



Vancouver/Richmond Service Delivery Area

Resource Practice Audit

Report Completed: April 2015

Office of the Provincial Director of Child Welfare and Aboriginal Services

Quality Assurance Branch

Table of Contents

INTRODUCTION 3

- 1. PURPOSE 3
- 2. METHODOLOGY 3

VANCOUVER/RICHMOND SDA RESOURCE PRACTICE AUDIT.....5

- 3. FINDINGS AND ANALYSIS 5
 - 3.1 Screening, Assessment and Approval of Caregiver.....5
 - 3.2 Caregiver Continuing Learning and Sharing Placement Information with Caregiver7
 - 3.3 Ongoing Monitoring, Annual Reviews, and Allowable Number of Children in Home8
 - 3.4 Supportive Practice, Reportable Circumstances, and Caregiver Protocols9
- 4. OBSERVATIONS AND THEMES..... 11
 - 4.1 Strengths.....11
 - 4.2 Challenges.....13
- 5. ACTIONS TAKEN TO DATE..... 15
- 6. ACTION PLAN..... 15

INTRODUCTION

This section of the report provides information about the purpose and methodology of the Resource (RE) practice audit that was conducted in the Vancouver/Richmond Service Delivery Area (SDA) from January to March, 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 family care home RE records. 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 records in the sampling frame for the Vancouver/Richmond SDA was 209 and the total number of RE records in the sample was 51. This sample size provides a 90% confidence level, with a 10% margin of error.

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 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 that were 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 the records, the analysts focused on practice that occurred during a 36-month period (November, 2011 – October, 2014) leading up to the time when the audit was conducted (January – March 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 a 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.

VANCOUVER/RICHMOND SDA RESOURCE PRACTICE AUDIT

This section provides information about the findings of the RE Practice Audit that was conducted in the Vancouver/Richmond SDA starting from January to March, 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 51 records in the sample selected for this audit and the measures in the RE Practice Audit Tool were applicable to all of the 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.

3.1 Screening, Assessment and Approval of Caregiver

Table 1 provides compliance rates for measures RE 1 to RE 3, which relate to the 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	51	45	88%	6	12%
RE 2: Approval of Caregiver	51	31	61%	20	39%
RE 3: Consolidated Criminal Records Check	51	37	73%	14	27%

RE 1: Screening and Assessment of Caregiver

The compliance rate for this critical measure was **88%**. The measure was applied to all 51 records in the sample; 45 of the 51 records were rated achieved and 6 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 (PCC) 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 6 records rated not achieved, 2 did not have documentation of PCCs for everyone 18 years of age and older living in the home, 1 had only one of three required reference checks, 2 had missing criminal record checks for everyone 18 years of age and older living in the home, and 1 was missing

both a PCC for everyone 18 years of age and older living in the home and a medical assessment for one of the two caregivers.

RE 2: Approval of Caregiver

The compliance rate for this critical measure was **61%**. The measure was applied to all 51 records in the sample; 31 of the 51 records were rated achieved and 20 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 20 records rated not achieved, 5 did not have all the assessment activities listed in RE1 completed and documented in the file. For example, the record was missing documentation of a PCC or criminal record check for everyone 18 years of age or older living in the home. Another 4 records had an approval that was not consistent with the home study or assessment report. In all 4 of these records, the caregiver had an original 60-day restricted home assessment and the comprehensive home study report was not completed before the expiration of the 60-day period. An additional 7 records had documentation indicating that the caregiver(s) had completed the pre-service information or orientation session after the first CYIC placement in the home, and in 2 more records there was no documentation confirming that the caregiver(s) had ever completed an information or orientation session. Finally, 2 records had an approval that was not consistent with the home study or assessment report and no documentation confirming that the caregiver(s) had ever completed a pre-service information or orientation session.

RE 3: Consolidated Criminal Records Check

The compliance rate for this critical measure was **73%**. The measure was applied to all 51 records in the sample; 37 of the 51 records were rated achieved and 14 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 14 records rated not achieved, 2 had CCRCs that did not meet policy requirements. In each of these 2 records, a criminal record was identified and there was no documentation indicating that the information in the criminal record had been evaluated by the resource social worker and the team leader and community services manager had been consulted. Another record rated not achieved was missing the CCRC altogether. Finally, in 11 records rated not achieved, a current CCRC was missing for one or more individuals in the home. In 2 of these 11 records, the children of the caregivers had turned 18 and documentation of a CCRC was not found for any of them, in 2 other records documentation of a CCRC was missing for a relief caregiver, and in 7 others the CCRC had not been renewed after 3 years, as required.

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)	51	13	25%	38	75%
RE 5: Sharing Placement Information with Caregiver	51	48	94%	3	6%

RE 4: Caregiver Continuing Learning and Education

The compliance rate for this critical measure was **25%**. The measure was applied to all 51 records in the sample; 13 of the 51 records were rated achieved and 38 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 she or he was approved as a caregiver.

Of the 38 records rated not achieved, 1 had documentation indicating that the mandatory education was completed, but not within two years of the date on which the caregivers were approved. Another 35 records did not have documentation confirming that the mandatory education program had been completed although the caregivers had completed other learning activities and had learning plans identified in annual reviews. In 9 of these 35 records, one of two caregivers in the home had completed the mandatory education but their partner had not. Finally, 2 records rated not achieved were missing documentation of a learning plan as well as confirmation that the caregivers had completed the mandatory education program, as required in CSS Standard 7.

RE 5: Sharing Placement Information with Caregiver

The compliance rate for this critical measure was **94%**. The measure was applied to all 51 records in the sample; 48 of the 51 records were rated achieved and 3 were rated not achieved. To receive a rating of achieved, there had to be documentation confirming that the caregiver had received relevant written information for 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. This information had to include written referral information from each CYIC's guardianship or protection social worker and a written copy of the caregiver's responsibilities, as outlined in each CYIC's plan of care.

Of the 3 records rated not achieved, 1 had insufficient documentation and 2 had no documentation indicating that the caregiver had received any written information about each CYIC.

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	51	5	10%	46	90%
RE 7: Annual Reviews of Caregiver’s Home	51	0	0%	51	100%
RE 8: Allowable Number of Children in Caregiving Home	51	32	63%	19	37%

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

The compliance rate for this critical measure was **10%**. The measure was applied to all 51 records in the sample; 5 of the 51 records were rated achieved and 46 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 requirements in relevant standards (including the requirement of in-person visits by the resource worker at least once every 90 days) and any changes that had occurred in the physical environment and experience of the CYIC in the caregiving home.

Of the 46 records rated not achieved, 45 had insufficient documentation to confirm that ongoing monitoring and contact met the standard or minimum requirement of in-person visits in the caregiver’s home every 90 days, and 1 had no documentation of any home visits during the time there were CYICs placed in the caregiver’s home.

RE 7: Annual Reviews of Caregiver’s Home

The compliance rate for this critical measure was **0%**. The measure was applied to all 51 records in the sample, and all 51 records 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.

Of the 51 records rated not achieved, 9 had all of the required reviews completed, but not within 30 working days of the anniversary date of the initial approval of the home, 2 had no reviews completed within 36-month period leading up to the time when the audit was conducted, and 40 had some but not all of the required annual reviews completed.

RE 8: Allowable Number of Children in Caregiving Home

The compliance rate for this critical measure was **63%**. The measure was applied to all 51 records in the sample; 32 of the 51 records were rated achieved and 19 were rated not achieved. To receive a rating of achieved, the number of all children living in the caregiving home (during the 36-month period leading up to the time when the audit was conducted) could not have exceeded six, and the number of CYICs residing in the home (during the same period) could not have exceeded the maximum allowable number based on the level of the home, or there had to be exceptions granted by the director documented in the file.

Of the 19 records rated not achieved, 1 exceeded the maximum allowable number of 6 children in the home and there was no documentation in the record to verify whether an exception had been granted by the community services manager, and 18 exceeded the maximum allowable number of CYICs based on the level of the home and there were no exceptions documented in any of the files.

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	51	51	100%	0	0%
RE 10: Reportable Circumstances	51	50	98%	1	2%
RE 11: Caregiver Protocols	51	19	37%	32	63%

RE 9: Supportive Practice

The compliance rate for this critical measure was **100%**. The measure was applied to all 51 records in the sample, and all 51 records were rated 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, Standards for Foster Homes, and the contractual agreement.

RE 10: Reportable Circumstances

The compliance rate for this critical measure was **98%**. The measure was applied to all 51 records in the sample; 50 of the 51 records were rated achieved and 1 was rated not achieved. To receive a rating of achieved, the director had to have 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 information provided to the caregiver in writing had to comply with the criteria listed in the policy related to CSS Standard 18, and a copy of the information provided in writing to the caregiver had to be in the file.

The 1 record rated not achieved contained no documentation indicating 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 the CYIC in his or her care. In almost all of the records rated achieved, it was noted at least once during the entire period of time the record was open and typically during an annual review that the resource social worker provided the caregiver with a copy of the Standards for Foster Homes. This document clearly outlines the responsibilities of the caregiver when a reportable incident occurs. The record that received a rating of not achieved had an annual review from 2014, but the review did not confirm that the caregiver had received a copy of the Standards for Foster Homes.

RE 11: Caregiver Protocols

The compliance rate for this critical measure was **37%**. The measure was applied to all 51 records in the sample; 19 of the 51 records were rated achieved and 32 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 an investigation and/or review under a protocol, and the obligations of the director's delegate to respond in accordance with the protocols.

Of the 32 records rated not achieved, 26 had no documentation indicating that the caregivers had been informed about the expectations for caregivers during an investigation and/or review under a protocol and the obligations of the director's delegate to respond in accordance with the protocols. In 6 records, the documentation was inadequate or incomplete. In all 6 of these records there was written information indicating that the caregivers were informed about protocols related to resolving issues between a caregiver and ministry staff (i.e., the conflict resolution protocol), but no documentation confirming that they were provided information on protocols related to the investigation of reports of abuse or neglect of a CYIC in a caregiving home.

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*. None of the records that were reviewed by the analyst during the course of this audit 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 **59%**.

4.1 Strengths

The critical measure associated with screening and assessment of caregivers (RE 1) had a high compliance rate (88%). Vancouver/Richmond SDA has a cover form in each record, called the “Resources File Documentation Sheet,” which lists the requirements for screening and assessment, as well as ongoing tasks required of the resource social worker. The records were well-organized and the dates of the screening and assessment tasks were carried over to updated versions of the documentation sheet and new file volumes. Also, every record had a foster home assessment report that provided a detailed summary and analysis of the caregivers being assessed.

The critical measure associated with sharing placement information with a caregiver (RE 5) had a very high compliance rate (94%). In applying the measure, the analyst who conducted the audit looked for a variety of documentation, including the ICM referral document, emergency referral documents, MIS referral documents, and CPOCs, which contain important information about the needs and plans for CYICs. Many records also had psychological assessment reports for a CYIC, to support a better understanding of the placement needs of the CYIC. Other information found in the records included summaries of the needs and plans for each of the CYICs living in the home during the recording period covered by the resource social worker. These summaries were also part of the SDA “tracking form” and Annual Review documents.

The critical measure associated with supportive practice (RE 9) had a perfect compliance rate (100%). In applying this measure, the analyst looked for information indicating that the resource worker had made reasonable efforts to maintain supportive contact and respond to requests from caregivers in ways that were consistent with the expectations of the caregiver. In 2012, Vancouver/Richmond SDA began using an Annual Review template that includes a field in which feedback from caregivers about their perceptions of the services provided by their resource social workers is recorded. In all of the records in this sample, the feedback from caregivers in the Annual Review templates clearly indicated that they had regular contact with and felt supported by their resource social workers in meeting the needs of the CYICs placed in their homes. It was also clear from the documentation that caregivers, resource social workers, and guardianship social workers work collaboratively to meet the needs of the CYICs. There were many indications that these parties participated in regularly scheduled Integrated Case Management meetings, Care Plan Meetings, Family Group Conferences, and Family Case Planning Conferences. Part of the success of the supportive practices observed in the records pertaining to this SDA could be attributed to the close proximity in which the various parties work. Travel time and distance are not barriers within

Vancouver/Richmond SDA, as they are in many other parts of the province. Also, it was notable that most of the caregivers had long term working relationships with their resource social workers. For example, documents in many records indicated that the caregivers had had the same resource workers for eight or more years. That continuity of service support can be very beneficial. Finally, in terms of this measure, the analyst also noted very strong support provided by administrative staff within the SDA. The records were, for the most part, extremely well organized, which is a critical component of good practice that is often ignored. When records are well organized, staff members reading the information are better able to understand the needs of the caregivers and CYICs placed in the home. This in turn facilitates a stronger sense of the support required from the resource social worker.

The final measure that showed a very high compliance rate (98%) was RE 10, which has to do with informing caregivers of their obligation to report all information of significance about the safety and well-being of CYICs in their care. Documentation was found in nearly all of the records indicating that the caregivers were provided a copy of the “Standards for Foster Homes.” These standards clearly outline the expectations for caregivers when there are reportable circumstances. Also, critical incident reports written by caregivers were found in many records and the report format included a list of the criteria for critical incident reporting in the foster home.

While not related to any particular critical measure, it is worth describing a few tracking systems used in Vancouver/Richmond SDA that other resource teams might also find useful. First, the “Resources File Documentation Sheet” discussed above provides a solid, high level overview of what is happening in the caregiving home. In records maintained by MCFD offices RKG and RKC, it appears that this form is regularly attached to the front cover, updated and signed by the respective team leader. This form is also contained in records maintained by the RKD office, but not attached to the front cover and not reviewed or updated. The resource social workers in office RKC also complete a “tracking form” that provides an update of such things as contact with the caregivers (i.e., dates of home visits, office visits, meetings), information about CYICs residing in the home, and whether there have been any protocol investigations or Quality of Care reviews during a specific period of time. The Annual Review template used across the SDA since 2012 summarizes the needs and plans for each of the CYICs placed in the home during the previous year, incorporates feedback from the caregiver about the services received, and includes a section where resource workers add the dates of home visits and other meetings that took place during that time period. These three templates comprise an excellent tracking system for work completed by the resource social workers. Finally, office RKC also ensures CCRCs are renewed, and MIS screens updated accordingly, demonstrating another effective system for tracking policy requirements. There is a notable difference between the number of records from office RKC and the number of records from office RKD that were rated not achieved for the measure associated with completion of CCRCs (RE 3). Of the 14 records rated not achieved, 4 were from office RKC and 10 were from office RKD. Having solid tracking systems in place provides a good foundation to support staff in meeting policy and practice standards.

4.2 Challenges

The critical measure associated with the caregiver's continuing learning and education (RE 4) had a low compliance rate (25%). To receive a rating of achieved, there needed to be a learning plan in the file and evidence that the caregivers had completed the mandatory 53-hour education program within two years of the date on which they were approved as caregivers. In assessing the mandatory education component of critical measure RE 4, the analyst look for a "certificate of completion," and if the RE record is in the name of two caregivers then both are expected to have completed the mandatory education program. As mentioned earlier, there were 9 records in which one of two caregivers had completed the mandatory education. In many of these records, it was noted that the partner was working toward completion of the mandatory education. Another observation was that in many records, there was a copy of a letter from the team leader to the caregivers in which they were reminded of their obligation to complete the mandatory education program. However, in several records, the analyst noted that the learning plan in the Annual Review somewhat excused the caregiver from completing mandatory education due to either the caregiver's relationship with the CYIC (i.e., restricted family caregiver) or the level of formal education held by the caregiver. Finally, it was noted that all but two records rated not achieved had a learning plan and the learning plan was typically found in the Annual Review.

The critical measure associated with ongoing monitoring of the child's safety and well-being (RE 6) had an extremely low compliance rate (10%). Only 1 record in the sample had no documentation of ongoing monitoring or in-person home visits during the 36-month period leading up to the time of the audit. The other 45 records that received a rating of not achieved were missing documentation of at least one 90-day home visit during the 36-month period leading up to the time when the audit was conducted. In most of these records, there was evidence of regular and ongoing contact with the caregiver to monitor the safety and well-being of the CYICs through documentation of weekly/bi-weekly telephone conversations, emails, office visits, and other meetings in the community (e.g., Family Case Planning Conferences, Family Group Conferences, or school meetings). Most records had evidence of more than four home visits per year; however, they only received a rating of achieved if all of the visits occurred within at least 90-day intervals, as specified in the measure and corresponding CSS standard. Although this aspect of the standard was not met, it was evident that the resource social workers and caregivers were collaborating and working closely with the guardianship and family services social workers to meet the needs of and complete plans for the CYICs. Although the overall result for this measure is troubling, the analyst found no reason to be concerned about the safety and well-being of the CYICs in these homes.

The critical measure associated with annual reviews of the caregiver's home (RE 7) revealed a complete lack of compliance (0%) with the standard. To receive a rating of achieved, all required annual reviews for the 36-month period leading up to the time of the audit had to be completed and documented in the record, and each review had to have been completed within 30 working days of the annual anniversary date of the initial approval of the home. There were 9 records that had all required annual reviews completed; however, in each of these records, at least one of the annual reviews had not been completed within 30 working days of the anniversary date of the initial approval of the home, as required. Another 40 records in the sample had some, but not all, of the

required annual reviews documented. As mentioned above, the SDA has a new annual review template and a strong file documentation tracking system in place. Perhaps, the tracking system could be enhanced to include the anniversary date of the initial approval along with the date of the most recent annual review for each home. This might better support resource workers in prioritizing completion of the annual reviews within the 60 working days window of opportunity afforded by the standard. If the anniversary date and the date of the most recent review were tracked then compliance with this measure would likely improve dramatically over time.

While the critical measure associated with reportable circumstances (RE 10) had an extremely high compliance rate (98%), the compliance rate for the measure associated with caregiver protocols (RE 11) was low (37%). In applying RE 11, the analyst looked for evidence that the caregiver had been informed about what was expected of her or him during an investigation of alleged abuse or neglect of a child in care, and about resolving issues between the caregiver and ministry staff. In 26 of the 51 records in the sample, there was no documentation indicating that caregiver protocols were ever discussed, and in 6 records there was documentation indicating that the caregiver had received information about the conflict resolution protocol but not about investigations of abuse or neglect. In 14 of 19 records rated achieved for RE 11, file documentation indicated that the caregivers had cooperated with ministry staff during protocol investigations or quality of care reviews and that the caregivers were provided information about the appeal process. In the other 5 records, there was confirmation that the caregivers had received a copy of the "Protocols for Foster Homes" booklet and information about the Dispute Resolution protocol, as part of the home study process. One possible strategy to improve the compliance rate for RE 11 would be to add a field to the annual review template in which the resource social worker could indicate that she or he had discussed the caregiver protocols (conflict resolution and abuse/neglect investigations) with the caregiver. Given that the ministry has implemented a new Reportable Circumstances policy (May 2015) caregivers will also need to be informed about the new criteria and definitions for reportable circumstances. Perhaps another field could be added to the annual review template to remind resource social workers to provide a copy of the new Reportable Circumstances policy to the caregiver. Another way of improving the compliance rate for RE 11 and ensuring that caregivers are aware of the new Reportable Circumstances policy would be to mail out the policy and information about the caregiver protocols to all caregivers in the SDA. If evidence of the mail out was added to the respective records, then compliance rates would be very high for both RE 10 and RE 11.

There is one final critical measure to discuss as an area needing improvement. While the compliance rate for the measure related to the allowable number of children in a caregiving home (RE 8) was 63%, it would have been much higher if the analyst had found written evidence of approvals of "exceptions to policy" by the community services manager (CSM) and documentation from the CSM indicating that the exceptions to policy had been reviewed regularly. An exception to policy tracking sheet for homes served by office RKC was provided to the analyst. In that office, it was clear that the CSM was aware of the exceptions and that plans were in place to ensure that the caregivers were well supported. However, to receive a rating of achieved, there had to be documentation of CSM approval of the exception contained within the RE file itself, as well as the required reviews of the exception (e.g., a signed "request for exception" form, or email approval of a request for exception form, that had been completed by the resource social worker). Level 3 homes

are supposed to have two beds for CYICs, but in office RKD, there were several that had three beds, which exceeds the maximum number allowed. While there appeared to be extra relief dollars and supports provided to the respective caregivers, there were no written approvals of the exceptions to policy, and therefore the records could not be rated as achieved for critical measure RE 8.

5. ACTIONS TAKEN TO DATE

ICM Phase 4 was launched on November 24, 2014. As a result, 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 now have access to information about a CYIC entered in the child service case record. Another change that impacts resource social workers is an improved CYIC referral document. The new referral document can be viewed, updated, and printed by a guardianship, protection or resource social worker. The printed referral document includes a section for a caregiver to sign to indicate that she or he received and reviewed the document.

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
1. The Community Services Manager (CSM) will meet with each of the Team Leaders (TLs) who supervise resource social workers in the SDA to review the findings of this practice audit and applicable CSS Standards, and reaffirm policies and expectations for caregiver support services.	Dennis Padmore, EDS	September 30, 2015
2. The CSM and TLs will define and implement a process to ensure that resource workers are routinely identifying caregivers who are overdue in completing the Mandatory Caregiver Education Program. A written learning plan 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 program within two years of the dates of their approval as caregivers.	Dennis Padmore, EDS	September 30, 2015
3. The TLs for all three Resource teams	Dennis Padmore, EDS	September 30, 2015

<p>will adopt the same checklist and tracking forms for each resource (RE) file, to ensure that resource workers are scheduling and documenting key casework activities, including completion of annual reviews; ongoing monitoring of family care homes through in-person visits at least once every 90 days; completion of CCRCs; and informing caregivers about expectations for them under protocol investigations, reviews, and the dispute resolution process.</p>		
--	--	--