



Northeast Service Delivery Area

Resource Practice Audit

Report Completed: April 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 Northeast Service Delivery Area (SDA) in January and February, 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 MIS 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 records in the sampling frame for the Northeast SDA was 51 and the total number of RE records in the sample was 29. This sample size provides a 90% confidence level, with a 10% margin of error. The audit sampling method and MIS data extracts were developed and produced with the support of the Modelling, Analysis and Information Management (MAIM) Branch.

The selected 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.

In reviewing the records, the analyst focused on practice that occurred during a 36-month period (November 1, 2011 – October 31, 2014) leading up to the time when the audit was conducted (January/February 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.

NORTHEAST SDA RESOURCE PRACTICE AUDIT

This section provides information about the findings of the RE practice audit that was conducted in the Northeast SDA in January and February, 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 RE Practice 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 29 records in the sample selected for this audit. However, not all of the measures in the audit tool were applicable to all 29 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. One of the tables has a footnote 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 | 29 | 26 | 90% | 3 | 10% |
| RE 2: Approval of Caregiver | 29 | 19 | 66% | 10 | 34% |
| RE 3: Consolidated Criminal Record Check* | 27 | 14 | 52% | 13 | 48% |

*This measure was not applicable to 2 records because the RE file closed during the timeframe of the audit and an updated Consolidated Criminal Record Check (CCRC) was not yet required based on the three year cycle for such checks.

RE 1: Screening and Assessment of Caregiver

The compliance rate for this critical measure was **90%**. The measure was applied to all 29 records in the sample; 26 of the 29 records were rated achieved and 3 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

Of the 3 records rated not achieved, 1 pertained to a two-caregiver home and had no medical assessments on file for either caregiver, 1 was missing a criminal record check for the 18-year-old adult son who lived in the home at the time of the assessment, and 1 only had two of the three required references on file and documented in the home study.

RE 2: Approval of Caregiver

The compliance rate for this critical measure was **66%**. The measure was applied to all 29 records in the sample; 19 of the 29 records were rated achieved and 10 were rated not achieved. The records rated achieved had documentation of all the required 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 10 records rated not achieved, 3 were missing documentation of one or more of the assessment activities listed in RE 1. In one of these records, the approval of the caregivers was not consistent with the home study and one of the caregivers had not attended pre-service orientation. In addition, 4 records were rated not achieved because one or both caregivers had not attended pre-service orientation, and 2 were rated not achieved because the approvals were not consistent with the home study. In both of these records, children were placed prior to the completion and approval of the home studies. Finally, 1 record was rated not achieved because pre-service orientation had not been completed and approval was not consistent with the home study, as there was an offence identified by the CCRC and the results of the CCRC were not verified and evaluated according to the Criminal Record Check Policy and Procedures for Caregivers. This means that there was no documentation on file indicating how the resource social worker followed up with the caregiver, or consulted with the team leader and community services manager, about the results of the CCRC.

RE 3: Consolidated Criminal Record Check

The compliance rate for this critical measure was **52%**. The measure was applied to 27 of the 29 records in the sample; 14 of the 27 records were rated achieved and 13 were rated not achieved. To receive a rating of achieved, there had to be documentation indicating that the approved 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 had a CCRC completed at least once during the 36-month period leading up to the time when the audit was conducted, and the CCRC had to have been completed according to the Criminal Record Check Policy and Procedures for Caregivers (Appendix B of the CSS Standards).

Of the 13 records rated not achieved, 10 did not have a CCRC on file for one or more primary caregivers, other adults or relief care providers, and 3 had a CCRC that did not meet policy requirements. In all 3 of these records, the most recent CCRC indicated that the subject had a record, but there was no documentation on file describing how the resource social worker followed up with the caregiver, or consulted with the team leader and community services manager, about the results.

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) | 29 | 9 | 31% | 20 | 69% |
| RE 5: Sharing Placement Information with Caregiver | 29 | 2 | 7% | 27 | 93% |

RE 4: Caregiver Continuing Learning and Education

The compliance rate for this critical measure was **31%**. The measure was applied to all 29 records in the sample; 9 of the 29 records were rated achieved and 20 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.

Of the 20 records rated not achieved, 11 did not have documentation showing that mandatory education was completed, 8 lacked documentation showing that mandatory education was completed and had no learning plans, and 1 was missing a learning plan, although the caregiver had completed the mandatory education program.

RE 5: Sharing Placement Information with Caregiver

The compliance rate for this critical measure was **7%**. The measure was applied to all 29 records in the sample; 2 of the 29 records were rated achieved and 27 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. The 2 records rated achieved pertained to restricted foster homes, and at the time of the home study the children were already living in these homes and the documentation on file suggested that the caregivers already had a significant amount of information about the children and had shared this information with MCFD staff.

All 27 records rated not achieved lacked documentation confirming that written information about each of the CYICs had been provided to the caregiver.

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.

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 | 29 | 0 | 0% | 29 | 100% |
| RE 7: Annual Reviews of Caregiver's Home | 29 | 2 | 7% | 27 | 93% |
| RE 8: Allowable Number of Children in Caregiving Home | 29 | 26 | 90% | 3 | 10% |

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

The compliance rate for this critical measure was **0%**. The measure was applied to all 29 records in the sample; all 29 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 care giving home with relevant standards (including the requirement of in-person visits 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.

Of the 29 records rated not achieved, 28 had a level of monitoring and contact that did not meet the minimum requirement of in-person contact in the caregiver's home every 90 days, and 1 had no documentation of any home visits having occurred during the time CYICs were placed in the home.

RE 7: Annual Reviews of Caregiver's Home

The compliance rate for this critical measure was **7%**. The measure was applied to all 29 records in the sample; 2 of the 29 records were rated achieved and 27 were rated not achieved. To receive a rating of achieved, there had to be file documentation confirming that an annual review had been conducted with the caregiver within 30 working days of the anniversary date of the initial approval of the home for each year in the 36-month period leading up to the time when the audit was conducted.

Of the 27 records rated not achieved, 20 had some, but not all, of the required annual reviews completed, 2 had all of the required annual reviews, but they had not been completed within 30 working days of the anniversary date of the initial approval of the home, and 5 did not have any annual reviews documented for the 36-month period leading up to the time when the audit was conducted.

RE 8: Allowable Number of Children in Caregiving Home

The compliance rate for this critical measure was **90%**. The measure was applied to all 29 records in the sample; 26 of the 29 records were rated achieved and 3 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 granted by the director (i.e., the responsible CSM) documented in the file. Of the 26 records rated achieved, 24 pertained to caregiving homes that had not exceeded the allowable number of children, and 2 had documented exceptions to the allowable number of children.

In all 3 records rated not achieved the total number of children in the home exceeded six at some point in the 36-month period leading up to the time when the audit was conducted. Two of these records pertained to Level 3 homes, meaning that they also exceeded the allowable number of children based on their level.

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.

Table 4: Supportive Practice, Reportable Circumstances, and Caregiver Protocols

| Measure | Total | # Achieved | % Achieved | # Not Achieved | % Not Achieved |
|---------------------------------|-------|------------|------------|----------------|----------------|
| RE 9: Supportive Practice | 29 | 25 | 86% | 4 | 14% |
| RE 10: Reportable Circumstances | 29 | 26 | 90% | 3 | 10% |
| RE 11: Caregiver Protocols | 29 | 14 | 48% | 15 | 52% |

RE 9: Supportive Practice

The compliance rate for this critical measure was **86%**. The measure was applied to all 29 records in the sample; 25 of the 29 records were rated achieved and 4 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.

Of the 4 records rated not achieved, 1 contained no documentation of supportive practice and 3 had documentation that showed provision of support services was not consistent with the expectations of the caregivers.

RE 10: Reportable Circumstances

The compliance rate for this critical measure was **90%**. The measure was applied to all 29 records in the sample; 26 of the 29 records were rated achieved and 3 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 a CYIC 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. The majority of records received an achieved rating because it was noted in annual reviews that the resource social worker had provided the caregiver with a copy of the Standards for Foster Homes, which outlines the responsibilities of the caregiver when a reportable incident occurs.

The 3 records rated not achieved did not have documentation confirming that the information had been provided to the caregiver in writing, as required. Also, none of these records contained annual reviews and there was no indication that the Standards for Foster Homes had been provided to, or reviewed, with the caregivers at any point in the 36-month period leading up to the audit.

RE 11: Caregiver Protocols

The compliance rate for this critical measure was **48%**. The measure was applied to all 29 records in the sample; 14 of the 29 records were rated achieved and 15 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 the 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.

All 15 records rated not achieved lacked documentation indicating that the caregivers had been informed about expectations for caregivers and obligations of the director’s delegate during a protocol investigation and/or review.

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, one record was identified for action because the information in the record suggested that the child may have been left in need of protection. The record was immediately 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.

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 **51%**.

4.1 Strengths

The measure related to screening and assessment of caregivers (RE 1) had a very high compliance rate (90%). The screening and assessment process occurred at the time the file was opened. The oldest file in the sample was opened in 1987 and the newest was opened in 2012. There was a wide range of assessment styles and documents in the records, although almost half were completed using the SAFE assessment framework. Regardless of the type used, all of the assessments in the records rated achieved provided a detailed summary and analysis of the caregiving home.

Another area of strength in the Northeast SDA resource practice was not exceeding the allowable number of children in each caregiving home (RE 8). The overall compliance rate for this critical measure was very high (90%). Even the 3 records that were rated not achieved had documentation indicating that exceptions had been sought. Unfortunately, the exceptions did not cover the entire time period in which the caregiving homes had exceeded the allowable number of children. The tracking document used by resource social workers and CSMs when considering an exception to the number of children in a home appears to address both the needs of the CYICs and the caregivers.

The audit also found a high level of supportive practice in the SDA. This was captured in critical measure RE 9, which showed a very high compliance rate of 86%. Although this is one of the highest rates in the audit, it does not adequately capture the strength of the supportive relationships that resource workers have with the majority of family caregivers represented in the sample. There were many examples in the files that demonstrated the commitment of resource social workers to supporting caregivers. There was ample evidence of resource social workers advocating for their caregivers with both guardianship social workers and management. For example, when caregivers expressed concern that they did not have enough information about the CYICs in their care, resource social workers followed up by contacting guardianship social workers to gather the information. Another example involved a resource social worker trying to support a caregiver to maintain her early childhood education certification, through letter writing and advocacy. There was also documentation showing resource social workers contacting foster parents to advise them of events or training opportunities in the community. The Northeast is a large SDA geographically, and the fostering community is small, with resource social workers playing an important role in connecting foster parents with one another for support. It was interesting to note that almost half (13/29) of the caregivers in the sample had been fostering for more than ten years.

Another strong area of resource practice was informing caregivers of their obligation to report all information of significance about the safety and well-being of a CYIC in their care. This was measured in RE 10, which had a very high compliance rate of 90%. The records that received a rating of achieved showed that resource workers were typically providing this information to caregivers during the annual review process.

4.2 Challenges

The three critical measures with the lowest compliance rates were RE 5, RE 6 and RE 7.

In applying critical measure RE 5, the analyst looked for evidence that written information had been shared with the caregiver regarding each CYIC placed in the caregiver's home, and a copy of the information had to be in the file. The compliance rate for RE 5 was extremely low (7%) because the vast majority of records in the sample did not contain this information. About 40% of the records had documentation suggesting that there was verbal information sharing between the resource social workers and the caregivers about the CYICs placed in the homes, and a small number of records had documentation suggesting that the resource social workers had actively tried to obtain more information from the guardianship social workers. It is even possible that written information was shared with the caregivers; however there was no evidence of this having occurred in the vast majority of records. Information sharing is important from a practice standpoint as the needs of the CYICs in a caregiver's home will impact the level and type of support and monitoring that resource social workers need to provide, and evidence of information sharing is important from a liability standpoint in the event of something happening with a CYIC.

In applying critical measure RE 6, the analyst looked for evidence that in-person visits to the caregiver's home had occurred at least once every 90 days. During these visits, resource social workers are expected to assess a number of things, including the safety of the home environment and whether the specific needs of the CYICs in the home are being met in relation to their plans of care. None of the 29 records in the sample had documentation indicating that homes visits had occurred every 90 days during the 36-month period leading up to the time when the audit was conducted. Nine of the records had CYIC placements for only a portion of the 36-month period, but even these records did not meet the 90-day minimum requirement during the periods of time when there were CYIC placements. Fifteen of the 29 records had half or more of the required home visits documented. Of the 14 records that had less than half of the required number of home visits, 7 had less than a quarter of the required number documented. While many files showed a high level of ongoing phone contact and meetings with foster parents at the office or in the community, it might be beneficial for resource social workers in the SDA to use a tracking document to help them monitor and maintain the required frequency of in-person visits to the family care homes that they support.

Related to ongoing monitoring, the analyst applied critical measure RE 7 to each record in the sample to assess whether an annual review had occurred within 30 working days of the anniversary date of the approval of the home for each year in the 36-month period leading up to the time when the audit was conducted. The compliance rate for this critical measure was extremely low (7%). Five of the 29 records in the sample had no annual reviews documented during the 36-

month period leading up to the audit, 13 had one annual review, and 7 had two annual reviews. Two records had the required number of annual reviews; however the reviews had not occurred within 30 working days of the anniversary date of the initial approval of the home.

While the audit showed that supportive practice was an area of strength in the SDA, it is worth elaborating on the four records that were rated not achieved. The caregivers in these four homes were new to fostering; one caregiver was approved in 2010, one was approved in 2011, and two were approved in 2012. Some of the issues raised in these records were a lack of contact between the resource social worker and the caregiver, a lack of information sharing when CYICs were placed in the homes, and caregivers feeling that they lacked support when CYICs were placed in the homes.

Another challenge that was evident in a number of records pertained to homes that had more than one caregiver. In these records, the analyst noted a lack of follow-up regarding the second (or non-primary) caregiver in the home. For example, in RE 2, a number of records were rated not achieved because not all of the caregivers in each home had completed pre-service orientation. In RE 3, 5 of the 29 records in the sample were rated not achieved because a current CCRC was missing for one of the caregivers living in the home, and another 5 records were rated not achieved because a current CCRC was missing for a relief-care provider.

A final observation about areas of practice needing improvement has to do with the compliance rate for RE 4 (caregiver continuing learning and education). Nine of the 29 records (31%) were rated achieved for this measure. Of the 20 records rated not achieved, more than half had no documentation indicating that mandatory training had been completed. There were 3 records that had file notes indicating that mandatory education was waived because the caregivers were restricted foster parents; however, there is no provision in CSS Standard 7 that could be used to exempt restricted foster parents from completing the mandatory education program. Furthermore, 2 of these 3 homes subsequently converted to regular family care homes even though the caregivers had not completed the mandatory education program.

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.

The management team in the Northeast SDA stabilized in 2015, with two of the three management positions (the EDS and one CSM) having permanent appointments. The other CSM position, which was vacant, has now been filled through a temporary appointment. There was also staffing instability with the contractor who provides support services for foster homes in the SDA. Over the 36-month period that the audit covered, there had been numerous people in this role, which may have contributed to a lack of support in getting caregivers to complete the mandatory education

program. There is now a new person in this role, and it is expected that this will bring some stability to support services for foster parents.

6. ACTION PLAN

The Executive Director of Service (EDS) will, by October 1, 2015, provide written confirmation that the following actions have been completed.

| Action | Person responsible | Date to be completed by |
|--|--------------------|-------------------------|
| <p>1. The Community Services 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 CSS standards, and to reaffirm policies and general practice expectations for caregiver support services. This review will include special attention to how mandatory caregiver education cannot be waived, and how RSWs are to clearly document when caregivers are informed about expectations for them under protocols and quality of care reviews.</p> | Cindy Gabriel, EDS | September 30, 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 completion of annual reviews within 30 working days of the anniversary of the approval of the caregiver; ongoing monitoring of caregiving homes through in-person visits by RSWs at least once every 90 days; updating of required CCRCs; sharing information about CYICs with caregivers; and informing caregivers about expectations for them under protocols and quality of care reviews.</p> | Cindy Gabriel, EDS | September 30, 2015 |
| <p>3. The CSMs will work with the TLs to develop and approve a checklist for</p> | Cindy Gabriel, EDS | September 30, 2015 |

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| <p>each RE file to ensure that documentation of key casework activities, including annual reviews, ongoing monitoring of caregiving homes through in-person visits, completion of CCRCs, sharing placement information about CYICs, and informing caregivers about expectations for them under protocols and quality of care reviews is maintained.</p> | | |
| <p>4. The CSMs will ensure that TLs and RSWs are identifying caregivers who are overdue in completing the mandatory education program. Written learning plans will be developed to support these caregivers in completing the program. Written learning plans will also be developed for new caregivers to ensure that they complete the mandatory education program within two years of the date on which they were approved as a caregiver.</p> | <p>Cindy Gabriel, EDS</p> | <p>September 30, 2015</p> |