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FAMILIES FIRST EDMONTON RESEARCH PROJECT

June 20, 2003

FAMILIES FIRST EDMONTON RESEARCH PROJECT VISION, MISSION, AND PRINCIPLES

VISION

Stronger families through strengthened service delivery, supportive policies, and sound research.

MISSION

To improve the well being of low-income families and their children through innovative service delivery, applied research, and well-informed public policy.

PRINCIPLES

As the Families First Edmonton Research Project partners work toward their Vision, and Mission, their decisions and actions are guided by the Operating Principles and Service Delivery Principles listed below.

	Operating Principles
Accountability	That the project has clear roles and responsibilities of the various committees, delineating the work as described in the project charter and research project work plan.
Effective Communication	That communication is clear, information is timely and partners tolerate ambiguity as they implement the research project work plan and work towards solutions.
Trust and Respect	That partners demonstrate respect for each other's unique roles and organization's mandates while promoting a climate of trust, openness, collaboration and support for the project.
Integrity	That partners value the integrity of the research design and support the balance between research and innovative service delivery.
Recognition	That partners celebrate their successes and accomplishments throughout the project.
	Service Delivery Principles
Ethical	That partners demonstrate ethical and positive regard for project clients, including being clear about and honouring the boundaries of confidentiality. Information collection is consistent with FOIP legislation and the Health Information Act.
Voluntary Participation	That participation by families is voluntary and service delivery approaches support families telling their stories only once.
Practical	That assessment tools are useful for the clients and front-line workers.
Strengths-Focused	That the supports provided to families by Families First Edmonton recognize the strengths within these families.
Integrated Services	That the partners and service providers effectively collaborate to ensure seamless integrated services are provided to families.

FAMILIES FIRST EDMONTON RESEARCH PROJECT

BACKGROUND

Dr. Browne presented her award winning research entitled "*When the Bough Breaks: Provider-initiated comprehensive care is more effective and less expensive for sole support parents on social assistance*" to a select group of government managers and non-government staff and volunteers in March 2002. Dr. Browne's study examined the comparative effects and expense of proactively offering different mixes of provider-initiated health and social service packages to single parents and their children on social assistance. The most appropriate way of providing health and social services to people who are experiencing the combination of financial hardship, mental health problems, and single-parenthood had not been previously studied using rigorous scientific methodology. Dr. Browne's study provided the first extensive empirically based research that compared different approaches, documented the utilization of health and social services, and examined specific sub-groups of social assistance recipients who may be more vulnerable.

Browne et al. (2001) found that providing families with proactive comprehensive services resulted in substantial short- and long-term financial gains, family health, and societal benefits. Browne et al., in *When the Bough Breaks* and *Benefiting All the Beneficiaries*, concluded that providing proactive comprehensive care (health, social services, employment retraining, and recreation activities for children) to families on social assistance produced beneficial outcomes in these families. The researchers also concluded that providing these services pays for itself in a relatively short period.

Alberta Human Resources and Employment, Alberta Mental Health Board, Alberta Children's Services, Edmonton and Area Child and Family Services Authority – Region 6, Capital Health, City of Edmonton Community Services, Quality of Life Commission, Edmonton Community Foundation, Edmonton Aboriginal Urban Affairs Committee, Alberta Health and Wellness, and the Community-University Partnership have agreed to conduct a replication and extension of Dr. Browne's research through the Families First Edmonton Research Project. In the summer of 2002, Dr. Browne proposed a two-site replication in Edmonton and Halifax. The national replication grant is currently on hold, so the Families First Edmonton Research Project, in consultation with Dr. Browne, has decided to proceed independently.

Families First Edmonton Research Project has also accessed information from The Region of Peel, Ontario, in the development of the Research Project. The Region of Peel began implementing a comprehensive approach based on Dr. Browne's work with an evaluation component in 2001.

Certain aspects of the business plans and long-term strategies of the partners support the need to improve the well being of low-income families and their children through innovative service delivery, applied research, and strengthened public policy. Dr. Browne's research *Evidence that Informs Practice and Policy: The Role of Strategic Alliances at the Municipal, Provincial, and Federal Levels*, identifies the need to promote stronger strategic alliances among government, service providers, and funders to develop innovative intersectoral, comprehensive services to support vulnerable families.

PROJECT DEFINITION

Project Description

The Families First Edmonton Research Project is designed to examine the comparative effects and expense of proactively offering an integrated mix of health, social services and recreation services versus self-directed services to parent(s) and their children.

This is a two and one-half year research project. The Families First Edmonton Research Project is divided into three phases: 1) Development, 2) Implementation, and 3) Close Out and Post-Program Follow-up.

Phase One, the Development Phase (March 2002 to March 2004), establishes the research and service delivery design including the specific research questions, population, sample size, protocols and service delivery model, and secures funding for the project. Phase One also includes a nine-month pilot, beginning in April 2003, of the recreation component that is testing many of the operational aspects of the full research project.

Phase Two, the Implementation Phase, begins April 1, 2004 with a voluntary uptake of 200 families per month into the study, a two-year intervention for families with all service delivery and research data collection to be completed by September 2006.

Phase Three, the Close Out and Post-Program Follow-up Phase, is devoted to publishing and initiating the development of strategies by the partners to support long-term changes based on the findings of the research.

The current structure for managing this project comprises a Steering Committee, Operations Committee, and Research Committee. The Steering Committee is the decision-making body for the service delivery model, and research outcomes. The Steering Committee through its Fund Development Subcommittee works to secure funding for the Research Project. The Operations Committee and Research Committee members are responsible for service delivery model, research design development, and management of the service delivery and research implementation. Members of these two committees are from the organizations identified in the Background of this Charter.

Draft Project Goals (Outcomes) and Objectives (Indicators)

The Families First Edmonton Research Project will measure parent and child outcomes, community outcomes, and system outcomes. The Research Committee is in the process of reviewing the measures supplied by Dr. Browne in her initial study and additional indicators the partners want to measure. The final measures will be developed by the Research Committee in conjunction with the Operations Committee and will be approved by the Steering Committee by August, 2003.

DRAFT GOALS	DRAFT OBJECTIVES
CHILD: To increase the well being of children in the program.	<ul style="list-style-type: none"> ▪ Increased number and sustained participation of children and youth in recreation programs. ▪ Decreased number of children in child welfare care. ▪ Decreased number of behavioural/emotional problems (socio-emotional adjustment). ▪ Increased attendance and achievement at school. ▪ Decreased number of negative behavioural acts at school.
PARENT: To improve the health and self-sufficiency of the client group.	<ul style="list-style-type: none"> ▪ Decreased use of emergency services. ▪ Increased indicators of healthy functioning (e.g. nutrition). ▪ Increased socio-emotional status (e.g. decreased depressive symptoms). ▪ Enhancement of employment retaining results. ▪ More appropriate use of health care system. ▪ Indications of better life management (e.g. grocery shopping, appropriate childcare).
COMMUNITY: To increase the community capacity (if clients are selected based on neighbourhoods)	<ul style="list-style-type: none"> ▪ Increased participation of informal and formal community programs and services. ▪ Improved relationships among community members. ▪ Increased feeling of acceptance within the community.
DELIVERY SYSTEMS: To document the process of intersectoral and interdisciplinary collaboration.	<ul style="list-style-type: none"> ▪ Cost savings in municipal services (e.g. decreased use of ambulance services). ▪ More effective use of resources. ▪ Increased ability to work collaboratively across sectors

Project Deliverables

- A detailed research proposal for the project is completed in the Development Phase (2003).
- An **intersectoral** (i.e., municipal, regional, provincial government, and not-for-profit sector) and **interdisciplinary delivery system** (e.g., health, social, and recreation services) that provide employment referrals, recreation, quality childcare and primary health services (including mental health) in a seamless, flexible approach customized to the needs of each client family. This includes a variety of services made available to clients, referrals, and ongoing support to families.
- An **Outcomes Framework** for evaluating the efficacy of the comprehensive support to families. This information is gathered from parents (primary data) as well as from the service delivery systems (e.g., existing data gathered by the city or provincial departments), if possible. Dr. Browne collected all data from parents and children directly.
- **Data** to test whether replication of *When the Bough Breaks* produces the same outcomes as those documented in Ontario cities that have implemented the approach. There may be an opportunity to establish comparisons to Halifax if that city also implements Dr. Browne's work.
- An analysis of the **organizational structure** and **formalized working relationships** best suited to achieving better outcomes for clients and mutual goals for the provincial, regional, and municipal governments.

SCOPE OF THE PROJECT

Scope Background

- On September 18, 2002 the Steering Committee made the decision to include families on Supports for Independence (SFI), families receiving Child Health Benefits (CHB), and families on Assured Income for the Severely Handicapped (AISH) in the research project. Eligible families included families with one or two parents with at least one child under the age of 18 years of age. One of Families First Edmonton Research Project objectives is to study the comparative effects of various types of service delivery on different subgroups of vulnerable populations; these three subgroups achieve this objective.
- On May 30, 2003 the Steering Committee made the decision to remove the AISH subgroup to limit the scope of the project, the cost of a third subgroup of 150 in each cohort is prohibitive.
- For research purposes the required sample size of each cohort is 150 families from each subgroup of SFI, CHB. Recently partners of the project have requested the Operations Committee provide design options that include only families on SFI in the research project. The request for options is the result of ensuring the research project moves forward by providing options and budget implications of a full to small-scale research project.
- The research design from Dr. Browne's national Proposal is a three-arm randomized controlled trial of various mixes of provider-initiated service versus a self-directed approach. One group (comprehensive) receives a comprehensive package of services based on an assessment of their needs that may include health or employment referrals, social services, childcare, age appropriate skill development recreation and/or youth employment training opportunities for their children, and usual social assistance contact. The second group (recreation only) receives age appropriate skill development recreation and/or youth employment training opportunities for their children, and the usual social assistance contact. The third group (self directed) receives the usual social assistance contact, and all other access to services are self-directed by the families.
- The Research Committee has identified the fourth cohort for the project based on Dr. Browne's *When the Bough Breaks* research. The comprehensive group includes both family support/primary health and recreation opportunities. The fourth group (family support/primary health only) enables assessment of the impact of an intervention with only a family support/primary health services, with the recreation opportunities being self-directed by the families. This provides information on the value of family support/primary health alone.

Scope

- The referral source for the research project is Alberta Human Resources and Employment, one referral source provides a consistent standard method of referral.
- The geographical area for the research project is east of 127 Street north of the Yellowhead Trail, and east of 121 Street south of the Yellowhead Trail to the river within the City of Edmonton city limits. This area provides a large enough sample size and a geographical area

small enough to develop collaboration among systems, which is one of the outcomes measured in the study.

- Families First Edmonton Research Project preferred research design is Option A, which provides the most complete design. Option A allows for a better understanding of the differences between groups and within groups. It also allows investigation on the similarities and differences between two populations (both the working poor families receiving Child Health Benefits (CHB) and families on Supports for Independence (SFI). If the funding is not secured for Option A, the Steering Committee will consider Option B or a design as close to Option A as possible.

Options Overview (See Appendix 1 Option Details and Budgets pages 19 - 22)

OPTION A

Alberta Human Resources and Employment Referral: 150 families on SFI and 150 families on CHB in each group; 300 total per group for a total of 1200 families.

<p>Comprehensive: Family Support/Primary Health + Recreation (300 Families) Services: Holistic assessment and ongoing support and referrals (health, employment, etc.) and recreation opportunities for children by Family Support Coordinators for a 2-year intervention Staffing Model: 2 FSS, 10 FSC</p>	<p>Family Support/Primary Health Only (300 Families) Services: Holistic assessment and ongoing supports and referrals (health, employment, etc.) by Family Support Coordinators for a 2-year intervention, all recreation self-directed Staffing Model: 2 FSS, 7.5 FSC</p>	<p>Recreation Only (300 Families) Services: Recreation assessment, placements including supports, and follow-up for children for a 2-year intervention Staffing Model: 1 RCS, 3 RC</p>	<p>Self-Directed Service (300 Families) No additional staff supports</p>
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Notes: Option A is the **most complete design**. It allows a better understanding of the differences between groups and within groups. It also allows investigation on the similarities and differences between two populations (**both the working poor (CHB) and families on social assistance (SFI)**). The service delivery has been modified from Dr. Browne’s original study to meet local needs.

OPTION B
Alberta Human Resources and Employment Referral: 150 families on SFI in each group for a total of 600 families.

<p>Comprehensive: Family Support/Primary Health + Recreation (150 Families) Services: Holistic assessment and ongoing support and referrals (health, employment, etc.) and recreation for children by Family Support Coordinators for a 2-year intervention. Staffing Model: 1 FSS, 5 FSC</p>	<p>Family Support/Primary Health Only (150 Families) Services: Holistic assessment and ongoing supports and referrals (health, employment, etc.) by Family Support Coordinators for a 2-year intervention, all recreation self-directed Staffing Model: 1 FSS, 3.75 FSC</p>	<p>Recreation Only (150 Families) Services: Recreation assessment, placements including supports, and follow-up for children for a 2-year intervention. Staffing Model: 1 RCS, 1.5 RC</p>	<p>Self-Directed Service (150 Families) No additional staff supports</p>
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Notes: Option B has the same benefits of Option A and is the closest to Dr. Browne’s original study in terms of population (families on social assistance) although the service delivery programs have been modified to meet local needs. However, it is **only focused on families on social assistance (SFI)** (will not have any data on the working poor (CHB)).

Project Constraints

The Families First Edmonton Research Project is designed in such a way that when the national proposal that Dr. Browne developed proceeds, Edmonton is able to join the project. Thus, parts of the design, interventions, and measures are consistent with the work of Browne et al.

Project Assumptions

While there is consensus by the project partners regarding the need for the research component of Families First Edmonton Research Project to have a high level of integrity, the understanding of this commitment may vary. Commitment to research integrity implies the following things:

1. Adherence to specific methods and measures are essential to ensure the integrity of the project. In some cases these methods may be cumbersome or seem inflexible, and in these cases it is important to document problems and discuss options. Families First Edmonton partners must agree, however, to support implementation and conduct of the project in ways that guarantee the project is conducted in accord with the highest possible standards of research.
2. Grant funds secured for Families First Edmonton Research Project from federal granting agencies by researchers from the University of Alberta and/or CUP (e.g., Canadian Institutes for Health Research, Social Sciences and Humanities Research Council of Canada) must be used in accordance with University of Alberta policies. The guidelines for research grants state:
 - Project control lies with the researcher. (In CUP's case, researchers and partners work together to develop the project and agree to the Project Charter);
 - The right to publish research results is unrestricted;
 - Funding is provided in advance, which gives the researcher the flexibility to amend methods and protocols, if needed (i.e., money is not tied to strict timeline or specific activities);
 - Ownership of any intellectual property resides with researchers and/or the University of Alberta. (Due to ethical restrictions, CUP is unable to grant access to original data but can provide partners with aggregate data);
 - Sponsors are provided with a copy of the final research report;
 - Indirect cost assessment (i.e., overhead) typically is 15% of direct costs where agency policy permits.
3. Grants submitted to the federal granting agencies are extremely competitive and there is no guarantee that proposals will be successful.
4. University researchers undertake research to advance knowledge in their disciplines. The results, whether positive, negative, or null, are potentially valuable. CUP and University of Alberta researchers need unrestricted rights to disseminate results in the usual academic ways (e.g., conferences, academic papers), regardless of outcomes. All technical reports are publicly available on a website. CUP, of course, works with project partners on the dissemination schedules. The policy is to send a draft report to stakeholders (partners) two months prior to public release for review.

PROJECT APPROACH

Research Design

The Project Charter provides an overview of the research design, however a detailed research proposal is being developed and will be completed by September 2003.

Families voluntarily consent to participate in Families First Edmonton Research Project through a referral process with Alberta Human Resources and Employment beginning in March 2004. The families complete an application and consent form that is forwarded to the Research Coordinator. The families are then provided with additional details of the study and if the parent(s) decide to participate, the parent(s) are randomly assigned to one of the groups by the Project Manager. Immediately after enrolling, baseline data on the family is gathered (e.g. National Longitudinal Survey of Children and Youth (NLSCY) and other measures to be determined. The family, as well as the costs and/or savings to the systems, are tracked over a two-year period with data collected every six months. Two hundred families each month enter the study until enough families for the study have completed the baseline measures. See *Appendix 2 Proposed Measures*.

The Research Committee plans to complete additional follow-up data collections after the two-year intervention period, this includes annual data collections for year 3, 4, and 5.

Research Reports

The Research Committee provides progress reports throughout the study that include status on progress of research implementation, challenges and issues addressed from a research perspective, yearly financial statements, and summary profiles of families participating in the study.

An interim report on selected indicators is completed at the end of the first year of the intervention. This data analysis includes information from the baseline, 6-month and 12-month data collections.

Data analysis and the Technical Report are completed after the final collection of data on the families following the two-year intervention. A draft Technical Report is produced three months after the completion of the service delivery interventions. The Final Technical Report is produced six months after the completion of the service delivery interventions in late 2006 or early 2007. If the Research Committee determines an extension is required to adequately complete the analysis and reports, a request is submitted in writing prior to the completion date.

Service Delivery Design

Comprehensive Service Delivery

The service delivery model for the comprehensive group includes a holistic health and family assessment. A Family Support Supervisor in conjunction with a Family Support Coordinator completes the assessment. The assessment reviews the resources of the family and the need for additional resources and referrals. Based on the assessment the Family Support Coordinator

provides ongoing support through a “problem solving empowerment-enhancement approach” driven by the needs of the family. Dr. Browne used this approach in her study. Families are provided with a two-year intervention, which includes specific 6-, 12-, 18- and 24-month goals that the family identifies and works toward. The Family Support Coordinator assists the family in connecting to community resources and supports, referrals to employment and health services, better school linkages, and access to child care and out of school subsidies as required. The last three months of the two-year intervention, or once the family does not meet the eligibility criteria, initiates a three-month closure process. The closure process includes the Family Support Coordinator and family creating a future plan for the family.

The Family Support Coordinator also completes the recreation assessment and, based on the assessment, coordinates ongoing placements and required supports in age-appropriate skill development recreation, and/or youth employment training opportunities. The Family Support Coordinators have the support of the Recreation Coordinator Supervisor and access to the Recreation Resource Bank of donated spaces to assist with this aspect of the comprehensive service delivery. Each child has access to \$250.00 per year for recreation opportunities and any required supports that may include transportation, equipment, childcare, etc. For specific details on the recreation component refer to the Recreation Only Service Delivery description below.

The staffing model for the comprehensive service delivery comprises:

- Family Support Supervisors who:
 - completes the assessment and provides ongoing support through Family Support Coordinators to a maximum caseload of 150 families each;
 - have a minimum qualification of either a Registered Social Worker or Public Health Nurse, or equivalent with experience working with families in a holistic comprehensive service delivery model;
 - each supervise five Family Support Coordinators.
- Family Support Coordinators who:
 - have a minimum qualification of a two-year diploma or equivalent in education, social work, early childhood development, child/youth work, community rehabilitation, health or related field;
 - have experience working with families and an appreciation of the dynamics of the whole family;
 - each work with 30 families.

Family Support/Primary Health Only Service Delivery

The service delivery for the family support/primary health only group includes a holistic health and family assessment completed by a Family Support Supervisor and Family Support Coordinator. The services provided are the same as in the Comprehensive Service Delivery with the following exceptions:

- A specific recreation assessment is not completed with each child/youth in this group, however one of the components of the holistic assessment includes some assessment of the family’s leisure time;
- The Family Support Coordinator provides resource contact numbers to the family for them to initiate self-directed access to recreation opportunities;
- The \$250.00 per year per child for recreation is not provided to these families.

The staffing model for the family support service delivery is similar to the comprehensive service delivery with the following exceptions:

- each Family Support Coordinator works with 40 families.

Recreation Only Service Delivery

The service delivery for the recreation only group includes a recreation assessment for each child/youth in the family completed by a Recreation Coordinator. The assessment identifies the interests of each child/youth, the supports required to ensure successful participation, and a brief education on the benefits of recreation. The supports required may include transportation, equipment, and childcare to facilitate participation in recreation programs. The Recreation Coordinator assists the family in placements to age-appropriate skill development recreation opportunities that include a range of recreation programs where skills are developed either by participation in team or group activities or through lessons, classes and/or youth employment training. The minimum service level is one program per child per season. Each child has access to \$250.00 per year for recreation opportunities and any required supports. Families are provided with two years of recreation opportunities for their children. At the end of the two-year period or once the family does not meet the eligibility criteria, a three month closure process has the Recreation Coordinator develop a future recreation plan with the family.

The Recreation Coordinator provides resource contact numbers to the families for other needs the family may identify either in the assessment or subsequent follow-ups. The families need to access these additional services in a self-direct manner. Recreation Coordinators have the support of the Recreation Coordinator Supervisor and assist with the development of the Recreation Resource Bank of donated spaces.

The staffing model for the recreation service delivery comprises:

- A Recreation Coordinator Supervisor who:
 - supervises the Recreation Coordinators;
 - acts as a resource to the Family Support Coordinators in the comprehensive model;
 - coordinates the Recreation Resource Bank;
 - is responsible for the recreation assessments and ongoing placements and follow-up with 21 families;
 - has a minimum qualification of either a Bachelor of Physical Education/Recreation or equivalent, and experience working with children and community development experience.
- Recreation Coordinators who:
 - completes recreation assessments and provides ongoing placements and supports in recreation opportunities for 93 families each;
 - have a minimum qualification of a recreation/physical education degree or related degree, and have experience working with children and families in the area of recreation.

Recreation Resource Bank

In addition to the base recreation funding of \$250.00 per child per year for children in the Recreation Only and Comprehensive Service Delivery groups, Families First Edmonton Research Project is acquiring donated recreation spaces from not-for-profit and for profit service providers and establishing a recreation resource bank that augments the base funding. Dr. Browne used this approach in her study, with the recreation component being provided by the

Hamilton YMCA and 21 partnering agencies. A coordinated recreation resource bank of donated spaces has had great success in other cities including Thunder Bay and Halifax as a community response to supporting children from low-income families in recreation. The Recreation Resource Bank is developed and shared by the Recreation Coordinators and Family Support Coordinators in the Comprehensive Service Delivery group. As a result of the Recreation Resource Bank the \$250.00 per child may vary, with some children accessing free spaces and other children's recreation requiring full payment.

Self-Directed Service Delivery

The basic social assistance consists of a client-initiated intake, eligibility assessment in person, and regular ongoing eligibility assessment for families accessing Supports for Independence. Families access Alberta Child Health Benefits by completing an application form and meeting the qualification guidelines. The Alberta Child Health Benefit provides free basic health benefits, such as eyeglasses and dental exams to children under 18 in low-income families.

Families access other health and social services available under the provincial and regional systems in a self-directed manner. Families also access other social, and recreation services available through a variety of agencies and the municipal government by self-initiating contact with these organizations.

ACTIVITY TIMELINES

The following research project phases and timelines are based on the Region of Peel's (Southern Ontario) recent experiences and the Operations Committee's work over the past months. Two staff from Peel met with Edmonton's Operations Committee in July 2002 and candidly shared their plans and what actually happened. The Operations Committee has adopted many of Peel's suggestions in developing the following research project work plan.

Project Task	Responsibility	Target Date
<i>Phase 1 - Development</i>		
Implementation and Evaluation of Recreation Pilot	Operations Committee, Contract Evaluator, Recreation Coordinator	Apr. – Dec. 2003
Project Charter Signed by Partners <ul style="list-style-type: none"> ▪ Project Definition ▪ Project Approach & Timeline ▪ Governance Structure ▪ Project Management Approach 	Development - Operations and Research Committee Approval - Steering Committee	May 2003
Final project outcomes, indicators and research measures developed and approved	Development - Research Committee in conjunction with Operations Committee Approval - Steering Committee	August 2003
Development of details of Service Delivery <ul style="list-style-type: none"> ▪ Assessment Tool for Comprehensive ▪ Job Description and Requirements 	Development and Approval - Operations and Research Committee	September 2003
Development of Operational Support Plans <ul style="list-style-type: none"> ▪ Communication Plan ▪ Financial Management Plan ▪ I.T. Plan and data base selection ▪ Records Management Plan (compliance with FOIP, HIA and privacy impact assessments) 	Development - Operations Committee Approval - Steering Committee	September 2003
Development and implementation of fund development / resource securement plan <ul style="list-style-type: none"> ▪ Service Delivery ▪ Research (Grant deadlines Sept.) 	Service Delivery - Steering Committee Research - Research Committee	December 2003 November 2003
Development of RFP and service delivery providers selection criteria	Development - Operations Committee Approval - Steering Committee	December 2003
Decision to Implement Research Project	Steering Committee	December 2003
<i>Phase 2 - Implementation</i>		
Tender RFP and Service Providers Contracts	Operations Committee	January 2004
Research Implementation <ul style="list-style-type: none"> ▪ Hire and train staff ▪ Measures - baseline & follow-up 	Research Committee and Research Coordinator	March 2004 and ongoing
Service Delivery Implementation <ul style="list-style-type: none"> ▪ Service Providers hire and train staff ▪ Assessment and service delivery ongoing 	Operations Committee and Project Manager	April 2004 and ongoing
Ongoing Implementation of Operational Support Plans	Operations Committee and Project Manager	Ongoing
Service Monitoring and Status Reports	Project Manager	Monthly
Research Monitoring and Status Reports	Research Coordinator	Monthly
Termination of Service Delivery	Operations Committee, Service Providers	April – Oct. 2006
<i>Phase 3 - Close Out and Post-Program Follow up</i>		
Technical Report - (draft 3 months after completion of 2-year intervention; final 6-months after intervention)	Reviewed by Steering Committee, Operations Committee	Late 2006 or Early 2007
Academic Publications	Researchers	Ongoing
Development of strategies by partners based on research findings	Steering and Operations Committee	2007 - 2008
Annual Follow-up data collection in year 3, 4, and 5 and reporting of findings	Researchers	2007 - 2009

PROJECT PARTICIPANTS

The Governance Structure for the Families First Edmonton Research Project comprises a Steering Committee, an Operations Committee, and a Research Committee, and their associated subcommittees that support the research project's work. The partners to date include Alberta Human Resources and Employment, Alberta Mental Health Board, Alberta Children's Services, Edmonton and Area Child and Family Services Authority – Region 6, Capital Health, City of Edmonton Community Services, Quality of Life Commission, Edmonton Community Foundation, Edmonton Aboriginal Urban Affairs Committee, Alberta Health and Wellness, and the Community-University Partnership for the Study of Children, Youth, and Families. The Steering Committee is still investigating other possible members for the research project. The Project Co-leads are Alberta Human Resources and Employment, and the City of Edmonton Community Services.

The Steering Committee is the decision-making body for the service delivery model, and research outcomes. The Steering Committee provides high-level project coordination of the service delivery and research design, and implementation of Families First Edmonton Research Project.

- The Steering Committee has three subcommittees:
 - The Executive Subcommittee responds to issues raised by the Project Management Team regarding developmental or implementation issues;
 - The Fund Development Subcommittee works to secure funding;
 - The Sounding Board provides the Steering Committee and its supporting committees with analysis, advice, and information related to the research project.

The Operations Committee is responsible for the development and monitoring of the plans, schedules, budgets, and deliverables of the service delivery component of the project within the established time frames, effort, and quality guidelines approved by the Steering Committee. The Operations Committee works in conjunction with the Research Committee.

- The Operations Committee has the following subcommittees:
 - The Project Management Team provides leadership to the Operations Committee and reports on behalf of the Operations and Research Committees to the Steering Committee;
 - Ad Hoc Subcommittees are struck to complete tasks identified by the Operations Committee;
 - The Communications Subcommittee develops and implements the communication plan for Families First Edmonton Research Project;
 - The Service Provider Subcommittee of contracted agencies provides input to the Operations and Research Committee on the implementation of the service delivery design.

The Research Committee is responsible for the design of the research component in conjunction with the Operations Committee for the Steering Committee's approval. The Research Committee is also responsible for development and the implementation of the research component including application to, and management of research grants for Families First Edmonton Research Project.

A responsibility matrix identifies the authorities each Committee has in the Development, Implementation, and Close Out, and Post-Program Follow-up Phases of the research project. The

matrix also identifies the Co-leads operational responsibilities. See *Appendix 3 Governance Structure, Appendix 4 Committee Terms of Reference, Appendix 5 Responsibility Matrix.*

ISSUES AND RISKS

The Operations and Research Committees have developed a detailed risk management plan. The plan identifies the risks of the project, and also includes a response that consists of a rating of the probability and importance of each risk and strategies to accept, avoid, or mitigate each risk. Risks and strategies are identified by the Operations, Research or Steering Committee. The Risk Management Plan is continually managed and monitored throughout the project by the Project Management Team. Some of the risks may require the attention of the Steering Committee.

To date the Critical Success Factors, which reduce the risks, and ensure success of the project, include:

- Families First Edmonton Research Project works through a governance structure with clear roles and responsibilities;
- All partners of Families First Edmonton Research Project participate and support the project and work toward the agreed upon outcomes and project management processes outlined in the Project Charter;
- The research and service delivery components work collaboratively to meet the requirements of both the research and service delivery;
- The Families First Edmonton partners help to identify and find sources of support;
- An effective communication plan keeps all partners and supporters informed of the project in a timely manner, and with the level of detail required based on their role in the Project;
- A records management plan addresses Freedom of Information and Privacy, Health Information Act, and privacy impact assessment requirements for the service delivery and research components;
- The service delivery and research components have clear protocols, and procedures prior to the implementation phase, which are included in the Requests for Proposals and contracts where appropriate.

PROJECT MANAGEMENT

Project Manager

The Project Manager is responsible for the coordination, and facilitation of the Families First Edmonton partner's effort in all three phases of the research project. The Project Manager is responsible for the ensuring the project management approach outlined in the Project Charter is implemented in conjunction with the Project Management Team. The Project Manager is also responsible for the development, and management of the critical path, budget, and communication plan. The Project Manager works with all the Committees of Families First Edmonton Research Project in the development, implementation, and close out, and follow-up phases of the research project.

Issues Management

A conflict resolution mechanism is incorporated into the Governance Structure of Families First Edmonton Research Project. An issue identification form is used to document project issues in a

consistent manner with sufficient detail to support informed decision making, including assessment of potential impacts, and assessment of the recommendation of proposed resolution. The issue identification form includes the reasons for raising the issue, a description of the issue, and its impacts on the project, and recommended actions. It is the responsibility of the partner, service provider agency, or staff that identifies an issue associated with the project to complete the form for review, and action by the Operations and/or Research Committee. In the event that resolution of an issue results in a change to project scope, schedule or budget, a Change Request is used to evaluate the impact on the project. See *Appendix 6 Issue Identification Form*.

Status Reporting

The Project Manager completes monthly Status Reports that are reviewed by the Project Management Team, and used as a mechanism to brief the Operations, and Research Committees. The Status reports provide an overview of the key management dimensions of the research project: schedule, cost, effort and scope. The report includes a summary of the current project status for the project, and each project deliverable associated with the current project plan. The overview identifies activities and deliverables completed, not completed, unplanned, and deliverables for the next reporting period. The Project Status Report also provides an overview of issues outstanding on the project, and outstanding change requests during the current reporting period. Once issues and scope change requests have been resolved they remain on the list for one additional status report before being removed. See *Appendix 7 Project Status Report Form*.

The Steering Committee receives quarterly Progress Reports that summarizes major milestones, identifies issues, provides an overview of the next quarter's activities of the research project, and a financial report.

Scope Control

The Project Charter provides the framework for the Families First Edmonton Research Project that all partners have made a commitment to by signing. Changes to the framework, and scope of the project outlined in the Project Charter are managed through Change Request Forms. The Change Request Form provides a description of the proposed change, reasons for the change, implications for not making the change, and change options. In the Developmental Phase of the research project changes, and development that support the framework, and scope outlined in the Project Charter do not require the use of the Change Request Forms.

During the implementation of the Research Project, changes that may impact the Service Delivery Design or Research Design require the use of the Change Request Form to ensure the integrity of the research. The partner, service provider agency or staff that identifies a need for change must complete the form, and submit it to the Project Manager. The Change Request is reviewed, and comments provided by the Research and Operations Committees. The Change Request is then approved or denied by the Operations and Research Committees jointly. Only significant change requests are referred to the Steering Committee for approval. See *Appendix 8 Change Request Form*.

Communications System

A communication plan is being developed that identifies the internal and external communication requirements for Families First Edmonton Research Project. A communications

specialist has been contracted to assist with the development of this communication plan. The contract includes the development of a plan, and identification of the resource required for the implementation of the plan. Until the plan is approved by the Steering Committee, the Project Management Team is overseeing the communications requests and requirements on an ad hoc basis.

Project Records

Alberta Human Resources and Employment is the designated lead for records management. A records management plan is being developed that identifies who maintains what files, and records during the research project, and the protocols for the records after the research project is complete. A privacy impact assessment on the database that is selected is a component of the record management plan.

Information collection is consistent with Freedom of Information and Privacy legislation, and Health Information Act requirements. The Community-University Partnership requires all research data stored for three years after completion of the research project at their office. All records are then stored in the provincial archives.

APPENDICES

<i>#</i>	<i>Appendix</i>	<i>Pages</i>
1	Service Delivery Models with budgets Options A and B	19 - 22
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3	Governance Structure	25
4	Committee Terms of Reference <ul style="list-style-type: none"> ▪ Steering Committee ▪ Operations Committee ▪ Research Committee 	26 - 28 28 - 29 29 - 30
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8	Project Status Report Form	33
9	Change Request Form	34

**FAMILIES FIRST EDMONTON RESEARCH PROJECT
SERVICE DELIVERY MODEL - OPTION A**

Alberta Human Resources and Employment Referral
150 families on SFI in each cohort and 150 families on CHB in each cohort; 300 per cohort for a total of 1200 families.

**Comprehensive (300 Families)
Family Support/Primary Health
+ Recreation**

Services: Holistic assessment and ongoing support and referrals (health, employment, etc.) and recreation for children by Family Support Coordinators for a 2-year intervention

Staffing Model:

- 2 Family Support Supervisors
 - responsible for assessments and supervision of Family Support Coordinators
- 10 Family Support Coordinators
 - each responsible for coordination with 30 families
 - responsible for recreation assessment and placements with support of Recreation Coordinator Supervisor

Family Support/Primary Health Only (300 Families)

Services: Holistic assessment and ongoing supports and referrals (health, employment, etc.) by Family Support Coordinator for a 2-year intervention, all recreation self-directed (no recreation assessment or recreation funding to assist with recreation)

Staffing Model

- 2 Family Support Supervisors
 - responsible for assessments and supervision of Family Support Coordinators
- 7.5 Family Support Coordinators
 - each responsible for coordination with 40 families
 - recreation referrals only to self-directed recreation opportunities

Recreation Only (300 Families)

Services: Recreation assessment, placements including supports, and follow-up for children for a 2-year intervention

Staffing Model:

- 1 Recreation Coordinator Supervisor
 - responsible for supervision of Recreation Coordinators and support to Family Support Coordinators
- responsible for coordination of Rec Resource Bank and participation of community organizations
- responsible for 21 families rec assessment, placements and follow-up
- 3 Recreation Coordinators
 - responsible for 93 families each - recreation assessment, placements and follow-up

Self-Directed (300 Families)

No additional staff supports

DRAFT BUDGET (Estimates)

The budget represents the costs of the direct service delivery and research for the Project. Additional costs are not anticipated to the partners systems, and have not been identified in the draft projections (to be investigated in development phase).

	Year 1	Year 2	Year 3 6 months only Service Delivery	Total
Project Manager \$80,000 x 3 years	80,000	80,000	80,000	240,000
Project Administrative Assistant	30,000	30,000	15,000	75,000
Family Support Supervisors \$70,000 x 4 supervisors x 2.5 years	280,000	280,000	140,000	700,000
Family Support Coordinators 45,000 x 17.5 coordinators x 2.5 years	787,500	787,500	393,750	1,968,750
Recreation Coordinator Supervisor \$70,000 x 1 supervisor x 2.5 years	70,000	70,000	35,000	175,000
Recreation Coordinators \$45,000 x 3 coordinators x 2.5 years	135,000	135,000	67,500	337,500
Recreation Programming \$250 x 1500 children	375,000	375,000	187,500	937,500
Transportation for Service Delivery Staff \$2,500 x 25.5 positions	63,750	63,750	31,875	159,375
Translators	15,000	15,000	7,500	37,500
Cell Phones for Service Delivery Staff \$300/yr x 27 positions	8,100	8,100	4,050	20,250
Administration Service Agency Fees 15%	260,152	260,152	130,076	650,380
SERVICE DELIVERY SUBTOTAL	2,104,502	2,104,502	1,092,251	5,301,255
*Figures represent salary and benefits				
RESEARCH SUBTOTAL	514,280	514,280	257,140	1,285,700
TOTAL	2,618,782	2,618,782	1,349,391	6,586,955

DRAFT
Annual Research Budget – 4 groups, SFI and CHB (N= 1200)

Research Co- Directors ¹	\$	45,000
Research Coordinator ²		60,000
Clerical/research support (.5) ³		20,000
Statistician (consultant)		50,000
Gina Browne consulting or co-investigator ⁴ (\$1500/day x 12 days)		18,000
Co-Investigator Teaching Release Time ⁵ (\$6,000 x 3 co-investigator)		18,000
Interviewers @ \$ 35/household \$35 x 1200 x 2 data collections		84,000
Translation services (\$50 x 1/3 population x 2 data collections)		40,000
Compensation for parents@ \$25 (\$25 x 1200 x 2 data collections)		60,000
Equipment (computers and phones for interviewers) ⁶		0
Software – SPSS (\$1000 x 4)		4,000
Supplies and Sundries (photocopying, postage, long distance etc.)		5,000
Questionnaires ⁷ - 1200@ \$3.00 x 2 data collections		7,200
Travel for interviewers (\$10 per case x 1200 x 2 data collection)		24,000
Travel for researchers \$3,000/trip/year x 4 researchers		<u>12,000</u>
Subtotal	\$	<u>447,200</u>
University of Alberta Overhead ⁸ 15%		67,080
TOTAL	\$	<u>514,280</u>

¹ Research Co-Directors. The amount is based on a full-time, annual salary of \$75,000. The Research Co-Directors agree to commit 1.5 days to the project ($\$75,000 \times .3 \times 2 = \$45,000$). This amount cannot be included in the grant proposals, and requires other sources of funding.

² Annual salary plus benefits.

³ Possibly shared with Project Manager.

⁴ Dr. Browne requests \$1500/day. She is willing to be either a co-investigator or consultant. Including her as a co-investigator, would increase the odds of getting funding from the federal research granting agencies (e.g., CIHR, SSHRC) but then her fee cannot be included in the proposals. Her fees would have to be paid by other sources. As a consultant, her fees can be included in grant proposals.

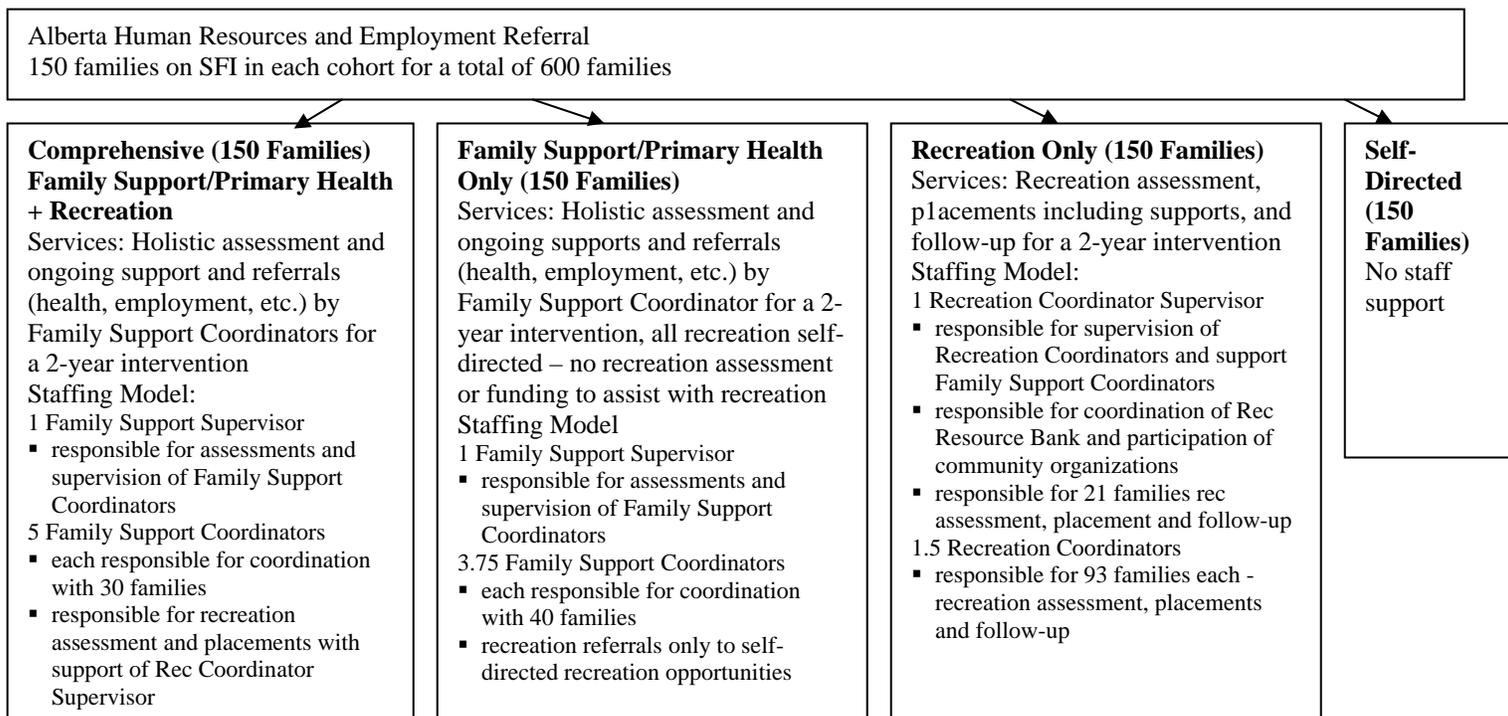
⁵ For each co-investigator, monies provided to release them from teaching one course per year.

⁶ Supplied in kind by Alberta Human Resources and Employment

⁷ This may be an underestimate if standardized, published tools are selected.

⁸ Many of the research funding agencies do not pay overhead. These funds need to be secured through other sources so that critical support for the research can be provided.

**FAMILIES FIRST EDMONTON RESEARCH PROJECT
SERVICE DELIVERY MODEL - OPTION B**



DRAFT BUDGET (Estimates)	Year 1	Year 2	Year 3 3 months only Service Delivery	Total
The budget represents the costs of the direct service delivery and research for the Project. Additional costs are not anticipated to the partners systems, and have not been identified in the draft projections (to be investigated in development phase).	80,000	80,000	40,000	200,000
Project Manager \$80,000 x 2.5 years				
Project Administrative Assistant	30,000	30,000	15,000	75,000
Family Support Supervisor \$70,000 x 2 supervisors x 2 years 3 mths	140,000	140,000	35,000	315,000
Family Support Coordinators 45,000 x 8.75 coordinators x 2 years 3 mths	393,750	393,750	98,437	885,937
Recreation Coordinator Supervisor \$70,000 x 1 supervisor x 2 years 3 mths	70,000	70,000	17,500	157,500
Recreation Coordinators \$45,000 x 1.5 coordinators x 2 years 3mths	67,500	67,500	16,875	151,875
Recreation Programming \$250 x 750 children	187,500	187,500	46,875	421,875
Transportation for Service Delivery Staff \$2,500 x 13.25 positions	33,125	33,125	8,281	74,531
Translators	7,500	7,500	1,875	16,875
Cell Phones for Service Delivery Staff \$300/yr x 15 positions	4,500	4,500	1,125	10,125
Administration Service Agency Fees 15%	135,581	135,581	33,895	305,057
SERVICE DELIVERY SUBTOTAL	1,149,456	1,149,456	314,863	2,613,775
*Figures represent salary and benefits				
RESEARCH SUBTOTAL	390,540	390,540	97,635	878,715
TOTAL	1,539,996	1,539,996	412,498	3,492,490

DRAFT
Annual Research Budget – 4 groups, SFI (N= 600)

Research Co- Directors ⁹	\$	45,000
Research Coordinator ¹⁰		60,000
Clerical/research support (.5) ¹¹		20,000
Statistician (consultant)		50,000
Gina Browne consulting or co-investigator ¹² (\$1500/day x 12 days)		18,000
Co-Investigator Teaching Release Time ¹³ (\$6,000 x 3 co-investigator)		18,000
Interviewers @ \$ 35/household \$35 x 600 x 2 data collections		42,000
Translation services (\$50 x 1/3 population x 2 data collections)		20,000
Compensation for parents@ \$25 (\$25 x 600 x 2 data collections)		30,000
Equipment (computers and phones for interviewers) ¹⁴		0
Software – SPSS (\$1000 x 4)		4,000
Supplies and Sundries (photocopying, postage, long distance etc.)		5,000
Questionnaires ¹⁵ - 600@ \$3.00 x 2 data collections		3,600
Travel for interviewers (\$10 per case x 600 x 2 data collection)		12,000
Travel for researchers \$3,000/trip/year x 4 researchers		12,000
Subtotal	\$	339,600
University of Alberta Overhead ¹⁶ 15%		50,940
TOTAL	\$	390,540

⁹ Research Co-Directors. The amount is based on a full-time, annual salary of \$75,000. The Research Co-Directors agree to commit 1.5 days to the project ($\$75,000 \times .3 \times 2 = \$45,000$). This amount cannot be included in grant proposals, and requires other sources of funding.

¹⁰ Annual salary plus benefits.

¹¹ Possibly shared with Project Manager.

¹² Dr. Browne requests \$1500/day. She is willing to be either a co-investigator or consultant. Including her as a co-investigator, would increase the odds of getting funding from the federal research granting agencies (e.g., CIHR, SSHRC) but then her fee cannot be included in the proposals. Her fees would have to be paid by other sources. As a consultant, her fees can be included in grant proposals.

¹³ For each co-investigator, monies provided to release them from teaching one course per year.

¹⁴ Supplied in kind by Alberta Human Resources and Employment.

¹⁵ This may be an underestimate if standardized, published tools are selected.

¹⁶ Many of the research funding agencies do not pay overhead. These funds need to be secured through other sources so that critical support for the research can be provided.

Proposed Measures

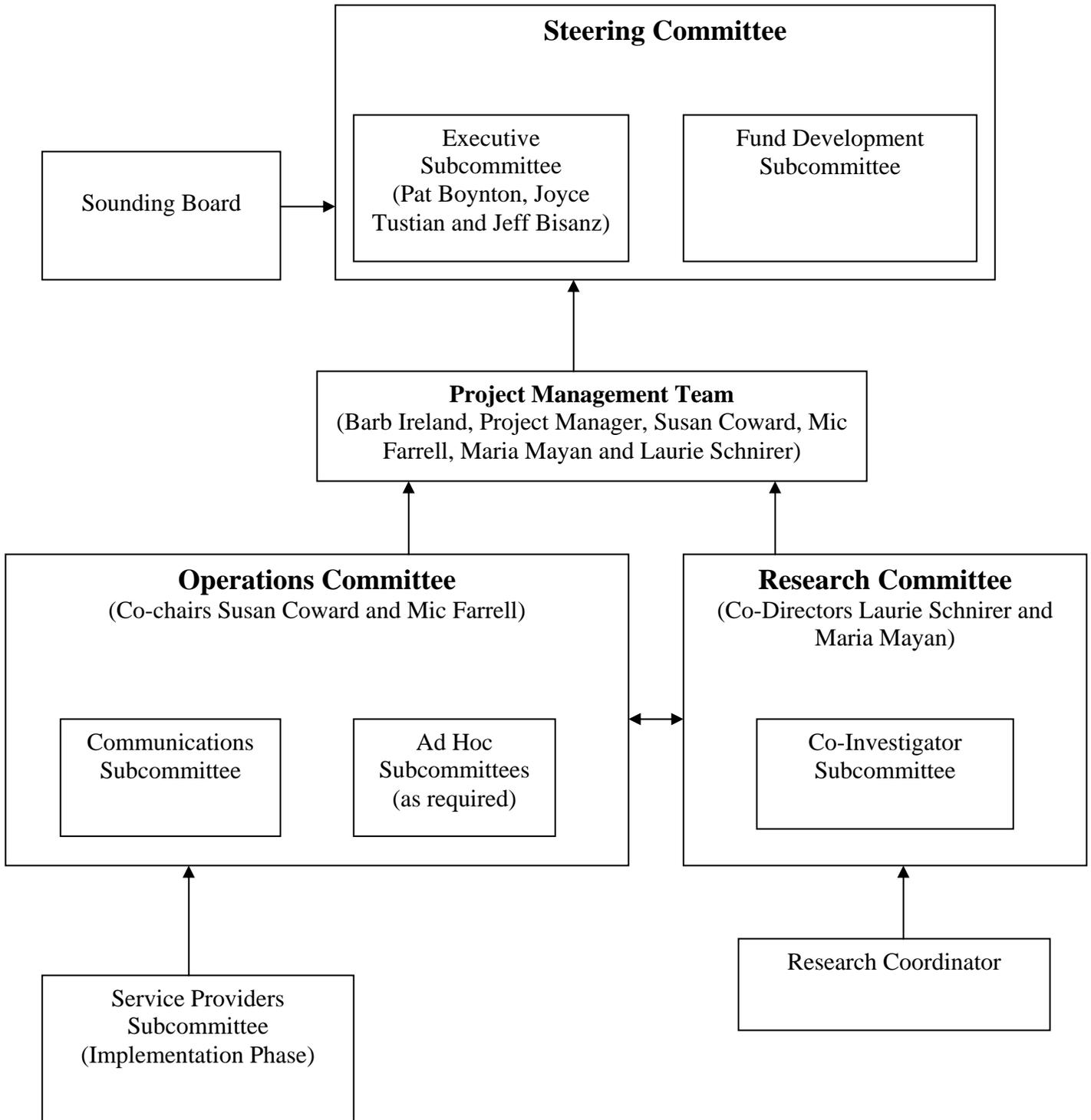
Individual Outcomes

Individual Variables and their measures National Longitudinal Survey of Children and Youth – Cycle 3 Computerized Data Gathering Measure		
Construct	Variable	Measure
Parent characteristics (all those approached)	Socio-demographic information (T1) Mental Health Rating	<ul style="list-style-type: none"> • Screening Measures: • Baseline NLYSC Questionnaire
Engagement rate (Measure of dose of interventions)	Compliance and attendance at: Family Support/Primary Health visits Recreation programs	<ul style="list-style-type: none"> • Agency Attendance Records
Effects		
Household Contact Section Confirmation of Correct Contact Confirmation of roster Demographics/Relationships Dwelling		NLSCY Questionnaire
Parent Questionnaire Education Literacy Labour Force Section Income Adult Health (includes depression) Family Functioning Neighbourhood Safety Support Socio-Demographic Characteristics		NLSCY Questionnaire
Child Questionnaire DVS (Development Scale) Child Health Medical/Biological Work after Birth Temperament Education Literacy Activities Behaviour Motor and Social Development Relationships Parenting Family and Custody History Family and Custody History II Child Care Socio-Demographic Characteristics		NLSCY Questionnaire
Social Independence/Job Training		<ul style="list-style-type: none"> • % Exits from social assistance for 12 months and % in School
Expense – Child and Parent	Use of health and social services (T1, T2)	<ul style="list-style-type: none"> • Dollar value of 12 months of Social Assistance services. • Health and Social Utilization Inventory translated into dollar values (Browne, et al., 1995a). • Includes intervention services

System Outcomes

System Measures of Criteria for Integration Effectiveness			
Level of Analysis	Key Stakeholder Groups	Effectiveness Criteria	Measure
Network	Network Coordinator CEOs of Member Organization	<ul style="list-style-type: none"> ▪ Network Membership group 	<ul style="list-style-type: none"> ▪ Number of Networks/Community ▪ Number of Agencies/Network ▪ Number of Networks/Agency
		<ul style="list-style-type: none"> ▪ Range of Services provided 	<ul style="list-style-type: none"> ▪ Number of Services/Network
		<ul style="list-style-type: none"> ▪ Strength (Depth) of Relationships ▪ Integration and Coordination of Services 	<ul style="list-style-type: none"> ▪ <u>Depth of Relationship</u> 0 = not aware 1 = aware 2 = cooperate/communicate 3 = coordinate 4 = collaborate
		<ul style="list-style-type: none"> ▪ Creation and Maintenance of Network Administrative Organization ▪ Cost of Network Maintenance 	<ul style="list-style-type: none"> ▪ <u>Partnership Synergy</u> Quality Centre for the advancement Of Collaborative Strategies (2000-2001) ▪ <u>Partnership Efficiency</u> Centre for the advancement Of Collaborative Strategies (2000-2001)
		<ul style="list-style-type: none"> ▪ Member commitment to Network Goals 	<ul style="list-style-type: none"> ▪ <u>Problems with Partner Involvement</u> Centre for the advancement Of Collaborative Strategies (2000-2001)

**Families First Edmonton Research Project
Governance Structure**



Families First Edmonton Research Project Terms of Reference

Steering Committee

Purpose

To ensure the development and implementation of a two and a half year research project on the outcomes of a comprehensive multisectoral service delivery model for families with children living in poverty in Edmonton.

Scope of Authority

1. To provide the senior project administration and coordination of the service delivery and research components of the Families First Edmonton Research Project.
2. To secure the funding.
3. To secure alignment of resources for the service delivery and research components of the Project.
4. To be responsible for project expenditures.
5. To approve the strategic plans, schedules, budgets and outcomes of the project.
6. To facilitate joint problem solving and decision making at a strategic/direction setting level with project issues.
7. To approve the communication plan of and be responsible for the high level communication.

Procedures

Membership

Alberta Human Resources and Employment	2 Members
Alberta Mental Health Board	1 Member
Alberta Children’s Services	1 Member
Capital Health	2 Members
City of Edmonton Community Services	2 Members
Community-University Partnership for the Study of Children, Youth, and Families	1 Member
Edmonton & Area Child & Family Service Authority – Region 6	1 Member
Edmonton Community Foundation	1 Member
Quality of Life Commission	1 Member
Edmonton Aboriginal Urban Affairs Committee	1 Member
Alberta Health and Wellness	1 Member

Other Provincial Governmental Ministries updated through Low Income Review Committee.

Subcommittees

Executive Subcommittee – Co-Leads (Alberta Human Resources and Employment, and City of Edmonton Community Services) and Community-University Partnership Representative.

The Executive Subcommittee responds to issues raised by the Project Management Team regarding developmental or implementation issues in the following manner:

- Determine whether issues require Steering Committee Approval
- Review preliminary drafts of documents prior to presentation to the Steering Committee
- Coordinate meetings and communications for the Steering Committee
- Provide decisions and direction on behalf of the Steering Committee where issues are clearly within the scope of the Project Charter
- To deal with disputes and change requests that cannot be resolved at the Operations and Research Committee level.

Sounding Board- The Chair to be a member of Steering Committee.

Purpose of the Sounding Board:

Members of the Sounding Board draw on their experience and knowledge of the needs of families living in poverty, and the health, social service and recreation service delivery to families. The Sounding Board provides the Steering Committee and their supporting committees with analysis, advice and information related to the initiative.

Members contribute to the project in the following ways:

- provide feedback and advise on various aspects of the research initiative;
- contribute to the identification of research needs;
- contribute fresh perspectives from their area of expertise;
- challenge the assumptions;
- assist in identifying emerging opportunities;
- advise on project deliverables

When funding for the research and service delivery is secured Families First Edmonton Research Project will be issuing Requests for Proposals; however, participation on the Sounding Board, or not, has no effect on any potential or future work with the initiative.

Sounding Board Membership:

The Sounding Board consists of eight to twelve members. The Families First Edmonton Steering Committee appoints the members with an anticipated start date of September 2003, and estimated to conclude in late 2006. The Sounding Board reviews its Terms of Reference on an annual basis and recommends any changes to the Steering Committee. Membership draws from the following professional and focus areas:

Recreation	Health	Aboriginal Community
Faith Community	Multicultural Community	Not-for-profit sector
Person Living in Poverty	Civic Community Services	Community
Social Services	Education	

Meeting Format and Communication

- Most feedback occurs in workshop-type meetings with selected members of Families First Edmonton Research Project. A facilitator may be used to guide the discussion. There may also be a need for one-on-one feedback through phone calls.
- Consensus of the Sounding Board members is encouraged but is not necessary.
- Quorum is not necessary for the meeting to be held or for it to operate. The decision to conduct the meeting is determined by the Steering Committee Representative or Project Manager.
- Meetings are every three to four months, for two to three hours.
- A total commitment of 10 to 12 meetings is anticipated.

Fund Development Subcommittee - The Chair is a member of the Steering Committee and recruitment of members may include members of the Steering Committee or members from outside of the Committee. This subcommittee works to secure funding. Not all partners are expected to contribute to the funding of this project.

Decisions are made by consensus, defined as all members of the Steering Committee can work within the scope of the decision. Where consensus cannot be reached, the Steering Committee refers the issue to Steering Committee Executive Subcommittee for options to bring back to the Committee for resolution.

Meetings are scheduled as required to complete the work identified in the Scope of Authority of this Committee.

Responsibilities**Co- Chairpersons**

- Co-chair steering committee meetings.

Steering Committee Members

- Attend all meetings.
- Appoint one “designated alternative” that is able to speak on your behalf if unable to attend.
- Participate and collaborate in the business of the Committee.
- Provide information and input as requested by the Committee.
- Adhere to the terms of reference of the Committee.

Project Management Team (ex-officio)

- Attend all meetings.
- Provide administrative support, assist with preparation of agenda and prepare minutes for Steering Committee.
- Provide support to subcommittees as required.
- Provide Status Reports from the Operations and Research Committees.
- Principle communicator and liaison between Steering Committee and Operations and Research Committees.

Operations Committee**Purpose**

To design the Service Delivery Model in conjunction with the Research Committee for the Steering Committee’s review and approval. Develop, implement and monitor the work plan for the Service Delivery Component of Families First Edmonton Research Project.

Scope of Authority

1. To develop and monitor the plans, schedules, budgets and deliverables of the service delivery component of the project within the established time frames, effort and quality guidelines.
2. To resolve issues at the Operations Committee level, the Committee engages in a joint problem solving process that facilitates decision-making at the implementation level.
3. To monitor service delivery and identify in conjunction with the Research Committee change requirements and their impacts through a change management process.
4. To identify issues requiring resolution by the Steering Committee.
5. To implement the communication plan of Families First Edmonton.
6. Establish subcommittees as required to work on specific components of the project.
7. Prepare reports for steering committee approval.

Procedures

Membership – representation from partners as required.

Alberta Human Resources and Employment

Alberta Children’s Services

Capital Health

City of Edmonton Community Services

Community-University Partnership for the Study of Children, Youth, and Families

Edmonton and Area Child and Family Services Authority – Region 6

Edmonton Aboriginal Urban Affairs Committee

Other members based on additional partners represented at the Steering Committee and required representation determined at the different phases of the project.

Subcommittees

Project Management Team – The co-leads of Alberta Human Resources and Employment, Mic Farrell and City of Edmonton, Susan Coward, the Project Manager, Barb Ireland and Research Co-Directors, Maria Mayan and Laurie Schnirer are the members of the project management team. This

subcommittee manages the employment contract of the Project Manager, and ensures access to the required support systems (IT, finance, contracts, and communications) for the project to proceed on schedule. The Project Management Team reports to the Steering Committee on behalf of the Operations and Research Committees.

Communications Subcommittee – develops and implements the communications plan for Families First Edmonton Research Project.

Ad Hoc Subcommittees – the Operations Committee establishes ad hoc subcommittees to develop drafts of components for review by the Committee.

Service Delivery Subcommittee – Contracted agencies form the Service Delivery Subcommittee and provide input to the Operations and Research Committee.

Decisions are made by consensus, defined as all members of the Operations Committee can work within the scope of the decision. Where consensus cannot be reached, a facilitator will be engaged to attempt resolution at the Operations Committee level prior to referring the issue to Steering Committee for resolution.

Meetings are scheduled as required to complete the work identified in the Scope of Authority of this Committee.

Responsibilities

Co- Chairpersons

- Co-chair operations committee meetings.

Operations Committee Members

- Attend all meetings or send a designated alternative that can speak on your behalf.
- Participate and collaborate in the business of the Committee.
- Provide information and input as requested by the Committee.
- Ensure Steering Committee Representative is briefed on work of Operations Committee as required by the partner the member is representing.
- Key communication contact for distribution of Families First Edmonton communications by partner the member is representing and status reports to partner organization.
- Adhere to the terms of reference of the Committee.

Project Manager

- Attend all meetings in an ex-officio capacity.
- Provide administrative support; prepare agendas and minutes in conjunction with co-chairs.
- Facilitation of Operations Committee to develop service delivery model, budgets, outcomes, target groups and identify issues requiring resolution through out the project.
- Provide Status Reports on the day-to-day operations of the project.
- Provide support to subcommittees as required.

Research Coordinator

- Attend all meetings.
- Provide Research Committee updates to the Operations Committee.
- Provide research perspective to the discussions of the Operation Committee.

Research Committee

Purpose

To design the Research Component in conjunction with the Operations Committee for the Steering Committee's review and approval. Develop and implement the plan for the Research Component of Families First Edmonton Research Project including application to and management of research grants for Families First Edmonton Research Project.

Scope of Authority

1. To develop the research design and budget for Families First Edmonton Research Project.
2. To develop grant proposals for Families First Edmonton research component.

3. To apply to various granting agencies for funds to support the research component of Families First Edmonton.
4. To advise the Operations Committee on the service delivery model and protocols.
5. To implement the research design.
6. To complete research grant reporting requirements.
7. To collect, analyze and report on the findings of the research.

Procedures

Membership

Members are determined based on research design.

Subcommittees

Co-investigator Subcommittee: The members of the co-investigator team meets as required on the project; these meetings are organized and chaired by the Co-Directors.

Decisions

Meetings are scheduled as required to complete the work identified in the Scope of Authority of this Committee.

Responsibilities

Chairpersons

- Co-Directors (Laurie Schnirer, Maria Mayan).
- Manage employment contract of Research Coordinator.
- Apply for and manage research grants.

Research Committee Members

- Attend all meetings.
- Participate and collaborate in the business of the Committee.
- Provide information and input as requested by the Committee.
- Adhere to the terms of reference of the Committee.

Research Coordinator

- Attend all meetings.
- Provide administrative support, prepare agendas in conjunction with co-directors and prepare minutes.
- Provide Status Reports on the day-to-day operations of the project.

Project Manager

- Attend all meetings.
- Liaison role between Operations Committee and Contracted Service Providers and researchers.

GOVERNANCE	Steering Committee	Operations Committee *	Research Committee #
Phase 1 Development			
Project Charter	A	D	D
Governance Structure	A	D	C
Vision, Mission & Operating Principles	A/D		
Committee Terms of Reference	A	D	D
Co-Lead Roles and Responsibilities	A	D	
Service Delivery Model Design	A	D	D
Budget	A	D	C
Staff Requirements / Job Descriptions	A	D	C
Office Logistics		A/D	
Training Plan (Service Providers & Staff)		A/D	D
Service Provider Selection Criteria	A	D	
Research Design	A	C	D
Budget	A		D
Staff Requirement / Job Descriptions			A/D
Training Plan			A/D
Fund Development / Resource Securement	A/E		
Record Management Plan / Privacy Impact Assessment Plan	A	D	A/D (Research)
I.T. Plan	A	D	
Financial Management Plan	A	D	
Communication Plan	A	D	
Phase 2 Implementation			
Contracts			
Research Contracts or Grants	A		
Service Provider Selection	A		
Hiring & Training		A/E	
Management and Supervision			
Service Delivery		A/E	C
Research		C	A/E
Communication Plan	A	E	
Status Reports (Service Delivery & Research)	I	D	D
Phase 3 Close Out & Post Program Follow-up			
Technical Report (draft & final)	Reviewed	Reviewed	A/D
Academic Publications	I	I	A/D/E
Development of Strategies by partners based on research findings	D	D	C

Key: A - Final Approval Authority, D - Responsible for Development, E - Responsible for Execution, C - Must be Consulted, I - Must be Informed

* Project Manager - Resource Staff for Operations Committee # Research Coordinator - Resource Staff for Research Committee

OPERATIONS - Co-leads Responsibilities	Lead City of Edmonton	Lead AHRE	
Administration & Record Management		AHRE	
Information Technology		AHRE	
Contracts / Legal		AHRE	
Finance	City		
Communications	City		
Human Resource Mgt of Project Manager	City	AHRE	(Shared Management)

Designated Operations lead consults co-lead regarding operational issues as required.

ISSUE IDENTIFICATION		
Families First Edmonton Research Project		
Project:		Issue ID:
Reported by:		Priority:
Date Reported:		Date Required:
Issue Definition: Summary		
Details		
Impact on Project:		
Impact on not resolving:		
Impact of late resolution:		
Recommendation:		
Review by Research Committee Comments:		
Date Completed:		
Review by Operations Committee Comments:		
Date Completed:		
Resolution		
<input type="checkbox"/> Approved	<input type="checkbox"/> Deferred <input type="checkbox"/> Deferred Date:	<input type="checkbox"/> Cancelled
<input type="checkbox"/> Analysis	Assigned to:	Analysis Due Date:
Resolution Approved by:		Resolution Date:
Signatures:		

**FAMILIES FIRST EDMONTON RESEARCH PROJECT
PROJECT STATUS REPORT**

For the Period Ending:

Element	Status
Overall Project Status (one line per major deliverable)	

Legend: Green - On Track; Yellow - Caution; Red: Major Problem

PROJECT PERIOD SUMMARY

Activities & Deliverables Completed

Description	Date
▪	
▪	

Activities & Deliverables Not Completed

Description	Scheduled Date
▪	
▪	

Unplanned Activities & Deliverables

Description	Date
▪	
▪	

Activities & Deliverables for Next Reporting Period

Description	Scheduled Date
▪	
▪	

Outstanding Issues

The following issues are currently outstanding on the project:

Issue No.	Description	Responsible	Date Raised	Scheduled Resolution Date	Actual Resolution Date

Outstanding Change Requests

The following change requests are currently outstanding on the project:

Change No.	Description	Responsible	Date Raised	Scheduled Resolution Date	Actual Resolution Date

CHANGE REQUEST			
Families First Edmonton Research Project			
Project:		Change Request ID:	
Change Request Name:		Priority:	
Identified by:	Assigned to:	Date Submitted:	
Description of Proposed Change: <i>(Purpose, details, costs of change, change implementation plan)</i>			
Reason for Change (Benefits):			
Implications of Not Making this Change:			
Related Change Requests:		Attachments / References:	
Change Options:	Description of Option		
Option 1			
Option 2			
Option 3			
Recommended Option			
Review by Research Committee Comments:			
Date Completed:			
Review by Operations Committee Comments:			
Date Completed:			
	Open		Closed
Status:	<input type="checkbox"/> Approved	<input type="checkbox"/> Deferred <input type="checkbox"/> Deferred Date:	<input type="checkbox"/> Resolved <input type="checkbox"/> Rejected
Resolution Approved by:		Resolution Date:	
Signatures:			