CALGARY AND AREA RCSD - SERVICE DELIVERY LEVEL RUBRIC

Introduction

Rubrics provide a means of assessment or evaluation by presenting criteria and describing levels of achievement or quality in relation to these criteria. Rubrics are aspirational—they can help articulate a goal or vision, and potentially shift or change as there is growth and development. The purpose of the Calgary and Area RCSD Service Delivery Rubric is to begin defining how the "ways of working", or commitments, in the Conceptual Service Delivery Model are operationalized at the service delivery level; and to provide a mechanism against which to measure the progress toward successful implementation.

This document includes criteria and describes levels of implementation for each "way of working" at the service delivery level including:

- Partnering with Children, Youth and Families
- Collaborating and Sharing Information
- Integrating Service Delivery
- Providing a Continuum of Supports and Services
- Building Capacity
- Promoting Innovation and Evidence Informed Practice

How to Use This Rubric Document

- There is a separate rubric for each "way of working" mentioned above. Collectively all six rubrics address the breadth of the Calgary and Area RCSD commitments. The rubrics can be used to discuss the services of partners and of RCSD-funded services.
- The rubrics are designed so that each one can be used on its own, which is more feasible than working through all six rubrics at once. As a result, there is some overlap in criteria between rubrics. For instance, collaboration is the focus of one rubric but elements of collaboration are mentioned in other rubrics such as those that address integrating service or providing a continuum of supports and services.
- The rubrics are not intended to be used as a way of grading current practice but rather to prompt reflection and discussion about the "ways of working" and help identify areas for growth or development.
- This document is intended to be applicable to all staff involved in service delivery whether they are support providers, service providers or education teams, and includes the supervisors, managers and leaders of these staff.

References

The sources that were consulted during preparation of the rubrics are identified at the end of this document.

Acknowledgments

Calgary and Area RCSD wishes to acknowledge the input of the Integrated Service Delivery Committee and, in particular, the work of the following individuals on the development of this rubric: Lisa Casselman (Consultant); Lori Anne Schultz, Joanne Kuzyck and Lori Roe (Alberta Health Services); Janice Popp (Regional Manager, Calgary and Area RCSD).

Partnering with Children, Youth and Families

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.

Family Centred Practice

	Emerging/Developing	Constructing Plans and Actions	Sustained and Embedded Practices	Exemplary Practices
Respect and Dignity	Family strengths and goals are infrequently incorporated into service planning.	Staff[1] are trained in the key elements of family centred practice. Team and program planning discussions utilize family centred practice principles.	Family strengths and goals are incorporated into most service plans. Communication styles and social behaviours used with families are warm and welcoming and respectful of family culture, uniqueness and circumstances.	Family strengths are integral components of the service plans. Programs are designed to capitalize on family strengths.
Information Sharing	There is awareness about the importance of sharing information with families but implementation is inconsistent. Families are given information relevant to their child/youth; understanding or relevance of the information may not be confirmed.	Information about the child/youth and family's capacity, development and learning is reviewed in the determination of service plans. Families are encouraged to participate with their child/youth when new skills or behaviours are being suggested.	Efforts are made to give information to the family in clearly understood language with culturally relevant explanations. Consideration is given to ensure the family can access and understand information provided, which may include translation into a language that the family understands. The family's level of comfort with type of communication is explored and when indicated or needed information is offered in a variety of formats.	A variety of options are used in presenting new information to families or refining routines and activities (e.g., one-on-one demonstrations, videos, conversations, written information, pictures, visual schedules, group opportunities, CDs, etc.).
Collaboration	There is awareness about the importance of collaborating with families but there are no formal processes.	Parents are included in team training and support/capacity building is a recognized component of collaborative practice.	Family feedback is routinely sought about the quality of service and experience of care.	Systems are responsive to feedback provided by families about their services, service locations and site design.

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[1] "Staff" includes all those involved in service delivery whether they are support providers, service providers or education teams, and includes their supervisors, managers and leaders.

Family Centred Practice

	Emerging/Developing	Constructing Plans and Actions	Sustained and Embedded Practices	Exemplary Practices
Participation	There is an awareness but not yet consistent action involving the family as an integral part of the planning process. Family participation is most often passive. There is an initial awareness of the factors that impact family participation but there is limited action to address those factors. Some efforts are made to have the family's voice heard in selecting priorities but few ideas contributed by the family are included in setting priorities.	Family participation is actively considered in the planning process. Families are invited to participate in the planning and goal setting process. Families are frequently or sometimes consulted in service planning. Consideration is given for the acquisition of positive social relationships, useable skills to promote coping confidence, and independence in meeting own needs.	Families are regularly engaged in the identification, planning, monitoring and reviewing of progress. Team members and the family regularly discuss concerns and potential resources. Service is based on the needs and priorities identified and are built upon existing family competencies. Considerations of family uniqueness guide the design of intervention strategies and the development of relationships. Service options for families most often reflect families' needs and availability regarding location, time, intensity, frequency of visit, and who is involved.	Families are consistently engaged as team members in the identification, planning, monitoring and reviewing of progress on a scheduled basis. Goals are measurable, meaningful and manageable and written with outcomes identified and prioritized in collaboration with families and others, education teams and community resources. Parents are fully engaged members of the team, participate in team training activities, and consistently receive the support required to build capacity to improve jointly agreed upon outcomes as part of case planning. Programming is directed at helping children/youth and families apply knowledge and skills across activities and environments.

Partners Collaborating and Sharing Information

Upholding a shared commitment to work toward meeting RCSD goals. Timely and open sharing of information and resources to ensure effective service delivery and better decisions and outcomes for children, youth and families. Collaboration fundamentals:

- Teamwork
- Participation in planning and decision making
- Sharing of expertise

- Mutual trust and respect in collaborators
- Commitment to bring forward and resolve differences
- Blending perspectives and compromising when necessary

- Willingness to work together
- Collective priority setting

Evidence of Collaboration

	Emerging/Developing	Constructing Plans and Actions	Sustained and Embedded Practices	Exemplary Practices
Collaborative initiatives	Staff work primarily within their own programs to plan services; there is some sharing of information about services across organizations and sectors. Discussion about service delivery occurs primarily across programs within organizations.	Staff work primarily within their own organizations to plan services; there is cross-organization/sector consultation but it is primarily on an ad hoc basis. Discussion about service delivery occurs across organizations and sectors but are primarily discipline-specific.	Collaborative initiatives for service delivery exist across many programs and levels within organizations and across sectors in some situations. Multi-disciplinary discussion about service delivery occurs across organizations and sectors.	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. Regular and structured opportunities are created to engage in collaboration around meeting the needs of all children/youth. Multi-disciplinary discussion occurs across organizations and sectors, and involves community agencies and families.
Support for Collaboration	There is support for collaboration across disciplines and within organizations but collaboration is inconsistent. Leaders, managers and supervisors support collaborative meetings when there are challenging circumstances.	There is support for collaboration across disciplines and organizations; staff cite some examples of positive outcomes. Staff are aware of barriers to collaboration and are taking initiative to overcome these. Leaders, managers and supervisors are engaged in collaborative practice.	Staff describe how collaboration across disciplines, organizations and sectors complements and adds value to their work; collaborators are committed to a common purpose and participate with a sense of equal partnership. Shared commitment among collaborators overcomes barriers to collaboration. Leaders, managers and supervisors support and promote collaborative practice and problem solving.	Staff actively identify and promote ways that collaboration across disciplines, organizations and sectors has resulted in better cooperation and coordination related to service delivery. Collaboration includes advocating for populations and reaching out to increase engagement of families, community agencies, and under-represented populations in dialogue about services. Leaders, managers and supervisors are regarded as models of collaborative practice and problem solving.

Processes that Support Collaboration

	Emerging/Developing	Constructing Plans and Actions	Sustained and Embedded Practices	Exemplary Practices
Roles and Responsibilities	The importance of clarifying roles and responsibilities of collaborators is understood but is inconsistently practiced.	There is open dialogue and respectful communication to clarify roles and responsibilities across disciplines, organizations and sectors.	A solid understanding of roles and responsibilities contributes to effective and efficient collaboration across disciplines, organizations and sectors.	The roles and responsibilities of staff in other disciplines/organizations/sectors are consistently promoted to optimize collaborative service.
Decision-Making	Decision-making about service delivery may be unstructured and/or lack transparency; implementation of decisions may be inconsistent.	Decision-making processes about service delivery have been established informally. There is consultation with relevant staff about service delivery and others can make recommendations; managers and leaders usually make the final decisions.	Decision-making processes about service delivery follow a framework which identifies key points where collaboration is important. Decisions, the process by which they were made, and the involvement of others are clearly articulated. It is the norm for decisions to be informed by group dialogue.	There is a solid understanding of decision-making processes; a collaborative lens is deeply embedded in these processes.
Professional Development	Professional development activities are usually discipline and program-specific.	Professional development activities involve cross discipline/organization participants as a means of supporting collaboration.	Professional development includes explicit training in collaborative skill development and involves cross discipline/organization/sector participants and families.	Professional development activities always include some collaborative skill development and involve cross-discipline/ organization/sector participation, families and community agencies.

Sharing Information about a Child/Youth

	Emerging/Developing	Constructing Plans and Actions	Sustained and Embedded Practices	Exemplary Practices
Accessing and Sharing Information	There is a lack of clarity about the type of information that can be shared across disciplines, organizations and sectors. Information sharing among staff within or across organizations and sectors is considered important but may be inconsistent, incomplete or untimely. Staff do not always have the information they need to support a child/youth; the same information is frequently gathered by different staff who are involved.	Protocols for sharing information about children/youth exist although they may not be formalized. Information sharing is common among staff within a discipline or organization but is less common across disciplines, organizations and sectors. Staff usually have the information they need from others involved with the child/youth, or know how to access it.	Protocols for sharing information about children/youth are formalized but there may be inconsistent awareness or understanding of these. Information sharing across organizations and sectors occurs as needed; staff are consistently sharing relevant information with other staff. Staff can readily access information about a child/youth that has been gathered by other staff.	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. Families report that they do not have to repeat the same information to various staff. Staff are proactive in anticipating the needs of each other and ensuring access to information.

Integrating Service Delivery

A child's care, education and healthy development are interdependent; services across these domains should be increasingly combined in a cohesive approach. Integration creates connectivity, alignment and collaboration within and between different sectors with the goal of providing seamless, unified services to children, youth and families. The ultimate goal is to put the right people at the table supporting the needs of the child, their family and the school regardless of the employer, sector or partner.

Key elements:
- Strong, trusting relationships
- Clear understanding of roles and responsibilities
- Flexibility and responsiveness
- Alignment of services and processes at both an organizational/systems level and front line service delivery level
- Share responsibility and accountability
- Outcome based

Integration at Program Level

	Emerging/Developing	Constructing Plans and Actions	Sustained and Embedded Practices	Exemplary Practices
Program Development and Implementation	Staff from different disciplines, organizations and sectors have a basic understanding of each other's goals, priorities and target populations.	Staff from different disciplines, organizations and sectors have a good awareness about each other's services and share program goals and outcomes.	Staff from different disciplines, organizations and sectors, and families, collaborate to develop integrated program-level responses that are based on a common vision and regional needs. There is shared accountability across different disciplines, organizations and sectors for implementation and assessment of program outcomes.	Staff from different disciplines, organizations and sectors, community agencies and families collaborate in planning and program development, including for services previously considered outside the collaborative mandate. Cross-discipline, organization and sector teams set common service goals and are jointly accountable for their achievement.
Program Alignment	Programs are developed in silos across the region. Organizations rely primarily on their own data when planning services.	Integration includes a focus on aligning efforts to make effective use of services, programs and resources across the region. Some data sources are shared across organizations and sectors to facilitate collaborative, integrated planning.	Integration includes a focus on aligning efforts and on identifying and addressing emerging regional needs. Data from across organizations and sectors is considered when undertaking collaborative, integrated planning.	Programs are aligned based on jointly established regional benchmarks. Collective data from partner organizations facilitates integrated planning across the region.

Integration at Service Level

	Emerging/Developing	Constructing Plans and Actions	Sustained and Embedded Practices	Exemplary Practices
Integrated Service Planning and Delivery	Staff from different disciplines, organizations and sectors make referrals to each other and share limited information about a child/youth. There is limited cross-discipline/organization/sector collaborative planning to develop integrated services for a child/youth. Families are rarely involved in service planning for their child/youth.	Staff from different disciplines, organizations and sectors collaborate to develop service plans for some children/youth. Outcomes are shared among staff from different disciplines, organizations and sectors. Family involvement in service planning for their child/youth is inconsistent within and across organizations.	Staff from different disciplines, organizations and sectors, along with families, are actively involved in collaborative efforts to develop service plans and evaluate outcomes for a child/youth. Outcomes and accountability for implementation of a child's/youth's service plan are shared among collaborator from different disciplines, organizations and sectors. The inclusion of multiple perspectives has contributed to services that address the needs of the whole child/youth. A child/youth/family-centred approach is reducing barriers between staff from different disciplines, organizations and sectors. Staff work seamlessly and predictably between organizations. Children and families are active collaborators around their service.	There is one custom-made plan for individual children/youth that reflects a unique profile of health, education and social services and was developed with involvement of families, community agencies and staff from different disciplines, organizations and sectors. One set of collaboratively-developed service outcomes is shared among all those involved with a child/youth. There is one case manager and one shared file for children/youth with complex needs who use multiple services. Support is coordinated around the individual, not the 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 and families experience services they are receiving as seamless and integrated.

Providing a Continuum of Supports and Services

Provision of supports and services through a multi-tiered model ranging from system-wide, universal services that provide support for all children and youth; to targeted services designed to meet the needs of a particular group; to intensive, specialized supports for those who require individualized plans and intervention. Tiers of increasingly intensive intervention are designed and implemented to address varying needs, ensuring that every child receives that level of support necessary for his/her success.

Levels of Supports and Services

	Emerging/Developing	Constructing Plans and Actions	Sustained and Embedded Practices	Exemplary Practices
Pathways to Supports and Services	Pathways to access a continuum of supports and services are being established but there may be a lack of clarity about roles, responsibilities and accountabilities. Use of pathways may be inconsistent relating to capacity issues; service alignment may be required.	Pathways to access a continuum of services and supports are available; clarification and coordination of roles, responsibilities and accountabilities are developing. There are some gaps in understanding these pathways and in accessing support.	Teams have a solid understanding of service pathways; there is a good understanding of roles and responsibilities, and of processes for accessing a continuum of services. Service pathways identify situations, protocols and procedures for accessing supports and services from regional multi-disciplinary and community-based teams.	Service pathways are consistently used to access services that address the spectrum of universal, targeted and individualized services. Regional multi-disciplinary and low incidence teams are regularly accessed to support children/youth with complex needs; regional integrated case management is provided.
Least Intrusive Interventions	There is awareness of the continuum of supports and services but special needs are typically addressed with individualized services. Staff want to implement the least intrusive support but may feel that they do not have sufficient capacity.	There is support for providing the least intrusive and most appropriate level of service, and some cross-organization/sector collaboration about ways to achieve this. Implementation of least intrusive services is considered important but may be inconsistent across settings.	Staff collaborate across organizations and sectors to share responsibility for identifying and providing the least intrusive and most appropriate and effective level of service; implementation may be inconsistent. Some children/youth and families have access to a continuum of service that provides the most appropriate and effective and least intrusive service possible.	The least intrusive and most appropriate and effective level of service is provided at each stage along a continuum of need. Most children/youth and families have access to a continuum of service that provides the most appropriate and effective and least intrusive service possible, based on assessment of need.

Supporting Inclusion

	Emerging/Developing	Constructing Plans and Actions	Sustained and Embedded Practices	Exemplary Practices
Strength-Based Service Plans	Service plans for children/youth with special needs tend to focus more on addressing deficits than on recognizing strengths, and are often focused solely on a single setting.	Service plans for children/youth with special needs include an increased focus on strengths and abilities. There is some discussion about the types and levels of support that would foster participation in community settings.	Service plans for children/youth with special needs are developed collaboratively and involve families, children/youth, and cross discipline/organization/sector representation. There is a strong focus on abilities over deficits, and on community inclusion.	Staff, including from community agencies, work collaboratively with families and children/youth to explore academic and personal needs, strengths, and then develop goals to support success at school, at home and in the community. Plans include opportunities for children/youth to develop their own goals.

Supporting Inclusion

	Emerging/Developing	Constructing Plans and Actions	Sustained and Embedded Practices	Exemplary Practices
Professional Development	Professional development occurs primarily within organizations and tends to focus on supporting children/youth with intensive needs not on facilitating inclusion.	Professional development includes a focus on inclusion, is ongoing and may include cross discipline/organization involvement; some staff may indicate that it does not adequately support their needs.	Professional development includes a focus on inclusion, is ongoing, has cross-discipline/organization/sector involvement, and considers needs identified by staff and families.	Professional development about equity and inclusion responds to staff and family needs, and considers data about children/youth; activities are seen to have a direct impact on practice. Innovative practices in inclusion are continuously shared among all staff involved with the family and child/youth.

Transitions

	Emerging/Developing	Constructing Plans and Actions	Sustained and Embedded Practices	Exemplary Practices
Transitions	Transition planning occurs but is inconsistent in terms of involvement of staff from partner organizations, families, and children/youth, and in terms of events for which planning is undertaken. Transition plans are usually shared among partner organizations and families.	Transition planning is a collaborative process including staff from partner organizations, families and children/youth. Community agencies may be involved. Transition plans may not address the complete age span of the child/youth.	Staff from partner organizations work collaboratively with families, children/youth, and community agencies to develop, implement and monitor transition plans that address the complete age span of children/youth. Implementation of transition processes and procedures is usually consistent across settings. Once transition is underway, families/children/youth and past/current staff regularly access each other to confirm approaches and share in problem solving.	Transition planning, processes and procedures are family/child/youth-centred. There is one transition plan that is shared staff, families/ children/youth and community agencies. Transition planning embraces a lifespan approach. Transition processes and procedures are harmonized across settings. Information about transition plans and actions is available to families in their first language, as desired. Supports are in place to ensure that children/youth are well prepared for successful transitions. Indicators of successful transition are developed and monitored.

Promoting Innovation and Evidence Informed Practice

Staff embrace innovative and evidence informed practices, which are guided by the best research and available evidence. Working in an evidence informed way means understanding:

- **The issue being addressed**
- **What works**
- **Who to involve and how to involve them**
- **Why this action is required**
- **How to put what works into practice**

Knowledge Mobilization (KM)

	Emerging/Developing	Constructing Plans and Actions	Sustained and Embedded Practices	Exemplary Practices
Processes to Support KM	Knowledge is shared through learning events such as Lunch and Learn sessions. Use of KM information technology and knowledge-sharing opportunities is limited and inconsistent.	A number of different IT and knowledge sharing approaches are available and regularly accessed to facilitate learning and sharing (e.g., webinars, list serves). All staff have access to IT that supports KM.	Learning events include Communities of Practice that have a mandate to support ongoing knowledge mobilization. Staff regularly use IT that supports KM.	A range of IT applications and networking opportunities are used to support knowledge storage, retrieval and innovation that is relevant to common goals and accessible to all staff.
Evidence of KM Practices	Relevant knowledge is distributed and accessed within organizations on an ad hoc basis.	Learnings from projects, quality improvement initiatives, evaluation results, and professional development activities are routinely shared within organizations. KM is regarded as the responsibility of a specialist team.	Resources are developed in a variety of formats to aid in uptake and utilization of learnings or new knowledge across sectors. Staff identify opportunities to utilize new knowledge in their practice and make it accessible to their colleagues in other sectors and to families. KM is regarded as everyone's responsibility.	Knowledge is easy to access, is actively shared with teams, across organizations, and with families in a variety of formats, and is continually refreshed and distilled. KM capacity facilitates development of problem-solving teams that can be mobilized quickly to respond to issues and emerging needs. New knowledge informs program design and service delivery practice.

Evidence-informed Practice

	Emerging/Developing	Constructing Plans and Actions	Sustained and Embedded Practices	Exemplary Practices
Use of Evidence In Practice	Evidence is usually consulted when reviewing practices or undertaking new initiatives (e.g., clinical practice guidelines and systematic reviews).	Current research/evidence is located and appraised for its validity and applicability when reviewing practices or undertaking new initiatives.	Appraised evidence is collectively considered when reviewing practices or undertaking new initiatives. Evidence-informed strategies and best practices are consistently integrated into practice.	Staff contribute to the evidence base and promote research that translates into better practice.
Family Use of and Contribution to Evidence Base	In response to their requests, families are given information about reliable sources of evidence.	Families are supported to use evidence; information about credible sources is provided.	Family capacity to locate and use evidence is encouraged and developed; evidence is reviewed with families according to their needs and desires.	Families are recognized as a source of evidence. Evidence based on both family experience and academic literature is used as a basis for program evaluation and continuous improvement.

Building Capacity

Capacity is the ability of individuals, organizations or systems to knowledgeably perform required functions effectively, efficiently, and sustainably. Capacity building is the process by which children, families, schools, systems and staff increase their ability to perform core functions, solve problems and define and achieve objectives. Capacity building helps identify, understand and address knowledge gaps at the individual and system levels. Capacity building is a fundamental underpinning of all Calgary and Area RCSD activities.

Organizations and Staff

	Emerging/Developing	Constructing Plans and Actions	Sustained and Embedded Practices	Exemplary Practices
Building Capacity at Organizational Level	Resource constraints limit organizational capacity to respond to priorities.	Staff assignments are reviewed and allocated an ongoing basis to support priorities within organizations. Staff are willing and able to adjust their work to contribute to priorities within organizations	Secondments and special assignments, including cross-sector, are used to facilitate quick response to service needs across organizations and sectors. Service standards and indicators are developed and used to monitor capacity needs; staffing models are reviewed and revised accordingly.	Ongoing cross-organization/sector review and refinement of staffing models ensures efficient and effective service delivery. A regional team of multi-disciplinary expertise can be quickly mobilized to respond to priority low incidence needs; as necessary support can be accessed through other regions.
Building Capacity of Staff	Staff understand their individual roles. There may be limited or inconsistent understanding about the roles of staff in other programs or organizations. Professional development plans for staff relate to their specific roles and responsibilities within their organizations.	Staff have a common and clear understanding of the roles of team members within their organizations. Professional development is based on individually assessed growth and development, and on team/program needs and priorities. Staff seek consultation and support through informal networks.	Staff have a common and clear understanding of the roles of each profession and regularly access professional consultation or support when needed. Professional development includes an assessment of needs and priorities identified across disciplines, organizations and sectors, and with family involvement. Communities of practice are in place and include cross-sector involvement; these include a focus on increasing professional capacity of staff.	Clarity of roles and responsibilities for all professionals facilitates efficient and effective response that supports the needs of all staff. Professional development activities are integrated across disciplines, organizations and sectors and based on needs assessments of staff and families. Staff are actively involved in professional development activities that increase their capacity to provide service to address special needs (e.g., Speech Language Pathologists obtain Level 2 training). Communities of practice facilitate opportunities for mentoring and coaching within and across disciplines, organizations and sectors. A culture of feedback, mentoring and coaching is regarded as a critical component of professional growth.

Communities and Families				
	Emerging/Developing	**Constructing Plans and Actions**	**Sustained and Embedded Practices**	**Exemplary Practices**
Building Community Capacity	Community agencies provide parallel services to those offered in the health and education systems; there is some information sharing. There is limited collaborative engagement of community agencies and members in planning or delivering services.	Community agencies may be consulted when service plans are being developed. Community agencies are occasionally invited or encouraged to express their needs, goals, resources and capacity.	Community agencies are co-collaborators with staff and families when service needs are considered and plans developed. Community agencies and partner organization staff collectively discuss their resources and capacity to support families and children/youth. Community agencies collaborate with staff to advocate in support of services for children/youth.	Community agencies play a key role providing services to families and children/youth. They work collaboratively with partner organization staff and families to strengthen the comprehensive network of support for both individuals and populations. Conferences or training events offered by partner organizations are routinely opened up to community agencies. Staff and families have allies and stakeholders in community agencies and in the broader community who actively advocate in ways that strengthen service delivery. Communication with community agencies has the capacity to be multi-lingual.
Building Family Capacity	Families are given information relevant to their child/youth; understanding or relevance of the information may not be confirmed.	Families are encouraged to participate with their child/youth when new skills or behaviours are being suggested. There are opportunities for families to support and get support from other families but these are mainly on an ad-hoc basis. Families are encouraged to attend relevant topic-specific learning events designed for families.	New strategies or activities are modeled and practiced with families to support implementation at home. Information provision includes interactive approaches such as workshops; group sessions may bring families together so they discuss successes and challenges among themselves. Staff actively support opportunities for families to be engaged in peer support activities. Families are invited to topic-specific learning events, designed for staff or families, and relevant to their needs.	New strategies or activities are modeled and practiced with families in the child's/youth's settings (e.g., school, community, home). Family needs assessments are undertaken on an ongoing basis and used to develop services that will best support them. Families have a lead or co-lead role in some services or activities such as facilitation of workshops for other families. Families are routinely included, along with staff, in all learning opportunities and choose what they feel is of relevance to their capacity needs.

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Recommended Citation: Calgary and Area RCSD (August, 2016). *Service Delivery Level Rubrics*.