



Coast/North Shore Service Delivery Area

Resource Practice Audit

Report Completed: August 2015

Office of the Provincial Director of Child Welfare and Aboriginal Services

Quality Assurance Branch

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INTRODUCTION

This section of the report provides information about the purpose and methodology of the Resource (RE) practice audit that was conducted in the Coast/North Shore Service Delivery Area (SDA) from April to May, 2015.

1. PURPOSE

The RE practice audit is designed to assess achievement of key components of the Caregiver Support Services (CSS) Standards. The CSS Standards were implemented in December 2006, and revised in May 2008, May 2013, and October 2014.

2. METHODOLOGY

The audit is based on a review of RE records for family care homes. Physical files and electronic records in the Ministry Information System (MIS) and the Integrated Case Management (ICM) system were reviewed. A sample of RE records was selected from a list of data extracted (at the SDA level) from the MIS system in December, 2014, using the simple random sampling technique.

The data list (i.e., sampling frame) consisted of RE records pertaining to family care homes – of the types Regular, Level 1, Level 2, Level 3, Restricted and Client Service Agreement (CSA) where the provider was a unique family caregiver contracted directly by the Ministry – that met all of the following criteria:

- eligible for payment for at least 13 months between November, 2011, and October, 2014
- eligible for payment for at least 1 month since January 1, 2013
- eligible for payment for at least 1 month prior to November 1, 2012
- had a child or youth in care (CYIC) placement for at least 1 month between November, 2011, and October, 2014

The total number of RE files in the sampling frame for the Coast North Shore SDA was 90 and the total number of RE records in the sample was 39. This sample size provides a 90% confidence level, with a 10% margin of error.

The sampled records were assigned to a practice analyst on the provincial audit team for review. The analyst used the RE Practice Audit Tool to rate the records. The RE Practice Audit Tool contains 11 critical measures designed to assess compliance with key components of the CSS Standards using a scale with achieved and not achieved as rating options for measures RE 1, 2, 4, 5, 8, 9, 10 and 11, and a scale with achieved, not achieved, and not applicable as rating options for measures RE 3, 6 and 7. The analyst entered the ratings in a SharePoint data collection form that included ancillary questions and text boxes, which were used to enter additional information about the factors taken into consideration in applying some of the measures.

The audit sampling method and MIS data extracts were developed and produced with the support of the Modelling, Analysis and Information Management (MAIM) Branch.

In reviewing sampled records, the analyst focused on practice that occurred during a 36-month period (November, 2011 – October, 2014) leading up to the time when the audit was conducted (April – May, 2015).

Quality assurance policy and procedures require that a practice analyst identify for action any record that suggests a child may need protection under section 13 of the *Child, Family and Community Service Act*. During an audit, the practice analyst watches for situations in which the information in the record suggests that a child may have been left in need of protection. When identified, the record is brought to the attention of the responsible team leader (TL) and community services manager (CSM), as well as the executive director of service (EDS), for follow up, as appropriate.

COAST/NORTH SHORE SDA RESOURCE PRACTICE AUDIT

This section provides information about the findings of the RE practice audit that was conducted in the Coast/North Shore SDA from April to May, 2015.

3. FINDINGS AND ANALYSIS

The findings are presented in tables that contain counts and percentages of ratings of achieved and not achieved for all of the measures in the audit tool (RE 1 to RE 11). The tables contain findings for measures that correspond with specific components of the CSS Standards. Each table is followed by an analysis of the findings for each of the measures presented in the table.

There were 39 records in the sample selected for this audit. However, not all of the measures in the audit tool were applicable to all 39 records in the sample. The “Total” column next to each measure in the tables contains the total number of records to which the measure was applied. Some of the tables have footnotes indicating the number of records for which a measure was not applicable and the reasons why.

3.1 Screening, Assessment and Approval of Caregiver

Table 1 provides compliance rates for measures RE 1 to RE 3, which relate to screening, assessment and approval of caregivers. These measures correspond with CSS Standard 2 and CSS Standard 3. The rates are presented as percentages of all records to which the measures were applied.

Table 1: Screening, Assessment and Approval of Caregiver

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
RE 1: Screening and Assessment of Caregiver	39	19	49%	20	51%
RE 2: Approval of Caregiver	39	5	13%	34	87%
RE 3: Consolidated Criminal Record Check*	35	28	80%	7	20%

*This measure was not applicable to 4 records because the 3-year renewal of CCRCs was not yet required. One of these 4 records was closed before the renewal was required.

RE 1: Screening and Assessment of Caregiver

The compliance rate for this critical measure was **49%**. The measure was applied to all 39 records in the sample; 19 of the 39 records were rated achieved and 20 were rated not achieved. To receive a rating of achieved, the following activities had to have been completed and documented in the file:

- an assessment or home study conducted through a series of questionnaires, interviews, and visits to the caregiver’s home
- criminal record checks for everyone in the home 18 years of age and over
- prior contact checks for everyone in the home 18 years of age and over
- medical assessment(s) of the caregiver(s)
- three reference checks conducted by letter, questionnaire or interview

All of the 20 records rated not achieved were missing one or more of the assessment activities listed above. Specifically, 3 records were missing the home study assessment report; 7 were missing the home

study assessment report and one other assessment activity (i.e., medical assessment, prior contact check, references, or criminal record check); 2 was missing the medical assessment; 2 were missing the medical assessment and one other assessment activity (i.e., prior contact check or references); 1 was missing the prior contact check; 1 was missing the prior contact check and the criminal record check; 1 was missing the references; 1 was missing the references and the criminal record check; and 2 were missing the criminal record check.

RE 2: Approval of Caregiver

The compliance rate for this critical measure was **13%**. The measure was applied to all 39 records in the sample; 5 of the 39 records were rated achieved and 34 were rated not achieved. The records rated achieved had documentation of all the screening and assessment activities listed in RE 1, the approval of the caregiver was consistent with the outcomes and recommendations in the home study or assessment report, and the caregiver had successfully completed pre-service information or orientation sessions.

Of the 34 records rated not achieved, 9 were missing one or more of the screening and assessment activities; 2 were missing one or more screening and assessment activities and had an approval that was inconsistent with the assessment; 4 were missing one or more screening and assessment activities and had documentation indicating that the caregivers had not successfully completed pre-service orientation sessions; and 5 were missing one or more screening and assessment activities, had an approval that was inconsistent with the assessment, and were missing confirmation that the caregivers had completed pre-service orientation sessions. In addition, 8 records were missing documentation confirming that the caregivers had successfully completed pre-service orientation sessions, and another 6 had an approval that was inconsistent with the assessment and were missing confirmation that the caregivers had completed pre-service orientation sessions.

RE 3: Consolidated Criminal Record Check

The compliance rate for this critical measure was **80%**. The measure was applied to 35 of the 39 records in the sample; 28 of the 35 records were rated achieved and 7 were rated not achieved. To receive a rating of achieved, there had to be documentation indicating that the foster caregiver and/or relief care provider, and any person 18 years of age or older associated with the foster caregiver and/or relief care provider, had a Consolidated Criminal Record Check (CCRC) completed at least once during the 36-month period leading up to the time when this audit was conducted, and the CCRC had to have been completed according to the Criminal Record Check Policy and Procedures in Appendix B of the CSS Standards.

Of the 7 records rated not achieved, 6 were missing a valid CCRC for at least one foster caregiver, relief care provider, or person over the age of 18 in the home. One additional record was rated not achieved because the CCRC for a relief care provider produced a "hit" and no documentation was found in the file to verify whether the resource social worker had followed up appropriately. To receive a rating of achieved, there had to be documentation, such as email notes from the worker to the supervisor, indicating that the results of the CCRC had been addressed and the CSM had given approval (or not) for the caregivers to use the relief care provider in question.

3.2 Caregiver Continuing Learning and Sharing Placement Information with Caregiver

Table 2 provides compliance rates for measures RE 4 and RE 5. These measures correspond with CSS Standard 7 and CSS Standard 9. The rates are presented as percentages of all records to which the measures were applied.

Table 2: Caregiver Continuing Learning and Sharing Placement Information with Caregiver

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
RE 4: Caregiver Continuing Learning and Education (including mandatory education)	39	11	28%	28	72%
RE 5: Sharing Placement Information with a Caregiver	39	18	46%	21	54%

RE 4: Caregiver Continuing Learning and Education

The compliance rate for this critical measure was **28%**. The measure was applied to all 39 records in the sample; 11 of the 39 records were rated achieved and 28 were rated not achieved. To receive a rating of achieved, there had to be a learning plan and documentation confirming that the caregiver had completed the mandatory caregiver education program within two years of the date on which he or she was approved as a caregiver, or there had to be a learning plan and documentation indicating that the caregiver had partially completed the mandatory education program and it had not yet been two years since he or she was approved as a caregiver.

In 18 of the 28 records rated not achieved, the documentation indicated that the caregivers had not completed the mandatory education program. In 1 other record, the mandatory education program had been completed by the caregiver, but not within two years of the date on which the caregiver was approved. In 1 additional record there was no learning plan, and in the remaining 8 records there was neither a learning plan nor confirmation that the caregiver had completed mandatory training.

RE 5: Sharing Placement Information with Caregiver

The compliance rate for this critical measure was **46%**. The measure was applied to all 39 records in the sample; 18 of the 39 records were rated achieved and 21 were rated not achieved. To receive a rating of achieved, there had to be documentation confirming that the caregiver had received relevant written information about each CYIC placed in the caregiver's home during the 36-month period leading up to the time when the audit was conducted and throughout the time that the CYIC stayed in the home, and this information had to be contained in the RE file. The required documentation included written referral information from each CYIC's guardianship or child protection social worker and a written copy of the caregiver's responsibilities, as outlined in each CYIC's plan of care.

All 21 records rated not achieved lacked relevant written information (i.e., referral documentation) about each CYIC placed in the home within the 36-month period leading up to the time when the audit was conducted.

3.3 Ongoing Monitoring, Annual Reviews, and Allowable Number of Children in Home

Table 3 provides compliance rates for measures RE 6 to RE 8. These measures correspond with CSS Standard 17 and CSS Standard 11. The rates are presented as percentages of all records to which the measures were applied. The notes below the table provide the numbers of records for which two of the measures were not applicable and explain why.

Table 3: Ongoing Monitoring, Annual Reviews, and Allowable Number of Children in Home

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
RE 6: Ongoing Monitoring of Child Safety and Well-being *	38	0	0%	38	100%
RE 7: Annual Reviews of Caregiver’s Home **	38	1	3%	37	97%
RE 8: Allowable Number of Children in Caregiving Home	39	34	87%	5	13%

*This measure was not applicable to 1 record because there were no CYICs residing in the home longer than 90 days during the timeframe for the audit.

**This measure was not applicable to 1 record because the record was closed before an annual review was required.

RE 6: Ongoing Monitoring of Child Safety and Well-being

The compliance rate for this critical measure was **0%**. The measure was applied to 38 of the 39 records in the sample and all 38 records were rated not achieved. To receive a rating of achieved, there had to be, for each CYIC residing in the caregiver’s home during the 36-month period leading up to the time when the audit was conducted, file documentation of ongoing monitoring of the safety and well-being of the CYIC and the CYIC’s progress in relation to his or her plan of care, compliance of the caregiving home with relevant standards (including the requirement of in-person visits to the home by the resource social worker at least once every 90 days), and any changes that had occurred in the physical environment and the experience of the CYIC in the caregiving home.

In 36 of the 38 records rated not achieved, there was insufficient documentation to confirm that the resource social worker had visited the caregiving home at least once every 90 days. In the 2 remaining records there was no documentation indicating that in-person visits had occurred or that the resource worker had regular communication with the caregiver about the needs of the CYIC placed in the home. Both of these caregiving homes are now closed.

RE 7: Annual Reviews of the Caregiver’s Home

The compliance rate for this critical measure was **3%**. The measure was applied to 38 of the 39 records in the sample; one of the 38 records was rated achieved and 37 were rated not achieved. To receive a rating of achieved, there had to be file documentation confirming that annual reviews had been conducted with the caregiver within 30 working days of the anniversary date of the initial approval of the home for each year during the 36-month period leading up to the time when the audit was conducted.

In 2 of the 37 records rated not achieved, all of the required annual reviews were completed, but not within 30 working days of the anniversary date of the initial approval of the home. An additional 16

records had some, but not all, of the required reviews completed. Finally, 19 records had no annual reviews in the file for the 36-month period preceding the audit.

RE 8: Allowable Number of Children in Caregiving Home

The compliance rate for this critical measure was **87%**. The measure was applied to all 39 records in the sample; 34 of the 39 records were rated achieved and 5 were rated not achieved. To receive a rating of achieved, the number of all children living in the caregiving home could not have exceeded six, and the number of CYICs living in the home could not have exceeded the maximum allowable number based on the level of the home, during the 36-month period leading up to the time when the audit was conducted, or there had to be exceptions by the director (i.e., the responsible CSM) documented in the file.

All 5 records rated not achieved pertained to homes that had exceeded the maximum allowable number of CYICs at least once during the 36-month period preceding the audit, and none of these records contained documentation of an exception by the responsible CSM.

3.4 Supportive Practice, Reportable Circumstances and Caregiver Protocols

Table 4 provides compliance rates for measures RE 9 to RE 11. These measures correspond with CSS Standard 15, CSS Standard 18, and CSS Standard 19. The rates are presented as percentages of all records to which the measures were applied. The note below the table provides the number of records for which one of the measures was not applicable and explains why.

Table 4: Supportive Practice, Reportable Circumstances and Caregiver Protocols

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
RE 9: Supportive Practice *	38	28	74%	10	26%
RE 10: Reportable Circumstances	39	29	74%	10	26%
RE 11: Caregiver Protocols	39	16	41%	23	59%

*This measure was not applicable to 1 record because the home provided service for only one month during the timeframe of the audit.

RE 9: Supportive Practice

The compliance rate for this critical measure was **74%**. The measure was applied to 38 of the 39 records in the sample; 28 of the 38 records were rated achieved and 10 were rated not achieved. To receive a rating of achieved, there had to be documentation of supportive practice with the caregiver and the provision of support services had to be consistent with the expectations of the caregiver, as outlined in each CYIC’s plan of care, the Standards for Foster Homes, and the contractual agreement.

In 3 of the 10 records rated not achieved there was no documentation of supportive practice in the file, and in the additional 7 records the provision of support services was not consistent with the expectations of the caregiver, as documented in the file.

RE 10: Reportable Circumstances

The compliance rate for this critical measure was **74%**. The measure was applied to all 39 records in the sample; 29 of the 39 records were rated achieved and 10 were rated not achieved. To receive a rating of

achieved, there had to be documentation confirming that the director had informed the caregiver, in writing, of his or her obligation to report all information of significance about the safety and well-being of CYICs in his or her care, the written information provided to the caregiver had to comply with the criteria listed in policy related to CSS Standard 18, and a copy of the written information provided to the caregiver had to be contained in the file.

All 10 records rated not achieved lacked documentation confirming that the caregivers had received written information about their obligation to report information of significance about the safety and well-being of CYICs in his or her care, including a copy of the Standards for Foster Homes, which contains this information.

RE 11: Caregiver Protocols

The compliance rate for this critical measure was **41%**. The measure was applied to all 39 records in the sample; 16 of the 39 records were rated achieved and 23 were rated not achieved. To receive a rating of achieved, there had to be file documentation confirming that the director had informed the caregiver about expectations for caregivers during a protocol investigation and/or review, and the obligations of the director's delegate to respond in accordance with the protocols.

In 19 of the 23 records rated not achieved, there was no documentation indicating the caregiver had been informed about expectations during a protocol investigation and/or review, and the obligation of the director's delegate to respond in accordance with the protocols. In another 3 records the documentation indicated the caregiver had received information about dispute resolution protocols/complaints procedures, but the file contained no information indicating the caregivers were aware of expectations during a protocol investigation. In 1 additional record, there was information indicating the caregiver was aware of expectations during a protocol investigation, but no information confirming that the caregiver was informed about dispute resolution protocols/complaints procedures.

Records Identified for Action

Quality assurance policy and procedures require that a practice analyst identify for action any record that suggests a child may need protection under section 13 of the *Child, Family and Community Service Act*. During the course of this audit, none of the records were identified for action.

4. OBSERVATIONS AND THEMES

This section summarizes the observations and themes arising from the record reviews and audit findings and analysis. The observations and themes relate to identified strengths and areas needing improvement. Some relate to specific critical measures and corresponding policy requirements, while others are informed by themes that emerged across several measures. The purpose of this section is to inform the development of an action plan to improve practice.

The SDA overall compliance rate was **45%**.

4.1 Strengths

The critical measure related to the Consolidated Criminal Record Check (CCRC) had a high (80%) compliance rate. This indicates that, in most cases, a CCRC had been obtained for each caregiver, relief care provider, and other person 18 years of age or older associated with the caregiver, at least once during the 36-month period leading up to the time when the audit was conducted. Also, in all but one instance, there was appropriate follow up by the resource social worker and CSM when a criminal record was found. Office RYD used a documentation tracking system for CCRCs and other activities. Another practice observed in several records was the creation of a separate section in the physical file that contained information specific to relief care providers. This way of organizing the file is helpful in identifying for the resource social worker the individuals for whom a CCRC is required in addition to those over the age of 18 who live in the home.

The measure related to the allowable number of children in the caregiving home (RE 8) also had a high (87%) compliance rate, indicating that during the 36-month period preceding the audit a majority of homes either did not exceed the maximum allowable number of children and/or CYICs, or had documented CSM approval to exceed the limits set out in policy. It was observed that, in most instances, the caregivers were set up to meet the needs of the CYICs placed in their homes. At office RYD, the files had a separate section for each CYIC placed in the home, which appeared to facilitate an understanding of the child's needs and the caregiver support services being provided to help meet those needs.

The measure related to supportive practice (RE 9) had a compliance rate of 74%. In most records, there was clear documentation indicating that the resource social worker provided services to the caregiver that were consistent with the expectations of the caregiver, each CYIC's plan of care, the Standards for Foster Homes, and the contractual agreement. Caregivers were routinely provided supports such as daycare subsidy and reimbursement for excessive transportation requirements, and there was even a situation in which someone was hired to support a home that was exceeding capacity, in order to help provide transportation to and from school for a school-aged CYIC, due to the distance of the school from the foster home.

The final area of strength identified in the audit of this SDA concerned the measure related to reportable circumstances (RE 10) which also had a compliance rate of 74%. This indicates that, for the most part, caregivers were being informed of their obligation to notify their resource workers in writing about significant information concerning the safety and well-being of a child in their care. In most of the records, documentation showed that a copy of the Standards for Foster Homes was provided to the caregivers, and this was also noted in annual reviews or in the foster home assessment report. A new policy for reportable circumstances came into effect on June 1, 2015, and it is important that resource social workers provide copies of the new policy to their foster parents, so that reports can be submitted by the caregivers accordingly. It is recommended that the SDA send a copy of the new policy to each foster parent, and that a copy of the cover letter be filed in the respective RE record. Another strategy that could assist resource workers in addressing the need to notify caregivers of the new policy is adding a field to the Annual Review form in which workers could indicate that a copy of the new policy was provided to the caregiver.

4.2 Challenges

The measure related to ongoing monitoring of a child's safety and well-being (RE 6) had a compliance rate of 0%. None of the 38 records to which this measure was applied were rated achieved. In 36 of the 38 records, there was documentation of communications between the caregivers and their resource workers and some home visits. However, none of the 38 records met the 90-day timeframe for home visits, and 2 records had no documentation of any communications or home visits having occurred during the 36 months that preceded the audit. (These last two records pertain to homes that have since closed.) While none of the records were identified for action, the results indicate an urgent need for a more comprehensive review of practice in this area.

Another area of practice that raised concerns is completion of annual reviews. The measure related to annual reviews (RE 7) had a compliance rate of 3%. Only one record in the sample had documentation indicating that annual reviews were being conducted within 30 days of the anniversary date of the initial approval of the home. And while at least one annual review was documented in another 16 records, annual reviews were missing altogether in 50% of the records sampled. In addition, a few records had annual reviews that appeared to have been completed by the caregiver and then mailed to the resource social worker for sign off. In other records, it was evident that documentation written by the resource social worker was provided to the caregiver for review and revision or updating, indicating that a collaborative approach was used to complete the annual review. However, it seems prudent that the annual review and safety check lists be completed in-person, in the caregiving home, so that any concerns can be promptly discussed and addressed. This could be done during one of the four 90-day home visits that are required each year. A suggestion that might improve compliance for this measure is to develop a method of tracking the anniversary dates of the initial approval of caregiving homes assigned within each of the resources teams. Then the assigned resource workers can prioritize completion of annual reviews based on the anniversary dates for each of the homes they support.

The compliance rate for the measure related to the approval of caregivers (RE 2) had a compliance rate of 13%. Lack of access to pre-service caregiver orientation sessions was a contributing factor. In 59% of the records, orientation sessions had not been completed by the caregivers. Information contained in records from offices that serve Squamish and Pemberton, in particular, indicated that pre-service orientation sessions have never been available in those communities. And while several records indicated that this requirement had been met informally, it is doubtful that an informal orientation process provides the same level of information and orientation as the formal sessions, which bring together prospective caregivers from the same communities. The information provided during the informal process was also not described in the records, which prevented the practice analyst who conducted this audit from assessing whether the standard for pre-service orientation had been met.

The compliance rate for the measure related to caregiver continuing learning and education (RE 4) was also very low (28%) even though the mandatory education program is available online for caregivers living in rural and remote locations. There was a note in one record indicating that a trainer came to the community of Pemberton to facilitate mandatory education sessions. However, not all of the modules were completed and a plan was made for the trainer to return to the community to complete the training program, although it was unclear whether this ever happened. There appears to be a need to build capacity among staff working in rural and remote communities to deliver the required caregiver training

events themselves, so that all caregivers in the SDA have the preparation required to provide care for vulnerable children and youth.

Finally, the compliance rate for the measure related to screening and assessment of caregivers (RE 1) had a compliance rate of 49%. Just over half (51%) of the records were missing documentation of one or more screening and assessment activities. The home study assessment report was missing in 10 records (26% of the sample), which raises concerns because this report is a critical component of the screening and assessment process, and incorporates the reflections, analysis and recommendation of the resource social worker. Some of the missing home study assessment reports may be contained in previously opened RE cases that did not get copied. There were also records (typically from the late 1990s) that had self-written home study reports that were completed by the caregivers when they first applied. In many of these records, the caregiver self-assessment was referenced by the resource worker when the final home study report was developed. In a few records, it appeared that the caregiver self-assessment was used in place of the home study assessment report for the approval of the home. These self-written reports were typically signed by the caregivers and did not include social worker analysis and recommendations, which raises concerns. A similar observation was made about the completion of restricted home study assessment reports. While they met the basic requirements of RE 1, it was clear that the information in these reports (which were often handwritten) was very thin when compared to other home study reports that were based on the SAFE assessment framework.

Finally, the practice analyst who conducted this audit reviewed electronic information in both MIS and ICM, and in many cases, the RE record in ICM contained email messages that had been copied and pasted from Outlook into the Notes tab in ICM. This practice poses a problem, because ICM lacks the functionality to print electronic RE file information contained in ICM and consequently resource workers will be unable to produce the information when required (for disclosure in a court case, or in response to a request for information under FOIPPA, from the RCY, or for a case review). It is essential that all information concerning the RE record, including emails, is contained within the physical RE record/file, and resource social workers should refrain from entering case specific information in the ICM record.

5. ACTIONS TAKEN TO DATE

Phase 4 ICM was launched on November 24, 2014. The ICM profile for resource workers has changed to allow for the same access to information as child protection and guardianship social workers. Resource social workers will therefore have access to information about CYICs entered on Child Service case records. Another change that impacts resource social workers is an improved referral document for CYICs. The new referral document can be viewed, updated and printed by guardianship, protection or resource social workers. The printed referral document also includes a section for a caregiver to sign to indicate they have received and reviewed the document.

6. ACTION PLAN

Action	Person responsible	Date to be completed by
<p>1. The Community Service Managers (CSMs) will meet with each of the Team Leaders (TLs) who supervise Resource Social Workers (RSWs) in the SDA to review the findings of this practice audit, and the applicable Caregiver Support Services Standards, to reaffirm policies and general practice expectations for caregiver support services.</p>	Sarah James, EDS	December 31, 2015
<p>2. The CSMs will work with the TLs to define and implement a process for TLs to routinely track RSWs' casework activities, including: screening, assessment and approval of caregivers; scheduling and completion of pre-service orientation sessions and the mandatory caregiver education program; sharing placement information with caregivers; and ongoing monitoring of family care homes by RSWs through regular in-person visits and the conduct of annual reviews.</p>	Sarah James, EDS	December 31, 2015
<p>3. The CSMs will work with the TLs to implement the use of a Resource Tracking form by RSWs with each of their RE files to ensure consistent documentation of key casework activities, including: screening, assessment and approval of caregivers; completion of pre-service orientation sessions and the mandatory caregiver education program; sharing placement information with caregivers; and ongoing monitoring of family care homes by RSWs through regular in-person visits and the conduct of annual reviews.</p>	Sarah James, EDS	December 31, 2015

<p>4. The CSMs will ensure that TLs, RSWs and Administrative support staff are identifying active family care homes with RE file records that do not contain documentation of all completed screening, assessment and approval activities. Relevant documentation will be located or created and filed in the appropriate RE file for each approved and active family caregiver in the SDA. Additionally, all RE file records for inactive family care homes in the SDA (i.e., without a single CYIC placement during the past 5 years) will be closed.</p>	<p>Sarah James, EDS</p>	<p>April 30, 2016</p>
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