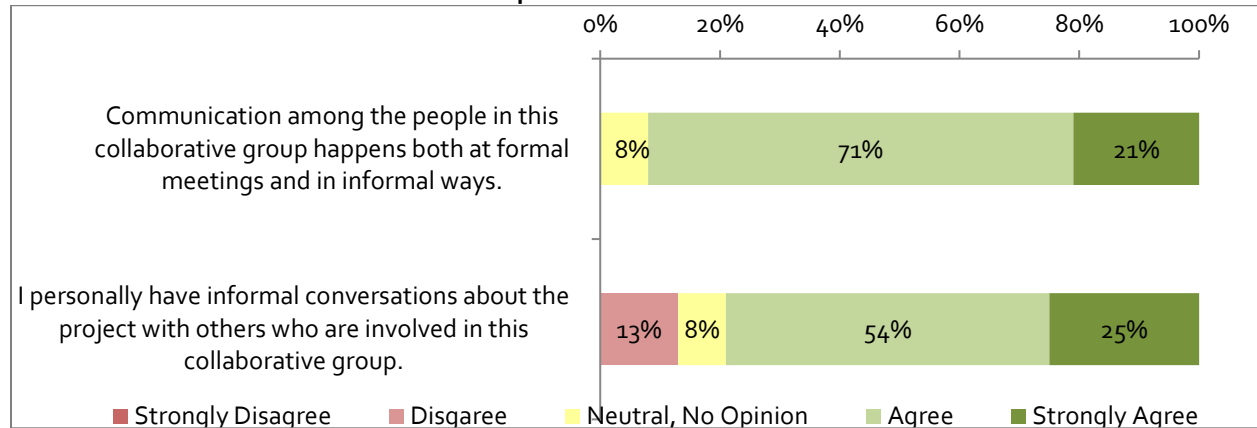


F. Wilder Factors 11-19: Relationships, Sense of Purpose, Resources & Best Actions

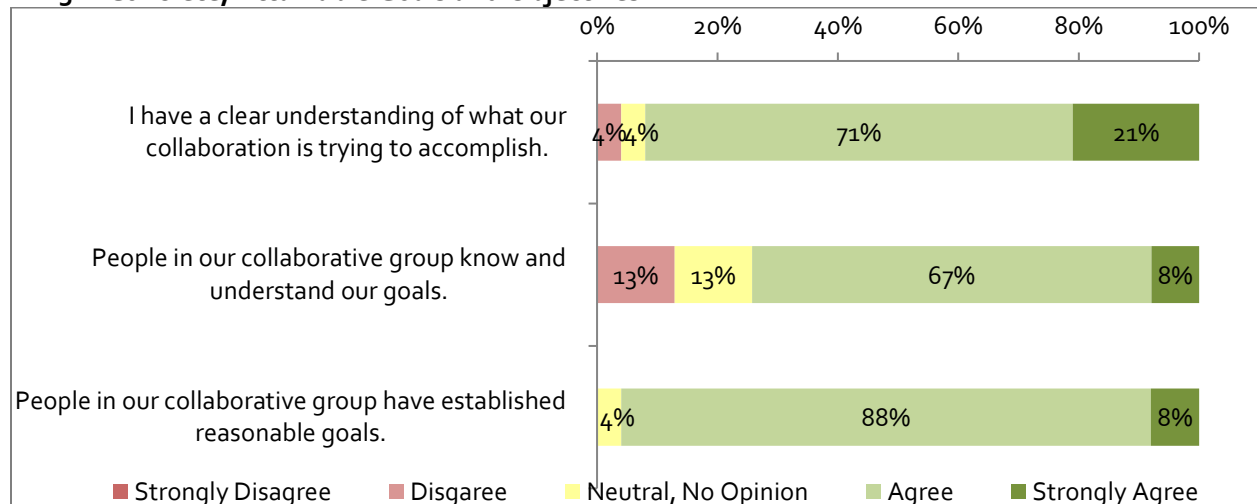
1. Open and Frequent Communication



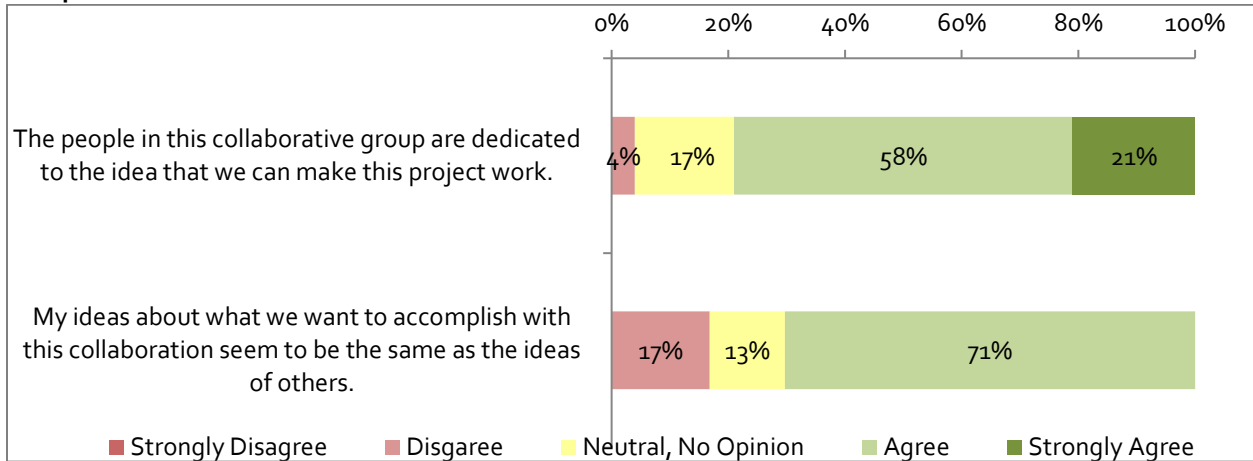
2. Established Informal Relationships and Communication Links



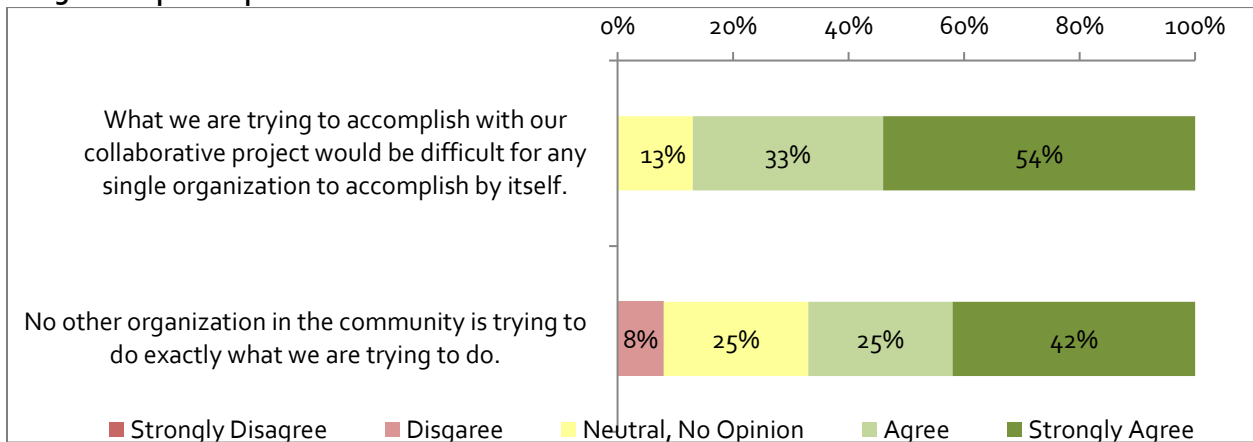
3. Concrete, Attainable Goals and Objectives



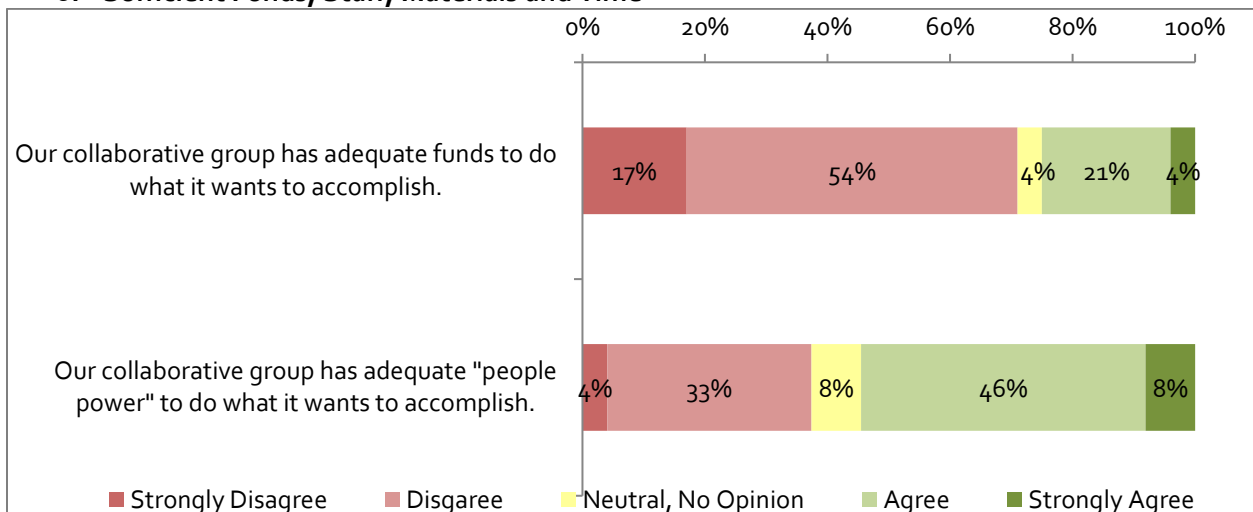
4. Shared Vision



5. Unique Purpose



6. Sufficient Funds, Staff, Materials and Time



Q6. Networks depend upon having sufficient funds and only 25% of respondents agreed that ‘our collaborative group has adequate funds to do what it wants to accomplish.’ Further, respondents agree only half (54%) of the human resources needed are available (*showing no improvement over Wave 1 data*). **Working with the resources available, what are the best actions that could be taken that will contribute to the network’s outcomes?** (Probe: How should the challenges in this area be addressed? Where are their opportunities to capitalize on the collaborative advantage?).

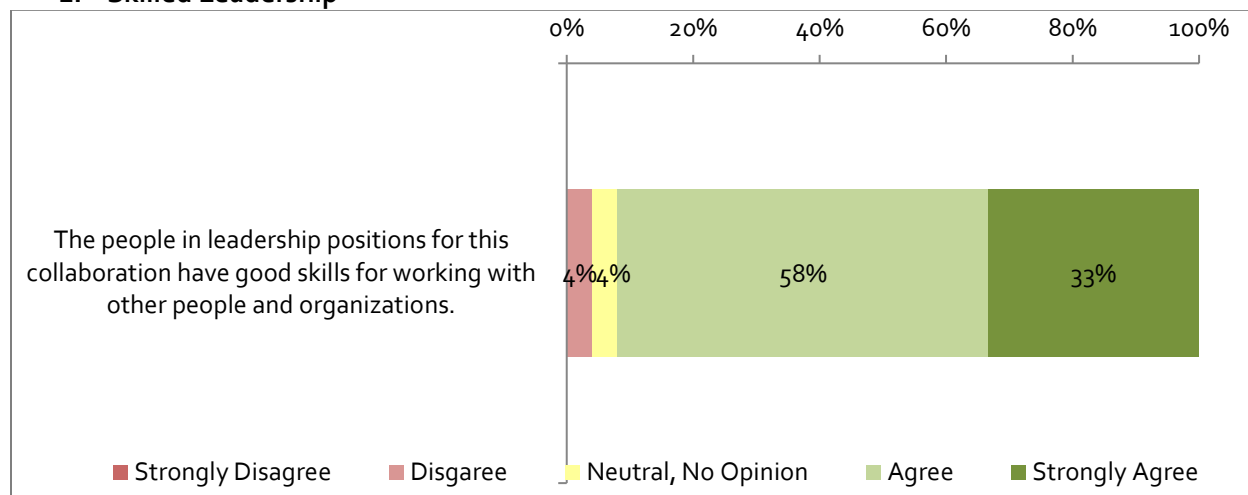
Responses to Q6:

Table 10. Best Actions with Resources Available

Solution	Description
<p>1. Use Creativity in Leveraging</p>	<p>“Every need of every child could be met if we would take time to be creative and work as partners.” Find concrete examples of leveraging resources – by other RCSDs or networks. Identify the inefficiencies (e.g., double workshops, long mileage, road time, others noted) and act on them. Take time to work together to create solutions so each partner gains and CY&F win. Incorporate creativity when partners discuss how best to use funds. “Remember our vision and mission, have courage, and do our best for CY&F.” “Let’s get futuristic. Imagine demographics of CY&F in 10 years, and plan for that now.”</p>
<p>2. Use data in planning and leveraging</p>	<p>We need to use data to inform plans – ours, other sectors’ and other RCSDs. “We have no data on connection between spending and outcomes. Is that difficult to generate?”</p>
<p>3. Each team has a role</p>	<p>“Hope is in problem solving by individuals (partners).” Resolve Leadership Team issues at that level; the Executive team should work out system issues. Improve meeting time efficiency and associated logistics. “Accessing meetings online works for similar discussions. Let’s start doing that.”</p>
<p>4. Advocate for more funds</p>	<p>“Even if we became 100% efficient, more funding would be needed, as there are more kids with more complex problems.” Need to put energy into demonstrating returns.</p>
<p>5. Continuous improvement of regional funding model and application</p>	<p>Many respondents noted the provincial funding model is stable but the regional application of it should be improved and made to work. “The (provincial) funding model and accountability structure are untouchable. What we have is stable, reliable and working.” “Making changes to big systems is costly in time, and uses energy that should go toward collaboration. There is no room for power and politics. So adjust the model we have; make it work so it realizes its potential.” “It may seem easier to chase new ideas, or get a new model, than to make commitments, cooperate, and improve what we have . . . but it will be incredibly difficult.”</p>

G. Wilder Factor 20: Leadership and Key Challenges and Opportunities

1. Skilled Leadership



The interview concluded with the following closing questions:

Q7. What do you see as the **key challenge or opportunity** for Calgary and Area RCSD in the next year?

Responses to Q7:

Many said that they have already discussed the challenges in relation to Questions 2-6 above, so see responses there

Table 11. Challenges to Consider

Theme	Description
1. Value partners and their ideas	<p>"Listen carefully for understanding."</p> <p>"Respect and validate each other's ideas."</p> <p>"Appreciate the value each partner brings. Understand and appreciate their challenges."</p>
2. Take collective responsibility for CY&F served	<p>Hold resources more loosely to enable sharing.</p> <p>Create more effective, efficient ways to use resources.</p> <p>Compromise if necessary to get the job done.</p>
3. Address inequities among partners	<p>Key inequities identified by respondents:</p> <ul style="list-style-type: none"> - Large players with dedicated staff vs. small players with thinly spread staff - Experienced vs. inexperienced partner representatives - Remuneration and recognition for parent (volunteer) representatives should be applied at both Team and Committee levels to create a sense of equity.
4. Fewer resources but increasing demand	<p>"This is an inescapable (economic) reality."</p> <p>"We must communicate and collaborate, think differently, find efficiencies."</p> <p>"We must accept that, for some challenges, collaboration may not be the most effective and efficient approach."</p> <p>"We need to evaluate the genuine return on investment" (i.e., all considered, including time invested).</p>

Table 12. Opportunities to Consider (CY&F)

Theme	Description
1. Renew, deepen commitment	People want to work together and are ready. “We share a common vision for children, youth, and families.” “We need to commit to overcome barriers to achieving the mission to CY&F.”
2. Explore, develop key areas	High need areas: Mental Health, transition to adulthood. High potential: Early Childhood Development.
3. Tackle problems directly	Problems are already identified. If we create open group discussions on this issue to address what we already know.
4. Expand network to engage others with similar goals	Engage municipalities and businesses (and recall missing stakeholders above [youth justice, family justice and Indigenous]). Some may engage at lower intensity than other (e.g., quarterly or annually). Identify common goals (e.g., quality of life, meaningful lives, inclusive, safe community to work and play). Align initiatives with one another for efficiency and effectiveness.
5. Assess and build capacity	Leadership Team needs more capacity to: - facilitate collaborative discussions - solve problems This capacity building can be done in a group and/or 1-on-1.

Q8. Do you have any additional comments or suggestions?

Most indicated that, overall, the Calgary and Area RCSD is working and worth improving. Members should feel hopeful and keep up the good work. Several appreciated the quality of individuals around the table, and the knowledge, skill and leadership they bring. Many said that members need to deepen their commitment to truly collaborate to solve the problems, improve decisions and practices, and find efficiencies. Many punctuated the importance of remembering that the focus is on children, youth and families. Several recommended using data, discussion and evaluation processes like this to stimulate reflection and action.

Most expressed hope that if the above is done, solutions will be found.

5. Recommendations

This section includes three types of recommendations:

- A. Recommendations for using the report;
- B. Recommendations for improving evaluation in future; and,
- C. Collected recommendations of key informants from all questions.

A. Recommendations for Using this Report

1. **Review all the data. Then focus on the key informant recommendations.**
 - Clarify interpretations
 - Generate implications for action
 - What could or should be acted on now?
 - What could or should be deferred?
 - What could or should be referred?
 - Identify priorities.
2. **Review the core strengths that emerge from the data:** members see collaboration as in their self-interest (92%); the affirmation of skilled leadership (91%); and, concrete and attainable goals and objectives (88%).
 - Are there ways to use these strengths to address identified weaknesses?
3. **Review the Calgary and Area RCSD logic model section on RCSD Network outcomes.**
 - What in this report informs processes to contribute to Network outcomes?

B. Recommendations for Improving Evaluation in Future

1. **Consider how future Wilder surveying should be modified to improve analysis.**
 - Should Wave 3 include a question to enable disaggregating Wilder data by Executive and Leadership Teams? Will this be helpful or harmful?
 - Would open-ended response spaces be help you to clarify your Likert scale response? If so, where in the Wilder survey should this be placed?

C. Summary of Recommendations to increase “Capacity to Collaborate”

Table 4. Recommendations to Core Challenges

1. Reinforce the focus on CY&F, and appreciate partners and collaboration
2. Examine and change the funding model
3. Build conflict management skills, attitudes, and processes
4. Use creativity and language
5. Build understanding and appreciation for diverse organizations
6. Transparency in processes

Table 6. Recommendations to Mitigate Limitations

1. Full discussion for creative solutions
2. Gain permission
3. Help to feel the benefits

Table 8. Recommendations to Empower Speakers

1. Creative solutions
2. Group dynamics in conversations
3. Find ways to obtain authority
4. Draw in missing stakeholders
5. Measure progress
6. (Re)Connect with highest level decision-makers annually
7. Accept some limitations

Table 9. Facilitating Open Discussions

1. Address specific needs of groups and individuals
2. Re-think agendas
3. Facilitation in meetings
4. Personal reflection on role

Table 10. Best Actions with Limited Resources Available

1. Use Creativity in Leveraging
2. Use data to plan, leverage
3. Each team has a role
4. Advocate for more funds
5. Continuous improvement of regional funding model and application

Table 11. Opportunities to Consider

1. Renew, deepen commitment to CY&F
2. Explore, develop key areas – Mental Health and Early Childhood Development
3. Tackle problems directly
4. Expand network to engage others with similar goals
5. Assess and build capacity

Appendix A: Wilder Wave 2 Results by Question (Agreement)

Question	Percent (%) Agreement (Agree + Strongly Agree)
Q1	92
Q2	80
Q3	58
Q4	66
Q5	75
Q6	79
Q7	13
Q8	88
Q9	96
Q10	58
Q11	92
Q12	54
Q13	54
Q14	67
Q15	71
Q16	62
Q17	50
Q18	50
Q19	66
Q20	71
Q21	58
Q22	84
Q23	88
Q24	67
Q25	58
Q26	50
Q27	92
Q28	88
Q29	92
Q30	79
Q31	92
Q32	75
Q33	96
Q34	79
Q35	71
Q36	87
Q37	67
Q38	25
Q39	54
Q40	91

Appendix B: Wilder Factors by Wilder Assessment Categories

Key:

	4.0 or higher: show special strength and probably don't need attention (n=8)
	3.0 to 3.9 are borderline and usually are discussed by the group to see if they need attention (n=12)
	2.9 or lower show a concern and usually need to be addressed by the group (n=0)

Wilder survey responses to the 40 statements were collected and tabulated to illustrate the combined responses in each category. Wilder analysis assesses scores ranging from/between¹:

- **4.0 or higher** show that collectively, group members have confidence that the topic areas were/are addressed.
- **3.0 to 3.9 are borderline** and indicate that group members have concerns that may need further discussion and attention.
- **2.9 or lower** illustrates areas in which group members have great concern and require attention.

Table 2. W1 and W2 Wilder Data Comparison by Factor (current data in bold)

Factor Area	W1 (n=31)	W2 (n=24)	Change T1-T2
Members See Collaboration As in Their Self-Interest	4.0	4.3	0.3
Skilled Leadership	4.1	4.2	0.1
Unique Purpose	4.3	4.2	-0.1
Established Informal Relationships and Communication Links	4.1	4.0	-0.1
History of Collaboration or Cooperation in the Community	4.0	4.0	0.0
Favorable Political and Social Climate	4.0	4.0	0.0
Concrete, Attainable Goals and Objectives	4.0	3.9	-0.1
Adaptability	3.6	3.9	0.3
Open and Frequent Communication	3.7	3.9	0.2
Appropriate Cross Section of Members	3.9	3.8	-0.1

¹ See: Mattessich, P., Murray-Close, M., & Monsey, B. (2001). *Wilder Collaboration Factors Inventory*. St. Paul, MN: Wilder Research.

Factor Area	W1 (n=31)	W2 (n=24)	Change T1-T2
Shared Vision	3.6	3.8	0.2
Collaborative Group Seen as Legitimate Leader in the Community	3.7	3.7	0.0
Members Share a Stake in Both Process and Outcome	3.7	3.6	-0.1
Development of Clear Roles and Policy Guidelines	3.5	3.5	0.0
Ability to Compromise	2.9	3.4	0.5
Multiple Layers of Participation	3.5	3.4	-0.1
Flexibility	3.4	3.4	0.0
Appropriate Pace of Development	3.7	3.4	-0.3
Mutual Respect, Understanding, and Trust	3.4	3.3	-0.1
Sufficient Funds, Staff, Materials and Time	2.8	2.8	0.0

Appendix C: Comparison of Wilder Wave 1 and Wave 2 Data

Data from the administration of the Wilder in 2017 (Wave 2) is compared to Wilder data collected in 2014 (Wave 1). Note the following:

- The W1 participant list (n=52) was more diverse than Wave 2 (n=31). In addition to Executive and Leadership Team members, W1 included members of sub-committees and Secretariat.
- The response rates differed: W2 was 77%, W1 was 58%.

The information in Table B1 below presents the factors, the W1 and W2 average, and the change from W1 to W2. The factors that increased are highlighted in green, and those that decreased are in orange. The increase or decrease may not be significant.

Table B.1. Wilder W1 and W2 Data Comparison by Factor

Factor Area	W1 (n=31)	W2 (n=24)	Change T1-T2
History of Collaboration or Cooperation in the Community	4.0	4.0	0.0
Collaborative Group Seen as Legitimate Leader in the Community	3.7	3.7	0.0
Favorable Political and Social Climate	4.0	4.0	0.0
Mutual Respect, Understanding, and Trust	3.4	3.3	-0.1
Appropriate Cross Section of Members	3.9	3.8	-0.1
Members See Collaboration As in Their Self-Interest	4.0	4.3	0.3
Ability to Compromise	2.9	3.4	0.5
Members Share a Stake in Both Process and Outcome	3.7	3.6	-0.1
Multiple Layers of Participation	3.5	3.4	-0.1
Flexibility	3.4	3.4	0.0
Development of Clear Roles and Policy Guidelines	3.5	3.5	0.0
Adaptability	3.6	3.9	0.3
Appropriate Pace of Development	3.7	3.4	-0.3
Open and Frequent Communication	3.7	3.9	0.2
Established Informal Relationships and Communication Links	4.1	4.0	-0.1
Concrete, Attainable Goals and Objectives	4.0	3.9	-0.1
Shared Vision	3.6	3.8	0.2
Unique Purpose	4.3	4.2	-0.1
Sufficient Funds, Staff, Materials and Time	2.8	2.8	0.0
Skilled Leadership	4.1	4.2	0.1

*Those factors with an increase from W1 to W2 are highlighted in green and with a decrease from W1 to W2, with orange highlight.

Table B.2. Wilder W1 and W2 Data Comparison by Question

Question	W1 (n=31)	W2 (n=24)	Change T1 - T2
1. Agencies in our community have a history of working together.	4.1	4.1	0
2. Trying to solve problems through collaboration has been common in this community. It's been done a lot before.	3.8	3.9	0.1
3. Leaders in this community who are not part of our collaborative group seem hopeful about what we can accomplish.	3.6	3.6	0
4. 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.	3.7	3.7	0
5. The political and social climate seems to be "right" for starting a collaborative project like this one.	3.9	3.9	0
6. The time is right for this collaborative project.	4.1	4.0	-0.1
7. People involved in our collaboration always trust one another.	2.6	2.3	-0.3
8. I have a lot of respect for the other people involved in this collaboration work	4.1	4.2	0.1
9. The people involved in our collaboration represent a cross section of those who have a stake in what we are trying to accomplish.	4.3	4.3	0
10. All the organizations that we need to be members of this collaborative group have become members of the group.	3.5	3.3	-0.2
11. My organization will benefit from being involved in this collaboration.	4.0	4.3	0.3
12. People involved in our collaboration are willing to compromise on important aspects of our project	2.9	3.4	0.5
13. The organizations that belong to our collaborative group invest the right amount of time in our collaborative efforts.	3.5	3.3	-0.2
14. Everyone who is a member of our collaborative group wants this project to succeed.	3.9	3.8	-0.1
15. The level of commitment among the collaboration participants is high.	3.8	3.7	-0.1
16. When the collaborative group makes major decisions, there is always enough time for members to take information back to their organizations to confer with colleagues about what the decision should be.	3.6	3.5	-0.1
17. Each of the people who participate in decisions in this collaborative group can speak for the entire organization they represent, not just a part	3.3	3.2	-0.1
18. There is a lot of flexibility when decisions are made; people are open to discussing different options.	3.5	3.2	-0.3
19. People in this collaborative group are open to different approaches to how we can do our work. They are willing to consider different ways of working.	3.2	3.6	0.4
20. People in this collaborative group have a clear sense of their roles and responsibilities.	3.8	3.7	-0.1
21. There is a clear process for making decisions among the partners in this collaboration.	3.2	3.3	0.1

Question	W1 (n=31)	W2 (n=24)	Change T1 - T2
22. This collaboration is able to adapt to changing conditions, such as fewer funds than expected, changing political climate, or change in leadership.	3.2	3.9	0.7
23. 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.	3.9	3.9	0
24. This collaborative group has tried to take on the right amount of work at the right pace.	3.7	3.5	-0.2
25. We are currently able to keep up with the work necessary to coordinate all the people, organizations, and activities related to this collaborative project.	3.7	3.3	-0.4
26. People in this collaboration communicate openly with one another	3.0	3.2	0.2
27. I am informed as often as I should be about what goes on in the collaboration.	4.0	4.3	0.3
28. The people who lead this collaborative group communicate well with the members	4.1	4.3	0.2
29. Communication among the people in this collaborative group happens both at formal meetings and in informal ways.	4.1	4.1	0
30. I personally have informal conversations about the project with others who are involved in this collaborative group.	4.1	3.9	-0.2
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
36. What we are trying to accomplish with our collaborative project would be difficult for any single organization to accomplish by itself.	4.4	4.4	0
37. No other organization in the community is trying to do exactly what we are trying to do.	4.1	4.0	-0.1
38. Our collaborative group has adequate funds to do what it wants to accomplish.	1.9	2.4	0.5
39. Our collaborative group has adequate "people power" to do what it wants to accomplish.	3.6	3.2	-0.4
40. The people in leadership positions for this collaboration have good skills for working with other people and organizations.	4.1	4.2	0.1

*Those factors with an increase from W1 to W2 are highlighted in green and with a decrease in orange.

Appendix D: Comparison of Wilder W2 and Provincial RCSD Survey Results (Agreement)

Note: Areas of interest are highlighted in blue

Wilder Factor	Wilder Question	Wilder 2017 (Nov 2017)	Executive (May 2017)	Leadership (May 2017)	Provincial Questions
		Agreement Scale only in %			
F4. Mutual respect, understanding, and trust	Q7. People involved in our collaboration always trust one another.	13	a) 78 b) 56 c) 56 d) 44	a) 69 b) 45 c) 64 d) 56	Q5. Regional leadership works together in a constructive manner on: a) the identification of regional needs and setting of priorities b) the resources that can be shared to meet priorities c) building capacity d) planning for sustainability
	Q8. I have a lot of respect for the other people involved in this collaboration.	88	56	61	Q23. Regional leadership recognize and respect each other's roles
F5. Appropriate cross section of members	Q9. The people involved in our collaboration represent a cross section of those who have a stake in what we are trying to accomplish.	96	a) 78 b) 78 c) 67 d) 67	a) 8 5 b) 8 5 c) 8 4 d) 7 6	Q6. The appropriate regional partners are involved in: a) the identification of regional needs and setting of priorities b) the resources that can be shared to meet priorities c) building capacity d) planning for sustainability
F6. Members see collaboration as in their self-interest	Q11. My organization will benefit from being involved in this collaboration.	92	67	54	Q14. The ability for partners to address priorities has increased
F8. Members share a stake in both process and outcome	Q15. The level of commitment among the collaboration participants is high.	71	a) 67 b) 56 c) 56 d) 44	a) 7 0 b) 5 4 c) 6 8 d) 5 2	Q8. The level of commitment among the regional executives to: a) identify needs and set priorities is high b) coordinate systems and resources is high c) building capacity is high d) plan for sustainability is high
F9. Multiple layers of participation	Q17. Each of the people who participate in decisions in this collaborative group can speak for the	71	a) 78 b) 78 c) 78 d) 78	a) 8 2 b) 8 2 c) 8 6	Q9. Each of the people who participate in: a) identifying needs and setting priorities can speak for the organization they represent

	entire organization they represent, not just a part.			d) 77	b) coordinating systems and resources can speak for the organization they represent c) building capacity can speak for the organization they represent d) planning for sustainability can speak for the organization they represent
F10. Flexibility	Q18. There is a lot of flexibility when decisions are made; people are open to discussing different options.	50	a) 67 b) 67 c) 67 d) 44	a) 6 7 b) 5 5 c) 7 6 d) 5 8	Q3. Regional leadership is flexible on: a) the identification of regional needs and setting of priorities b) the resources that can be shared to meet priorities c) building capacity d) planning for sustainability
	Q19. People in this collaborative group are open to different approaches to how we can do our work. They are willing to consider different ways of working.	66	a) 67 b) 56 c) 56 d) 56	a) 5 6 b) 5 1 c) 71 d) 5 9	Q4. Regional leadership is open to different approaches about: a) the identification of regional needs and setting of priorities b) the resources that can be shared to meet priorities c) building capacity d) planning for sustainability
F11. Development of clear roles and policy guidelines	Q20. People in this collaborative group have a clear sense of their roles and responsibilities	71	67	77	Q22. Regional leadership have a clear sense of their roles and responsibilities.
	Q21. There is a clear process for making decisions among the partners in this collaboration.	58	a) 56 b) 67 c) 67 d) 44	a) 4 8 b) 5 7 c) 6 3 d) 4 2	Q11. There is a clear decision-making process about: a) setting priorities in this region b) coordinating systems and resources in this region c) building capacity in this region d) planning for sustainability in this region
F13. Appropriate pace of development	Q25. We are currently able to keep up with the work necessary to coordinate all the people, organizations, and activities related to this collaborative project.	58	a) 56 b) 67	a) 5 1 b) 5 3	Q18. We are able to: a) keep up with the work to coordinate all the people, organizations, and activities to meet priorities b) address regional priorities by utilizing current personal and resources
F14. Open and frequent	Q26. People in this collaboration communicate	50	a) 78 b) 78	a) 7 9	Q1 Regional leadership communicates openly with each other about:

communication	openly with one another.		c) 56 d) 44	b) 7 2 c) 7 5 d) 5 6	a) the identification of regional needs and setting of priorities b) the resources that can be shared to meet priorities c) building capacity d) planning for sustainability
	Q27. I am informed as often as I should be about what goes on in the collaboration.	92	a) 67 b) 56 c) 56 d) 44	a) 8 0 b) 6 5 c) 6 5 d) 6 5	Q2. I am informed as often as I should be about a) the identification of regional needs and setting of priorities b) the resources that can be shared to meet priorities c) building capacity d) planning for sustainability
F16. Concrete, attainable goals and objectives	Q31. I have a clear understanding of what our collaboration is trying to accomplish.	92	67	47	Q12. Needs are effectively identified and prioritized
	Q33. People in our collaborative group have established reasonable goals.	96	a) 56 b) 78 c) 78 d) 67 e) 67	a) 5 4 b) 7 9 c) 7 9 d) 7 0 e) 6 7	Q21. The strategic planning process: a) addresses priorities in a sustainable manner b) clearly identifies annual goals to achieve for identified priorities c) takes into account achieved results d) clearly identifies multi-year goals to achieve e) recommends systemic changes or improvements
F19. Sufficient funds, staff, materials, and time	38. Our collaborative group had adequate funds to do what it wants to accomplish.	25	a) 56 b) 56 c) 56	a) 6 4 b) 5 1 c) 6 1	Q15. Systems and resources are: a) used in a timely manner to meet priorities b) efficiently coordinated and shared between partners c) coordinated and utilized to meet identified priorities
	Q39. Our collaborative group has adequate "people power" to do what it wants to accomplish	54	a) 67 b) 56 c) 44 d) 44	a) 6 3 b) 6 1 c) 6 3 d) 5 5	Q7. The regional leadership that belong to our region invests the right amount of time to: a) identify needs and set of priorities b) coordinate systems and resources c) building capacity d) plan for sustainability

Partner Survey

Executive Summary

Calgary and Area RCSD has focused on evaluation since its inception. The evaluation plan for 2017-2020 included the intent to assess the functioning of the partnership for the second time via a network analysis methodology. Social network analysis (SNA) evaluates how well a collaborative is working and how well resources are being leveraged, ultimately providing direction for how to improve the work of the collaborative. The goal of this current report was to provide a comparative set of data for the baseline data (2015). Calgary and Area RCSD could then measure its progress toward the desired five provincial outcomes on collaboration, leadership/governance, engagement, meeting the needs of children and youth/enabling supports and services, and system improvement. The survey was sent to 18 organizations or organizational units and yielded a 100% response rate (18/18). Those that responded reported that they collectively developed 220 linkages. The average number of linkages per organization was 12.94 (out of a possible 17).

Key Findings

Perceptions of success

- 65% of respondents indicated that Calgary and Area RCSD has been successful at achieving its collaborative advantage a fair amount (29% noting a small amount, 6% a great deal).
- The top five aspects of collaboration thought to be enabling success were: shares resources, collaborative project work, working on targeted initiatives/joint ventures and building new relationships.

Member contributions

- The majority of respondents reported robust contribution to Calgary and Area RCSD. Leadership, expertise in early childhood, community connections, social/ emotional and mental health and knowledge of resources were the contributions most frequently identified.

Progress toward desired network outcomes

- Calgary and Area RCSD was viewed as having made progress on each of 22 outcomes listed in the survey, all of which are tied to the network's Level 1 Logic Model (inclusive of the five provincial outcomes): Effective collaboration, effective leadership/governance, partners are engaged, the needs of children and youth are met/enable supports and services and system improvement.
- The outcomes chosen most frequently were: Improved or increased collaboration and partnering processes among RCSD partners (at the planning and service delivery level) (17); Improved or increased information across service systems (17); Partners are actively involved in RCSD work, planning and initiatives (17); and Improved or increased commitment to the Regional Collaborative Service Delivery Approach (15).
- The outcomes chosen least frequently as indicating progress were: Sustainable solutions are in place (4); Adoption of a shared vision among partners (9); and, Supports and services meet the identified needs of children and youth across the region (9).

- 35% of respondents chose 'Improved or increased collaboration and partnering processes among RCSD partners' as the outcome most successfully achieved by Calgary and Area RCSD and 18% chose 'Partners are actively involved in RCSD work, planning, and initiatives' as the outcome most successfully achieved. These two outcomes mirror the outcomes identified in W1 administration.

Network scores

- Density:** Calgary and Area RCSD is a high density network; most members are connected to almost all other members within the context of Calgary and Area RCSD. High density networks are good for coordination of activities among partners, but they can also entrench particular value systems or norms. Percentage of density was 72%. The density of the network increase +12% from the W1 to W2 administration (a positive change).
- Degree Centralization:** Calgary and Area RCSD has a low degree centralization. This means that the network is not dominated by one or just a few partners who act as the 'hub(s)'. In a highly centralized network, if one of the 'hubs' is removed, it can result in the network becoming quickly fragmented. The degree centralization score was 11%. The degree centralization of the network decreased -14% from the W1 to W2 administration (a positive change).
- Trust:** Calgary and Area RCSD has an overall trust score of 83%, which is above the average trust score of 75.85% of all networks in the PARTNER data set. The trust score of the network increased +7% from the W1 to W2 administration (a positive change).
- Value:** Two of the three dimensions of value (level of involvement, resource contribution) for the overall partnership are over the benchmark of 3.0, indicating Calgary and Area RCSD has good value. The one dimension with a lower score (2.86, power/influence), suggests Calgary and Area RCSD is not yet leveraging the full value of its membership.

Relationships in the context of Calgary and Area RCSD

- 24% noted they only had awareness of one another, 23% identified that they had only cooperative activity connections, 33% indicated they had coordinated activity connections, and 20% indicated they had integrated activity connections with one another.
- The top four benefits achieved through RCSD relationships were reported as: Provided a new or wider perspective (63%); Created a better appreciation or understanding of partner mandates (53%); Led to an increased ability to navigate between systems to access services and supports (46%); and, Led to improved processes (e.g., screening, referral, or follow-up process) (44%).

Process Quality and Working Together

- Overall Process Quality (authenticity – 3.76) scale is reported as under the preferred rating of 4.25 indicating attention is required. The Working Together (3.25) score is above the benchmark of 3.0, indicating a good score.

Conclusion

- Calgary and Area RCSD has considerable strengths. Partners see at least some progress in all outcome areas, bring a good deal of expertise to the network, indicate they receive benefit from their relationships in the context of Calgary and Area RCSD, and demonstrate significant engagement. As partners review, reflect on, and discuss the findings, there will be a good opportunity to create action plans to address areas of concern and continue to build on areas of success.

Background

Project Background

The purpose of Regional Collaborative Service Delivery is to enable the collaboration among Health (including Alberta Health Services), Community and Social Services, Children's Services, Education, other community organizations, and First Nations 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.

Calgary and Area RCSD has had a focus on evaluation since its inception. Most recently, a three-year Evaluation Plan was developed in 2017 in order to assure quality and accountability by informing areas for improvements in both service delivery and partnership processes. Evaluation has proven to help identify effective collaborative practices, highlight successes and lessons learned, guide decision-making, and provide a foundation for continuous improvement.

The Evaluation Plan included the intention to assess the continued functioning of the partnership via a social network analysis methodology in 2019, using the PARTNER Tool.² The goal was to provide a second wave of information to compare against the baseline (2015-16). With two waves of data, trends across time emerge and permit the network to measure its progress toward the desired provincial outcomes on collaboration, leadership, and engagement.

PARTNER Tool Background

What is PARTNER?

PARTNER is the Program to Analyze, Record, and Track Networks to Enhance Relationships. (www.partnertool.net).³ It was first funded and launched in 2008 by the Robert Wood Johnson Foundation as an online tool with the purpose of building the capacity of the public health sector to measure and monitor collaboration among organizations (Varda et al., 2008). It is used by cross-sector networks to analyze how their members are connected, how resources are exchanged, and the levels of trust and perceived value among network members, and to link outcomes to the process of collaboration. PARTNER includes both a validated 19-question survey and an analysis tool. The graphic below is an example of a PARTNER network map.

The analysis of the data focuses on four key attributes:

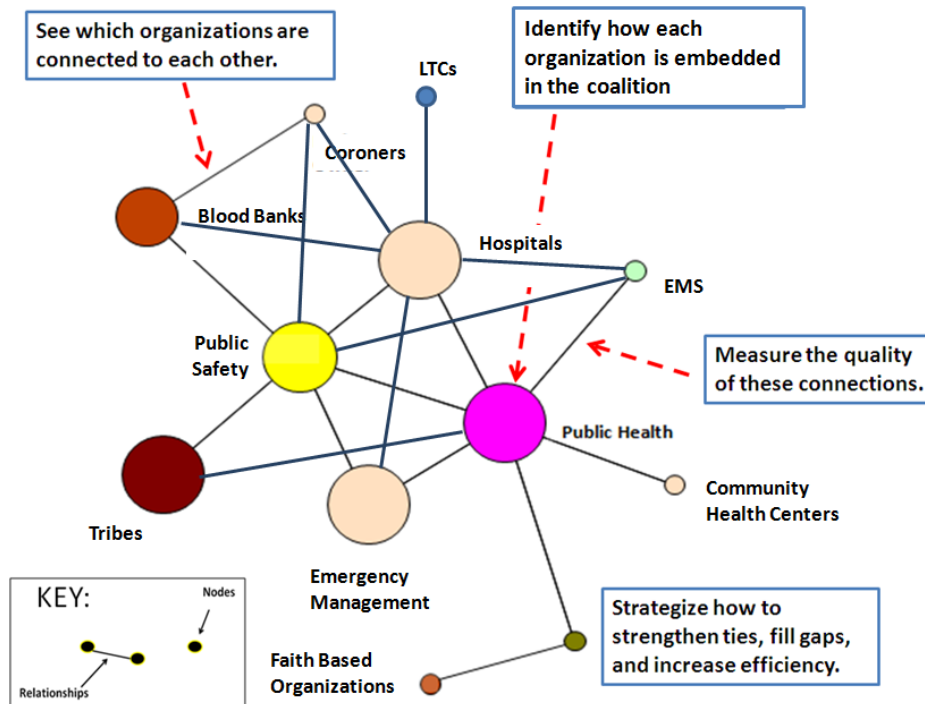
1. Measures of network density, degrees of centralization, and trust;
2. Individual network scores include centrality/connectivity/ redundancy;
3. Value in terms of power/influence, level of involvement, and resource contribution
4. Individual trust levels in terms reliability, in support of mission, and open to discussion.

² The PARTNER Tool was initially chosen because it is research based, inexpensive, and created specifically for use by public and not-for-profit organizations. It is designed to assess collaborative processes in order to help build, manage and evaluate effective inter-organizational networks. The PARTNER team, situated at the University of Colorado, Denver, provides research and technical support, but the tool itself is user friendly and intended to be administered by network managers in the field.

³ For more information about the PARTNER Tool, please go to www.partnertool.net.

How a Social Network Analysis Can be of Benefit

1. SNA evaluates how well your collaborative is working, identifying essential partners and measuring level of involvement and how well resources are being leveraged, ultimately providing direction for how to improve the work of the collaborative.
2. SNA can be used to demonstrate to partners, stakeholders, evaluators, and funders how your collaborative is progressing over time and why working together is making tangible change.



Using SNA to understand how a network functions can help network leaders, members, funders and other stakeholders identify ways to **continuously improve** how they work with one another to achieve common goals. The information can help **plan** and **implement** relationship building and resource leveraging among network members, **assess** the quality, content, and outcomes of partnerships, **monitor** change in networks over time, and **develop** strategies and action steps to fill gaps and leverage strengths in networks.

Using This Report to Develop an Action Plan for Next Steps

This report can help guide the network to develop strategies and action steps including:

- Considering levels of trust to determine whether changes can be made to improve low trust
- Increasing/Decreasing number of connections among partners in order to increase efficiency, expand the level of connectivity, or where to reduce redundancy
- Leveraging existing reciprocal relationships and resources across the network
- Identifying gaps, vulnerable points, and other areas where relationships can be strengthened
- Reporting progress of collaboration to funders, stakeholders, community members, and partners

Making Sense of the Data . . .

Throughout the document, a box will appear that looks like this. This is where we suggest you pause and think about the data presented, how to make sense of it, and any action steps or strategies that might be developed because of understanding the data. This box will include questions to consider and potential action steps. The data presented in this report should be used to create action steps for improving the effectiveness of the network (Continuous Quality Improvement). The questions are meant to guide the user through the utilization process.

Methodology

Bounding the Network

Calgary and Area RCSD's Accountability and Assurance Committee determined the boundaries of the network to include the formal organizational partners as defined by the Provincial RCSD framework. In some cases, large organizations with discrete operational/business units were divided into more than one node (e.g. Alberta Health Services had three business units each identified separately for the purposes of bounding the network). Also included in the bounding were separate nodes for the group of Parent Representatives affiliated with the Calgary and Area RCSD Leadership Team and for the group of staff (i.e., Secretariat) who support the centralized work of Calgary and Area RCSD.

The decision was made not to include either community agencies or other RCSDs in the bounding. In Wave 1 these external nodes were included, but not asked to complete the survey, to allow for mapping one-way links from Calgary and Area RCSD partners. The resulting unconfirmed links were not thought to provide particularly useful data leading to the decision to exclude them in Wave 2.

The bounding parameters resulted in a total of 18 potential unique respondent nodes for the PARTNER survey (W1 data had n=21 potential respondent nodes). A primary contact for each node, usually a Leadership Team member, was identified to take responsibility for completing the survey.

As in Wave 1, the bounding list for W2 also included the names of other individuals participating in any Calgary and Area RCSD committee or working group and connected to each of the 18 respondent nodes, as they were viewed as individuals who could help inform the response to the survey. This resulted in a total bounding list of 128 individuals.

A snapshot of W1 and W2 bounding list

- W1 included n=76 individuals connected to the network
- W2 identified n=128 individuals connected to the network (52 more than W1)
- W2 includes n=92 new individuals connected to the network since W1

Adapting and Administering the Survey

The PARTNER Tool includes a number of fixed questions with the ability to adapt some of the questions to the context. The Accountability and Assurance Committee adapted the PARTNER Tool questions in Wave 1 to reflect the Calgary and Area RCSD context. For example, a question related to progress on outcomes was adapted to list outcomes relevant for Calgary and Area RCSD. A number of similar adaptations to context were made. The questions were reviewed again for Wave 2 and minor adjustments made based on learnings from the previous administration. Overall, it was understood that the goal was to assess the network's functioning at the partnership level.

Following an introductory email, the survey link was sent out to the primary contact for each organization/respondent node (n=18) identified in the bounding. The primary contact for the survey, in most cases a Leadership Team member, was provided with the list of additional individuals connected to their organization/business unit and offered the choice of either completing the survey by themselves or involving the others from the list and completing the survey as a group. Either way, only one survey was to be completed for each respondent node.

The respondent was instructed to complete the PARTNER Tool survey from the perspective of its participation in Calgary and Area RCSD

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).

Results

Demographic

In January 2019, the PARTNER survey was launched. The survey was sent to 18 organizations and achieved a 100% response rate. Respondent data indicates the network collectively had 220 confirmed dyadic (two-way relationship) linkages. An additional 56 unconfirmed linkages (one-way) brought the total linkages reported to 276. The network maps that follow are based on dyadic linkages only, as these represent the confirmed relationships on any given activity. The average number of linkages per organization was 12.94 (out of a possible 17 linkages/organization). As this is the second wave of survey administration, the first wave completed in spring of 2016, results are compared across Wave 1 (2016) and Wave 2 (2019), where possible.

The table below indicates the full listing of organizations participating in the survey, along with their abbreviated name.

Table 1. Participant's organizations and abbreviation

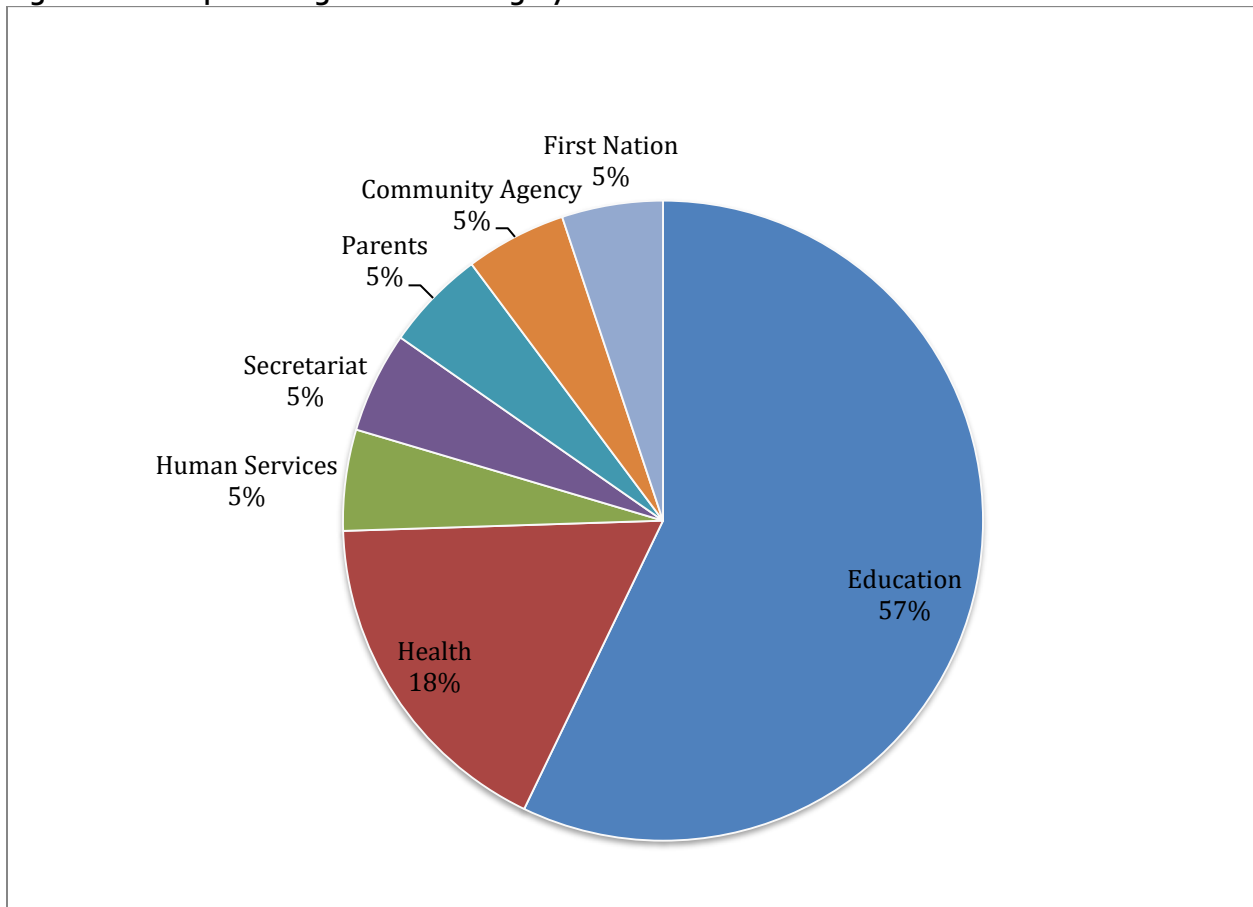
Organization Name:	Abbreviated Name
Alberta Health Services - Alberta Children's Hospital	AHS-ACH
Alberta Health Services - Mental Health	AHS-MH
Alberta Health Services - Rehabilitation	AHS-Rehab
Calgary and Area RCSD Secretariat	Sec
Calgary Board of Education - Mental Health	CBE-MH
Calgary Board of Education - Rehabilitation	CBE-Rehab
Calgary Catholic School District	CCSD
Charter Schools	Chart
Children's Services	CS
Community and Social Services	CSS
Palliser Regional Schools	Palli
Parent Representatives	Parents
Private Schools	Prvt
Providence Children's Centre	Prov
Regional Low Incidence Team	LI
Renfrew Educational Services	Renf
Rocky View Schools	RVS
Tsuut'ina Nation	Tsuu

Group Information

The pie chart below shows the organizations, or organizational units, that were included in the survey as part of the bounded network, reflecting the provincially required RCSD partners, the parent grouping, and the secretariat.

The network is made up of diverse partners from a variety of sectors. The partners that were surveyed represented the following sectors: education (56%), health (17%), parents (5%), Secretariat (5%), First Nation (5%), Community Social Services (5%); and, Children's Services (5%).

Figure 1. Participant's organization category

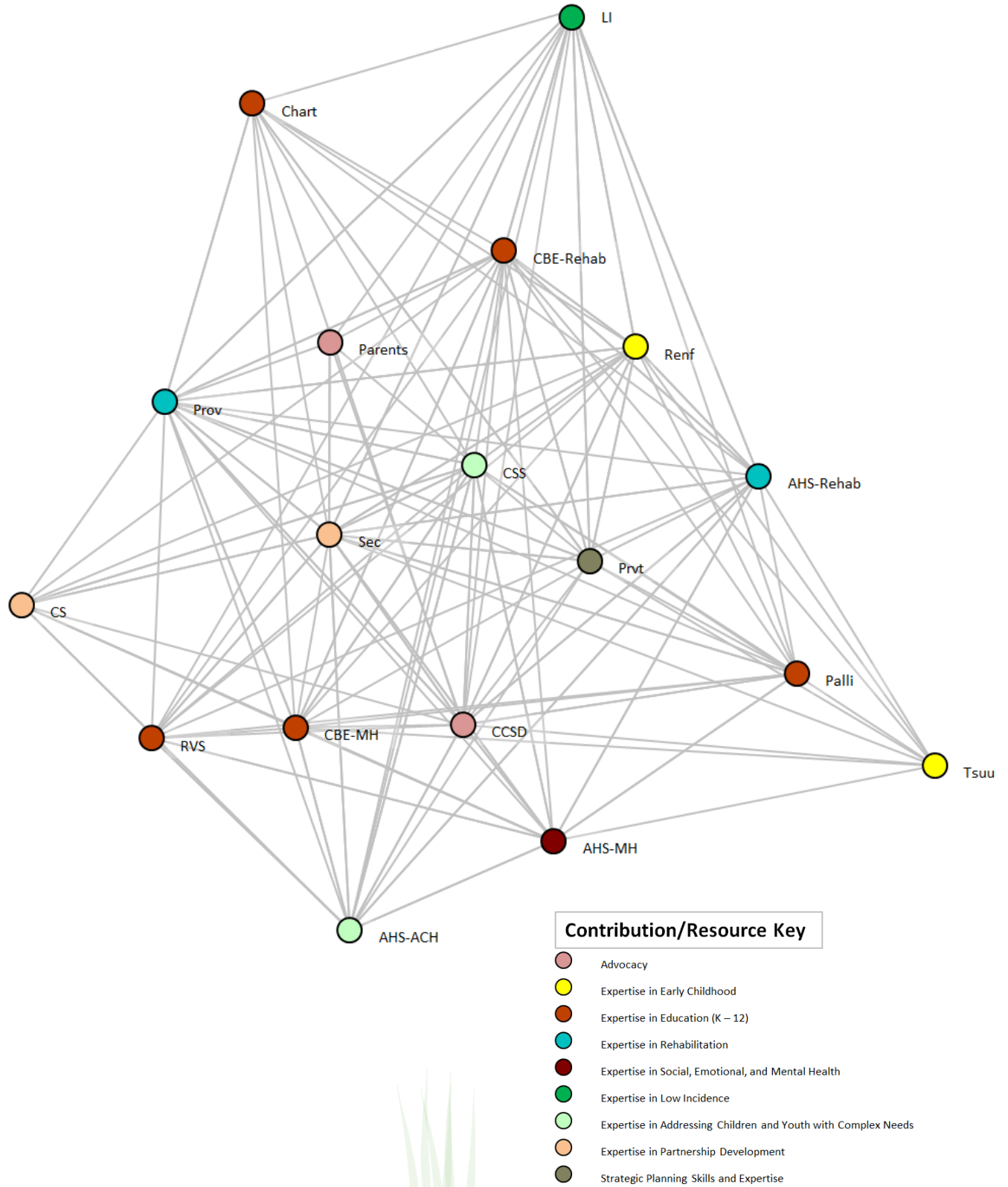


When compared to W₁, categories of partner organizations were fairly similar. It is important to note that some categories varied between W₁ and W₂ administration due to government restructuring and the inclusion of First Nations.

Respondents were asked: Are you completing this survey alone, or as a group?

The majority of respondents, 15/18 (83%) completed this survey as a group, while 3/18 (17%) completed the survey alone.

Respondents were asked: What has been your organization’s most important contribution to Calgary and Area RCSD? AND please describe the nature of your relationship with this organization/program.



Making Sense of the Data . . .

Diverse partners are thought to bring new ideas and resources to a network. At the same time, the more diversity in a network, the more difficult it may be to identify common goals:

- Does the network have all the essential partners at the table?
- Are there partners missing? Should they be recruited? Would they strengthen the network?
- Does the network have a lot of member turnover within partner organizations?

Potential action steps:

- Focus on stability, turnover, and consistency within member relationships.

Member Contributions

Member's Resource Contributions to Calgary and Area RCSD

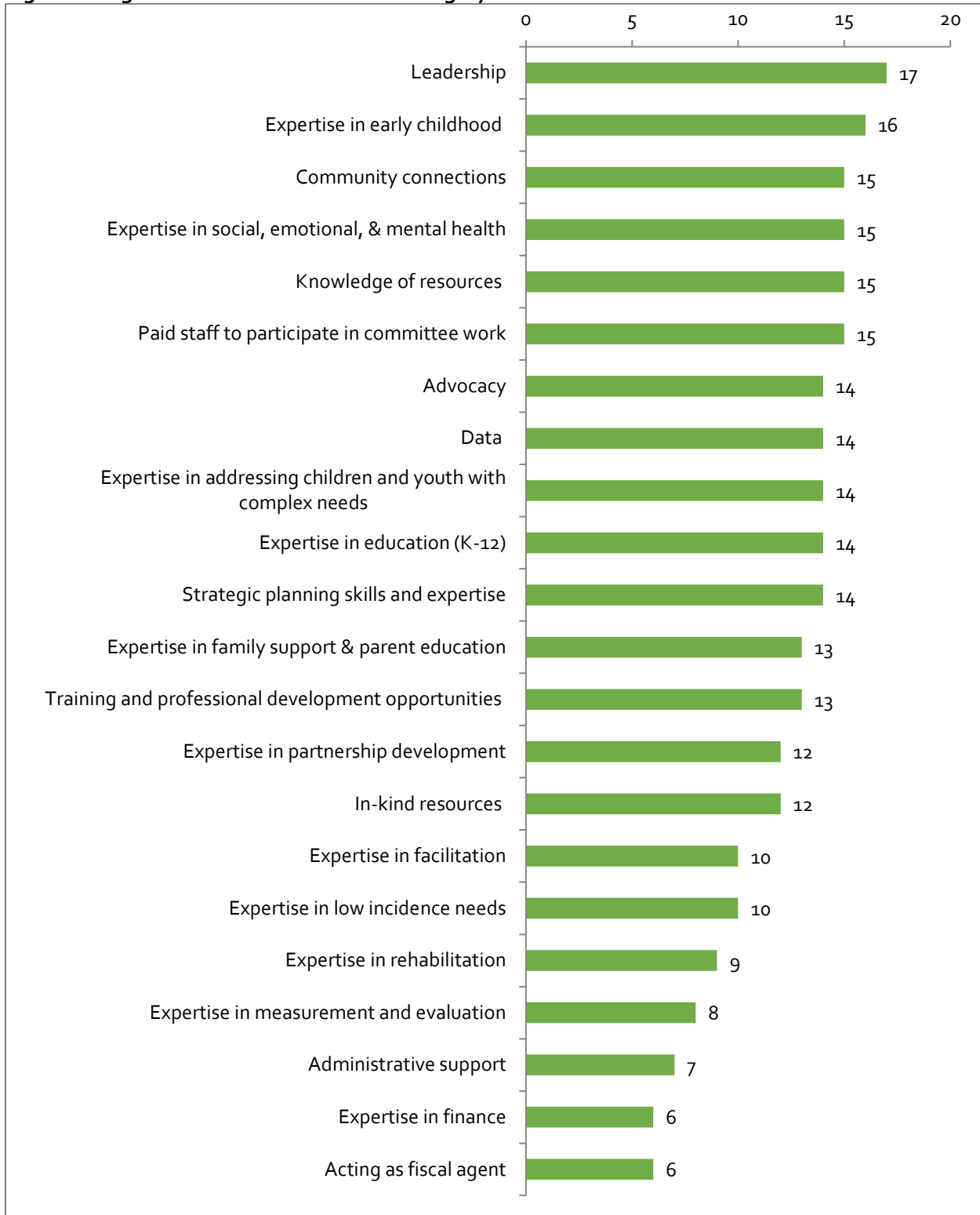
Looking at resources network members contribute helps to understand which resources and information are being shared between collaborative members, the types of resources required to participate in the collaborative, and the extent to which these resource exchanges lend to increased community capacity.

Respondents were asked: Please indicate what your organization contributes to Calgary and Area RCSD (choose all that apply) AND what is your organization's most important contribution to Calgary and Area RCSD?

The following figure shows the total number of partners who identified making particular contributions to Calgary and Area RCSD. The most common resources that organizations contribute are, "Leadership" (17) and "Expertise in early childhood" (16). These are followed closely by "Community connections," "Social, emotional, and mental health," "Knowledge of resources," and "Paid staff to participate in committee work" (15, each).

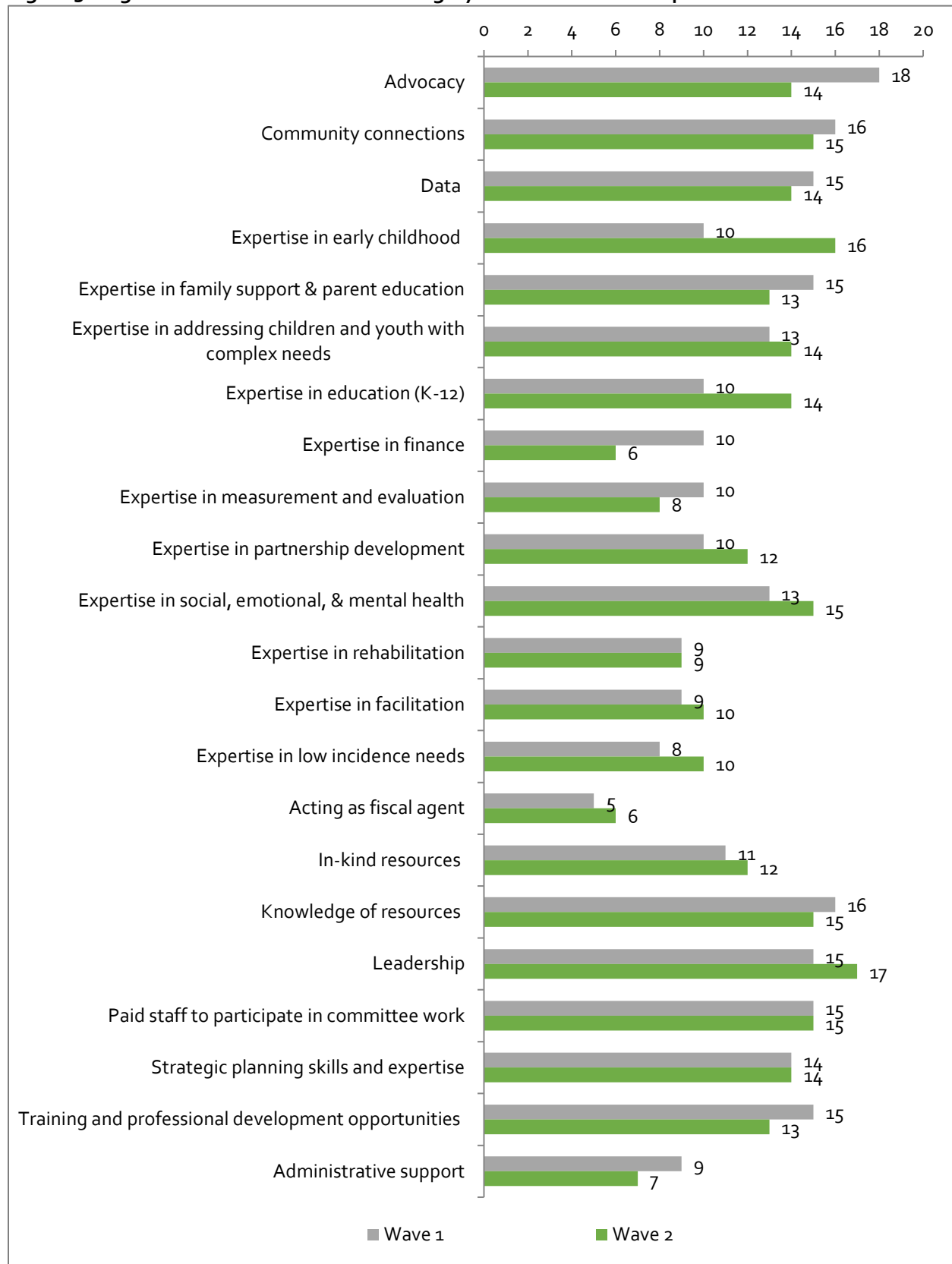
The resources that the fewest organizations identified as their contributions are, "Acting as a fiscal agent" and "Expertise in finance" (6, each).

Figure 2. Organizational contributions to Calgary and Area RCSD Wave 2



Comparing W1 and W2 data, we see a growth of 6 points in the “Expertise in early childhood” factor and in “Expertise in education K-12” by 4 points in W2. Losses were noted in W2 data for the factors of “Advocacy” and “Expertise in finance” (4 points, each).

Figure 3. Organizational contributions to Calgary and Area RCSD compared W1 and W2



Resource Inventory Summary

Table 2. Resource totals comparison

Resource	Wave 1 (n=20)	Wave 2 (n=18)	Count Change
Advocacy	18	14	-4
Community connections	16	15	-1
Knowledge of resources	16	15	-1
Data	15	14	-1
Expertise in family support & parent education	15	13	-2
Leadership	15	17	2
Paid staff to participate in committee work	15	15	0
Training and professional development opportunities	15	13	-2
Strategic planning skills and expertise	14	14	0
Expertise in addressing children and youth with complex needs	13	14	1
Expertise in social, emotional, & mental health	13	15	2
In-kind resources	11	12	1
Expertise in early childhood	10	16	6
Expertise in education (K-12)	10	14	4
Expertise in finance	10	6	-4
Expertise in measurement and evaluation	10	8	-2
Expertise in partnership development	10	12	2
Expertise in rehabilitation	9	9	0
Expertise in facilitation	9	10	1
Administrative support	9	7	-2
Expertise in low incidence needs	8	10	2
Acting as fiscal agent	5	6	1

Table 3. Resources by organization comparison

Organization	Wave 1 (n=20)	Wave 2 (n=18)	Count Change
Alberta Health Services - Alberta Children's Hospital	18	17	-1
Alberta Health Services - Mental Health	15	17	2
Alberta Health Services - Rehabilitation	20	14	-6
Calgary and Area RCSD Secretariat	17	19	2
Calgary Board of Education - Mental Health	19	16	-3
Calgary Board of Education - Rehabilitation	21	22	1
Calgary Catholic School District	8	19	11
Charter Schools	5	12	7
Children's Services	16	12	-4
Community and Social Services	14	17	3
Palliser Regional Schools	1	3	2
Parent Representatives	6	8	2
Private Schools	22	22	0
Providence Children's Centre	6	18	12
Regional Low Incidence Team	20	17	-3
Renfrew Educational Services	22	21	-1
Rocky View Schools	15	10	-5
Tsuut'ina Nation	-	5	-

The large table on the next three pages details all of the resources respondents identified that they were contributing to Calgary and Area RCSD. The bolded, red "X" denotes the resource that respondents felt was their most important contribution. Due to the size of the table, each page lists different resources at the top, so the most important contribution ("X") for a particular partner could be on any of the three pages.

Resource Inventory

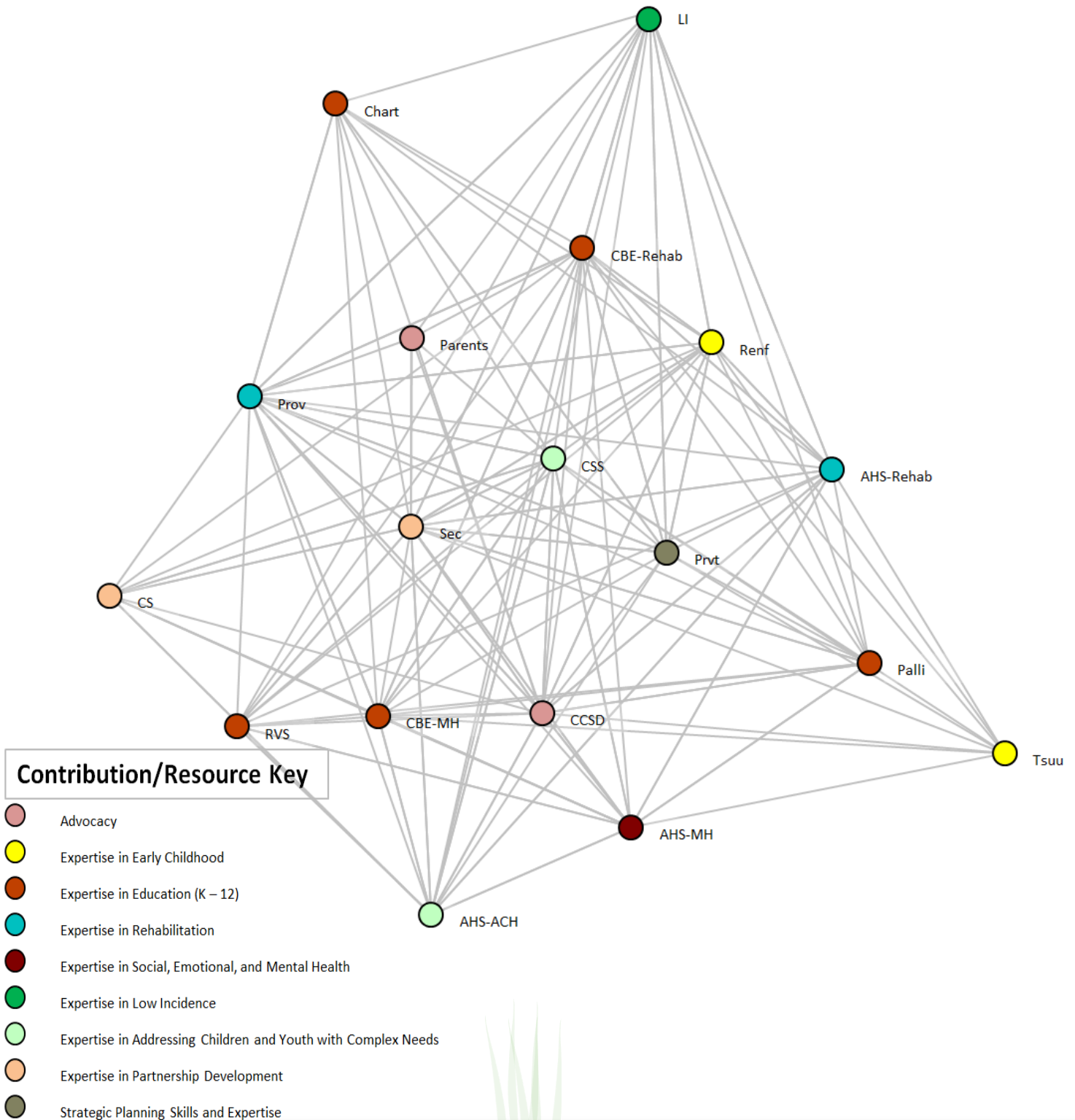
Organization	Leadership	Expertise in early childhood	Community connections	Expertise in social, emotional & mental health	Knowledge of resources	Paid staff to participate in committee work	Advocacy	Data
Alberta Health Services - Alberta Children's Hospital	X	X	X	X	X	X		X
Alberta Health Services - Mental Health	X	X	X	X	X	X	X	X
Alberta Health Services - Rehabilitation	X	X	X		X	X	X	X
Calgary and Area RCSD Secretariat	X	X	X	X	X	X	X	X
Calgary Board of Education - Mental Health	X	X	X	X	X	X	X	
Calgary Board of Education - Rehabilitation	X	X	X	X	X	X	X	X
Calgary Catholic School District	X	X	X	X	X	X	X	X
Charter Schools	X	X	X	X	X		X	X
Children's Services	X	X	X		X	X	X	X
Community and Social Services	X	X	X	X	X	X	X	X
Palliser Regional Schools				X		X		
Parent Representatives	X		X	X	X		X	
Private Schools	X	X	X	X	X	X	X	X
Providence Children's Centre	X	X	X	X	X	X	X	X
Regional Low Incidence Team	X	X	X		X	X	X	X
Renfrew Educational Services	X	X	X	X	X	X	X	X
Rocky View Schools	X	X		X		X		X
Tsuut'ina Nation	X	X		X				

Organization	Expertise in addressing children and youth with complex needs	Expertise in education (K-12)	Strategic planning skills and expertise	Expertise in family support & parent education	Training and professional development opportunities	Expertise in partnership development	In-kind resource	Expertise in low incidence needs
Alberta Health Services - Alberta Children's Hospital	X	X	X	X	X	X	X	X
Alberta Health Services - Mental Health	X		X	X	X	X	X	
Alberta Health Services - Rehabilitation		X	X	X	X		X	X
Calgary and Area RCSD Secretariat	X	X	X	X	X	X		X
Calgary Board of Education - Mental Health	X	X	X		X		X	X
Calgary Board of Education - Rehabilitation	X	X	X	X	X	X	X	X
Calgary Catholic School District	X	X	X	X	X	X	X	X
Charter Schools		X	X		X	X		
Children's Services	X		X			X	X	
Community and Social Services	X		X	X	X	X	X	
Palliser Regional Schools		X						
Parent Representatives	X			X				
Private Schools	X	X	X	X	X	X	X	X
Providence Children's Centre	X	X	X	X	X		X	X
Regional Low Incidence Team	X	X	X	X	X	X	X	X
Renfrew Educational Services	X	X	X	X	X	X	X	X
Rocky View Schools	X	X		X				
Tsuut'ina Nation								

Organization	Expertise in facilitation	Expertise in rehabilitation	Expertise in measurement and evaluation	Administrative support	Acting as fiscal agent	Expertise in finance
Alberta Health Services - Alberta Children's Hospital	X	X				
Alberta Health Services - Mental Health	X		X			X
Alberta Health Services - Rehabilitation		X				
Calgary and Area RCSD Secretariat	X		X	X		X
Calgary Board of Education - Mental Health		X		X	X	
Calgary Board of Education - Rehabilitation	X	X	X	X	X	X
Calgary Catholic School District		X		X	X	
Charter Schools			X			
Children's Services						X
Community and Social Services	X	X	X			
Palliser Regional Schools						
Parent Representatives	X					
Private Schools	X	X	X	X	X	X
Providence Children's Centre	X	X		X		
Regional Low Incidence Team			X	X	X	
Renfrew Educational Services	X	X	X		X	X
Rocky View Schools	X					
Tsuut'ina Nation						

Member's Most Important Contributions to Calgary and Area RCSD

In this visual, each coloured circle represents one member organization of the network. The lines demonstrate when respondents indicated that they had a relationship with another member of the network. A high number of lines indicate that a large number of partners indicated relationships to that organization. **The color of the node demonstrates the respondents' most important contribution.**



Making Sense of the Data

Leveraging resources in your network means taking an inventory of the resources contributed to the collaborative and assessing whether they are being utilized effectively across the network:

- Are there any resources that are overrepresented?
- What resources are underrepresented? Who could be engaged to provide these resources?
- What resources are missing but needed? How can they be acquired?

Potential action steps:

- Focus on member recruitment based on identified gaps or redundancies.
- Think about – are all required resources filled?

Network Outcomes

Outcome questions ensure alignment of measures of successful working relationships in the network, with measures of success. The two outcome questions are useful in showing agreement among members to understand why some may feel the network is accomplishing specific outcomes and not others. Recall that in W1 data there were n=20 respondent nodes and in W2, n=18. Also note that two more outcomes were added to the survey at W2. It is important to keep this in mind when considering the following data. Respondents were first asked about progress on all outcomes and then about which outcomes were most successfully achieved.

The results of these two questions are presented in accordance with the five-overarching provincial outcome areas (or dimensions) for Calgary and Area RCSD, which are:

1. Effective collaboration;
2. Effective leadership/governance;
3. Partners are engaged;
4. The needs of children and youth are met/enable supports and services; and,
5. System improvement.

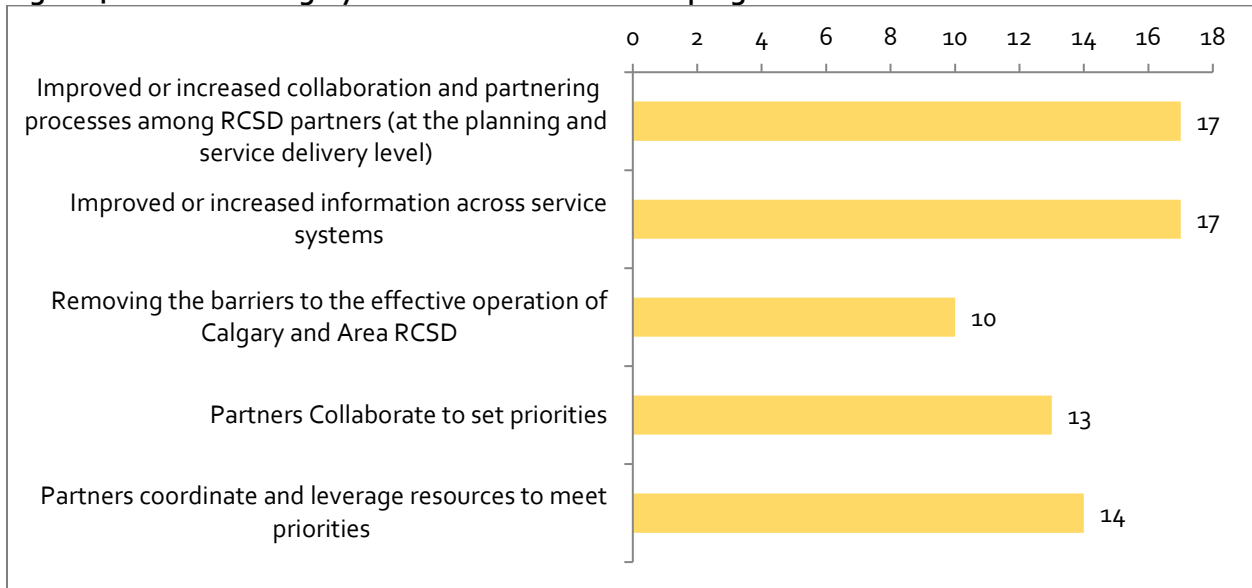
Comparison charts are presented for W1 and W2 data. Please note that between the two administrations, there were some wording changes to some provincial outcomes; the categories below reflect both old and new iterations. As well, one new provincial outcome, "system improvement," was established that was not represented in W1 data.

Respondents were asked: From your organization's perspective, progress has been made toward the following outcomes of Calgary and Area RCSD: (choose all that apply).

1. Effective Collaboration

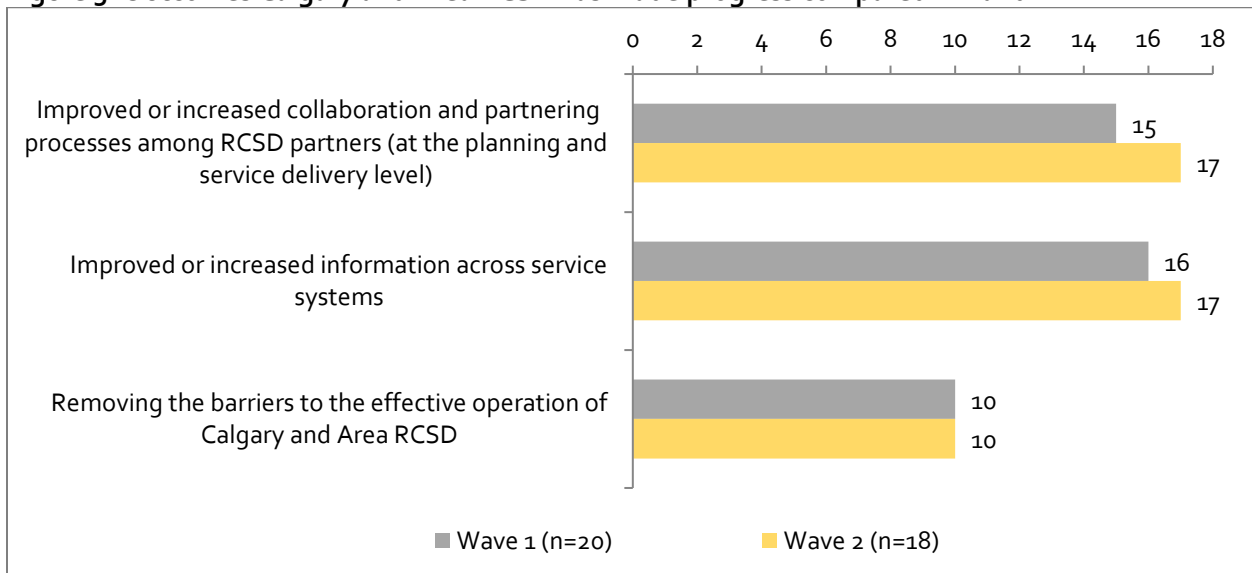
Most progress was made in improved or increased collaboration and partnering processes and improved/increased information across service systems (17, each). The least progress was made to the outcome “removing the barriers to the effective operation of Calgary and Area RCSD” (10).

Figure 4. Outcomes Calgary and Area RCSD has made progress towards Wave 2



Comparing across the two waves of data, partners demonstrate the largest improvement in the outcomes “Improved or increased collaboration and partnering processes among RCSD partners (at the planning and service delivery level,” increasing by 2 points.

Figure 5. Outcomes Calgary and Area RCSD has made progress compared W1 and W2

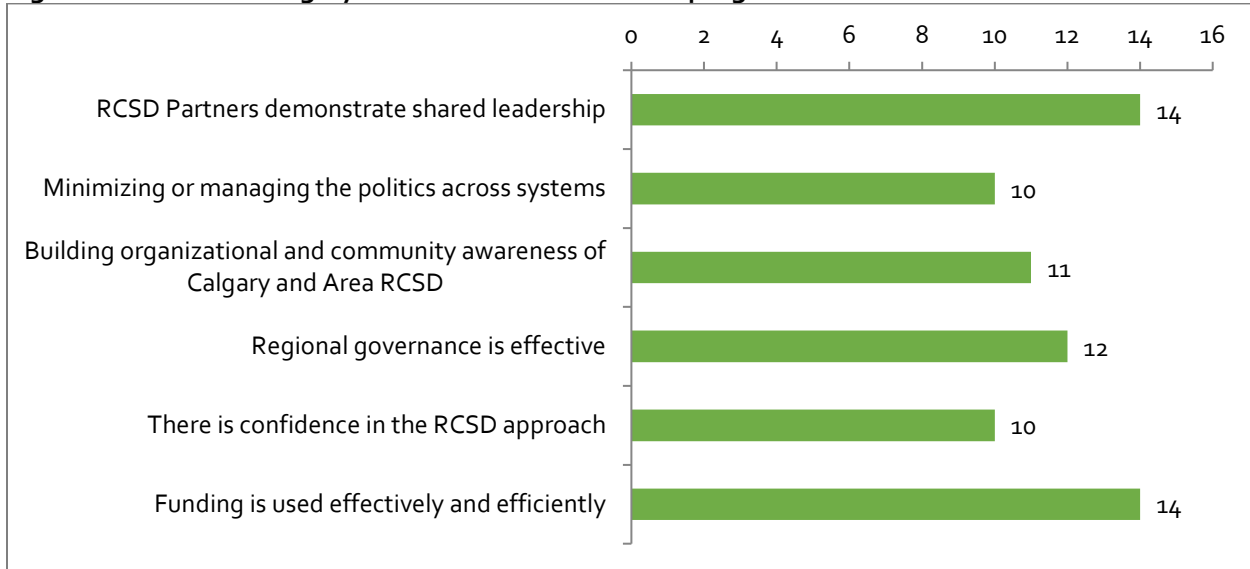


*Partners collaborate to set priorities was not included in W1.

2. Effective Leadership / Governance

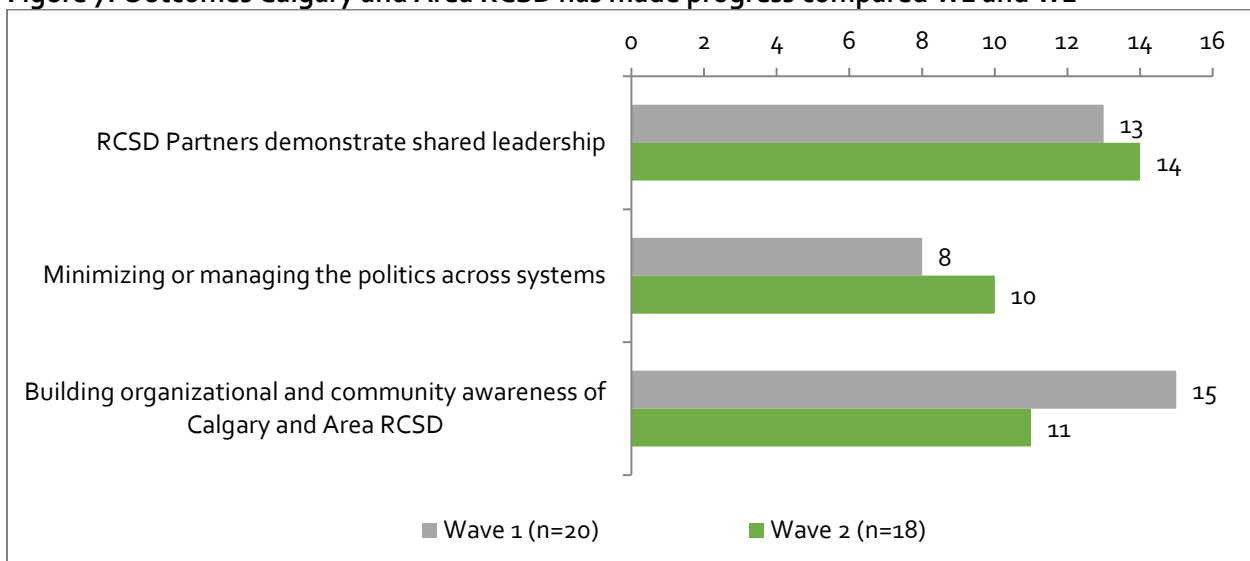
Most progress was made in “RCSD partners demonstrate shared leadership” and “Funding is used effectively and efficiently” (14, each). The least progress was made to the outcome “Minimizing or managing the politics across systems” and “There is confidence in the RCSD approach” (10).

Figure 6. Outcomes Calgary and Area RCSD has made progress towards Wave 2



Comparing across the two waves of data, partners demonstrate the largest improvement in the outcome of “Minimizing or managing the politics across systems”, increasing by 2 points. “Building organizational and community awareness of Calgary and Area RCSD” decreased by 4 points.

Figure 7. Outcomes Calgary and Area RCSD has made progress compared W1 and W2

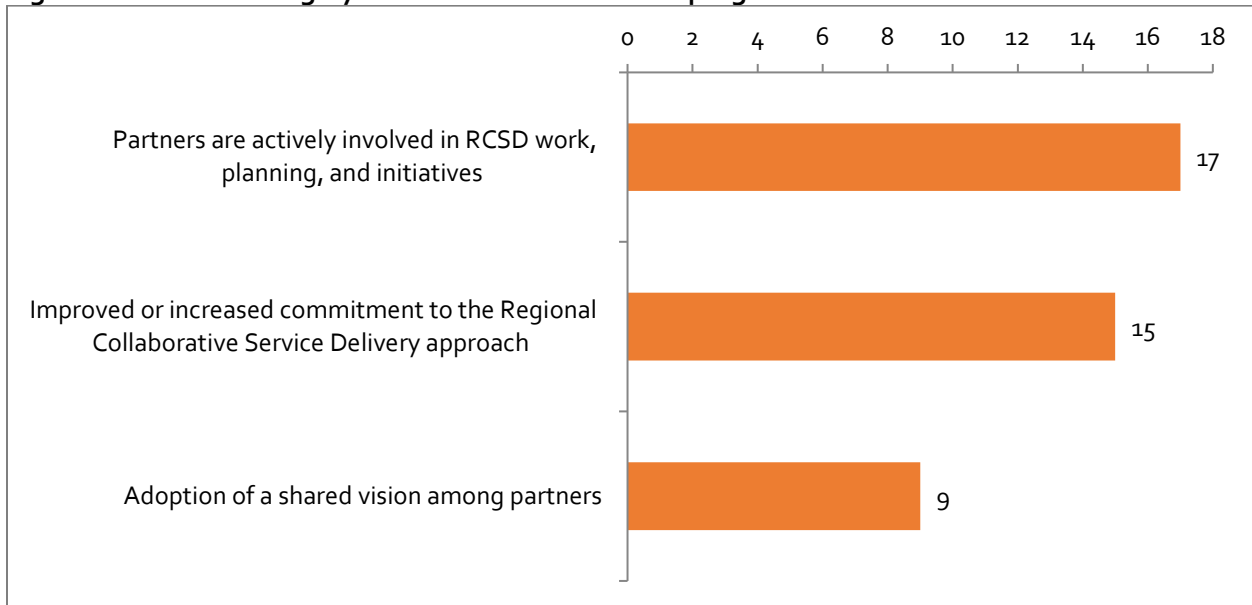


*Regional governance is effective; there is confidence in the RCSD approach; and, Funding is used effectively and efficiently were not included in W1

3. Partners are Engaged

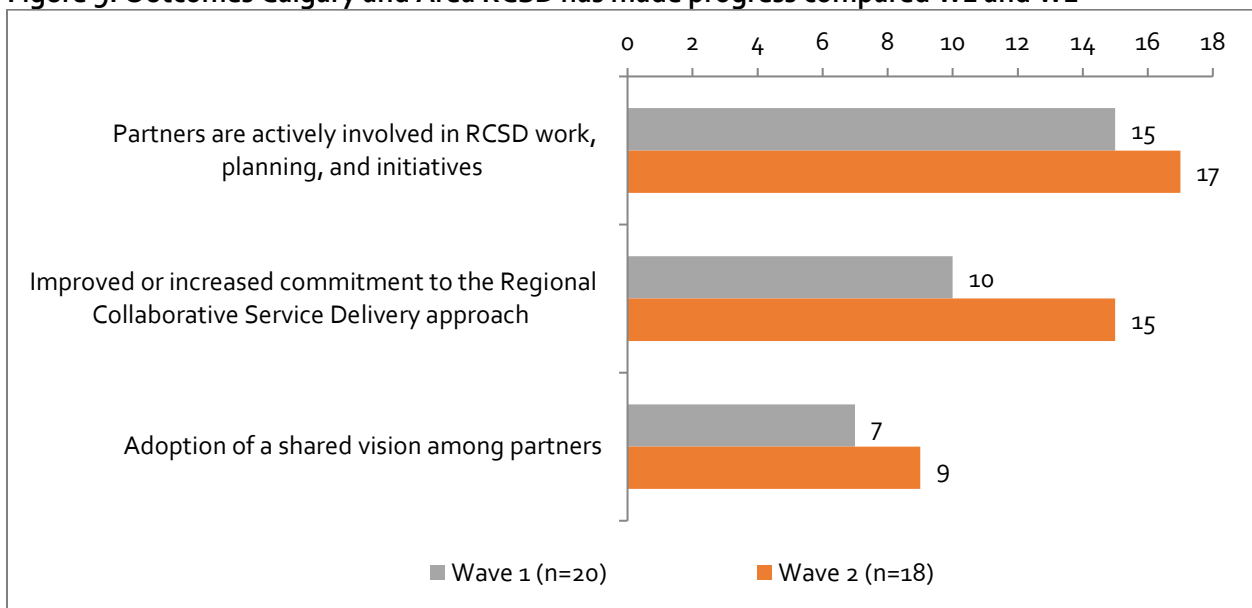
Partners indicate active involvement and engagement as the most successfully achieved outcome (17). The least progress was made to the outcome “Adoption of a shared vision among partners” (9).

Figure 8. Outcomes Calgary and Area RCSD has made progress towards Wave 2



Comparing across the two waves of data, partners demonstrate the largest improvement in the outcome of “Improved or increased commitment to the RCSD approach”, increasing by 5 points.

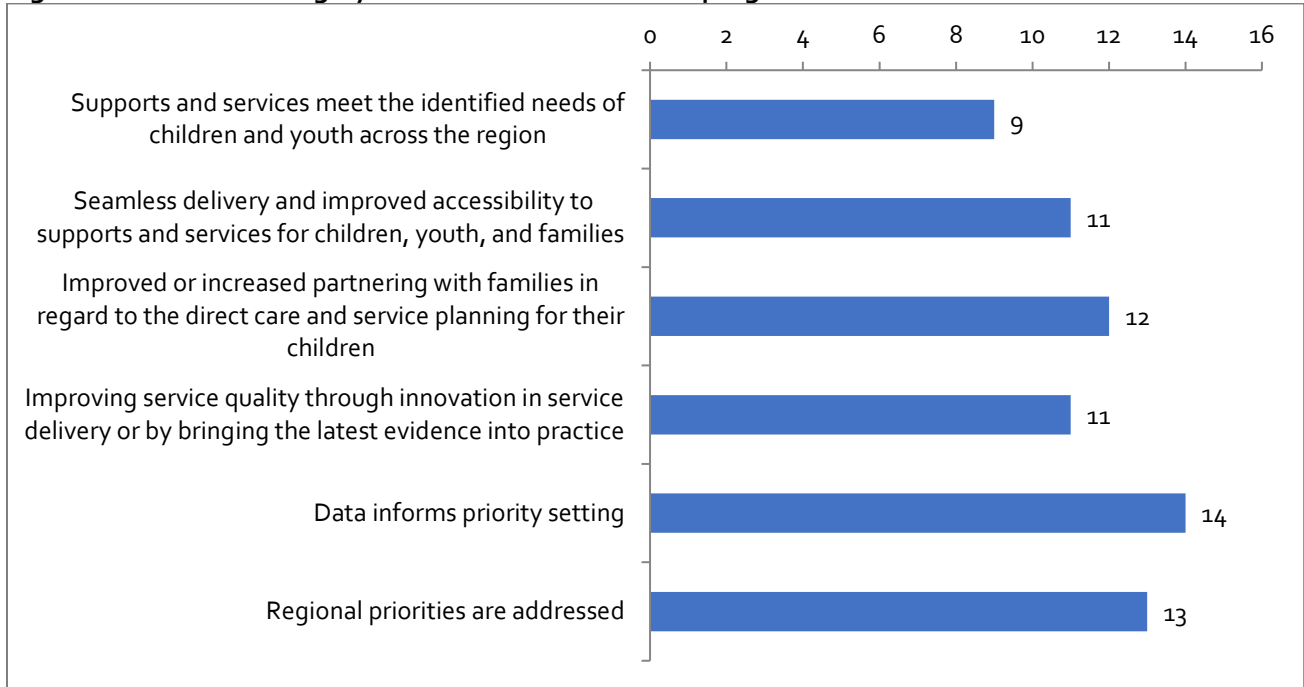
Figure 9. Outcomes Calgary and Area RCSD has made progress compared W1 and W2



4. The Needs of Children and Youth are Met / Enable Supports and Services

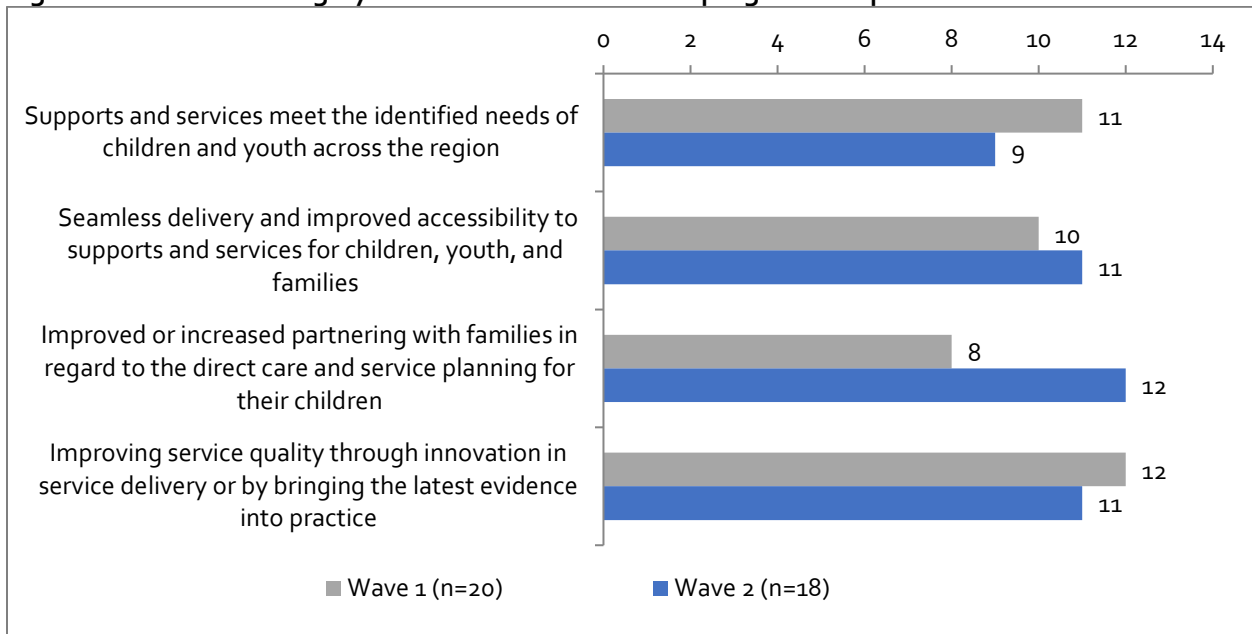
Network partners affirmed “Data informs priority setting” as most successfully achieved (14), followed by “Regional priorities are addressed” (13). They had the least confidence that “Supports and services meet the identified needs of children and youth across the region” (9).

Figure 10. Outcomes Calgary and Area RCSD has made progress towards Wave 2



Looking at both waves of data, partners show improvement in contribution to “improved/increased partnering with families in regard to the direct care and service planning for their children” (up 4 points). On the other hand, losses were sustained in “Supports and services meet the identified needs of children and youth across the region” (down 3 points).

Figure 11. Outcomes Calgary and Area RCSD has made progress compared W1 and W2

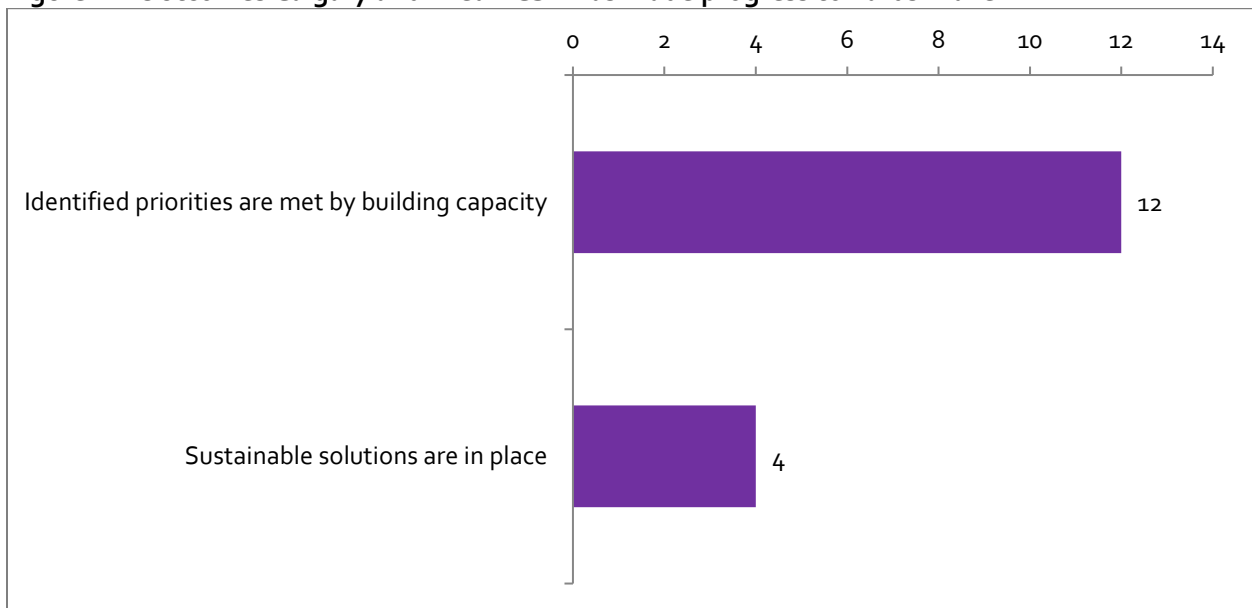


*Data informs priority setting and Regional priorities are addressed were not included in W1

5. System Improvement

Respondents note a large difference in outcomes contributing to this dimension. There is confidence in progress toward “Identified priorities are met by building capacity” (12) and less so for “Sustainable solutions are in place” (4). *No outcomes for system improvement existed for Wave 1 of data collection so this factor cannot be compared.*

Figure 12. Outcomes Calgary and Area RCSD has made progress towards Wave 2



Most Successfully Achieved Outcomes

Respondents were asked: Which outcome has Calgary and Area RCSD most successfully achieved?

Overall, eight outcomes were ranked by respondents as 'most successfully achieved.' 35% of respondents (6) chose "Improved or increased collaboration and partnering processes among RCSD partners (at the planning and service delivery level)", while 18% of respondents (3) chose "Partners are actively involved in RCSD work, planning, and initiatives" as the most successfully achieved outcome.

Figure 13. Outcomes Calgary and Area RCSD has most successfully achieved Wave 2

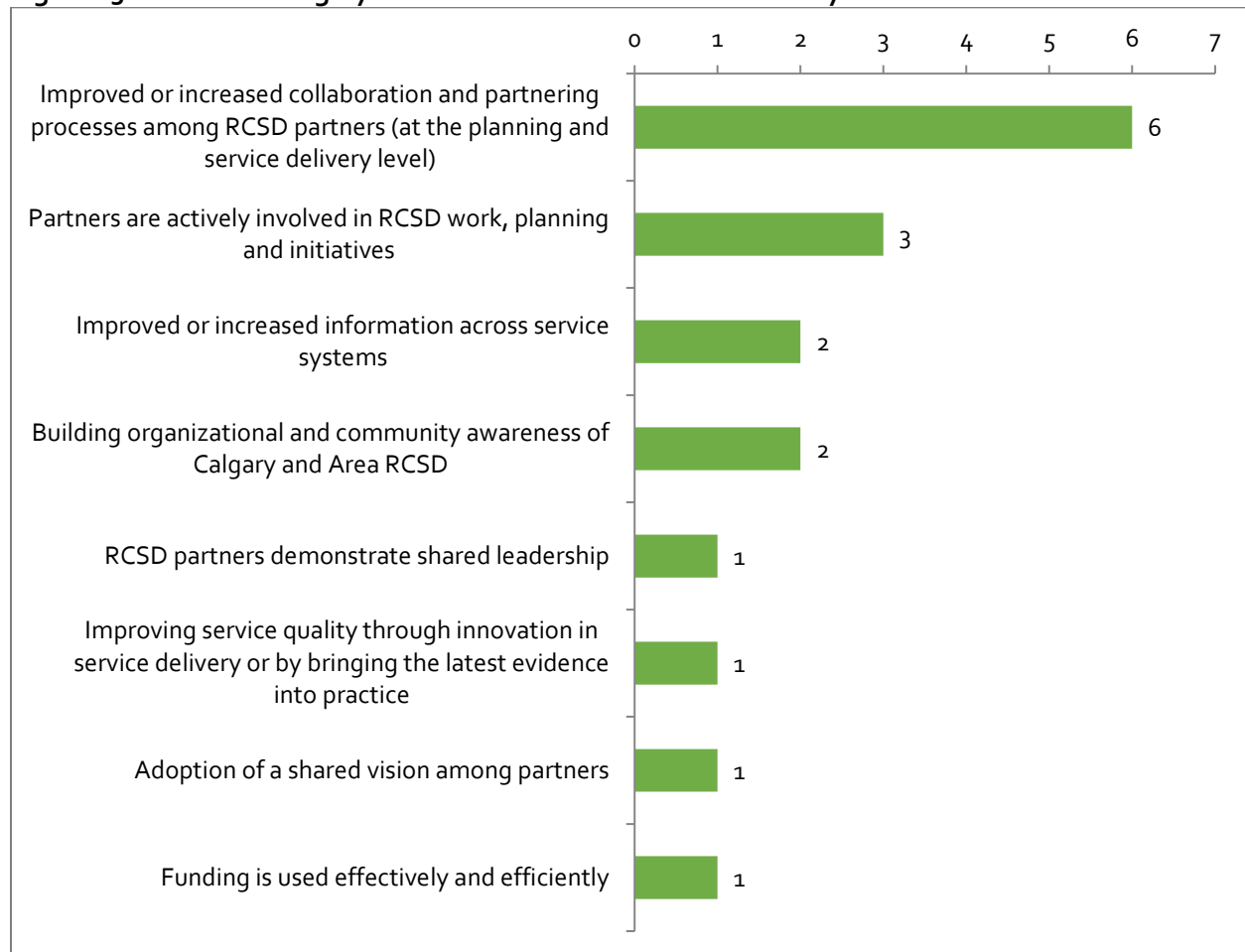
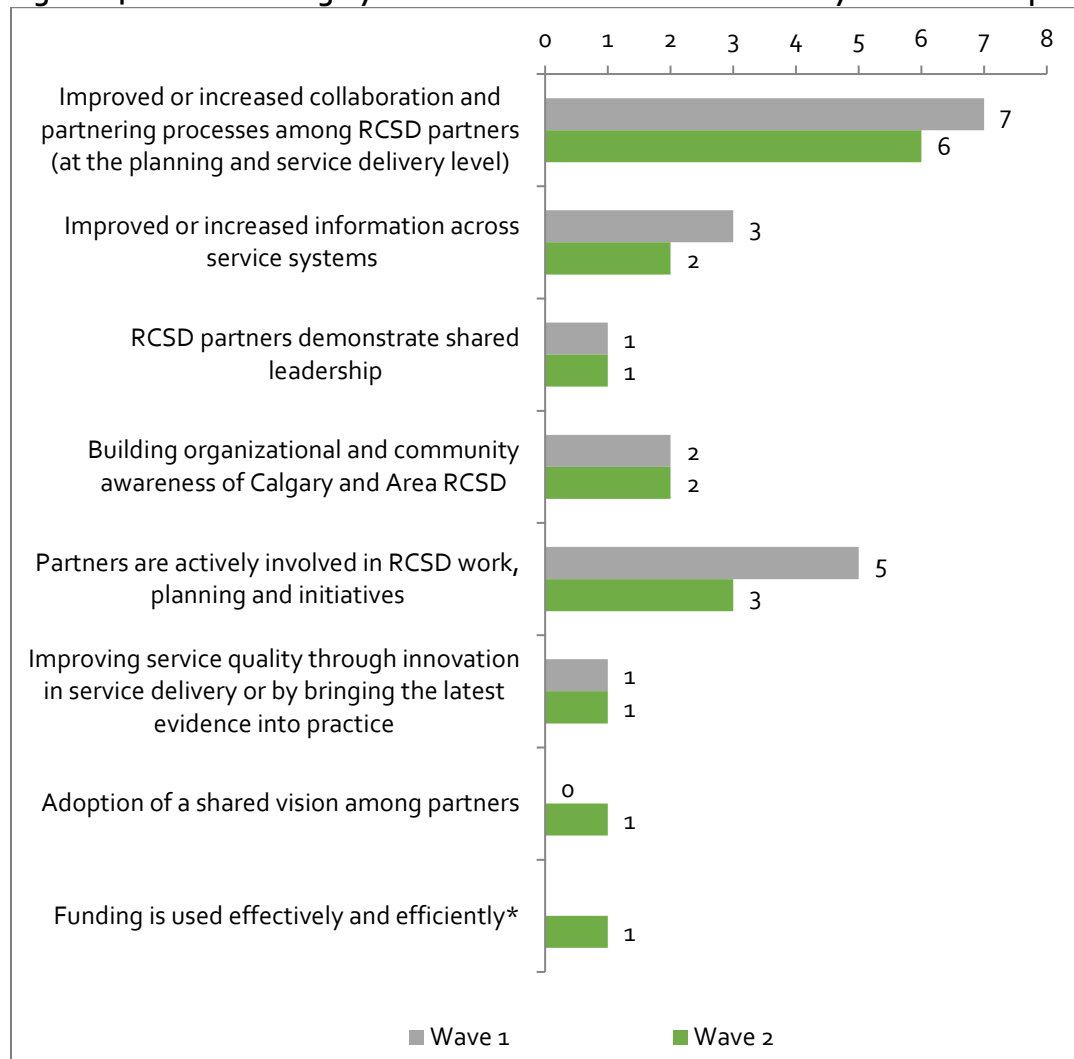


Figure 13 shows that selected across the 5 outcome areas, "Effective leadership/governance" had three outcomes ranked as successfully achieved and "System improvement" had no outcomes selected:

1. Effective collaboration: 2 outcomes selected
2. Effective leadership/governance: 3 outcomes selected
3. Partners are engaged: 2 outcomes selected
4. The needs of children and youth are met/enable supports and services: 1 outcome
5. System improvement: 0 outcomes selected

Further, looking at W1 and W2 data, there is no factor in which W2 indicates an increase in confidence greater than W1 data.

Figure 14. Outcomes Calgary and Area RCSD has most successfully achieved compared W1 and W2



* Outcome was not asked in Wave 1 data collection

Making Sense of the Data

Based on the outcome data above, consider the following questions:

- Do network members agree on which outcomes have received the greatest contribution?
- What would explain the difference in agreement, if any?
- Do current network strategies align with the outcomes?

Potential action steps:

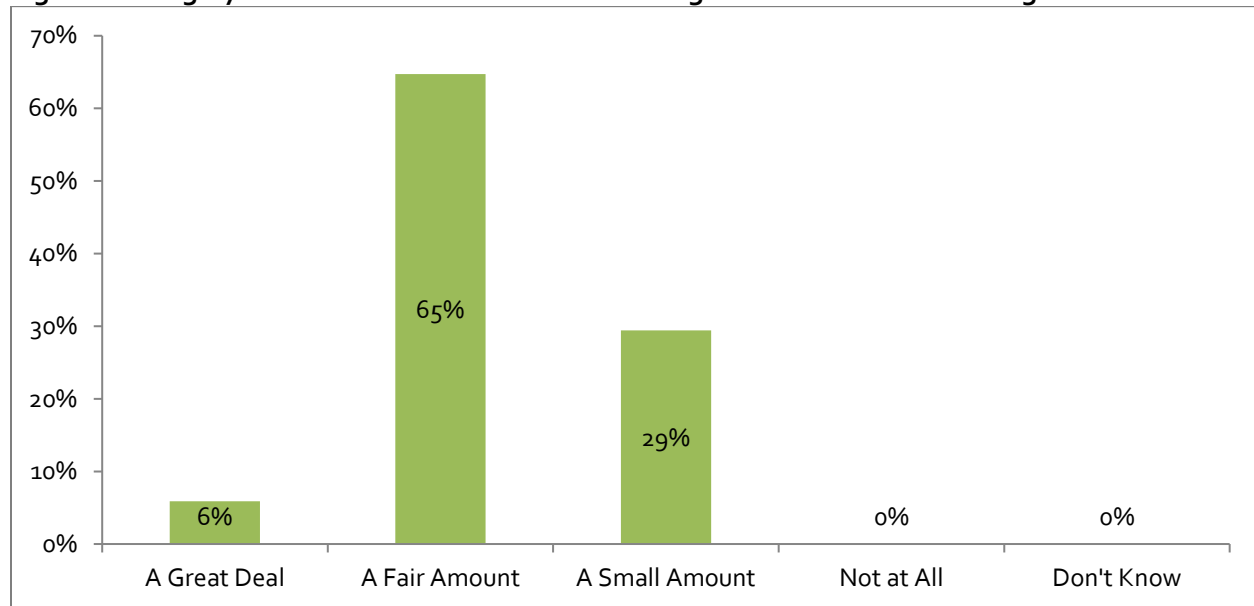
- Work collaboratively to identify the top potential outcomes of the network.
- Determine which resources are available to build up strategies to contribute to stated outcomes.

Perceptions of Success

Questions on how members define success help networks understand which factors facilitate collaborative success. This data highlights the potential that community collaboratives have to improve capacity of individual organizations as well as to strengthen the capacity of the larger community through their partnerships.

Respondents were asked: How successful has Calgary and Area RCSD been at realizing its collaborative advantage?

Figure 16. Calgary and Area RCSD's success at reaching its collaborative advantage



Majority of respondents (65%) stated Calgary and Area RCSD has been successful "A fair amount" at realizing its collaborative advantage. 29% stated "A small amount" and 6% stated "A great deal". *In Wave 1, participants were provided this question on a different scale that cannot be compared with W2 data.*

Respondents were asked: What aspects of collaboration contribute to the success of Calgary and Area RCSD? (Choose all that apply.)

Respondents assessed the following as the top four aspects of this network that contribute to its success, to date:

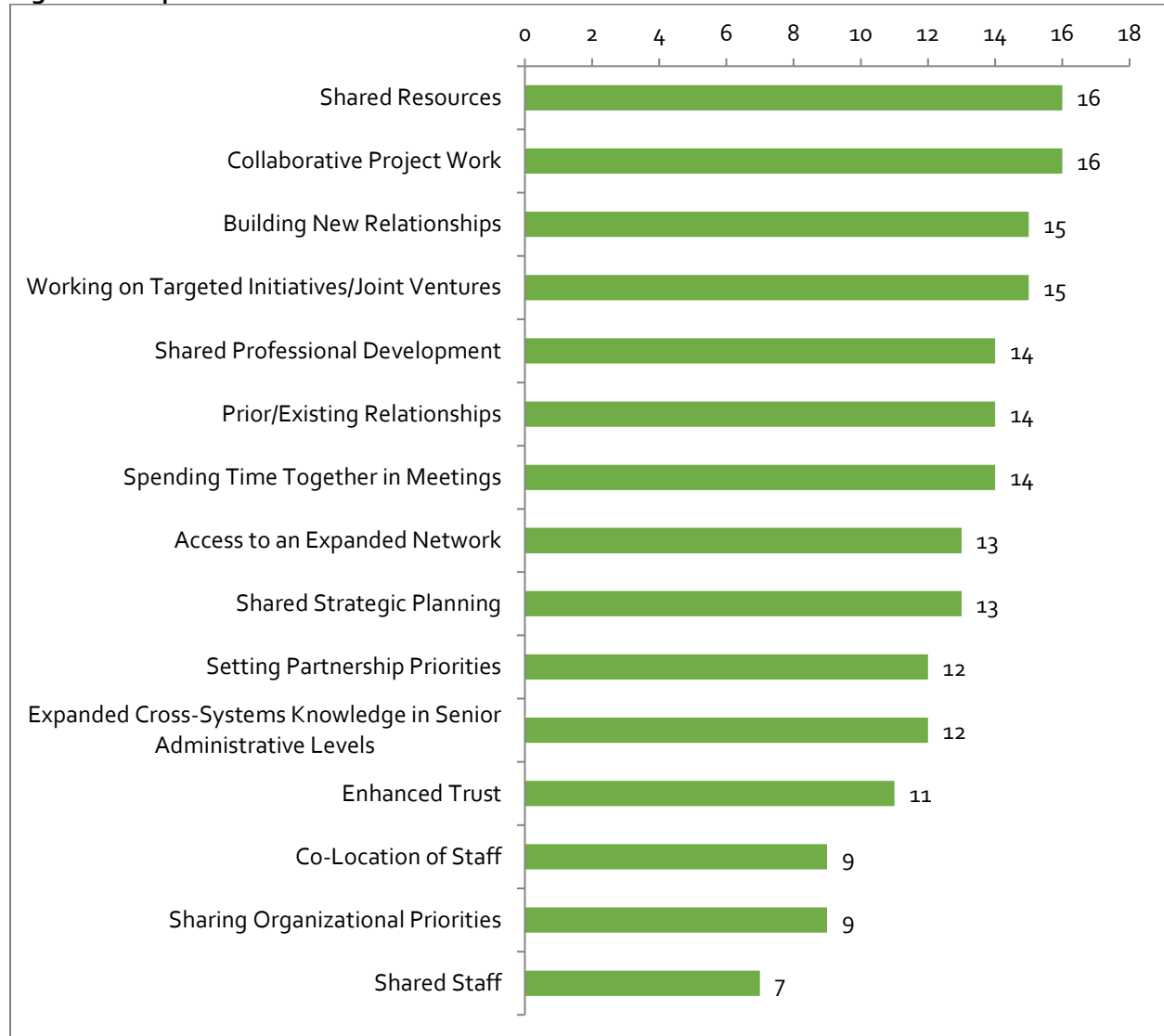
- Shared resources (16)
- Collaborative project work (16)
- Working on targeted initiatives/joint ventures (15)
- Building new relationships (15)

The bottom three aspects of this network that contribute to its success to date reported by respondents are:

- Co-location of staff (9)
- Sharing organizational priorities (9)
- Shared staff (7)

Note that while these were the same three selected in W₁, the scores have increased at W₂: “Co-location of staff” (4); “Sharing organizational priorities” (3); and, “Shared staff” (4).

Figure 16. Aspects of collaboration that contribute to success Wave 2

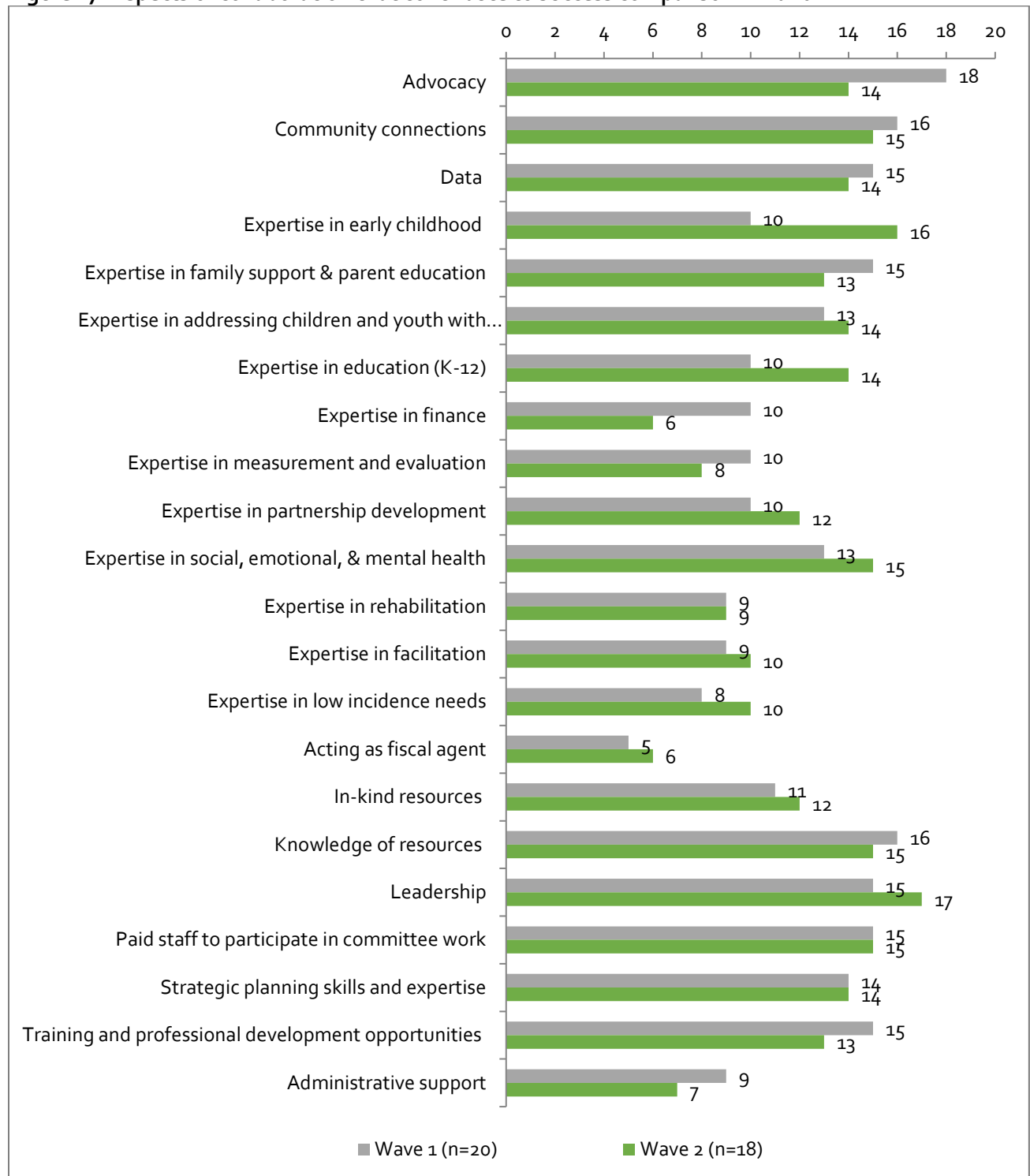


W₂ data shows increases in the following collaboration factors (by greater than 1 point):

- Sharing organizational priorities (+6)
- Co-location of staff; Spending time together in meetings (+5)
- Shared staff; Collaborative project work (+3)
- Enhanced trust, Shared strategic planning, Shared resources (+2)

Overall, of the 15 possible factors, W2 data shows increases in 12 of 15 factors.

Figure 17. Aspects of collaboration that contribute to success comparison W1 and W2



Making Sense of the Data

It's not uncommon to have varying perspectives on what goals the network is most likely to be 'successful in achieving'. Some questions to ask are:

- At meeting closure, if you were asked if the meeting was successful, how would you make that assessment?
- At the end of an operational year if you were asked if it was successful, how would you make that assessment?
- What indicators of success would you use?

Potential action steps:

- Discuss what success means and what aspects of collaboration contribute to it.
- Determine the resources available to build strategies to increase success.

Network Scores: Density, Centrality, and Overall Trust

Once a description of the network has been presented, the next step is to assess the characteristics and/or the quality of the relationships within the network. There are multiple types of relationship characteristics the PARTNER tool measures: type, strength, direction, and frequency of relationships. These relationships can be presented in a network map and in a table of scores.

The partners who responded to the survey reported they had many connections to one another. Those that responded reported that they collectively had 220 confirmed dyadic linkages. The average number of linkages per organization was 12.94 (out of a possible 17). This explains the:

- Density score (72%), which represents the percentage of ties present in the network in relation to the total number of possible ties in the entire network.
- Centralization score (11%), which represents the degree to which the network is “centralized” around a few nodes. The lower the centralization score, the more similar the members are in terms of their number of connections to others (e.g. more decentralized).

Trust: Overall, the 18 respondents rated their relationships as trusted between partners, with an overall **trust score of 83%**,⁴ which shows a 7% increase over W1 data (76%).

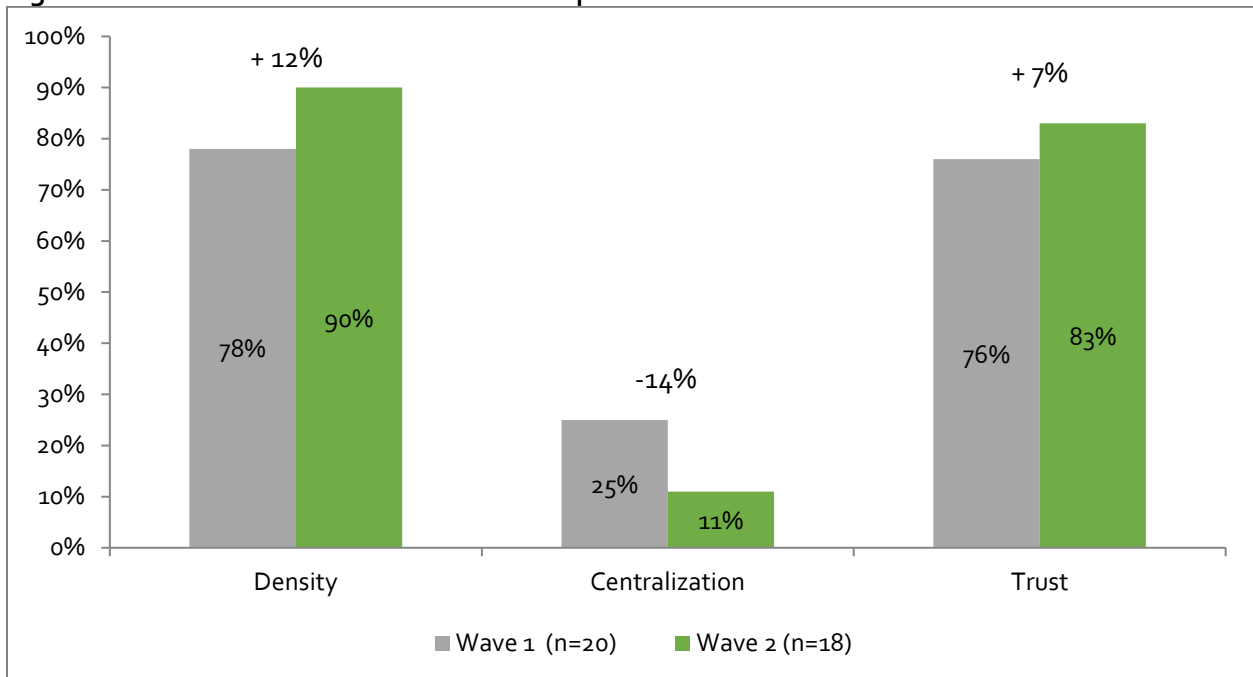
Table 4. Network measures and scores comparison

Factor	W2	Definition
Density	72%	Percentage of ties present in the network in relation to the total number of possible ties in the entire network.
Degree Centralization	11%	The lower the centralization score, the more similar the members are in terms of their number of connections to others (e.g. more decentralized).
Trust	83%	Percentage of how much members trust one another. 100% occurs when all members trust others at the highest level.

For all of the three measures (density, degree of centralization, and trust), W2 data show increases in each as depicted in the figure below.

⁴ Analysis for W1 Trust Score notes that the average trust score for the PARTNER data set is 75.85% (n=480).

Figure 18. Network measures and scores comparison W1 and W2



Making Sense of the Data

Consider the connectivity among members of this network – the data helps to: assess if there are vulnerabilities (i.e., weak relationships); find members that are not well connected; and, reduce redundancy in connectivity. Consider:

- What is the level of connectivity?
- Are there isolated members? How can they be 'brought in' to the network?
- How has trust developed in the network over time?

Potential action steps:

- DENSITY: find the balance between over/under connection of members to manage the network efficiently and effectively.
- CENTRALIZATION: find the balance between over/under coordination of members to manage the network efficiently and effectively.
- TRUST: focus on building/ increasing trust among members.

Overall Value and Trust

The overall value score is an average of the three value measures of power/influence, level of involvement, and resource contributions.

- Measuring value is important for an effective network to ensure you are leveraging all members' value within the network adequately.

The overall trust score is an average of the three trust measures of reliability, in support of mission, and open to discussion.

- Measuring trust is important for capacity-building within the network and is fundamental for an effective network, including having strong members who work well together, establishing clear and open communication, developing mutual respect and trust, and working toward a shared mission and goals.

The visuals below **show the relative overall value and trust of Calgary and Area RCSD network participants**. The larger nodes have more perceived overall value and trust among other network members. Each coloured circle represents one member of the network. The lines demonstrate when respondents indicated that they had a relationship with another member of the network. A higher number of lines indicate that a greater number of members reported relationships to that member. The figures below are followed by more detailed explanations of both value and trust. Appendix A "Network Scores - All Members" provides scores for individual network nodes.

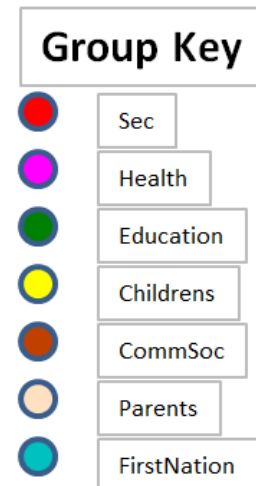


Figure 19. Overall value scores Wave 2

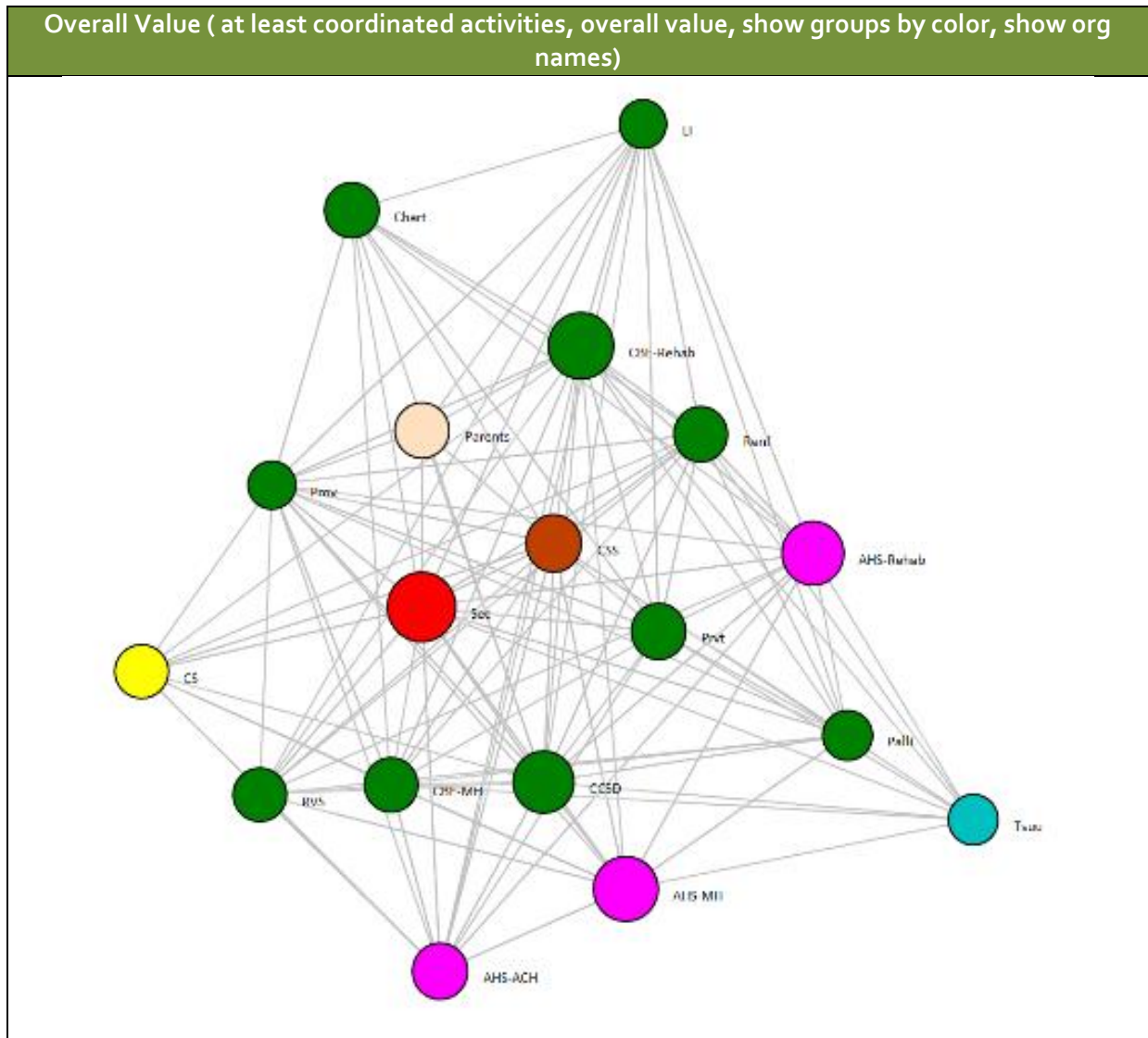
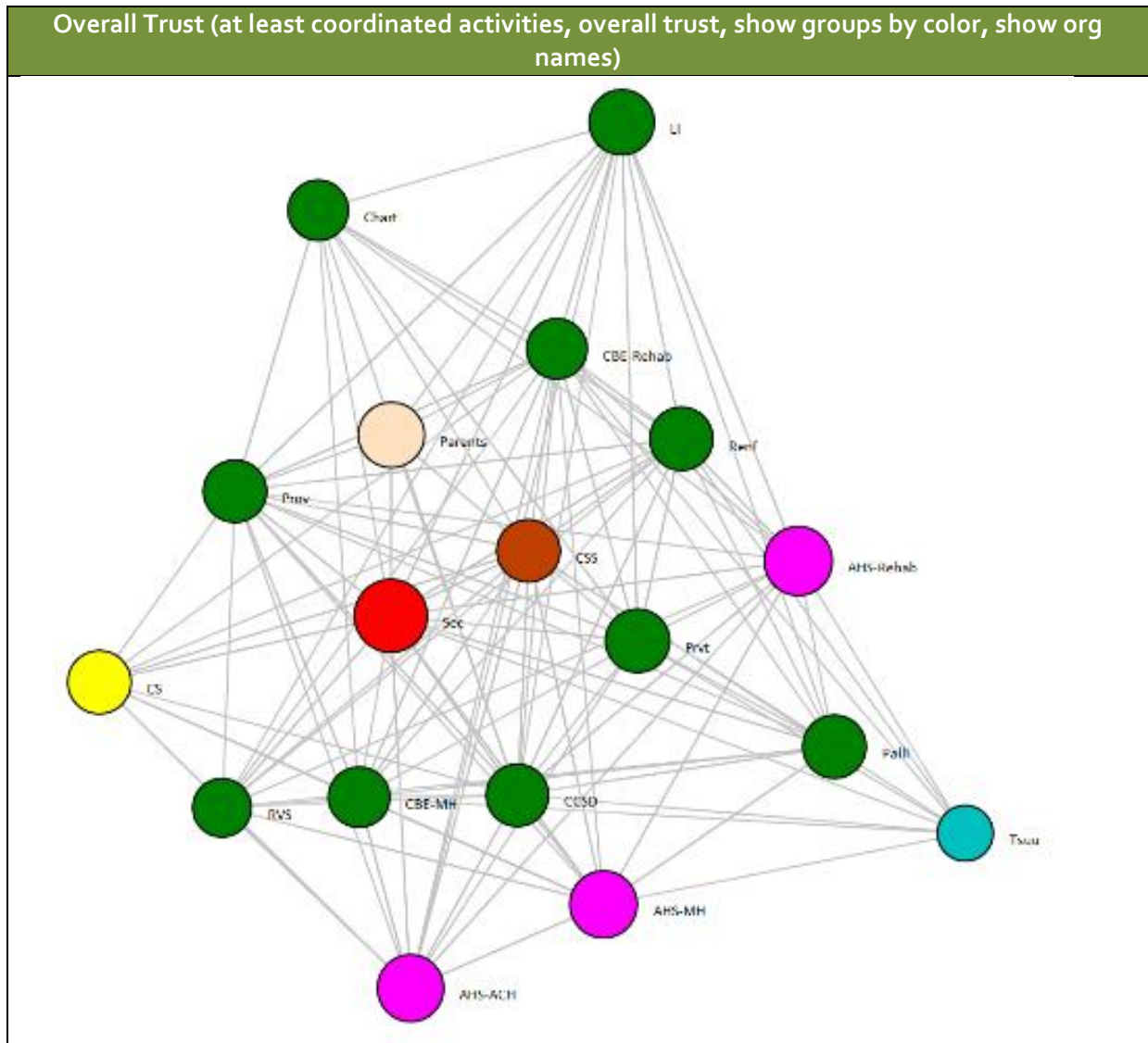


Figure 20. Overall trust scores Wave 2



Value

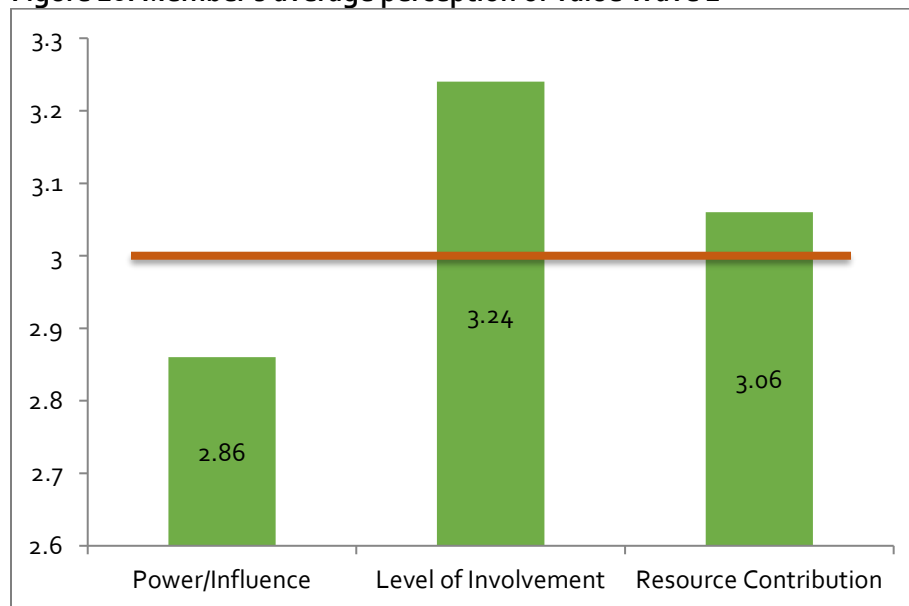
As indicated above, value measures include power/influence, level of involvement, and resource contributions. Table 5 provide a list of the value questions and their definitions.

Table 5. Value questions and definitions

Value Questions and Definitions	
1.	How valuable is this organization's power and influence to achieving the overall mission of Calgary and Area RCSD? (prominent position in the community by being powerful, having influence, success as a change agent, and showing leadership)
2.	How valuable is this organization's level of involvement to achieving the overall mission of Calgary and Area RCSD? (strongly committed and active in the partnership and gets things done)
3.	How valuable is this organization's resource contribution to achieving the overall mission of Calgary and Area RCSD? (brings resources to the partnership like funding, information or other resources)

Measuring value is important for an effective network to ensure you are leveraging all members' value within the network adequately. Members do not supply value in the same way, some use their power and influence, some donate their time based on their level of involvement, and some are able to contribute specific resources that the network needs to function. The following chart shows all members' averaged perceptions along the three dimensions of value. The scores suggest Calgary and Area RCSD is making progress towards leveraging the full value of its membership, with two out of three categories considered good in W2.

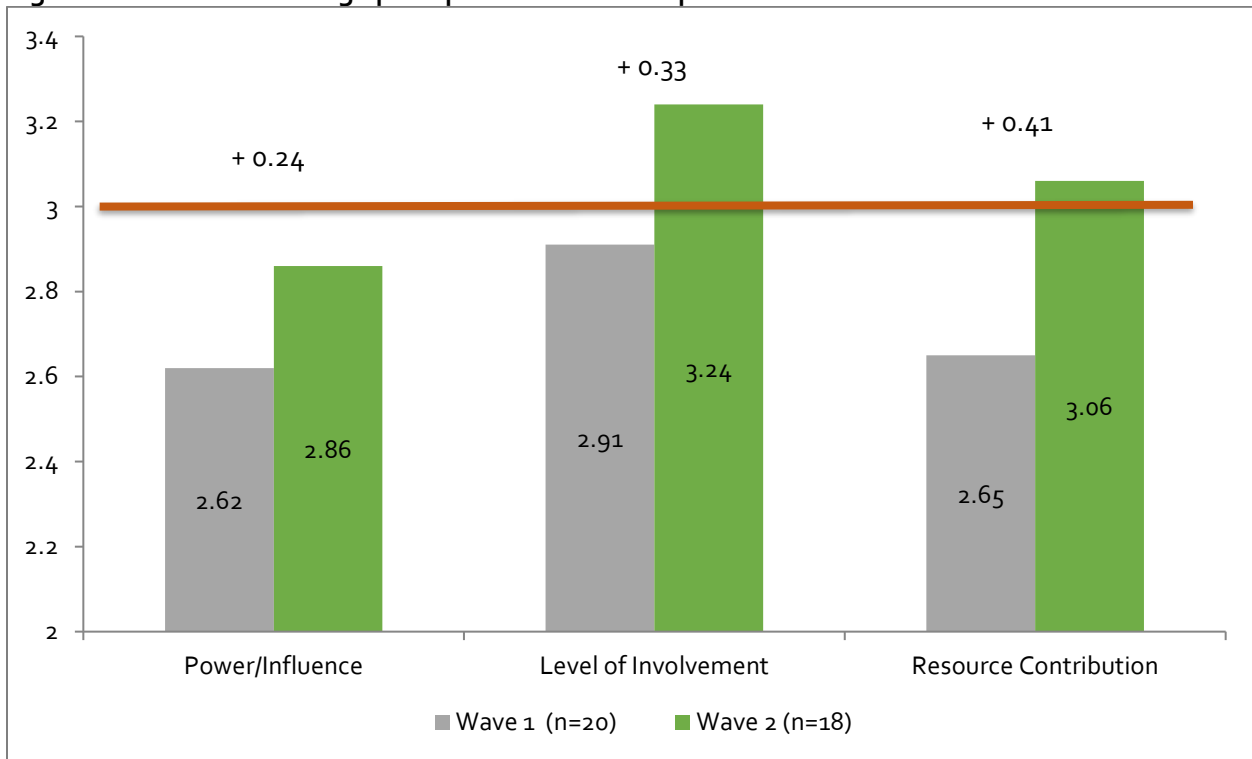
Figure 20. Member's average perception of value Wave 2



On graph to the left,
 1= Not at all
 2= A Small Amount
 3= A Fair Amount
 4=A great deal.

Scores above 3 are considered good.

Figure 21. Member's average perception of value comparison W1 and W2



Trust

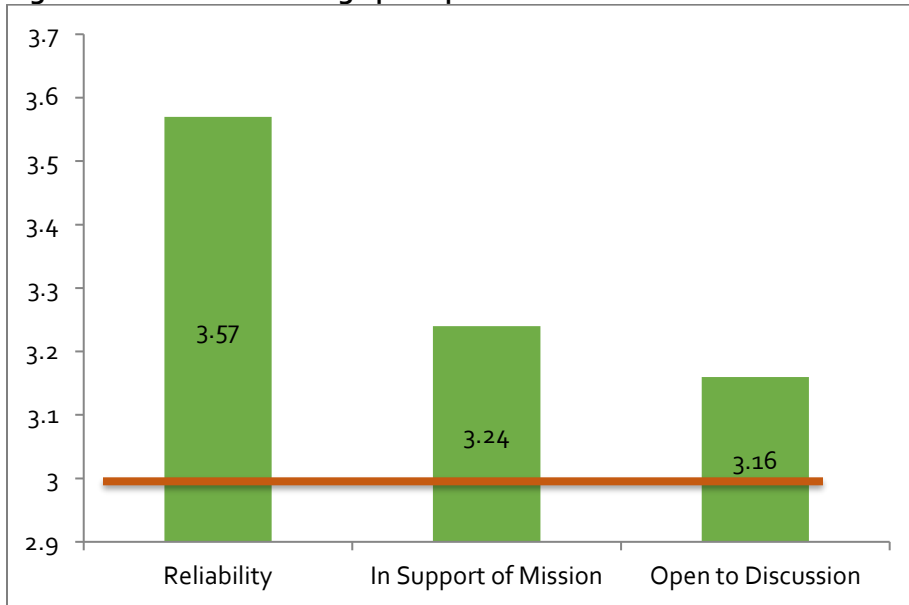
Trust measures include reliability, in support of mission, and open to discussion as outlined in the questions and definitions in the table below.

Table 6. Trust questions and definitions

Trust Questions and Definitions	
1.	How reliable is the organization (in terms of following through on commitments)?
2.	To what extent does the organization share a mission with Calgary and Area RCSD's mission and goals? (shares a common vision of the end goal of what working together should accomplish)
3.	How open to discussion is this organization? (willing to engage in frank, open and civil discussion especially when disagreement exists; willing to consider a variety of viewpoints and talk together; you are able to communicate with this organization in an open, trusting manner)

Measuring trust is important for capacity-building within the network and is fundamental for an effective network. This includes having strong members who work well together, establishing clear and open communication, developing mutual respect and trust, and working toward a shared mission and goals. The following chart shows the all members' averaged perceptions along the three dimensions of trust. Calgary and Area RCSD's trust scores are in the acceptable range with all ratings over 3.

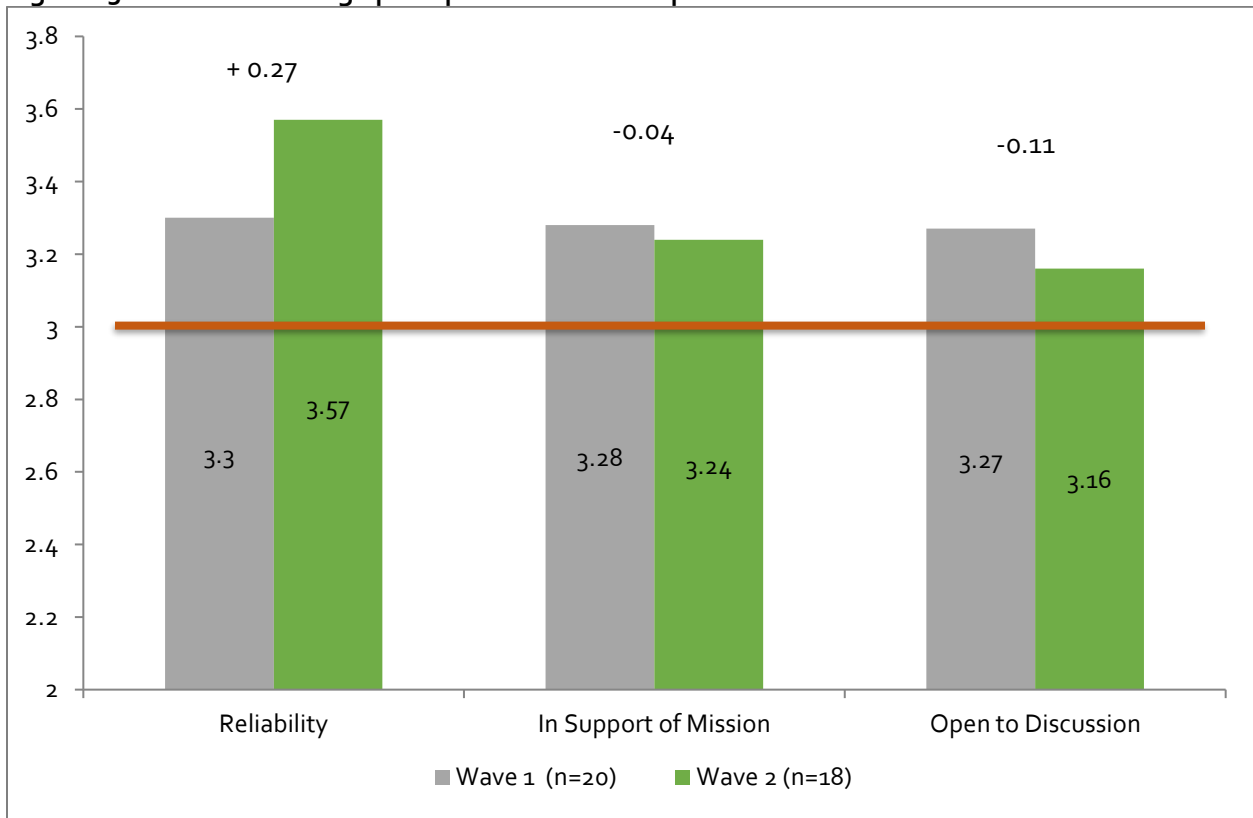
Figure 22. Member's average perceptions of trust Wave 2



On graph to the left,
1= Not at all
2= A Small Amount
3= A Fair Amount
4=A great deal.

Scores above 3 are considered good.

Figure 23. Member's average perception of trust comparison W1 and W2



Making Sense of the Data

Perceptions of value and trust are critical to network building. Consider:

-What do the value and trust scores tell you? Do they align with your experience? What do they tell you about how the network is functioning?

Potential action steps:

-Acknowledge and leverage the different ways members bring value to the network.

Network Maps – Relationship Activities

Respondents were asked: Please describe the nature of your relationship with this organization/program. (n=219)

24% identified that they had only awareness of one another, 23% identified that they have cooperative activities, while 33% indicated they have coordinated activities, and 20% indicated they had integrated activities with one another. In these visuals, each colored circle represents one member of the network. The lines demonstrate when respondents indicated that they had a relationship with another member of the network. A high number of lines indicate that a large number of partners indicated relationships to that organization.

The network map images in this section show what respondents reported that their relationships with other organizations in the context of Calgary and Area RCSD enabled them to achieve. They were asked to describe whether each of their relationships achieved the following outcomes.

Note the network maps visualize W2 data only. Any changes between W1 and W2 data will be noted in the narrative, only.

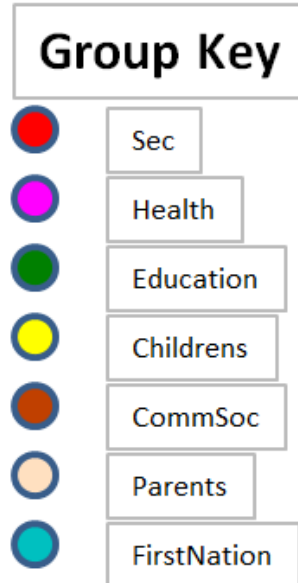
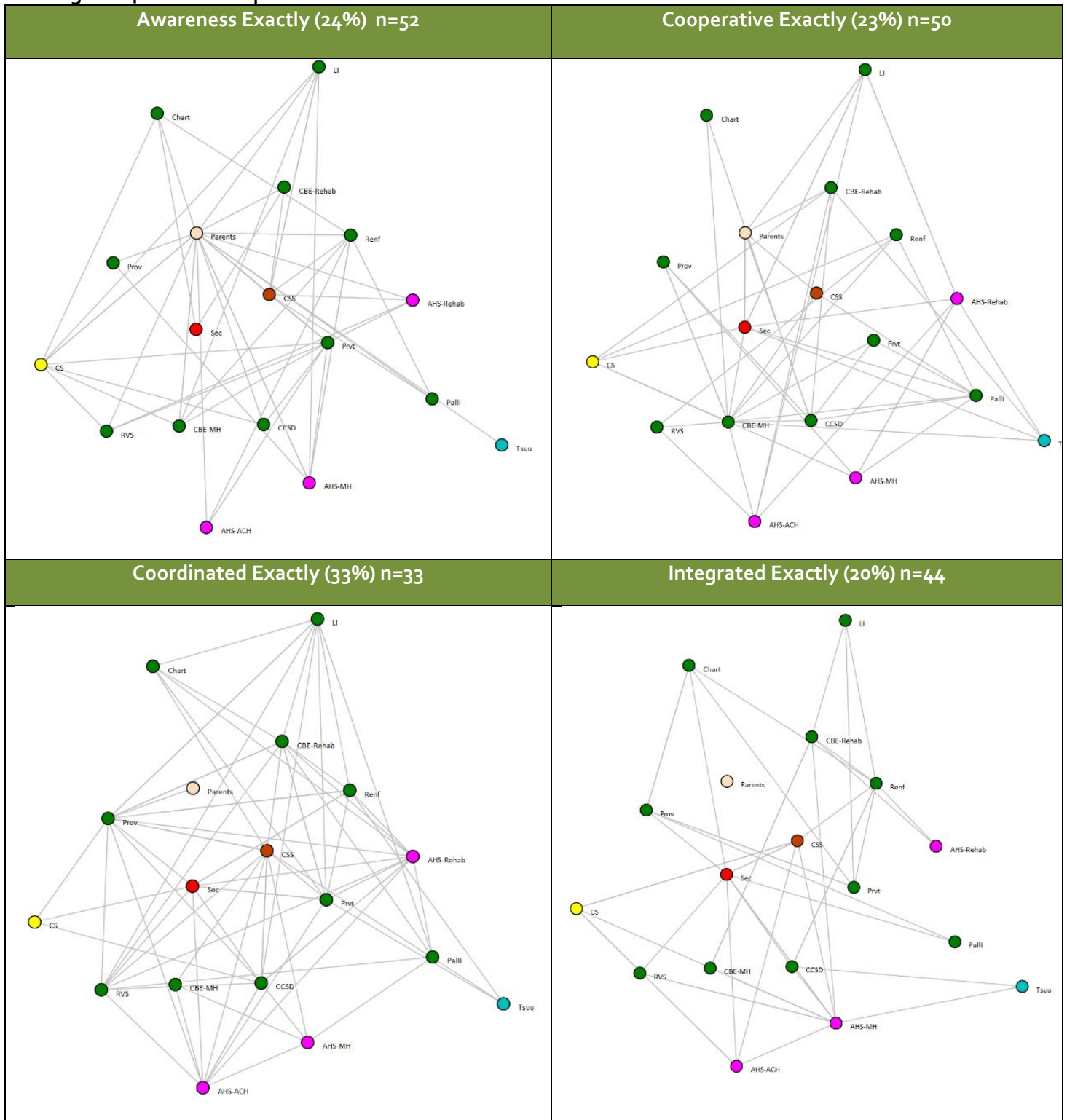


Figure 24. Relationship Activities



Network Maps – Outcomes

Respondents were asked: This relationship has [pick all that apply]: (n=170)

In these visuals, each colored circle represents one member of the network. The lines demonstrate when respondents indicated that they had a relationship with another member of the network. A high number of lines indicate that a large number of partners indicated relationships to that organization.

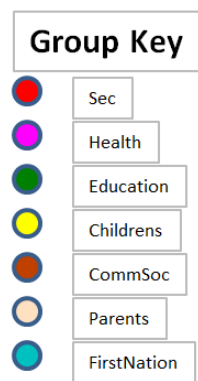
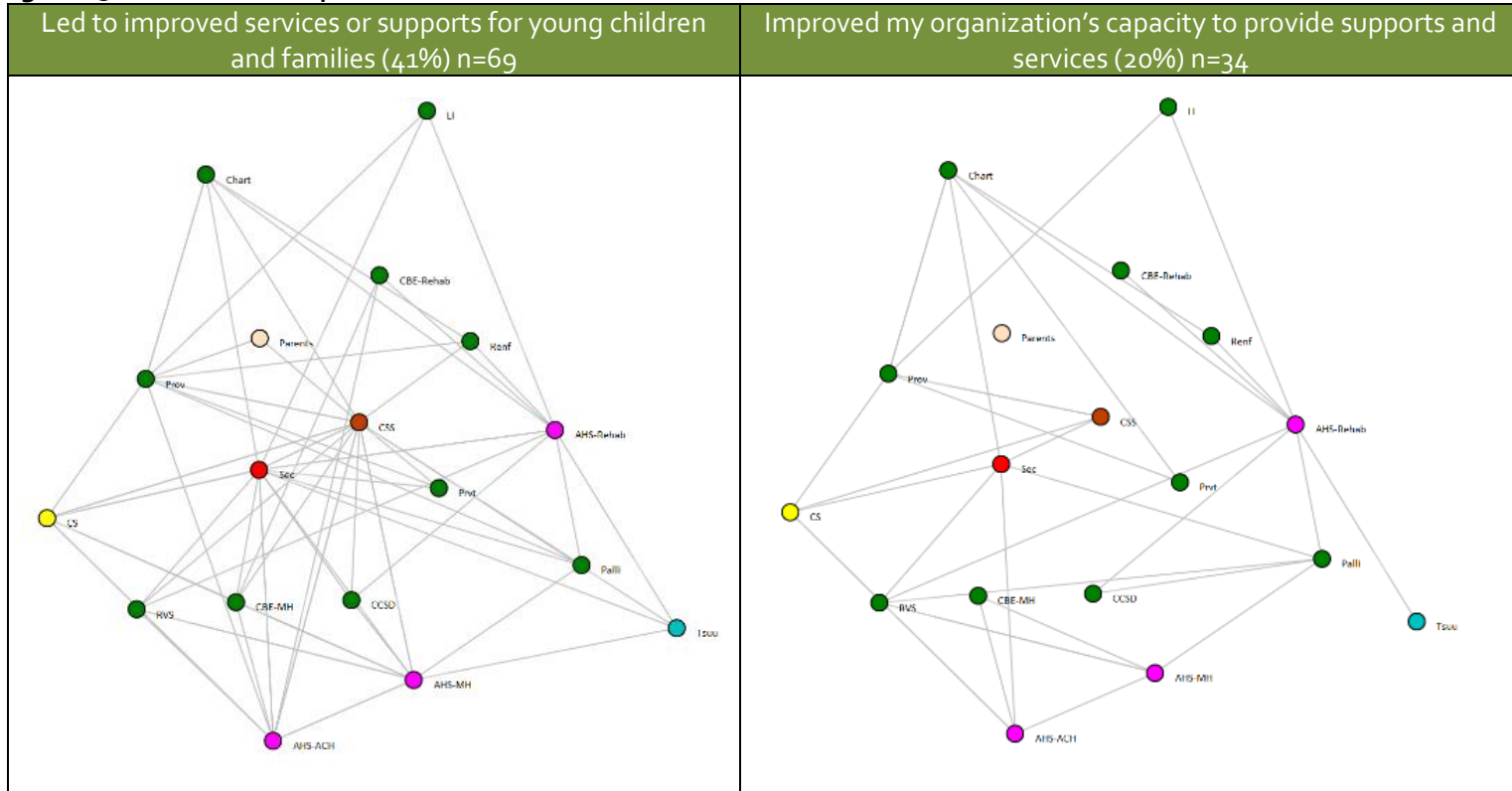
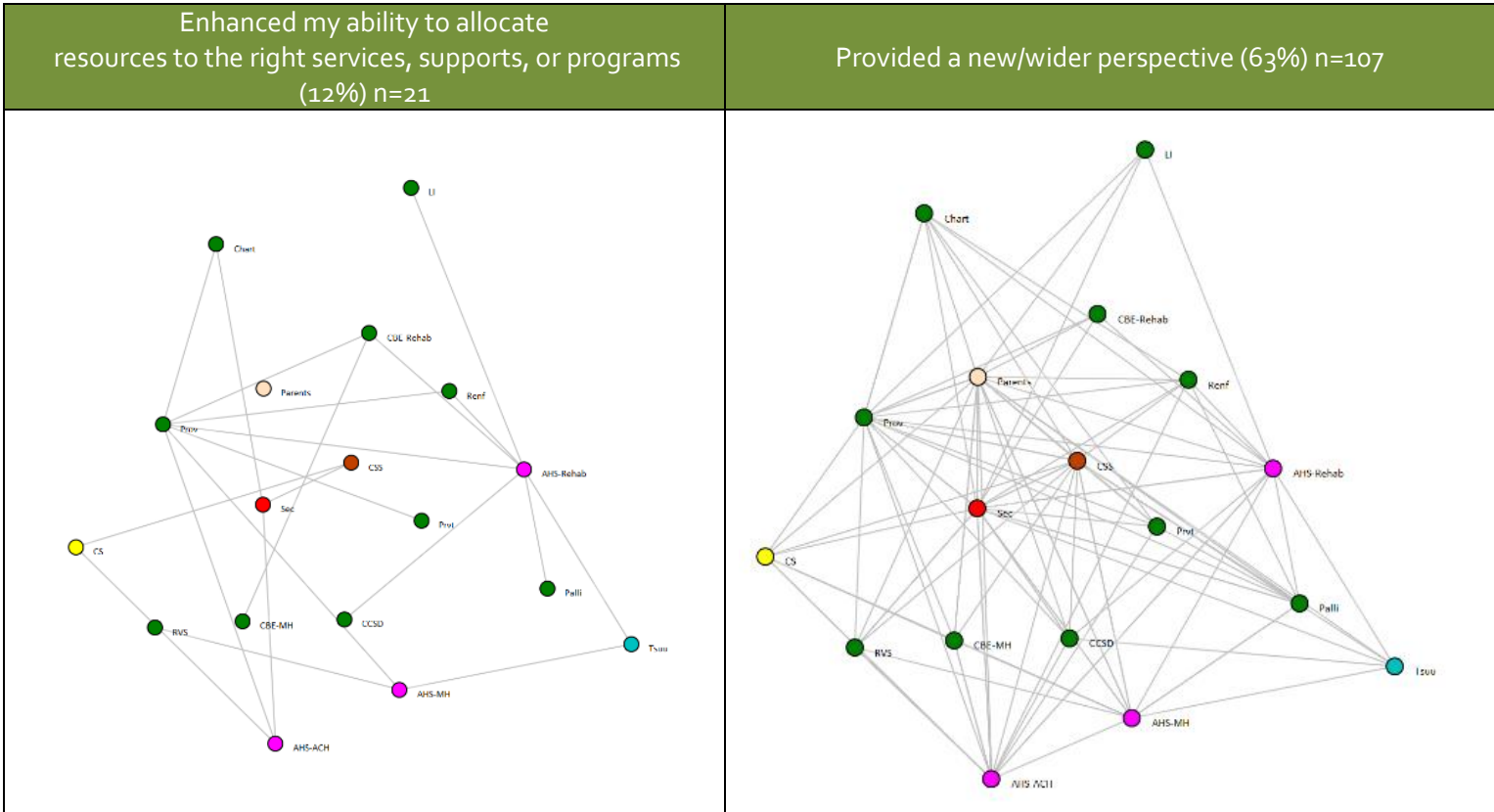
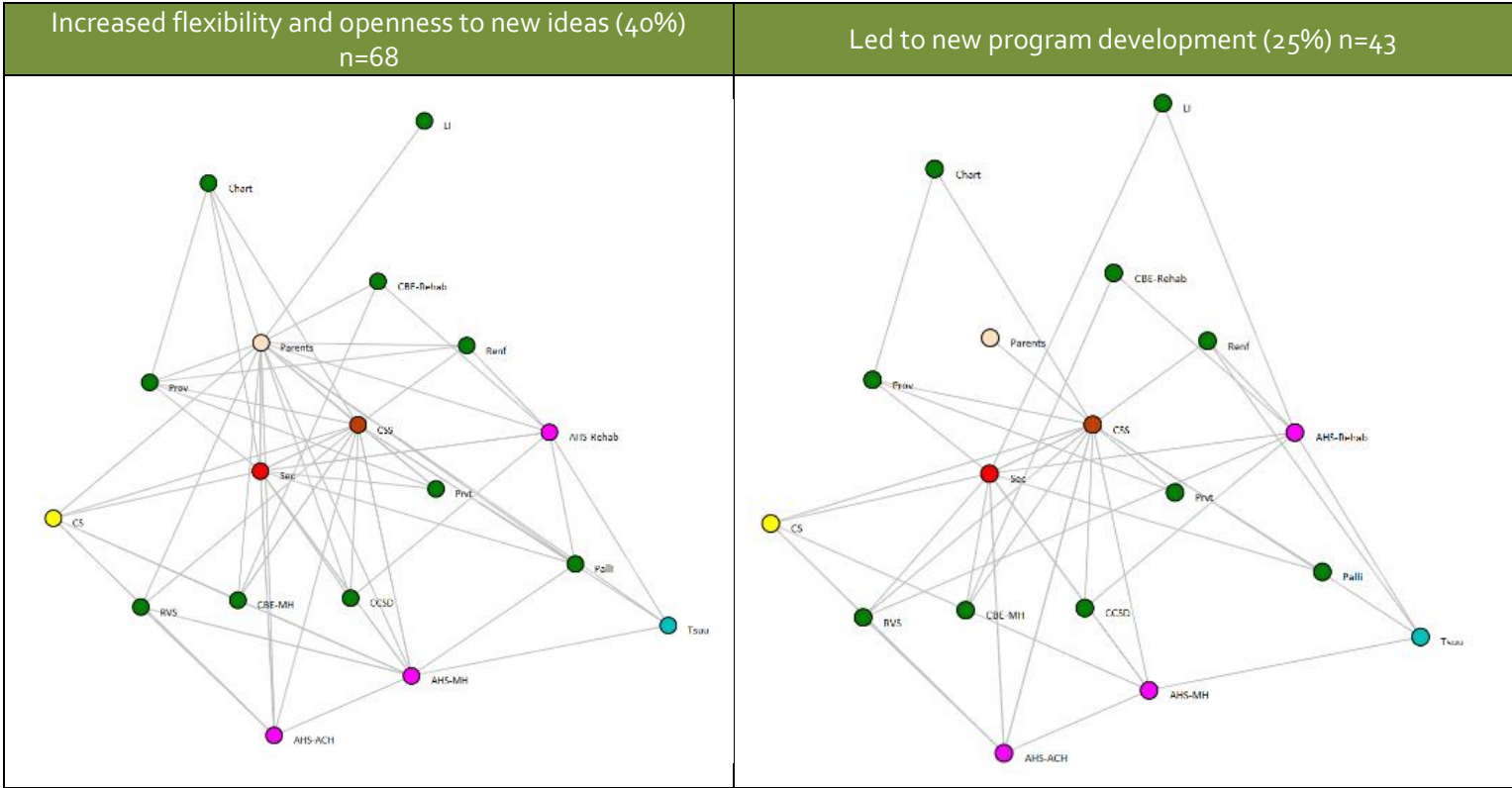


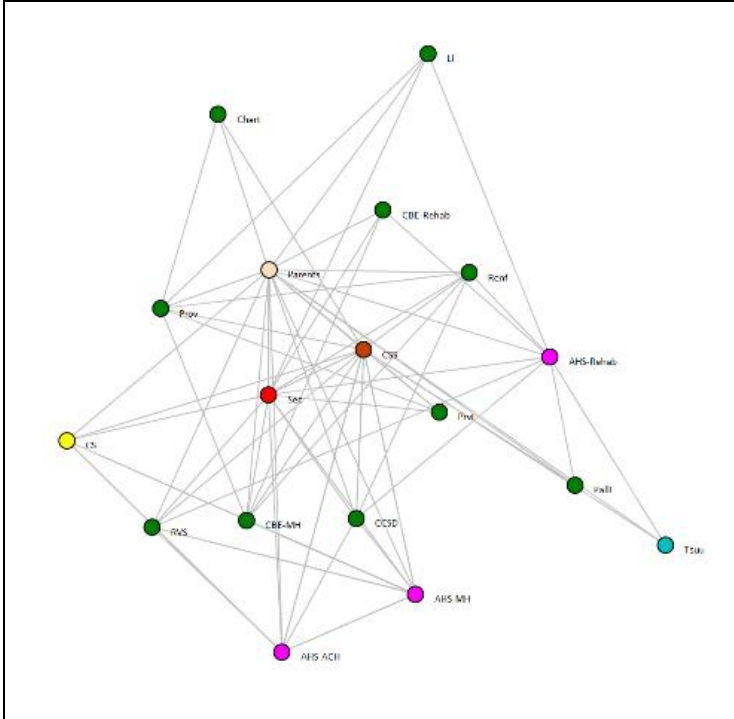
Figure 25. This relationship . . .



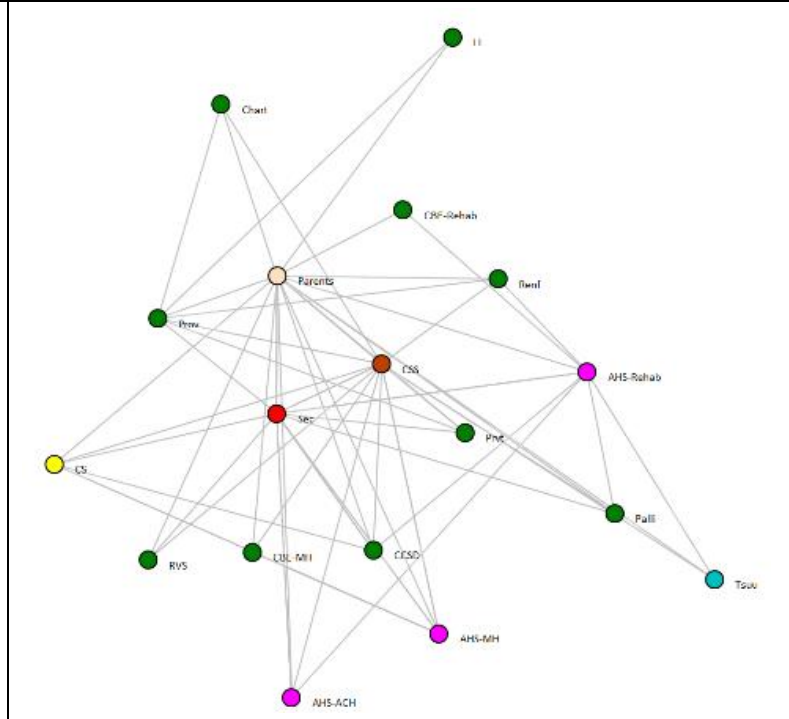




Led to improved processes (e.g. screening, referral, or follow-up process) (44%) n=75

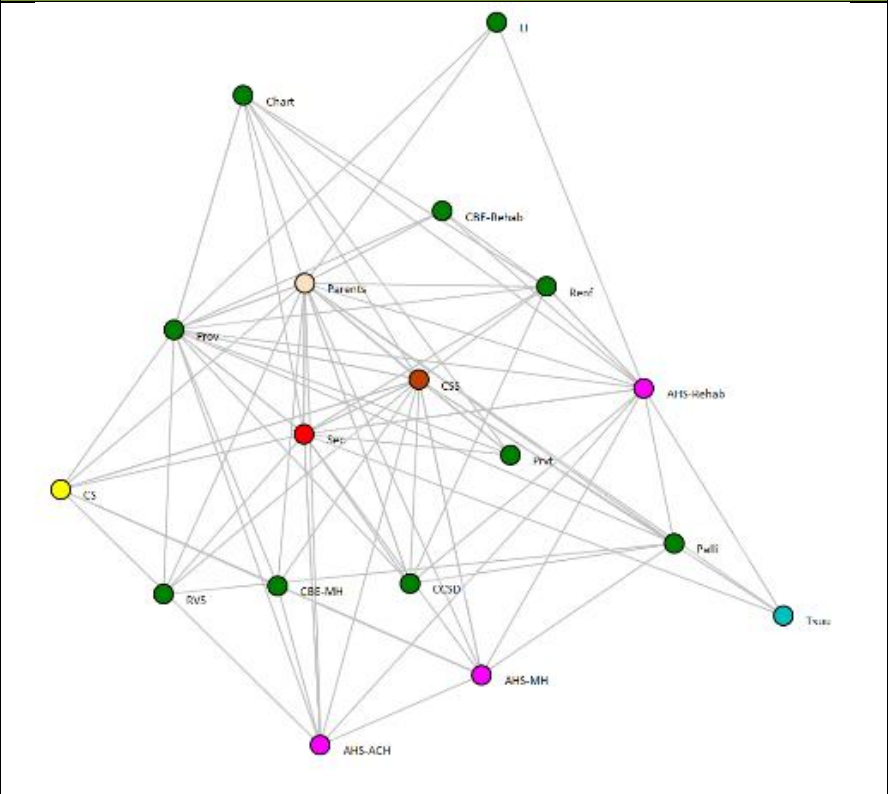
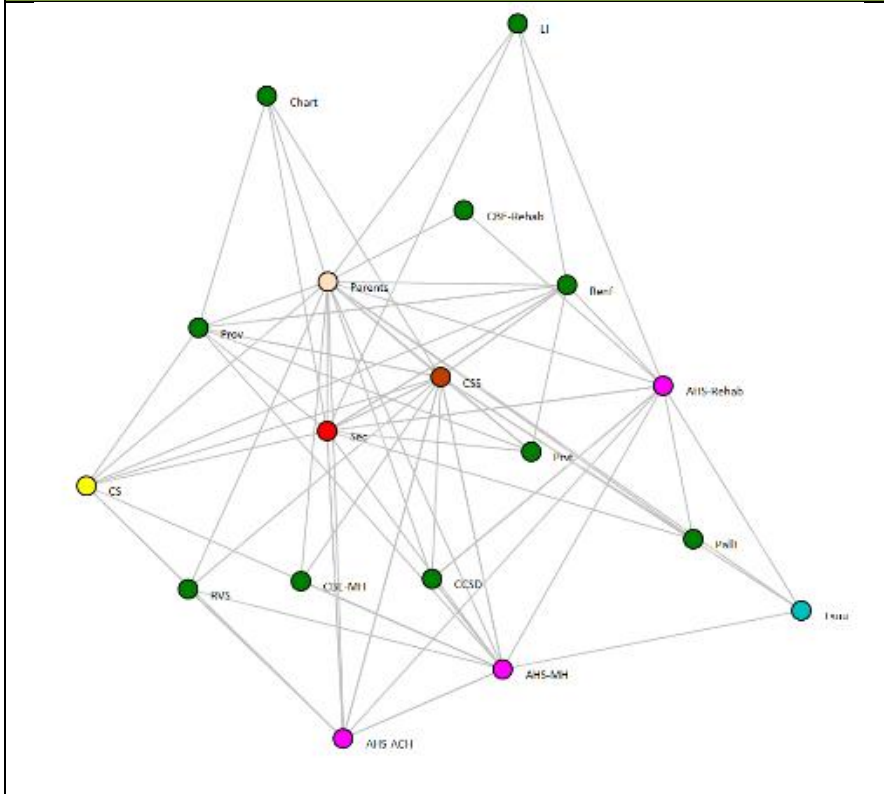


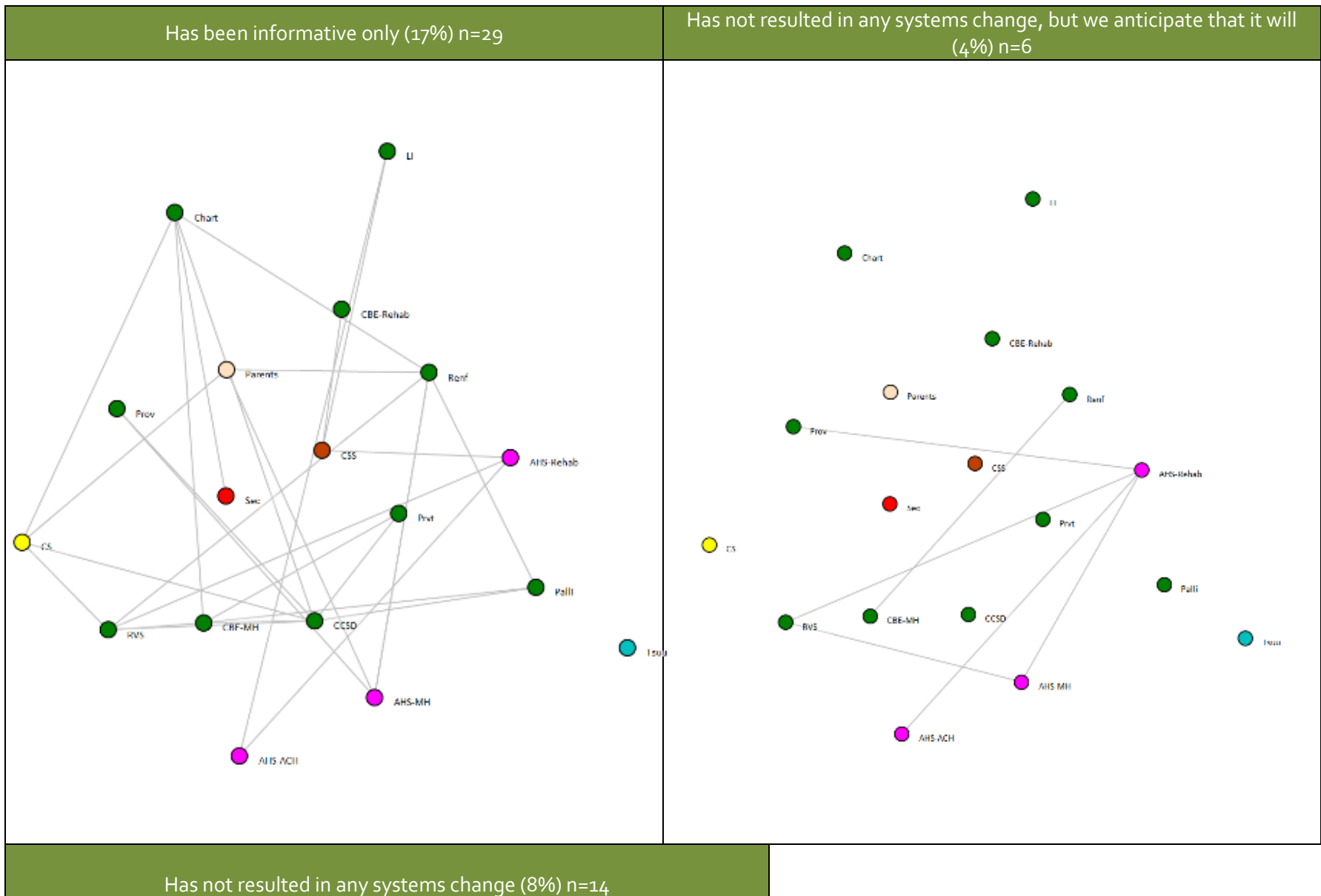
Led to a change in organizational culture toward partnership and collaboration (36%) n=61

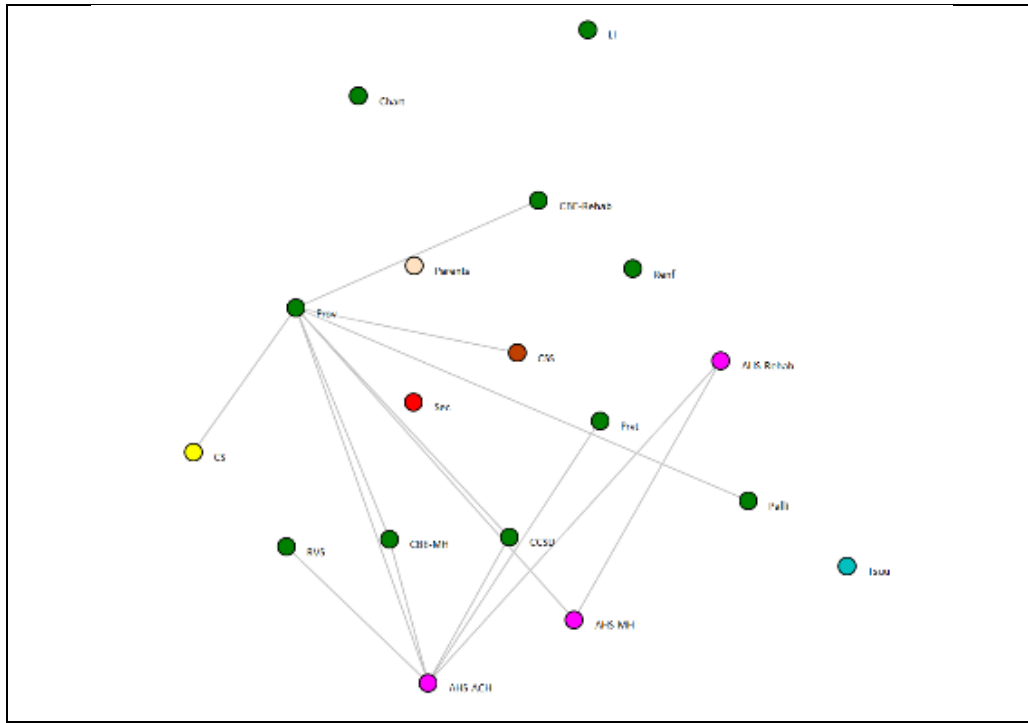


Led to an increased ability to navigate between systems to access services and supports (46%) n=79

Created a better appreciation/understanding of partner mandates (53%) n=90







Network Outcomes Comparison

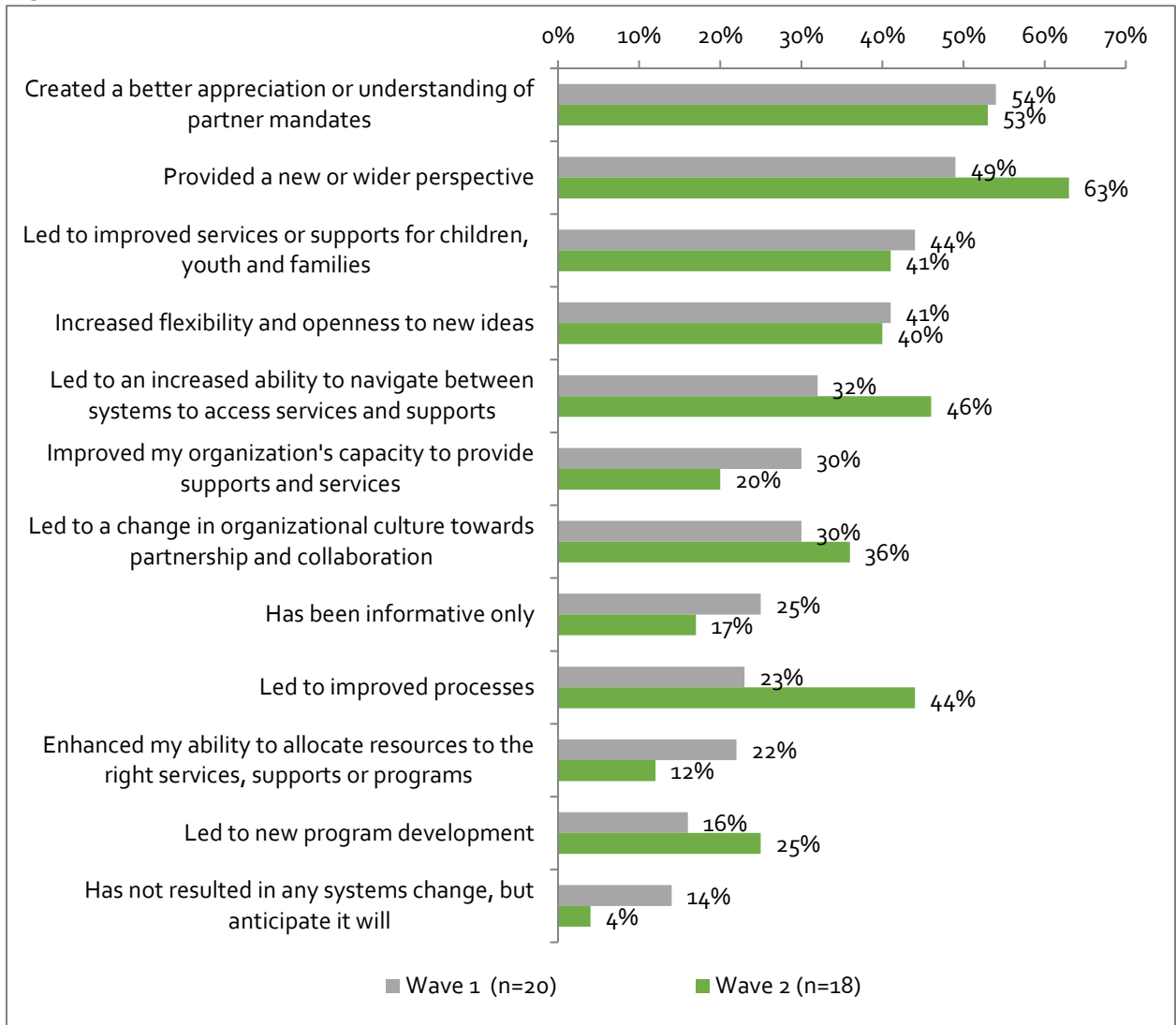
Overall, across the 12 factors identified in the figure, below, W2 data indicates increases in five:

- Led to improved processes (+21%)
- Provided a new or wider perspective (+14%)
- Led to an increased ability to navigate between systems to access services and supports (+14%)
- Led to new program development (+9%)
- Led to a change in organizational culture toward partnership and collaboration (+6%)

The remaining seven factors show a decrease in W2, with the largest decreases showing in:

- Improved my organization's capacity to provide supports and services (-10%)
- Has not resulted in any systems change, but anticipate it will (-10%)
- Enhanced my ability to allocate resources to the right services, supports, programs (-10%)

Figure 26. Network Outcomes Comparison W1 and W2 (all that apply)



Making Sense of the Data

Reflecting on the previous network maps, explore who is working with whom, on what kinds of activities, or at what level. Consider the following:

- Are network connections primary based on cooperation, coordination, or integration? Are these the appropriate or necessary relationships for the network? If not, why not?
- At what level of frequency are members interacting? Is this sustainable?

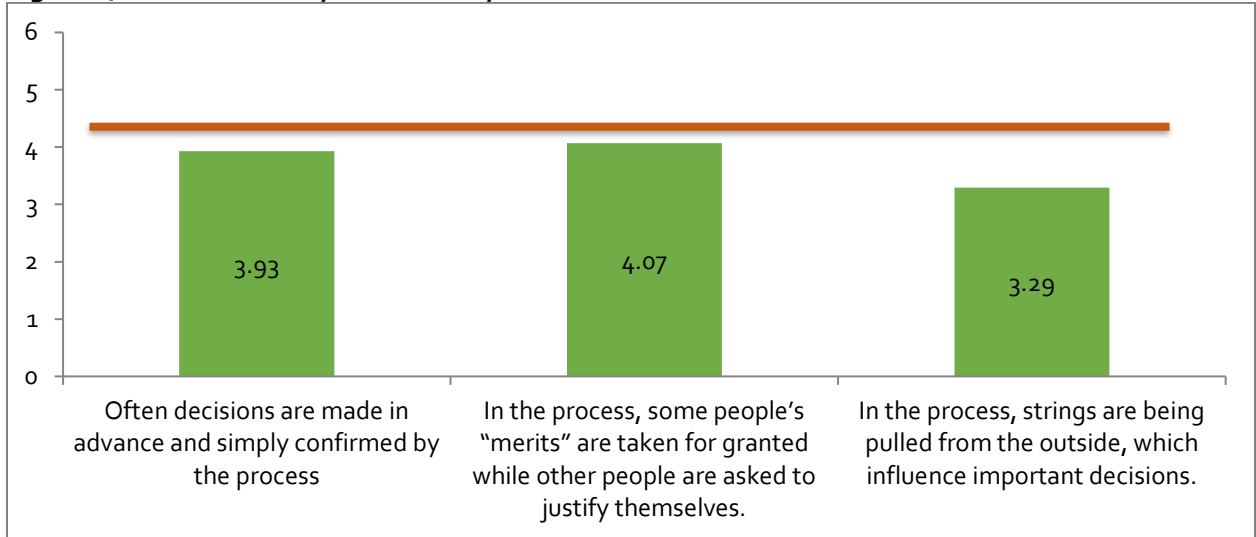
Potential action steps:

- A more connected, higher percentage of ties may not be the ideal balance for our network.
- Think about the necessary level of connection to have strong enough relationships to contribute to the network's outcomes.

Process Quality Rating Scale⁵

Overall, the full *Process Quality Rating Scale* includes 20 questions related to the functioning of a collaborative process. For this evaluation we only utilized a portion of the scale, the Authenticity subsection, which looks at the openness and sincerity of the process. Answered on a six-point scale, **scores of 4.25 or higher indicate a “good” collaborative process**. Items with lower scores merit some attention and discussion by the collaborative, as well as some possible outside technical assistance.

Figure 27. Process Quality Authenticity Scale Results Wave 2



*It was not possible to compare W2 Process Quality Authenticity Scale to W1 data as the benchmarks used were different.

Calgary and Area RCSD’s mean score (3.76) for **Authenticity Subscale** is lower than 4.25, so it is not considered a good score.

⁵ Please see: The Process Quality Working Together Tool- Hicks, D., Larson, C., Nelson, C., Olds, D. L., & Johnston, E. (2008). The Influence of Collaboration on Program Outcomes The Colorado Nurse—Family Partnership. *Evaluation Review*, 32(5), 453-477.

Table 7. Details of Calgary and Area RCSD’s Process Quality-Authenticity Scores:

	Process Quality Questions	Score W2
#20	Often decisions are made in advance and simply confirmed by the process (Authenticity)	3.93
#21	In the process, some people’s “merits” are taken for granted while other people are asked to justify themselves (Authenticity).	4.07
#22	In the process, strings are being pulled from the outside, which influence important decisions (Authenticity).	3.29

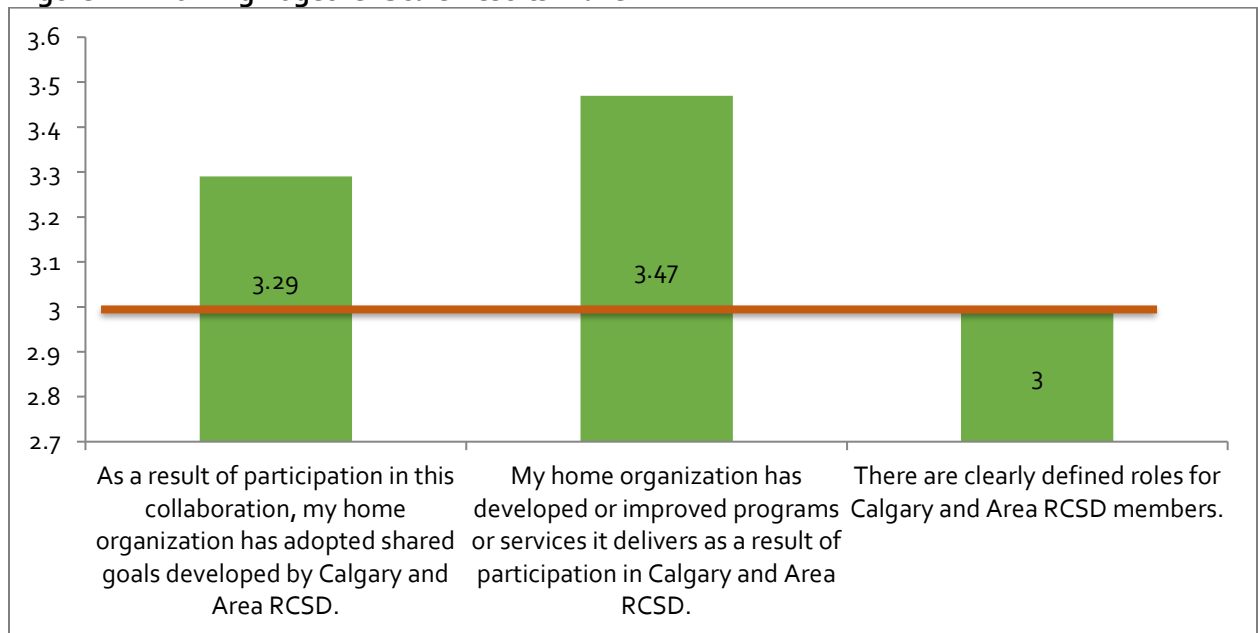
Working Together Scale

The *Working Together Scale* has some overlap with the *Process Quality Scale*, but it looks more at group interactions, norms, motivations for participation, and results of the collaboration. For this evaluation we used two components of the scale.

- The Structure of the Collaboration – looks at the make-up and operating norms of the collaborative; and,
- The Results of the Collaboration – the ultimate perceived value of the collaborative.

The items in the Working Together section of the survey are answered on a scale of 1-4, with a **rating of 3.0 or higher signifying a “good” score**. Scores that fall below this mark are highlighted for further reflection and discussion by the network.

Figure 28. Working Together Scale Results Wave 2



Calgary and Area RCSD's mean score (3.25) for **Working Together** subscale is higher than 3.00, so considered good.

Figure 29. Working Together Scale Results Comparison W1 and W2

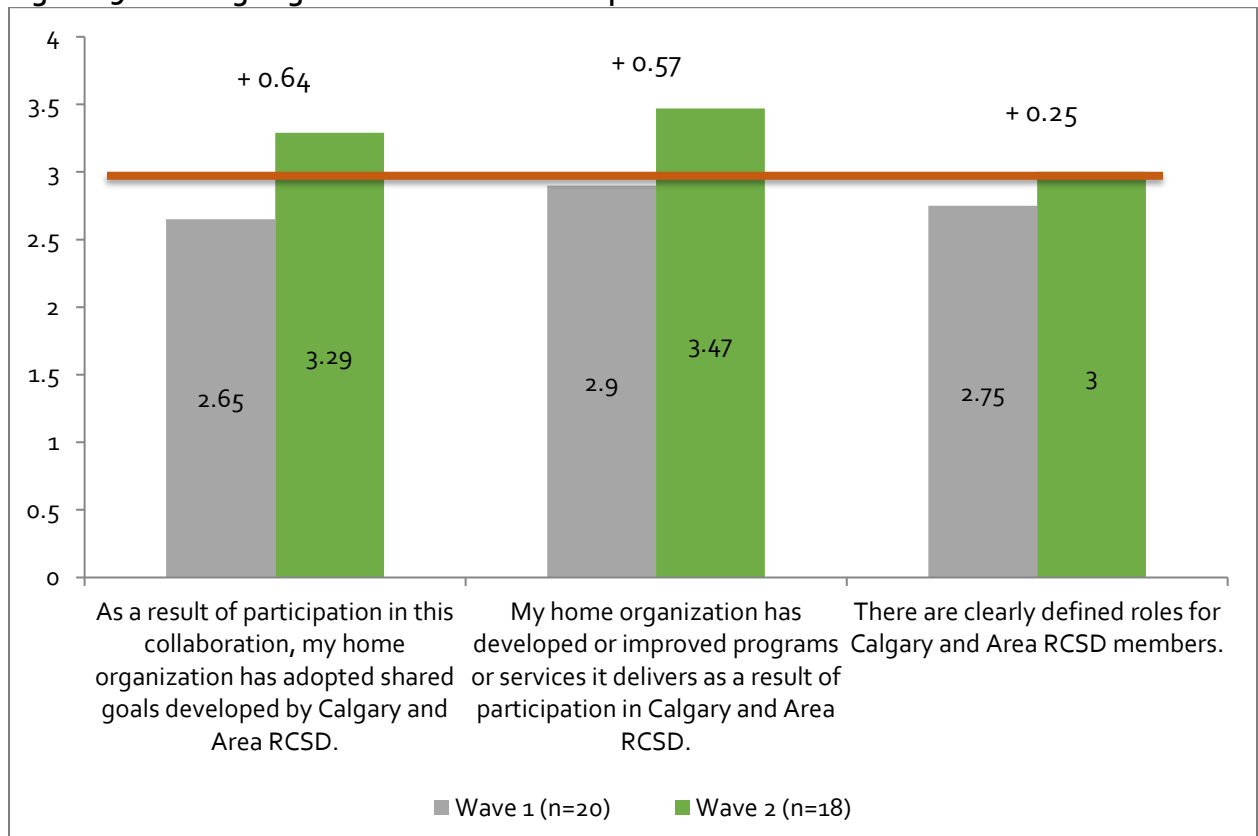


Table 8. Details of Calgary and Area RCSD's Working Together Scale Rating Scale

	Working Together Scale	Score W1	Score W2
#23	As a result of participation in this collaboration, my home organization has adopted shared goals developed by Calgary and Area RCSD (Results of the Collaboration).	2.65	3.29
#24	My home organization has developed or improved programs or services it delivers as a result of participation in Calgary and Area RCSD (Results of the Collaboration).	2.90	3.47
#25	There are clearly defined roles for Calgary and Area RCSD members (Structure of the Collaboration).	2.75	3

Additional Partners

Respondents were asked: What other organizations do you have a relationship with that could support/advance the work of Calgary and Area RCSD, or, should be considered for inclusion in the partnership.

Members identified the following organizations (listed alphabetically) for strategic consideration. It should be noted that a number of those listed already have a working connection to Calgary and Area RCSD or are part of one of the systems already represented:

Additional Partners Identified W2	Mentioned W1	Current Linkages
Adult Serving Agencies		
Alberta Aids to Daily Living		x
Alberta Health Services – Airdrie/Chestermere/Cochrane Mental Health		
Alberta Health Services – Augmentative Communication and Educational Technology		x
Bow Valley College Academic Upgrading Department		x
Calgary Bridge Foundation for Youth		x
Calgary Police Services	x	x
Calgary Women’s Emergency Shelter		
Canadian Mental Health Association		x
Canadian National Institute for the Blind	x	x
Centre for Newcomers		x
Children’s Link		x
Children’s Services: Early Intervention Branch		x
City of Calgary	x	
Fetal Alcohol Spectrum Disorder Network		
Hear Alberta		
Homeless and Housing Supports		x
Immigrant Serving Agencies		x
Inclusion Alberta		x
Justice – Calgary Young Offenders Centre		x
Learning Disabilities and Attention Deficit Hyperactivity Disorder Network		
Mount Royal University	x	

Office of the Public Guardian/Office of the Public Trustee		
Primary Care Networks		x
Royal Canadian Mounted Police		x
Sight Enhancement Clinic		
Stoney Nation		
Strategic Clinical Networks		x
United Way of Calgary	x	x
University of Calgary	x	x

Conclusion

Calgary and Area RCSD has continued its focus on using evaluation data to advance its work and collaboration. The findings in this social network analysis report provide rich information for Calgary and Area RCSD to consider, in regard to achieving the maximum benefit and collaborative advantage from the partnership. Findings include perceptions of success, how well member contributions are being valued and leveraged, an inventory of partner contributions, partner perceptions on outcomes achieved to date, measures of density and centrality, measures of value and trust, and perceptions about how well the network is doing on process quality and working together.

Calgary and Area RCSD has considerable strengths. Partners see at least some progress in all outcome areas, bring a good deal of expertise to the network, indicate they are receiving benefit from their relationships in the context of Calgary and Area RCSD, and demonstrate significant engagement. As partners review, reflect on and discuss the findings, there will be good opportunity to create action plans addressing areas of concern. Further, the network is well positioned to continue building on areas of success, with the ultimate goal of using the full potential of the network to better address the needs of children, youth and families who count on public sector services and structures to do the best on their behalf. This second administration of this survey allows comparisons to W1 and notes a general trend of increase in almost all dimensions. The trend of increase is an accomplishment to be celebrated and sustained.

Appendix A: Network Scores – All Members

Below is a table of all individual network scores including degree centrality, relative connectivity, value scores and trust scores.

Organizations	CENTRALITY/CONNECTIVITY/ REDUNDANCY				Value (1-4)				TRUST (1-4)			
	Degree Centrality (Max 17)	Non-Redundant Ties	Closeness Centrality	Relative Connectivity	Power/Influence (1-4)	Level of Involvement (1-4)	Resource Contribution (1-4)	Overall Value (1-4)	Reliability (1-4)	In Support of Mission (1-4)	Open to Discussion (1-4)	Total Trust (1-4)
Alberta Health Services - Alberta Children's Hospital	14	6.18	0.85	80%	2.91	3	3.09	3	3.55	3.45	3.36	3.45
Alberta Health Services - Mental Health	16	7.84	0.94	86%	3.33	3.67	3.42	3.47	3.55	3.5	3.5	3.52
Alberta Health Services - Rehabilitation	15	6.84	0.89	83%	3	3.7	3.4	3.37	3.6	3.6	3.5	3.57
Calgary and Area RCSD Secretariat	17	8.59	1	100%	3.5	3.83	3.75	3.69	3.92	3.83	3.58	3.78
Calgary Board of Education - Mental Health	16	7.53	0.94	72%	2.63	3	3.13	2.92	3.75	3	2.75	3.17
Calgary Board of Education - Rehabilitation	17	8.39	1	73%	3.43	3.71	3.43	3.52	3.57	3	2.86	3.14
Calgary Catholic School District	17	8.2	1	83%	3.18	3.36	3.36	3.3	3.73	3	3	3.24
Charter Schools	12	4.6	0.77	54%	2.63	3.29	2.88	2.93	3.43	3	3	3.14
Children's Services	14	5.96	0.85	72%	2.8	3	2.8	2.87	3.2	3.4	3.3	3.3
Community and Social Services	17	8.28	1	82%	2.9	3.2	3	3.03	3.4	3.1	3.3	3.27
Palliser Regional Schools	13	5.17	0.81	65%	2.44	2.88	2.67	2.66	3.63	3.11	3.22	3.32
Parent Representatives	17	7.76	1	82%	2.75	3.13	3	2.96	3.5	3.38	3.38	3.42
Private Schools	17	8.27	1	78%	2.64	3.4	2.91	2.98	3.78	3.18	3	3.32
Providence Children's Centre	16	7.64	0.94	66%	2.25	2.86	2.63	2.58	3.67	3.13	3	3.26
Regional Low Incidence Team	16	7.26	0.94	74%	2.17	2.83	2.67	2.56	3.83	3.33	3	3.39
Renfrew Educational Services	17	8.24	1	79%	2.7	3.2	2.9	2.93	3.78	3.1	3	3.29
Rocky View Schools	15	6.21	0.89	71%	2.82	2.9	2.91	2.88	3.45	3	2.73	3.06
Tsuut'ina Nation	10	4.04	0.71	48%	2.75	2.75	2.63	2.71	2.88	2.88	3	2.92

Definitions of Individual Network Measures

- **Degree Centrality:** # of connections to other members of the network
 - *Degree centrality* is a count of the number of connections a network member has to other members of the network. It is often thought that a member with a high number of connections holds a central position by being highly embedded in the network. The maximum number for each organization is 10, so those with higher degree centrality have more connections to other members.
- **Non-redundant ties:** shows the number of non-redundant ties in relation to the other members that each organization is connected too.
 - *Non-redundant ties* are an indication of the number of connections between members who are not connected to any other member you are connected to, so there is a connection to a different clusters or groups within the network. Non-redundant ties are important in receiving new information and innovative ideas and are considered to be weak ties.
- **Closeness Centrality:** Measures how far each member is from other members of the network in terms of # of links between each member. A high score (close to 1) indicates members who have the shortest 'distance' between all other members.
 - *Closeness centrality* is an indication of the number of edges between a member and all the other members. A high closeness centrality score (closer to 1) indicates members who have the least number of edges between themselves and other members. Members with high closeness centrality are considered central because they can most easily reach other members of the network. This is ideal if, for example, members wanted to quickly spread news within the network you would go to those with the highest centrality score with the information first and with their connections in the network news would spread.
- **Relative Connectivity:** Based on measures of value, trust, and # of connections to others, the connectivity score indicates the level of benefit an organization receives as a network member, in relation to the member with the highest level of benefit (100%).
 - The connectivity score is an indication of how much each member is theoretically benefiting by being a part of the network, relative to benefits received by being connected to other members of the network. The scores are based on a combination of three components: trust, value, and number of connections. A member gets a high connectivity score when they have a lot of connections with valuable partners who trust them. In other words, if a member is engaged in many trusted ties with organizations that the members consider valuable to the collaborative, then they are given a high score. The assumption is that a network member will receive the most amount of benefit from being a member of the network when they are embedded under these conditions. The score is relative to the score of the member with the highest number of trusted connections to valuable partners.
- **Overall Value:** a combined total average of all three value dimensions. Scale of 1-4.
- **Value Scores:** an average of the ranking given by all other members for that organization along three dimensions: power/influence, level of involvement, and resource contribution. Scale of 1-4.
- **Total Trust:** a combined total average of all three trust dimensions. Scale of 1-4.
- **Trust Scores:** an average of the ranking given by all other members for that organization along three dimensions: reliability, support of mission, and open to discussion. Scale of 1-4.

Appendix B: About Networks

A Network Science Lens

Network science provides theories and methods that can be used to guide the study and practice of working in networks. Intuitively, we know the kind of connectivity that is good, and that which is not. However, very few people know how to manage these processes, or leverage them in any kind of strategic way that may actually result in better connectivity. Network science (the science of the interconnectedness among human and organizational entities) is based on a definitive principle that more is not always better.

While the appeal to create a more diverse network is strong, we are equally challenged with the reality that we have limited relationship budgets – that is, limited resources to build and manage diverse networks. We know that networks have advantages but there is a limit on how many relationships we can manage before we lose the collaborative advantage altogether. We simply cannot exponentially grow networks without incurring costs attributed to that approach.

Network science can provide the theories and methods that together provide an evidence-based approach to building network approaches that are based on data and lead to strategies, actions and interventions. Social network analysis (SNA), which is the study of the structural relationships among interacting network members — individuals, organizations, etc. — and of how those relationships produce varying effects – is a tool that provides unique data to inform these practices.⁶

Glossary of Network Terms

Below is a listing of the most commonly used terms in this report.

Central members: Network members who hold key positions in the network because of the number and placement of their connections within the whole network.

Centralization: A measure of the extent to which a network is dominated by one or a few very central hubs (i.e., nodes with high degree and betweenness centrality). In a highly centralized network, these central hubs represent single points of failure, which if removed or damaged, quickly fragments the network into unconnected sub-networks. A less centralized network has fewer points of failure and exhibits greater resilience, since many nodes or links can fail while allowing the remaining nodes to still reach each other over other network paths.

Connectivity: The state of being connected between two or more points in a network.

Density: The concentration of individuals who are connected to each other in a network. An increase in connections means an increase in density.

Embedded: The nature by which a network member is contained within the relationships of others.

Network: Any interconnected group or system.

⁶ Please see Appendix B for a Glossary of Network Terms.

Network Map: A visualization to display the members of a group and the relationships among them. Nodes represent the members of the network and the presence of a line connecting any two nodes represents the presence of a relationship.

Reciprocity: The mutual exchange between people, organizations, or groups.

Redundancy: Repetitive or a duplication.

Relationship budgeting: Making discriminate choices between collaboration alternatives, considering the cost, quality, and possible outcomes of a strategic approach to collaborative management. The primary question driving a relationship budget is: How many relationships can effectively be managed with the resources available and still achieve the outcomes we desire?

Resource Exchange: A mutual sharing and receiving of goods, knowledge, experience, etc.

Score: A number indicating quality or performance.

Social Network Analysis: The study of the structural relationships among interacting network members — individuals, organizations, etc.—and of how those relationships produce varying effects. The fundamental property of network analysis is the ability to determine, through mathematical algorithms, whether network members are connected—and to what degree—to one another in terms of a variety of relationships like communication, resource sharing, or knowledge exchanges. Network analysis provides a mathematical approach to measure the number, the paths, and the strength of those connections. In addition, visual representations of the network can be created as graphs.

Trust: Measured here as the amount of reliability, support for the mission, and willingness to engage in frank, open, and civil discussion, considering a variety of viewpoints that an organization is described as having.

Value: The weight placed on an organization in terms of its ability to provide resources, the level of power/influence it has in the community, and the level of involvement it contributes to the group.

MPOC Survey and Parent Focus Group

Background

The survey questionnaire was compiled from the MPOC-20 instrument and includes demographic and open-ended questions identified by the Calgary and Area RCSD Accountability and Assurance Committee.

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.

The survey was delivered using online survey software (November 6 – December 7, 2018). Service providers were given the link to disseminate among the parents of child(ren) and/or youth to whom they provide services.

This was the second administration (Wave 1 was in 2015) of the MPOC-20 survey and as such, comparison to the previous year is interwoven throughout the report. Caution should be exercised in comparison as a result of the differences in sample size (Wave 2 n=77, Wave 1 n=145).

Following the analysis of the MPOC Survey a focus group with parents, caregivers, and guardians was hosted in order to extend our understanding of their experiences with service providers. Ten (10) parents participated in the focus group, providing a rich qualitative data set for this report.

MPOC Method and Analysis

Quantitative data were scored in adherence with the guidelines provided by King et al. in the MPOC Manual (1995) and were analyzed using Microsoft Excel. Descriptive statistics were calculated for each of the domains. Items were identified as possible areas for improvement if 33% or more of caregivers responded 4 or less (occurring only “sometimes or less”). Items were highlighted as areas of success, when 75% or more of respondents chose 5 or higher (occurring “sometimes or more”).

MPOC-20 consists of 20 items answered on a 7-point scale and covering five domains:

1. Providing general information
2. Providing specific information about the child
3. Enabling and partnership
4. Coordinated and comprehensive care
5. Respectful and supportive care

Each domain has 3 to 5 items and is shown in a horizontal bar graph. Items were given different colors of shading based on the rating.

- **Red** indicates area of improvement: more than 33% gave a rating of 4 or less.
- **Yellow** shows moderate rating: 25-32% of respondents gave a rating of 4 or less.
- **Green** stands for area of strength: less than 25% of respondents gave a rating of 4 or less.
- **Dark grey** shows the percentages of respondents that gave a rating of 5 to 7.

Parent Focus Group Data and Analysis

In this report, we use “Parents” but understand the category to include grandparents and others who may be in the role of primary caregiver within the family. Following analysis of the MPOC survey a focus group was held with parents⁷. Participants self-selected for the session by providing their agreement and contact information to a question at the end of the survey. While n=30 survey respondents indicated willingness, in the end n=10 were recruited; n= 8 participated in the meeting. In addition, two parents (n=2) who missed the session provided written responses that were included in the aggregate data presented in this report. The group met in person, on February 5th, for the discussion. The purpose was to probe on areas of interest arising from the survey data with special emphasis on contribution to outcomes articulated in the Calgary and Area RCSD Level 1 Logic Model. For the purposes of the session, participants were provided with a definition of ‘family centred practice’ to ground the discussion (see text box, below).

The summary focus group data follows the survey data in the results section of this report, providing a rich qualitative response to extend our understanding of the quantitative data.

Note that when reporting key themes and/or perceptions identified in the qualitative data derived from the focus group, we used the following content analysis descriptors:

- **Few:** less than one-third of the individuals have expressed a particular opinion.
- **Several:** one-third to one-half of individuals interviewed expressed a particular opinion.
- **Majority:** more than three-quarters of interviewees were of the same opinion and/or held similar perceptions regarding an issue or topic.
- **All:** reflects consensus. All interviewees expressed the same view or opinion.

Calgary and Area RCSD definition of ‘family centred practice’:

Partnering with Children, Youth, and Families is a value of ours, defined as: **purposeful engagement and involvement** of children, youth and families in **decision making processes** related to both their own individual learning and well-being and to broader service planning. Actions are grounded in the **principles of mutual trust, honesty, respect, open communication, meaningful information sharing, participation, and collaboration.**

⁷ Note that while all 30 who provided contact details were recruited, the final group of those able to participate was comprised of parents, only (and not caregivers or guardians).

MPOC and Focus Group Results: Wave 2 Data

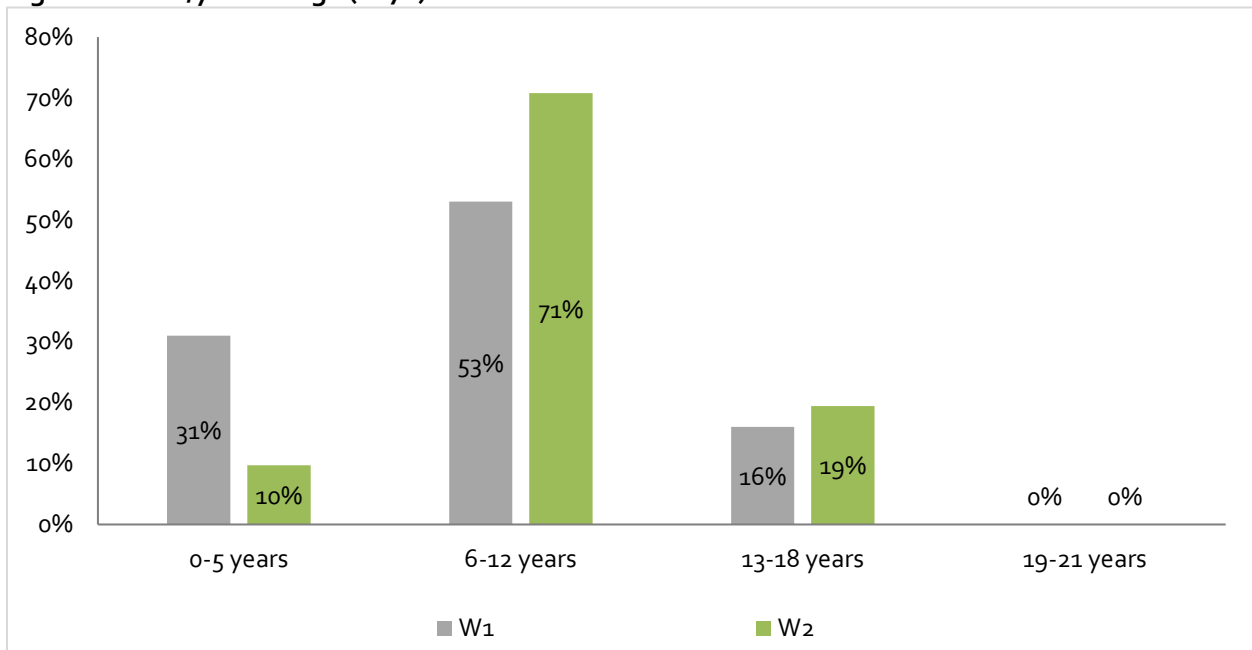
Demographic Information

Seventy-seven respondents completed the MPOC-20 survey. The following demographic information was captured from the respondents about their child/youth. The demographic information from this Wave 2 (W2) of data collection mirrors data collection from the previous Wave 1 (W1) and is considered to be a comparable sample in terms of demographics.

Almost all respondents (99%) noted they were parents of children/youth that were receiving supports and services (1% indicated they were a grandparent). The majority of children were between the ages of 6-12 years (72%), followed by 13-18 years (19%) and 0-5 years (10%).

In W1, 53% of the children were between the ages of 6-12, 31% were between the ages of 0-5 and 16% were between the ages of 13-18. This year's survey saw an increase in the 6-12 age category and a decrease in 0 to 5 years.

Figure 1. Child/youth's age (n=72)



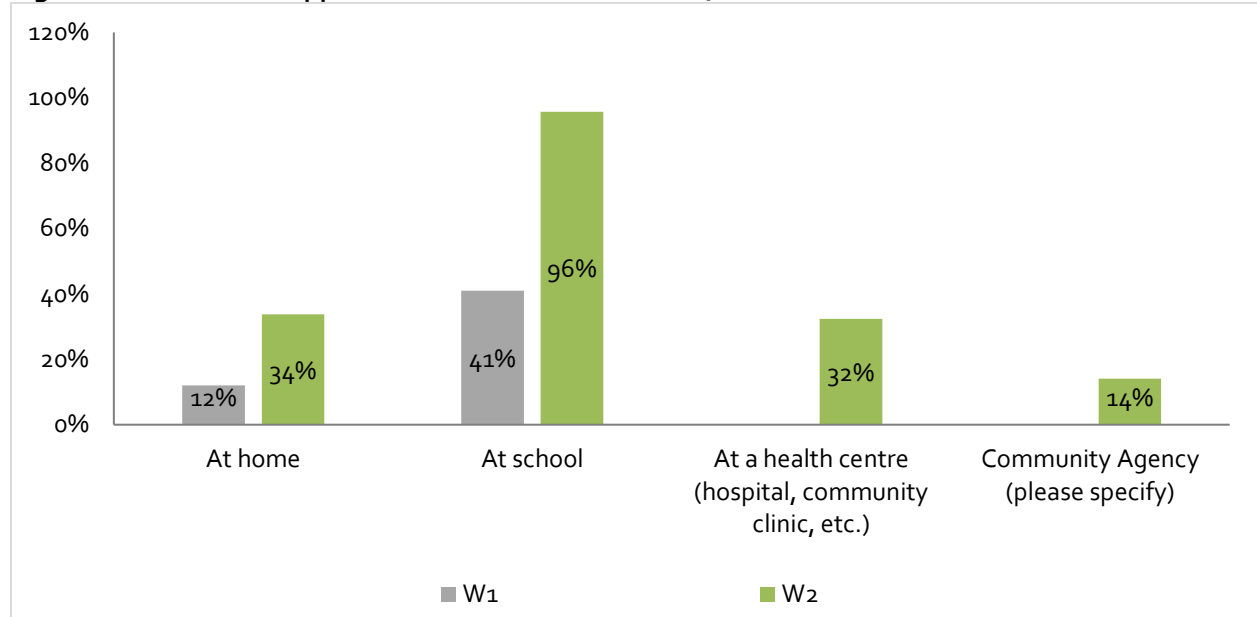
When asked where the services were received, respondents most frequently selected at school (96%). They were able to select more than one category and 34% noted services were received at home; 32% indicated at a health centre and 14% indicated at a community agency. In W1 data, respondents could select only one category with 47% choosing both at home and school; 41% at school and 12% at home. In wave one, participants were provided with three options, Home, School and at Both Home and School. The results are compared where possible, below. In W1, 47% indicated both Home and School.

Focus Group Summary Demographic Data

Q1. With a show of hands, please indicate where your child/youth receives services.

Among the 10 participants of the focus group, 70% received services in school, 40% at home and 30% in the community (i.e., outside of home or school). This data is generally comparable to the survey results, with a larger cohort receiving services in the community. Note that services were accessed in multiple sites for all but one of the participants.

Figure 2. Location of supports and services received (n=71)



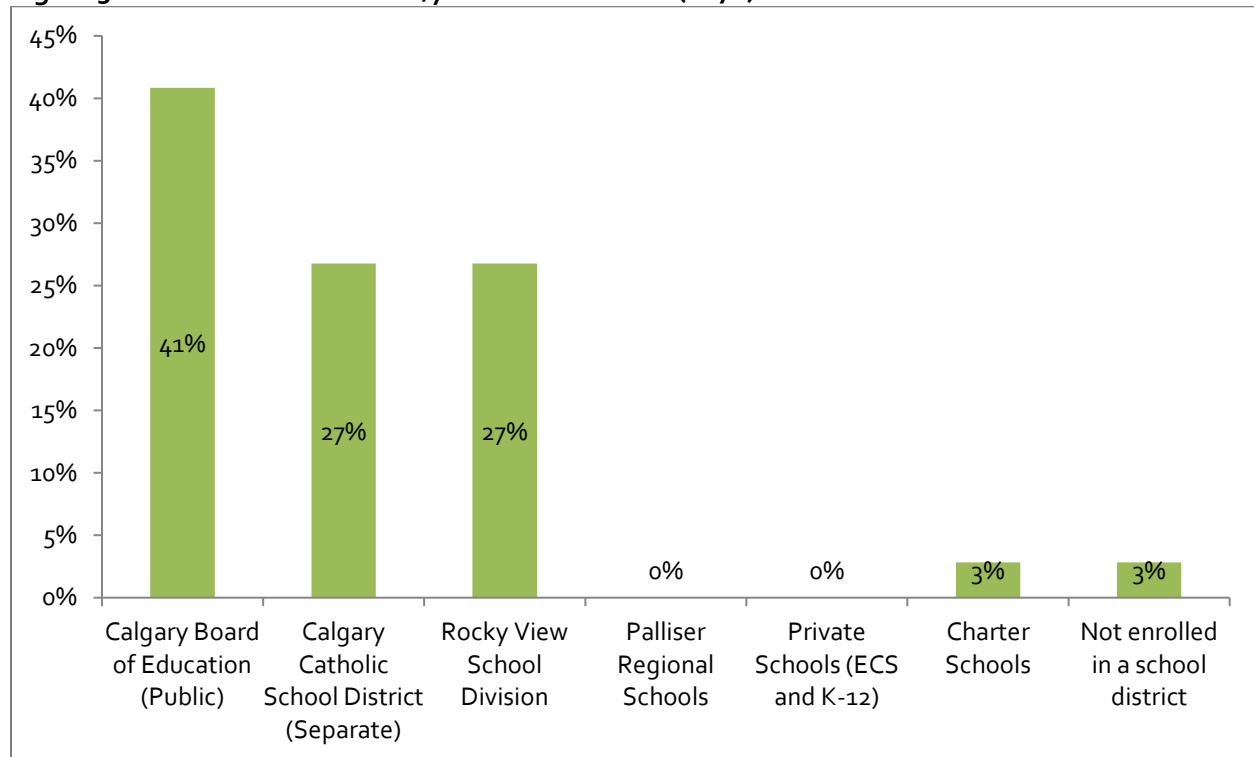
When asked to specify which agency provided service, participants noted the following agencies:

- CNIB (x2);
- PREP (x2);
- Ability 4 Good (x1);
- Kids Uncomplicated (x1);
- RBSD (x1);
- AHS social worker (x1);
- MASST (x1); and,
- Pace Kids (x1).

School Affiliation

The largest portion of children/youth were enrolled in selected the Calgary Board of Education (41%), followed by the Calgary Catholic School District and Rocky View School District (both 27%). Charter Schools serve 3% of children/youth, and 3% were not enrolled in a school district. In the previous year, respondents most frequently selected the Calgary Board of Education (32%) and the Rocky View School District (23%).

Figure 3. School district the child/youth is enrolled in (n=71)

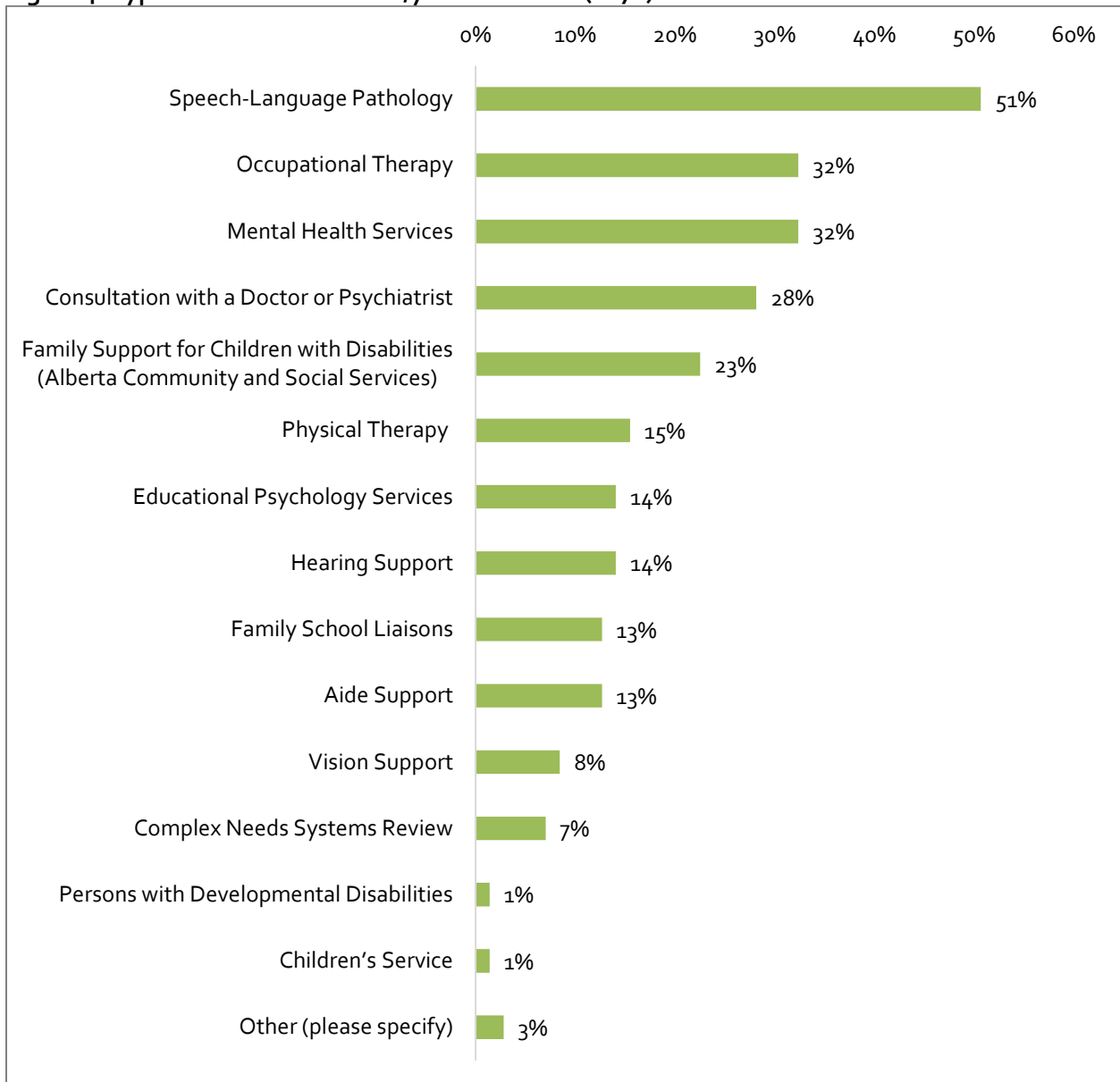


Respondents were asked what type of services their child/youth has received. They most frequently selected Speech-Language Pathology (51%) followed by Occupational Therapy and Mental Health Services (both 32%); and, Consultation with a Doctor or Psychiatrist (28%).

In W1, a greater number indicated Speech Language Pathology (69%). Other major sources were FSCD⁸ by Alberta Human Services (54%); Occupational Therapy (47%); and, Educational Assistant Support (42%). The comparison of the two years is provided in Figure 5 below.

⁸ Family Supports for Children with Disabilities

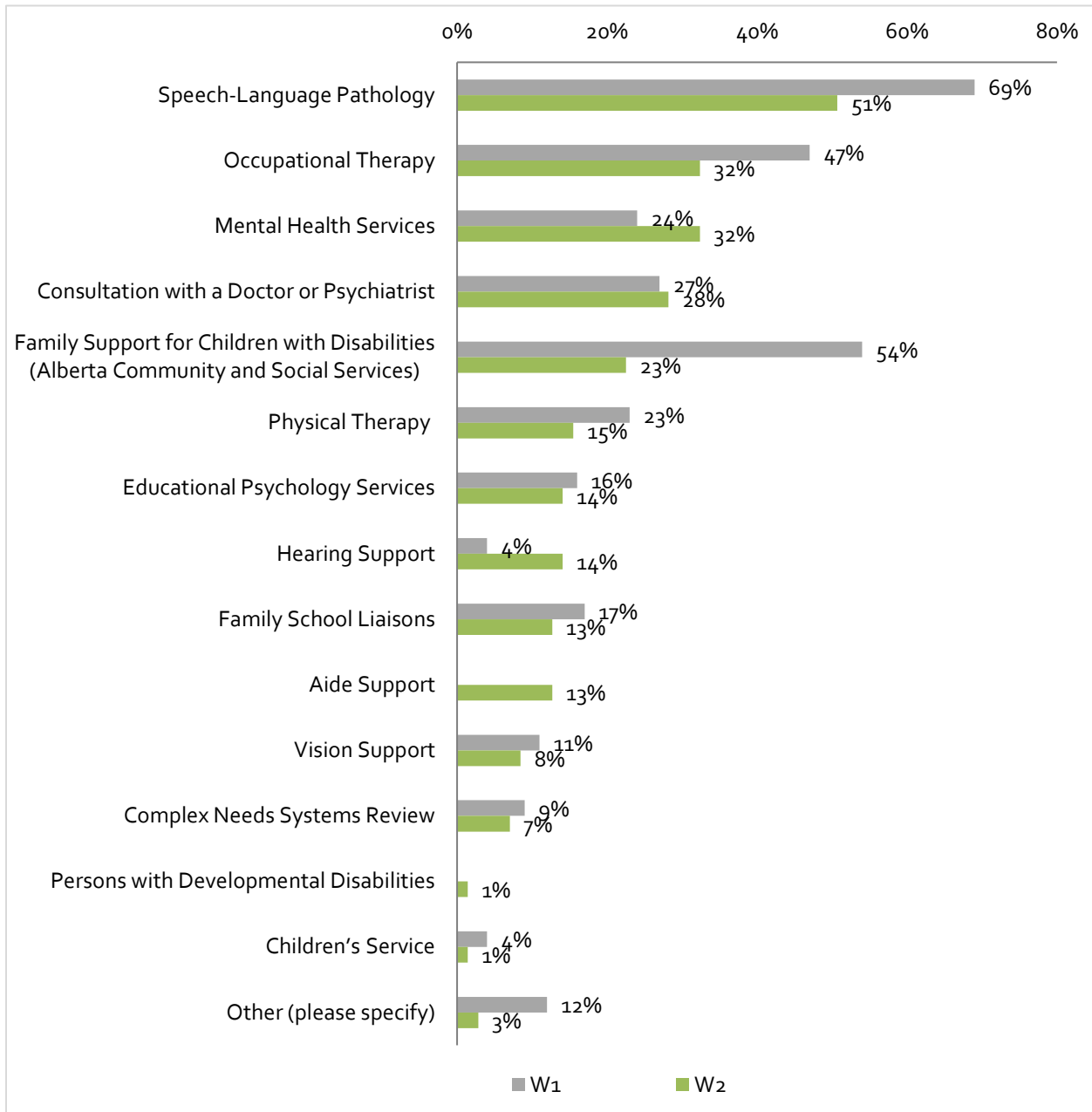
Figure 4. Types of services the child/youth received (n=71)



Those that selected 'other' indicated an ASL interpreter (x1); and MASST (x1).

The following chart provides comparison, where applicable, to the previous wave of data.

Figure 5. Types of services the child/youth received comparison



MPOC-20 Results

The MPOC–20 survey items are grouped into five domains:

- A. *Respectful and supportive services*** measures the extent to which providers treat families as equals and with respect.
- B. *Enabling and partnership*** measures caregivers’ involvement in the service delivery process and decision-making.
- C. *General information*** refers to the information caregivers were able to obtain from the organizations providing services about resources and support
- D. *Specific information*** addresses the information provided to families about their child’s condition, including assessments, progress, and treatment.
- E. *Coordination and comprehensive services*** measures consistency and integration of services across providers, settings and time.

The MPOC–20 instrument uses a seven-point scale (1-7), where 1=not at all, 4=to a moderate extent, 7=to a very great extent. A mean score of 7 (or slightly less) indicates services meet the caregiver’s needs “to a great extent,” around 4 means it “sometimes” meets caregiver’s needs and a mean score around 1 means caregiver’s needs are “never” or nearly never met. Supports and Services in the Calgary and area region obtained a mean score above five on all categories except on ***general information*** (mean score 4.4). This was the lowest area in the W1 data as well (4.6).

This was the second MPOC administration - Wave 2 (W2). Comparisons with Wave 1 are provided after the analyses of W2.

The following table outlines the mean scores in each dimension on the MPOC-20 for W2. Overall, the supports and services were rated moderately high (i.e., above five) on four of the domains and moderate on one (General Information).

Table 1. MPOC-20 domain means (n=77)

Domain Name	Mean	Definition
Respectful and supportive services	5.6	The extent providers treat families as an equal and with respect
Coordination and comprehensive services	5.6	Consistency and integration of services across providers, settings and time
Enabling and partnership	5.3	Caregivers’ involvement in the service delivery process and decision-making
Specific information	5.2	The information provided to families specifically about their child’s condition, assessments, progress, and treatment
General information	4.4	The information caregivers were able to obtain from the organizations providing services about resources and support

When compared to the W1 administration of the MPOC-20, some domains increased in scoring while some decreased slightly. Note that there is a large sample size discrepancy between the two Waves of

administrations that could account for some of the differences. As a result of this discrepancy, further statistical testing was not completed, as the differences were minor.

Table 2. MPOC-20 domain means compared between years

Domain Name	Mean Wave 2 (n=77)	Mean Wave 1 (n=145)	Difference Between W2 and W1	Definition
Respectful and supportive services	5.6	5.5	+0.1	The extent providers treat families as an equal and with respect
Coordination and comprehensive services	5.6	5.4	+0.2	Consistency and integration of services across providers, settings and time
Enabling and partnership	5.3	5.3	No change	Caregivers' involvement in the service delivery process and decision-making
Specific information	5.2	5.2	No change	The information provided to families specifically about their child's condition, assessments, progress, and treatment
General information	4.4	4.6	-0.2	The information caregivers were able to obtain from the organizations providing services about resources and support

The results of the 2018 W2 survey administration are presented in the following figures. The data is collapsed into three categories: Never to Sometimes, More than Sometimes and Not Applicable. We look to the "Never to Sometimes" category to provide indications of success or improvement. In the charts below, the 'Never to Sometimes' Category is colour coded and the other two categories are provided in greyscale.

Colour coding in the charts is as follows;

Red indicates more than 33% gave a rating of 4 or less, so is an area of improvement.

Yellow indicates that 25-32% gave a rating of 4 or less, so is a moderate rating.

Green indicated that less than 25% gave a rating of 4 or less, so is an area of strength.

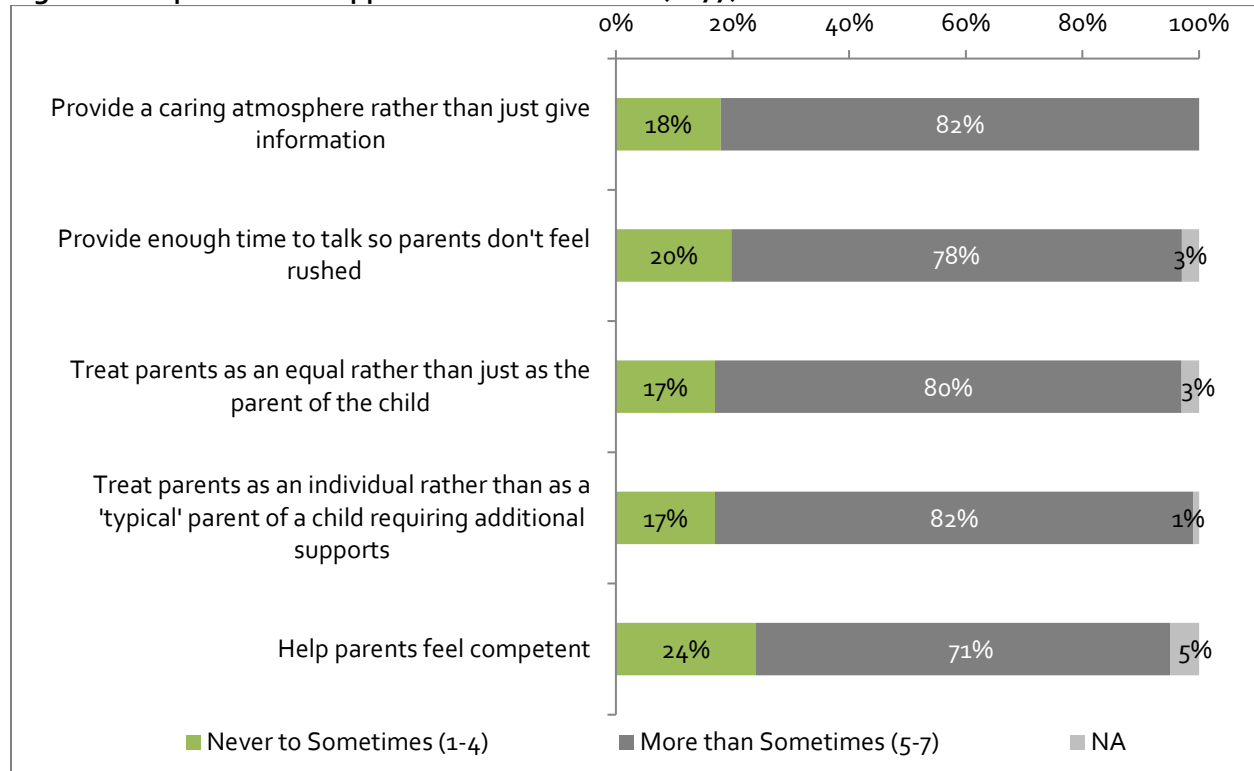
Grey shows the percentages of respondents that gave a rating of 5 to 7.

The legends below each chart will also assist with interpretation.

A. Respectful and Supportive Care

Respectful and supportive services domain had a mean score of 5.6 and was tied as the top rated domain along with **coordination and comparison** among survey responders.

Figure 6. Respectful and supportive care dimension (n=77)



Colour	Definition
Red	more than 33% gave a rating of 4 or less and is an area of <u>improvement</u>
Yellow	25-32% of respondents gave a rating of 4 or less and is a moderate rating
Green	less than 25% of respondents gave a rating of 4 or less and is an area of <u>strength</u>
Grey	shows the percentages of respondents that gave a rating of 5 to 7

Focus Group Summary: Respectful and Supportive Care

Q.2 What aspects of your involvement with service providers helps you feel most respected and supported?

Most parents confirmed that they felt respected by their service providers. They provided many concrete examples of service provider behaviours they had experienced that showed them respect and support:

My son tells me that he really feels the counsellor is listening and that he can tell him anything – he feels extremely comfortable with him.
Focus Group Participant

- *Listening and Responding:* Listened and answered questions during discussions; returned calls when left a message; polite and actively listening during the initial sessions; continued this in follow-up sessions;
- *Individualizing Service:* Accommodated requests for post-school sessions to ensure classes were not interrupted; flexible around scheduling to accommodate the child/youths' changing needs;
- *Understanding and Supportive:* Sensed the urgency and were gentle and supportive during a time of crisis; ensured both parents and youth were fully informed each step along the way; When the physician or specialist participated, they ensured everyone (including the parents) knew each other and understood the planned interventions.

A few identified situations that left them feeling disrespected as follows:

- Running up against system silos and finding it impossible to cross the gaps between them. Resulted in losing a sense of respect and trust;
- Finding out (through their own research) that opportunities were missed because the service providers had not informed them or made links to services and supports;
- Due to the (geographic) gaps in public system services, and lack of service providers, some families were forced to pay for private services and supports. These gaps are seen as disrespectful;
- Service providers did not help families understand what they didn't know;
- Not providing what was needed to support their child/youth, they were left on their own to try to find supports, and stumbled upon insights and service (or not).

We need to do a lot of work to make connections. Being handed a bunch of pamphlets doesn't help.

Focus Group participant

In cases where many service providers were involved, several parents felt supported by the service providers, while some had to become the 'service-hub' if their child/youth was to progress - and this left them feeling unsupported. They, with no preparation or training, had to ensure that the multiple service providers knew what one another were doing. This left them feeling frustrated. They wondered why someone with the skills and knowledge to coordinate was not doing this job, and that they were abandoned to do this support role. This "team coordination" takes a lot of their time but they felt it was necessary for their child/youth to receive better services and supports, and progress as a result.

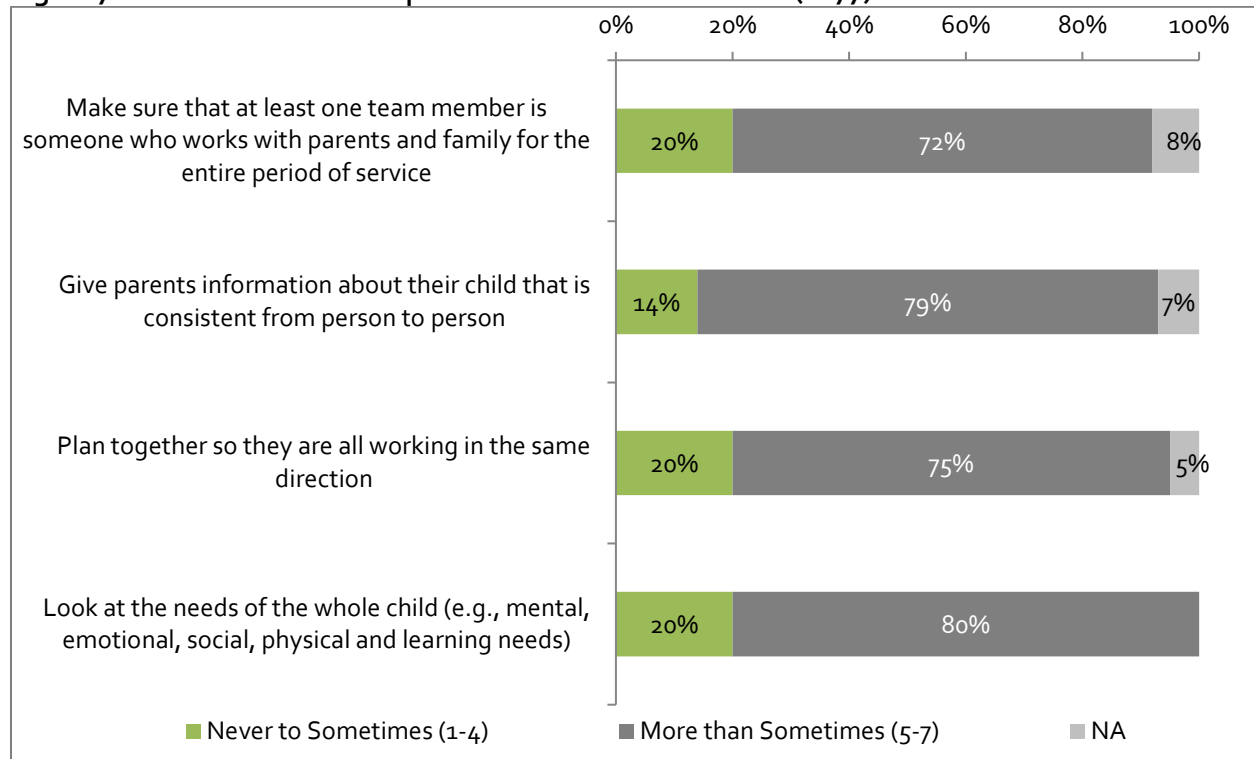
A few parents noted a social worker functions as a 'case manager' for the team, and keeps all the systems and interventions informed and coordinated. The social worker ensures the child/youths' and family's situation, needs and requests are considered, leaving them all feeling very supported.

On the other hand, a few parents felt they had to enlist (i.e., pay for) private services, due to the delays, gaps and/or inefficiencies of the public system. This solution is very expensive. The group acknowledged that this is only a solution for few who can afford to pay. Most of those who were less well-off would not be able to afford it.

B. Coordination and Comprehensive Services

Coordination and comprehensive services domain is defined as "Consistency and integration of services across providers, settings and time". This domain had a mean score of 5.6.

Figure 7. Coordination and comprehensive services dimension (n=77)



Colour	Definition
Red	more than 33% gave a rating of 4 or less and is an area of <u>improvement</u>
Yellow	25-32% of respondents gave a rating of 4 or less and is a moderate rating
Green	less than 25% of respondents gave a rating of 4 or less and is an area of <u>strength</u>
Grey	shows the percentages of respondents that gave a rating of 5 to 7

Focus Group Summary: Coordinated and Comprehensive Services

Q3. What helps you to feel confident that your service providers are talking with one another and have agreement on the approach to supports and services for your child/youth?

Most of the participants observed the at-school linkages were nearly seamless, but many noted a breakdown in communication with agencies 'outside-of-school'.

With the exception of physicians, parents felt that inter-agency communication was trending to non-transparent and non-collaborative. This resulted in gaps and inconsistent information that impacted the child/youth and family.

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.

Focus Group Participant

This breakdown also reinforced many of the parents' sense that they must act as information hubs or connectors in order for their child to

progress. It was left to them to ensure each service provider knew what the others were doing (to improve planning and effectiveness).

While many assessed the services and supports positively, as coordinated and comprehensive, very few had 'one team member' who managed the case. Parent meetings at school and active social workers (as above) provide a forum or actively facilitate linkages; this resulted in unified plans. As an example, one parent requested that service providers inform one another via email, and copy her on these communications. In this case, they (the service providers) agreed and that is working well for everyone. However, parents were surprised the service providers did not do this on their own. Finally, respondents noted the ideal is having the parent involved and advocating for the child/youth, even in cases of the most transparent and communicative service providers.

Q4. To what extent do you feel that you and your child/youth are receiving all the services and supports they need to be successful?

The majority of the parents confirmed the service providers are working for the child/youth's unique and specific needs. They all agreed that the services and supports received are helping their child/youth, and greatly appreciated. A few parents struggled with finding and accessing non-school based services. Most identified the chief barrier as lack of awareness. One respondent received a resource book from the service provider, and was grateful for that. Although it was large, she combed through it to find the relevant resources. She recommended that parents receive this kind of resource at the start of the child's program, and that it be a curated list of resources relevant to the child's unique needs (vs. searching through a listing of relevant and irrelevant).

Some parents found it challenging to engage GPs⁹ fully and ensure they were aware of the services and supports their children/ youth were receiving. In a few cases, their GPs were viewed as barriers to their accessing supports. They thought their GP would be systematic, 'look at the whole child' and ensure all needs were being met. To their surprise, the GP minimized the youth's condition and advised the family to 'buck up, and things will get better.'

Some parents were concerned that the health system minimizes the GP's capacity to engage by reducing their role to specialist referrals. An example given was that a GP cannot refer a child/youth directly to a psychiatrist, but must refer to a pediatrician for that determination. This results in long delays in access, and delays in resolution, which needlessly prolongs children's and families' suffering.

I would not hesitate for a second to ask any questions I might have of my child's service providers.
Focus Group participant

Finally, a few parents commented on "hand-offs". Specifically, a practice where an expert (e.g., SLPs) will only assess children/youth, then hand off the interventions to an assistant, who did not appear to be monitored. This concerned the parents that their children/youths were receiving poor quality service and they advocated for expert support; monitoring was instituted.

⁹ General Practitioners

Q5. Please tell us about your experience of speaking up on behalf of your child/youth.

Most of the parents affirmed they have, and will continue to, ask questions and speak up for their child/youth. They offered the following examples of **'speaking up'**:

- Requesting changes during a hospital visit to better support their child/youth's needs;
- Asking the service provider to see/speak with the child and not just the assistant;
- Challenging breaks in service provision due to administrative delay, to ensure their child/youth's progress continues without loss; and,
- Check-in calls - After receiving the 'termination of services' report, and routinely (e.g., every eight weeks) calling service providers to ensure the child/ youth was still on the caseload and lined up for the next series of services. If they did not follow up, their children would miss the next series, and would have to wait up to 10 weeks before they could continue the services.

Other examples of **'acting on behalf'** of their child/youth were as follows:

- 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 public to the Catholic school system to access better coordination of services and access to service providers due to smaller student populations (upon recommendation from the public school service providers).

"Depending on the teacher" is a weak link in the 'assessment to supports provided' process. Teachers must identify and refer students to services and supports. This requires that the teacher fill out requests for assessment. If time is not devoted to doing this, those needed referrals will be delayed, at a cost to the child, family and, probably, the teacher as well.

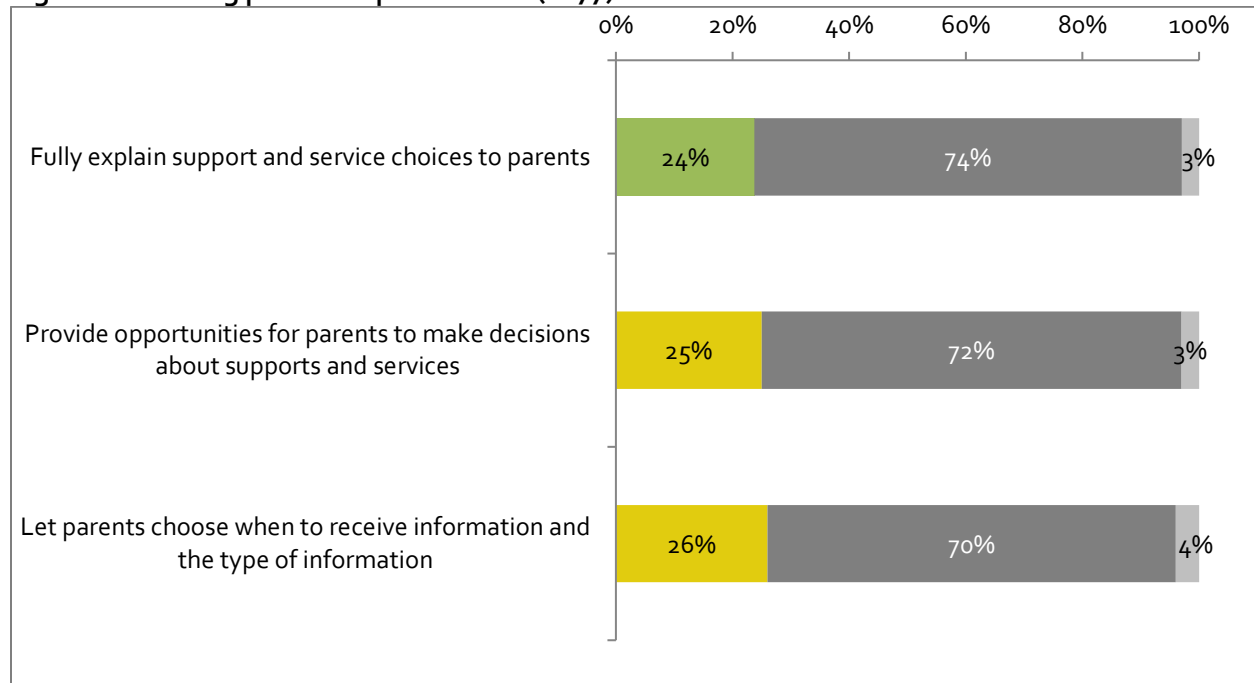
Focus Group participants

Overall, most parents agreed they need to be persistent and respectful of the service providers and this does work to the child/youth's benefit.

C. Enabling Partnership

The "Enabling partnership" domain is defined as "Caregivers' involvement in the service delivery process and decision-making". This domain had a mean score of 5.3.

Figure 8. Enabling partnership dimension (n=77)



Colour	Definition
Red	more than 33% gave a rating of 4 or less and is an area of <u>improvement</u>
Yellow	25-32% of respondents gave a rating of 4 or less and is a moderate rating
Green	less than 25% of respondents gave a rating of 4 or less and is an area of <u>strength</u>
Grey	shows the percentages of respondents that gave a rating of 5 to 7

Focus Group Summary: Enabling Partnership

Q6. To what extent would you describe your experience with service providers as a 'partnership'?

A quick poll of the group indicated a range of: from full to no partnership. 40% were experiencing a full partnership, 40% said it as mostly good and 20% had significant partnership problems.

I am recognized . . . it was very clear that we were taking the right steps to help my son. I feel we are working together.
Focus Group participant

While the majority feels they have choices and a definite and important voice in the decision-making, a few do not.

These parents say they need to be proactive with the service providers for their child/ youth.

All participants identified times when they felt their knowledge and skills were not acknowledged. A few described the relationship as a 'marriage of convenience'. They are only "getting by" with the service providers and do not feel like they are fully involved or engaged.

Several noted that their participation in **community support groups** have been important to their learning and increased their capacity to 'partner' with the service providers. Most found that accessing

these community groups was not easy, as they had to discover them on their own (vs. linked by knowledgeable service provider). All found these groups to be a valuable resource and support as they share common successes and challenges.

All respondents agreed that they felt uncomfortable at having no choice in playing a major role in their child/youth's therapy at home. They were often unsure that they are doing it correctly, 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. They are not skilled

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.

Focus Group participants

therapists and were given little, if any, training. In some cases, they worried that they may cause their child/youth harm. They lack confidence in being able to help their child/youth, but they try their best. They understand that the "experts" do not have enough time and

there are not enough of them to provide a higher, appropriate, dose of support, so the gaps are left for parents to fill at home.

Several recalled having a role and voice in the assessment process and follow up discussions on work done and the strategy for the future. A few felt excluded from these important conversations and sidelined in the plans being made for their child/youth. Some of these parents have responded by moving their child to different school systems or engaging with the private service providers.

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

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

a steep learning curve to family experience, introducing new needs in the following areas:

- 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

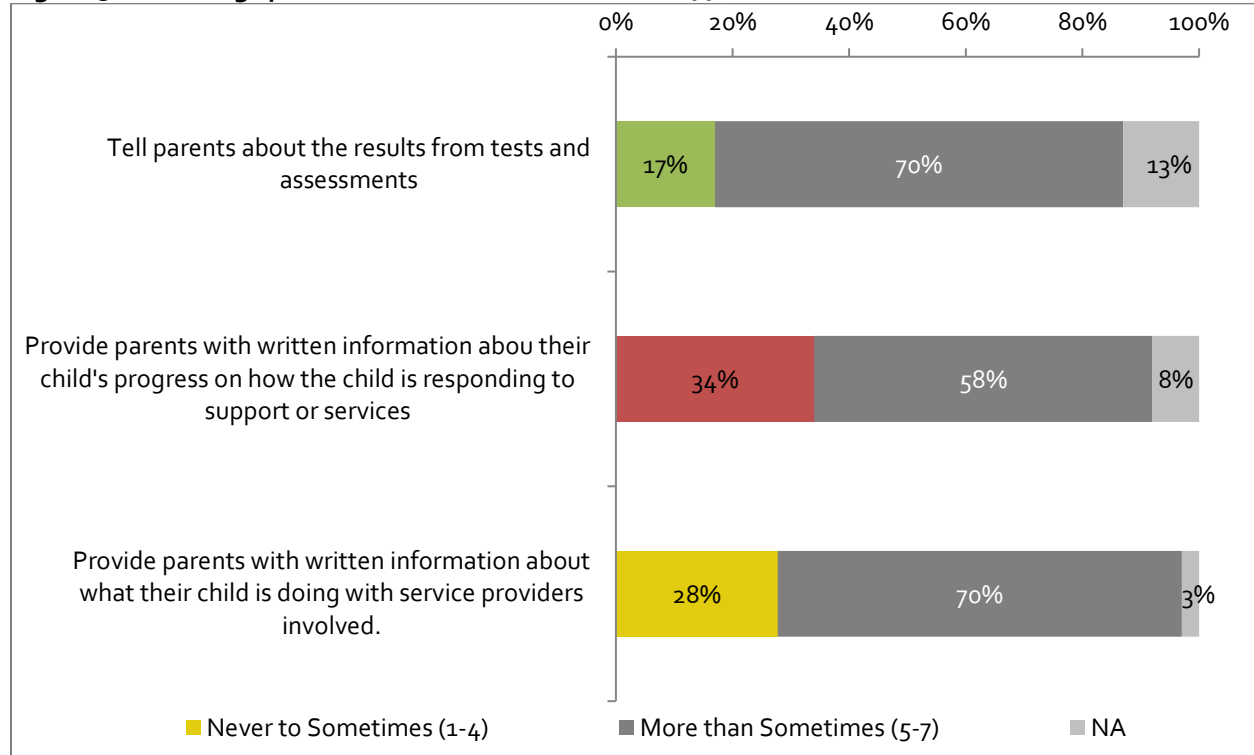
made and information provided, as the service providers do not have the time to fully expand on/ discuss at length the options.

This concern about the model's challenging impacts emerged as a cross-cutting theme, reinforced at various points in the discussion to underline its relevance.

D. Providing Specific Information

Providing specific information domain had a mean score of 5.2.

Figure 9. Providing specific information dimension (n=77)



Colour	Definition
Red	more than 33% gave a rating of 4 or less and is an area of <u>improvement</u>
Yellow	25-32% of respondents gave a rating of 4 or less and is a moderate rating
Green	less than 25% of respondents gave a rating of 4 or less and is an area of <u>strength</u>
Grey	shows the percentages of respondents that gave a rating of 5 to 7

Focus Group Summary: Providing Specific Information

Q7. Are you confident that you understand the strategies the service provider is implementing with your child/youth?

While most participants understood the strategies being implemented, a few felt they were provided with inadequate information, or did not receive information in a timely way, for their child/youth's progress. For those parents who were satisfied with their inclusion, it was so because of the following:

- Frequent communication with the service providers;
- Debriefs on results achieved, plans and next steps; and,
- Advocating for their voice to be valued in the discussions.

Less satisfied parents noted the following as problems to address:

- Frequent changes in service providers and interventions. These leave them wanting a roadmap that clarifies the course, time involved, and responsibilities for providing services and supports;
- Lack of access to manuals and resources to help them learn, so they can discuss options for their child/youth;
- Improved support with the transition to adulthood - to ensure their youth do not experience gaps in services (e.g., 1 year), resulting from poor information provided to the parents; and,
- Lack of timely assessments of their child/youth. This resulted in the child/youth left off the caseload list for the next round of services.

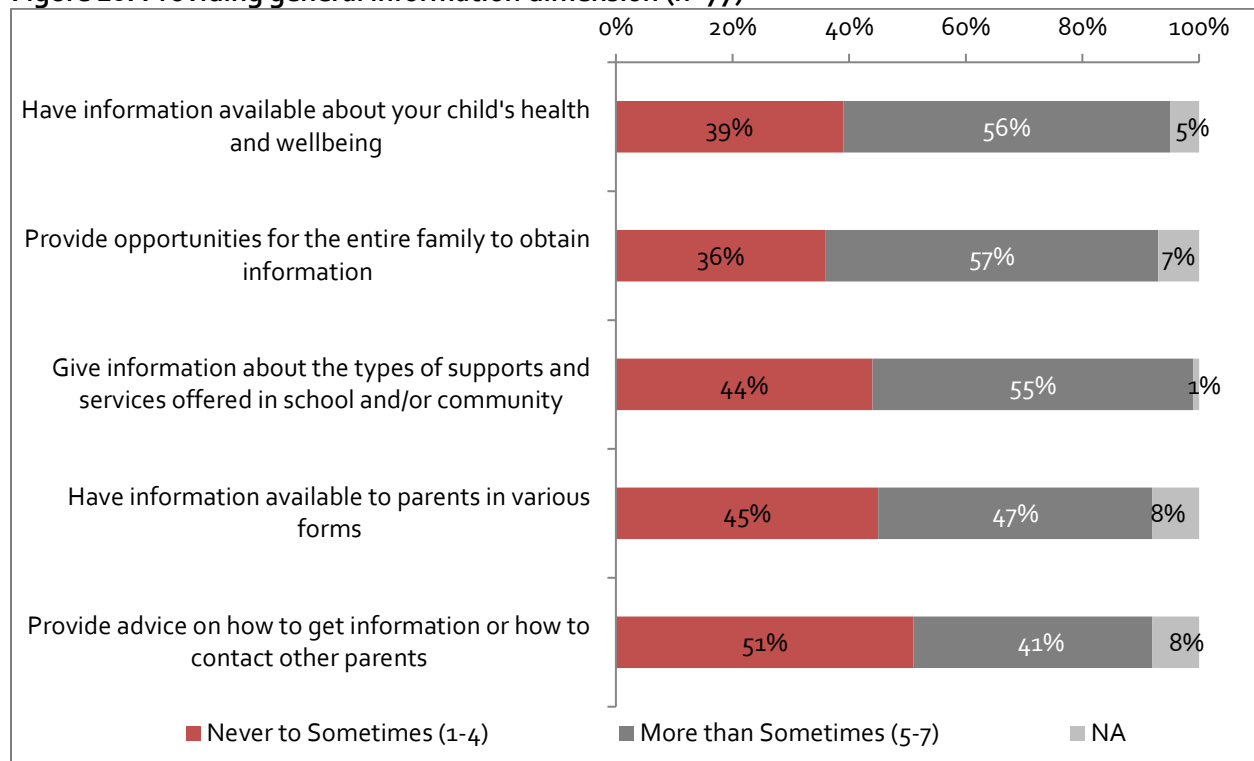
Q8. If/when you need information, do you feel able to ask your service providers for what you need?

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 or 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.**

E. Providing General Information

Providing general information domain had a mean score of 4.4 and was the lowest scoring domain among survey responders.

Figure 10. Providing general information dimension (n=77)



Colour	Definition
Red	more than 33% gave a rating of 4 or less and is an area of <u>improvement</u>
Yellow	25-32% of respondents gave a rating of 4 or less and is a moderate rating
Green	less than 25% of respondents gave a rating of 4 or less and is an area of <u>strength</u>
Grey	shows the percentages of respondents that gave a rating of 5 to 7

Focus Group Summary: General Information

Q9. What other or general information do you need, aside from specific information about the supports and services you receive?

A few parents noted that they did not receive general information, especially information about community-based services and supports. They observed that the schools were well-organized and have good communication systems, which have resulted in having easy access to school-based information/ resources. They felt that increasing knowledge of, and access to, community resources should be a priority, and is something they would value.

I really would have liked a general resource about what services are provided and the role of each provider. When I finally received one, I wished I'd had it 3 years earlier – it would have saved me so much time and brought needed information to inform our situation.

Focus Group participant

Q10. Thinking about the supports and services you receive, is there anything else you would like to add?

Participants reiterated how thankful they were for the services and supports their children/youth received. They were also thankful for those who provide the service, whether through the public or separate school systems, or through the public or private health/service systems. Focus group participants offered the following advice as critically important to act on:

- **Really listen to the family or adult who is caring for this child.**
 - *One SLP was emphasizing an agenda that gave language priority over speech. Though we told her about the self-esteem challenge that occurred when speech is poor, it wasn't until the end of the cycle that she began to understand this – and then began to address it.*
- **Support the family and youth in bridging to the adult stream of services.**
 - *Our youth was receiving hospital services for 11 years and suddenly was no longer eligible. We would have managed this (transition) far better, if we had been informed of the looming loss of eligibility, and could have avoided the resulting gap in services.*
- **The family should be the heart, but the experts bring the mind to give direction.**
 - *We are uncertain about being the "service hubs" as we are not the skilled ones. We want to be informed and assist, but can't carry the load of coordinating service provision.*
- **Receiving services at the school is wonderful.**
 - *Our children/youth are comfortable in the school and relaxed – it is a known and safe place for them.*

MPOC Survey Open-Ended Questions

What was most helpful for you, and your child/youth, in the way that you were engaged in meeting your child's needs? (n=51)

Respondents were asked what has been most helpful for them and their child/youth in the way they were engaged in meeting their child/youth's needs. Participants (n=51) provided a range of responses that related to their individual situations. The following themes were identified:

- Consistent support, updates and written exercises or tools were provided (x13);
- Professional, helpful and caring practitioners encountered and worked with (x7);
- One on one time with the SLP (x5);
- Counselling (x4);
- Meetings with the vision or hearing specialists (x3);
- Common approach meetings or team meetings (x3);
- Consistency between home and school and ability to work with child at home (x3);
- Financial assistance (x2);
- Understanding of child's needs (x2);
- Helping child within the school system (x2);
- Opportunity for child to develop articulation skills (x1);
- To learn other people's perceptions of child (x1);
- Increased awareness of help for child through advocacy (x1);
- Child is more open (x1);

- Helping child with speech challenges (x1);
- FSCD (x1);
- PREP program (x1);
- Obtaining the correct dosage of medication (x1);
- Choosing a particular high school for support (x1);
- MASST (x1); and,
- Dedicated teachers(x1).

"The [specialists] provide a wealth of information, understanding and problem-solving to benefit our child's evolving needs. They made themselves available in a timely and very helpful manner. They interpreted changing medical information and provided well-managed support to our child and to us, the parents. They provided important and timely in-services to keep teachers and school staff on board with the special needs of our student. These have proven invaluable to our child's educational inclusion and the academic success."

"My son's SLP keeps in constant contact with me and allows me to sit on the weekly sessions (currently I go every 3rd week). She discusses his improvement, what the plan is going forward and gives me pointers for his daily homework."

"Having resources to help my child succeed and giving him someone outside of his circle to communicate with."

What could have been done to further help your involvement in meeting the needs of your child/youth? (n=42)

Respondents were also asked what could have been done to further help their involvement in meeting the needs of their child/youth. Respondents (n=42) provided a range of responses that were unique to their child/youth. Responses were themed as follows:

- More frequent communication, feedback and sessions (x10);
- More parent support groups or social events for children and families (x3);
- More materials or resources to refer to (x3);
- More information on school options or community services (x3);
- More/better school involvement (x2);
- Would like further communications on possible interventions (x2);
- Have a scale used when discussing progress to see what the next step is (x1);
- Service beyond regular office hours (x1);
- More direct therapy (x1);
- More one on one with the person helping their child at school (x1);
- Child needs to learn how to read (x1);
- FSCD should increase the allocation for speech therapy (x1);
- Validate previous attempts to meet the emotional needs of their child (x1);
- Face to face discussions instead of over the phone (x1);
- Help child find motivation in boring tasks (x1);
- Family counselling (x1);
- Reduction in the number of same specialties helping their child (e.g., variety of different audiologists) (x1);

- Better collaboration among MST team (x1); and,
- Decreased wait times (x1).

"I feel that his needs are not always met and that he is forgotten."

"For starters a phone call, so I know who the vision therapist is. What tools 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 great 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."

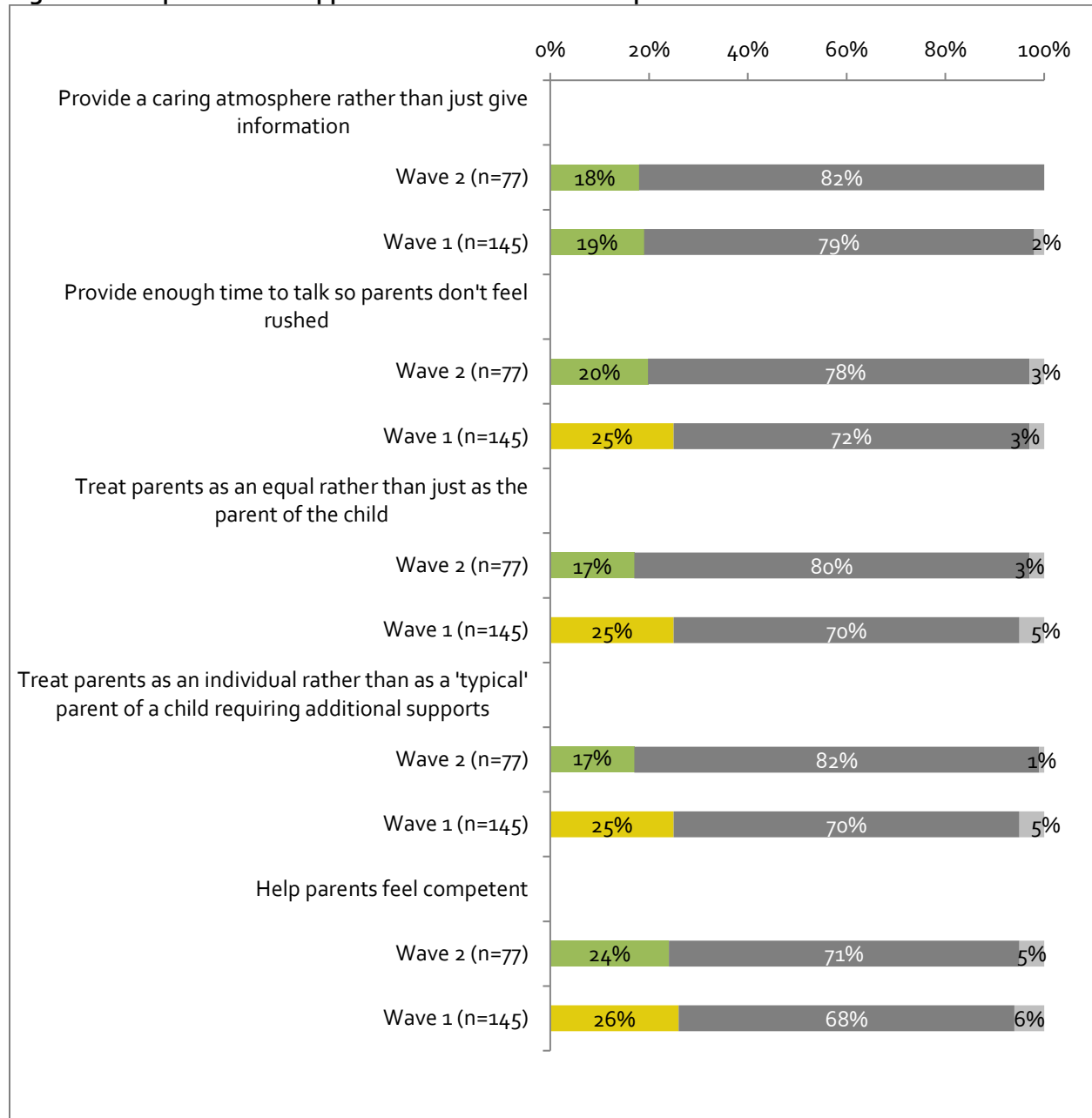
"I would have liked to have further conversations regarding interventions my child could have."

MPOC Comparison Results: Wave 1 and 2 Survey Data

The following figures demonstrate a comparison between the two waves of survey administration. Caution should be taken when interpreting the comparison as a result of the differences in sample size. In the charts, the bars for the 'never to sometimes' categories are colour coded, as above.

A. Respectful and Supportive Care Comparison

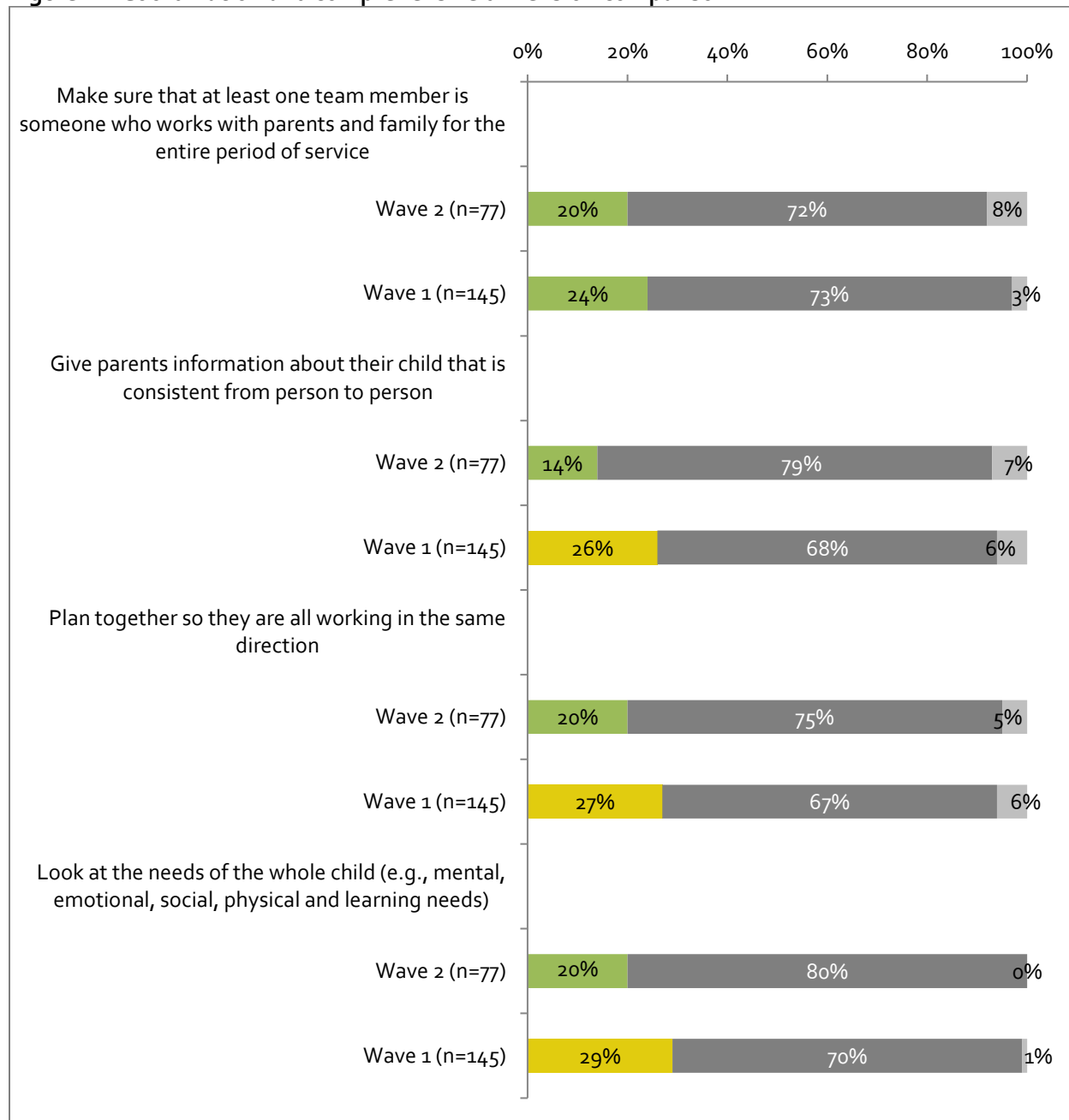
Figure 11. Respectful and supportive care dimension comparison



Colour	Definition
Red	more than 33% gave a rating of 4 or less and is an area of <u>improvement</u>
Yellow	25-32% of respondents gave a rating of 4 or less and is a moderate rating
Green	less than 25% of respondents gave a rating of 4 or less and is an area of <u>strength</u>
Grey	shows the percentages of respondents that gave a rating of 5 to 7

B. Coordination and Comprehensive Services Comparison

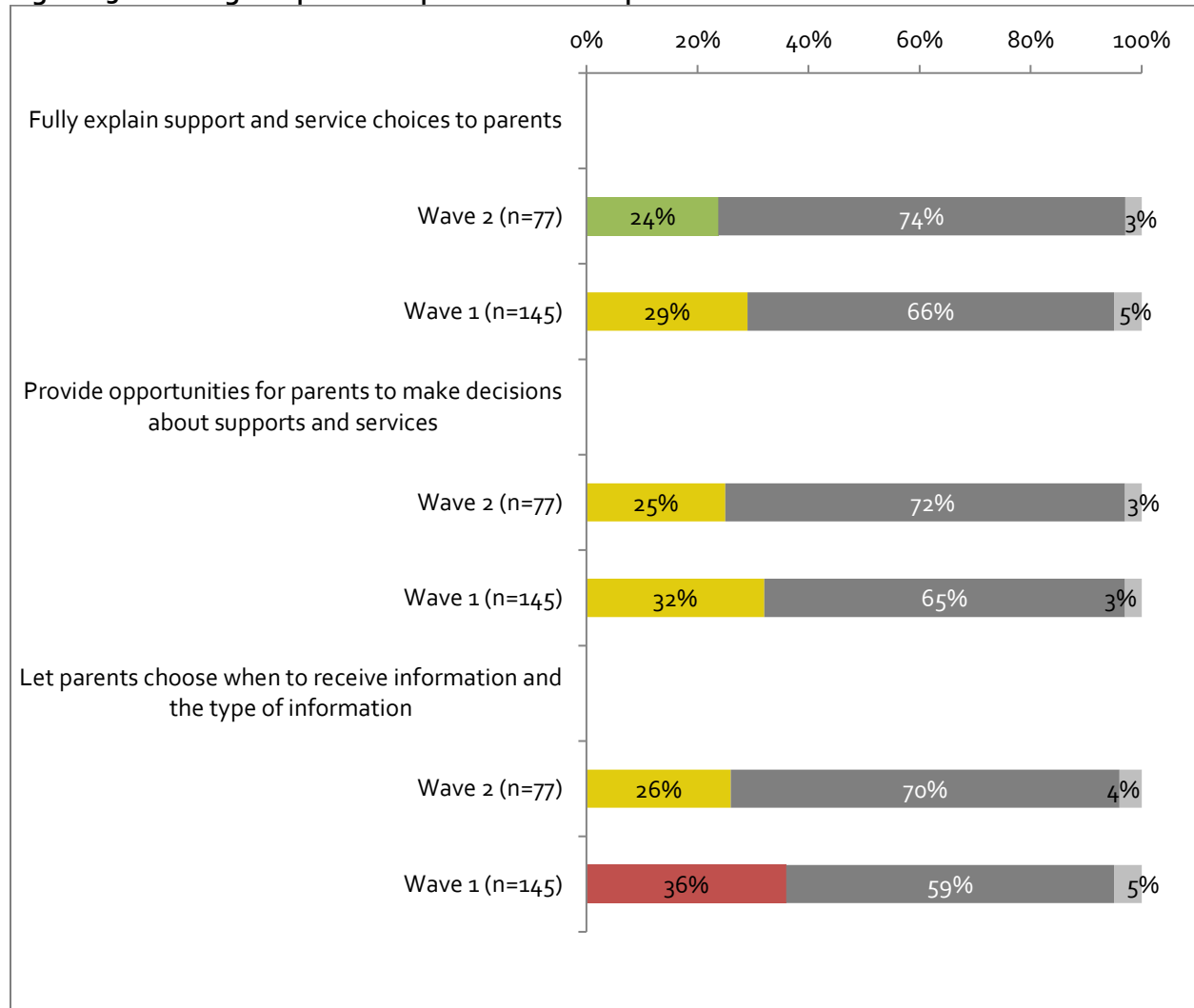
Figure 12. Coordination and comprehensive dimension comparison



Colour	Definition
Red	more than 33% gave a rating of 4 or less and is an area of <u>improvement</u>
Yellow	25-32% of respondents gave a rating of 4 or less and is a moderate rating
Green	less than 25% of respondents gave a rating of 4 or less and is an area of <u>strength</u>
Grey	shows the percentages of respondents that gave a rating of 5 to 7

C. Enabling and Partnership Comparison

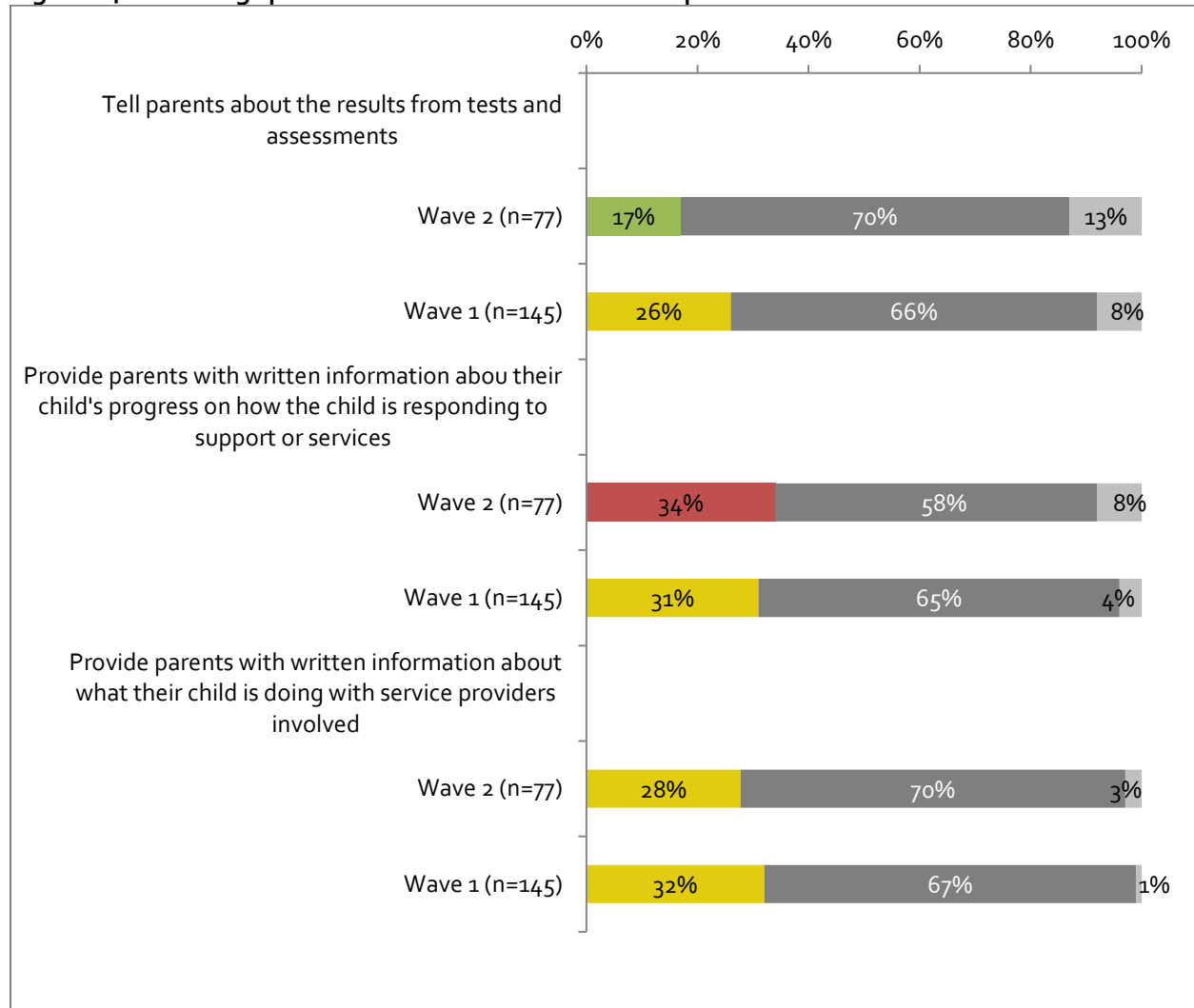
Figure 13. Enabling and partnership dimension comparison



Colour	Definition
Red	more than 33% gave a rating of 4 or less and is an area of <u>improvement</u>
Yellow	25-32% of respondents gave a rating of 4 or less and is a moderate rating
Green	less than 25% of respondents gave a rating of 4 or less and is an area of <u>strength</u>
Grey	shows the percentages of respondents that gave a rating of 5 to 7

D. Providing Specific Information Comparison

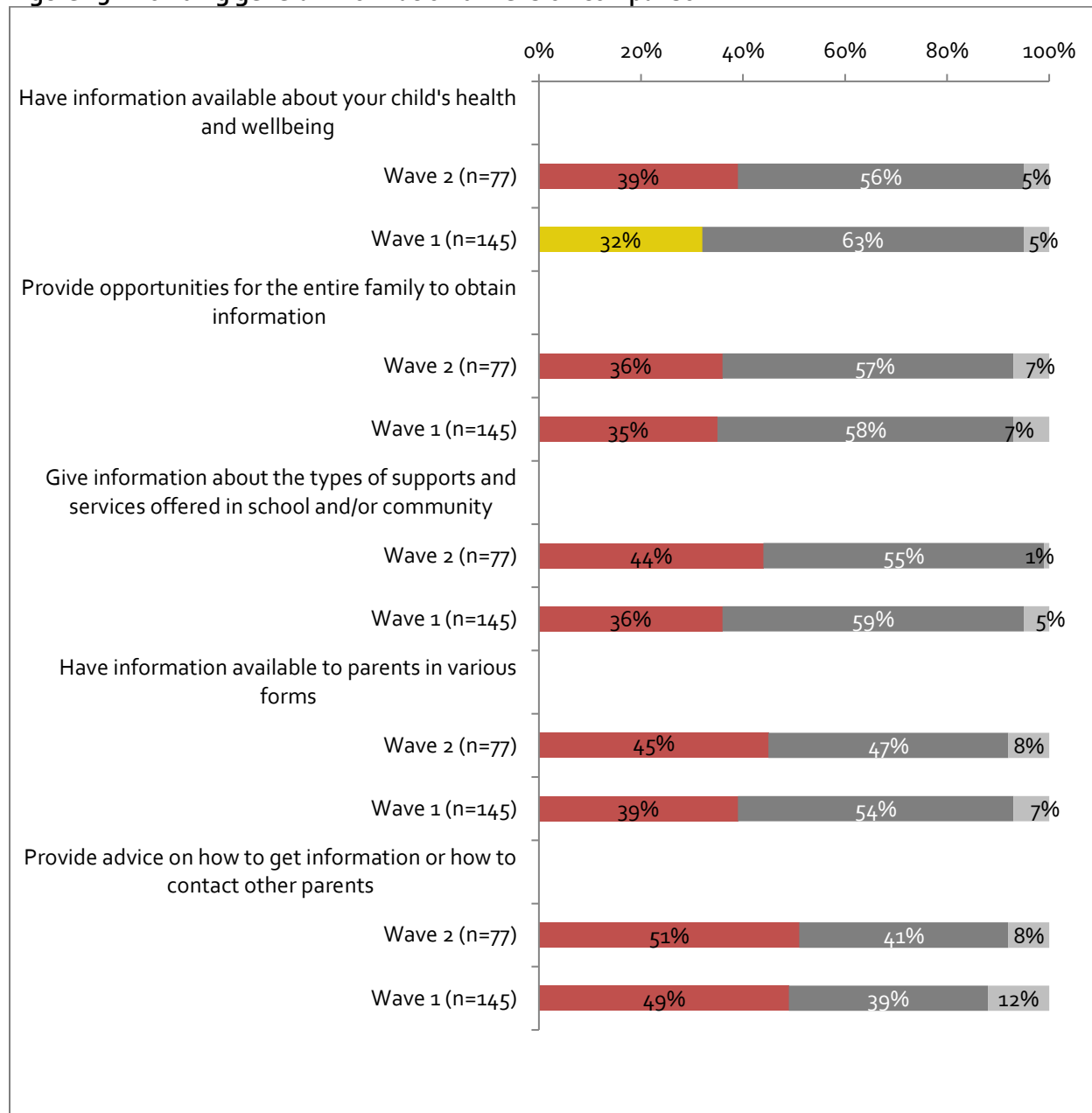
Figure 14. Providing specific information dimension comparison



Colour	Definition
Red	more than 33% gave a rating of 4 or less and is an area of <u>improvement</u>
Yellow	25-32% of respondents gave a rating of 4 or less and is a moderate rating
Green	less than 25% of respondents gave a rating of 4 or less and is an area of <u>strength</u>
Grey	shows the percentages of respondents that gave a rating of 5 to 7

E. Providing General Information Comparison

Figure 15. Providing general information dimension comparison



Colour	Definition
Red	more than 33% gave a rating of 4 or less and is an area of <u>improvement</u>
Yellow	25-32% of respondents gave a rating of 4 or less and is a moderate rating
Green	less than 25% of respondents gave a rating of 4 or less and is an area of <u>strength</u>
Grey	shows the percentages of respondents that gave a rating of 5 to 7

Conclusion and Recommendations

Conclusion

Overall, the MPOC survey data indicates very little difference between W1 and W2 implementation. Across the five MPOC dimensions, Calgary and Area RCSD is successful in delivering family centred services, as assessed by the parents, caregivers and guardians who completed the survey.

However, our understanding of the MPOC’s quantitative data is enriched by the focus group at which parents explored several key aspects of the dimensions and offered their insights. Like the survey, the respondents were largely satisfied with the care their child/youth receives. Having made that clear, they further offered insights into what actions could be taken to provide better supports and services. Those thoughts are summarized in the recommendations, below.

Recommendations

MPOC Dimension	W1 & W2 Comparison	Focus Group Recommendations
Respectful and Supportive Services	+0.1	<ul style="list-style-type: none"> -Respondents would like to see the silos eroded between service provider sectors and the locations of where services are delivered (e.g., home, school, community). Silos result in missing information and communication breakdowns, which undercut their sense of being respected. -Respondents would like the provision of a ‘hub’ to ensure a supportive environment for the family and child/youth to be the responsibility of the service providers. Participants observed their need to take on this role of ‘hub’ demands erodes their sense of being supported. On the other hand, the few that receive this kind of service report feeling highly supported.
Coordination and Comprehensive Services	+0.2	<ul style="list-style-type: none"> -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

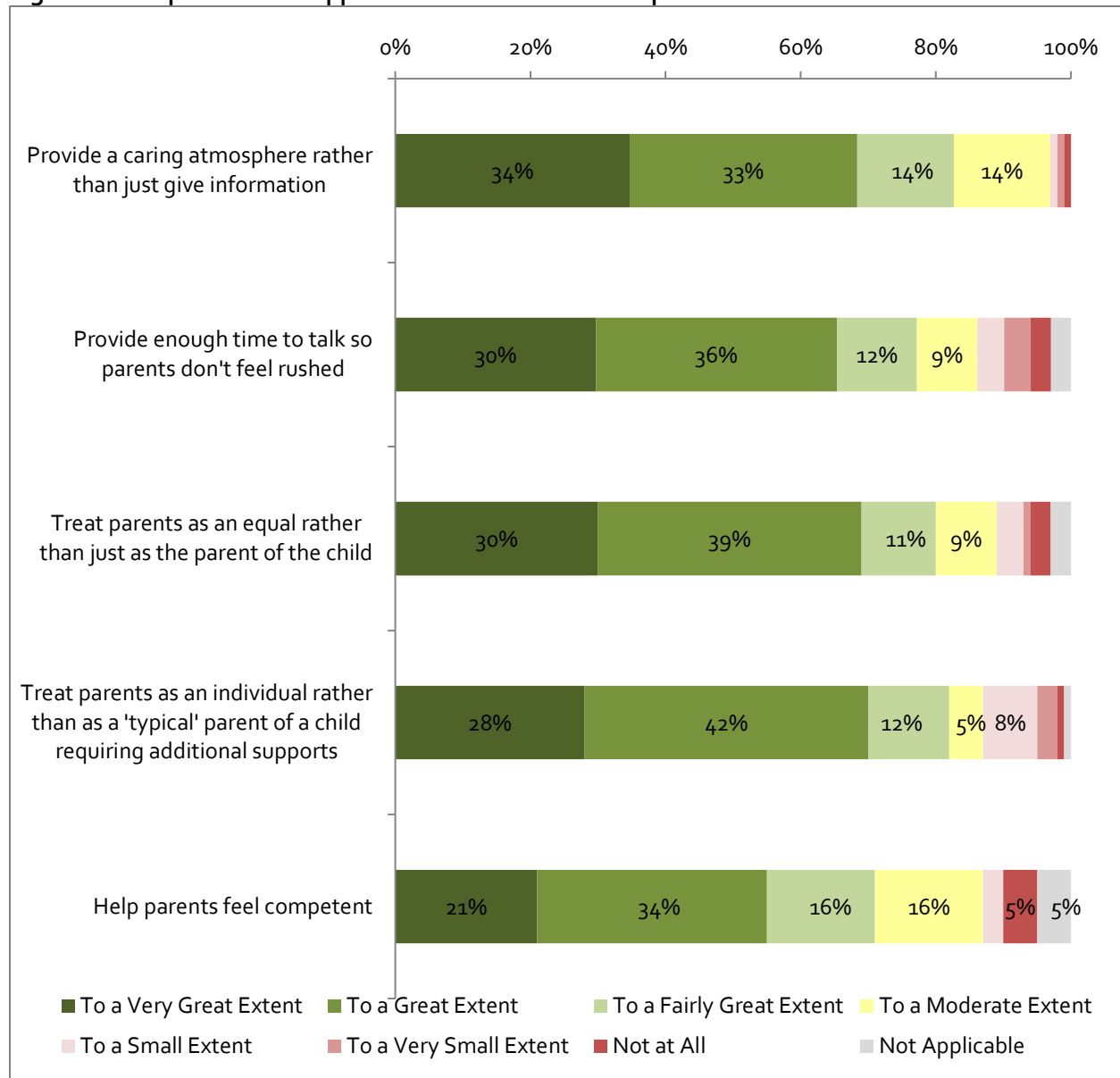
MPOC Dimension	W1 & W2 Comparison	Focus Group Recommendations
		<p>assistant. They want their child to have the benefit of the service provider’s expertise.</p>
<p>Enabling and Partnership</p>	<p>-</p>	<p>-All respondents agreed the ‘family centred care’ model and the idea of a ‘partnership’ was the 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 isn’t offloaded on to the family. Respondents would like to have a deciding voice on the balance. This observation was a crosscutting theme throughout the focus group.</p> <p>-Aligned with the above, respondents would like their child/youth to have more access to service providers to receive a larger dose of their services and supports. They worry that the parent role of providing ‘at home’ assistance 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.</p>
<p>Specific Information</p>	<p>-</p>	<p>-Participants observed the need for service provision to be implemented by a stable team and that this would ensure the kind of communication they would like to receive – shared awareness of the child, experience with the family, etc.</p> <p>-Respondents note the experience of having their youth transition to adult services was chaotic. They would like the system to develop a pathway to adult services that could be provided early and preparations made in a timely way. Without this their youth pay the high price of having up to a year delay in accessing adult services, due to wait lists and barriers to seeing new specialists.</p> <p>-Overall, respondents would like a pathway or roadmap at the start of the year, with key highlights and dates so they know when assessments and reports are being prepared and they have a place in those discussions. The experience of the group was largely dependent on service providers who communicate well, and those who don’t – which is too variable for them.</p>
<p>General Information</p>	<p>-0.2</p>	<p>-Most of the respondents did not receive any information about community resources relevant to their child/youth’s needs. Providing a manual / resource / links to information should be a priority for the service providers. The information should be curated for the child/youth’s needs and also include information for parent support groups.</p>

Appendix: Raw Data Charts for W2

The following shows the breakdown per category respondents answered on the survey tool. Please note for ease of viewing, any category with 4% or less has had the data label removed.

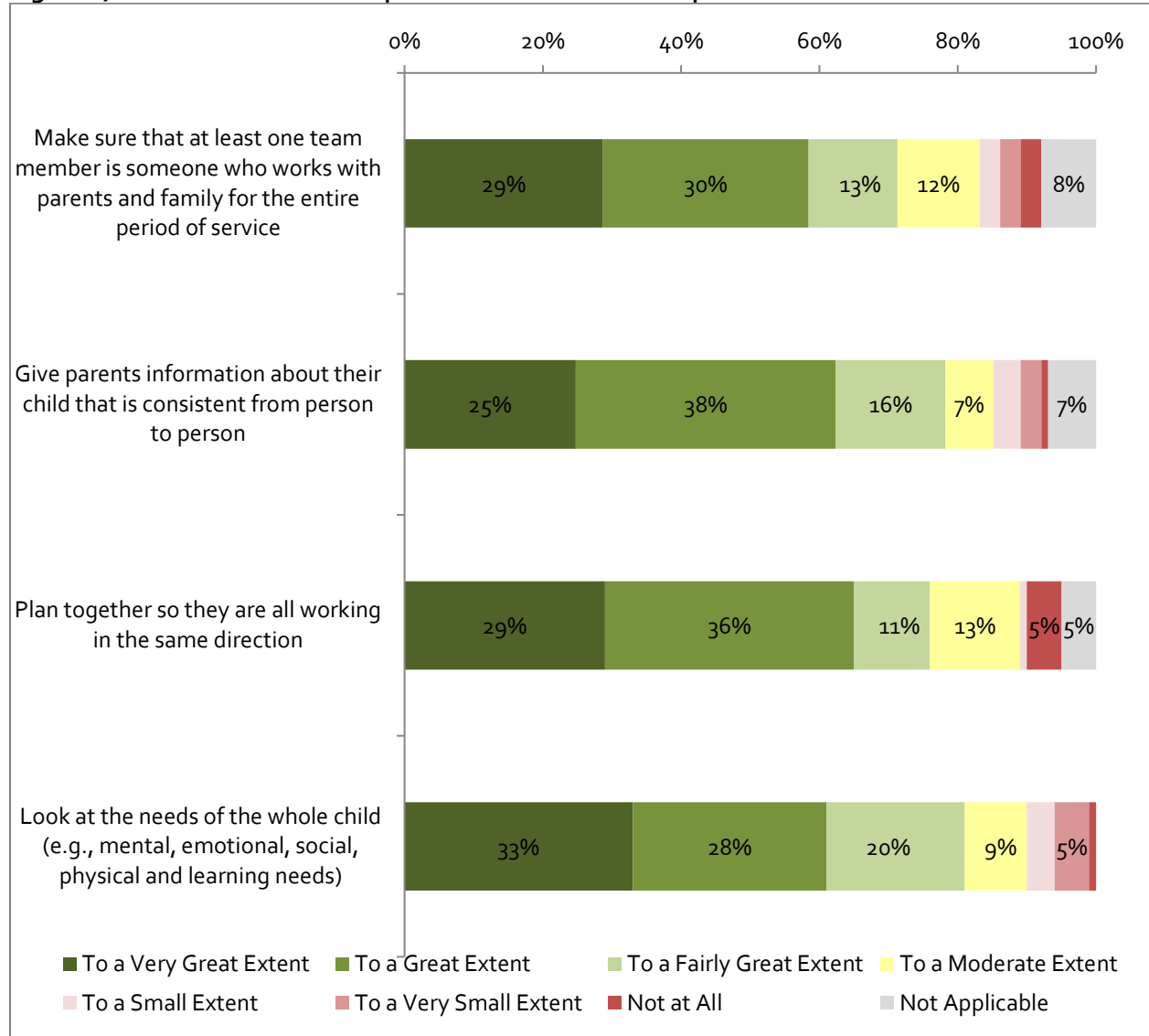
A. Respectful and Supportive Care Comparison

Figure 16. Respectful and supportive care dimension comparison



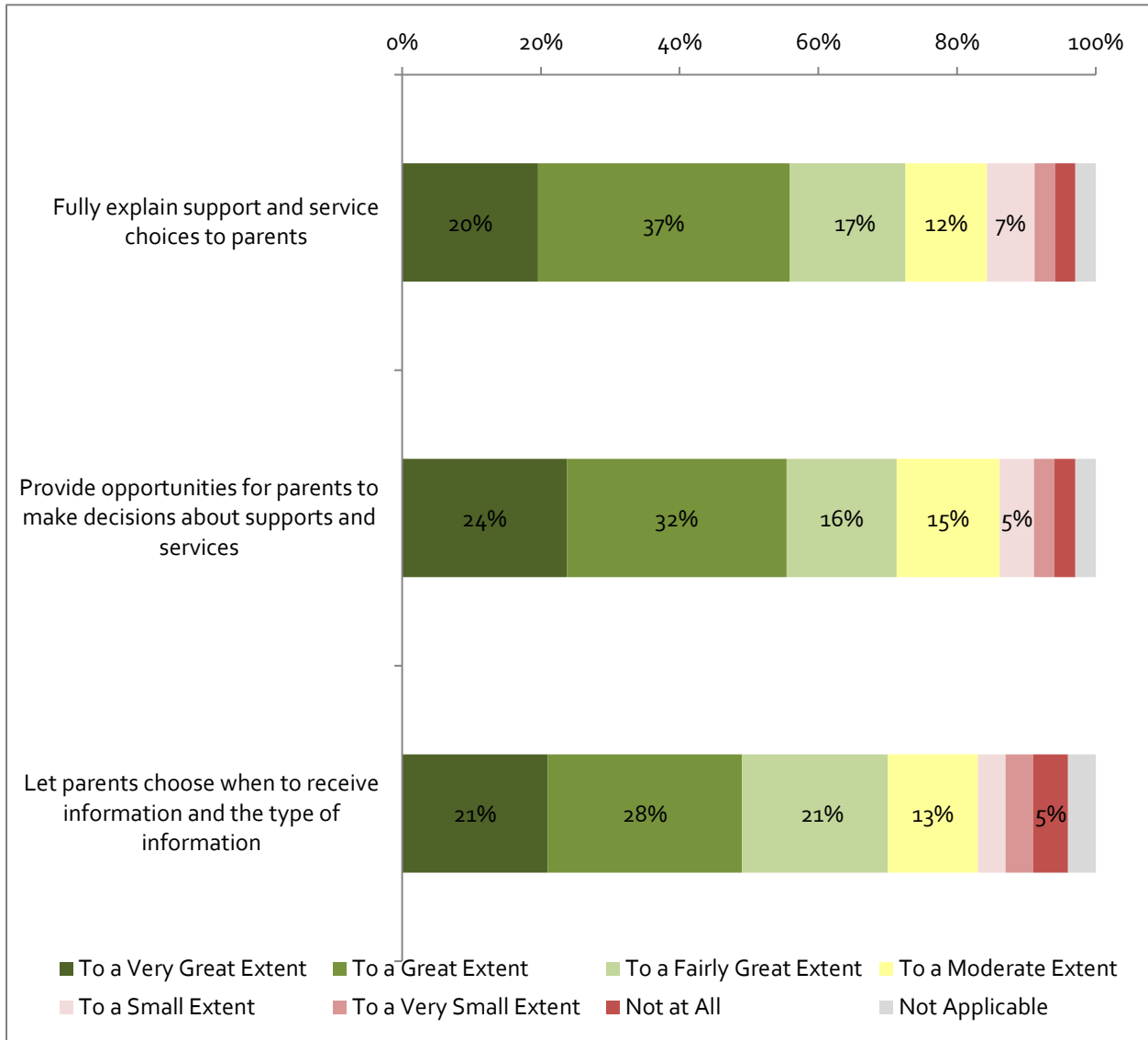
B. Coordination and Comprehensive Services Comparison

Figure 17. Coordination and comprehensive dimension comparison



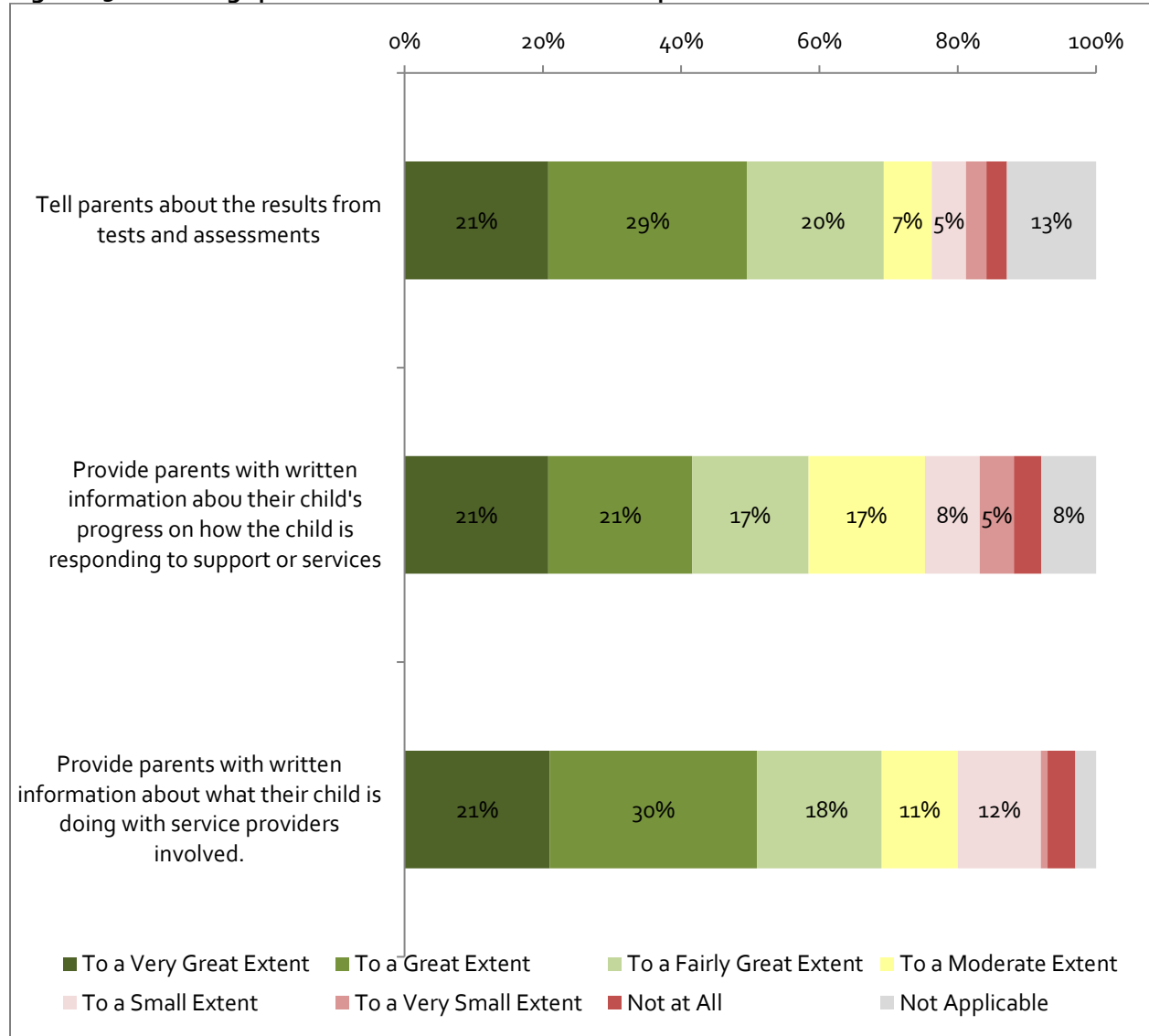
C. Enabling and Partnership Comparison

Figure 18. Enabling and partnership dimension comparison



D. Providing Specific Information Comparison

Figure 19. Providing specific information dimension comparison



E. Providing General Information Comparison

Figure 20. Providing general information dimension comparison



EQ 5DY

Background

The RCSD sought to gain information about the children and youth they serve through the administration of the EQ-5D-Y tool.

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). The EQ-5D is applicable to a variety of health conditions and treatments and provides a simple descriptive profile and a single index value for health status. The information the tool captures can be utilized to describe the health status of the particular population of respondents.

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 labelled 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.

EQ-5D Method and Results

The EQ-5D-Y 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 use during a professional 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). Seventy percent of those indicated they received help in completing the survey (30% did not).

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. The results are presented in a percentile form, for descriptive statistics purposes.

Overall, the results of the dimensional health assessment indicate that the children and youth reported being fairly healthy. In particular, greater than 50% of respondents in all dimensions, except anxiety/depression, reported no problems. In the anxiety/depression dimension, 52% of respondents noted they had some problems in this area, with an additional 5% noting extreme problems. Respondents also noted higher ‘some problems’ scores in the dimensions of usual activities (43%) and pain/discomfort (37%).

Figure 1. Overall EQ5DY Comparison by dimension (n=45)

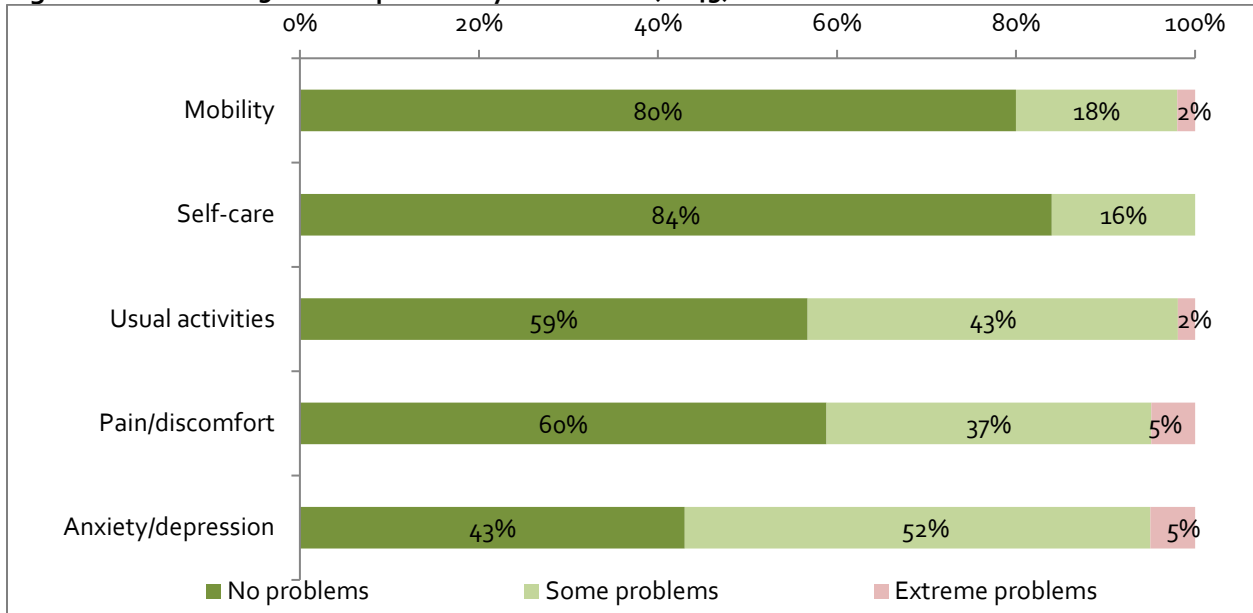
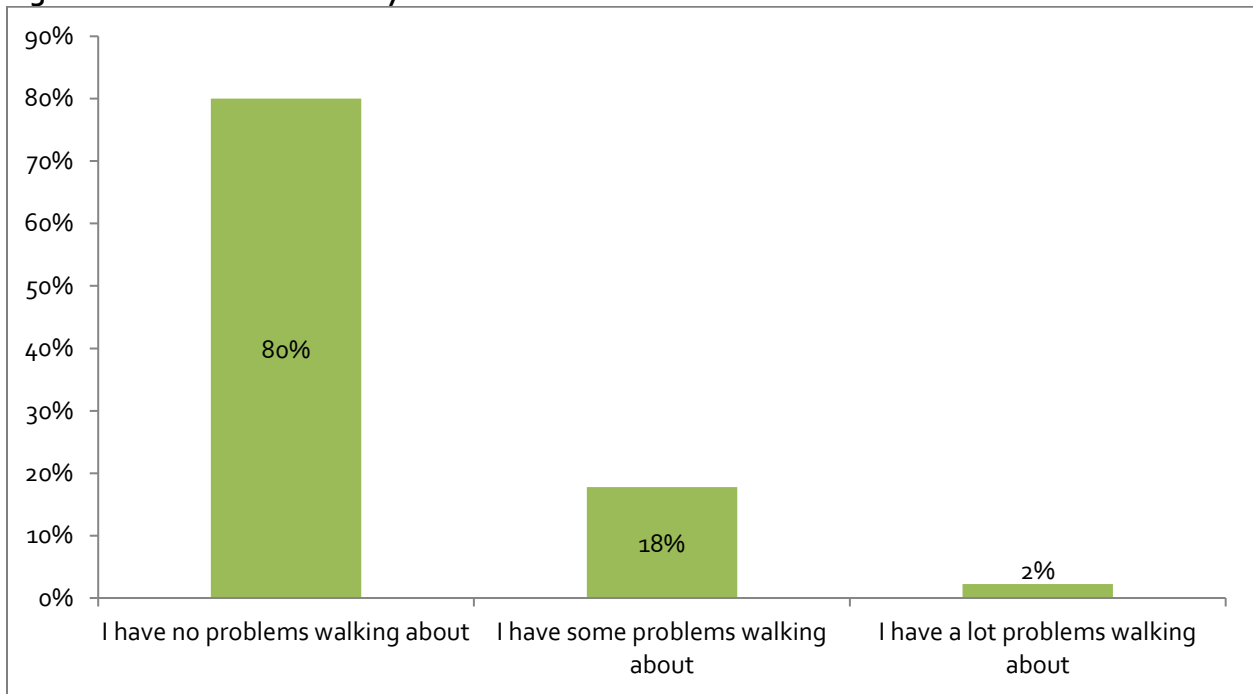
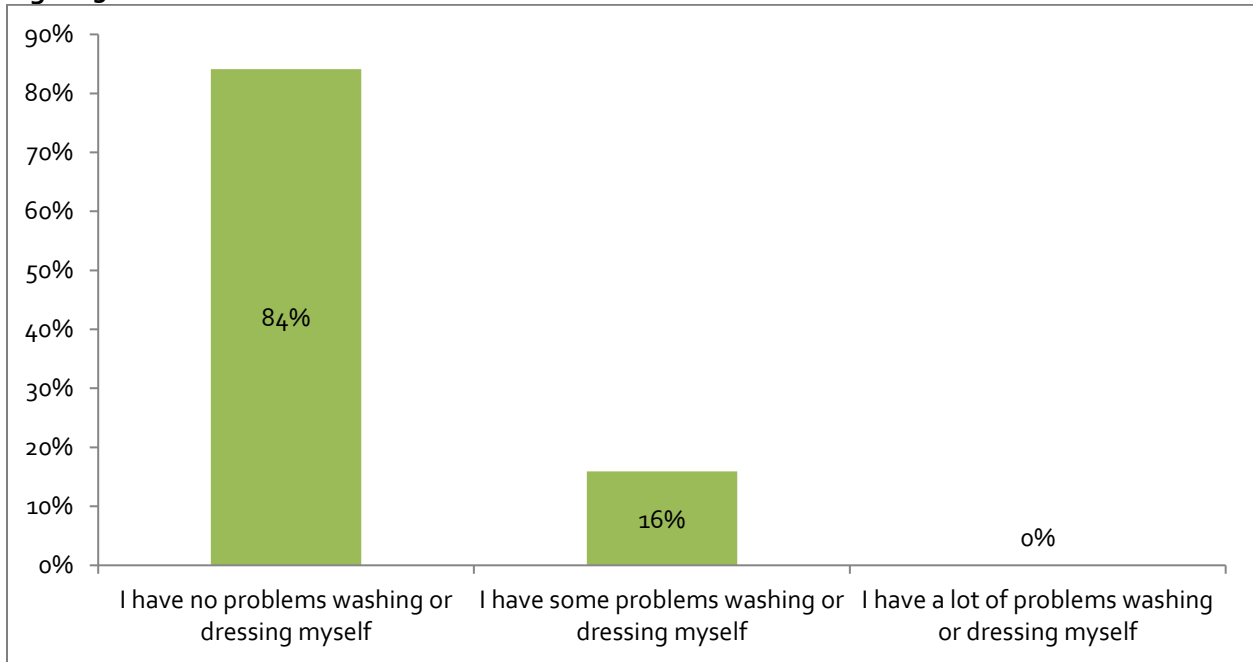


Figure 2. Dimension of Mobility



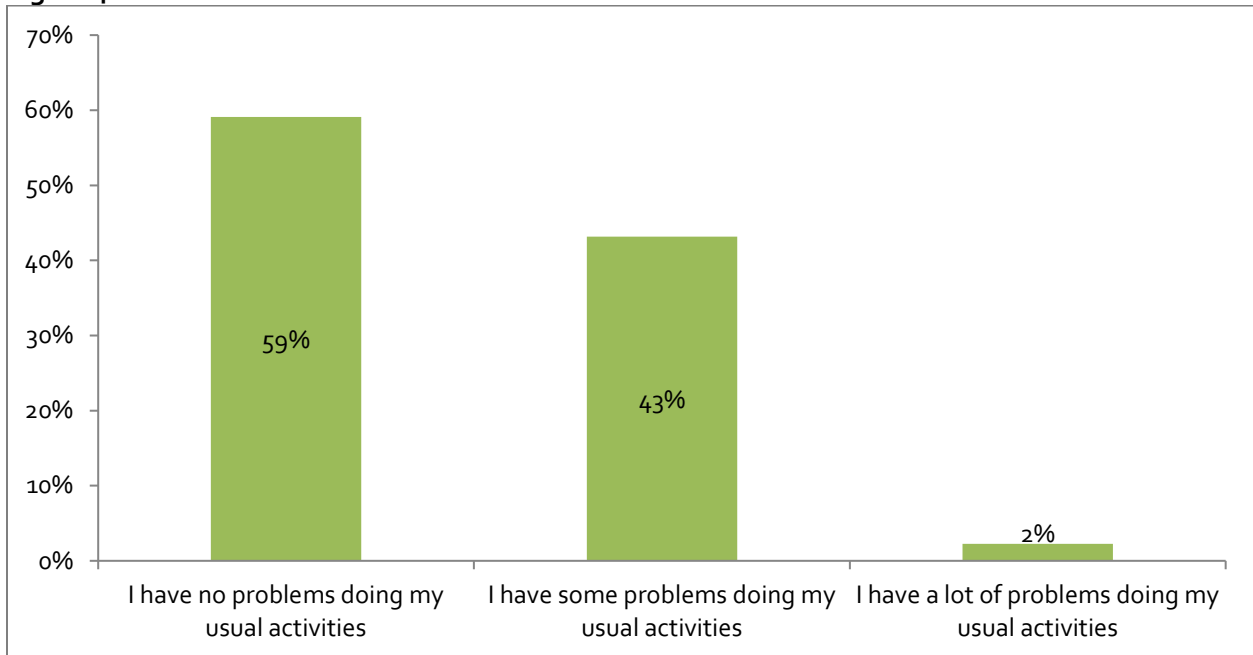
Respondents primarily noted they had no problems with mobility (80%); however, 18% indicated some problems and 2% noted extreme problems.

Figure 3. Dimension of Self-care



Respondents primarily noted they had no problems with self-care (84%); however, 16% indicated some problems.

Figure 4. Dimension of Usual Activities



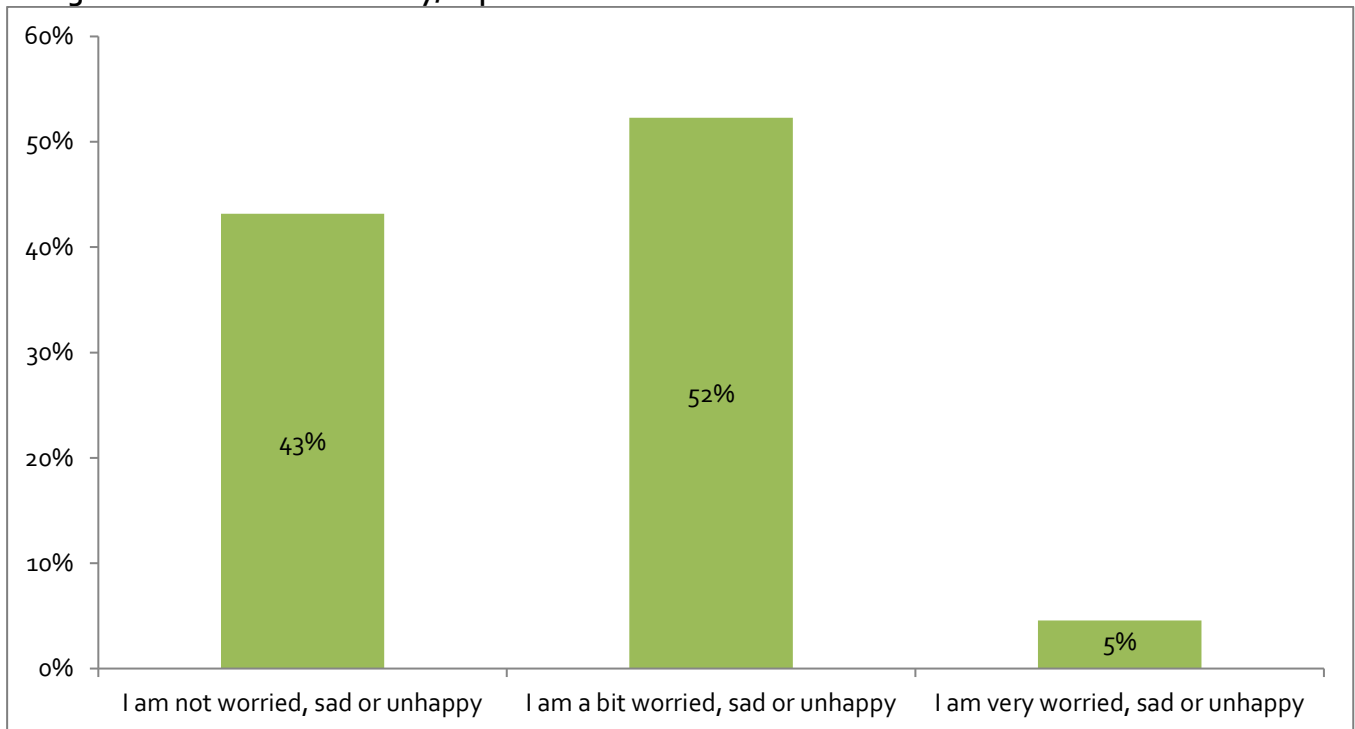
Respondents primarily noted they had no problems with usual activities (59%); however, 43% indicated some problems and 2% noted extreme problems.

Figure 5. Dimension of Pain/Discomfort



Respondents primarily noted they had no problems with pain/discomfort (60%); however, 37% indicated some problems and 5% noted extreme problems.

Figure 6. Dimension of Anxiety/Depression



Respondents primarily noted they had some problems with anxiety/depression (52%) and 5% noted extreme problems. The other 43% of respondents indicated they had no problems with anxiety/depression (43%).

VAS Score

As part of the assessment tool, respondents were asked to provide a number between 0-100 that described their health today (at the time of assessment). This number represents the Visual Analog Scale component of the tool that provides an indication of current health status. This measure is most useful when utilized in matched comparisons over time.

The respondents of the survey (n=44) provided an average score of 78.6. This number indicates that generally, respondents felt their health that day was good. The lowest score provided was 38 and the highest was 100. The most frequently selected score was 100 (n=8).

RCSD Program Data

The following table captures the program data accessed for this report.

Data	File Name/Years	Author/Source
COPE Annual Reports	COPE Annual Report 2016-2017 COPE Annual Report 2017-2018	COPE
Complex Needs Annual Review	Annual Complex Needs Review 2018-2019 Summary report for Goal Attainment 2017-2018 Caseload Overview 2016-17	Complex Needs
CONeX	CONeX Systems Feedback Summary 2018 Extended Version CONeX Systems Feedback Summary 2018 RVDS CONeX Evaluation 2017-2018	CONeX
Student Threat Assessment	Calgary Threat Assessment Workshop R 2018report	Dewey Cornell-VSTAG
Imagine That!	Imagine That! Event Evaluation Summary Reports 2014, 2015, 2016, 2017, 2018	Learning Partnerships
Joint Development Day Proceedings	Joint Development Day Proceedings 2016, 2017 2018	Leadership/Executive
School Based Mental Health	2016-2017 Stats Report SBMH 2017-2018 Stats Report SBMH	Alberta Health Services (Mental Health)
Annual Reports	Calgary and Area RCSD Annual Report 2017-2018 Calgary and Area RCSD Annual Report Submission 2016-2017	Leadership/Executive
Leadership Presentation Summaries	Summary Collaborative Work Resulting in Positive Change	Leadership
Leadership Meeting Quality	Meeting Quality aggregated data December 2017-February 2019	Leadership
Mental Health Transition Specialist	Final MHTS Report 2019 01	Transitions

Frontline Service Provider Survey and Focus Groups

1. Background

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 learning event; on the 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.

It should be noted that as the survey progressed, responses to the survey decreased through each subsequent section.¹⁰ Generally speaking, the responses to the survey were positive; however, a fairly large proportion of participants provided neutral responses to the questions (approximately a third in most cases), which dilutes the positive responding.

Concerning the Focus Group Data

Following analysis of the survey two focus groups were held (n=12 participants for each group, equalling a total of 24 respondents, representing a 100% response rate) on January 18, 2018, with purposively selected frontline providers, to probe on areas of interest arising from the survey data. This data was summarized in aggregate and the draft report was sent to the focus group participants for validation. The summary focus group data follows the survey data in the results section of this report.

Note that when reporting key themes and/or perceptions identified in the qualitative data derived from the focus group and key informant interviews, we used the following content analysis descriptors:

- 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.

¹⁰ This pattern of drop-off responses should be attended to through the next survey administration.

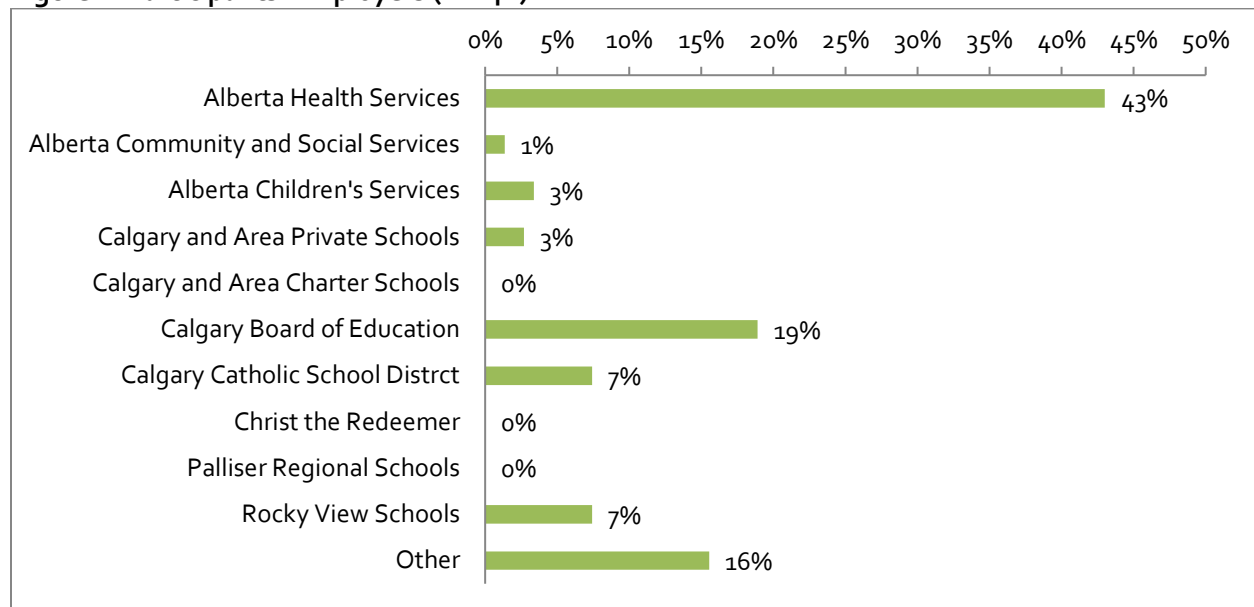
2. Demographic Information

Participants were asked demographic information about their employer, years of experience and occupation title to contextualize the survey responses.

Employer

Participants were asked to indicate their employer. If they had more than one employer, participants were asked to assess their employer by using the largest percentage of their FTE.

Figure 1. Participants' Employers (n=148)



Most participants noted their employer as Alberta Health Services (43%); followed by the Calgary Board of Education (19%); and, 'other' (16%). For those that specified 'other', they identified as the following private schools:

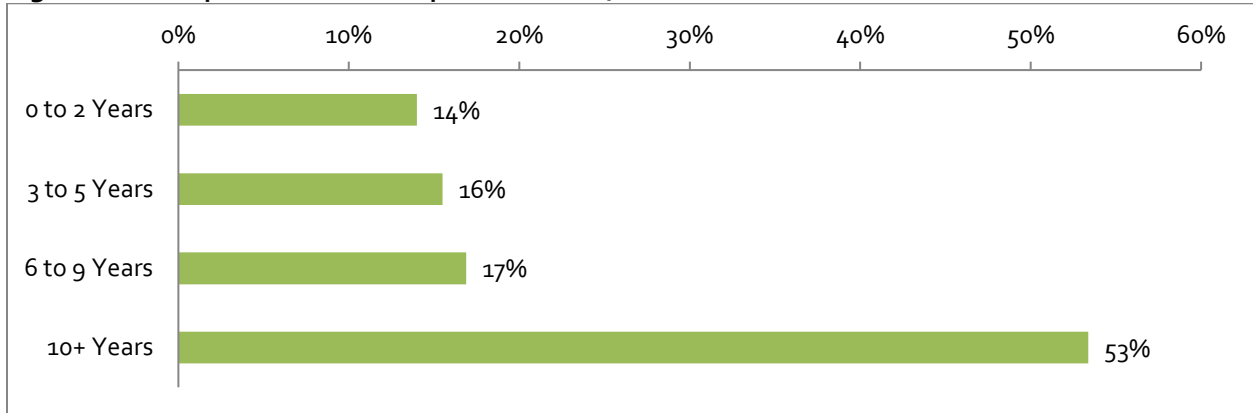
- Renfrew Educational Services (x20); and,
- Providence Children Centre (x3).

Note that when combined with the cohort selecting 'Calgary and Area Private Schools' the percentage of respondents identifying as private schools becomes 19%, on par with the 'Calgary Board of Education' respondents who are also at 19%. When all schools are combined, they are at 45% making the education sector the largest respondent to this survey, followed by the health sector at 43%.

Years of Experience

Participants were asked to indicate their years of experience in the field.

Figure 2. Participants' Years of Experience (n=148)

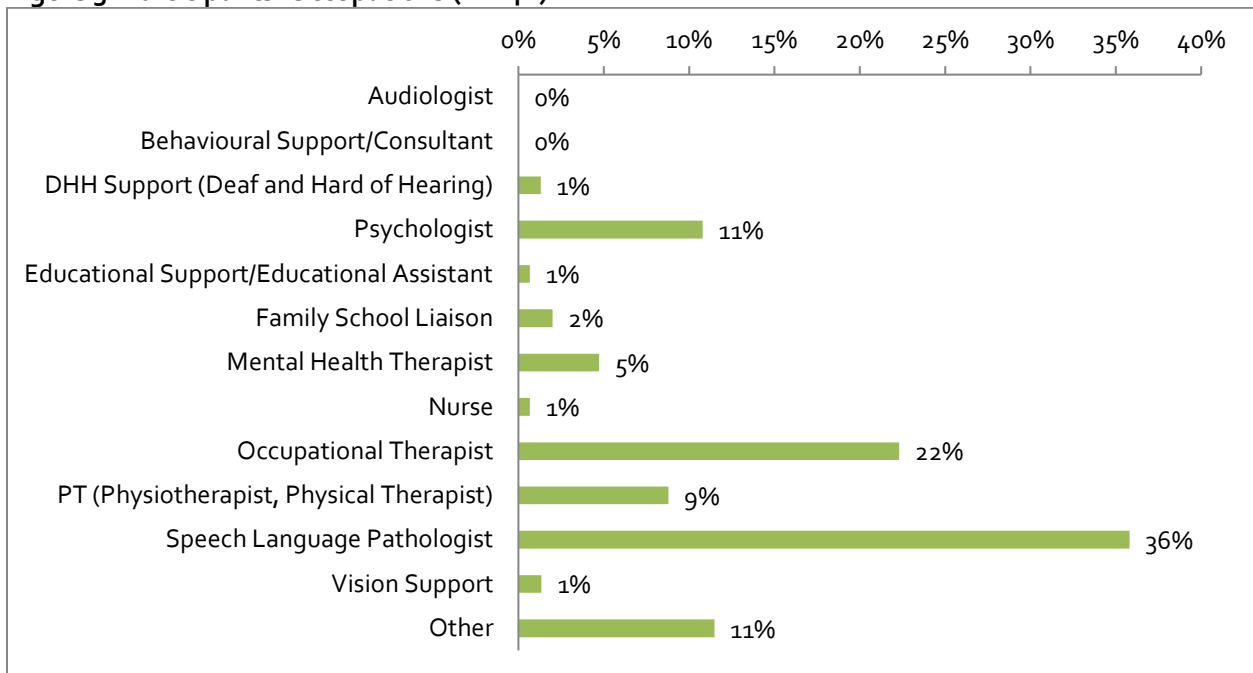


The majority of participants noted they had 10+ years of experience in the field (53%), followed by roughly equal representation from 0 to 2 years (14%); 3 to 5 years (16%); and, 6 to 9 years (17%).

Occupation Title

Participants were asked about the title of their occupation.

Figure 3. Participants' Occupations (n=148)



Participants most frequently selected Speech Language Pathologist (36%); Occupational Therapist (22%) and Psychologist (11%) as their occupation. For those that selected 'other' (11%); they noted the following:

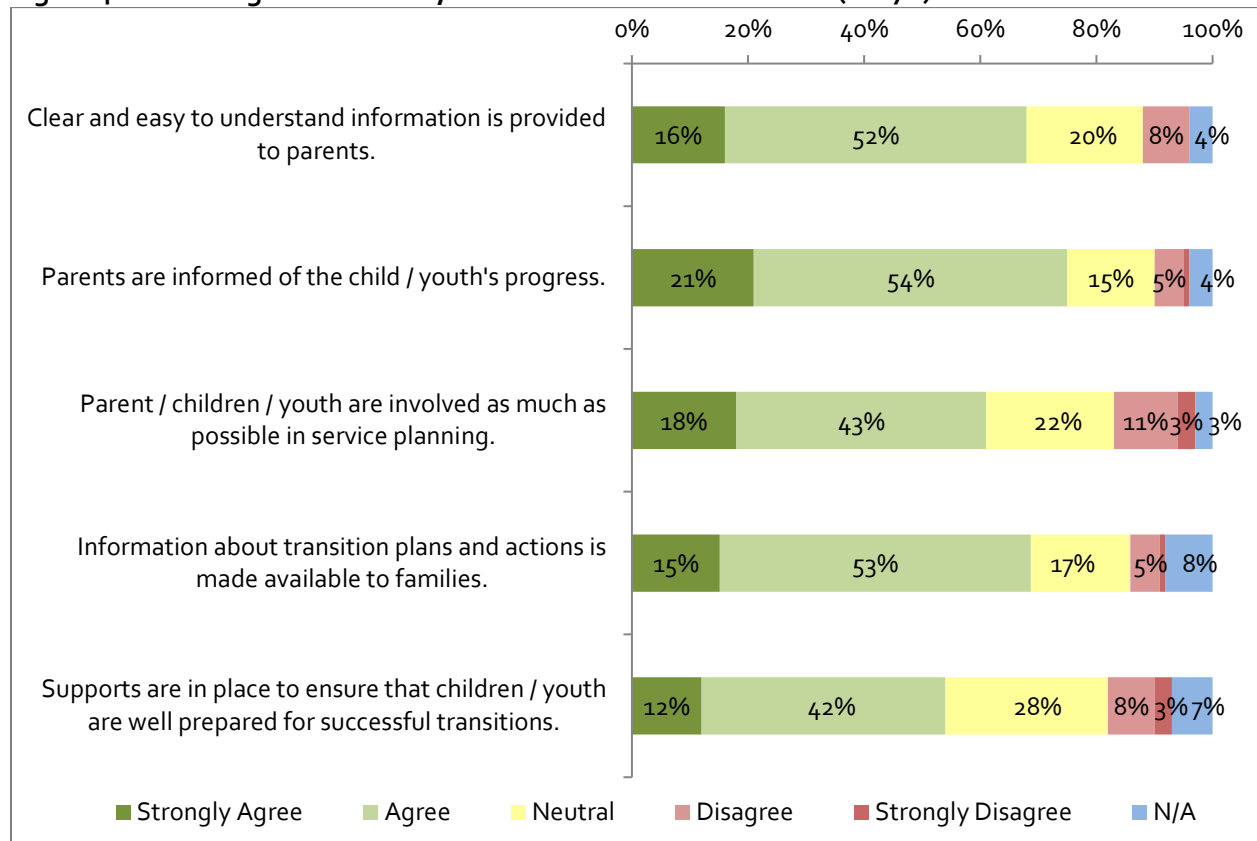
- Family Support Worker (x5);
- Therapy assistant (x3);
- Physiotherapist (x2);
- Administrative support (x1);
- Social worker (x1);
- Education Liaison (x1);
- Family therapist (x1);
- Program coordinator (x1);
- School counselor (x1); and,
- Manager (x1).

3. Survey and Focus Group Results

A. Partnering with Children, Youth and Families

The first section of the survey asked participants questions about partnering with children, youth and families.

Figure 4. Partnering with Children, Youth and Families Questions (n=178)



Overall, and in descending order, the majority of participants agreed that parents are informed of the child/youth's progress (75%); clear and easy to understand information is provided to parents (68%); transition plans and actions are made available to families (68%); parents/children/youth are involved

as much as possible in service planning (61%); information about and, supports are in place to ensure that children/youth are well prepared for successful transitions (54%).

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

- Parents and families expressed confusion in the system and are often not informed or involved in the service planning (x16)
- There is a lack of consistency in service delivery and transitions (x9); and,
- Communication could be improved for service providers; information is often not available outside of the service they are delivering (x4).

Selected open-ended responses:

"I feel like a lot of families are not always aware of the services their child is receiving because we are using a response to intervention model. This model allows us to provide consultation for a larger number of students however as a result, 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."

"I see many families struggling during the transition period. I encourage starting the process to being earlier (such as at 16 yrs) as many times families are not aware of the time it takes to get guardianship, etc. Families struggle to then transition from school to day program and many are stuck trying to create in home programming with private care aids."

"Often the report details are not in family friendly language. The supports available for the plans are extremely limited for the communities that surround Calgary. Parents often do not know how, who or have the means to access transition supports and services."

"Frustrating that the health systems model of communication with schools, particularly with regard to School Based Mental Health, is not as collaborative. Reports are only shared with parents and the schools have to ask for diagnostic letters in order to provide special education designations, rather than it being an ingrained part of the process."

Focus Group Summary

Q1a. Engaging parents is an important RCSD value, so providing them with information and involving them in planning is encouraged. **What successes have you experienced in this area? What are the barriers?**

Successes:

Overall, respondents offered a variety of successes they experience in their practices, relevant to engaging parents:

- *Many noted the value of contact with the parents and the importance of sustaining those relationships across transitions to make the change smooth for parent, child and system.*
- *The few who work with a case worker or coordinator really appreciate the work this focal point does with the most complex cases – and that they provide an objective, 3rd party perspective to support both the families and the service team in working together.*

- *A few observed that pre-school typically is a time of success* because of the supports available and the time parents receive as they engage those supports for their child. Most respondents noted the need for the same quality of resources for schools as the early years programs receive. However, once the child enters the school system supports and time with supports are both reduced and this creates stress for most parents and children. Again, participants noted the value of 'staying with' the parent for up to 6 months as they transition to the new school, to provide support and navigation. Those few who remarked on doing this observed collaboration takes time but proves to be an effective way to address the stress of transition.
- *A few convened meetings* with schools, coordinators and parents to discuss a child's case; others noted that young parents are responsive to emails and texts and finds this to be a successful way to engage them.
- *While they all agreed the evidence shows involving parents in planning is a formula for success, only a few offered examples of how this works on the ground.* For instance, school boards require, if the child is in a specialized class or has an Individual Program Plan (IPP), that the parents must be part of the planning process. Parents are required to sign the IPP for their child. More broadly, often, service providers ask or are asked to attend meetings that include parents. Yet, most agreed they struggle to find the time, or the parent is unwilling, for this type of engagement. 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.

Barriers:

Respondents largely focused on the barriers they experience with securing consent forms from parents. Many noted that parents struggle with trusting service providers and can, on average, take up to 3 months to sign consent forms. Similar barriers are experienced with Indigenous and Immigrant parents. They noted that these forms must be signed annually, which is a burden for both them and the parents.

In addition, participants noted the struggles experienced with parents of children transitioning (at various points) within the system. They appreciated how difficult it is for parents to repeat their story 'over and over again.' They further noted that there are not enough coordinators to work with the top 3-5% of families for whom the system is not working well or their situation is highly complex.

Q1b. Transition points are known to be critical times for children, youth and families (e.g. developmental transitions, transitions between services, etc.). Yet, the data shows this continues to be challenging for families and frontline providers. **What are key enablers to ease transitions? How could these be embedded in practice?**

Enablers

All participants acknowledge transition points are critical and that this is often a point of challenge. They discussed the problems with children being in a new school for up to four months before their file arrives and that often information does not get to the parents about their child's situation. Some offered the following solutions that they have seen work:

- *Having a case worker in place* to follow the situation and be proactive about securing documents and meeting with parents

- *Hosting more face-to-face meetings* with colleagues to discuss the child's situation and what supports have been effective in the past
- *Recognizing the child's needs promptly* (this goes back to a case worker as point person on all files or having transition meetings before the child or youth enters the school or having a protocol to ensure the receiving team has the information they need)
- *Providing time to talk with the parents, child, and counselor* in the upcoming school, to facilitate the transition
- *Using collaboratively designed protocols* for intake supports smoother transitions

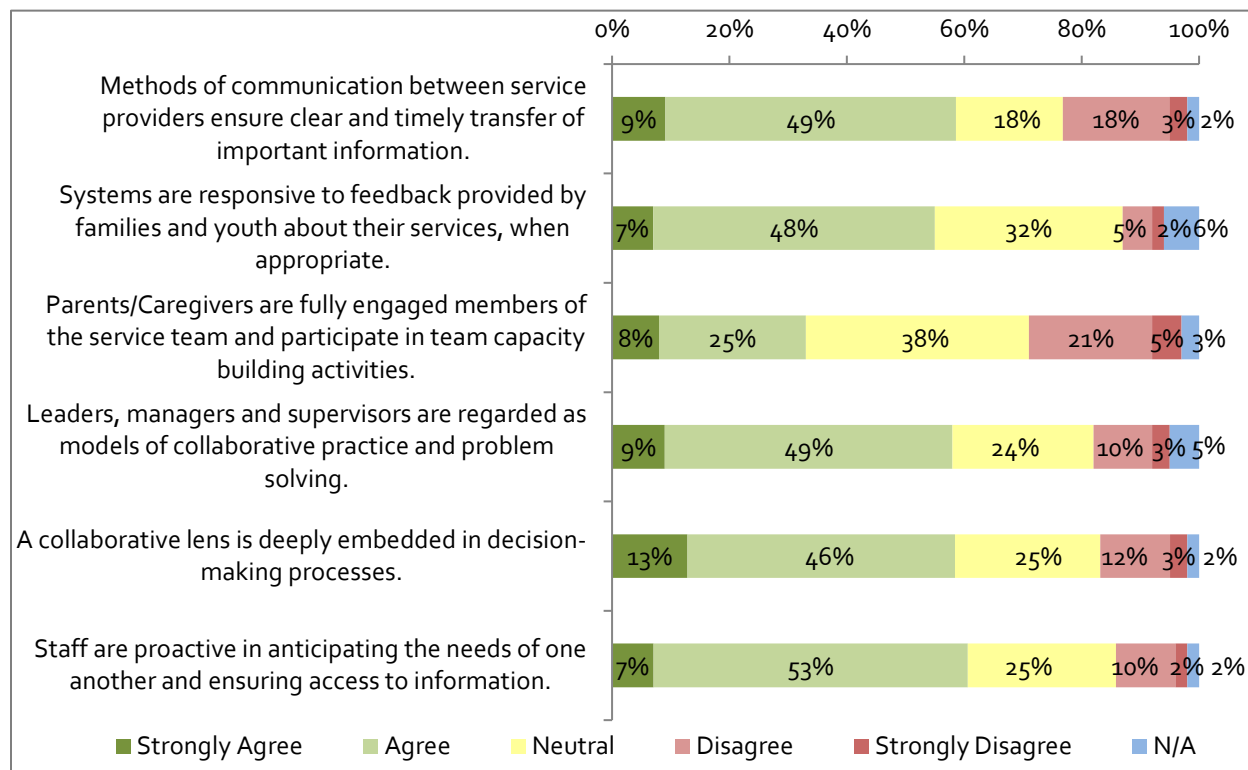
There was discussion on the transition points (e.g., early years to school, between schools, with other systems, and/or from youth to adulthood) and solid agreement that the pivotal piece is the relationships – between all the systems so the work is interdisciplinary and multi-sectoral – and with the parents and children/youth, so there is trust at work to help everyone through the challenges.

A few respondents noted the first six months of a transition is a critical time, and the importance of the following processes: have early information session with parent and child; work with the parents directly so they know what to expect and what supports they may receive; empower them to ask questions and engage with the supports available. Similarly, it was noted that school systems have a role in smoothing transitions and can/do invite agencies that support preschool/kindergarten programming for special needs children to information sessions; invite parents to an information night tailored for their needs; and, invite families of youth in high school to discuss the transition into adult services.

B. Collaborating and Sharing Information

The second part of the survey asked participants about collaborating and sharing information.

Figure 5. Collaborating and Sharing Information Questions (n=173)



The majority of participants agreed, 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%).

Less than half of participants agreed that parents/caregivers are fully engaged members of the service team and participate in team capacity building activities (33%).

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);
- Parents may not participate or engage fully in the support for their children (x5); and,
- Feedback from quality improvement mechanisms such as surveys is not applied to the service providers to improve (x3).

Selected open-ended responses:

"Some parents in low socio-economic situations are not well-equipped to participate in collaboration; difficulties with connecting to parents via phone/email/written communication. Also, sometimes extremely hard for outside agencies to get information from AHS staff to support cohesive services for kids."

"Few parents have full understanding of services their child is receiving and don't usually participate in home support for their child's development - they seem to want everything done by the school/team."

"I feel that caseloads are too large to manage communication in a timely manner. Things get missed as everyone is so busy"

"Despite apparent attempts to make information sharing easier, important information about students often gets lost in transitions. Forms do not always make it to their target destinations, and even when they do, they do not always capture the most important information about the support required by students in their new learning environment. Service delivery becomes disjointed when it spans across multiple agencies/organizations."

Focus Group Summary

Q2a. Calgary and Area RCSD shows emerging strength in areas of frontline providers collaborating and anticipating one another's needs and also seeing their leadership modeling collaboration. An area of identified struggle is in engaging parents and caregivers as part of the 'service team'. **How would you mitigate this struggle? What could enable their authentic participation?**

Create ways to Participate

Once again, the importance of relationships with clients was observed but all agreed that to create a trusting relationship means that something else is not getting done. Further, they observed there are great differences among parents in terms of what they need and that some of this is easy and some is very time consuming. It was noted the health system requires parental involvement, whereas other systems do not have the same requirement or protocol – and this makes a big difference in their work. Those in the education system observed they seek the engagement of the parents (especially for children/youth with complex needs) but still have the persistent problem of gaining consent, especially from parents who have had bad experiences and distrust the system.

Several participants offered the following strategies to enable authentic participation:

- *Look first at what the family needs* in order to engage with the service team: some provide meals, child care, games to win prizes, transportation to the session – whatever has been identified to support parental involvement
- *Create opportunities for positive contact* by writing letters that affirm the child/youth/families resilience and strengths, informal messages, telephone calls, emails

- *Start by assuming the families want to be involved* and be open and flexible to the cues they provide on how that would best work for them
- *Invite families to discussions and invite them to bring their 'stakeholders'* to the meeting (extended family, supportive neighbours, etc.).
- *Be child centred and strengths based* and work with models that put the parents in the driver's seat – such as 'Signs of Safety'.

Barriers

Participants remarked that it is routinely difficult to coordinate or schedule times in which everyone can be present. While some have access to technology aids (i.e., Doodle polls), others are either discouraged from using technologies or simply not allowed to due to privacy/legal concerns.

In addition, many respondents observed that physical space is very limited in schools for them to provide therapy spaces outside of the classroom. Often what is offered isn't that conducive to creating a therapeutic environment. Frequently, the space may simply not be available at all, or what's offered may be inappropriate, or the space may be frequently changed so there is no settled location/ office for consistency.

Q2b. What needs to happen to support Parents/ Caregivers in building their capacity to participate actively in service planning?

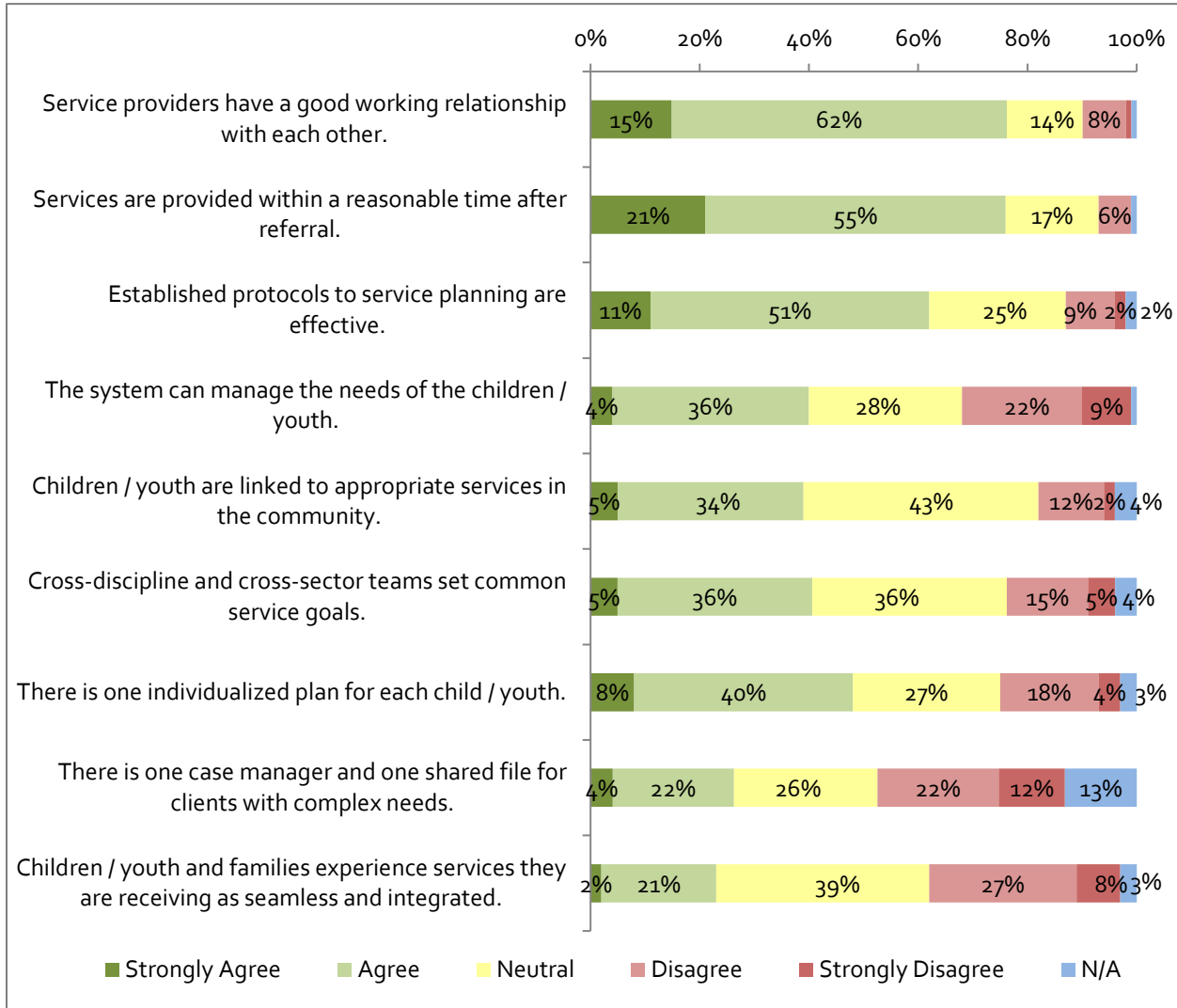
Participants offered the following suggestions to support parents in participating:

- *Address matters of language and culture:* have a network of first language users to support translation and help parents to navigate the system; try to facilitate parent access to a cultural broker to build trust, facilitate better understanding and increase their engagement in service planning for their child
- *Address matters of stigma related to the mental health of their child/youth:* parents will often not want to sign consent to share information and the barrier is often fear their child will be stigmatized if they do. Meet these parents halfway and offer face-to-face conversation to get to know them and find out what kind of assistance could support their willingness to share information. Try not to overwhelm them but to show that this is doable and you will support them and their child through the process.
- *Make sharing information a success for parents by building a relationship with them:* erode fears by being known and accessible to the parents. Remember they are often overwhelmed and may not remember everything, may misinterpret what they heard or lose some of the information they have been given. Walk along-side them – especially if the need is for mental health supports for their child. Many parents have a specific fear due to worries, concerns, stigmas, etc. Work with these parents to help them understand and feel comfortable; help them understand they are part of the team whose interest is the health and wellbeing of their child.
- *Engaging parents successfully often depends on the person doing the coordinating – and this person needs to be 'person-centred' in value and approach:* Use a 'how can I help you?' approach that validates the parents' voice and the service planning team's need to hear that voice. Be in close communication with the parent so they know how it's going for their child/ youth. This can involve tough choices to prioritize relationship building (especially for complex care) and let other things go.

C. Integrating Service Delivery

Participants were asked about integrating service delivery.

Figure 6. Integrating Service Delivery Questions (n=169)



The majority of participants agreed, in descending order, that service providers have a good working relationship with each other (77%); services are provided within a reasonable time after referral (76%); and, established protocols to service planning are effective (62%).

Less than half of the participants provided positive responses when asked if: there is one individualized plan for each child/youth (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%); there is one case manager and one shared file

for clients with complex needs (26%); and, children/youth and families experience services they are receiving as seamless and integrated (23%).

If participants 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).

Selected open-ended responses:

"Service delivery is disjointed between organizations/agencies. Different professionals working with children/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 impede effective collaboration among service providers."

"I believe that no one system is able to meet the needs of the children/youth and families. Our children/youth and families don't fit into the typical services provided which is why we need cross-systems collaboration and help from management and leadership so the front line staff can flex their mandates and go above and beyond in collaborative support. I think that teams are working well together and with families across systems but that we need more practice of this cross-systems support in order to make the process 'seamless' for families. Given that families move in and out of crisis with minimal triggers that are within our control to prevent, seamless service provision may be a difficult goal to achieve. Perhaps a more achievable goal is to have as smooth a transition as possible when there are crises."

"Each service provider has its own core mandate, and so collaboration and deciding on where to start first etc. is difficult. Often confidentiality becomes a barrier between organizations. A wraparound approach is the most effective way of dealing with this but is very time consuming and difficult to get in place."

"I think there are a lot of case load and complexity pressures on the system and that collaboration and communication can suffer."

Focus Group Summary

Q3a. Service integration has been a long-term goal for the RCSD and Government of Alberta. Our data indicates inter-sectoral successes in good working relationships, sharing referrals in good time, and protocols for service planning. **What has enabled these successes, or what makes this component of the work a success for you?**

All participants affirmed the need for interdisciplinary and multi-sectoral teams; when this is in place referrals and shared protocols work efficiently. Further, they noted the importance of a single report and regular face-to-face meetings with each other. A few remarked that meeting each other at networking events is a great help and makes later communication increasingly effective and efficient. Building the 'team' identity was affirmed as a facilitator of communications – especially when facing

barriers and challenges, or 'grey zones' in the system. The ability to talk with each other and work out the challenges is solution enabling. Participants spoke about the need to be honest and transparent with each other – which can involve the capacity for humility and vulnerability. Once again, relationships based on trust were identified as critical to success in service integration.

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 student information could be found, noting that 'theoretically, there should be a copy of all reports in the student's file.' They identified barriers to this in system and with the parents. Concerning parents, many observed they have the information and are not always willing to share it, or they lose, etc. or the report was made prior to school entry and the information was not forwarded/ delayed in forwarding it. 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 integration of service delivery

Q3b. Alternatively, few saw success in achieving 'one case manager and one shared file for clients with complex needs.' Most feel families do not experience services as seamless or integrated. **What do you think would make this possible? What would you need in order to achieve this service standard in your area?**

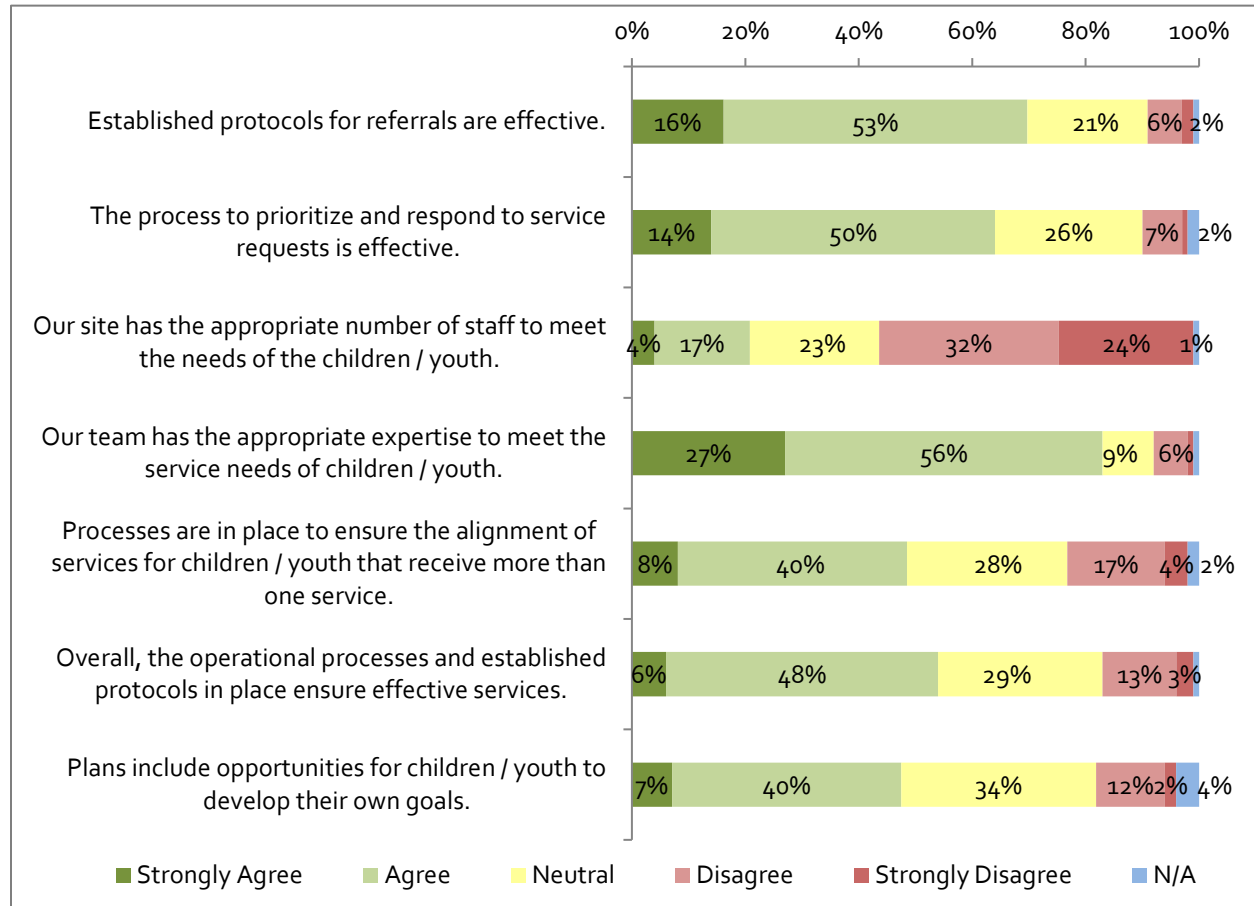
Again, many participants noted that their teams did not have 'one case manager and one shared file for clients with complex needs'. They observed that this case manager role had existed on their teams, but had been cut several years ago – and never replaced. Yet all participants agreed that having this 'focal point' person would make a big difference in creating seamless or integrated services.

Those that do have access to a case manager on their team note, anecdotally, that they make a large contribution to achieving this service standard. When asked if these organizations have evaluation data to make this case for restoring the case manager role, the answer was no. A few noted that without data it is impossible to advocate for restoring the case manager position.

D. Providing a Continuum of Supports and Services

Participants were asked a series of questions about providing a continuum of supports and services.

Figure 7. Providing a Continuum of Supports and Services Questions (n=163)



The majority of participants agreed, in descending order, their team has the appropriate expertise to meet the service needs of the children/youth (83%); established protocols for referrals are effective (69%); the process to prioritize and respond to service requests is effective (64%); and, overall, the operational processes and established protocols in place ensure effective services (54%).

Fewer than half of participants agreed processes are in place to ensure the alignment of services for children/youth that receive more than one service (48%); plans include opportunities for children/youth to develop their own goals (47%); and, their site has the appropriate number of staff to meet the needs of the children/youth (21%).

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

- There are not enough staff to fill the demand and increasing complexity (x44);
- Children do not participate in the goal setting process (x7);
- Communication and collaboration between service providers is not efficient (x7);
- There are not enough support staff to assist the therapists or there are barriers accepting a support staff as an appropriate resource (x5); and,
- The referral process is challenging to navigate and needs improvement (x5).

Selected open-ended responses:

"I think often there ends up being duplication of services, mainly because of a lack of communication, and each professional have their role but parts of their roles overlap and don't then always lead to a common understanding of what the goals should be and how to achieve them."

"Our program has not had any staff increase that matched the increase of needs of the community. Furthermore, it's rare for the child to develop their own goals, but his/her parent play a part in goal setting."

"The needs of our children are so high that the ratio of staff to students needs to be reconsidered. Staff are becoming injured and children do not always get what they need in a timely manner. Any time a staff member is away, this puts extra strain on the teams."

"I believe more RCSD staff are needed to support highly complex children/youth and families and to help coordinate and navigate services across systems. The demand for this work is very high and we could all benefit from more skilled staff to support this work."

Focus Group Summary

Q4a) Data indicates that most respondents do not agree they have the right number of staff for their work. Given the known funding constraints (never enough) and challenges to recruitment in many specialized areas, **what do you think could be done differently to enhance efficiency (or make the best use of) of existing staff?**

Respondents agreed that *a possible solution to this staffing challenge may well be to work differently*. They may not need more colleagues if they used time to build relationships with each other and to build parent capacity to work with them, using a family-centred and strengths based approach. They discussed what might be different in their work if they started with believing and seeing families as strong and that there is hope for their situation.

An aligned (with the above) solution offered *was developing the ability to change the conversation from deficit-based to appreciative and asset-based*. They discussed what might happen if families recognized their strengths and the front-line providers recognized their own strengths, too. Some of those currently working with 'natural family supports' (e.g., extended families, friends) remarked this made a big difference as the family then had an informal support system as well. They agreed this has potential to add many positives to the situation.

Many agreed that success accrues when providers transition from an 'expert model' to a 'facilitator model.' This change empowers the family and engages them in the service delivery process.

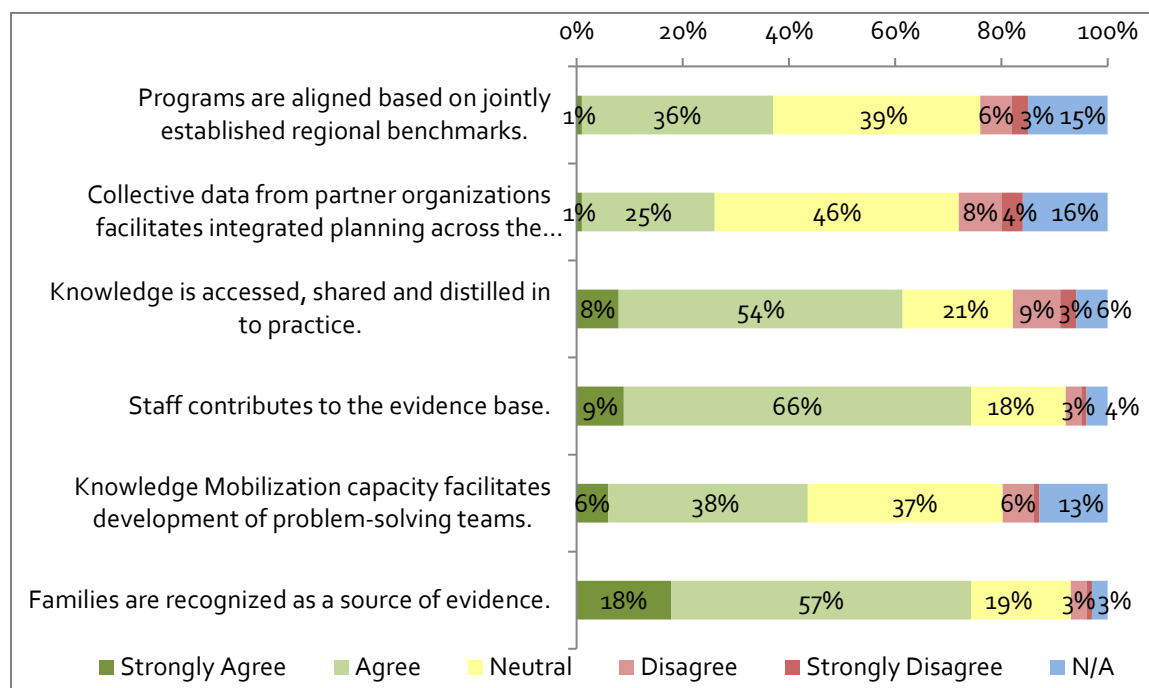
To achieve the values represented above, they suggest the following is needed:

- *Having a social worker/ behavioral specialist/ navigator of systems or case manager* (with clinical understanding) on the team, managing the case.
- *Having the provider closest to the family function as their liaison* and designate that role up front, so the team and family know this.
- *Work closely with the teacher and build their capacity* to manage behavior challenge in the classroom, develop whole classroom strategies, and encourage the teacher’s participation in case meetings, to enable collaboration
- *Encourage the principal to be a focal point to ensure coordination happens*; encourage them to hold meetings with all relevant parties, including those often neglected: teachers and parents.
- *Support the teacher and/or principal in understanding better whom to referral a child/youth to* (e.g., mental health therapist vs. occupational therapist) to reduce the occurrence (frequent) of wrong referrals.
- *Always include the family/ parents/ caregivers* and affirm their role and the contribution.

E. Promoting Innovation and Evidence Informed Practice

Participants were asked about promoting innovation and evidence informed practice.

Figure 8. Promoting Innovation and Evidence Informed Practice Questions (n=160)



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%).

Less than half of participants agreed knowledge mobilization capacity facilitates development of problem-solving teams (44%); that programs are aligned based on jointly established regional benchmarks (37%); and, collective data from partner organizations facilitates integrated planning across the region (26%).

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

- Collaboration and communication across service providers is not efficient or effective (x9); and,
- Information and data are not readily shared amongst providers (x9).

It should be noted that quite a few participants noted they did not understand this series of questions, specifically the terminology and found it challenging to answer (x8). For example, participants noted:

"Knowledge Mobilization capacity facilitates development of problem-solving teams." This statement is baffling; your survey needs to use proper functional terms instead of corporate mumbo-jumbo."

"I don't really understand the terms used in the section. For example, I do not know what 'established regional benchmarks', 'collective data from partner organization', 'integrated planning', or 'knowledge mobilization capacity' are - I mean I understand the words, but have not heard these terms before so don't know what they refer to. I find that our management team often introduces meaningless terms and expects us to understand them."

Selected open-ended responses:

Caseloads are not equitable between service providers; services offered by similar organizations in slightly different geographical areas are not similar for clients with same type of needs. Not sure what 'knowledge mobilization capacity' means."

"There is minimal, timely sharing of resources between service provider agencies - often it occurs at the end of a school year, or not at all. There is not consistency in outcome measures across agencies. Families are rarely consulted for evidence of effectiveness, especially at the whole class, small group level."

"Lots have been done these 2-3 years to enhance these areas to share knowledge and build capacity but it is still needs more people to do this work as a focus instead of staff seeking it out when needed. One ounce of prevention is better than a pound of cure."

"I am unaware of any collective data being integrated across the region."

Focus Group Summary

Q5a. In this component of the work we see emerging successes in staff contributing to the evidence base and families being seen as a source of evidence. Respondents have told us that knowledge is being accessed, shared and informing practice. **In your experience, are these positive components largely located within one service OR are you seeing a collective sharing of knowledge across disciplines? In short, is the learning siloed or shared?**

Respondents noted that within their own agencies they are seeing knowledge sharing happening routinely and view this as very positive. *They affirmed the need for interdisciplinary and multi-sectoral sharing but noted that this rarely occurs.* Some affirmed an unexpected benefit of this focus group was learning about the many different models being used and approaches tried to facilitate parent engagement in planning with the service provider team. They noted that it would help if the language used across the various providers was more standardized and if there were consistent use by all of some of the conceptual frameworks, such as the 'ARC' and 'Signs of Safety' models.

Participants estimated their ratio of discipline specific vs. multi-sectoral professional development was about 90/10. They noted the high value they placed on the multi-sectoral training offered by the Calgary and Area RCSD and that this was a unique opportunity. Also, the RCSD has funded initiatives in the areas of need (such as Low Tech/No Tech 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 PD event: space for the event, cost, parking provision.

Q5b. What would strengthen cross-service or cross-sector sharing? What could the services do to support this? The Calgary and Area RCSD?

Most participants felt that their sectors should discuss providing integrated training as this would facilitate networking and learning, and both are important to realize the goals of their work. They noted the learning could address and discuss:

- The different models being used
- Experience with children/youth in transition – especially to adulthood and bring in groups that have peer mentors to talk about their programs
- Experiences in engaging parents – what's working and what's not – and learning from one another's practices
- Their own need to connect with each other more frequently to address issues, learn and plan
- Validation of the front line providers input into these complex challenges and for the system to realize this is valuable and to take time out from the caseload to do it

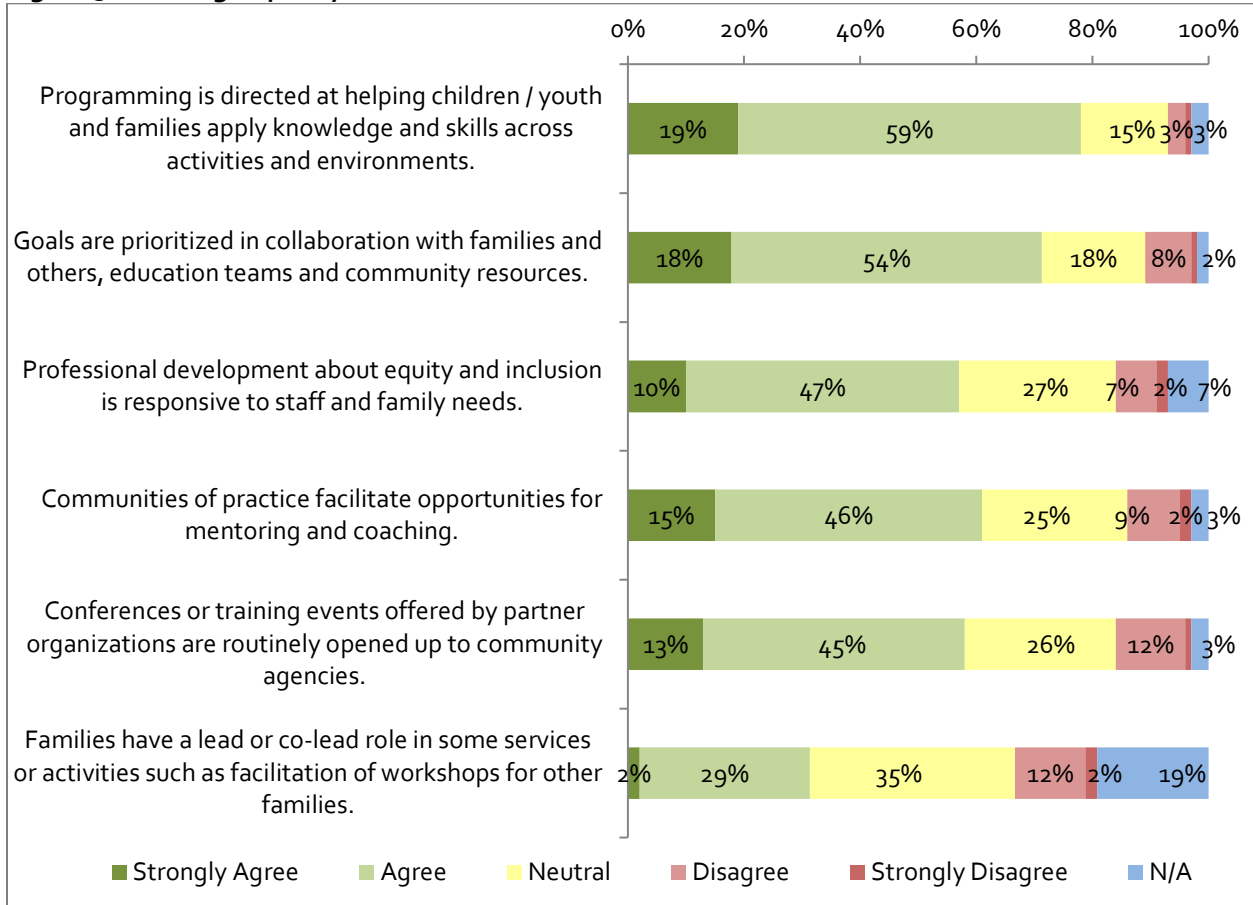
Q5c. Does your service area have provincial or regional benchmarks? If so, how are they utilized to support planning? If not, would there be a benefit to developing them and what would be needed to do so?

All affirmed having benchmarks related to a specific area of service provision but these are not shared/discussed across sectors. However, a few noted they are not aware/ do not think there are any provincial benchmarks for their work and that this is an important gap to address.

F. Building Capacity

Participants were asked about building capacity.

Figure 9. Building Capacity Questions



The majority of participants agreed, in descending order, programming is directed at helping children/youth and families apply knowledge and skills across activities and environments (78%); goals are prioritized in collaboration with families and others, education teams and community resources (72%); communities of practice facilitate opportunities for mentoring and coaching (61%); conferences or training events offered by partner organizations are routinely opened up to community agencies (58%); and, professional development about equity and inclusion is responsive to staff and family needs (57%).

Fewer than half of participants agreed families have a lead or co-lead role in some services or activities such as facilitation of workshops for other families (31%).

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

- Families are not involved in facilitation of training (x11);
- 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).

Selected open-ended responses:

"I would like to see all agencies open up their trainings to enable us as professionals to mingle more and learn things together. CFS offers a lot of training but it is mainly to CFS staff only and I think for certain trainings they would be enriched by having professionals from other agencies attend as well."

"More collaboration is needed. Some organizations seem to be protecting their territory and dissemination of information to their staff."

"Any kind of professional development coordinated by an agency is typically only available to staff of that agency, not other agencies in the partnership. If other agencies are invited, it is not considered collaborative, but more directive (i.e. this is occurring on this date, please be there.)"

"Families do not have a lead or co-lead role in services or activities unless they offer to take such a role."

Focus Group Summary

Q6a. Training together: One factor that facilitates collaboration and enhancement of regional capacity is training together across disciplines and sectors. **Can you tell us about any examples of where you trained outside of your system/organization? What other kinds of things would help build capacity in any particular service area?** For co-training to happen, events need to be perceived as open to other partners, and those people need to attend them. However, respondents were equivocal about this – some saying that events were open and some saying they were not. **Where do you think the gaps are?** (Probes: Not all open, invitations, promotion, time available, logistics?). **How might these gaps be closed?**

Challenges with integrated training were addressed above. The focus of the conversation on this question involved the following:

- *Integrate teacher and parent learning sessions:* for some these are held separately (as noted above) and discussion led to agreement that integrating these could result in some positive changes, diversity of ideas and relationship building. For those who have tried this, positive results are observed.
- *Peer mentoring for youth:* this was affirmed as an important way to support their increased participation with the services/ supports they receive. Some noted accessing youth advisors for peer conversations on transitioning from youth to adult status and how to succeed in this transition. Those who have tried this report successes.
- *Invite multi-sector participation in joint teacher and parent learning sessions, or with youth.* For these events, there needs to be shared language to support integrating families/informal supports/youth and children in joint information and learning sessions.

Q6b. Families Lead or Co-lead Activities / Services: The large majority did not agree families were leading or co-leading services and capacity building activities, such as workshops. **Is it important for families to facilitate or co-facilitate workshops? If yes, is it realistic? If not realistic, what would be needed to make that realistic? What barriers do families face to leading or co-leading activities and services? How might these be overcome?**

There was general agreement that having families co-lead holds potential for success; some considered that many families would not be able to do this. Inclusion Alberta was offered as a source for finding co-presenters/ co-leads. All agreed that engaging parents in this way demonstrates that parents are important and valued members of the team.

Focus Group Summary: Final Question

Q7. Is there anything else you would like to add to our discussion?

Respondents offered the following:

- *Discussion on 'neutral' survey responses:* the broad range of files in everyone's caseload means that with some they may be achieving successes with some and with others be up against many barriers. Averaging this out may result in selecting 'neutral' as a response.
- *Collaborative work facilitated by new procedures:* most affirmed they are collaborating better within their teams as a result of new procedures. Many noted that multi-sector collaboration is rare.
- Many noted that they experienced the focus group as a microcosm of the concepts being discussed. They enjoyed that it was designed as multi-sectoral and felt the conversation was important, new learning occurred and new contacts were made. Many wanted to share emails to maintain contact with their group.

4. Conclusion

Overall, responses to the Frontline Service provider survey were positive. However, there was a fairly high proportion of neutral responding which slightly diluted the extent of the positive responding. Generally speaking, participants agreed with the majority of statements and were positive about their work.

That said, there is value in highlighting the questions where *less than 50% of participants agreed*. They are, as follows:

- 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%);
- Plans include opportunities for children/youth to develop their own goals (47%);
- Knowledge mobilization capacity facilitates development of problem-solving teams (44%);
- 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%);
- Parents/caregivers are fully engaged members of the service team and participate in team capacity building activities (33%);
- Families have a lead or co-lead role in some services or activities such as facilitation of workshops for other families (31%);
- Collective data from partner organizations facilitates integrated planning across the region (26%);
- There is one case manager and one shared file for clients with complex needs (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%).

Because neutral responding represents almost a third of the responses, the following chart compares the 'strongly agree' + 'agree' and 'disagree' + 'strongly disagree' categories to the questions, removing the neutral responding. The percentiles were not adjusted for this comparison as the neutral response represents too substantial a proportion of all responses. The following chart provides an indication (using red highlighting) of where participants had higher negative responding.

Question	Strongly Agree + Agree	Disagree + Strongly Disagree
Partnering with Children, Youth and Families		
Clear and easy to understand information is provided to parents.	68%	8%
Parents are informed of the child / youth's progress.	75%	6%
Parent / children / youth are involved as much as possible in service planning.	61%	14%
Information about transition plans and actions is made available to families.	68%	6%
Supports are in place to ensure that children / youth are well prepared for successful transitions.	54%	11%

Question	Strongly Agree + Agree	Disagree + Strongly Disagree
Collaborating and Sharing Information		
Methods of communication between service providers ensure clear and timely transfer of important information.	58%	21%
Systems are responsive to feedback provided by families and youth about their services, when appropriate.	55%	7%
Parents/Caregivers are fully engaged members of the service team and participate in team capacity building activities.	33%	26%
Leaders, managers and supervisors are regarded as models of collaborative practice and problem solving.	58%	13%
A collaborative lens is deeply embedded in decision-making processes.	59%	15%
Staff are proactive in anticipating the needs of one another and ensuring access to information.	60%	12%
Integrating Service Delivery		
Service providers have a good working relationship with each other.	77%	9%
Services are provided within a reasonable time after referral.	76%	6%
Established protocols to service planning are effective.	62%	11%
The system can manage the needs of the children / youth.	40%	31%
Children / youth are linked to appropriate services in the community.	39%	14%
Cross-discipline and cross-sector teams set common service goals.	41%	20%
There is one individualized plan for each child / youth.	48%	22%
There is one case manager and one shared file for clients with complex needs.	26%	34%
Children / youth and families experience services they are receiving as seamless and integrated.	23%	35%
Providing a Continuum of Supports and Services		
Established protocols for referrals are effective.	69%	8%
The process to prioritize and respond to service requests is effective.	64%	8%
Our site has the appropriate number of staff to meet the needs of the children / youth.	21%	56%
Our team has the appropriate expertise to meet the service needs of children / youth.	83%	7%
Processes are in place to ensure the alignment of services for children / youth that receive more than one service.	48%	21%
Overall, the operational processes and established protocols in place ensure effective services.	54%	16%
Plans include opportunities for children / youth to develop their own goals.	47%	14%
Promoting Innovation and Evidence Informed Practice		

Question	Strongly Agree + Agree	Disagree + Strongly Disagree
Programs are aligned based on jointly established regional benchmarks.	37%	9%
Collective data from partner organizations facilitates integrated planning across the region.	26%	12%
Knowledge is accessed, shared and distilled in to practice.	62%	12%
Staff contributes to the evidence base.	75%	4%
Knowledge Mobilization capacity facilitates development of problem-solving teams.	44%	7%
Families are recognized as a source of evidence.	75%	4%
Building Capacity		
Programming is directed at helping children / youth and families apply knowledge and skills across activities and environments.	78%	4%
Goals are prioritized in collaboration with families and others, education teams and community resources.	72%	9%
Professional development about equity and inclusion is responsive to staff and family needs.	57%	9%
Communities of practice facilitate opportunities for mentoring and coaching.	61%	11%
Conferences or training events offered by partner organizations are routinely opened up to community agencies.	58%	13%
Families have a lead or co-lead role in some services or activities such as facilitation of workshops for other families.	31%	14%

*Those questions highlighted in red have more negative responding than positive.

Focus Group Key Points Summary

Overall, participants offered many positive examples of their work across the six areas identified as core to their work. In addition, they identified the following as areas of ongoing challenge:

A. Partnering with children, youth and families:

- Struggle with securing consent forms from parents, especially for complex cases; and,
- Need for prompt access to child/youth files.

B. Collaborating and Sharing Information

- Find out first what the family identifies as needed and maintain a family-centred focus;
- Maintain positive contact and positive messaging with parents;
- Invite families to include their stakeholders in meetings (e.g., trusted neighbours, extended family);
- Increase utilization of electronic communication access to streamline scheduling (e.g., Doodle polls) and other communications;
- Sequester therapeutic spaces for use by those providing such services to children/ youth in schools; and,

- Systematize ways to address stigma-based challenges and to support families to erode those barriers.

C. Integrating Service Delivery

- Reinstate having one case manager for each file; and,
- Evaluate those programs that still provide for this coordinator role and leverage this learning.

D. Provide a Continuum of Services

- Relationship building is critical to building efficient and effective continuums;
- Focus on changing conversations from deficit to appreciative and strengths based; and
- Encourage school principals to act as the focal point to bring the providers and families together and to build school referral capacity to ensure accurate referrals are made.

E. Promote Innovation and Evidence Informed Practice

- Sectors should support interdisciplinary learning and networking and this means overcoming challenges of professionals privileging their own area for PD 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.

F. Building Capacity

- Be intentional about offering integrated teacher and parent learning sessions by working with those who are already succeeding in this area;
- Find out more about peer mentoring opportunities to support youth in transition; and,
- Be intentional around engaging families as co-leaders of sessions by working with those who are already succeeding in this area.

5. Recommendations

In light of the above, a few recommendations have been noted by the evaluation team. Primarily:

Concerning service delivery:

- Explore and gather data on mechanisms to provide case management for each team.
- Work with school principals and/or key school staff to take on the role of focal point in bringing together providers, parents, teachers and children/ youth to discuss ways forward to optimizing the service plan.
- Encourage sectors in providing multi-sector training and networking opportunities. Those provided by Calgary and Area RCSD are very successful. Build the sectors' capacity to deliver similar opportunities.
- Support sectors in sharing their models and experiences in working with families and integrating their experiences into the way services are delivered, conference presentations are offered, etc.
- Provide training on positive messaging that is appreciative and asset based.
- Find ways to address the stigma that is a barrier to parents signing consent forms that would enable their child/ youth to access needed services.
- Work with Front Line providers regarding informed consent and when and if written consent is required.

Concerning information sharing:

- Address policy barriers in using electronic means to streamline scheduling (e.g., Doodle poll) and other communications.
- Explore the policy challenges in motivating parents to provide consent to ensure the child/ youth has access to services sooner, than later.

Concerning the survey tool:

- Consider shortening the survey to address the drop off rate.
- There is a need for future surveys to reconsider the use of Neutral or N/A categories. In the data analysis, a third of survey responses tended to provide neutral responding, distilling the positive or negative responding. Focus group data clarified why neutral may have been selected. This will need discussion and resolution ahead of wave 2 data collection with this survey tool.
- The open ended textboxes after each segment of questions elicited almost identical themes for each segment. Future surveys could consider the use of a 'what is working well'; 'what is challenging'; 'suggestions for improvement' approach that would elicit similar information.
- More targeted questions rather than generic statements may dive deeper into some of the challenges and opportunities for the program.