

RESETTLEMENT ASSISTANCE PROGRAM (RAP) DASHBOARD EVALUATION

MARCH 2026



TABLE OF CONTENTS

1.0. INTRODUCTION.....	3
1.1. Background On The RAP Dashboard.....	3
1.2. Purpose of the evaluation	4
2.0. METHODOLOGY	5
2.1. Evaluation Approach	5
2.2. Evaluative Design.....	5
2.3. Data Sources.....	6
2.4. Data Collection	6
2.5. Data Analysis.....	6
2.6. Reliability And Validation	7
2.7. Limitations	7
3.0. ANALYSIS AND FINDINGS	7
4.0. RECOMMENDATIONS.....	13
5.0. NEXT STEPS.....	17
6.0. CONCLUSION	18

COPYRIGHT NOTICE

The content of this document is protected by Copyright © 2020 Alberta Association of Immigrant Serving Agencies (AAISA). All Rights Reserved. No part of this document including, but not limited to, the text, graphics, images, logos may be modified, reproduced, transmitted, distributed, publicly displayed or utilized for any commercial purpose, in any form, by any means, in whole or in part, without AAISA's specific written permission. This Copyright Notice is an integral part of this document and shall not be removed or altered.

LAND ACKNOWLEDGMENT

AAISA acknowledges that we are gathered on Treaty 6 territory – the traditional lands of diverse Indigenous Peoples, including the Nêhiyaw, Dene, Anishinaabe, Nakota Isga, and Niitsitapi peoples. We also acknowledge this as the Métis' homeland and the home of one of the largest communities of Inuit south of the 60th parallel.

We acknowledge the many First Nations, Métis, and Inuit Peoples who have lived in and cared for these lands since time immemorial. We are grateful for the Indigenous Knowledge Keepers and Elders who are with us today and those who have gone before us.

As we learn how to better support newcomers arriving to new lands, we must also recognize that our work in the immigration and settlement sector cannot be separated from the land on which we live and serve. The opportunities and systems that allow us to welcome newcomers exist within the context of colonization, broken treaties, and ongoing disruption of the ways of life of Indigenous Peoples on this land.

We recognize that we must do better to undo the harms of colonialism and white supremacy, and in doing so help us better serve the newcomer lives we touch. As a starting point, we seek opportunities to support Indigenous sovereignty and self-determination, while listening to, respecting and centering diverse Indigenous voices, and using our power to make space, in relationship, for Indigenous resurgence.

This report was authored by Aizel Castejon & Andrew Lam, as part of the Policy & Communications team at AAISA. All questions regarding this report can be directed to acastejon@aaisa.ca.

1.0. INTRODUCTION

The Alberta Association of Immigrant Serving Agencies (AAISA) administers the Alberta Resettlement Assistance Program (RAP) Dashboard to support sector coordination, representation, and evidence-informed engagement with Immigration, Refugees and Citizenship Canada (IRCC). The Dashboard compiles data drawn from monthly surveys completed by RAP service providers and presents quarterly snapshots of resettlement trends affecting Government-Assisted Refugees (GARs) across Alberta. Together, the RAP survey and Dashboard are intended to provide a shared, province-wide view of frontline pressures, emerging needs, and systemic barriers within the resettlement system.

Since its introduction, the RAP survey and Dashboard have served as consistent reporting tools, enabling regular information sharing between RAP providers, AAISA, and IRCC. The tools have supported quarterly discussion of housing pressures, health and disability needs, language access, employment barriers, and family composition trends. While this structure has allowed for timely aggregation and presentation of sector observations, questions have emerged regarding survey burden, clarity of purpose, and the extent to which the Dashboard supports longitudinal analysis, provider planning, or coordinated advocacy beyond quarterly reporting.

As of 2025–2026, responsibility for compiling, analyzing, and presenting the RAP Dashboard transitioned from IRCC to AAISA. This transition coincides with ongoing shifts in resettlement contexts, including sustained housing shortages, increasing client complexity, and evolving expectations for data-driven coordination and accountability. Within this context, an exploratory evaluation phase was undertaken to assess how the RAP survey and Dashboard function in practice and to identify opportunities to refine data collection, analysis, and presentation approaches in subsequent years.

The first year (2025-2026) is designed as an exploratory phase to assess and refine the RAP survey and Dashboard design, with the intention of informing targeted adjustments through 2026-2028. This evaluation examines how the RAP survey and Dashboard function in practice, with attention to data burden, clarity of purpose, and the extent to which current collection and presentation approaches generate meaningful, usable insights for sector coordination and engagement with IRCC.

1.1. BACKGROUND ON THE RAP DASHBOARD

The Alberta RAP survey and Dashboard were introduced in 2019 as tools to support sector coordination and to monitor resettlement trends affecting Government-Assisted Refugees (GARs) across Alberta. Initially developed to track the resettlement of Afghan refugees across the Prairie and Northern Territories region, the RAP survey has since evolved into an ongoing monthly data collection tool capturing frontline observations from RAP service providers. Survey questions combine structured and open-ended items addressing client composition and needs, systemic barriers, language and employment access, and health-related trends.

Data collected through the monthly RAP survey are aggregated and presented quarterly through the RAP Dashboard. The Dashboard provides a province-wide snapshot of trends observed across RAP providers, with recurring focus areas including housing availability, health and disability needs, language access, employment barriers, and family composition. The quarterly presentation format is intended to support regular information sharing and discussion among RAP providers and facilitate engagement with Immigration, Refugees and Citizenship Canada (IRCC) during RAP sector coordination forums.

From its launch until 2025, the RAP Dashboard was compiled and presented by IRCC using data submitted and cleaned by AAISA. As of the second quarter of 2025–2026, responsibility for compiling, analyzing, and presenting the RAP Dashboard transitioned fully to AAISA. This transition consolidated responsibility for survey administration, data processing, and presentation within a single organization and created an opportunity to examine how the survey and Dashboard function in practice.

The RAP survey is administered monthly to all IRCC-identified RAP service providers in Alberta using an online survey platform (SurveyMonkey). Responses are cleaned and aggregated using spreadsheet-based tools, and quarterly dashboards are produced in a standardized slide format for presentation and external distribution. While this approach supports timely reporting and consistency across quarters, it also shapes how data are collected, interpreted, and used. The RAP survey and Dashboard currently function primarily as recurring reporting mechanisms, providing quarterly snapshots rather than longitudinal analysis across multiple years.

Over time, recurring themes have appeared consistently across quarterly dashboards, including sustained housing pressures, barriers to language access, increasing health and disability complexity, childcare and family-related needs, and challenges related to employment and income transitions at RAP exit. These patterns provide important contextual grounding for understanding the role the RAP survey and Dashboard play within Alberta’s resettlement system and inform the evaluation that follows, which examines their clarity of purpose, data burden, and utility for sector coordination and engagement.

1.2. PURPOSE OF THE EVALUATION

The RAP survey and Dashboard were developed to support timely information sharing and coordination across Alberta’s RAP network; however, shifts in resettlement patterns, client complexity, and system pressures have increased demands on data collection and interpretation. At the same time, RAP providers face a growing administrative burden, with overlapping reporting requirements to IRCC and parallel data collection through the RAP survey and Dashboard. These dynamics have contributed to duplication, uneven buy-in, and questions about whether current collection and dissemination practices are efficient, clearly purposed, or proportionate to the value generated. As responsibility for the RAP Dashboard transitioned to AAISA in 2025-2026, there is an opportunity to reassess how these tools function within a rapidly changing resettlement environment and to identify efficiencies in how information is gathered, analyzed, and shared.

The purpose of this evaluation is to assess the design, use, and perceived utility of the RAP survey and Dashboard during the 2025-2026 exploratory phase. The evaluation examines clarity of purpose, alignment with sector and IRCC information needs, reporting overlap, and the efficiency of existing data collection and dissemination processes. The intent is to inform targeted refinements that reduce burden, address duplication, and strengthen the strategic value of RAP data collected in 2026-2028.

This report first outlines the evaluation methodology and analytic approach used during the exploratory phase. It then presents key findings on how the RAP survey and Dashboard function in practice, including strengths, limitations, and areas of inefficiency. The report concludes with recommendations to inform the future design of RAP data collection and dissemination, supporting the development of a more intentional, efficient, and usable Dashboard for sector coordination and engagement with IRCC.

2.0. METHODOLOGY

This evaluation was conducted as an exploratory qualitative inquiry during 2025-2026 to understand how the RAP survey and Dashboard operate in practice and to identify opportunities for refinement. The design prioritized practical insight over measurement, emphasizing provider experience, and workflow considerations. The following subsections describe the evaluative approach, design, data sources, data collection, analysis, reliability measures, and limitations.

2.1. EVALUATION APPROACH

The evaluation employed a qualitative, exploratory approach, which aligned with the intent of 2025-2026: to clarify how the RAP survey and Dashboard are understood, used, and experienced by RAP providers. This orientation supported a focus on lived experience, operational feasibility, and perceived value, rather than statistical precision or outcome measurement.

The work was designed to generate directional insights for iterative improvements in future years. It did not assess RAP program effectiveness, client-level outcomes, or the accuracy of reported data.

2.2. EVALUATIVE DESIGN

The evaluation followed a sequential design in which each step informed the next.

1. Environmental Scan: Work began with a review of RAP materials, including previous Dashboard outputs, the monthly survey instrument, and internal processes for data collection and cleaning. This provided the foundational understanding of how the tools currently function and informed early identification of recurring operational challenges.

2. **Development of Thematic Areas:** Insights from this review informed the initial thematic structure used to guide interviews. Themes reflected recurring issues such as housing pressures, survey burden, and clarity purposes.
3. **Interview Guide Creation and Participant Recruitment:** A semi-structured interview guide was developed using these themes. RAP providers across the province were invited to participate, resulting in seven interviews.
4. **Data Collection and Thematic Analysis:** Interview data were analyzed using the initial thematic framework, with additional themes incorporated as they emerged.
5. **Comparative Review of Past Dashboards:** Findings were then used to assess how effectively current survey data support meaningful reporting and whether Dashboard outputs aligned with provider needs.

This chronological structure ensured a coherent evaluation process in which each step was built logically on the previous one.

2.3. DATA SOURCES

The primary data source consisted of seven semi-structured interviews with RAP provider staff. These interviews formed the central evidence base for understanding provider experiences with the survey and Dashboard.

Supporting inputs included the RAP survey instrument, past Dashboards, and internal documentation describing data workflows. These materials informed evaluation design and contextual understanding but were not analyzed as data.

2.4. DATA COLLECTION

Seven semi-structured interviews were conducted with staff across RAP-funded service provider organizations during August-September 2025. Participants were recruited through direct outreach to all identified RAP providers. Interviews were conducted virtually and generally lasted 45–60 minutes.

The interview guide covered survey burden, clarity of purpose, data utility, alignment with operational needs, and perceptions of the Dashboard. Sessions were recorded and transcribed for analysis. The semi-structured format ensured consistent coverage of core questions while allowing participants to describe their experiences in their own terms.

No additional primary data collection (e.g., focus groups, supplementary surveys, observational methods) was undertaken during this exploratory phase.

2.5. DATA ANALYSIS

Interview transcripts were analyzed through thematic analysis appropriate to qualitative exploratory work. A set of preliminary categories such as survey burden, duplication, and clarity issues, guided by initial coding. As analysis progressed, new themes were added and existing ones refined to reflect participant input.

Coded excerpts were organized into thematic clusters and iteratively reviewed to clarify patterns, distinguish nuances, and identify points of emphasis. The analysis included an assessment of tone and emphasis to help distinguish neutral observations from areas of meaningful or urgent concern. Interpretation remained descriptive and grounded in participant accounts rather than attempting statistical generalization.

2.6. RELIABILITY AND VALIDATION

To support consistency in interpretation, two evaluators independently applied the emphasis assessment to coded excerpts. Differences were reviewed and discussed until a shared interpretation was reached. This peer-checking process served as a quality-assurance measure, promoting stability and transparency without overstating analytic precision.

2.7. LIMITATIONS

This evaluation reflects the perspectives of RAP provider staff who participated in seven interviews during 2025-2026. It examines how providers experience and uses the survey and Dashboard but does not assess RAP program outcomes, client impacts, or data accuracy. The work draws primarily on qualitative input and contextual review; it does not incorporate client perspectives, quantitative validation, or comparisons with other jurisdictions. Findings should therefore be interpreted as directional and bounded by the scope and timeframe of the exploratory phase.

3.0. ANALYSIS AND FINDINGS

This section presents qualitative findings across major themes that emerged from provider interviews. Each theme summarizes the dominant pattern, elaborates on how the issue appears across discussions, and identifies meaningful variations. The section concludes with a synthesis of cross-cutting insights.

Dashboard Used Primarily for Compliance and Reference

Participants consistently described the RAP Dashboard as something they engage with minimally, using it mainly to fulfill reporting requirements rather than as a tool that informs internal decision-making. The dominant pattern was that the Dashboard provides information that providers already track internally, resulting in limited operational use.

Many explained that their organizations maintain their own spreadsheets or tracking systems, which may be more detailed and/or better aligned with their workflow needs. Because these internal tools already capture the information required for planning and reporting, the Dashboard was often viewed as duplicative. Several participants noted that they “already know” the information reflected in the Dashboard, framing it as a high-level summary rather than a resource reflecting new insight. In these accounts, the Dashboard functioned more as a comparative reference than a tool with practical application.

Another recurring feature across discussions was the sense that the Dashboard is part of a pass-through process: providers collect and submit data because it is required, but do not use the resulting product in their work. Some participants described the Dashboard as “interesting,” but not something they “really use,” highlighting a gap between informational value and operational relevance. Other participants noted that when they need data, there is a greater reliance on systems such as iCARE or their own internal spreadsheets, positioning the Dashboard as a secondary or situational resource rather than a primary one.

Variation across organizations appeared mainly in how the Dashboard was positioned relative to other tools. Despite the differences, the overall pattern remained consistent: the Dashboard is not integrated into providers’ core reporting or planning processes.

Participants raised this theme with a low to medium level of intensity. Most described the limited use of the Dashboard in neutral, descriptive terms, while a smaller number expressed clearer concern about the gap between what the Dashboard offers and what they need in practice.

Value of Cross-Site Comparison

In contrast to the limited use of the Dashboard overall, cross-site comparison emerged as one of its most consistently appreciated features. Providers described comparative data as grounding and informative, offering a sense of where their centre sits relative to others and whether the challenges they face are shared across the province. This comparative lens helped contextualize client volumes, validate internal experiences, and illuminate differences in service offerings or capacity.

Participants highlighted several ways this information supported their work. Some found it reassuring to see that patterns in their own data mirrored those of other centres, reducing the sense of operating in isolation. Others used comparative figures to support internal reporting or to explain fluctuations in workload to leadership teams. Several providers expressed interest in more frequent or more detailed comparative snapshots, including forward-looking indicators that could help anticipate shifts in arrivals or capacity.

Although some noted limits to comparability, particularly when centres offer different services such as childcare, the appetite for transparent, province-wide data was strong. The intensity of this theme was moderate: not urgent but consistently described as one of the clearest value adds of the current system.

Internal Planning, Staffing, and Program Design Use

While the Dashboard was not widely used for day-to-day decision-making, certain data points played a meaningful role in internal planning. Providers described using trends in housing, transferee numbers, and family composition to anticipate upcoming needs and adjust programming. These indicators helped some organizations prepare staffing levels, plan shifts in client characteristics, or identify areas where families might require additional support.

The anticipatory value of the data was particularly evident in discussions about housing pressures and case management needs. Some providers monitored transferee numbers

closely because they directly affected the viability of certain positions. Others used early signals in the data to prepare large families or to adjust children and youth programming during the first weeks of settlement.

The depth of integration varies across organizations. For some, the data served as a general reference point; for others, it informed mid-cycle planning or frontline conversations with families. The theme carried a medium to high level of intensity, reflecting the practical relevance of certain indicators even when the Dashboard was not central to planning.

Duplication With Other Systems (iCARE, Internal Databases)

Providers frequently noted that much of the information captured through the RAP survey and Dashboard is already tracked in internal spreadsheets or iCARE. This overlap created a sense of duplication rather than added value. Many described entering similar information into multiple systems, which increased administrative burden without offering clear operational benefit.

Internal spreadsheets were often described as more detailed or better aligned with workflow needs, making them the primary reference point for planning and reporting. When providers needed information, they typically turned to these internal tools or to iCARE rather than the Dashboard. The Dashboard was used selectively, often only when comparative context was needed.

Experiences of duplication varied slightly across organizations, depending on how heavily they relied on internal systems. However, the underlying dynamic was consistent: the Dashboard did not replace existing tools and was rarely integrated into routine workflows. Participants raised this theme with a low to medium level of intensity, framing duplication as a practical reality rather than a major concern.

Survey Burden and Length Concerns

The RAP survey was widely described as time-consuming, though not necessarily because of its length alone. The primary source of burden was the need to gather information from multiple systems and coordinate with frontline staff. Providers often had to reconcile data across spreadsheets, verify details not centrally tracked, or follow up with colleagues to complete certain sections.

Time estimates vary. Many described a typical completion window of 20–30 minutes, while others noted that the process could take significantly longer during high-arrival months or when frontline data were incomplete. Some participants linked burden to the structure or scope of the survey, noting that questions outside the RAP six-week period required additional verification or coordination with case management teams.

The intensity of this theme was moderate. Providers did not frame the survey as a major burden but consistently described it as a practical challenge shaped by data availability, question scope, and the need to consolidate information across systems.

Structure and Usability Issues (Clarity, Question Design, Terminology)

Several structural and usability issues made the survey difficult to complete. Providers pointed to questions that required information they did not routinely collect, such as detailed age groupings for children or specific employment classifications. Others highlighted terminology that varied across centres or did not align with RAP timelines, leading to inconsistent interpretation.

Ambiguities around definitions were common. Providers described uncertainty about whether childcare included child-minding, whether youth program referrals included free play or SWIS, or which clients should be included in certain questions. Some noted that items might be better suited to case management staff, reflecting role-based mismatches in who holds the relevant information.

The degree of impact varied as participants raised this theme with a medium to high level of intensity. For some, these issues were minor inconveniences; for others, they created significant confusion and affected data accuracy. A few participants raised broader concerns about the overall user-friendliness of the survey, noting that the way information must be collected and entered does not align well with their workflow.

Timing Alignment Issues

Across interviews, participants consistently described challenges related to the timing and scope of several survey questions. The dominant pattern was that certain items did not align with the RAP six-week service period, creating confusion about which clients to include, when information should be collected, and how to interpret questions that extend into the one-year case management window.

Participants frequently noted that questions about employment, income support, or one-year outcomes fall outside the RAP mandate, making it difficult to provide accurate responses without coordinating with case management staff. Several described uncertainties about whether questions referred to the six-week RAP period, the one-year settlement timeline, or a broader provincial standard. These mismatches required additional follow-up, delayed completion, or created ambiguity about how to categorize clients whose assessments or milestones occurred after the reporting month.

A recurring feature across discussions was the operational impact of these timing inconsistencies. Participants described situations where month-end arrivals distorted reporting accuracy, where assessments spilled into the following month, or where clients had not yet reached key milestones by the time the survey was due. Others emphasized that the most actionable information is tied to the six-week period, and that questions extending beyond that window were less relevant to their role. In some cases, participants expressed that a single survey could not feasibly capture both RAP and case management timelines, noting that the two programs are funded and structured separately across the province.

Variation across organizations appeared in how sharply these timing issues were felt. Some providers experienced them as manageable inconsistencies requiring clarification, while others described more significant feasibility constraints, including explicit difficulty completing questions tied to one-year outcomes. A few participants raised broader concerns

about the lack of clear temporal benchmarks, noting that inconsistent timing made it difficult to regulate reporting practices across months.

Overall, participants raised this theme with a medium to high level of intensity. Timing misalignment was described as a persistent source of confusion and additional work, particularly when questions extended beyond the RAP service window or required information held by other teams.

Outdated or Irrelevant Questions

Participants identified several survey items as outdated or no longer relevant to current RAP operations. The most prominent example was the housing top-up questions, which no longer reflect existing programming. These items created confusion about how to respond and led to inconsistent interpretation across centres.

Providers also pointed to questions that felt redundant, such as those about income support when nearly all clients follow the same pathway, or irrelevant to their context, such as childcare questions for centres without childcare services. Some noted that questions about persistent challenges, such as barriers to health services, had produced the same responses for over a year, reducing their usefulness.

The intensity of this theme was moderate to strong. Outdated or irrelevant items were described as sources of confusion, redundancy, and inconsistent reporting, particularly when tied to discontinued programs or services not offered across all centres.

Requests for More Granular or Nuanced Data

Alongside concerns about outdated content, providers expressed interest in capturing more detailed or differentiated information. Many wanted data that better reflects client complexity, service pathways, and operational pressures. Suggestions included tracking shared accommodation, medically complex cases, case management triage levels, and time spent on medical appointments.

Participants also emphasized the value of clearer disaggregation. Detailed family composition data, distinctions between arrivals and assessments, and more nuanced measures of challenges were seen as ways to support planning and interpretation. Some expressed interest in country-of-refuge information to identify shifts in arrival patterns across regions.

This theme carried a moderate level of intensity. Priorities varied across organizations, but the underlying desire was consistent: providers wanted data that support deeper analysis and more precise planning.

Housing and Overstay Emphasis

Housing-related indicators stood out as particularly meaningful. Providers emphasized the importance of understanding family size, duration of stay, and overstay patterns to anticipate accommodation needs and interpret system pressures. Larger families and complex cases were often described as remaining in temporary housing longer, and many providers wanted to compare these patterns across centres.

Tracking overstays over time was a recurring interest. Participants wanted to see whether overstays were improving or worsening, whether they were linked to limited housing inventory, or whether certain client groups were more affected. Some noted that while housing questions were relevant, they were not always used internally because overstays are reported directly to IRCC.

Housing pressures were often linked to broader service needs, such as disability supports or delays in accessing language classes, suggesting that housing challenges frequently co-occur with other barriers. This theme carried a moderate to strong level of intensity.

Language Referrals and Wait-Times

Language access emerged as a persistent challenge across regions. Providers described long and often unpredictable wait-times for LINC classes, with some clients waiting months or even close to a year. These delays affected early settlement and shaped how providers interpreted referral data.

Participants frequently noted that wait-lists for English classes have remained lengthy “for months and months... even years,” emphasizing the stability of this issue over time. Several described that only clients with higher English levels or those willing to travel significant distances were able to secure spots, while lower-level learners faced greater barriers. These accounts highlighted how language access is shaped by both capacity constraints and client characteristics.

Some participants described using the survey referral questions as a reference point for internal planning, noting that language wait-times were among the most significant indicators they monitored. Others explained that clients rarely enter LINC within the first eight weeks, underscoring a gap between RAP timelines and actual service access. Participants also pointed to the existence of wait-lists and service gaps as ongoing realities that shape client pathways.

Other providers described typical waits of several weeks, while others reported clients still waiting for ten months. These differences reflected local capacity, client volumes, and regional availability of classes. Despite this variation, participants consistently framed language access as a challenge that affects a broad range of clients.

Regional variation was evident, but the underlying issue was consistent: language wait-time was widely seen as a significant barrier for clients. Participants raised this theme with a moderate to strong level of emphasis. Language wait-times were described as persistent, consequential, and central to understanding early settlement barriers, with several participants identifying them as one of the most significant issues they track.

Dashboard and Output Format Preferences

Providers expressed clear preferences for how survey results and Dashboard outputs should be presented. Many valued visual formats such as graphs, charts, single-page snapshots, that could be easily shared in meetings or used to illustrate trends. Others emphasized the need for brief narrative summaries to complement visuals and accommodate different learning styles.

Several noted that the inability to save progress or return to partially completed surveys created a risk of losing work, especially when computers restarted or when staff needed to gather additional information. Others described uncertainty about whether submissions had been received, leading to duplicate entries or follow-up requests. These experiences underscored a desire for clearer confirmation mechanisms and more stable, user-friendly interfaces.

A recurring feature across discussions was a preference for more structured and streamlined question formats. Participants expressed interest in multiple-choice options, fill-in-the-blank structures, and clearer descriptions of what each question was asking. Many felt that reducing long-form responses and reorganizing the question order would make the survey easier to complete consistently within a reasonable timeframe. These preferences reflected a broader desire to reduce cognitive load and ensure that staff across centres could interpret questions in the same way.

Preferences varied across organizations, but the desire for outputs that are accessible, easy to interpret, and aligned with diverse communication needs was consistent. This theme carried a moderate level of intensity.

Synthesis Across Themes

Taken together, these themes reveal several cross-cutting dynamics: a disconnect between the Dashboard's intended purpose and its practical use; strong interest in comparative data; operational tensions related to timing, definitions, and outdated content; administrative burden shaped by duplication and data consolidation; and a clear desire for greater clarity, usability, and relevance. Housing, case complexity, and language access emerged as consistently high-value domains. These patterns form the foundation for the recommendations that follow.

4.0. RECOMMENDATIONS

The recommendations below draw directly from the findings and are organized by the design domain. Each recommendation includes rationale and key considerations to implement.

Clarify and Stabilize Survey Purpose

Recommendation: Articulate and maintain a clear, consistent purpose statement for the RAP Dashboard and Sector Survey across cycles.

Rationale: Participants expressed uncertainty about whether the survey is intended for compliance, benchmarking, internal planning, or sector-level advocacy. This ambiguity shaped how the survey was completed and how the results were used.

Considerations: A clarified purpose should guide decisions about question scope, timing, and output formats. This does not require narrowing the survey function but rather making its intended uses explicit and stable across reporting periods.

Align Question Scope with RAP Timelines and Roles

Recommendation: Ensure survey questions align with the RAP six-week service window and clearly distinguish items that relate to case management or longer-term outcomes.

Rationale: Participants consistently noted confusion when questions extended beyond the RAP mandate or required information held by other teams. Misalignment created additional work, uncertainty, and inconsistent reporting.

Considerations: Some centres may still find value in longer-term indicators; if retained, these should be clearly labeled and directed to the appropriate role or team. A single survey may not feasibly capture both RAP and case management timelines without structural separation.

Streamline Structure and Reduce Completion Burden

Recommendation: Simplify question formats, reduce long-form responses, and streamline the order and flow of the survey to minimize friction during completion.

Rationale: Participants described the survey as time-consuming, especially when reconciling data across systems. Structured formats (e.g., multiple choice, fill-in fields) and clearer sequencing were seen as ways to reduce cognitive load and improve consistency.

Considerations: Streamlining should balance efficiency with the need for nuanced data. Some questions may require more detail; these should be clearly justified and limited to areas where depth is essential.

Remove or Update Outdated and Irrelevant Items

Recommendation: Review and revise survey items that no longer reflect current RAP programming, such as discontinued housing top-ups or services not offered across all centres.

Rationale: Participants identified several questions as obsolete or irrelevant, leading to confusion, inconsistent interpretation, and limited analytic value.

Considerations: Where discontinued programs have been replaced by new supports (e.g., supplements), updated questions should reflect current terminology and processes. Items that are universally redundant (e.g., automatic referrals) may be better captured through administrative data.

Address Duplication with Existing Systems

Recommendation: Reduce duplication by aligning survey content with data already captured in iCARE or internal databases and clarify where the survey is intended to complement rather than replicate existing systems.

Rationale: Participants frequently described entering similar information into multiple systems, leading to inefficiencies and limited added value.

Considerations: Not all duplication can be eliminated; some overlap may be necessary for validation or cross-comparison. Where duplication remains, its purpose should be explicit.

Enhance Clarity, Definitions, and Question Guidance

Recommendation: Provide brief definitions, examples, or clarifying notes for terms and categories that are commonly interpreted differently across centres.

Rationale: Participants described uncertainty around definitions (e.g., childcare vs. child-minding, complex cases, employment categories), which affected data accuracy and comparability.

Considerations: Guidance should remain concise to avoid adding burden. Definitions should be stable across cycles to support consistent interpretation.

Expand Capacity for Granular and Nuanced Data Where Needed

Recommendation: Introduce optional or structured fields that allow for more detailed data in areas where providers consistently sought deeper insight (e.g., complex cases, family composition, medically complex clients, housing timelines).

Rationale: Participants expressed interest in more nuanced data to support planning, trend analysis, and understanding of client needs.

Considerations: Granularity should be targeted to areas with clear operational relevance. Optional fields may help balance depth with burden.

Improve Dashboard Output Formats and Accessibility

Recommendation: Provide outputs in multiple formats, such as visual summaries, brief narratives, and single-page snapshots, to accommodate diverse learning styles and internal communication needs.

Rationale: Participants valued visuals for team discussions and morale, while others preferred narrative summaries. Many emphasized the usefulness of concise, shareable formats.

Considerations: Outputs should remain consistent across cycles to support longitudinal interpretation. A web-based repository may enhance accessibility but should not replace downloadable or meeting-ready formats.

Introduce Basic Usability Enhancements to the Survey

Recommendation: Incorporate features such as save-and-return functionality, submission confirmation, and stable session handling.

Rationale: Participants described losing work due to system restarts and uncertainty about whether submissions were received, leading to duplication and frustration.

Considerations: Technical enhancements should be balanced with system constraints and security requirements. Even small improvements (e.g., confirmation messages) can meaningfully reduce friction.

Improve Dashboard Output Formats and Accessibility

Recommendation: Provide outputs in multiple formats, such as visual summaries, brief narratives, and single-page snapshots, to accommodate diverse learning styles and internal communication needs.

Rationale: Participants valued visuals for team discussions and morale, while others preferred narrative summaries. Many emphasized the usefulness of concise, shareable formats.

Considerations: Outputs should remain consistent across cycles to support longitudinal interpretation. A web-based repository may enhance accessibility but should not replace downloadable or meeting-ready formats.

5.0. NEXT STEPS

The implementation of the RAP Dashboard and Sector Survey redesign will follow a staged but flexible approach. The process emphasizes an initial redesign, active engagement with providers, and ongoing refinement as the tools are used in practice.

Initial Redesign and Early Consultation: In the first quarter of 2026–2027, the project team will apply the initial redesign of the Sector Survey. This will include adjustments made to survey language, structure, distribution, and data analysis. During this period, we will also continue consultations with RAP providers to ensure adjustments stay alignment with RAP workflows and are responsive to changing operational realities. Ultimately, the goal of this stage is to ensure the survey is reflective of the needs of the sector through initial redesigns and that feedback opportunities are made so future adjustments continue to stay grounded in provider experience.

Ongoing Provider Engagement: Engagement with providers will continue across the full implementation period. This includes validating changes, identifying challenges in real time, and ensuring that refinements support both usability and data quality. Maintaining this ongoing dialogue helps ensure that the Dashboard and survey remain relevant, practical, and aligned with the realities of RAP service delivery.

Iterative Adjustment and Continued Engagement: Larger more structural adjustments will be completed throughout the remainder of 2026-2027. Consultations and continued feedback will inform such changes. This approach is critical, as such structural flexibility allows natural and responsive evolution of the Dashboard, while still capturing key information and emerging themes or trends. Larger adjustments can include continuous refinement of survey content, definitions, and output formats. Overall, this iterative approach allows the Dashboard and survey to remain stable enough for consistent reporting while still adapting to critical and emergent needs and sector insights.

6.0. CONCLUSION

This evaluation sets out to understand how the RAP Dashboard and Sector Survey function in practice and to identify opportunities to strengthen their design and application. Through the perspectives of providers across the province, the analysis clarifies how the current tools support sector work, where they create friction, and what matters most for their future development. The recommendations offered here translate those insights into practical directions for redesign, with attention to purpose, usability, data relevance, and the broader system in which RAP services operate. Taken together, this work contributes to ongoing sector planning and policy engagement by providing a clearer picture of how information is used on the ground and what is needed to ensure the Dashboard and survey continue to serve as meaningful, reliable tools for the RAP community.