

Disabilities Research Project 2020-21: Exploring Case Management Systems used in Saskatchewan First Nations child and family services agencies



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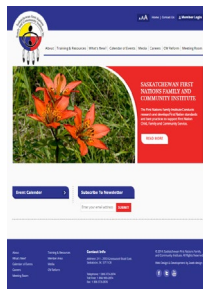
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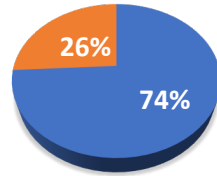
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We would like to extend our gratitude to all the participants who completed the survey, interviews, or both. Thank you for sharing your knowledge, ideas, and recommendations. To learn more about the work we do visit our website at www.sfnfci.ca



PROJECT HIGHLIGHTS

In 2016, over 9000 First Nations children were reported in out of home care.



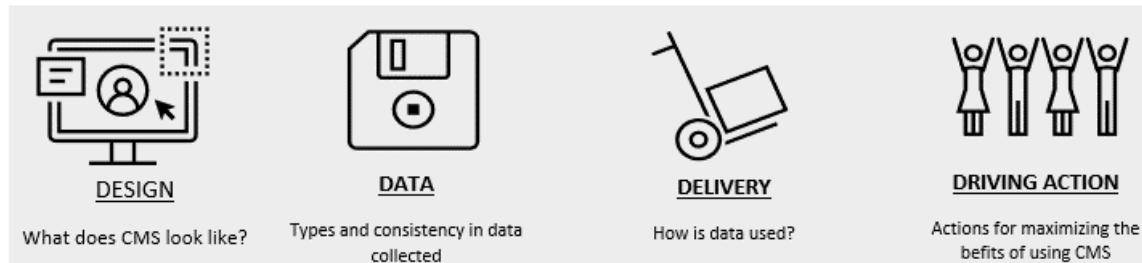
■ Canadian population in care
■ First Nations population in care

Report of neglect, abuse and bullying can be three times higher in children with disabilities that are also in out-of-home care.



This year's project explored and documented strengths and barriers in data systems and practices at agencies which in turn will support building capacity, infrastructure, and resources at the agencies to serve the children and youth with disabilities.

Specifically, we used the 4Ds to guide our questions:



What did we learn?

We got 30 survey responses and 5 interviews from five FNCFS agencies in Saskatchewan.

Among five agencies, four used the same Case Management System (CMS) but were customized to their unique needs.

Majority of the respondents were satisfied with the design, tools and other services in the system.

Many recommended improving the reporting tool and search function for quicker accessibility to information.

More hands-on training and partnership was suggested to improve the experience of users.

A robust data management practice can support agencies in building their capacity and infrastructure to collect, manage and utilize the data for evidence-based decision making.

One of the important components of the Disability Research Project is the Actions- various training, events, or workshops that are organized in response to the needs and wishes of our partners. This year, however, given the unique circumstances, the actions were organized to adapt to the circumstances

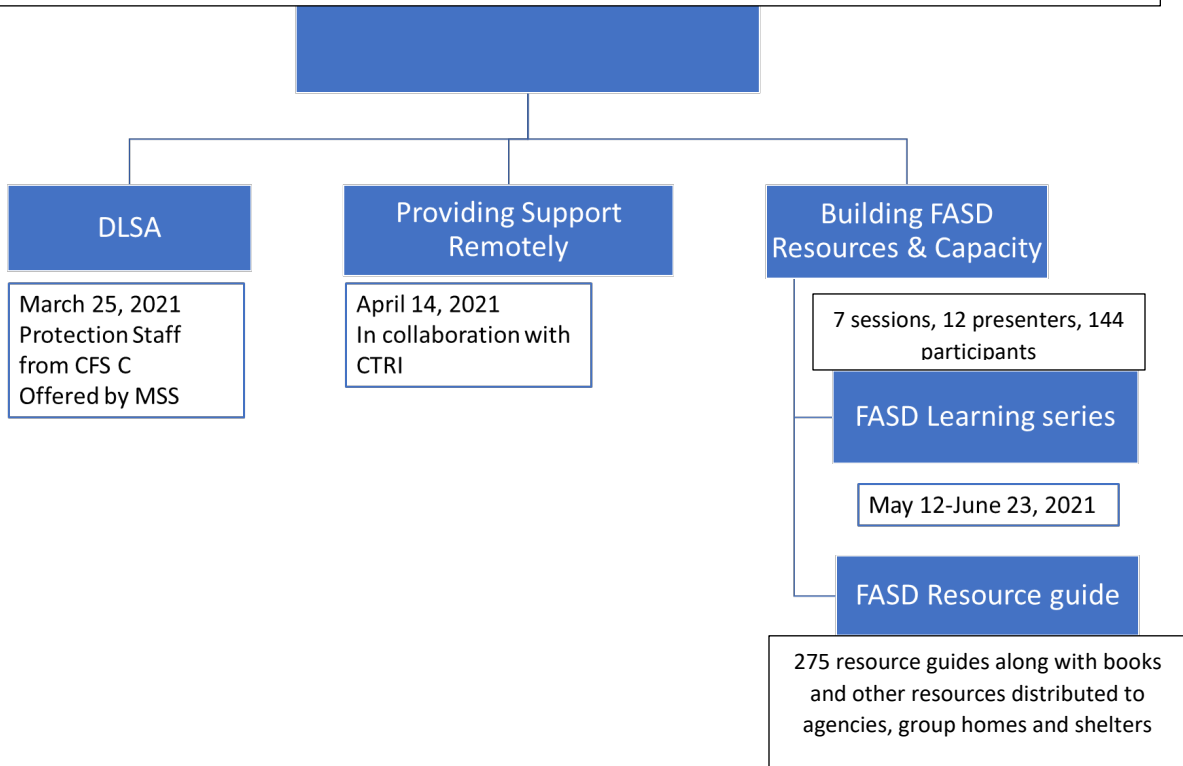


Table of Contents

PROJECT HIGHLIGHTS	i
BACKGROUND.....	1
DATA COLLECTION AND ANALYSIS	3
RESULTS AND DISCUSSION.....	5
ACTIONS	11
COVID-19 & RESEARCH ACTIVITIES	15
CONCLUDING REMARKS	16
REFERENCES.....	19
Appendix A: SurveyMonkey Questions	21

BACKGROUND

Research has found that there is a strong linkage between disabilities, neglect, and abuse (Manders & Stoneman, 2009; Jones et al., 2012; Saskatchewan Disability Strategy, 2015). In fact, cases of neglect and abuse maybe three times higher in children with disabilities (depending on the type of conditions) than those without disabilities (Jones et al., 2012; Taylor et al., 2016; Child Welfare Information Gateway, 2018) but often goes undetected (Taylor et al., 2016). Additionally, children with disabilities also have been reported to experience increased bullying in school (Flynt & Morton, 2004), sexual abuse in out-of-home care environment (Euser et al., 2016), service gaps (Vives & Sinha, 2019) and tend to remain in the system for longer compared to kids with no reported conditions (Slayter & Springer, 2011). Moreover, children and youths with disabilities are often under-served and underreported in the child welfare system (Manders & Stoneman, 2009; Taylor et al., 2016). The gap is even higher for FN children and youth with disabilities in care. This vulnerable group experience a 'quadruple jeopardy'¹ of disadvantage and inequity due to belonging to a; i) cultural minority of ii) young age group living with a iii) disability and iv) in the child welfare system (Dion, 2017; Vives & Sinha, 2019).

To address the gaps in knowledge, practices, and services on/for FN children with disabilities in care and on reserves, SFNFCI has been actively conducting a disabilities project since 2016 through a partnership with various Saskatchewan First Nations CFS agencies. The information co-created with agencies, caregivers, and communities has increased the capacity of agencies to identify barriers to accessibility within the agency, community, and surrounding areas and look towards solutions for children and youths with disabilities.

¹ This is an extension to the triple jeopardy analogy used by Doreen Demas (1993) to describe the vulnerability of Indigenous women living with disabilities.



Figure 1 Overview of disability project outcomes from 2016-2020

Continuing to this ongoing conversation on disabilities and as more and more First Nations CFS agencies transition to electronic database management systems to collect, manage and report on the status of children in care, 2020-21 disability research explored the types of data systems used by agencies and the disabilities data collected in the system. The project documented strengths and barriers in data systems and practices at agencies which in turn will support building capacity, infrastructure, and resources at the agencies to serve the children and youth with disabilities. The goals of the project were to:

- Engage First Nations Child and Family Services in the research project
- Utilize culturally relevant practices and resources to engage stakeholders
- Explore FNCFS agency case management systems² and practices
- Learn more about how disability data is collected, managed, and reported in the case management system

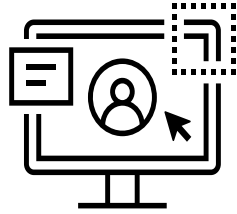
² Case management system (CMS), here, means an electronic datal system or software that allows individuals, communities, or organizations to track and store all client (or child) related information in one easy to locate place. CMS can be a database or can be one of the databases used by organizations.

- Create a better understanding of strengths and gaps of case management systems used by various FNCFS agencies
- Have information shared in ways that respect the OCAP principles
- Increase the capacity of FNCFS agencies to care for children and youth with disabilities by offering training and working in partnership to identify priorities, opportunities, and plans of action

The uptake of electronic data management systems to track client information has been well documented in other human service areas such as healthcare (Janz et al., 2005; Murdoch et al., 2013; FNIGC, 2019), however, there are very limited studies that have reviewed how these systems are used in the child welfare (Munro, 2005; Tregeagle & Darcy, 2008; Tregeagle & Mason, 2008). There is particularly no information in documenting the experiences of transitioning and using digital systems such as CMS in First Nations child and family services (FNCFS) agencies. Having a foundational understanding of data management systems and practices at the agencies will be an important step to understanding what types of disabilities data are collected and how is it being reported. In addition to the data, by exploring and documenting the CMS, the agencies can identify the gaps and opportunities to maximize the use of CMS.

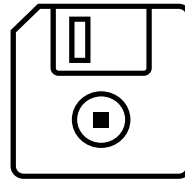
DATA COLLECTION AND ANALYSIS

In the past years, qualitative and quantitative data had been collected using various tools including interviews, focus groups, informal meetings, and Disability Information Tool (DIT). Given the unpredicted challenges caused by COVID-19, our goal with this year's project was to gather information on the case management system from the agency staff without being too demanding on the agencies. Hence, we developed a survey on the SurveyMonkey platform. The survey was designed with an emphasis on the design, data, delivery, and drivers (4Ds) of the CMS:



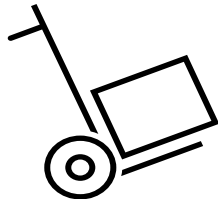
DESIGN

What does CMS look like? (E.g., tools, system reliability, navigation. etc.)



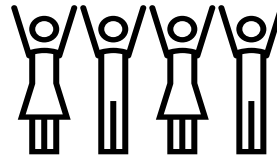
DATA

Types of and consistency in data collected



DELIVERY

How is data used? (E.g., reporting)



DRIVERS

Actions for maximizing the benefits of using CMS (e.g., training, etc.)

Figure 2 The 4Ds of Case Management System

Along with the survey we also had virtual interviews with 5 agency staff who comprised protection and prevention supervisors, managers, and database stewards. We reached out to the agencies by sending out an email invite to all the directors who then forwarded the email to supervisors. We then contacted supervisors individually to set a date and time for the zoom interview. Those who were not able to do the interview responded to the surveys on their own time. The virtual interview-style survey was done to complement the survey and provide more in-depth information on the CMS. The data collection period was from January 28- February 26, 2021. The data analysis was done in SurveyMonkey, and the qualitative information supplemented the quantitative results from the survey. We also requested for extension in March to the ISC given the challenges posed by the ongoing COVID-19 and were accepted for an extension for quarter 1 of 2021/22. The figure below shows the timeline of the research and key activities.



Figure 3 Timeline of key research activities

RESULTS AND DISCUSSION

There was a total of 30 responses from five agencies. The respondents comprised protection and prevention workers, family workers, supervisors, and managers.

Agency	Total Responses	Region
CFS A	8	Treaty 6
CFS B	6	Treaty 6, 10
CFS C	5	Treaty 5
CFS D	9	Treaty 6
CFS E	1	Treaty 6
Total	29³	

³ One respondent skipped the question and did not mention the CFS they work in

In this report, we will be referring to the two types of CMS used by the agencies as System A and System B. Out of five agencies, four agencies are using system A as their case management system, and one is using system B from a different service provider. The following sections provide a further breakdown of the CMS based on the 4Ds. The survey questionnaires can be found in the appendix.

A) **Design:** When asked whether their CMS had all the relevant and accessible tools available for users to perform their tasks, the majority of respondents felt like the tools were adequate and accessible.

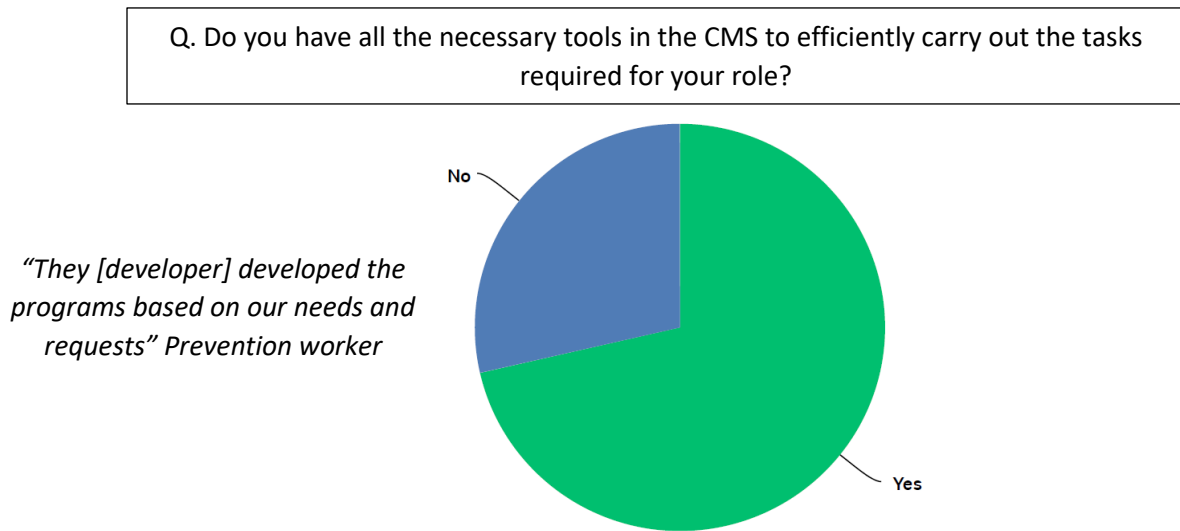


Figure 4 Graph showing response for the relevant tools available in the CMS. Answered: 21
Skipped: 9

While a majority of respondents felt that the tools and programs in the CMS are consistent with the agency's needs, they also recommended additional tools that either need to be improved or are important to integrate into the system.

"We still have to manually fill out requests for purchase orders and submit physically to our admin staff when buying things that are needed for our clients".

Supervisors also stressed that reporting tools needed improvement in system A. For example, a protection and prevention supervisor suggested that *"when a report is needed, there needs to be a feature where only certain parts of the file can be printed"*.

Q. How satisfied are you with the reliability of the case management system?

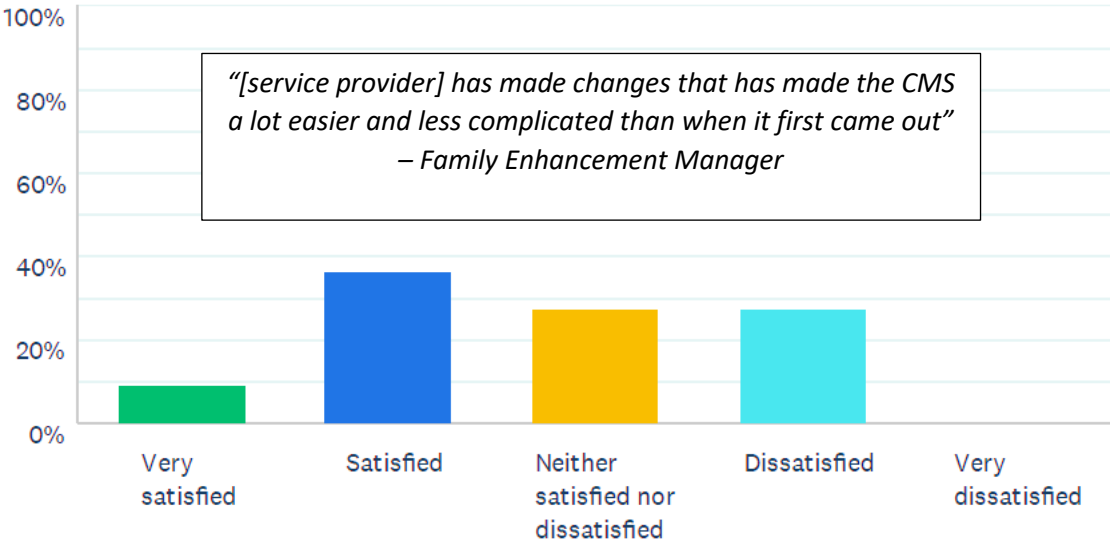


Figure 5 Graph showing respondents satisfaction with the CMS reliability. Answered: 22
Skipped: 8

B) Data: In general, data on different aspects of case management are gathered, organized, and managed in the CMS from family enhancement case planning, program activities, intakes, investigations, referrals to services and needs planning for the communities. According to the survey responses, the most common types of disabilities-related data collected in the system were medical or health conditions, case planning, disability types and severity, and services for families and caregivers.

Both the CMS did not have a dedicated space/page to note disabilities information but there was a desire to have a separate area to gather and access disabilities information. The service provider does provide a 'special needs' section for the system A users but it depends on the users to add the section to their CMS based on their needs and priorities. And with most CMS, they are often customized to the needs of the organizations, hence, the disabilities section can be added if the agencies identify it as a priority in their CMS.

Supervisors, managers, and database stewards responded that they generally have full access to all data relevant to a case with noted disability in the CMS, however, caseworkers may have different access requirements based on their work. Few respondents also felt that while they

can access the information fully it also depends on whether the worker or case aide uploaded all the relevant attachments to the CMS and if it is not in the electronic system, they will have to review the physical files. One supervisor, about disabilities data, added that while they may have full access to the information, they are scattered all over the system which makes it difficult to look for the information in the first place and the supervisor stressed the fact that if they cannot find the information, they have access to, how are they able to share it with the other staff.

Q. What type of data related to disabilities is collected in the system?

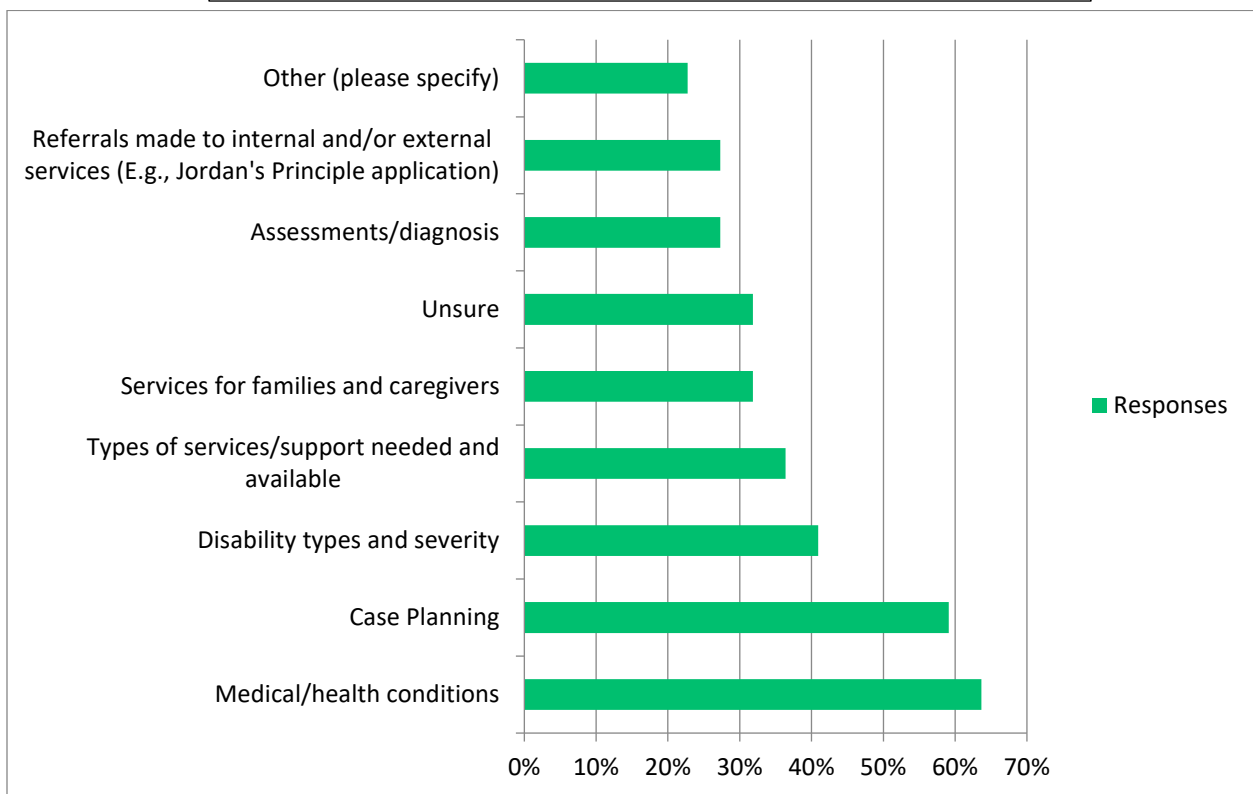


Figure 6 Types of disabilities data in the CMS. Answered: 22 Skipped:8

C) **Delivery:** previous section (data) described the types of and consistency in data collected in the CMS as well as data accessibility, this section talks about the use of data for reporting or driving practices. Reporting is a critical part of any organization for identifying trends, tracking progress, evaluating finances, guiding plans, informing decisions, and reporting

to the funders. At the agencies, reports are generated by the supervisors, managers, and Eds. Some common types of reports that they require or generate include:



Figure 7 Frequently mentioned reporting types required and generated by the management.

Answered: 22 Skipped:8

Two agencies used a separate system from their CMS to generate reports. There is no current mandate for reporting on disabilities specifically (e.g., reporting on the number of children with disabilities in care, types of disabilities, assessments, and diagnosis, etc.) by either MSS or ISC, however, they may be reported in sections for different reports such as billing reports, caregivers, child development plan, medical incidence report, and service provision (e.g., Jordan’s Principle application).

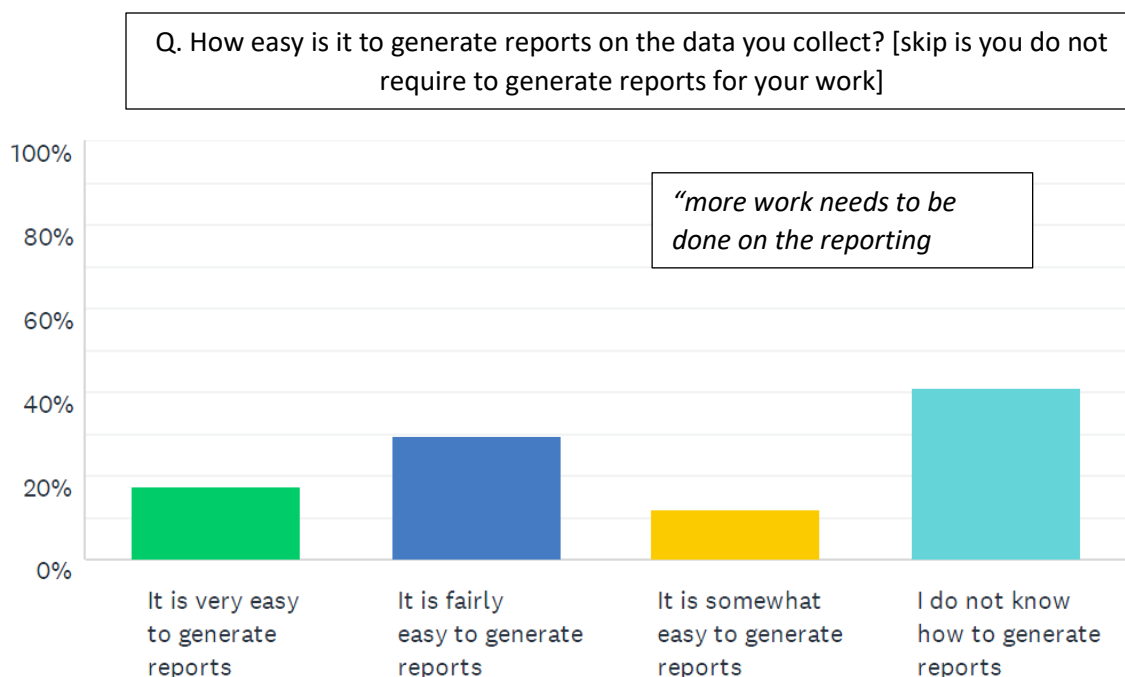


Figure 81 Responses for generating reports. Those who were not required to generate reports skipped the question. Answered: 17 Skipped: 13

System A has an inbuilt feature to generate most of the reports mentioned above making reporting a quick and easy process. However, the users expressed that a majority of them experienced issues generating and printing reports from the system A:

“When I try printing like monthly reports on number of children in care or caseloads it just comes out blank. Maybe there is something I have to do to get those numbers, but I don’t know because they [system A service provider] don’t tell you what you are supposed to do or how” CFS supervisor

D) **Drivers:** Drivers are the actions that are needed to maximize the benefits of using CMS. These drivers will likely improve the users' experience and unpack the benefits of CMS in managing the agency’s data related to children with disabilities in care. Quality and ongoing support from the service providers is important to assist agencies in making their transition to electronic systems efficient and smooth, accountable, and to build a long-term relationship. More than 70% of the respondents felt like they are getting support from the service providers when they needed it. In the case of system, A, the service provider provided training and offered support through phone. Training is provided to the staff every three to six months or

when necessary. Service provider for system A utilizes the train the trainer model to create ‘superusers’ at the agencies who would be the point of contact for other staff when they need support with the CMS:

*“I am trained as a go-to person/power user if staff needs help in the system”
Family preservation/navigation worker*

ACTIONS

One of the important components of the Disability Research Project is the Actions- various training, events, or workshops that are organized in response to the needs and wishes of our partners. These actions are also a great opportunity for SFNFCl to connect with various disabilities-related organizations in Saskatchewan, plan programs, and build partnerships. The figure below summarizes the key project actions:

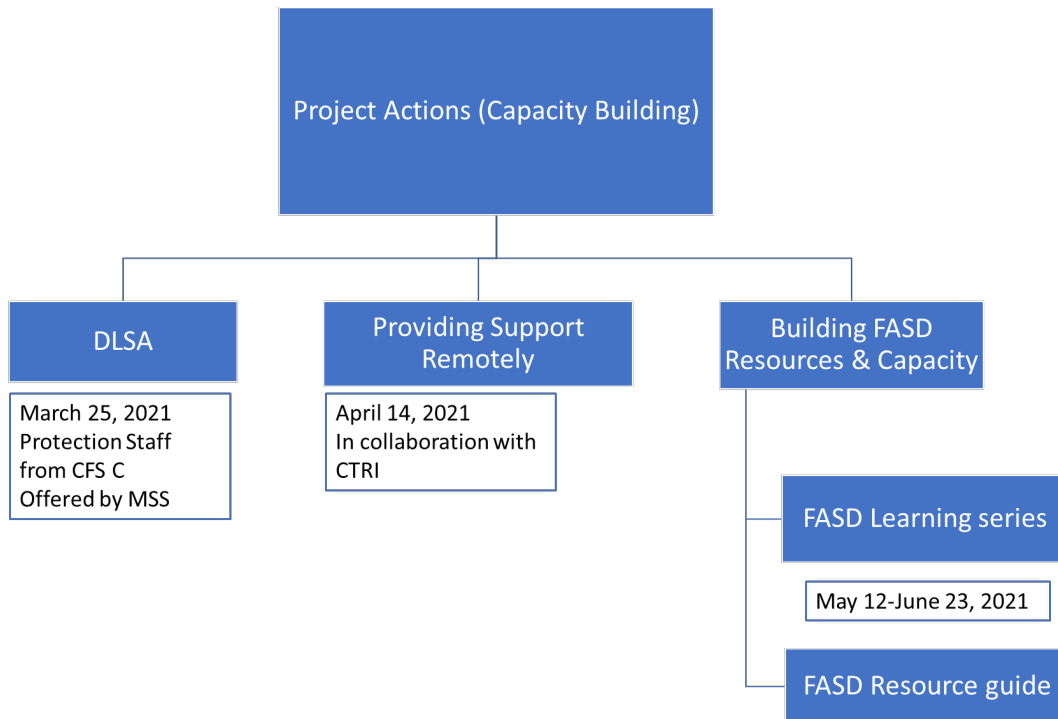


Figure 9 Project Actions including trainings and workshops

FASD learning series was a seven-part series that covered a range of different FASD-related topics including prenatal exposure, symptoms, navigating support, and many more (see appendix b for poster). The learning series comprised of a three-hour virtual session every

Wednesday from 9:00 am till 12:00 pm starting May 12th to June 23rd, 2021. An Elder was also available for every session for opening and closing the sessions in a good way, and to provide additional support.

A total of 144 participants (out of 186 that registered) attended the learning series from 11 different organizations across Saskatchewan which included CFS agencies, health centres, IA, and education authorities. Therefore, the series brought together not only the protection and prevention staff from the agencies but also others who perhaps serve individuals with FASD and their families.

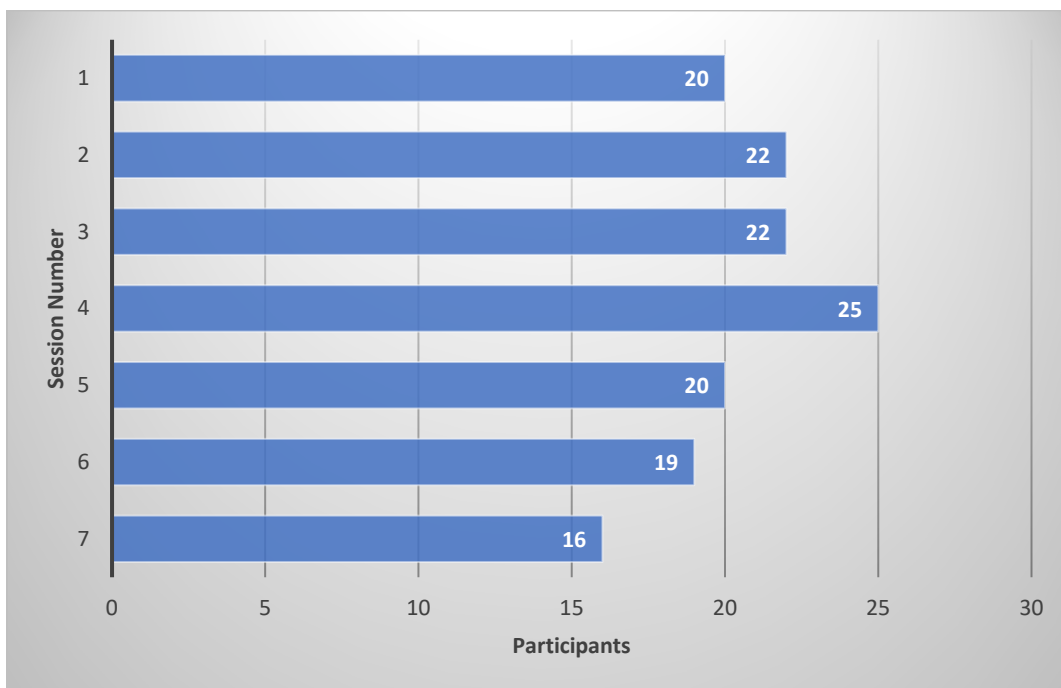


Figure 2 Participants number breakdown by sessions

Once the FASD series was completed, participants were provided with FASD related resources including books, binders, workbooks, and flashcards. Overall, the first SFNFCI virtual FASD learning series was successful and those who attended provided positive comments and feedback about the series:

“I have attended many FASD training sessions, and this was the first that addressed Aboriginal issues. It gave me a greater understanding of the vastness of the hurdles First Nation and Metis people have to conquer. It helped me look

at things through the lens of a First Nation person. It would be great to have this perspective added into mainstream training sessions”

“I liked the fact that these sessions got me thinking about my own life and the people who I live with, and the different knowledge acquired when it comes to FASD”

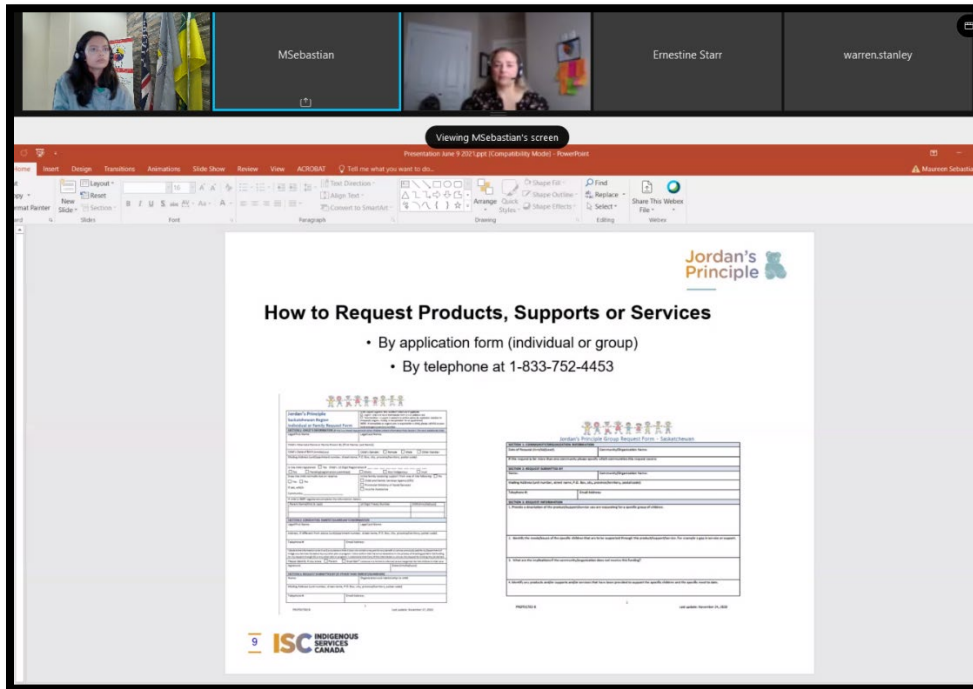


Figure 113 Presentation on Jordan's Principle by Indigenous Services Canada (ISC), Saskatchewan Region

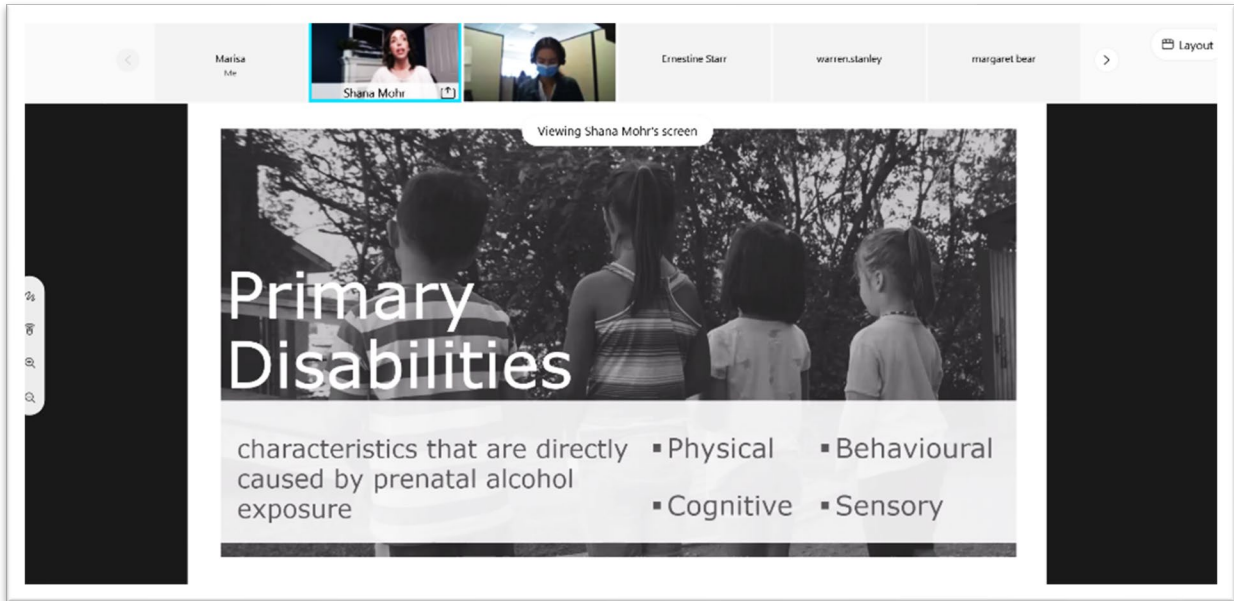


Figure 12 Presentation from FASD Network of Saskatchewan on Primary Challenges of FASD

Following the learning series, we compiled the information related to FASD including general information, symptoms, regional, provincial and Federal services, and others to create a FASD resource guide. In total, we distributed 275 guides to our various members including agencies, group homes and shelters.



Figure 4 Inside of the FASD resource guide compiled by SFNFCI and distributed to our partners

COVID-19 & RESEARCH ACTIVITIES

This year given the unique circumstances we relied on virtual platforms to connect with our partners. It was a collective learning process for both the Institute and agencies as we navigated through the virtual communication mediums. Our initial plan was to do an in-depth exploration of CMS used by three potential partnering agencies; however, two of those agencies were unable to commit to the project. The pandemic affected the agency's organizational structure in terms of coping with remote work and staff turnover which impacted their participation in the research. The uncertainty and complexity associated with the COVID-19 and its impact

meant that we had to adapt to the changes and new information in our research and reassess our workplan frequently.

CONCLUDING REMARKS

In Saskatchewan, many FNCFS have either transitioned or are in the process of transitioning to electronic case management systems (CMS) to gather and report on the information relevant to children in care. This is a promising step towards not only creating up-to-date and complete data on the status of children in care but also towards First Nations data ownership, governance, and reconciliation (FNIGC, 2019). However, the electronic CMS is a fairly new infrastructure in many of the agencies, hence, there is little understanding of what types of systems agencies are using, types of data gathered in the CMS, and how the information is being used for reporting, planning, and program delivery. In a scoping study conducted by Walker et al. (2012), they explained that launching an electronic information system is a complex process and requires clarity on goals and purpose of introducing the system, what types of (and why) data to collect for both external (e.g., funders) and internal (e.g., agency programs, policies) reporting, what system is available to use, and careful planning including training for the users. Based on our results and building on the available literature on technology use in the social services field, the following diagram summarizes key recommendations essential for maximizing the use of CMS at the First Nations CFS agencies:



Figure 13 Five recommendations for maximizing the CMS benefits at the agencies

Recommendation one: Developing agency-tailored tools

While there are general legal mandates and policies governing the First Nations child welfare practices, every agency is unique and so are their priorities. Acknowledging the needs and priorities of agencies, co-creating customized tools will be important not only to reflect those needs but also to have a consistent understanding of what tools are in the CMS, what types of data are collected using what tools, and why the data is collected.

Recommendation two: Emphasizing an outcome-focused approach to support front-line workers and agencies in providing care to the children and their caregivers

The interest of implementing any technology including CMS in the services industry should be focused on assisting front-line workers, for example, accessing the right information at right time for decision making (Munro, 2005). It is important to understand that the systems are designed to support the workers and create community-driven, evidence-based practice.

Recommendation three: Building agency-specific and culturally appropriate data management practices

Studies have found that a critical feature of implementing any technology at the workplace is to engage staff at all steps including planning and design, choice of technology and selecting

attributes and indicators, outlining standards and guidelines for data access and management (Shaw et al., 2009). This bottom-up approach to system implementation ties into building sound data management practices at the agencies. Moreover, the data management practices should be culturally relevant and accessible, for example, whether the practices align with First Nations values and reflect the realities of children, families, and communities. Building data management practices will be critical for empowering agencies to be the stewards of their data and information.

Recommendation four: Building capacity and leadership to empower agency staff and build confidence in using the CMS effectively

This will require frequent and ongoing training from external service providers and as well as making time for refreshers internally. Having few selected ‘superusers’ internally will be key to build the agency capacity, training new staff and leadership. Once, there is the capacity to fully understand the system and its use, the next step will be to analyze the gathered data (e.g., statistical analysis or content analysis) to inform agency practices, programming, and policies.

Recommendation five: Create meaningful communication and partnership with CMS service providers/developers

Communication and partnerships will be key to building long-term relationships between agencies and CMS service providers. Communicating goals, setting expectations, consulting with agencies to schedule meetings and training, and clarifying specific roles for agencies and service providers are only a few considerations necessary to avoid miscommunication.

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Appendix A: SurveyMonkey Questions



Case Management System(CMS)

CASE MANAGEMENT SYSTEM(CMS)

The purpose of this survey is to explore the Case Management System (CMS) currently used by agencies to have a better understanding of how disabilities-related information is collected, documented, and used in child welfare. For this survey, CMS means an electronic tool used to organize, document, store, track and report on all data and information relevant to First Nations children and youth in care. These may include contact information, demographics, case notes, client history, medical information, services, and programs, etc.

The results from the survey will be used to explore opportunities to maximize the benefits of using CMS, create good practices for First Nations data access and management, and demonstrate areas where more training is needed.

Please answer the questions drawing in from your experience of using the system. All responses will remain confidential and anonymous. We appreciate your feedback and time!

Note: Some words/phrases are underlined in the questions, you can click on them to get a detailed description of what they mean.



Case Management System(CMS) PART I: GENERAL INFORMATION

1. Please select the name of CFS agency you work in:

2. What is your role in the agency?

3. How long have you worked with the agency?

- <1 year
- 1-3 years
- 3-5 years
- >5 years

4. Approximately, how many members of staff work in the Child Protection Unit/Department within your agency?



Case Management System(CMS) PART II: CASE MANAGEMENT SYSTEM OVERVIEW

5. Does your agency currently use an electronic case management system managing information on children in care? If yes, please provide the name of the system and the provider.

Yes

No

Specify the name of CMS and provider

6. How long have you been using this Case Management System?

6 months or less

2-5 years

More than 6 months but less than 1 year

> 5 years

At least 1 year

7. How many working hours on average do you typically spend on the CMS every day?

- <1 hour
- 1-2 hours
- 2-4 hours
- >4 hours

Please also specify specific activities you do (e.g., all aspects of case management including intake, investigations, assessments, SDM assessments, service planning, case approvals, case closure etc.)

8. Please tick the features that are available in your CMS (select all that applies)

- | | |
|--|---|
| <input type="checkbox"/> Archive feature - old cases that have been investigated and can be accessed at any time. | <input type="checkbox"/> Drop down menu feature - drop down menu that displays different and easy to fill information such as types of disabilities, type of abuse against children, etc. |
| <input type="checkbox"/> Attach feature - feature that allows for attaching scanned documents, word files, other details onto the case file | <input type="checkbox"/> Internal tracking feature - able to track the process of a case internally to see its current stage of process, e.g., in review by supervisor, approved, incomplete, etc. |
| <input type="checkbox"/> Case checklist feature - A checklist that is implemented for each case that will be followed by staff to make sure all sections of the case are checked, i.e., required information filled, checking for invalid, duplicated, or incomplete record, reviewed by supervisor, etc. | <input type="checkbox"/> Mail client feature - Mail client feature that allows you to attach files from the CMS directly to mail client such as Microsoft outlook. |
| <input type="checkbox"/> Case Information Note feature - Text boxes for written details of the case, i.e., typing case notes, contact notes. | <input type="checkbox"/> Print report - feature that allows you to print the case with all relevant details. |

-
- Case Marking System Feature** - Drop down menu feature that can mark the severity of the case.
 - Create/Edit case** - Feature that allows you to create new case or edit existing case.
 - Dashboard Display** - Display panel on the system which displays all items, fields or tabs present in the system for easy navigation.
 - Data Analysis Feature** - feature that allows you to analyze data and produce data in pie charts, graphs, etc. E.g., total of children in care, demographics, number of investigations, etc.
 - Documents Access feature** - feature allows you to store and access training materials, forms, policy guidelines, etc. from the system. Examples include SDM materials, Jordan's principle application and others.
 - Quality Assurance** - feature that allows managers/supervisors to do final check on a case before it is marked as complete.
 - Report feature** - general reports on cases are available for both internal and external use.
 - Search feature** - easy to search cases from person's name, surnames and/or reference numbers.
 - Terminologies** - feature that allows common vocabulary and terminology for using the fields, functions, buttons, menu choices, etc. in the system.

If there are any other unique features you would like to mention, please enter in the box below:

9. Creating consistency in information collection is one of the benefits of using CMS. Are all the fields and/or menus in the system clearly defined so that you are clear and consistent when entering information?

- Yes
- No
- Sometimes
- Not sure

Please explain further:



Case Management System(CMS) PART III: DATA & REPORTING

10. What type of data related to disabilities is collected in the system?

- Disability types and severity
 - Assessments/diagnosis
 - Medical/health conditions
 - Case Planning
 - Other (please specify)
- Types of services/support needed and available
 - Referrals made to internal and/or external services (E.g., Jordan's Principle application)
 - Services for families and caregivers
 - Unsure

11. When working on a case with noted disability, are you able to access all information needed from the CMS (including client history, medical reports, case notes, etc.)?

- Yes I have full access to needed information
- Yes but I require permission from manager/supervisor/database clerk
- No

If you answered 'No', please explain:

12. Do you need to generate reports for your work? If yes, please list some of the types of reports generated from the system (E.g., demographics, service provision, intakes and investigations, number and types of cases, medical conditions/incidence report, worker activity, billing and financial reports, any other federal/provincial reporting requirement_

- Yes
- No

If yes, specify types of reports generated:

**13. How easy is it to generate reports on the data you collect?
(Skip if you do not require to generate reports for your work)**

- It is very easy to generate reports
- It is fairly easy to generate reports
- It is somewhat easy to generate reports
- I do not know how to generate reports

Please provide reasons for your answer choice:

14. CMS often comes with relevant and accessible tools needed to improve performance and outcomes. Do you have all the necessary tools in the system to efficiently carry out the tasks required for your role?

- Yes
- No

If not, please explain what tools are missing:



Case Management System(CMS) PART V: SYSTEM SATISFACTION

15. How satisfied are you with the reliability of the case management system?

- Very satisfied Dissatisfied
- Satisfied Very dissatisfied
- Neither satisfied nor dissatisfied

16. How satisfied are you with the case management system's ease of use?

- Very dissatisfied Satisfied
- Dissatisfied Very satisfied
- Neither satisfied nor dissatisfied

17. How satisfied are you with the design of the system?

- Very satisfied Dissatisfied
- Satisfied Very dissatisfied
- Neither satisfied nor dissatisfied

18. How satisfied are you with the value for the money of the system?

- Very satisfied
- Dissatisfied
- Satisfied
- Very dissatisfied
- Neither satisfied nor dissatisfied

19. Does the system provider offer quality and ongoing support?

- Yes
- No

20. How often does the staff receive training (if any) specific to case management system? Please give details on the types of training, who provides it and who is trained?

21. What recommendation do you have for improving the experiences of using the system?