



North Fraser Service Delivery Area

Resource Practice Audit

Report Completed: July 2016

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 North Fraser Service Delivery Area (SDA) in February – April, 2016.

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 January of 2016, 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, 2012, and October, 2015
- eligible for payment for at least 1 month since January 1, 2014
- eligible for payment for at least 1 month prior to November 1, 2013
- had a child or youth in care (CYIC) placement for at least 1 month between November, 2012, and October, 2015

The total number of RE records in the sampling frame for the North Fraser SDA was 146 and the total number of RE records in the sample was 46. 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 analyst focused on practice that occurred during a 36-month period (November, 2012 – October, 2015) leading up to the time when the audit was conducted (February – April, 2016).

Quality assurance policy and procedures require that practice analysts 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 records suggests that a child may have been left at risk of harm. When identified, these records are brought to the attention of the appropriate team leader (TL) and community services manager (CSM), as well as the executive director of service (EDS), for follow-up, as appropriate.

NORTH FRASER SDA RESOURCE PRACTICE AUDIT

This section provides information about the findings of the RE Practice Audit that was conducted in the North Fraser SDA during February – April, 2016.

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 46 records in the sample selected for this audit. However, not all of the measures in the audit tool were applicable to all 46 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. Table 1 has a footnote indicating the number of records for which a measure was not applicable and the reason 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	46	42	91%	4	9%
RE 2: Approval of Caregiver	46	34	74%	12	24%
RE 3: Consolidated Criminal Records Check*	45	12	27%	33	73%

*This measure was not applicable to 1 record, 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 record checks.

RE 1: Screening and Assessment of Caregiver

The compliance rate for this critical measure was **91%**. The measure was applied to all 46 records in the sample; 42 of the 46 records were rated achieved and 4 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 4 records rated not achieved, 2 did not have criminal record checks for everyone in the home 18 years of age and over and 2 did not have any documentation of the following assessment activities: a completed home study or assessment report, criminal record checks, prior contact checks, medical assessment of the caregivers, and reference checks.

RE 2: Approval of Caregiver

The compliance rate for this critical measure was **74%**. The measure was applied to all 46 records in the sample; 34 of the 46 records were rated achieved and 12 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 12 records rated not achieved, 4 did not have documentation confirming that the caregiver had completed pre-service information or orientation sessions, 3 did not have an approval that was consistent with the home study or assessment report, 3 did not have all the assessment activities listed in RE 1 completed and documented in the file, and 2 had a combination of missing pre-service information or orientation session and assessment activities.

RE 3: Consolidated Criminal Record Check

The compliance rate for this critical measure was **27%**. The measure was applied to all 46 records in the sample; 12 of these 45 records were rated achieved, 33 were rated not achieved, and 1 was rated not applicable. 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 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 in Appendix B of the CSS Standards.

Of the 33 records rated not achieved, 18 did not have a completed CCRC for one or more individuals who were 18 years of age or older, 13 had no CCRC, and 2 had a criminal record check that did not meet policy requirements. The 1 record rated not applicable was closed during the three year timeframe of the audit, and therefore an updated CCRC was not 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)	46	22	48%	24	52%
RE 5: Sharing Placement Information with a Caregiver	46	29	63%	17	37%

RE 4: Caregiver Continuing Learning and Education

The compliance rate for this critical measure was **48%**. The measure was applied to all 46 records in the sample; 22 of the 46 records were rated achieved and 24 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 she or he was approved as a caregiver, or there had to be a learning plan and documentation indicating that the caregiver 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 24 records rated not achieved, 20 did not have documentation confirming that the caregiver had completed the mandatory education program and 4 did not have a documented learning plan for a caregiver that had partly completed the mandatory education program.

RE 5: Sharing Placement Information with Caregiver

The compliance rate for this critical measure was **63%**. The measure was applied to all 46 records in the sample; 29 of the 46 records were rated achieved and 17 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 time when the audit was conducted. 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.

All 17 records rated not achieved did not have sufficient documentation to confirm that written information had been shared about each CYIC and that the information met the criteria listed in the standard.

3.3 Ongoing Monitoring, Annual Reviews and Allowable Number of Children

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

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
RE 6: Ongoing Monitoring of the Child's Safety and Well-being	46	1	2%	45	98%
RE 7: Annual Reviews of the Caregiver's Home	46	2	4%	44	96%
RE 8: Allowable Number of Children in a Caregiving Home	46	40	87%	6	13%

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

The compliance rate for this critical measure was **2%**. The measure was applied to all 46 records in the sample; 1 of the 46 records was rated achieved and 45 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.

All 45 records rated not achieved had insufficient documentation to confirm that the resource worker had in-person contact with the caregiver in the caregiver's home every 90 days.

RE 7: Annual Reviews of Caregiver's Home

The compliance rate for this critical measure was **4%**. The measure was applied to all 46 records in the sample; 2 of the 46 records were rated achieved and 44 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 44 records rated not achieved, 22 had no annual reviews completed, 21 had some but not all required annual reviews completed, and 1 had all required annual reviews completed during the 36-month period preceding the audit, but not within 30 days of the anniversary date of the initial approval of the home.

RE 8: Allowable Number of Children in Caregiving Home

The compliance rate for this critical measure was **87%**. The measure was applied to all 46 records in the sample; 40 of the 46 records were rated achieved and 6 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 6 records rated not achieved, 5 exceeded the maximum allowable number of CYICs based on the level of the home and 1 exceeded the maximum allowable number of six children in 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	46	44	96%	2	4%
RE 10: Reportable Circumstances	46	20	43%	26	57%
RE 11: Caregiver Protocols	46	30	65%	16	35%

RE 9: Supportive Practice

The compliance rate for this critical measure was **96%**. The measure was applied to all 46 records in the sample, 44 of the 46 records were rated achieved and 2 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, Standards for Foster Homes, and the contractual agreement.

Both of the records rated not achieved had no documentation of supportive practice with the caregiver.

RE 10: Reportable Circumstances

The compliance rate for this critical measure was **43%**. The measure was applied to all 46 records in the sample; 20 of the 46 records were rated achieved and 26 were 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.

All 26 records rated not achieved contained no 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.

RE 11: Caregiver Protocols

The compliance rate for this critical measure was **65%**. The measure was applied to all 46 records in the sample; 30 of the 46 records were rated achieved and 16 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.

All 16 records rated not achieved contained no 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.

Records Identified for Action

Quality assurance policy and procedures require practice analysts to 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 children may have been left in need of protection services. This 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 standards and 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 **55%**.

4.1 Strengths

There was a very high (91%) compliance rate for the critical measure associated with screening and assessment of caregivers (RE 1) as these tasks were largely thorough and complete. A vast majority (42 out of 46) of records audited had full documentation of screening and assessment activities and one-fifth (9 out of 46) of the records also had made use of the SAFE assessment framework. The compliance rate for approval of caregivers (RE 2) was moderately high (74%). This was somewhat lower than the compliance rate for RE 1 because in several records (6 out of 46) there was no documentation confirming that the caregiver had completed the pre-service orientation. In a handful of other records (4 out of 46), the placement of CYICs occurred prior to the completion of all screening, assessment, and approval activities.

The critical measure associated with sharing placement information (RE 5) had a moderate (63%) compliance rate. In the records rated not achieved, there was evidence that relevant written information had been shared for some but not all CYICs. In most instances, workers used a document titled, "Resource Intake Worksheet," which was shared with the caregiver at the time of the referral of a CYIC. This worksheet included additional background information such as reason for placement and visiting considerations and plans. There was a high level of information sharing when the CYIC was medically fragile or had special needs. There was also evidence of collaborative practice and

information sharing by involving the caregiver in service planning meetings, meetings with medical and school professionals, and integrated case management meetings.

The critical measure associated with the allowable number of children in a caregiving home (RE 8) had a high (87%) compliance rate. A majority (40 out of 46) of the records in the sample did not have any occurrences of overcapacity during the 36-month period leading up to the time when the audit was conducted. In the sample as a whole, however, there were 16 occurrences when the number of children in a caregiving home surpassed the allowable limits, but only 2 written exceptions were documented in these files.

There was an extremely high (96%) compliance rate on the critical measure associated with supportive practice (RE 9). Nearly all of the records (44 out of 46) had documentation of supportive and collaborative practice. There were numerous examples of efforts by social workers, team leaders, community services managers, and the executive director of service to support caregivers in many ways. This was evidenced through placement feedback from social workers, advocacy and seeking approval for exceptional payments to support relief caregiving, transportation and daycare. The North Fraser SDA's strength in supportive practice was also reflected in how long caregivers had been fostering; nearly one-third of the records reviewed for this audit involved caregivers who began fostering in the 1980's and 1990's. There was one family care home approved in 1977 that currently operates as a Level 3 caregiving home. This caregiver has also adopted several children over the years who were placed in her care.

There was a very high proportion of skilled caregivers found among the records that were randomly selected for this sample. Of the 46 records audited, nearly all (41) were designated at a specialized level: 18 pertained to Level 1 caregiving homes, 10 pertained to Level 2 caregiving homes, and 13 pertained to Level 3 caregiving homes. The remaining 5 records were designated as restricted family care homes. Higher level caregiving homes have CYIC placements with greater medical, emotional, behavioural and mental health needs. These needs and the challenges they present require increased case management support by resource workers and guardianship social workers for both the caregivers and the CYICs. Accessible community support services, such as The Children's Foundation's Family Care Support Program, appear to play a key role in promoting resiliency and developing the capacity of caregivers to manage the needs and behaviours of CYICs. Resource social workers and guardianship social workers work collaboratively to support caregivers who need support in managing the needs of CYICs. There were many examples of referrals made for caregivers to access Behaviour Consultants, Behaviour Interventionists, and foster care support services. There were several records that had CYIC placement terms which were several years in length indicating support practice for caregivers with the goal of nurturing stable and caring homes for CYICs.

4.2 Challenges

The critical measure associated with completing CCRCs (RE 3) had a very low (27%) compliance rate. Of the records rated not achieved, more than half (18 out of 33) were missing updated and subsequent CCRCs for the caregiver, relief caregiver, or one or more individuals who were 18 years of age or older. Although some of the missing CCRCs were for a caregiver's adult child or a relief caregiver, half pertained to a primary caregiver. More than one-third (13 out of 33) of the records rated not achieved had no CCRCs on file and 2 had CCRCs that did not meet policy requirements.

With these latter 2 records, one had a local criminal record check completed rather than a CCRC and the other record contained undisclosed relevant offences for a relief caregiver. The practice analyst was unable to determine the outcome, whether the risk was mitigated, or if the relief caregiver continued to provide care in the family care home. Although it did not affect the compliance rate, in several records, *Criminal Record Review Act* (CRRRA) checks were completed for relief care providers or the caregiver's adult child. The CRRRA check applies only to approved caregivers before a contract is offered, and then every 5 years thereafter.

The compliance rate for the critical measure associated with caregiver learning and education (RE 4) was moderately low (48%). Of the 24 records rated not achieved, only 4 did not meet the requirement of both the learning plan and mandatory education. The majority of records rated not achieved were missing file documentation that would confirm the completion of the mandatory caregiver education program for one or both caregivers.

There was an extremely low (2%) compliance rate for the critical measure associated with ongoing monitoring of CYIC safety and well-being (RE 6). This was largely due to the requirement that resource workers have in-person contact with the caregiver and CYICs at least once every 90 days in the caregiver's home. Of the records rated not achieved, nearly two-thirds (28 out of 45) had one quarter or less of the required number of in-person contacts during the 36-month period preceding the audit. While there were generally an insufficient number of home visits documented, nearly all of the records audited had some evidence of other monitoring activities, such as phone calls, emails, office visits, integrated case conferences, and the receipt of caregiver reports about the CYICs. The compliance rate for ongoing monitoring could be improved by using a system to record, track and complete home visits at 90 day intervals, as well as incorporating the dates of home visits consistently into running file records and annual reviews.

The critical measure associated with annual reviews of the caregiving home (RE 7) also had an extremely low (4%) compliance rate. This was largely because half (22 out of 44) of the records rated not achieved had no annual reviews on file and the remaining half (21 out of 44) had one or two, but not all, of the required annual reviews completed. Also, the annual reviews were largely misaligned with timeline requirement outlined in CSS Standard 11. The compliance rate for this measure could be significantly increased by scheduling and completing annual reviews within 30 days of the anniversary date of the initial approval of the home.

The critical measure associated with the caregiver being informed of the obligation to report all reportable circumstances (RE 11) had a fairly low (43%) compliance rate. Of the 26 records rated not achieved, all lacked documentation confirming that the director 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 and a copy of the information provided to the caregiver was not on the file record.

Finally, many records audited did not have sufficient and complete file documentation. For example, there were several records that had incomplete hand written documentation of the resource social worker's contacts and communications with caregivers. The practice analyst was often unable to determine the date and type of contact between the resource social worker and the caregiver. In addition, CCRC results were occasionally filed incorrectly in the correspondence section, rather than

in the section for approval and licensing or in the section for relief care provider documentation. Although some of file documentation may have contributed to the moderate and low compliance rates for several of the critical measures, file documentation in many other areas was very thorough. For example, documentation of CYIC referral information packaged for the caregiver was consistently strong in the records reviewed for this audit.

5. ACTIONS TAKEN TO DATE

Phase 4 of ICM was launched on November 24, 2014. As part of Phase 4, the ICM profile for resource social workers changed to allow the same access to information that child protection and guardianship social workers had. This means that resource workers now have access to information about CYICs entered on child service case records. Another change that has impacted resource 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. Also, the new referral document includes a section for the caregiver to sign to indicate that she or he received and reviewed the document.

Since September 2015, Resource Social Workers have concentrated efforts on updating and completing annual reviews for all active family care homes in the SDA. As of June 2015, the Resource Team Leaders report approximately 90% of their open RE file records have an annual review that was completed within the last year.

6. ACTION PLAN

Action	Person responsible	Date to be completed by
1. The Community Services Manager for Resources (CSM) 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.	Debbie Samija, EDS	August 1, 2016
2. The CSM will work with the TLs to define and implement the use of a resource tracking system by both TLs and RSWs to track and document in RE file records the completion of resource casework, including: consolidated criminal record checks, the mandatory caregiver education program; and the ongoing monitoring of family care homes by RSWs through regular in-person	Debbie Samija, EDS	October 1, 2016

visits and the conduct of annual reviews.		
3. The CSM will work with the TLs and RSWs to introduce a process whereby all family caregivers are routinely informed in writing of their obligation to report all information of significance about the safety and well-being of children in their care.	Debbie Samija, EDS	October 1, 2016
4. The CSM will ensure that TLs and RSWs identify caregivers who have not yet fully completed the mandatory education program. Written learning plans will be developed to support these caregivers in identifying any equivalent training already completed (if applicable) and fulfilling the remaining components of the mandatory education program. The RSWs will also identify caregivers who indicate they have completed the mandatory education program, but do not have a certificate of completion on file. For these caregivers, the RSWs will attempt to identify supporting documentation confirming the successful completion of the program. Finally, with all newly approved caregivers, written learning plans will be developed to ensure the completion of the mandatory education program within two years of the date on which they were approved as caregivers.	Debbie Samija, EDS	December 1, 2016