



UBC-DIBS Working Paper 2021-CBI-01

Increasing the Completion of Family Plans in Collaboration with Families

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Knowledge Summary: This project aimed to encourage Child Protection Social Workers to complete Family Plans in collaboration with families. A new “Behavioural Insights informed” worksheet incorporated implementation intentions and a BI-informed form used simplification. These interventions were compared to the current Family Plan form in a randomized controlled trial using a 2x2 factorial design. Although the BI-informed worksheet and form did not significantly improve Family Plan completion, data sources yielded conflicting conclusions and not all participants received the intervention materials. Despite these limitations, the project team demonstrated the feasibility and value of using BI and evidence-based decision-making to improve service delivery and outcomes for families.

Keywords: *behavioural insights, nudging, implementation intentions, simplification, forms, worksheets, child protection services*


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Executive Summary

This Behavioural Insights (BI) Capstone Project was conducted by students enrolled in the Advanced Professional Certificate in BI at the University of British Columbia (UBC) and has been completed in partnership with the Ministry of Children and Family Development (MCFD). MCFD is committed to support Child Protection Social Workers (CPSWs) in completing more Family Plans more collaboratively, in part by applying BI principles. This report describes the problem, research, local concerns, and our BI approach, including the trial design, and outcomes.

Family Plans are meant to be a collaborative tool used by CPSWs to engage with families and to encourage their participation in the development of goals. The Family Plan is made to address the child protection concerns, ensure safety of the children, and allow for collaboration between the social worker and family on how progress will be monitored. In British Columbia, any family involved with MCFD protection services for 6 months or more should have a Family Plan. However, the rate of completion of Family Plans by CPSWs is less than 50% and Family Plans completed collaboratively are at an even lower rate. Our literature review highlighted that families with a Family Plan have better outcomes for both MCFD and the families. As such, our research is designed to support CPSWs in prioritizing and managing complex caseloads so that they can incorporate and comply with best practices and current policies, which includes completing Family Plans. This project has been developed to bring the tools of BI to the child protection field with the goal of increasing the completion of collaborative Family Plans.

Although there have been few Randomized Controlled Trials (RCTs) conducted on tools used in child welfare settings, there are a number of best practices and research around BI innovations and BI tools in related fields. With this project we can contribute new knowledge about the effectiveness and causal relationship of these different approaches. Using BI methodology, the project's objective was to change CPSWs' historical pattern of completing Family Plans individually before distributing it to the family to the desired behaviour of completing the Family Plan at a collaborative meeting with the family. According to best practice guidelines, CPSWs are encouraged to schedule a meeting with the family and to complete the Family Plan using a printed format of the Family Plan Form. To best encourage this from CPSWs, we used two BI innovations (nudges): A Family Plan Worksheet (using the BI tool of Implementation Intentions) and a Simplified Family Plan Form (using the BI tools of Implementation Intentions & Simplification). We conducted an RCT with CPSWs across two Service Delivery Areas in BC from March 08, 2021 to April 16, 2021. We tested whether the behaviours of CPSWs changed because of these BI interventions. We used a 2X2 factorial design for the trial and our initial hypothesis was that CPSWs who were provided with a Family Plan Worksheet, a Simplified Family Plan Form, or the combination of both would be more likely to complete Family Plans collaboratively than CPSWs who were not provided with these nudges.

Based on the results obtained, the innovations did not establish a significant change in the behaviours of CPSWs. While there were small increases in the completion of Family Plans, the initial analysis produced highly significant results based on a very small sample size. More data was then collected over another six months to assess the impact of the innovations and further analysis has been completed. Although we have not demonstrated the effectiveness of these tools, the trial demonstrates that it is possible to monitor and collect data within MCFD and use the principles of BI, through an RCT. This is the first attempt to use BI and evidence-based results to guide decision-making around improving service delivery and outcomes for the families that MCFD serves.

Part A. Problem Background

As per the Ministry of Children and Family Development (MCFD) Child Protection Response Policies, when a child protection social worker (CPSW) assesses a child protection report and determines that the most appropriate response is a Family Development Response (FDR) or initiates ongoing protection services through a Family Service (FS) Case, a Family Plan is to be developed. The Family Plan is meant to be a collaborative tool to engage with the family and have them participate in the development of goals and ways to address the concerns. A completed Family Plan supports the family and social worker to address the child protection concerns, ensure safety of the children, and collaborate on how progress will be monitored.

There is an ongoing shift in child protection services across Canada towards increasing collaboration by having the families involved. This can be seen from the recent introduction of the Canadian Federal Indigenous Child Welfare Legislation - Bill C92 and is also demonstrated by *Crook v. British Columbia*, a British Columbia (B.C.) Court of Appeal decision made July 6, 2020. Collaboration also aligns with the values and principles of the [Aboriginal Policy and Practice Framework](#) and the [Healing Families, Helping Systems: A Trauma-Informed Practice Guide for Working with Children, Youth and Families](#), two foundational documents that guide the work of MCFD.

As per the MCFD Strategic Framework 2020, collaboration with families when completing Family Plans is considered a priority and this project aligns with Maintaining Momentum Through Pandemic Recovery and goal two of the Framework, which is to focus on child protection services to strengthen, support, and prioritize resources for families and children based on their needs. This focus happens when CPSWs work in collaboration with communities and other partners to support improved outcomes and keep families safely together, which can all be documented in Family Plans.

There is currently a low rate of CPSWs who complete Family Plans as a whole, let alone in collaboration with families. Without completing a Family Plan, the family, CPSW, service providers, and casework activities don't have well-defined goals against which they can measure progress to thoroughly assess if child protection concerns have been or are being appropriately addressed. When Family Plans are completed without family collaboration, there is less commitment from families in achieving the goals of the plan. The families also may not have a clear understanding on how to achieve the goals or understand how these goals are reflective of the child protection concerns.

The project team found that using a Behavioural Insights (BI) approach was suitable because there were defined target behaviours that were considered a priority for MCFD and the Service Delivery Division (SDD). Through MCFD and the SDD, we had access to our target population of CPSWs and had the ability to monitor and measure the specific behaviours associated with making a Family Plan. Given the large number of CPSWs completing Family Plans, we had a sizable population for which we had access to run our intervention and collect data, with enough resources assigned to the project to be able to complete the project deliverables by the end of May 2021. Finally, we had the support of the MCFD SDDs and the Practice Branch within the Service Delivery Areas (SDAs) of the Coast North Shore and South Vancouver Island who sponsored the project.

The BI methodology includes rigorous project flow with the Scope-RIDE-Scale Model for Behaviour Shift (BC Behavioural Insights Group, 2016-2020) and is based on good ethical principles. The RIDE Model is an iterative process that allowed us to review and refine our BI approach as we progressed through the phases and gained greater knowledge about the problem and the behaviour. Our BI solution was developed based on both qualitative primary and secondary research.

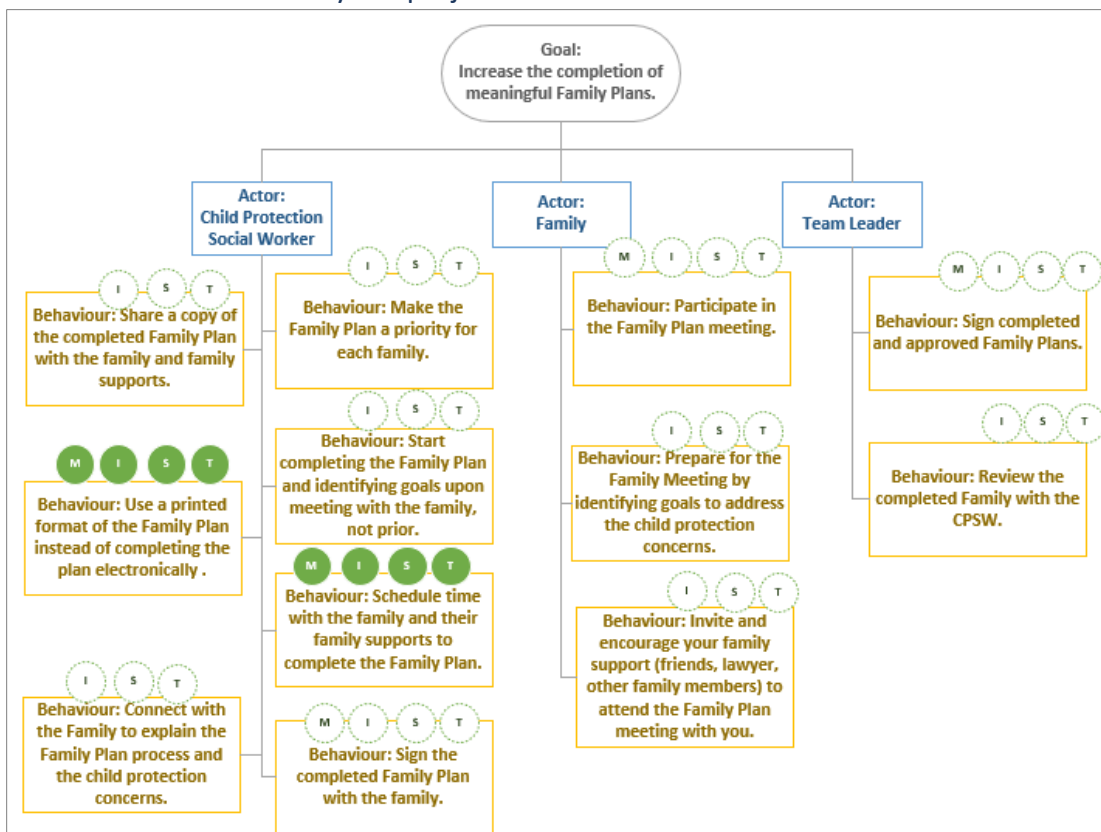
Part B. Chosen Behaviour & Context

The population of interest for this project are CPSWs in BC, as their behaviours have a direct impact on collaborative Family Plans completions. Despite the good intentions of CPSWs and their understanding of the importance of planning, we have found through the interviews and secondary research that CPSWs experience cognitive and social constraints and are overwhelmed with choice overload and decision fatigue. These constraints cause CPSWs to take shortcuts and not always make the best decisions. CPSWs have limited time, attention, and motivation when it comes to completing Family Plans. Barriers contributing to these cognitive and social constraints are: an overly clinical and difficult-to-use Family Plan template; the Family Plan template existing as an electronic document, which does not support a collaborative process and is complicated to complete when printed; high caseloads; competing priorities to complete other documentation related to the child protection process; lack of knowledge of what is in Policy; and a misunderstanding of what collaboration represents. The CPSWs also often perceive that the behaviour of not completing collaborative Family Plans is acceptable and normal due to social norms within the field. These behavioural issues reinforce the non-completion of collaborative Family Plans.

To identify behaviour issues, we have used the Ontario Behavioural Insights Unit MIST (Measurable, Important, Sizeable, Touch Point) criteria. The project team has identified six possible MIST behaviours. We have identified and focused on two priority behaviours of CPSWs that are considered the bottlenecks in the process of completing collaborative Family Plans. The behaviours are:

1. Scheduling a meeting with the family and their supports to complete the Family Plan collaboratively.
2. Using a printed format of the Family Plan instead of completing the plan electronically.

Figure 1. MIST Behaviours identified by the project team.



The two priority behaviours meet the MIST criteria in the following ways:

- **Measurable:** The behaviour can be recorded in the Integrated Case Management (ICM) system that is used by CPSWs and can then be measured. The completed Family Plan can be scanned and attached to the FS case, and the attachment can be categorized using the category “Plan” and the sub-category “Family Plan” that already exists in ICM. Each FS case has a unique identifier from which the Quality Assurance and Modelling and Analysis teams can pull reports and conduct audits on these records.
- **Important:** The MCFD Policy specifies that Family Plans should be developed collaboratively with families. A Family Plan is required for each protective FS case. The selected behaviours are the first two bottlenecks to completing Family Plans collaboratively. These behaviours align with the Strategic Framework and the latest Crook Court Decision. The Executive Director of Service (EDS) from each SDA has indicated that collaboratively completed Family Plans are a priority.
- **Sizeable:** In the Coast North Shore and South Vancouver Island SDAs there are over 800 ongoing FS cases for which several CPSWs need to complete Family Plans at least every 6 months. New FS cases are to have a Family Plan completed within 30 days.
- **Touch Points:** As MCFD employees, the project team has access and authorization from the Executive Directors of Service (EDS) to the MCFD CPSWs who are assigned FS cases within the SDAs, and we can monitor their behaviours. We also have access to the families, but chose to work with CPSWs instead of families directly due to ethical considerations (see Section I for further exploration of ethics).

Our project’s objective is to increase the completion rates of collaborative Family Plans with families by May 2021. This is to be achieved by nudging CPSWs to use a collaborative process by encouraging them to schedule a meeting with the family and use a Family Plan format that uses collaborative methodologies to complete a Family Plan. We can reach the target population of CPSWs within each of the two SDAs.

Part C. Exploratory Research

We used the following research questions to provide an assessment of which research methods were best suited for the project:

- How to create effective Family Plans in collaboration with clients?
- What creates and increases successful collaboration?
- What methods are being used to plan with families in a child protection setting?

Our research plan included both secondary and primary research. Our secondary research consisted of existing data from MCFD and conducting an academic literature review and a cross-jurisdictional scan of professional resources. Our primary research included conducting qualitative in-depth interviews.

Secondary Research

In our initial secondary research, we identified the MCFD divisions, branches and teams that had existing and up-to-date data and information about Family Plan completion rates and processes. We identified and held meetings with key MCFD partners and explored the challenges of completing Family Plans collaboratively. We reviewed historical information, ensured feasibility of the project, and identified touchpoints and possible innovations. The key partners included employees from Child Welfare Policy, Quality Assurance, Practice Division, Modelling and Analysis, Privacy, and Strategic Policy Research and Engagement teams as well as EDSs for the two SDAs participating in the study. Each person and team contributed specialized information based on their expertise and insight into what was feasible for the trial. These preliminary meetings provided an

opportunity to explore the different issues and themes relating to Family Plans, including the challenges and strengths from different perspectives. From these meetings, we developed a clear understanding of CPSW roles and how the systems within MCFD interact and function.

To further understand the behaviours of CPSWs and how BI could be used within our project, we conducted a literature review and cross-jurisdictional scan. We collected existing information about family planning in a child protection setting with priority being placed on studies from Canada and other developed countries. We found one project completed by University of British Columbia (UBC) Social Work students in partnership with MCFD that focused on Family Plans in the Vancouver/Richmond, Coast North Shore and South Vancouver Island regions (Meikle, Janjua, Pitman & Para, 2020). This study had a small sample size but provided insight into the same population as our project and looked at how current Family Plan template/tools are being used to complete Family Plans. The relevant takeaways from this report were a need for an increased awareness that the Family Plan is a collaborative tool, that MCFD should draw upon collaborative practices to facilitate family engagement, the reduction of power imbalances, and that the Family Plan tool is difficult to use and overly clinical.

Primary Research

The second phase of our research plan was our own qualitative primary research and data collection. The most appropriate qualitative method to use were semi-structured in-depth interviews, which were selected to allow for a more open-ended approach. This method was suited to understand the context, feelings, behaviours, and barriers; it provided rich insights into the CPSWs behaviours and helped answer the questions of “why” and “how” Family Plans were being completed.

To plan our in-depth interviews and have a randomly selected sample of CPSWs from the Coast North Shore and South Vancouver Island SDAs, an e-mail was sent out to all CPSWs of these SDAs that have the responsibility of completing Family Plans. The email requested voluntary and optional participation in a 1-hour interview (see Appendix I: E-mail to Social Workers inviting them to sign up for an Interview). Interested CPSWs anonymously signed up for one of the twelve available interview times using a Doodle Poll (see Appendix II: Doodle Poll for Social Workers to sign up for an interview time and instructions). At the date and time of their interview, participants accessed a Qualtrics Survey where they were asked a few questions to confirm their eligibility for the interview and to agree to the Consent Form (see Appendix III: Qualtrics Survey and Consent Form). Once the interviewee agreed to the consent form, they were linked to the interview using Skype for Business. An interview guide was developed and used to encourage free-flowing conversation that allowed us to explore interesting, relevant topics (see Appendix IV: Interview Guide). Interviews were conducted by one interviewer and two note-takers; no audio was recorded. Out of the twelve available interview times, six interview times were booked; five interviews were completed, and one interviewee was a “no show”. Interviews were conducted between February 5 and February 11th, 2021. We identified key themes, relationships, and patterns.

Findings

MCFD is committed to increasing supports for families and collaboration has become increasingly important within the child protection field. This is further explored and considered through the Crook Decision and Canadian Federal Indigenous Child Welfare Legislation - Bill C92. We found that there is limited research that looks at Family Plans specifically regarding what works to increase collaboration between CPSWs and with families. As the Family Plan was commonly described in the research as a service plan or as part of care planning for children, our research was expanded to include these terminologies.

Our primary research looked at CPSW processes, understanding, opportunities, and motivation for a change in behaviour. We confirmed the actors in our defined problem were the best population to target and identified relevant decision points and the different behaviours associated to the relevant touchpoints. We identified barriers to our problem: policy gaps, social norms, workplace culture, comprehension of the Family Plan process, motivation to complete Family Plans, and emotional aspects. This provided clarity and evidence around what would be the most effective ways to encourage CPSWs to complete collaborative Family Plans.

The following four main themes and findings from the research informed our innovation design and are discussed in detail below.

1. A strengths-based and trauma-informed approach
2. Power dynamics between families and CPSWs
3. A court decision - Increasing importance of collaboration in child protection
4. Barriers to collaboration: Procedural, client-based and CPSW-based

A Strengths-Based and Trauma-Informed Approach. Using strengths-based and trauma-informed approaches promotes an environment more apt to be collaborative. Trauma-informed practice falls under a strengths-based framework grounded in an understanding of and responsiveness to the impact of trauma. It emphasizes physical, psychological, and emotional safety for everyone, and creates opportunities for survivors to rebuild a sense of control and empowerment (Hopper, Bassuk, & Olivet, 2010). Trauma-informed practice is about being strengths-based and skill-building while applying the principles of awareness, safety, trustworthiness, choice, and collaboration. The Trauma-Informed Practice Guide was developed to inform the work of all Delegated Aboriginal Agencies (DAAs) and MCFD staff (MCFD, 2017b). To increase collaboration, CPSWs need to promote a safe and trauma-informed environment and processes by providing choices and collaboration opportunities to clients. Broader research on goal setting with clients indicates that using a strengths-based approach is most appropriate as it leads to better family engagement and service planning (Wilkins, 2016). Using SMART (Specific, Measurable, Achievable, Relevant, Timely) goals is widely acknowledged as a strengths-based best practice. It is believed that families work better when they are involved collaboratively in the process of developing a Family Plan and it is recommended that CPSWs should help guide the process about which intervention suits the family and meets the protection needs. It is said that a shared commitment helps the family make the necessary changes and commit to the plan (Schene, 2005).

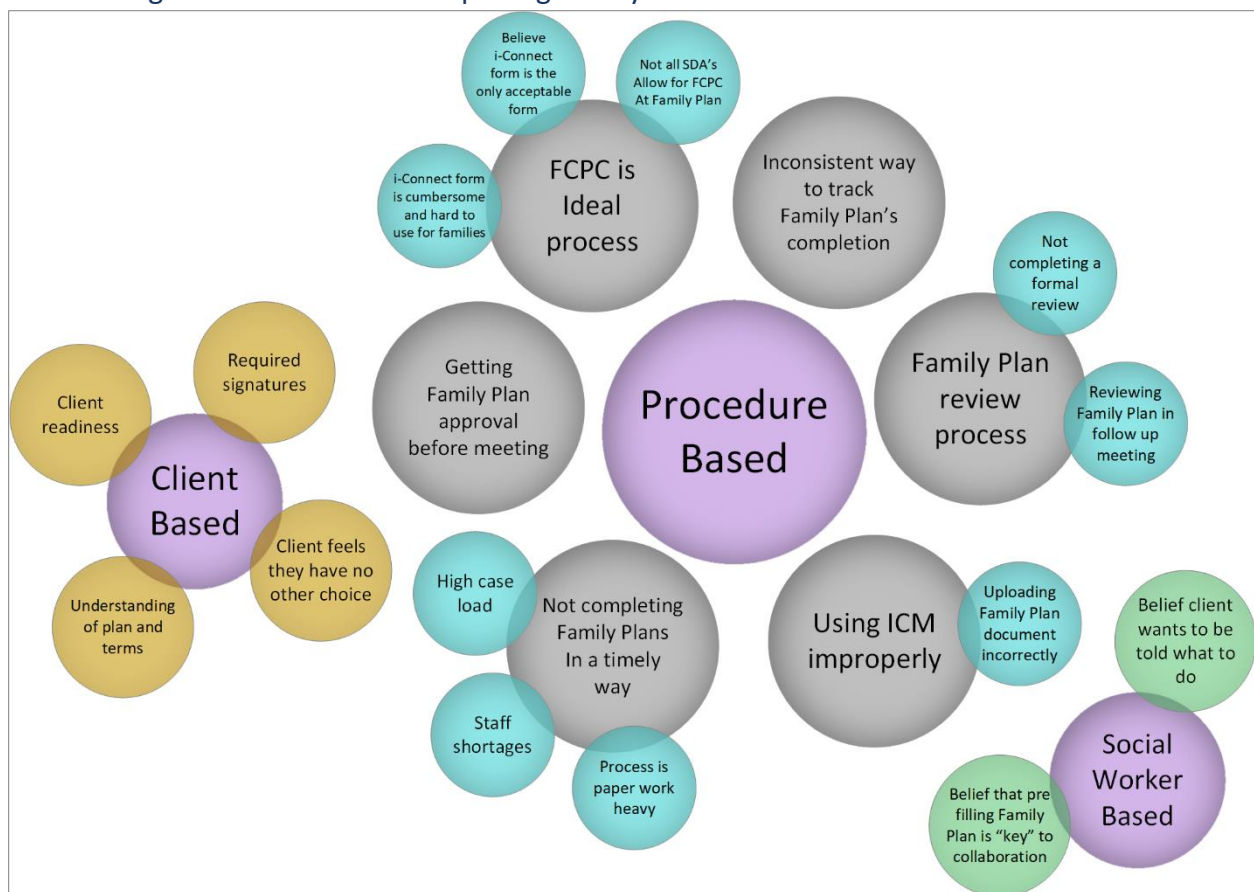
Using these approaches were considered essential by the CPSWs interviewed as well as the importance of the written Family Plan. The Family Plan process and written form was thought of as one of the most significant elements in child protection work, as it allows for the parent to know what needs to be done and to be involved in planning. It is believed that the Family Plan would better serve families if the plan and the process were completed using a strengths-based and trauma-informed approach although there was one common exception to this notion that came up in the interviews about the bottom line in the planning - as it must address the child protection concerns.

Power Dynamics Between Families and CPSWs. The research indicates that parents who collaborate with CPSWs often feel that power is held with them and not over them (Bailey, 2020). Yet, in contrast to this, others believe that power dynamics are something that parents are always aware of and cannot be rid of (Drumbrill, 2006). It has been found that the interpersonal relationship between the CPSW and parents is the strongest predictor of the family's self-report of engagement (Regional Research Institute for Human Services, 1998). Power relations have a direct impact on how parents and CPSWs collaborate, engage, and view the intervention or planning process.

A Court Decision – Increasing Importance of Collaboration in Child Protection. Collaboration with parents in family planning was found and described in the literature as engagement, cooperation, partnerships, and participation. Collaboration is a trend that has been evolving in the child protection field and one example of this comes from the Crook Decision. This court decision highlights the necessity for collaboration in planning with parents and for true agreement and input from a parent, as opposed to agreement being based on fear of repercussions. The Crook Decision set a new precedent in B.C. and top policy makers at MCFD are reconsidering how collaboration is understood by CPSWs, how to ensure best practices are being supported, and how policies are being followed.

Barriers to Collaboration: Procedural, Client-Based and CPSW-Based. The qualitative research analysis showed that there are a range of overarching behavioral factors that complicate and reduce the efficiency of CPSWs completing Family Plans collaboratively. Barriers for CPSWs completing collaborative Family Plans are both internal and external. The barriers can be broken down into three sub-categories of procedural, client-based, and CPSW-based and are further depicted in Figure 2.

Figure 2. Sub-categorized barriers for completing Family Plans.



One surprising result that emerged from the five interviews with CPSWs was that they reported they were all completing Family Plans and that the majority of these were done in collaboration with the families. This contrasted with our initial conversations and previous audit reports that indicated Family Plans are not regularly being completed, and even less so in collaboration with families. While there may be many explanations for this, we have considered our small interview sample size and self-reporting bias of CPSWs who have not completed Family Plans, as they likely would not have chosen to participate in the interview process.

Key Takeaways



















Key takeaways in each section that are supported by both the primary and secondary research include:

- A Family Plan should be created using strengths-based and trauma-informed approaches that promote an environment for collaboration.
- It is recommended that CPSWs recognize clients that may feel powerless. To decrease this feeling CPSWs should involve them in decision-making.
- There is an increasing importance of collaboration in child protection work when planning with parents. True agreement to a plan that includes the parents' input is encouraged, as opposed to being based on fear of repercussions for a parent not agreeing.
- Remove procedural barriers.

Part D. BI Solution

Based on our preliminary research, creating a Family Plan can be perceived by CPSWs as a complex and lengthy process. When conducting interviews with the five CPSWs, our findings reinforced these barriers. Alongside the preliminary findings, we found the largest subset of barriers to be procedural, with a smaller set of client and CPSW barriers. The procedural barriers included a paperwork-heavy process in a job environment that already struggles with staff shortages and high caseload numbers. The research also revealed a pattern of misunderstanding over the Family Plan review process, how completed Family Plans were tracked, and how to use ICM for uploading the completed Family Plan. There were also inconsistencies in the understanding of what is in Policy and the meaning of collaboration. To overcome this inertia in completing Family Plans collaboratively, we decided to use Implementation Intentions and Simplification, which come from the EAST Framework principles (The Behavioural Insights Team, 2014) of making changes *Timely* and *Easy*, and have received considerable research support. We created a Family Plan Worksheet and a Simplified Family Plan Form to test whether they increase the Family Plan completion rate as well as increasing collaboration when making a Family Plan. The tools also assist in helping the family to understand the process and improve their participation in engaging with MCFD. Both innovations break down the process of Family Planning into concrete steps to make it seem less daunting. Table 1 illustrates how the key takeaways from the research are incorporated into our BI innovations.

Table 1. How the key takeaways are incorporated into our BI innovations.

BI INNOVATION	WORKSHEET	SIMPLIFIED FAMILY PLAN
Simple flexible form to support CPSWs’ practice and Family’s needs.		
Trauma-informed and strengths-based language.		
A Family Plan format that can be shared ahead with the family.		
Allows for a narrative between CPSWs and parents.		
Description of what a SMART goal consists of.		
Ability to track referrals, actions, and accomplishments.		
Includes information for parents about legal counsel.		
CPSWs encouraged to book meetings and invite family supports to attend the Family Plan meeting.		
An easy-to-follow guide for the process.		
Simple language to support writing of goals and indicators.		
No requirement of a wet signature by the parent.		
Form separated into before the meeting and during the meeting to encourage a pause to include collaboration.		
Has clear review dates with ability to add notes, and additional information.		
Technical instructions for including Family Plans in ICM.		

Implementation Intentions – Family Plan Worksheet

When designing the Family Plan Worksheet (see Figure 3), we began with the principle that Implementation Intentions are based on the belief that people will better follow through if they plan and commit something to their schedule. We used Implementation Intentions to support CPSWs in scheduling a meeting time to collaborate with families to complete the Family Plan. This is done by prompting CPSWs with a new resource called a “Family Plan Worksheet” which, once completed the CPSW will attach to the Family Plan. The worksheet is a simple 2-page guide to arranging a Family Plan meeting.

Figure 3. Family Plan Worksheet indicating where BI innovations are integrated.

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FAMILY PLAN WORKSHEET

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the Child, Family and Community Service Act (CFCSA). Under certain circumstances, the collected information may be subject to disclosure as per the CFCSA Act and/or the Freedom of Information and Protection of Privacy Act. Any questions about the collection, use or disclosure of this information should be discussed with the worker involved with this agreement.

To be completed prior to the Family Plan meeting.

Parent Names: _____

Schedule the Family Meeting

Contact the family.

Help the family identify all individuals who could provide support in developing the Family Plan.

Set a meeting date.

Family meeting date: _____

Format of the meeting

In Person (book a meeting room)

Virtual (confirm with participants their capacity for technology and send out virtual meeting link)

Participants

List participants identified to attend the family meeting (Tick box for confirmed attendance)

<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

Before the Family Plan Meeting

- Review the completed Strengths and Needs Assessment and identify up to 3 priority needs.

<input type="checkbox"/> 1. Alcohol, Drug or Substance Use/Abuse	<input type="checkbox"/> 5. Mental Health/Coping Skills
<input type="checkbox"/> 2. Household or Family Relationships/Domestic Violence	<input type="checkbox"/> 6. Resource Management/Basic Needs
<input type="checkbox"/> 3. Social/Community/Cultural Support System	<input type="checkbox"/> 7. Physical Health
<input type="checkbox"/> 4. Parenting Skills/Parent's Actions towards Child	<input type="checkbox"/> 8. Other (please indicate)
- Share the Family Plan form with the family ahead of the meeting to help them understand the intent and prepare.
- Attach and Upload this completed Worksheet with the Family Plan after the meeting.

In Chapter 3 Section 3.2 and 3.6 of MCFD policy, the Family Plan has the following key components

- > The priority needs to be addressed
- > The goals, described in clear and simple terms
- > Indicators that describe what will appear different when the need is met
- > Strategies to reach goals
- > A review date
- > The [Family Plan Form CF_0634](#) may be used, but any format is admissible.

Developing a Family Plan in collaboration with the family looks like

- > Ensuring that the family participates in the planning process
- > Considering all suggestions put forth by participants in the family meeting that may help to meet the family's needs
- > Having an open, honest, and clear discussion with participants that produces SMART goals that the child/youth and family understands and agrees to
- > Ensuring that the family's ethnicity, culture, and religion are respected by creating a Family Plan that accommodates the family's particular strengths and needs.

The Family Plan & Worksheet scanned and uploaded as an attachment in ICM

Category: Plan

Sub-Category: Family Plan

The ICM Quick Reference Guides [Managing Documents and Attachments](#) covers all the steps required to add, profile and relate attachment to assessments as well as guidance on the MCFD Naming Convention Standards.

Plan for a formal review at least every six months.

Formal Family Plan Review meeting date

Notes:

The worksheet walks CPSWs through key decision points for a collaborative process and creates a plan to set-up the meeting. The very first action on the worksheet prompts the CPSW to identify and write down the meeting date and the list of participants. This is also the first step that the CPSW sees ahead of all other guidance about Family Plans, implying that the meeting would need to be scheduled before going any further with the plan. This action supports the CPSW to pre-commit to the task and presents a clear deadline of when the Family Plan meeting will occur. Having a clear deadline for the Family Plan helps the CPSW prioritize other documentation requirements and supports workload management. The resource also highlights key policy requirements and procedural information. This first intervention is to address choice overload and decision fatigue as well as provide valuable information pertaining to the creation and documentation of a Family Plan. This intervention gives CPSWs a starting point, as well as a quick reference guide for information that is needed in the process. For more details, see Appendix V: Family Plan Worksheet.

Simplification – Simplified Family Plan Form

The second BI intervention used is Simplification. Simplification states that we are more likely to perform a certain way if the process has been made easy for us. This makes up a key piece of our Simplified Family Plan Form (see Figure 4 for the current Family Plan Form and Figure 5 for the Simplified Family Plan Form). The form is a tool CPSWs can use instead of the current Family Plan form that will support the creation of a plan through the arrangement of a Family Plan meeting. The tool is designed to encourage CPSWs to spend less time developing the Family Plan alone. It supports them in creating an easy collaborative process that includes the family. The new Simplified Family Plan form is printable, easy to use, and encourages collaboration.

Figure 4. Current Family Plan Form.

BRITISH COLUMBIA Ministry of Children and Family Development **FAMILY PLAN**

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Interim Care Plan Family Plan

INCIDENT OR CASE NUMBER FOR FAMILY: _____ FAMILY NAME: _____ WORKER NAME: _____ OFFICE CODE: _____
 DATE FAMILY PLAN STARTED: _____

PARENT'S NEEDS

Top Three Priority Needs to be Addressed (list greatest need first)	Goals	Indicators	Strategies (including person(s) responsible)	Review Date
1. SN7. Physical Health				
2.				
3.				

Other Needs to be addressed in a future plan
 (Add or Delete rows as needed. Use the arrow buttons to arrange the needs, listing the greatest needs first)

CHILD'S NEEDS (Add or Delete rows as needed. Use the arrow buttons to arrange the needs, listing the greatest need first)

Show child #1 section

CHILD'S FIRST NAME: _____ CHILD'S LAST NAME: _____ CS Case Number (if applicable): _____ DATE OF BIRTH: _____

Does this child have an open CYSN case? Yes No

Needs to be Addressed (list greatest need first)	Goals	Indicators	Strategies (include person(s) responsible)	Review Date

[add another child](#)

CFR54A_03(2008) Security Classification upon completion: PERSONAL Page 1 of 3

Confirmation of Approvals

By checking this box, I as the worker responsible for developing this plan, confirm that I have reviewed the Plan with the people listed below. I confirm I have received agreement either verbally or in writing, regarding their participation in the plan and that I have provided them with a copy of the Plan.

Identify members actively involved in the Plan. Signatures from these people (if applicable) may be obtained at a later date and attached to the Incident or Case for each child or the family involved.

Name	Date Agreement Received (YYYY-MM-DD)

Prepare the Signature Page for Printing

This will populate the names from the above table into the signature page that will appear at the end of the document. NOTE: It will remove any names that are currently on that page and replace them with the names listed above.

[Populate Signature Page](#)

Note: When this Plan has been approved by the Team Leader save the original form as: cf_0634 family plan.
 Upload the newly renamed copy to ICM in the Attachments area within the Incident or Case. New plans can be created using the original form saved outside of ICM. [Click here to Save As](#)

Team Leader's Name: _____

Checking this box indicates the Team Leader approves of this Plan.

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SIGNATURES

NAME	SIGNATURE	DATE
WORKER NAME	WORKER SIGNATURE	DATE
SUPERVISOR NAME	SUPERVISOR SIGNATURE	DATE

[Print Signatures only](#)

CFR54A_03(2008) Security Classification upon completion: PERSONAL Page 3 of 3

Figure 5. Simplified Family Plan Form indicating where BI innovations are integrated.

Ministry of Children
and Family Development

**SIMPLIFIED
FAMILY PLAN**

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the Child, Family and Community Service Act (CFCSA). Under certain circumstances, the collected information may be subject to disclosure by the CFCSA and/or the Freedom of Information and Protection of Privacy Act. Any questions about the collection, use or disclosure of this information should be discussed with the worker involved with this agreement.

Family Plan Date: _____

Children Names: _____

Before the Family Plan Meeting

1. Review the completed Strengths and Needs Assessment and identify up to 3 priority needs.

<input type="checkbox"/> 1. Alcohol, Drug or Substance Use/Abuse	<input type="checkbox"/> 5. Mental Health/Coping Skills
<input type="checkbox"/> 2. Household or Family Relationships/Domestic Violence	<input type="checkbox"/> 6. Resource Management/Basic Needs
<input type="checkbox"/> 3. Social/Community/Cultural Support System	<input type="checkbox"/> 7. Physical Health
<input type="checkbox"/> 4. Parenting Skills/Parent's Actions towards Child	<input type="checkbox"/> 8. Other (please indicate)

2. Share the Family Plan form with the family ahead of the meeting to help them understand the intent and prepare.

Participants

List participants identified to attend the family meeting (Tick box for confirmed attendance)

<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

The Ministry gathers information about possible risks for children. Here are the things we are worried about for your children: *(Brief overview of incidents with specific dates and concerns)*

We have agreed the following goals, actions, and behaviours are going to help you reduce the worries and risks for your child:

We will be able to tell that you have made the changes necessary to reduce our worries when we see the following: *(Behavioural changes)*

Creating the Family Plan in collaboration allows for the family's voice to be heard, captured and for the family to contribute directly to the goals and actions of the Family Plan sections below.

- Ensuring that the family participates in the planning processes below.
- Consideration is given to the suggestions put forth by participants and family that support in meeting the family's needs.
- Ensuring that the family's ethnicity, culture, and religion are respected by creating a Family Plan that accommodates the family's particular strengths and needs.

S Specific - Be specific about what you would like to achieve

M Measurable - How will you know when you've achieved it?

A Attainable - Is this something you have control over and support?

R Realistic - Is this goal realistic and feasible to achieve?

T Time-Bound - When do you want to achieve your goal?

We look at the strengths and resources that you have to help overcome the risks mentioned above. Here is what we have noticed about you that make us think you will be able to change things so that your children safety isn't a concern.

List of Assigned Tasks and Resources *(optional)*

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

I hope this provides you with a clear understanding of the changes that need to be made and what I will be monitoring. Remember that you get to have a say in all of this; if you think we've got important things wrong, or you want to change the plan, please contact me and we'll go over things together. I will let you know if any new concerns are reported to us that might make us change the plan. I hope we can support you in making a good life for your child.

Parent(s)
By checking these boxes:

I have been advised of my rights to have the Family Plan reviewed by a trusted third party (Elder, Designated Band Representative, Chief and Council, community member, etc.), which may include legal counsel.

I understand and agree with this Family Plan.

Name of the Parent(s): _____

Social Worker
By checking these boxes:

I confirm I have received agreement from the parent(s) either verbally or in writing, regarding their participation in the plan.

I have provided the parent(s) with a copy of the plan.

Name of Social Worker completing the plan: _____

Team Leader
By checking this box:

I confirm I approve of this plan.

Name of the Team Leader: _____

Plan for a formal review at least every six months.

Formal Family Plan Review meeting date

Notes:

In Figure 4, the current Family Plan (see Appendix VI: Current Family Plan Form) has headings that include goals, indicators and strategies with no clarifying information leaving CPSWs and clients to figure out their meaning and purpose. These headings along with the small amount of space provided for filling them out were identified as barriers during our interviews with CPSWs. To create better understanding of these topics, and to encourage collaboration, we have changed the structure of these to include large boxes for free flow

narrative and plain language descriptors of what the CPSW is looking for from the family while filling out the Family Plan. CPSWs and the family can write out the plan section by section in a meeting as opposed to the CPSW doing this alone at their computers. The Simplified Family Plan (see Appendix VII: Simplified Family Plan Form) is meant to support families, encourage true agreement, and be “their” plan.

Specific features of Simplification include: the meeting date with the list of attendees; a clear format to indicate the priority needs with plain descriptive language and narrative boxes; a clear review date section; an optional *Assigned Tasks and Resources* section; and an agreement statement with checkmarks to indicate that the family, CPSW and Team Leader agree with the plan. We have included supporting information from policy and tips on how to create SMART goals. This simplifies, adds more structure to the process, and gives CPSWs examples to reduce the cognitive burdens. With this second intervention we have endeavored to remove barriers to the complexity and clinical aspects of the form and increase engagement from the family to participate in the Family Plan process.

Solutions are Appropriate and Feasible

These interventions are appropriate in addressing the problem and removing barriers for completing the desired behaviour. The solutions are appropriate and feasible as the current Family Plan form is not a mandatory form to use, any format is admissible, and we are not attempting to change policy, procedures, or any IT-related systems. This solution does not require any extra training, and in the case of the worksheet, provides a valuable resource in the absence of training. The introduction of a Family Plan Worksheet and Simplified Family Plan Form requires minimal orientation, as the worksheet and the form are designed to supplement the procedures that the CPSWs are already following. As part of our Research Design, we have included language in the outgoing communications to support Team Leaders and Practice Consultants in orienting staff to the new form and worksheet. The problem of not completing Family Plans collaboratively is identified as a priority for MCFD and through discussions with various partners within MCFD, including the Policy team who have given their approval to use these tools, we have heard evidence and desire for this type of low intrusion innovation.

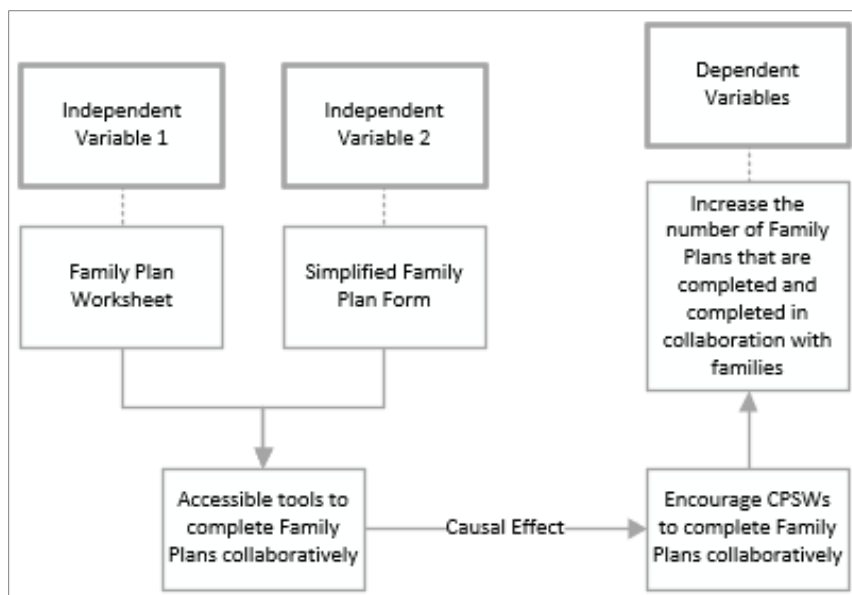
Part E. Research Design

Our hypothesis is, if we make the Family Plans more accessible for CPSWs, they will be more likely to complete plans collaboratively with families. To test this hypothesis, we have run an RCT using a 2x2 Factorial Design (see Table 2). The strength of using the Factorial Design is that it allowed us to test two independent variables and their interaction simultaneously in the same trial at the same time. The Implementation Intentions intervention (Family Plan Worksheet) and the Simplification intervention (Simplified Family Plan Form) were trialed both individually and in combination. We measured if the worksheet (independent variable 1), the form (independent variable 2), or both together motivated CPSWs to complete more Family Plans. We also measured how this affected collaboration with families. To assess our hypothesis, we measured the number of Family Plans that are completed (dependent variable 1) as well as the number of Family Plans completed in collaboration with families (dependent variable 2) (see Figure 6).

Table 2. Randomized controlled trial using a 2x2 factorial design.

	No Family Plan Worksheet	Family Plan Worksheet
No Simplified Family Plan Form	Control Group (1)	Family Plan Worksheet (2)
Simplified Family Plan Form	Simplified Family Plan form (3)	Simplified Family Plan form + Family Plan Worksheet (4)

Figure 6. Our hypothesis with our independent variables and dependent variables.



At the start of our trial there were approximately 131 CPSWs, divided into 26 teams (10 teams in the Coast North Shore SDA and 16 teams in the South Vancouver Island SDA). Each team was led by a Team Leader and represented by a 3-digit office code. It would not have been possible to monitor data if we had randomly assigned conditions to individual CPSWs. Team Leaders would have noticed different conditions assigned to different CPSWs and would not have been blinded to the trial. As a result, we randomized the sample at the ‘institutional’ team level (see Figure 7). To randomly assign each SDA’s office code to a group, we used an Excel Spreadsheet with RAND and CHOOSE/ROUNDUP/RANK functions. We ran this procedure 5 times before finalizing the results (see Table 3).

Figure 7. Structure of the SDAs with our target population of CPSWs and institutional level randomization.

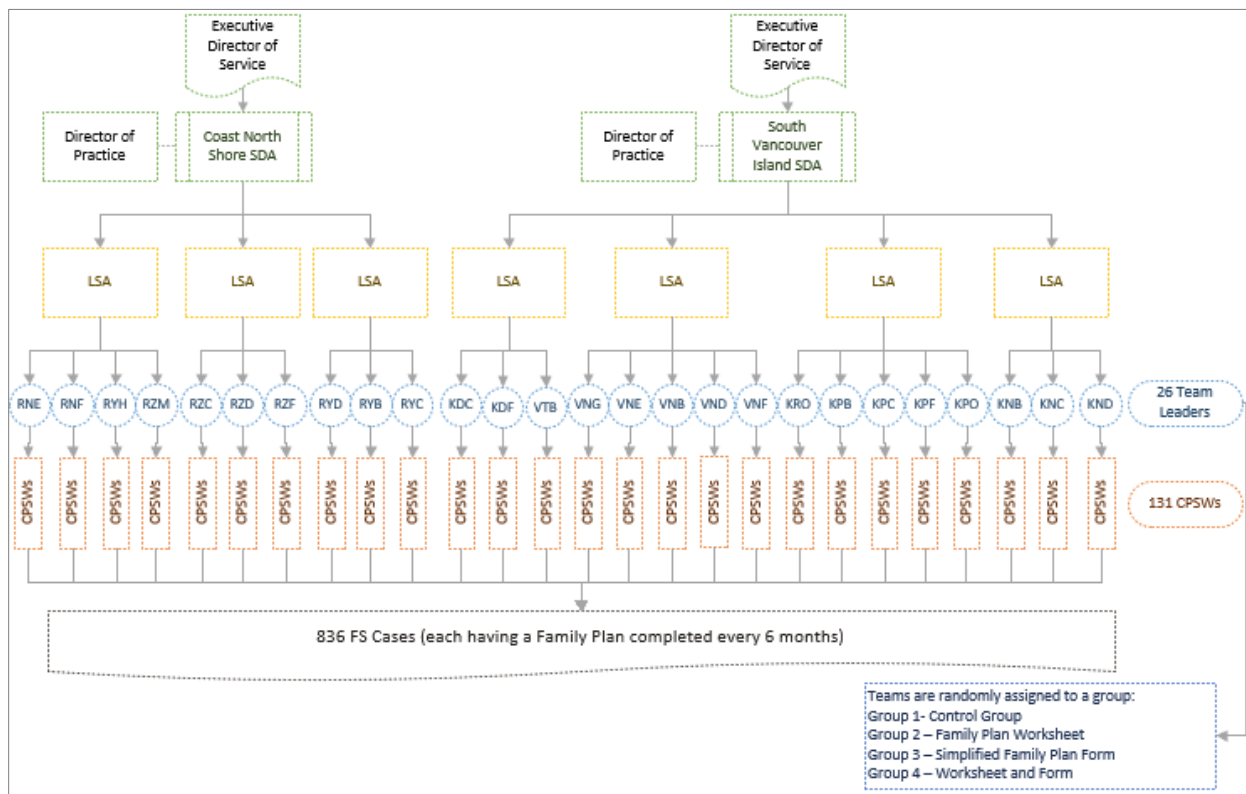


Table 3. Randomization per SDA.

Intervention Group	Coast North Shore SDA Office Codes	South Vancouver Island SDA Office Codes
Control Group (1)	RZD RZF	KDC KNB/KNC* KPF
Family Plan Worksheet (2)	RYD RZC	KDF VND/VNE* VNF
Simplified Family Plan form (3)	RNE/RNF * RYH	KND KPO VNG/VNB *
Simplified Family Plan form + Family Plan Worksheet (4)	RYB RYC RZM	KPB KPC KRO VTB
* Offices RNE/RNF, KNB/KNC, VND/VNE, VNG/VNB have one Team Leader for the two offices. In the randomization, these office codes that share one team leader have been merged to ensure they receive the same innovation.		

On March 8, 2021, to initiate the trial and introduce interventions we met with the Director of Practice (DOP) from each SDA to guide them through the trial instructions (see Appendix VIII: Trial instructions for Directors of Practice). On the same day, the DOPs sent out an e-mail to the Team Leaders assigned to Groups 2-4 as per their corresponding assigned treatment. Team Leaders in the Control Group 1 did not receive an e-mail. Team Leaders were bcc'd on the e-mail, therefore blinded to who was receiving an e-mail and blinded about which treatment they were assigned to. They were then asked to forward the e-mail to the CPSWs on their team.

Data Collection Plan

We have used different data sources to compare the findings and the mixed data collection methods have been integrated into several stages of the trial. We used a range of data collection methods to overcome the weaknesses inherent in each method when used alone. Most of the methods have been designed to be used concurrently, by having the data from one source be comparable to the other sources. This allowed us to assess the impact of each intervention on the completion of the Family Plans and Collaboration. The following are the four different ways we collected data for the trial.

Tracking Spreadsheet. Near the end of the trial, on April 12, 2021, the DOP sent out an Excel tracking spreadsheet to Team Leaders and requested them to track Family Plan completion as a one-time only task. The tracking sheet was pre-populated with known information about open FS cases (case number, assigned caseload, assigned CPSW, open date, SDA name, LSA name, office code name). Team Leaders were instructed to complete the spreadsheet in a Team Meeting with the CPSWs by entering the following information for each case with the help of drop-down menus: 1) date of last completed Family Plan; 2) how the last Family Plan meeting was conducted; 3) how the last Family Plan was written; and 4) if applicable, reason why the last Family Plan was not completed (see Appendix IX: Instructions to Team Leaders). The teams had 3 weeks to complete the spreadsheet and return it to the DOP. Using the spreadsheet allowed the gathering of post-trial data directly from the population of interest about the frequency of Family Plans completed and the collaboration aspect for each Family Plan. By including the office codes and FS case numbers, it allowed us to compare results with other datasets. The limitation of this report is that it is self-reported data and as we have learned in our interview research, in prior periods CPSWs reported Family Plans were completed in nearly all cases and that the majority of these were done in collaboration with the families.

MAIM Reports. The MAIM report provides information from ICM for each open FS case as to whether there is an attachment that is a Family Plan. The coding “Family Plans” means that the FS case has an attachment uploaded in ICM under “Plan” and subcategorized as “Family Plan”. The limitation of this report is that having a “Family Plan” within this data only means that the FS case has an attachment uploaded. We cannot tell if the document is actually a Family Plan, if it is completed, if it is completed in collaboration, and the date of the plan. Furthermore, the report does not speak to whether there is a Family Plan that could be located elsewhere in ICM, in a physical file, or not named Family Plan. The report was pulled from ICM on four occasions: 1) October 27, 2020 to inform the feasibility of this study; 2) March 7, 2021 for pre-trial data; 3) March 29, 2021 for mid-trial data; 4) April 18, 2021 for post-trial data. The report allowed us to compare results on the count of Family Plans at different points in time and compare results. Since the report includes office codes and FS case numbers, it allowed us to compare results with other datasets.

Post-Trial Survey. On April 19, 2021, the DOP sent out an-email to Team Leaders asking them to forward the e-mail to their CPSWs requesting feedback on Family Plans through a Qualtrics Survey (see Appendix X: Post-Trial Survey). A reminder e-mail to complete the survey was sent out to CPSWs on April 22, 2021 and the survey concluded on April 26, 2021. The Survey collected information about Family Plan completion rates, collaboration, and CPSWs’ opinions about the specific innovations to which they were assigned. Data collected from the survey included office codes which allowed us to compare results with other datasets.

Quality Assurance Mini-Audit Reports. The Quality Assurance Team ran a pre-trial and post-trial mini-audit in our 2 SDAs on the FS19 Measure “Developing the Family Plan with the Family” of the Audit Tool. To receive a rating of “achieved” on the FS19 Measure, the FS case must contain a completed Family Plan form (or its equivalent) and be developed in collaboration with the family. The pre-trial audit consisted in looking at all new open FS cases between December 1, 2020 and January 31, 2021. The post-trial audit consisted in looking at all new open FS cases between March 1 and April 15, 2021. The mini-audit assessed information that was contained in ICM only (not physical files) to determine whether:

- 1) there is a Family Plan completed or not within 30 days as per Policy;
- 2) the Family Plan is completed in collaboration or not;
- 3) the Family Plan is approved by the Team Leader or not;
- 4) the Simplified Family Plan was used; and/or
- 5) the Family Plan Worksheet was used.

There was no data collected one month prior to the trial starting. This was to ensure that a clear break occurred before the start of the trial. The mini-audit allowed for us to collect specific data about Family Plans completion rates, the collaboration aspect for each case, and the use of the innovations tools. Data collected from the mini audit included office codes which allowed us to compare results with other datasets.

Part F. Research Results

We have analysed each of our four datasets both individually and then in combination. This was to test our hypothesis about whether CPSWs completed Family Plans at a higher proportion depending on their condition: Control, Worksheet, Form, or Worksheet and Form.

MAIM Reports. To complete a first analysis, we assessed the MAIM report pulled on March 7, 2021. This report showed 831 open FS cases with 359 of them having an attachment under “Family Plan”, which equates

to 43%. The report pulled on April 18, 2021 showed 827 open FS cases with 378 of them having an attachment under “Family Plan”, which equates to 46%: an increase of 3%. We analysed if open FS cases on March 7, 2021 that did not have an attachment under “Family Plan” had an attachment under “Family Plan” on April 18, 2021 and compared Group Conditions. We can see in Table 4 that Group 4 that was assigned the Worksheet and the Form had the greatest increase of 8%. There were no noticeable differences between Groups 1 to 3.

Table 4. The mean proportions of attachments under “Family Plan” on April 18, 2021, among files missing one on March 7, 2021, by condition.

		Proportion of newly added attachments.
Group Conditions	Control (Group 1)	.04 (.20)
	Worksheet (Group 2)	.03 (.17)
	Form (Group 3)	.04 (.19)
	Worksheet + Form (Group 4)	.08 (.27)

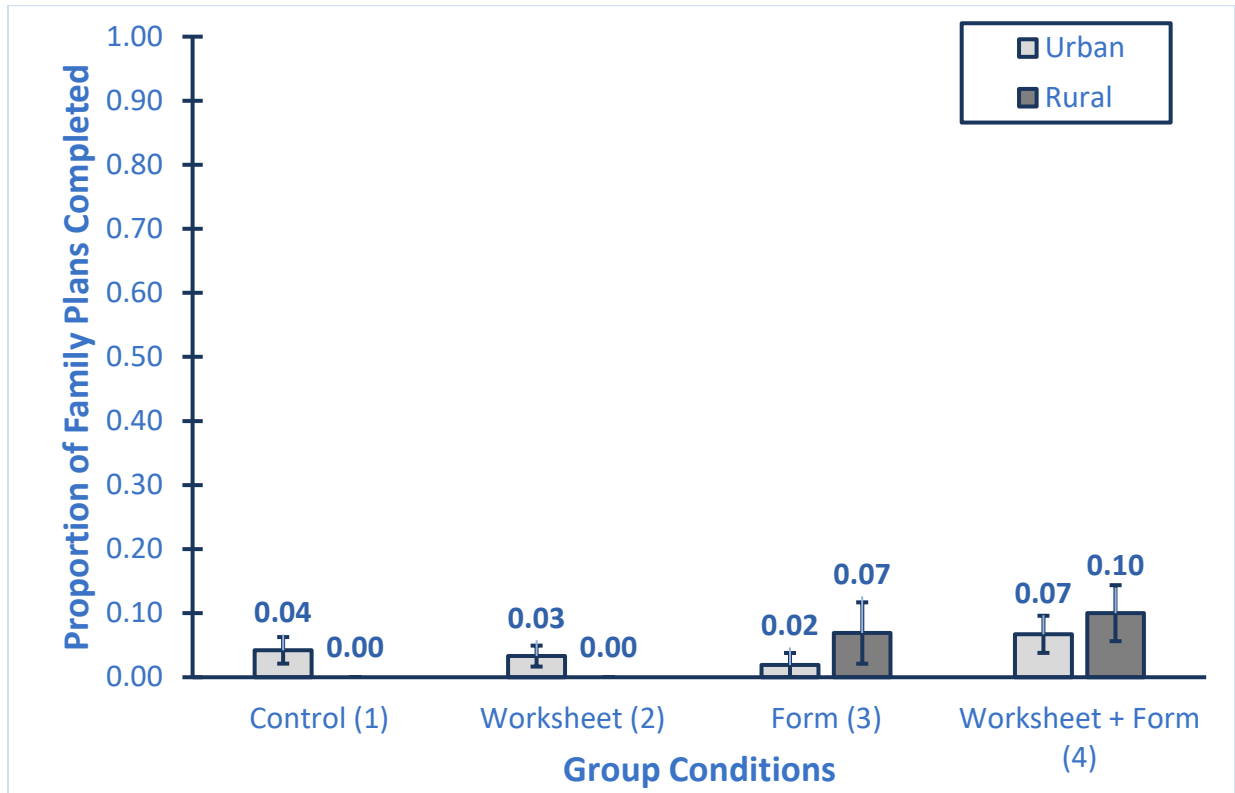
We examined the effect of rural or urban setting as the Coast North Shore SDA has more rural offices than the South Vancouver Island SDA (see Table 5). Despite randomization, Groups 3 and 4 had more rural offices and consequently Group 3 had the smallest Family Plan sample size as it included the remote locations of Bella Coola and Bella Bella. This is because randomization took place at the team level, and some teams were larger than others.

Table 5. Randomization per SDA with urban and rural offices.

Group Conditions	Coast North Shore SDA Office Codes	South Vancouver Island SDA Office Codes
Control Group (1)	RZD – Urban RZF - Urban	KDC – Urban KNB – Rural KNC - Urban KPF - Rural
Family Plan Worksheet (2)	RYD - Rural RZC - Urban	KDF – Urban VND/VNE - Urban VNF - Urban
Simplified Family Plan form (3)	RNE/RNF - Rural RYH - Rural	KND – Urban KPO – Urban VNG/VNB - Urban
Simplified Family Plan form + Family Plan Worksheet (4)	RYB -Rural RYC – Rural RZM - Urban	KPB – Urban KPC – Urban KRO – Rural VTB - Urban

We hypothesized that inclusion of small rural offices may have possibly affected the results in Group 3 due to a lower proportion of Family Plans completed, lower staffing, and higher workloads. However, upon a closer look, the rural areas had a higher proportion of attachments under "Family Plan" on April 18, 2021 (see Figure 8). It would be of interest to break out urban vs. rural offices to see if this is a consistent pattern. It is also worth noting that to launch our trial an e-mail was sent to Groups 2, 3 and 4. That e-mail included information about scanning and attaching the completed Family Plan into the ICM system under “Family Plan”. It is not clear in our data the effect that e-mail may have had, specifically on Group 4 who had the biggest increase. Therefore, we cannot say with certainty why Group 4 is more effective but distinguishing between rural and urban areas suggests there is value in further exploration.

Figure 8. The mean proportions of attachments under “Family Plan” on April 18, 2021, among files missing one on March 7, 2021, by condition and comparing urban and rural offices. Error bars indicate +/- one standard error of the mean.

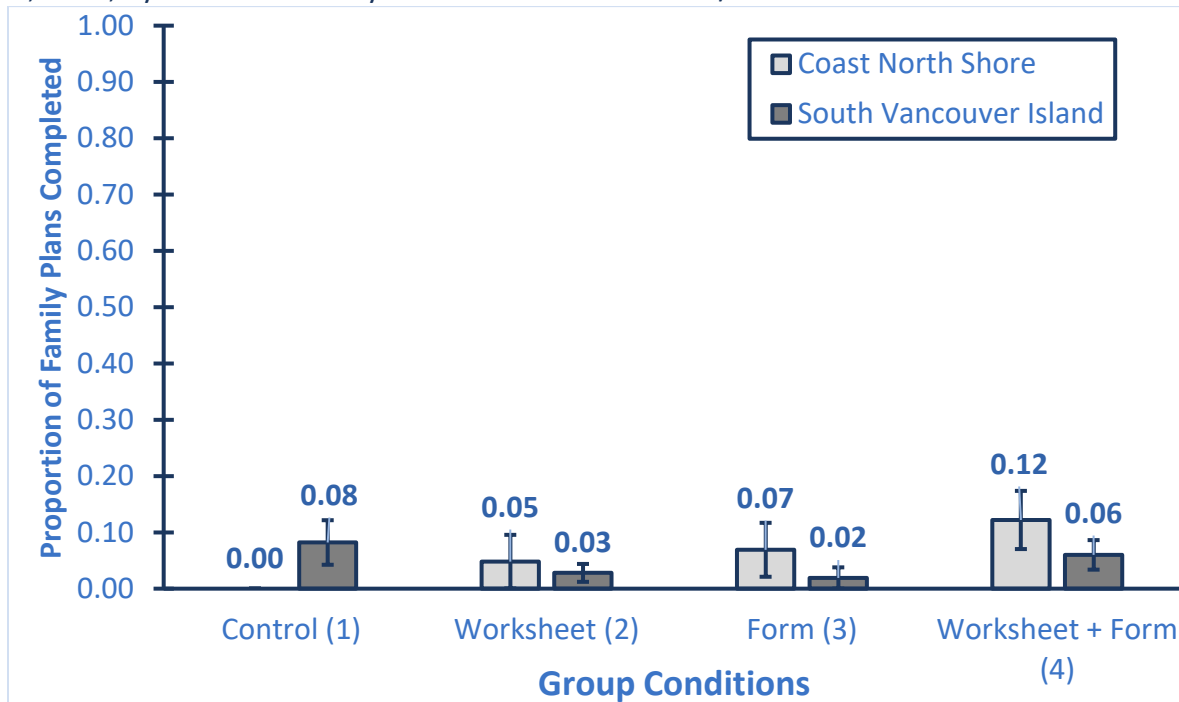


Furthermore, we analysed if open FS cases on March 7, 2021 that did not have an attachment under “Family Plan” had an attachment under “Family Plan” on April 18, 2021 and compared Group Conditions by SDA. We can see in Figure 9 that the Coast North Shore SDA had greater completion of Family Plans if they were in one of the Intervention Groups, compared to the Control Group who did not complete any.

To assess if there was an impact of the Worksheet, the Form, or the Worksheet and the Form we ran a 2-factor Analysis of Variance (ANOVA) on the completion of Family Plans using the mean proportion of new attachments under “Family Plan” on April 18, 2021. Results show that there was not a significant main effect for the Worksheet treatment, $F(1, 433) = 0.74, p = .389$. There was not a significant main effect for the Simplified Family Plan treatment, $F(1, 433) = 1.28, p = .259$. And there was not a significant interaction, $F(1, 433) = 1.58, p = .209$. The effect size for these analyses ($\eta^2 = 0.002, 0.003, \text{ and } 0.004$) were found to be very small in each case.

It is worth noting that the MAIM report does not record if the attachment under “Family Plan” is actually a Family Plan, if it is completed thoroughly and/or in collaboration with families, and if it has been completed within 30 days of a FS case being open and reviewed at least every 6 months. Also, this data set does not consider if the FS case was open for a non-protective matter which means that a Family Plan would not need to be completed. In a future trial we would also need to consider this aspect.

Figure 9. The mean proportions of attachments under “Family Plan” on April 18, 2021, among files missing one on March 7, 2021, by condition and by SDA. Error bars indicate +/- one standard error of the mean.

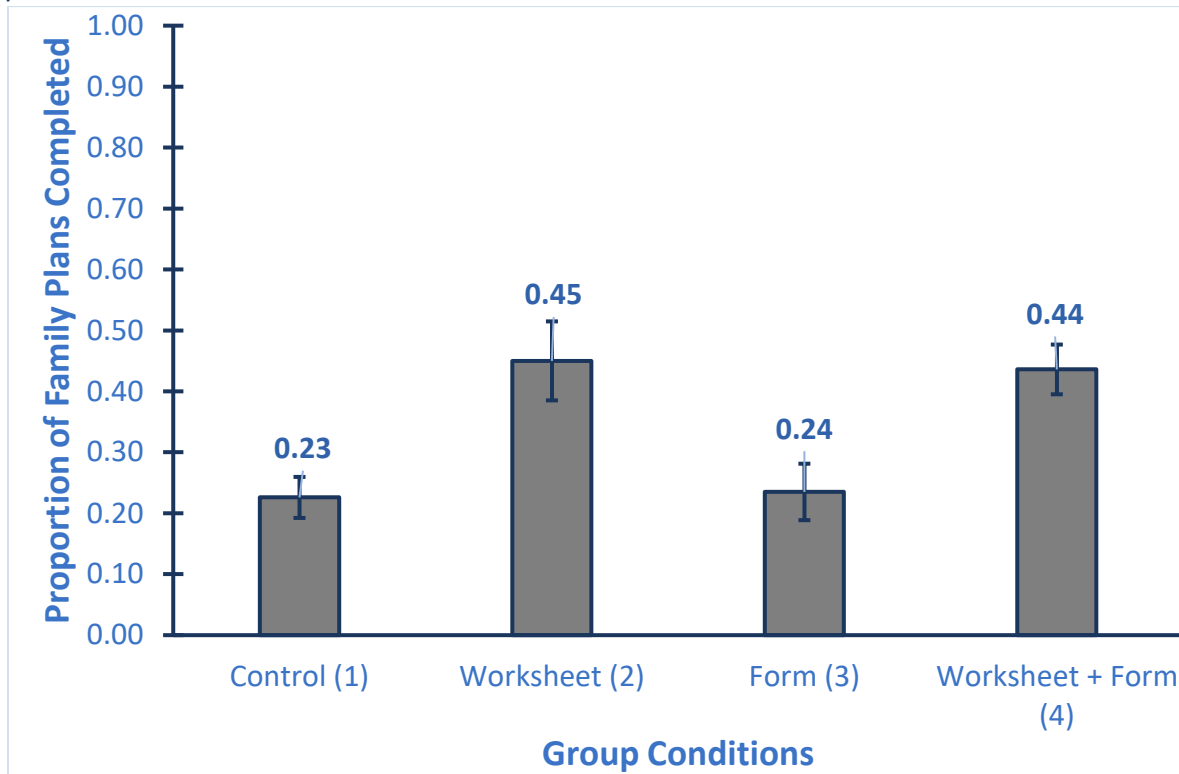


Tracking Spreadsheet. Due to the complication with the MAIM report, we analysed the data from the Excel Spreadsheet filled out by the Team Leaders. There were 881 FS cases open as of April 7, 2021. We received completed data on 523 FS cases (all 10 Teams of the Coast North Shore SDA and 9 out of 16 Teams in the South Vancouver Island SDA). Out of the 523 responses, 11 cases were reported needing to be closed and 62 were reported to be for non-protective matters, and therefore not included in our analysis. Overall, we received 452 responses that were analysed.

Out of the 452 cases, 301 were reported to have a Family Plan completed, which equates to 67%. However, only 147 of them were completed within the last 6 months, which equates to 33%. When comparing conditions across those 452 cases (see Figure 10), Group 1 and Group 3 had the lowest rate with 23% and 24%, and there was not much difference between Groups 2 and 4 with 44% and 45%. We speculated that the reasons why Group 3 was the lowest of the Intervention Groups was due to its disproportionate number of rural offices. Furthermore, the high proportion of completed Family Plans in the Worksheet Group and the Worksheet and Form Group could be attributed to the self-reporting nature of this data set as we have not been able to find a clear explanation.

We have also completed an analysis on initial Family Plans to be completed within 30 days of a FS case being open. This analysis is similar to the Quality Assurance mini-audit report that looks at initial Family Plans completed and provides us a better opportunity to compare the self-reporting data with the Quality Assurance audit data. We looked at FS cases that were open between February 9 and April 7, 2021 to see if a Family Plan was completed within 30 days of the case being open. We have removed any Family Plans that were completed before the beginning of the trial on March 8, 2021 from our analysis. The sample size for this analysis is quite small with only 36 FS cases (Control Group n=7, Worksheet Group n=2, Form Group n=16, and the Worksheet & Form Group n=11). More data would need to be collected to complete this analysis over a longer period of time to achieve a sample size of at least 25 per condition.

Figure 10. The mean proportion of Family Plans completed within the last 6 months, by condition. Error bars indicate +/- one standard error of the mean.



To answer our research question and assess the impact of the Worksheet, Form or the Worksheet and the Form we ran an Analysis of Variance (ANOVA) test to compare their effect on the completion of Family Plans using the mean proportion of Family Plans completed within the last 6 months of the report. Results show that there was a highly significant main effect for the Worksheet treatment, $F(1, 445) = 20.597, p < .001$. There was not a significant main effect for the Form treatment, $F(1, 445) = 0.002, p = .964$. And there was not a significant interaction, $F(1,445) = 0.062, p = .804$. The effect size for these analyses ($\eta^2 = 0.044, 0.000004671, \text{ and } 0.000138$) were found to be very small in each case. It is noted that there is a highly significant main effect of the Worksheet treatment; further data needs to be analysed over a longer period of time to understand this effect.

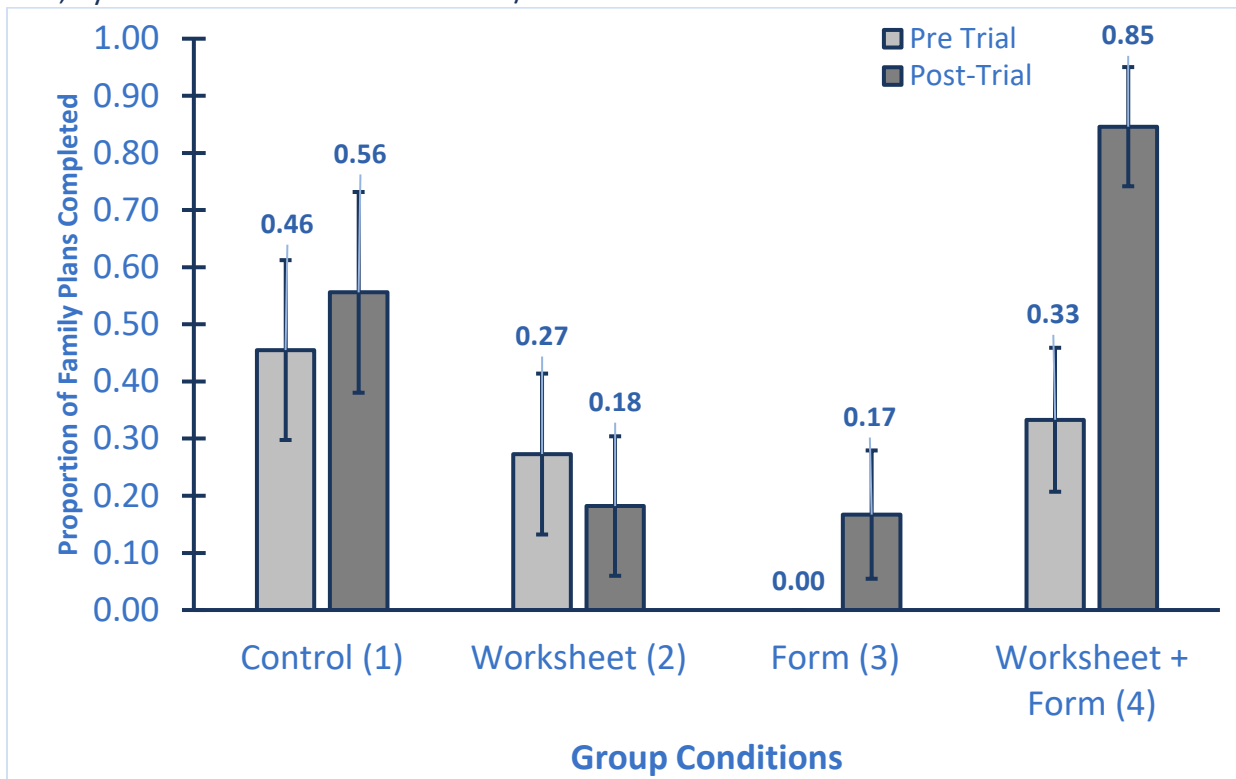
With the data from the self-reported Excel Spreadsheet, we have also analysed if CPSWs completed Family Plans in collaboration at a higher proportion depending if they were in the Control Group or one of the 3 Intervention Groups. Based on the self-reported data, on average CPSWs complete Family Plans in collaboration with families 94% of the time. Group 4 had the lowest collaboration rate with 87% (see Appendix XI).

Quality Assurance Mini-Audit Reports. Next, we analysed the pre- and post-trial Quality Assurance Audit Report. The pre-trial Report looked at FS cases that were opened in both SDAs between December 1, 2020 to January 31, 2021; had been transferred to an FS social worker in ICM; and had no less than 30 days of FS service prior to March 8, 2021 (the start date of the pilot project). The pre-trial test sample of FS cases contained 47 records that met the above criteria (35 from South Vancouver Island and 12 from Coast North Shore). The pre-trial compliance rate of Family Plans completed in collaboration with families was 28%. The post-trial report looked at FS cases that were opened in both SDAs between March 1, 2021 to April 15, 2021; had been transferred to an FS social worker in ICM; and had no less than 30 days of FS service after March 1, 2021. The post-trial test sample of FS cases contained 45 records (33 from South Vancouver Island and 12

from Coast North Shore). The post-trial compliance rate of Family Plans completed in collaboration with families was 44%. To receive a rating of “achieved”, the record contained a completed initial family plan form or its equivalent and was developed in collaboration with the family.

We compared pre- and post-trial results between condition (see Figure 11): Group 4 (assigned the Worksheet and the Form) had the greatest increase of 52%. Group 3 (assigned the Form) had an increase of 17% (it is noted that Group 3 had 0% compliance pre-trial). We also note that the Control Group had an increase of 10% and the Group 2 (assigned the Worksheet) had a decrease of 9%.

Figure 11. The mean proportion of Family Plans completed in collaboration with the family pre-trial vs. post-trial, by condition. Error bars indicate +/- one standard error of the mean.



To assess if there was an impact of the Worksheet, the Form, or the Worksheet and the Form we ran a 2-factor Analysis of Variance (ANOVA) on the completion of Family Plans using the mean proportion of Family Plans completed. Results show that there was not a significant main effect for the Worksheet treatment, $F(1, 41) = 1.466, p = .233$. There was not a significant main effect for the Simplified Family Plan treatment, $F(1, 41) = 1.190, p = .282$. But there was highly significant effect on the interaction, $F(1, 41) = 17.394, p < .001$. The effect size for these analyses ($\eta^2 = 0.035, 0.028, \text{ and } 0.298$) were found to be very small in the first two cases but had a large effect size on the interaction.

From the look of the confidence intervals, the specific comparison between the pre- and post-trial data in the Group 4 Worksheet and Form condition is clearly significant. The pre- and post-trial comparison in the Group 3 Form condition is probably significant. The differences in Group 1 and 2 are not meaningful and are likely to be due to chance. The audit only looked at information located in the ICM system and the effect on the Control Group may be due to the intervention e-mail that provided best practices on how to scan and attach the Family Plan to ICM.

The sample size for this analysis is quite small with only 47 FS cases pre-trial (Control Group n=11, Worksheet Group n=11, Form Group n=10, and the Worksheet & Form Group n=15) and 45 FS cases post-trial (Control Group n=9, Worksheet Group n=11, Form Group n=12, and the Worksheet & Form Group n=13). More data would need to be collected to complete this analysis over a longer period of time to achieve a sample size of at least 25 per condition.

Post-Trial Survey. Finally, we have analysed our post-trial survey results. The survey was completed 31 times. Only one survey respondent indicated using the new Simplified Family Plan form, however, they also reported having completed zero Family Plans in the same time frame, so data was null. Due to no one indicating the use of the innovation tools, we were not able to collect feedback on the tools. No further analysis could be completed using this data set.

Despite having collected various data on the completion of Family Plans, our analyses have not resulted in clear conclusions about whether either or both of our innovations had an impact on CPSWs' behaviour and the completion of Family Plans. While our analysis shows a small increase in the number of Family Plans being completed, results are not significant on our data sets that have a larger sample size (MAIM report and Excel Spreadsheet). The results only have a highly significant result on the audit report, which has a very small sample size. The MAIM data only shows where a Family Plan has been uploaded into an ICM file and not if it was completed in collaboration, or even the quality of the Family Plan. Also, it does not speak to whether there is a Family Plan that could be located elsewhere in ICM or in a physical file. We also do not have a start date for the pre-trial data in the MAIM report, creating an unequal comparison between pre- and post-trial due to differing time intervals.

The Tracking Spreadsheet data could potentially be biased due to the self-reporting nature of the data. The very large collaboration rate report within that data is likely due to this self-reporting and mirrors our findings at the beginning of our study with our qualitative interviews. We believe some of this can be attributed to a misunderstanding of the review process for Family Plans as well as a misinterpretation of what collaboration means to MCFD social workers. Finally, our qualitative survey data indicates that at least 31 people reported that they did not trial the new tools, a good indicator that the tools themselves were not a strong enough nudge to increase collaboration in Family Plans. Another uncertainty about the data is that we do not have a confirmation that Team Leaders forwarded the e-mail to launch the trial to their CPSWs, which makes it even harder to assess any impact.

Part G. Recommendations

Through our study, we did not find clear evidence that the Worksheet, the Form, or the combination of the two tools can be effective to motivate CPSWs to complete Family Plans in collaboration with families. However, we found our study to have some limitation. The data we have collected reflects the impact of our innovations over a 6-week period. We don't believe that a 6-week period allowed for a true test of the effectiveness of the innovations as they were not in the field long enough to have produced any conclusive results. While a small shift may be seen in some areas with an increase of Family Plans being completed, without a longer time frame and the ability to look at Family Plans over several 30-day life cycles, it is hard to say what could be causing the increase. Also, we don't have a thorough understanding of what influenced the small shift. The shift could have been due to the innovations, the intervention e-mail that provided best practices on how to scan and attach the Family Plan to ICM, or the sudden focus on the importance of Family Plans. Data would need to be collected over a longer period of time and the following additional factors should be considered:

- FS cases that are open for a non-protective matter do not need a Family Plan completed and they should be clearly identified to be eliminated from the analysis;
- only assess Initial Family Plans that are to be completed within 30-day of a case being open;
- obtain a confirmation that the nudge has been distributed to the population of interest; and
- consider Urban vs. Rural in the randomization to assess if there is a difference between the two.

A key takeaway is that CPSWs self-report of their completion rate of Family Plans is high, approximately 67%. Comparatively, when we look at the completion rate from a policy perspective, the completion rate of Family Plans is very low, 27% as per the pre-trial audit report and 44% as per the post-trial audit report. It is clear there is a gap between the CPSWs' perspective and the policy's perspective regarding the completion of Family Plans. A greater understanding of this gap is needed. A nudge would need to highlight key policy requirements and procedural information with a user-friendly format that uses trauma-informed language to remove barriers to the complexity and clinical aspects of the form. While many Family Plan formats are admissible as per policy, as we know, CPSWs experience cognitive and social constraints and are overwhelmed with choice overload and decision fatigue. Tools are needed to reduce cognitive burdens and facilitate the Family Plan process.

Based on the data we have collected and the conclusions from our analyses, we would recommend continuing the trial in the current two SDAs, leaving the innovations in the field longer, and continuing to pull data. This would enable CPSWs and Team Leaders a longer time frame to adapt to the new tools, give them greater opportunity to use them, and a chance to track the completion of Family Plans over 30-day cycles. If this recommendation is adopted, we would recommend that further Quality Assurance mini-audits be conducted as they provide more accurate data about Family Plans and where conclusions can be made. We would recommend not relying on the MAIM Report and the Tracking Spreadsheet further as there are too many uncertainties and limitations with these data sets. We would recommend a new time frame of three months (three 30-day cycles) after which further data analysis can be conducted and recommendations re-evaluated.

Another recommendation could be to begin a new trial with a different SDA that would take place for a longer duration of time and would consider the additional factors as stated above. If this course of action is taken, the Scope-RIDE-Scale Model for Behaviour Shift would need to be reviewed to consider any specifics for this SDA and to identify other potential nudges aimed at CPSWs completing Family Plans collaboratively. As our research has shown, when self-reporting, CPSWs consider themselves to be very collaborative. Scoping would include more research into what collaboration looks like to both MCFD and CPSWs and work to find the discrepancies to aid in targeting the right MIST behaviour to achieve better results. We may find that we need to target a new actor entirely, such as the Team Leader. In our trial we used the Directors of Practice to deliver the innovations to the field. We may want to do an analysis in the field on who would have the greatest impact when delivering a message and have them deliver the innovations, one example may be the Policy Team. We may also need to find other data sources that prove to have more consistency for measuring outcomes of collaboration in Family Plans. This may involve engaging with higher-level Executives for brainstorming and endorsement. This buy-in from Executives could also help to bring more SDAs onside to participate in a larger trial.

As we know, increasing collaboration is a priority for MCFD. If a new BI trial is not an option, we would recommend messaging from Executive leadership about the meaning of collaboration, how Family Plans should be completed, including specifics about the review process and providing awareness to staff on completion rates of Family Plans. When conducting in-depth interviews with CPSWs across our target SDAs, it

became apparent that the collaboration outcome we were looking for was not the same as defined by CPSWs and there was a lack of awareness about the low completion rate of Family Plans.

At this point in time, the Quality Assurance mini-audit has only a very small sample size from which to draw conclusions, and we have not measured any of the longer-term outcomes that may have occurred from the trial. The SDAs who participated in the trial are some of the first to leverage the power of BI and use an RCT to produce better data and evidence-based results. It is recommended that MCFD continue to trial projects to find solutions to challenges CPSWs face within the child protection field.

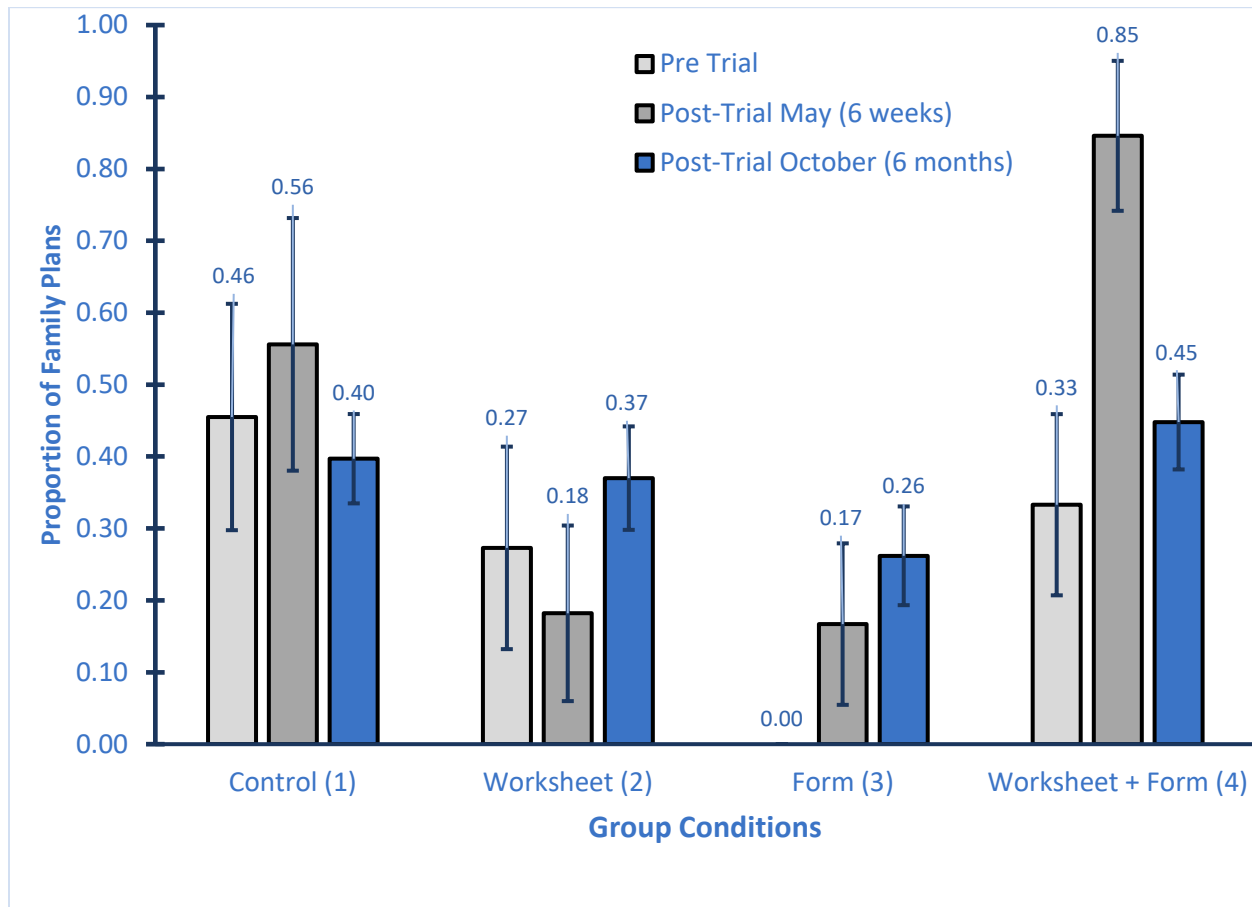
Part H. Updated Research Results November 2021

As per our recommendations from our research analysis submitted in June 2021, we have continued the family plan trial in the two SDAs. We have left the innovations in the field longer and continued to pull data. The Quality Assurance Team ran another post-trial mini audit in the two SDAs on the FS19 Measure “Developing the Family Plan with the Family” of the Audit Tool and looked at a 6-month period from March 1, 2021 to August 31, 2021.

Quality Assurance Mini-Audit Reports. Our initial analysis consisted of the pre- and post-trial Quality Assurance Audit Report. The pre-trial Report looked at FS cases that were opened in both SDAs between December 1, 2020 to January 31, 2021; had been transferred to an FS social worker in ICM; and had no less than 30 days of FS service prior to March 8, 2021 (the start date of the pilot project). The pre-trial sample of FS cases contained 47 records that met the above criteria (35 from South Vancouver Island and 12 from Coast North Shore). The pre-trial compliance rate of Family Plans completed in collaboration with families was 28%. The post-trial report looked at FS cases that were opened in both SDAs between March 1, 2021 to April 15, 2021; had been transferred to an FS social worker in ICM; and had no less than 30 days of FS service after March 1, 2021. The post-trial sample of FS cases contained 45 records (33 from South Vancouver Island and 12 from Coast North Shore). The post-trial compliance rate of Family Plans completed in collaboration with families was 44%. To receive a rating of “achieved”, the record contained a completed initial family plan form or its equivalent and was developed in collaboration with the family. The new post-trial October report looked at FS cases that were opened in both SDAs between April 16, 2021 and August 31, 2021 and had no less than 30 days of FS service after April 16, 2021. This sample of FS cases contained 164 records. The new post-trial October report results were merged with the post-trial data received in May to cover a 6-month overview period (March 1 to August 31, 2021). This increased the sample size to 209 FS cases (Control Group n=63, Worksheet Group n=46, Form Group n=42, and Worksheet & Form Group n=58). The compliance rate of Family Plans completed in collaboration with families in this new post-trial October 6-month report was 38%. Of the 209 records, 79 were rated “achieved” and 130 were rated “not achieved”.

We compared pre- and post-trial results across conditions (see Figure 12): Group 3 (assigned the Form) had the greatest increase of 26% (it is noted that Group 3 had 0% compliance pre-trial). Group 4 (assigned the Worksheet and the Form) had an initial increase of 52% after 6-week trial but this number decreased over time and had an overall increase of 12%. Group 2 (assigned the Worksheet) had an initial decrease of 9% after the 6-week trial and this number increased over time to an overall increase of 10%. Lastly, our Control Group who had an initial increase of 10% after 6-week trial and this number decreased over time to an overall decrease of 6%.

Figure 12. The mean proportion of Family Plans completed in collaboration with the family pre-trial, post-trial May (6 weeks), and post-trial October (6 months), by condition. Error bars indicate +/- one standard error of the mean.



To assess if there was an impact of the Worksheet, the Form, or the Worksheet and the Form we ran a 2-factor Analysis of Variance (ANOVA) on the completion of Family Plans using the mean proportion of Family Plans completed in the post-trial October (6 months) results. Results show that there was not a significant main effect for the Worksheet treatment, $F(1, 205) = 1.367, p = .244$. There was not a significant main effect for the Simplified Family Plan treatment, $F(1, 205) = 0.171, p = .680$. And there was not a significant main effect on the interaction, $F(1, 205) = 2.464, p = .118$. The effect size for these analyses ($\eta^2 = 0.007, 0.0008163, \text{ and } 0.012$) were all found to be very small.

All group conditions that were provided with an innovation tool (the Worksheet, the Form or both Worksheet and the Form) had an overall increase in the completion of Family Plans over a 6-month period. The Control Group is the only group condition who had a decrease in the completion of Family Plans. It is noted that the audit only looked at information located in the ICM system and Family Plans could be located elsewhere like in the physical file.

One of our recommendations was to obtain a confirmation that the nudge had been distributed to the population of interest. As our Post-Trial Survey conducted in April 2021 provided null results, we attempted to gather feedback on Family Plans through a facilitated discussion with each team assigned to Group Conditions 2, 3 and 4. Practice Consultants contacted each Team Leader to schedule a time where feedback on Family Plans would be gathered using a MURAL board. The MURAL board allowed for each CPSW to provide feedback anonymously. Through this process, Practice Consultants realised that some teams had never received the nudge as the teams reported that they had never seen either innovation. It has been noted that even though

the e-mail was sent to the team's Team Leader, the Team Leader failed to forward the e-mail to their CPSWs. Our research design did not include collecting data that would confirm that the nudge had been distributed to the population of interest. The Post-Trial Survey process provides a strong suggestion and a reasonable chance that some teams were not sent the trial information email. Nevertheless, Practice Consultants were able to capture feedback from two teams. Below are the reported pros and cons on the innovations.

Pros:

- Like the space to formalize the protection concerns.
- A client reported this to be the best family plan experience.
- Lawyers reported knowing right away what the protection concerns were.
- Better format and more user-friendly language.
- More space to write text.
- The form outlines everything to be done which is nice.
- Clients have reported that they like seeing it all laid out in front of them and the ability to speak about strengths first.

Cons:

- Does not make the process easier (either for the worker or the family).
- Difficult to sign, as it does not allow for signature.
- Do not like the language used.
- Do not find the form strength-based.
- Does not capture what families have done/accomplished, people forget, plans are a working document.
- Would prefer a tab in ICM to input, change/add, and print.
- Prefer a form that auto-populates.
- Longer form, not necessarily "simplified".
- The word "simplified" should be removed as Family Plans are not simple.
- CPDM could be mentioned in these forms either as a reminder or a check box (Referral for CPDM - if needed)?

Part I. Updated Recommendations November 2021

Through our study, we did not find clear evidence that the Worksheet, the Form, or the combination of the two tools can be effective to motivate CPSWs to complete Family Plans in collaboration with families. While a small shift is seen, it is hard to say what could be causing the increase. Our study did not provide a thorough understanding of what impacted the small shift. The shift could have been due to the innovations, the intervention e-mail that provided best practices on how to scan and attach the Family Plan to ICM, or the sudden focus on the importance of Family Plans.

Based on the data we have collected and the conclusions that have transpired from our analysis, we would recommend a new trial with a different SDA that would consider the following additional factors:

- FS cases that are open for a non-protective matter which do not need a Family Plan should be clearly identified to be eliminated from the analysis;
- only assess Initial Family Plans that are to be completed within 30-day of a case being open;
- obtain a confirmation that the nudge has been distributed to the population of interest; and
- consider Urban vs. Rural in the randomization to assess whether there is a difference between the two.

The Scope-RIDE-Scale Model for Behaviour Shift would need to be reviewed to consider any specifics for this SDA and to identify other potential nudges aimed at CPSWs completing Family Plans collaboratively. As our research has shown, when self-reporting, CPSWs consider themselves to be very collaborative. Scoping would include more research into what collaboration looks like to both MCFD and CPSWs and work to find the discrepancies to aid in targeting the right MIST behaviour to achieve better results. We may find that we need to target a new actor entirely, such as the Team Leader. In our trial we used the Directors of Practice to deliver the innovations to the field. We may want to do an analysis in the field on who would have the greatest impact when delivering a message and have them deliver the innovations, the Policy Team, for example. We may also need to find other data sources that prove to have better consistency for measuring outcomes of collaboration in Family Plans. This may involve engaging with higher-level Executives for brainstorming and endorsement. This buy-in from Executive leadership could also help to bring more SDAs onside guaranteeing participation in a larger trial.

As we know, increasing collaboration is a priority for MCFD. If a new BI trial is not an option, we would recommend messaging from Executive leadership about the meaning of collaboration in reference to how Family Plans should be completed, including specifics about the review process. We would also have them provide awareness to staff on completion rates of Family Plans. When conducting in-depth interviews with CPSWs across our target SDAs, it became apparent that the collaboration outcome we were looking for was not the same as defined by CPSWs and there was a lack of awareness about the low completion rate of Family Plans.

The SDAs who participated in the trial are some of the first to leverage the power of BI and use an RCT to produce better data and evidence-based results. It is recommended that MCFD continue to trial projects to find solutions to the challenges CPSWs face within the child protection field.

Part J. Discussion of BI & Research Ethics

Our research was designed and conducted following strong ethical principles. All project team members completed the TCPS 2: CORE training. All research activities that required interaction with participants were completed online due to COVID-19. Qualitative Research and Research Design Plans were reviewed by our UBC project advisor Dale Griffin and approved by the MCFD Research Approval and Ethics Review process to ensure an ethical process was followed. The research plans included permitted activities and requirements in the approved UBC Behavioural Ethics Research Board Protocol.

Treating Participants Fairly, Respectfully, and Professionally

All interviews included the designated consent form template (see Appendix III), no identifying information was collected from participants and no vulnerable populations were used. Each interview had an introduction section that included a land recognition, informed consent, and a statement that their participation was optional and voluntary. In this section we informed participants about data privacy, confidentiality and how the information was going to be used and shared. Interviewers used warm-up questions, built rapport, used

appropriate body language, avoided leading or closed-ended questions and kept personal opinions in check. Our questions used trauma-informed language that was culturally appropriate and respectful.

With MCFD Executive Directors of Service acting as sponsors of this project, we ensured that CPSWs felt they had full autonomy over their participation during the recruitment process. This was to mitigate the risk of their participation being construed as a necessary part of their employment. To avoid these concerns, the interviews were voluntary and included clear exit points for ending or leaving the interview at any time. We protected the privacy and confidentiality of interviewee data by ensuring this was stored on a closed SharePoint Site that was only accessible by the project team. Using our interview guide we ensured that participation in interviews posed no risks to the CPSWs.

Avoiding Biased Interpretation & Data Tampering

To safeguard the in-depth interview results from bias we mindfully remained neutral to see what was in the data and not interpret data as to what we want to see. We ensured that we planned enough time for transcription and analysis of the data. Regarding the generalizability of data, we were vigilant in our data evaluation and how we made claims. As an example, our sample of five CPSW interviewees do not represent the entire population, and we did not draw conclusions that claimed this. We did not tamper with data in our analysis to meet our needs. We have also pre-registered our data with As Predicted, see Appendix XII.

Nudging for Good & Allowing Freedom of Choice

As BI practitioners we are choice architects, meaning we design BI solutions that influence the choices of decision-makers, the CPSWs. Our solution encouraged a behaviour that could benefit the CPSWs, but they had the freedom to make the final decision over their behaviour. CPSWs maintained the choice to not use the innovations or collaborate in making Family Plans. This is no different from the current situation, where unless they are specifically directed by their team leaders to do so, it remains optional.

Vulnerable Populations

Our BI solution focused on the behaviours of CPSWs as opposed to the clients. This honors the power imbalances and places more accountability for action and change within MCFD. There are enough CPSWs across the SDAs of interest that allowed for a sizeable and statistically significant measurement. By focusing on CPSWs increasing collaboratively completed Family plans, we focused on improving the outcomes of children and families involved with MCFD. The courts, policies, parents, and community agencies have advocated for and said that being further involved creates greater support for families and better long-term plans for the children.

Benefit vs. Harm

We considered the potential harm of encouraging CPSWs to collaborate with clients and the many different situations CPSWs often face. Meeting with clients could pose safety risks to the workers so we ensured CPSWs did not feel pressure to hold meetings that are potentially dangerous. It was important to make note that this was an optional innovation and that they could still receive a Team Leaders approval to use other available collaborative options. These other options included working with a client's lawyer, or a client's support person. The benefits of encouraging collaboration did outweigh the potential harms in this case.

Publicity Principle

Most CPSWs understand why it is best practice to include parents' perspectives in planning to mitigate concerns and would choose to do this. We acknowledged that sometimes having different opinions and perspectives can be challenging to adjust to, but in general, CPSWs agree that if better plans support better outcomes for children and families, then we should be collaborating and including families in the planning

process. We feel comfortable sharing the trial with participants and the public, although this was done after the trial to avoid any effects on the trial. Our report will be shared with the MCFD Research Approval and Ethics Review team and will be posted on their SharePoint to be accessed by staff and other researchers. Other opportunities to share this report will be sought.

Evidence Base and Scaling

The data collection plan and research design protocol to test our BI solution consisted of an RCT. The BI intervention is based on data gathered from the research phase and was considered an insight solution that may or may not work. The solution did not guarantee a bull's eye, and to be ethical, we tested our insights to learn what works best before considering scaling. The benefits of using RCTs were that they are easy to incorporate into a Research Design Plan, they provide evidence of the effectiveness of the intervention and reduce risks, they do not cost a lot of money, and they are ethical as the intervention may benefit CPSWs as well as children, youth and families who receive child protection services.

Conflicts of Interest

During our trial, a member of our sponsorship team changed roles and became a Team Leader in the Coast North Shore SDA. We spoke to our advisor and sought advice on whether to keep this team in the trial and in what capacity as the Team Leader would now be aware of our Research Plan. We considered if this would be a conflict for running the trial with her previous knowledge of the project, innovations and discussed maintaining the integrity of our data. It was decided that the team could remain in the trial and this would be considered when evaluating data and be mentioned as part of our report to ensure transparency. Our data analysis did not reveal this to have impacted our data.

Part K. Project Reflections

Limitations

Our project was very specific to CPSWs within MCFD who use a specific Family Plan tool. Across the province there are thirteen MCFD SDAs and our project was conducted with only two SDAs. The project sponsors and project leads in these two SDAs were very interested in the completion of collaborative Family Plans, which may not be the case in other regions. It is challenging to identify how this would influence CPSWs and if it affected their behaviours. Another limiting aspect of the project is that we may have introduced a potential nudge by sending an introductory e-mail with our innovations. Through our 1:1 interviews it became apparent that there were different practices for uploading Family Plans into the ICM system. In our data collection plan, we had planned to pull a report based on how Family Plans were scanned and attached into ICM. To launch our innovations, the process included sending an e-mail to each Treatment Group to introduce the innovation tools. As part of this e-mail, we added instructions for properly scanning and attaching the Family Plan into ICM. The email may have filled a knowledge gap and contributed to the behaviour change, but it was not noted in our data analysis. There were also some limitations with our datasets and further considerations would be needed if we continue to gather data or if we would run a trial in a new SDA.

Challenges

Throughout the project we had two project sponsors. This was important as having two SDAs participate in the study gave us a sufficient sample size for the trial. We were challenged with finding a time where both executives and team members were available for us to present and discuss the project. This caused some delays with our project approval timeline which had a cascading effect on other tasks and approvals. To manage this barrier, we briefed the sponsors individually to obtain their approval and move the project forward. Following this, we had to have our study approved by the MCFD research team. Without this approval, we could not launch the next phase of our project, our qualitative interviews. We faced more delays

with our research approval, pushing our timelines into our qualitative research planning delaying our 1:1 interviews. What helped us in overcoming these challenges was the amount of time we had spent on scoping and planning the project. We had identified our key project deliverables, milestones, and dependencies with sufficient time for each task. We were able to be flexible, re-adjust our project timelines, and identify strategies to mitigate the barriers to avoid stalling the project

Lessons Learned

Our lessons learned from the project are that the more time you spend on planning and scoping, the greater chance your project will run smoothly. Also, when creating a workplan, ensure there is more time than you anticipate for each task. This allowed us to be flexible to re-adjust the timelines when faced with challenges instead of jeopardizing the entire project. As part of the planning, collaborate and engage with as many partners as you can think of to collect information about the problem and have them weigh in on the importance of it. As you gather information, immediately start drafting your Project Charter to help you assess the scope, key deliverables, risks, resources, key milestones, and approval due dates. This allowed us to define the feasibility of the project and supported decision-making from our sponsors. Another key aspect was identifying a project champion. We had two excellent Directors of Practice who championed the project in each SDA and supported the project team in getting timely approvals. Finally, our team consisted of members with diverse knowledge, skills, and experience, which contributed to a fuller understanding of the problem and produced realistic innovative ideas. The team highlighted and used each other's strengths and there were clear roles and responsibilities shared throughout the project.

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Appendices

Appendix I: E-mail Inviting Social Workers to Sign up for an Interview

Dear Social Workers,

Our Service Delivery Area (SDA) is participating in a Behavioural Insights project with the University of British Columbia's Sauder School of Business. The internal research team is listed below and consists of three staff members who are studying how to apply Behavioural Insights to improve the fairness, efficiency, and impact of processes in the public sector. This project stems from previous research done in our SDA regarding how we create Family Plans with clients. The project team is conducting personal interviews in your area and we would like to gather your insights into the process used by child protection social workers in completing Family Plans. By participating, you can help improve services to the families and children we serve, and improve processes used by child protection social workers.

We would be most grateful for your voice in this research process if you meet the following criteria:

- You are a child protection social worker working in the Coast North Shore or South Vancouver Island SDA.
- You are responsible for completing Family Plans (Family Services, Intake, or Generalist Social Worker).

(Note that you do not need supervisor approval to participate, please just ensure that you are available for the interview time you select.)

Your participation in the interviews is voluntary and all information will be kept anonymous. There is a maximum number of participants and the interviews will be up to 60 minutes each although we have created blocks of 90 minutes to allow time for you to review the consent forms and deal with any technical issues that may come up.

To sign up to participate in the interview, follow the Doodle hyperlink provided below. All responses will be kept confidential by the project team and no identifying information will be collected. The project team will use the results to inform process and service improvements in completing Family Plan. Follow the Doodle link and indicate "taken" next to an available date and time. Other participants will be able to see when a date and time is taken, no other information about you will be available to them.

Sign up now: https://doodle.com/poll/sx57zxw8mk26ceca?utm_source=poll&utm_medium=link

Once you have selected an available time in the Doodle Poll

- Please make note of the date and time of your interview in your calendar as you will not be provided with a calendar invite for confidentiality purposes.
- Copy the attached interview instructions in your calendar.

Any questions about the interviews or technical difficulties should be directed to the Project Team, Caroline Grenier, Erin Crowley, and Kelsie Wright, who can be reached at Erin.Crowley@gov.bc.ca.

Thank you for considering this important request. We know you all have very busy schedules, and we appreciate your time.

Sincerely,

Terry Lejko, Director of Practice - Coast North Shore

Selena Chang, Practice Development Consultant – Provincial Practice Branch

John Yakielashek, Director of Practice – South Vancouver Island

On behalf of Walter Serraglio and Pamela Miller, Executive Director of Services Coast North Shore and South Vancouver Island SDAs.

Appendix II: Doodle Poll for Social Workers to Sign Up for Interviews

Hello!

Thank you for volunteering to participate in the Family Plan In-Depth Interviews.

Instructions:

- Please select an available date/time for your interview in the calendar below.
- For confidentiality, indicate “taken” next to an available date and time.
- Please make note of the date and time of your interview in your calendar as you will not be provided with a calendar invite for confidentiality purposes.
- Review and copy the interview instructions that were included in the e-mail that sent by your Director of Practice.

If available times are not ideal for you or if you have any questions, please contact MCFD employee Erin Crowley at Erin.Crowley@gov.bc.ca .

Thank you,

The Project Team
Erin Crowley, Caroline Grenier, Kelsie Wright

Once you have selected an available time in the Doodle Poll

- Please make note of the date and time of your interview in your calendar as you will not be provided with a calendar invite for confidentiality purposes.
- Copy the following interview instructions in your calendar.

At the date and time of your interview (copy this information in your calendar):

- Access the Qualtrics link as above: https://ubcbusiness.qualtrics.com/jfe/form/SV_6Q2g1PCt4AaAM7k
- When accessing the Qualtrics link, you will be asked a few questions to identify that you are a Child Protection Social Worker from the Coast North Shore or South Vancouver Island SDA and to agree to the consent form by clicking “Yes, I agree with the consent form”.
- Once you have agreed with the consent form, you will be provided with the link to the Skype interview.

MCFD Family Plan Study

Start of Block: Default Question Block

Q1 Are you a staff member working in the Coast North Shore or South Vancouver Island Service Delivery Area (SDA)?

Yes (1)

No (2)

End of Block: Default Question Block

Start of Block: Block 1

Q5 Are you a Child Protection Social Worker (Family Services, Intake, Generalist) completing Family Plans in your SDA?

Yes (1)

No (2)

End of Block: Block 1

Start of Block: Block 2

Q6 Welcome! A project team is conducting a study on behalf of the Ministry of Children and Family Development. This study is being conducted as part of a Behavioural Insights class project at the University of British Columbia Sauder School of Business.

For this study, you will participate in a virtual interview using Skype (link provided to you upon given your consent). The interview should take approximately 60 minutes. Your answers will be confidential, and no identifying information will be collected. You may withdraw from the interview at any time by closing the Skype window. Data will be stored on the ministry secured SharePoint Site for a period of at least six months.

If you have any questions or concerns, you may contact any of the following:

Student Project Team:

Erin Crowley, erin.crowley@gov.bc.ca

Caroline Grenier, caroline.grenier@gov.bc.ca

Kelsie Wright, kelsie.v.wright@gov.bc.ca

Advising Professor: Dale Griffin, dale.griffin@sauder.ubc.ca

Principal Investigator (PI): David J. Hardisty, david.hardisty@sauder.ubc.ca

If you have any concerns about your rights as a research participant and/or your experiences while participating in this study, contact the Research Participant Complaint Line in the UBC Office of Research Ethics at 604-822-8598 or if long distance e-mail RSIL@ors.ubc.ca or call toll free 1-877-822-8598. Clicking the button below indicates that you consent to participate in this study.

Do you give your consent to be interviewed by members of an MCFD research project?

Yes (1)

No (2)

End of Block: Block 2

Start of Block: Block 6

Q16 Without providing your consent to participate in the interview you cannot be connected to the interview room. Thank you for participating in the MCFD Family Plan Study.

End of Block: Block 6

Appendix IV: Interview Guide

Welcome, Introductions, Consent and Warm-up questions

- Territorial acknowledgement, introductions and thank them for taking the time to meet with us.
- Explain the purposes of interviews
 - We are speaking with CPSW of the Coast North Shore and Vancouver/Richmond SDAs to understand the Family Plans process.
- Explain considerations for privacy and consent.
 - Your participation is optional and voluntary
 - Your privacy is important to us
 - Anything you share with us will be anonymous and will be combined with what we hear from other people
 - We will be taking notes, but no audio will be recorded
 - Please feel free to be open and honest
 - The information will be gathered and analysed, and the results will be used to inform process and service improvements to the Family Plan.
- Warm-up and “Getting to know them”
 - Tell me about your social work background.
 - Describe your current role as a CPSW with the MCFD.
 - How long have you been working with the MCFD?

General background questions to understand how the interviewee perceives the problem.

- What do you think about when we say Family Plans?
- What is your understanding of the process for completing a Family Plan?
 - Describe to me in your own words how you complete a Family Plan.
 - How often do you complete Family Plans?

Questions to help identify and describe the problem behaviours as well as target behaviours.

- What do you think the value of completing the Family Plan is?
- What are the good and bad point of completing Family Plans?
- What do you think are some of the barriers to completing Family Plans?
 - What prevents you or others from completing Family Plans?
- What does collaboration with families look like in the completion of Family Plans?
 - What prevents you from collaborating with families to complete Family Plans?
 - What supports you in collaborating with families to complete Family Plans
- How do you use the Family Plan form that is available on our intranet iConnect?
 - If you are not using it, what format do you use?
- What do you like about the Family Plan format you use?
- What is challenging about the Family Plan format you use?

Questions that will help identify and describe barriers to the target behaviour.

- How do you go about establishing family goals to address child protection concerns?
- How is the family involved in establishing goals?
- How do you know families are supportive of the goals created?
- What works well when establishing family goals?
- What is challenging about establishing family goals?

Questions that will help identify touchpoints with the population of interest.

- What kind of information are you receiving about completing Family Plans?
- How do you receive information about completing Family Plans?
- What training/support is available for completing Family Plans?
- What training/support is available to establish goals?
- What resources do you access to complete Family Plans?

Questions that will help generate ideas for potential BI solutions.

- Describe to me a situation when a family was successful in addressing child protection concerns?
 - What process was used to ensure the family was successful in addressing the concerns?
 - What, if anything, prevents you from using this process with families?
- In an ideal world with no constraints, what would be your ideal process to develop Family Plans be?
- What supports and/or resources do you feel you need to complete Family Plans?

Last Thoughts

- Is there anything else you would like to share?
- Thank you for your time and participation!



The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Child, Family and Community Service Act* (CFCS Act). Under certain circumstances, the collected information may be subject to disclosure as per the CFCS Act and/or the *Freedom of Information and Protection of Privacy Act*. Any questions about the collection, use or disclosure of this information should be discussed with the worker involved with this agreement.

To be completed prior to the Family Plan meeting.

Parent Names: _____

Schedule the Family Meeting

- Contact the family.
- Help the family identify all individuals who could provide support in developing the Family Plan.
- Set a meeting date.

Family meeting date: _____

Format of the meeting

- In Person (book a meeting room)
- Virtual (confirm with participants their capacity for technology and send out virtual meeting link)

Why is Collaboration important?

Creating the Family Plan in Collaboration with families is an opportunity for the family and all other participants to contribute directly to the goals of the Family Plan.

Participants

List participants identified to attend the family meeting (Tick box for confirmed attendance)

- | | |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Before the Family Plan Meeting

1. Review the completed Strengths and Needs Assessment and identify up to 3 priority needs.

- | | |
|---|---|
| <input type="checkbox"/> 1. Alcohol, Drug or Substance Use/Abuse | <input type="checkbox"/> 5. Mental Health/Coping Skills |
| <input type="checkbox"/> 2. Household or Family Relationships/Domestic Violence | <input type="checkbox"/> 6. Resource Management/Basic Needs |
| <input type="checkbox"/> 3. Social/Community/Cultural Support System | <input type="checkbox"/> 7. Physical Health |
| <input type="checkbox"/> 4. Parenting Skills/Parent's Actions towards Child | <input type="checkbox"/> 8. Other (please indicate) |

2. Share the Family Plan form with the family ahead of the meeting to help them understand the intent and prepare.

3. Attach and Upload this completed Worksheet with the Family Plan after the meeting.

In Chapter 3 Section 3.2 and 3.6 of MCFD policy, the Family Plan has the following key components

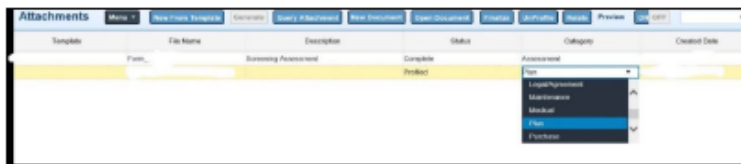
- The priority needs to be addressed
- The goals, described in clear and simple terms
- Indicators that describe what will appear different when the need is met
- Strategies to reach goals
- A review date
- The [Family Plan Form CF 0634](#) may be used, but any format is admissible.

Developing a Family Plan in collaboration with the family looks like

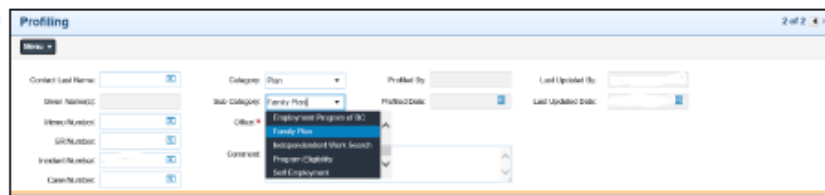
- Ensuring that the family participates in the planning process
- Considering all suggestions put forth by participants in the family meeting that may help to meet the family's needs
- Having an open, honest, and clear discussion with participants that produces SMART goals that the child/youth and family understands and agrees to
- Ensuring that the family's ethnicity, culture, and religion are respected by creating a Family Plan that accommodates the family's particular strengths and needs.

The Family Plan & Worksheet scanned and uploaded as an attachment in ICM

Category: Plan



Sub-Category: Family Plan



The ICM Quick Reference Guides [Managing Documents and Attachments](#) covers all the steps required to add, profile and relate attachment to assessments as well as guidance on the MCFD Naming Convention Standards.

Plan for a formal review at least every six months.

Formal Family Plan Review meeting date

Notes:

Appendix VI: Current Family Plan Form



BRITISH COLUMBIA

Ministry of Children and Family Development

FAMILY PLAN

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Child, Family and Community Service Act* (CFCS Act). Under certain circumstances, the collected information may be subject to disclosure as per the CFCS Act and/or the *Freedom of Information and Protection of Privacy Act*. Any questions about the collection, use or disclosure of this information should be discussed with the worker involved with this agreement.

Interim Care Plan Family Plan

INCIDENT OR CASE NUMBER FOR FAMILY: FAMILY NAME: WORKER NAME: OFFICE CODE:

DATE FAMILY PLAN STARTED:

PARENT'S NEEDS

Top Three Priority Needs to be Addressed (list greatest need first)	Goals	Indicators	Strategies (including person(s) responsible)	Review Date
1. SN7. Physical Health				
2.				
3.				

Other Needs to be addressed in a future plan (Add or Delete rows as needed. Use the arrow buttons to arrange the needs, listing the greatest needs first)				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CHILD'S NEEDS (Add or Delete rows as needed. Use the arrow buttons to arrange the needs, listing the greatest need first)

Show child #1 section

CHILD'S FIRST NAME: CHILD'S LAST NAME: CS Case Number (if applicable): DATE OF BIRTH:

Does this child have an open CYSN case? Yes No

Needs to be Addressed (list greatest need first)	Goals	Indicators	Strategies (include person(s) responsible)	Review Date
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

[add another child](#)

Confirmation of Approvals

- By checking this box, I as the worker responsible for developing this plan, confirm that I have reviewed the Plan with the people listed below. I confirm I have received agreement either verbally or in writing, regarding their participation in the plan and that I have provided them with a copy of the Plan.

Identify members actively involved in the Plan. Signatures from these people (if applicable) may be obtained at a later date and attached to the Incident or Case for each child or the family involved.

	Name	Date Agreement Received (YYYY-MM-DD)
+ -		

Prepare the Signature Page for Printing

This will populate the names from the above table into the signature page that will appear at the end of the document. NOTE: It will remove any names that are currently on that page and replace them with the names listed above.

[Populate Signature Page](#)

Note: When this Plan has been approved by the Team Leader save the original form as: cf_0634 family plan.



Upload the newly renamed copy to ICM in the Attachments area within the Incident or Case. New plans can be created using the original form saved outside of ICM.

[Click here to Save As](#)

Team Leader's Name

- Checking this box indicates the Team Leader approves of this Plan.

SIGNATURES

NAME	SIGNATURE	DATE	 
WORKER NAME	WORKER SIGNATURE	DATE	
SUPERVISOR NAME	SUPERVISOR SIGNATURE	DATE	

Print Signatures only



The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Child, Family and Community Service Act* (CFCS Act). Under certain circumstances, the collected information may be subject to disclosure as per the CFCS Act and/or the *Freedom of Information and Protection of Privacy Act*. Any questions about the collection, use or disclosure of this information should be discussed with the worker involved with this agreement.

Family Plan Date: _____

Parent Names: _____

Children Names: _____

Before the Family Plan Meeting

1. Review the completed Strengths and Needs Assessment and identify up to 3 priority needs.

- | | |
|---|---|
| <input type="checkbox"/> 1. Alcohol, Drug or Substance Use/Abuse | <input type="checkbox"/> 5. Mental Health/Coping Skills |
| <input type="checkbox"/> 2. Household or Family Relationships/Domestic Violence | <input type="checkbox"/> 6. Resource Management/Basic Needs |
| <input type="checkbox"/> 3. Social/Community/Cultural Support System | <input type="checkbox"/> 7. Physical Health |
| <input type="checkbox"/> 4. Parenting Skills/Parent's Actions towards Child | <input type="checkbox"/> 8. Other (please indicate) |

2. Share the Family Plan form with the family ahead of the meeting to help them understand the intent and prepare.

Participants

List participants identified to attend the family meeting (Tick box for confirmed attendance)

- | | |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

The Ministry gathers information about possible risks for children. Here are the things we are worried about for your children: *(Brief overview of incidents with specific dates and concerns)*

Priority Needs

Creating the Family Plan in collaboration allows for the family's voice to be heard, captured and for the family to contribute directly to the goals and actions of the Family Plan sections below.

- Ensuring that the family participates in the planning processes below.
- Consideration is given to the suggestions put forth by participants and family that support in meeting the family's needs.
- Ensuring that the family's ethnicity, culture, and religion are respected by creating a Family Plan that accommodates the family's particular strengths and needs.

S Specific - Be specific about what you would like to achieve

M Measurable - How will you know when you've achieved it?

A Attainable - Is this something you have control over and support?

R Realistic - Is this goal realistic and feasible to achieve?

T Time-Bound - When do you want to achieve your goal?

Strengths

We look at the strengths and resources that you have to help overcome the risks mentioned above. Here is what we have noticed about you that make us think you will be able to change things so that your children safety isn't a concern.

Goals

We have agreed the following goals, actions, and behaviours are going to help you reduce the worries and risks for your child:

Indicators

We will be able to tell that you have made the changes necessary to reduce our worries when we see the following: *(Behavioural changes)*

List of Assigned Tasks and Resources *(optional)*

- _____
- _____
- _____
- _____
- _____
- _____

I hope this provides you with a clear understanding of the changes that need to be made and what I will be monitoring. Remember that you get to have a say in all of this; if you think we've got important things wrong, or you want to change the plan, please contact me and we'll go over things together. I will let you know if any new concerns are reported to us that might make us change the plan. I hope we can support you in making a good life for your child.

Parent(s)

By checking these boxes:

- I have been advised of my rights to have the Family Plan reviewed by a trusted third party (Elder, Designated Band Representative, Chief and Council, community member, etc.), which may include legal counsel.
- I understand and agree with this Family Plan.

Name of the Parent(s): _____

Social Worker

By checking these boxes:

- I confirm I have received agreement from the parent(s) either verbally or in writing, regarding their participation in the plan.
- I have provided the parent(s) with a copy of the plan.

Name of Social Worker completing the plan: _____

Team Leader

By checking this box:

- I confirm I approve of this plan.

Name of the Team Leader: _____

Plan for a formal review at least every six months.

Formal Family Plan Review meeting date

Notes:

Appendix VIII: Trial Instructions to Directors of Practice

Group 1: Control Group

- There is nothing to do for this group, they are not receiving an e-mail.

Group 2: Family Plan Worksheet

- Copy the pre-drafted e-mail below into a new e-mail.
- Add your signature block.
- Attach the Family Plan Worksheet.
- Look up your list of Team Leaders in Group 2.
- Copy the e-mail addresses into the “Bcc” section of your e-mail.
- Add in the Subject Line “Please forward to your Team - Re: Family Plans”.
- Send the e-mail.

Dear Team Leader, please forward this e-mail to your team. Thank you.

Dear Child Protection Social Workers,

Do you know we have a new tool to support you in completing Family Plans?

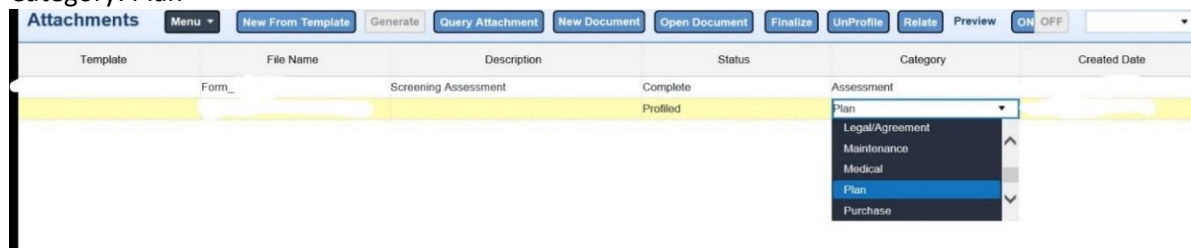
Please see the attached Family Plan Worksheet. The Worksheet is a convenient optional tool to assist you with your Family Plan meetings. The completed Worksheet can be printed and attached to your Family Plan to highlight your collaborative practice. This new tool is not currently available on iConnect, we encourage you to keep a copy on your desktop for future use.

As per MCFD policy Chapter 3 Section 3.2 and 3.6:

- Family Plans should be completed **within 30 days** of initiating ongoing protection services. Social Workers are to collaborate with the family to create a Family Plan or its equivalent.
- After the initial Family Plan has been completed Family Plans are to be revised **at least every six months** with the family and others involved.

As a best practice, when a Family Plan has been approved by the Team Leader, scan and upload the Family Plan to ICM in the Attachments Tab within the Incident or Case using:

Category: Plan



Profiling: Sub-Category: Family Plan

Profiling 2 of 2

Menu

Contact Last Name:

Given Name(s):

Memo Number:

SR Number:

Incident Number:

Case Number:

Category: Plan

Sub Category: Family Plan

Office: * Family Plan

Comment: Program Eligibility

Profiled By:

Last Updated By:

Profiled Date:

Last Updated Date:

If you have any questions, please contact your Team Leader.

Sincerely,

[Signature Block from John or Terry]

Group 3: Simplified Family Plan form

- Copy the pre-drafted e-mail below into a new e-mail.
- Add your signature block.
- Attach the Simplified Family Plan.
- Look up your list of Team Leaders in Group 3.
- Copy the e-mail addresses into the “Bcc” section of your e-mail.
- Add in the Subject Line “Please forward to your Team - Re: Family Plans”.
- Send the e-mail.

Dear Team Leader, please forward this e-mail to your team. Thank you.

Dear Child Protection Social Workers,

Do you know we have a new tool to support you in completing Family Plans?

Please see the attached Simplified Family Plan form. The simplified form version is a convenient optional tool to assist you with Family Plans. It uses simplified language, can be printed and brought to the Family Plan meeting, and can be easily shared with families to help them prepare for the meeting. This new tool is not currently available on iConnect, we encourage you to keep a copy on your desktop for future use.

As per MCFD policy Chapter 3 Section 3.2 and 3.6:

Family Plans should be completed **within 30 days** of initiating ongoing protection services. Social Workers are to collaborate with the family to create a Family Plan or its equivalent.

After the initial Family Plan has been completed Family Plans are to be revised **at least every six months** with the family and others involved.

As a best practice, when a Family Plan has been approved by the Team Leader, scan and upload the Family Plan to ICM in the Attachments Tab within the Incident or Case using:

Category: Plan

Template	File Name	Description	Status	Category	Created Date
Form_	Screening Assessment	Complete	Profiled	Assessment	

Plan

- Legal/Agreement
- Maintenance
- Medical
- Plan
- Purchase

Profiling: Sub-Category: Family Plan

Profiling 2 of 2

Menu

Contact Last Name:

Given Name(s):

Memo Number:

SR Number:

Incident Number:

Case Number:

Category: Plan

Sub Category: Family Plan

Office:

- Employment Program of BC
- Family Plan
- Independent Work Search
- Program Eligibility
- Self Employment

Comment:

Profiled By:

Profiled Date:

Last Updated By:

Last Updated Date:

If you have any questions, please contact your Team Leader.

Sincerely,

[Signature Block from John or Terry]

Group 4: Simplified Family Plan form and Family Plan Worksheet

- Copy the pre-drafted e-mail below into a new e-mail.
- Add your signature block.
- Attach the Family Plan Worksheet AND Simplified Family Plan.
- Look up your list of Team Leaders in Group 4.
- Copy the e-mail addresses into the “Bcc” section of your e-mail.
- Add in the Subject Line “Please forward to your Team - Re: Family Plans”.
- Send the e-mail.

Dear Team Leader, please forward this e-mail to your team. Thank you.

Dear Child Protection Social Workers,

Do you know that we have new tools to support you in completing Family Plans?

Please see the attached Family Plan Worksheet and Simplified Family Plan form.

The Worksheet is a convenient optional tool to assist you with your Family Plan meetings. The completed Worksheet can be printed and attached to your Family Plan to highlight your collaborative practice.

The simplified form version is a convenient optional tool to assist you with Family Plans. It uses simplified language, can be printed and brought to the Family Plan meeting, and can be easily shared with families to help them prepare for the meeting.

These new tools are not currently available on iConnect, we encourage you to keep a copy on your desktop for future use.

As per MCFD policy Chapter 3 Section 3.2 and 3.6:

- Family Plans should be completed **within 30 days** of initiating ongoing protection services. Social Workers are to collaborate with the family to create a Family Plan or its equivalent.
- After the initial Family Plan has been completed Family Plans are to be revised **at least every six months** with the family and others involved.

As a best practice, when a Family Plan has been approved by the Team Leader, scan and upload the Family Plan to ICM in the Attachments Tab within the Incident or Case using:

Category: Plan

Template	File Name	Description	Status	Category	Created Date
	Form_	Screening Assessment	Complete	Plan	

Profiling: Sub-Category: Family Plan

Profiling 2 of 2

Menu

Contact Last Name:

Given Name(s):

Memo Number:

SR Number:

Incident Number:

Case Number:

Category: Plan

Sub Category: Family Plan

Office:

Comment:

Profiled By:

Profiled Date:

Last Updated By:

Last Updated Date:

If you have any questions, please contact your Team Leader.

Sincerely,

[Signature Block from John or Terry]

Appendix IX: Instructions to Team Leaders

Instructions:

- You will find attached a list of FS cases that are currently open in your SDA and for which a Family Plan should be completed.
- Save the Excel Spreadsheet to a LAN location for your Team to access.
- Using the “Filters”, select your SDA, LSA, and/or Office Code to retrieve your Open FS cases.
- For each Open FS case, indicate:
 - o the date of the last Family Plan completed;
 - o the field “Next Family Plan Due Date” will self-populate; and,
 - o answer the 3 questions using the drop-down menus:

How was the last Family Plan meeting conducted?	How was the last Family Plan written?	Reason why the last Family Plan was not completed?
SW chairing the meeting	MCFD Family Plan Template CF0634	Parent/Family refuses to participate
FCPC chairing the meeting	Letter Format	Parent/Family is not able to participate
Third party chairing the meeting	E-mail Format	Delayed due to workload
A meeting was scheduled - parent/family did not attend	FCPC Meeting Notes	
A meeting was not needed/did not occur	FGC Meeting Notes	
	Simplified Family Plan Form	
	Other Family Plan format	

- If a FS case is not listed, please add the information at the bottom of the list.
- We estimate that it should take you up to 5 minutes per case to complete the report.
- Submit the completed report to your DOP by April 30, 2021 (date TBD).
- Contact your DOP if you have any questions.
- Thank you.

Appendix X: Post-Trial Survey for All Conditions

CPSW Group 1

Start of Block: Default Question Block

Q1 As a Child Protection Social Worker, are you responsible to complete Family Plans

- Yes (1)
 No (2)

End of Block: Default Question Block

Start of Block: Block 4

Q2 Please select the Service Delivery Area (SDA) you are working within

- South Vancouver Island (1)
 Coast North Shore (2)
 Other (3)

End of Block: Block 4

Start of Block: Please select your office code from the list below

Q9 Please select your South Vancouver Island SDA office code from the list below

▼ KDC (1) ... Other (17)

End of Block: Please select your office code from the list below

Start of Block: Block 1

Q3 Approximately how many Family Plans did you complete in the 6 weeks between January 25, 2021 and March 5, 2021?

▼ 0 (95) ... 30 (125)

Q4 How many of these were completed in collaboration with the family?

Collaboration with families is an opportunity for the family and all other participants to contribute directly to the goals of the Family Plan.

Example: a meeting (in person or virtual) occurred with the parent before the plan was made

▼ 0 (26) ... 30 (60)

End of Block: Block 1

Start of Block: Block 6

Q10 Please select your Coast North Shore SDA office code from the list below

▼ RNE (5) ... Other (17)

End of Block: Block 6

Start of Block: Block 2

Q5 Approximately how many Family Plans did you complete in the last 6 weeks between March 8, 2021 and April 16, 2021

▼ 0 (4) ... 30 (34)

Q6 How many of these were completed in collaboration with the family?

Collaboration with families is an opportunity for the family and all other participants to contribute directly to the goals of the Family Plan.

Example: a meeting (in person or virtual) occurred with the parent before the plan was made

▼ 0 (4) ... 30 (34)

End of Block: Block 2

Start of Block: Block 3

Q7 Over the past six months, has anything in your practice changed regarding how you complete Family Plans?

- Yes (1)
- No (2)
- Not applicable (3)

End of Block: Block 3

Start of Block: Block 7

Q8 Please describe change to practice

End of Block: Block 7

CPSW Group 2

Start of Block: Default Question Block

Q1 As a Child Protection Social Worker, are you responsible to complete Family Plans

- Yes (1)
 No (2)

End of Block: Default Question Block

Start of Block: Block 4

Q2 Please select the Service Delivery Area (SDA) you are working within

- South Vancouver Island (1)
 Coast North Shore (2)
 Other (3)

End of Block: Block 4

Start of Block: Please select your office code from the list below

Q9 Please select your South Vancouver Island SDA office code from the list below

▼ KDC (1) ... Other (17)

End of Block: Please select your office code from the list below

Start of Block: Block 1

Q3 Approximately how many Family Plans did you complete in the 6 weeks between January 25, 2021 and March 5, 2021?

▼ 0 (95) ... 30 (125)

Q4 How many of these were completed in collaboration with the family?

Collaboration with families is an opportunity for the family and all other participants to contribute directly to the goals of the Family Plan.

Example: a meeting (in person or virtual) occurred with the parent before the plan was made

▼ 0 (26) ... 30 (60)

End of Block: Block 1

Start of Block: Block 6

Q10 Please select your Coast North Shore SDA office code from the list below

▼ RNE (5) ... Other (17)

End of Block: Block 6

Start of Block: Block 2

Q5 Approximately how many Family Plans did you complete in the last 6 weeks between March 8, 2021 and April 16, 2021

▼ 0 (4) ... 30 (34)

Q6 How many of these were completed in collaboration with the family?

Collaboration with families is an opportunity for the family and all other participants to contribute directly to the goals of the Family Plan.

Example: a meeting (in person or virtual) occurred with the parent before the plan was made

▼ 0 (4) ... 30 (34)

End of Block: Block 2

Start of Block: Block 3

Q7 Over the past six months, has anything in your practice changed regarding how you complete Family Plans?

- Yes (1)
- No (2)
- Not applicable (3)

End of Block: Block 3

Start of Block: Block 8

Q8 Please describe change to practice

End of Block: Block 8

Start of Block: Block 9

Q12 Over the past six weeks, did you use this Worksheet to complete a Family Plan?

- Yes (1)
- No (2)
- Not applicable (3)

End of Block: Block 9

Start of Block: Block 7

Q14 Did the Worksheet make it easier to complete the Family Plan?

- Yes (1)
- No (2)
- Not applicable (3)

Page Break

Q16 Did you find the format of the Worksheet useful?

- Yes (1)
- No (2)
- Not applicable (3)

Page Break

Q18 Will you use the Worksheet again?

- Yes (1)
- No (2)
- Not applicable (3)

Page Break

Q20 Can you tell us about your experience with the Worksheet?

End of Block: Block 7

CPSW Group 3

Start of Block: Default Question Block

Q1 As a Child Protection Social Worker, are you responsible to complete Family Plans

- Yes (1)
 No (2)

End of Block: Default Question Block

Start of Block: Block 4

Q2 Please select the Service Delivery Area (SDA) you are working within

- South Vancouver Island (1)
 Coast North Shore (2)
 Other (3)

End of Block: Block 4

Start of Block: Please select your office code from the list below

Q9 Please select your South Vancouver Island SDA office code from the list below

▼ KDC (1) ... Other (17)

End of Block: Please select your office code from the list below

Start of Block: Block 1

Q3 Approximately how many Family Plans did you complete in the 6 weeks between January 25, 2021 and March 5, 2021?

▼ 0 (95) ... 30 (125)

Q4 How many of these were completed in collaboration with the family?

Collaboration with families is an opportunity for the family and all other participants to contribute directly to the goals of the Family Plan.

Example: a meeting (in person or virtual) occurred with the parent before the plan was made

▼ 0 (26) ... 30 (60)

End of Block: Block 1

Start of Block: Block 6

Q10 Please select your Coast North Shore SDA office code from the list below

▼ RNE (5) ... Other (17)

End of Block: Block 6

Start of Block: Block 2

Q5 Approximately how many Family Plans did you complete in the last 6 weeks between March 8, 2021 and April 16, 2021

▼ 0 (4) ... 30 (34)

Q6 How many of these were completed in collaboration with the family?

Collaboration with families is an opportunity for the family and all other participants to contribute directly to the goals of the Family Plan.

Example: a meeting (in person or virtual) occurred with the parent before the plan was made

▼ 0 (4) ... 30 (34)

End of Block: Block 2

Start of Block: Block 3

Q7 Over the past six months, has anything in your practice changed regarding how you complete Family Plans?

- Yes (1)
- No (2)
- Not applicable (3)

End of Block: Block 3

Start of Block: Block 8

Q8 Please describe change to practice

End of Block: Block 8

Start of Block: Block 9

Q12 Over the past 6 weeks did you use this Simplified or Initial Family Plan form to complete a Family Plan?

- Yes (4)
- No (5)
- Not applicable (6)

End of Block: Block 9

Start of Block: Block 7

Q14 Did the Simplified or Initial Family Plan form make it easier to complete the Family Plan?

- Yes (1)
- No (2)
- Not applicable (3)

Page Break

Q16 Did you find the format of the Simplified or Initial Family Plan form useful?

- Yes (1)
- No (2)
- Not applicable (3)

Page Break

Q18 Will you use the Simplified or Initial Family Plan form again?

- Yes (1)
- No (2)
- Not applicable (3)

Page Break

Q20 Can you tell us about your experience with the Simplified or Initial Family Plan form?

End of Block: Block 7

CPSW Group 4

Start of Block: Default Question Block

Q1 As a Child Protection Social Worker, are you responsible to complete Family Plans

- Yes (1)
 No (2)

End of Block: Default Question Block

Start of Block: Block 4

Q2 Please select the Service Delivery Area (SDA) you are working within

- South Vancouver Island (1)
 Coast North Shore (2)
 Other (3)

End of Block: Block 4

Start of Block: Please select your office code from the list below

Q9 Please select your South Vancouver Island SDA office code from the list below

▼ KDC (1) ... Other (17)

End of Block: Please select your office code from the list below

Start of Block: Block 1

Q3 Approximately how many Family Plans did you complete in the 6 weeks between January 25, 2021 and March 5, 2021?

▼ 0 (95) ... 30 (125)

Q4 How many of these were completed in collaboration with the family?

Collaboration with families is an opportunity for the family and all other participants to contribute directly to the goals of the Family Plan.

Example: a meeting (in person or virtual) occurred with the parent before the plan was made

▼ 0 (26) ... 30 (60)

End of Block: Block 1

Start of Block: Block 6

Q10 Please select your Coast North Shore SDA office code from the list below

▼ RNE (5) ... Other (17)

End of Block: Block 6

Start of Block: Block 2

Q5 Approximately how many Family Plans did you complete in the last 6 weeks between March 8, 2021 and April 16, 2021

▼ 0 (4) ... 30 (34)

Q6 How many of these were completed in collaboration with the family?

Collaboration with families is an opportunity for the family and all other participants to contribute directly to the goals of the Family Plan.

Example: a meeting (in person or virtual) occurred with the parent before the plan was made

▼ 0 (4) ... 30 (34)

End of Block: Block 2

Start of Block: Block 3

Q7 Over the past six months, has anything in your practice changed regarding how you complete Family Plans?

- Yes (1)
- No (2)
- Not applicable (3)

End of Block: Block 3

Start of Block: Block 9

Q8 Please describe change to practice

End of Block: Block 9

Start of Block: Block 10

Q12 Over the past six weeks, did you use this Worksheet to complete a Family Plan?

- Yes (1)
- No (2)
- Not applicable (3)

End of Block: Block 10

Start of Block: Block 7

Q14 Did the Worksheet make it easier to complete the Family Plan?

- Yes (1)
- No (2)
- Not applicable (3)

Page Break

Q16 Did you find the format of the Worksheet useful?

- Yes (1)
- No (2)
- Not applicable (3)

Page Break

Q18 Will you use the Worksheet again?

- Yes (1)
- No (2)
- Not applicable (3)

Page Break

Q20 Can you tell us about your experience with the Worksheet?

End of Block: Block 7

Start of Block: Block 11

Q22 Over the past 6 weeks did you use this Simplified or Initial Family Plan form to complete a Family Plan?

- Yes (4)
- No (5)
- Not applicable (6)

End of Block: Block 11

Start of Block: Block 8

Q24 Did the Simplified or Initial Family Plan form make it easier to complete the Family Plan?

- Yes (1)
- No (2)
- Not applicable (3)

Page Break

Q26 Did you find the format of the Simplified or Initial Family Plan form useful?

- Yes (1)
- No (2)
- Not applicable (3)

Page Break

Q28 Will you use the Simplified or Initial Family Plan form again?

- Yes (1)
- No (2)
- Not applicable (3)

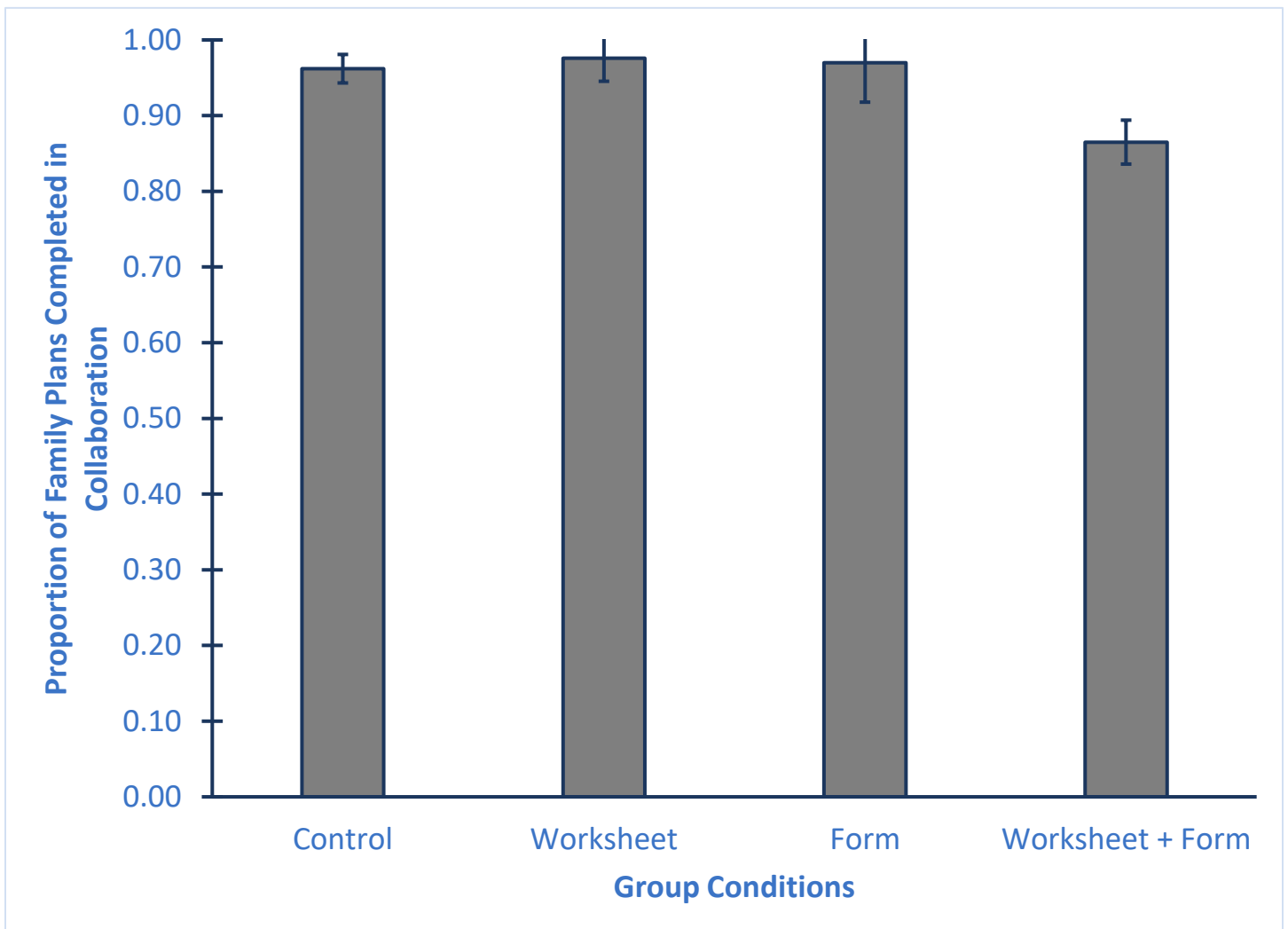
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Q30 Can you tell us about your experience with the Simplified or Initial Family Plan form?

End of Block: Block 8

Appendix XI: Proportion of Family Plans Completed in Collaboration

The mean proportion of Family Plans complete in collaboration across the conditions. Error bars indicate +/- one standard error of the mean.





CONFIDENTIAL - FOR PEER-REVIEW ONLY **Behavioural Insights- Family Plans UBC/MCFD 2021 (#64484)**

Created: 04/27/2021 09:33 AM (PT)

Shared: 04/27/2021 11:29 AM (PT)

This pre-registration is not yet public. This anonymized copy (without author names) was created by the author(s) to use during peer-review. A non-anonymized version (containing author names) will become publicly available only if an author makes it public. Until that happens the contents of this pre-registration are confidential.

1) Have any data been collected for this study already?

No, no data have been collected for this study yet.

2) What's the main question being asked or hypothesis being tested in this study?

H1a: The option for social worker to use the Simplified Family Plan form will increase the number of family plans completed.

H1b: The option for social worker to use the Worksheet will increase the number of family plans completed.

H1c: The option for social worker to use both the Simplified Family Plan form and the Worksheet in combination will increase the number of family plans completed.

H2a: The option for social worker to use the Simplified Family Plan form will increase the number of family plans collaboratively completed.

H2b: The option for social worker to use the Worksheet will increase the number of family plans collaboratively completed.

H2c: The option for social worker to use both the Simplified Family Plan form and the Worksheet in combination will increase the number of family plans collaboratively completed.

3) Describe the key dependent variable(s) specifying how they will be measured.

The proportion of Family Plans that are completed pre-trial and post-trial (Proportion_20210307 and Proportion_20210418) and the proportion of Family Plans that are completed collaboratively.

4) How many and which conditions will participants be assigned to?

2 key Independent Variables:

Provision of Family Plan Worksheet (IV1_Worksheet)

Provision of Simplified Family Plan form (IV2_Form)

Teams are randomly assigned to one of the 4 groups (Int_Grp).

Control Group (1)

Family Plan Worksheet (2)

Simplified Family Plan form (3)

Simplified Family Plan form + Family Plan Worksheet (4)

5) Specify exactly which analyses you will conduct to examine the main question/hypothesis.

2 x 2 x 2 ANOVA design, with repeated measures on the first factor (pre/post) and between group manipulation on the second (family plan form) and third factor (family plan worksheet), and a mixed effects logistic regression using the same design.

6) Describe exactly how outliers will be defined and handled, and your precise rule(s) for excluding observations.

Family Service files will not be included that do not fall under "protection services" as per policy. We do not anticipate outliers, given that the binary data does not allow for outlying data.

7) How many observations will be collected or what will determine sample size? No need to justify decision, but be precise about exactly how the number will be determined.

The sample size is the number of newly opened Family Service cases over the six-week trial period in the two target regions of British Columbia.

8) Anything else you would like to pre-register? (e.g., secondary analyses, variables collected for exploratory purposes, unusual analyses planned?)

Secondary variables include the following which includes attitudes and experiences. These will be analyzed by a 2 X 2 between-subjects. Analysis of Variance based on the two experimental interventions.

20210430_FP_Collab: Family Service file completed in 30 days between March 01, 2020 and April 30, 2021. Binary (0-no) (1=yes)

FP_TL: Was the Family Plan approved by the Team Leader? Binary (0-no) (1=yes)

SFP: Was the Simplified (or Initial) Family Plan used. Binary (0-no) (1=yes)

Wrkst: Was the Family Plan Worksheet used? Binary (0-no) (1=yes)

Survey data:

FPcomplete_JanMar: Q3 "Approximately how many family plans did you complete between January 25, 2021 and March 5, 2021?" Continuous "Choose between 0 to 30"

FPcollab_JanMar: Q4. How many of these were completed in collaboration with the family? Continuous "Choose between #0 to 30"

Wrkst_past6: Over the past 6 weeks did you use this Worksheet to complete a Family Plan? "0-No" "1-Yes" "2- Not applicable"

SFP_past6: Over the past 6 weeks did you use this Simplified or Initial Family Plan form to complete a Family Plan? "0-No" "1-Yes" "2- Not applicable"

We will use a Chi-square test to examine whether the interventions were related to how the family plan meeting was conducted, how the family plan was written, and the reason the family plan was not completed.