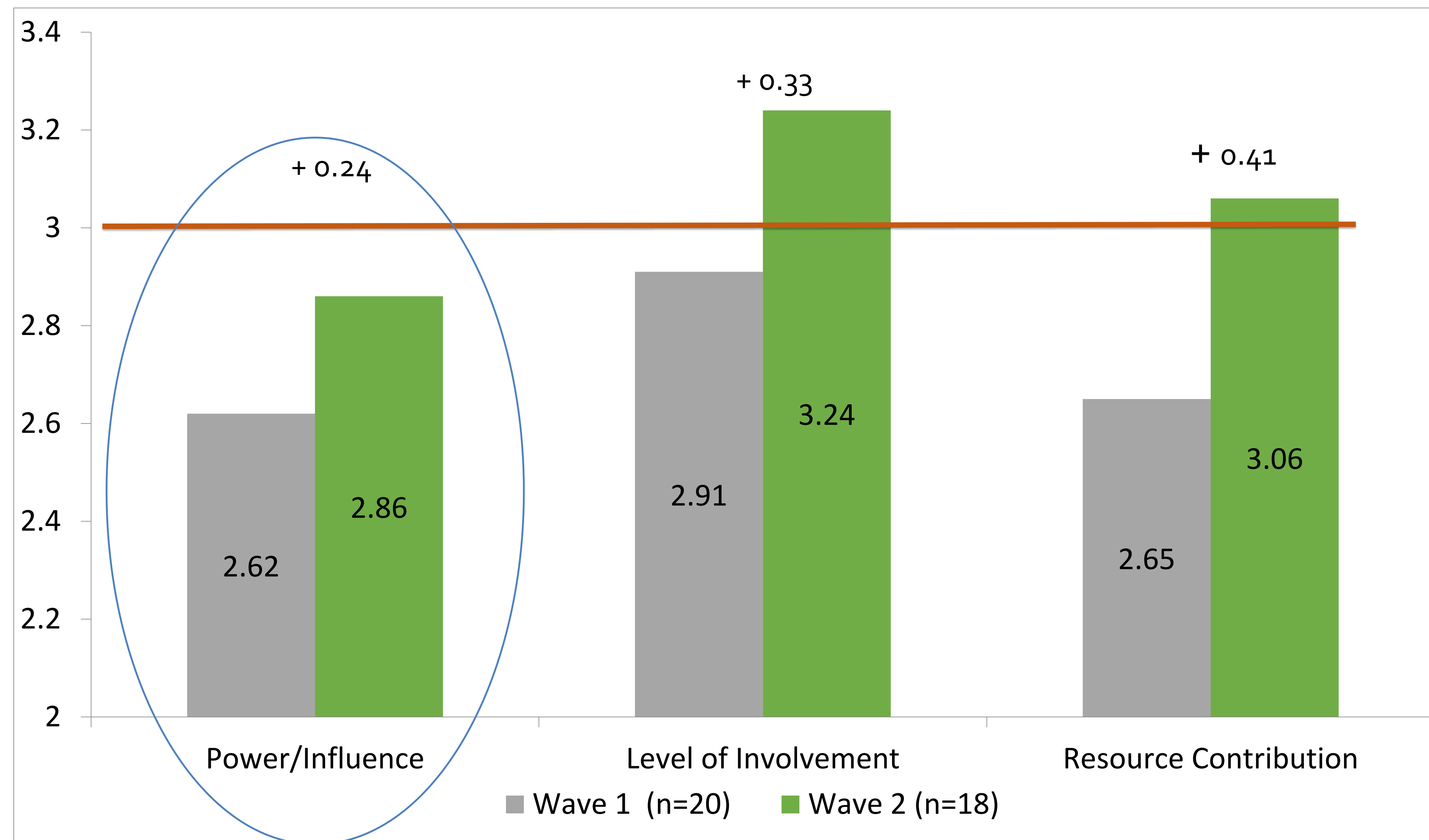


#1 RCSD Network:

Are members bringing their full value to the network?

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



Toward Exemplary Practice:

- The Collaborative's work is integrated with the broader health, education, children's services, and community and social services sectors and has the capacity to influence key decision-makers
- The Collaborative has a breadth and depth of community allies that provide influence, advocacy and support when needed
- Capacity for leadership has developed enabling broad participation of partner organizations and smooth transitions when there is a need for new leadership
- Leadership for aspects of the Collaborative's work is embedded at various levels within the partner organizations
- The Collaborative continuously explores new mechanisms to access additional resources and further its work
- Action on priority items is facilitated through ongoing review of resource allocation and through involvement or leveraging of external partnerships
- Community agencies play a key role identifying and responding to the needs of families and children/youth. The Collaborative works with community agencies, other initiatives, partner organizations and families to strengthen the comprehensive network of support for both individuals and populations
- Collaboration with community agencies and the broader community includes advocating for systems level change and reaching out to increase engagement of families, community, and under-represented populations

PARTNER – Contributions to the Network

- Selecting 'advocacy' as an organizational contribution dropped by 13% (from 90% in W1 to 77% in W2)
- Building organizational and community awareness of Calgary and Area RCSD dropped by 14% (from 75% in W1 to 61% in W2)

What? What were your first responses to these data, or the overall data in this dimension?

So what? What do these PARTNER findings mean for us? What is your understanding of the data?

Figure 6 shows higher scores across the board in Wave 2, but still not meeting benchmarks in power/influence. Ratings on partners' contributions on advocacy and building awareness dropped. What does this mean?

Now what? What more can we do to bring the full power and influence of partners to the RCSD network? What can we do to bolster our network hats and our work together?

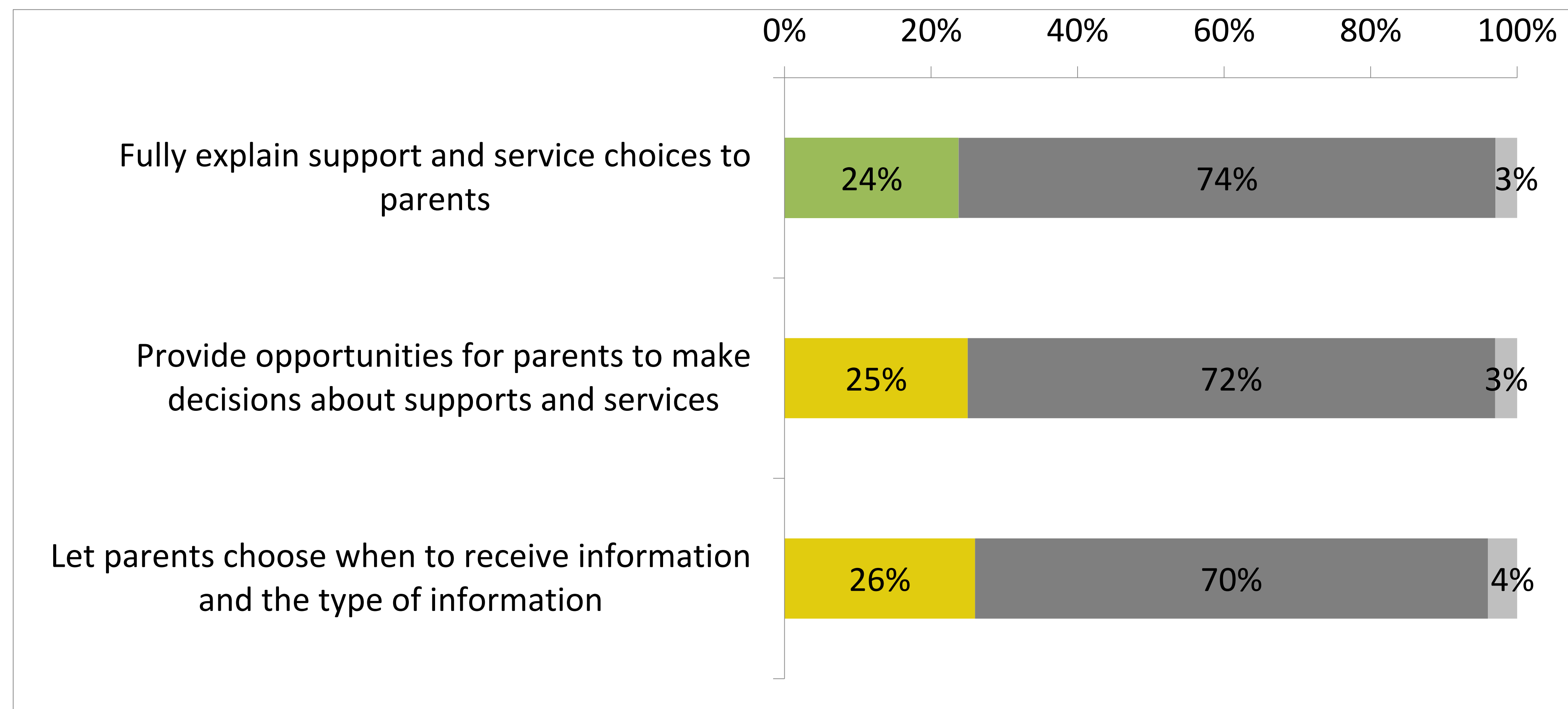
Toward exemplary practice: In what way can this help us to think about our roles in the network and what more we can contribute to the RCSD, in addition to what we can gain from the partnership?

#2 Children, Youth, and Families:

How do we better engage families as partners in authentic Family Centred Practice?

Figure 8. Enabling partnership MPOC dimension (n=77)

In the past year, to what extent do the PEOPLE who work with your child



- Parents report not being comfortable with: working on exercises with their child at home (practice partners) on exercises provided by the expert; being the ‘hub’ for all the service providers to ensure each of them know what the other is doing; and, taking on responsibility to close the gaps left by systems not providing sufficient information to plan ahead. These parents assess their experience of family centred practice as a burden
- Service Providers report: 33% agree ‘parents are fully engaged members of the service team.’; 61% agree ‘parent/children/youth are involved as much as possible in service planning’; 75% agree parents are informed of the child/youth’s progress
- Parent focus group data: 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

| Domain Name | Mean (1-7) | Definition |
|---------------------------------|------------|---|
| Enabling and partnership | 5.3 | Caregivers’ involvement in the service delivery process and decision-making |

This data shows a positive score for the domain over all. The selected questions:

- “Fully explain support and service choices to parents” shows a good score
- “Provide opportunities for parents to make decisions about supports and services” and “Let parents choose when to receive information and the type of information” are moderate scores that are quite close to strengths, but show some room for improvement

Toward Exemplary Practice:

- Family strengths are integral components of the service plans. Programs are designed to capitalize on family strengths
- Systems are responsive to feedback provided by families about their services, service locations and site design
- Families are consistently engaged as team members in the identification, planning, monitoring and reviewing of progress on a scheduled basis
- Programming is directed at helping children/youth and families apply knowledge and skills across activities and environments

What? What were your first responses to these data, or the overall data in this dimension?

So what? What do these findings mean for us? What is your understanding of the data?

Now what? How do we support parents to be actively involved at a level with which they feel comfortable? How can we support service providers to better articulate for families what Family Centred Practice is about?

Toward exemplary practice: How can we clarify roles for parents and strengthen an authentic Family Centred approach?

#3 Service Providers:

How do we nurture the collaborative culture among Service Providers?

Service Provider survey respondents agree:

- 83% 'our team has the appropriate expertise to meet the service needs of children/ youth'
- 75% 'staff contributes to the evidence base'
- 62% knowledge is accessed, shared and distilled in to practice
- 60% 'staff [are] proactive in anticipating the needs of one another and ensuring access to information'
- 59% 'a collaborative lens is deeply embedded in decision-making processes'
- 48% 'processes are in place to ensure the alignment of services for children/youth that receive more than on service'
- 44% 'Knowledge Mobilization capacity facilitates development of problem-solving teams'

Service Provider focus group respondents:

- Agreed: sectors should support interdisciplinary learning and networking, and this means overcoming challenges of professionals privileging their own area for professional development
- Rated: 90/10 ratio for participating in discipline specific vs. multi-sectoral professional development
- Identified barriers to collaboration: service providers do not work effectively together to best manage the transitions; information sharing and privacy considerations are a barrier

Toward Exemplary Practice:

- There are multiple examples of collaborative initiatives across programs, organizations and sectors, and an underlying belief that more can be accomplished working together than by working independently
- Staff actively identify and promote ways that collaboration across disciplines, organizations and sectors has resulted in better cooperation and coordination related to service delivery
- Professional development activities always include some collaborative skill development and involve cross-discipline/ organization/sector participation, families and community agencies
- Protocols for sharing information about children/youth are well established, formalized and there is broad awareness and consistent use
- Information that supports case planning is shared openly based on a solid understanding of needs



What? What were your first responses to these data, or the overall data in this dimension?

So what? What do these findings mean for us? What is your understanding of the data?

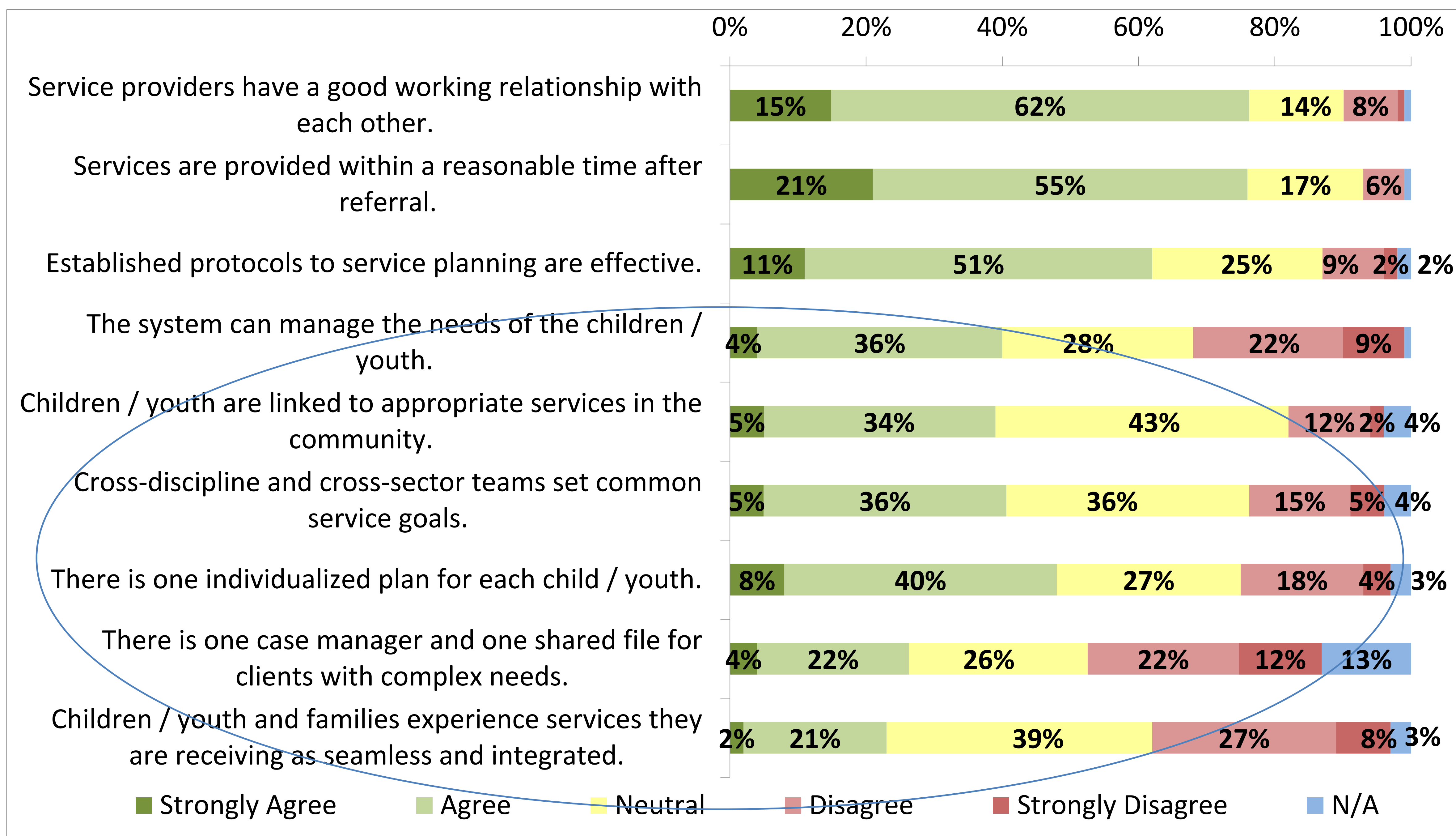
Now what? How do we support service providers to share information, learn together, and proactively embrace collaborative practice across disciplines, systems and sectors as the norm?

Toward exemplary practice: What actions can be taken to facilitate movement across the rubric towards success in collaboration and creating a collaborative culture? What are service providers free to do? What are their constraints?

#4 Service Delivery:

How can we adapt to support better outcomes for children, youth, and families?

Figure 17. Focus on integrating services in Service Provider survey



Service Providers explain 'strongly disagree/disagree' responses:

- There is increasing demand and complexity in the system with too few resources resulting in longer wait lists and less than optimal care (x28);
- There is a consistent lack of integration, 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 families and where to access resources is not readily available (x6); and,
- There is often not one case manager who controls the file (x5)

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

Service Provider Survey respondent

Toward Exemplary Practice:

- One custom-made plan for the child/youth that reflects a unique profile of health, education and social services – developed with involvement of families, community agencies and staff from different disciplines, organizations, sectors
- One set of collaboratively-developed service outcomes is shared among all those involved with a child/youth
- One case manager and one shared file for children/youth with complex needs who use multiple services
- Support is coordinated around the individual, not organizational structure
- Team members from multiple organizations are viewed as components of a holistic team focusing on the needs of a child/youth and the family
- Children/youth/families experience services as seamless and integrated

Parent focus group respondents observed the following on service provision:

- A few found little transparency among the public service providers and with the family. They turned to the private system to ensure they would always be aware of what was happening among the team providing the interventions and have a leading voice at that table
- Most participants noted their GPs are limited to referring to a pediatrician, who then refers to the next specialist (e.g. a psychiatrist). This referral structure creates long waits for the families to access needed services

What? What were your first responses to these data, or the overall data in this dimension?

So what? What do these findings mean for us? What is your understanding of the data?

Now what? How do we create mechanisms that support transparency and an experience of integrated services for families that includes: shared plans and files, proactive communication, and identification of a responsible case manager supported by an equally responsible cross system/sector team?

Toward exemplary practice: What actions can be taken to facilitate further movement towards success in developing an integrated service delivery approach that crosses systems and sectors, and supports the need of families for a coordinated, common approach? How can we take time to reflect on how things are working, support the challenging areas, and be willing to adjust in any or all systems in the service of children, youth and families?

#5 System Change:

We're on our way – what more can we do to get there?

Figure 7. Working Together Scale results comparison W1 and W2

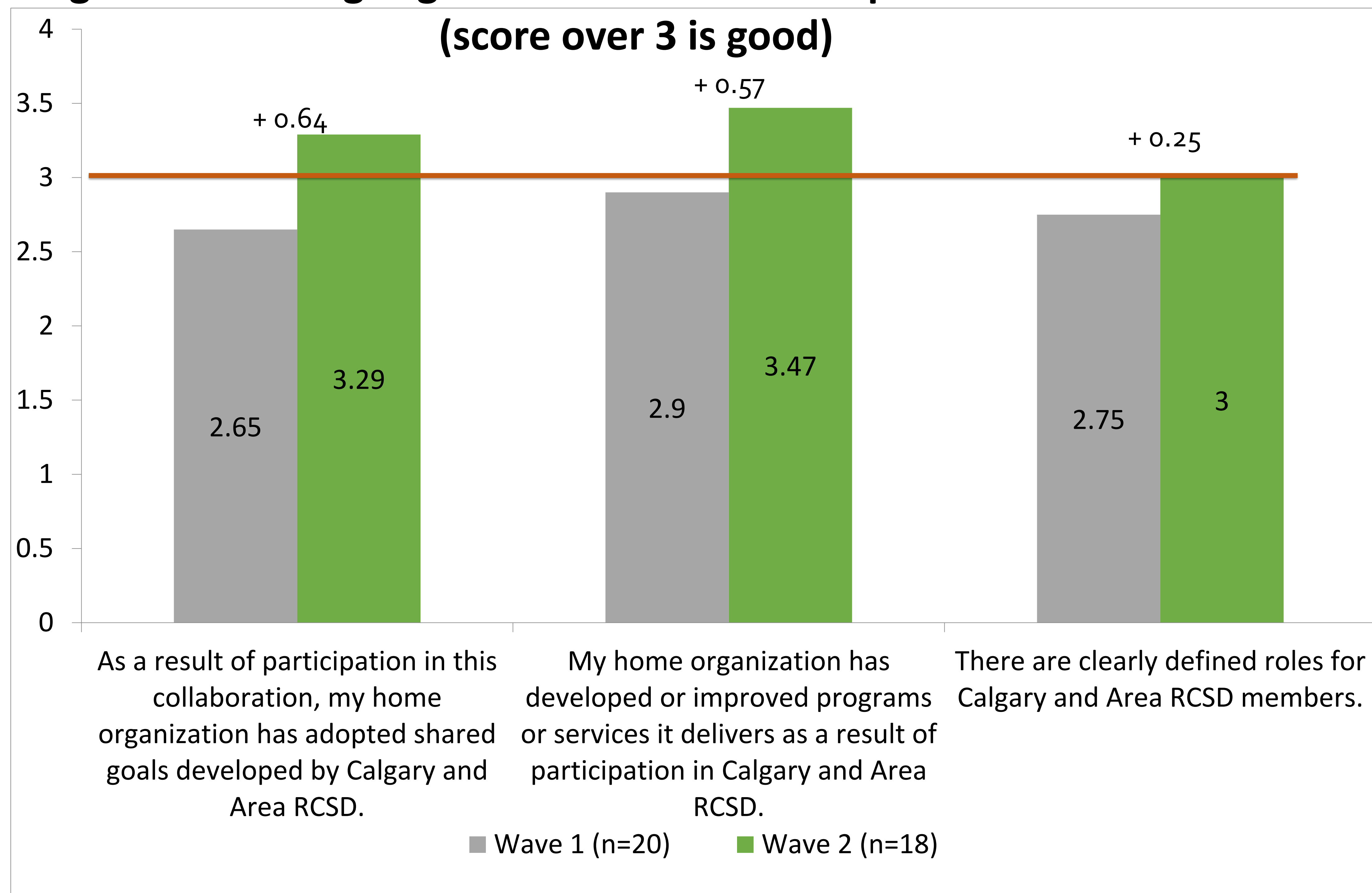
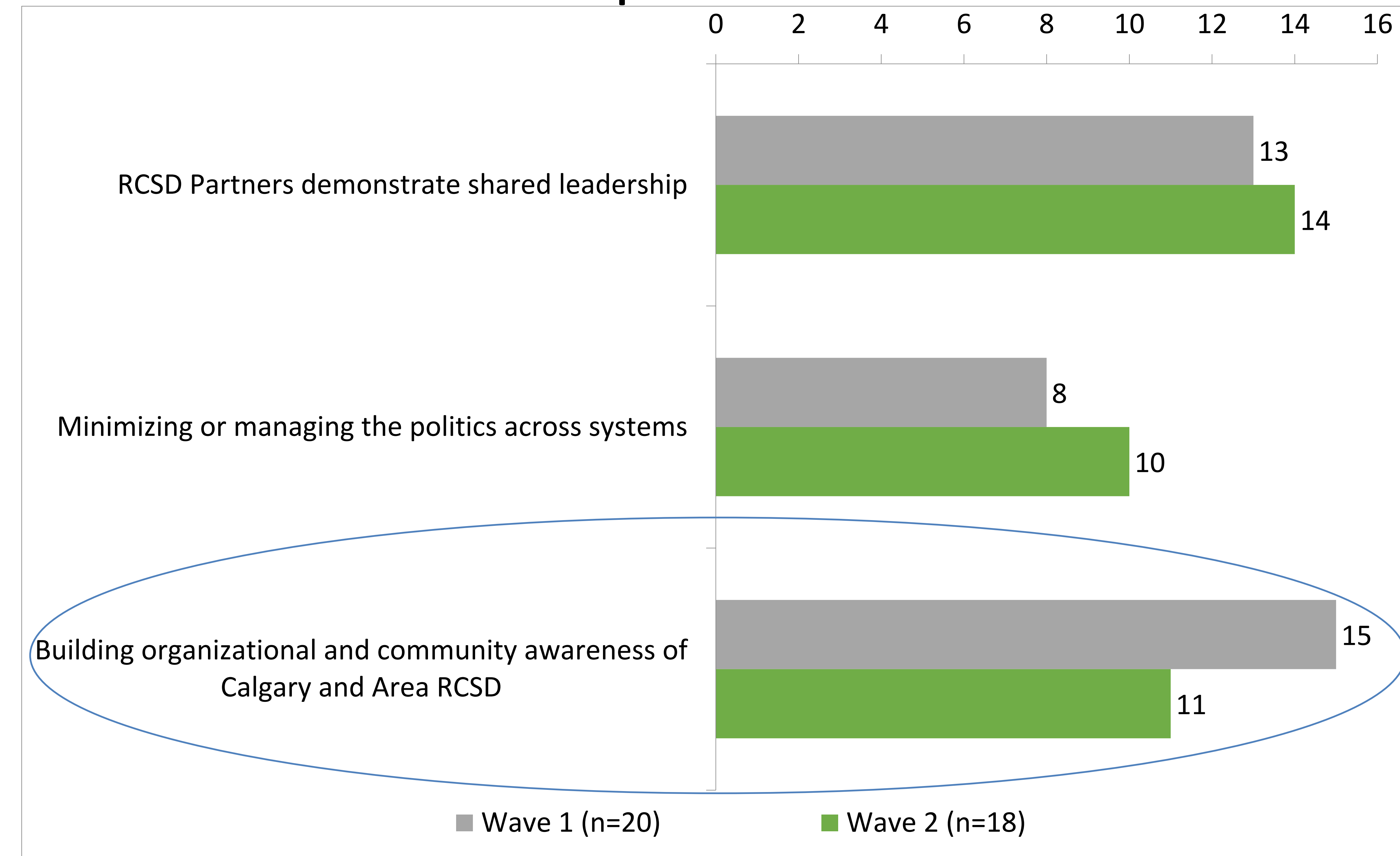


Figure 7. Outcomes Calgary and Area RCSD has made progress compared W1 and W2



Toward Exemplary Practice

- Knowledge is easy to access, actively shared within the Collaborative, across organizations and sectors, and with families in a variety of formats
- Knowledge mobilization efforts and capacity contribute to system-level learning and innovation within the Collaborative and its partner organizations
- New knowledge is created and informs the development of new projects, programs and initiatives
- The Collaborative and partner organizations contribute to the evidence base and promote research that translates into better practice.

- The role of Calgary and Area RCSD as a key leader within the province was acknowledged in a meeting with the Provincial RCSD Office in January 2019
- Requests for RCSD's research and evaluation documents is an indicator of an emerging reputation as a trusted source of the latest evidence and resources (e.g. *Partnership Governance Level Rubric, Service Delivery Rubric*, literature reviews and findings from the Student Threat Assessment and Youth Transitions to Adulthood projects)

What? What were your first responses to these data, or the overall data in this dimension?

So what? What do these findings mean for us? What is your understanding of the data?

Now what? How do we maximize benefits of RCSD for individual organizations and leverage the work of Calgary and Area RCSD to promote broader system change?

Toward exemplary practice: How can we create and use knowledge to extend our impact and contribute to a system of influence that makes a difference for children, youth and families?