



North Vancouver Island Service Delivery Area

# Resource Practice Audit

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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 Vancouver Island 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 North Vancouver Island SDA was 283 and the total number of RE records in the sample was 55. 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 Branch (MAIM).

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 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, 2011 – October, 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.

## NORTH VANCOUVER ISLAND RESOURCE PRACTICE AUDIT

This section provides information about the findings of the RE practice audit that was conducted in the North Vancouver Island 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 a total of 55 records in the sample selected for this audit and the measures in the RE 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 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	55	46	84%	9	16%
RE 2: Approval of Caregiver	55	30	55%	25	45%
RE 3: Consolidated Criminal Record Check	55	42	76%	13	24%

#### RE 1: Screening and Assessment of Caregiver

The compliance rate for this critical measure was **84%**. The measure was applied to all 55 records in the sample; 46 of the 55 records were rated achieved and 9 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 9 records rated not achieved, 4 were missing at least one reference check, 2 did not have medical assessments for all of the caregivers in the home, 1 did not have criminal record checks for everyone in the home 18 years of age and over, 1 did not have prior contact checks for everyone in the home 18 years of age and over, and 1 did not have any of the assessment activities documented.

### RE 2: Approval of Caregiver

The compliance rate for this critical measure was **55%**. The measure was applied to all 55 records in the sample; 30 of the 55 records were rated achieved and 25 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 outcomes and recommendations in the home study or assessment report, and the caregiver had successfully completed pre-service information or orientation sessions.

Of the 25 records rated not achieved, 18 did not have documentation confirming that the caregiver had attended pre-service orientation sessions, 5 were missing documentation of assessment and approval activities, and 2 had caregiver approval that was not consistent with the outcomes and recommendations in the home study or assessment report.

### RE 3: Consolidated Criminal Record Check

The compliance rate for this critical measure was **76%**. The measure was applied to all 55 records in the sample; 42 of the 55 records were rated achieved and 13 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 had a 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.

In all of the 13 records rated not achieved, the CCRC for at least one individual aged 18 and over in the household had not been renewed within the required timeframe.

## 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)	55	18	33%	37	67%
RE 5: Sharing Placement Information with Caregiver	55	45	82%	10	18%

### RE 4: Caregiver Continuing Learning and Education

The compliance rate for this critical measure was **33%**. The measure was applied to all 55 records in the sample; 18 of the 55 records were rated achieved and 37 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 37 records rated not achieved, 32 did not have documentation confirming that the mandatory training had been completed, 4 did not have a documented learning plan and the completion of mandatory training did not meet policy requirements, and 1 had documentation indicating that the mandatory training had not been completed within the required two-year timeframe.

**RE 5: Sharing Placement Information with a Caregiver**

The compliance rate for this critical measure was **82%**. The measure was applied to all 55 records in the sample; 45 of the 55 records were rated achieved and 10 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.

Of the 10 records rated not achieved, 6 had written information that did not meet the standard (e.g., insufficient information about a CYIC’s special needs, written documentation that was not signed by the caregiver) and 4 did not have documentation confirming that the caregiver had been provided with any written information.

**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	55	2	4%	53	96%
RE 7: Annual Reviews of Caregiver’s Home	55	5	9%	50	91%
RE 8: Allowable Number of Children in Caregiving Home	55	48	87%	7	13%

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

The compliance rate for this critical measure was **4%**. The measure was applied to all 55 records in the sample; 2 of the 55 records were rated achieved and 53 were rated not achieved. To receive a

rating of achieved, there had to be (for each CYIC residing in the caregiver's home during the 36-month period leading up to the time when the audit was conducted) file documentation of ongoing monitoring of the safety and well-being of the CYIC and the CYIC's progress in relation to his or her plan of care, compliance of the caregiving home with relevant standards (including the requirement of in-person visits 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 53 records rated not achieved, 50 did not have sufficient documentation to confirm that the resource worker had had in-person contact with the caregiver, in the caregiver's home, every 90 days, and 3 did not have documentation of any home visits during the time that CYICs were placed in the caregiving home.

#### **RE 7: Annual Reviews of the Caregiver's Home**

The compliance rate for this critical measure was **9%**. The measure was applied to all 55 records in the sample; 5 of the 55 records were rated achieved and 50 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 50 records rated not achieved, 34 had some, but not all, of the required annual reviews completed within the 36 month period leading up to the time when the audit was conducted, 9 did not have any annual reviews completed during that time, and 7 had annual reviews that had not been completed within 30 working days of the anniversary date of the initial approval of the home.

#### **RE 8: Allowable Number of Children in a Caregiving Home**

The compliance rate for this critical measure was **87%**. The measure was applied to all 55 records in the sample; 48 of the 55 records were rated achieved and 7 were rated not achieved. To receive a rating of achieved, the number of all children living in the caregiving home could not have exceeded six, and the number of CYICs living in the home could not have exceeded the maximum allowable number based on the level of the home, during the 36-month period leading up to the time when the audit was conducted, or there had to be exceptions by the director documented in the file.

Of the 7 records rated not achieved, 6 showed that the allowable number of CYICs based on the level of the home had been exceeded, and 1 showed that the maximum allowable number of children in the home had been exceeded, during the 36-month period leading up to the time when the audit was conducted, and there were no exceptions documented in 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	55	51	93%	4	7%
RE 10: Reportable Circumstances	55	52	95%	3	5%
RE 11: Caregiver Protocols	55	48	87%	7	13%

**RE 9: Supportive Practice**

The compliance rate for this critical measure was **93%**. The measure was applied to all 55 records in the sample; 51 of the 55 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 in the file, 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, 3 had documented supportive practice that was not consistent with the expectations and/or needs of the caregiver, and 1 did not have any supportive practice documented in the file.

**RE 10: Reportable Circumstances**

The compliance rate for this critical measure was **95%**. The measure was applied to all 55 records in the sample; 52 of the 55 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.

Of the 3 records rated not achieved, 2 did not have documentation confirming that the information was provided to the caregiver, and 1 had written information that was provided to the caregiver, but the information did not meet the criteria listed in the policy.

**RE 11: Caregiver Protocols**

The compliance rate for this critical measure was **87%**. The measure was applied to all 55 records in the sample; 48 of the 55 records were rated achieved and 7 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 protocols.

All 7 records rated not achieved lacked documentation confirming that the caregiver had been provided with information about the protocols.

### **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 a 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 standards of practice, 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 **64%**.

### **4.1 Strengths**

Overall, the tasks required to screen and assess caregivers (RE 1) were followed consistently, in advance of the initial approval of the caregiver's home. Although not a specific requirement, driver's abstracts for caregivers were found in several files. This is standard practice in contracted staffed residential resources and it follows that this is good practice for the foster home approval process, because most caregivers do a significant amount of driving for the CYICs placed in their homes.

It was noted in several files that caregivers who began as restricted foster care providers, or out-of-care providers, eventually became regular foster caregivers. In some cases, they completed various training and eventually became very skilled caregivers, taking on more challenging CYIC placements. This development in caregiving skills and abilities appeared to be linked to the high level of support that they received from their resource workers.

There were two highly skilled caregivers who had been foster parents in Alberta. The Alberta assessment documents were on file and the similarity of the Alberta assessment process and requirements to those of British Columbia is noteworthy.

The SAFE assessment tool was used for 12 homes (RE 1). SAFE tended to be used with newer homes and it can be expected that it will be the assessment tool of choice as long as resource workers receive the SAFE training. While the SAFE tool provides a superior home assessment, not all resource workers in the province have access to SAFE training, because it is not widely available.

While completion of pre-service caregiver orientation sessions was not a stand-alone measure (see RE 2 on page 5) approximately 66% of the records indicated that the caregivers had completed these sessions either before or after the placement of a CYIC in their homes. The pre-service

orientation sessions (2006) consist of six modules that have to be completed by new caregivers before a CYIC is placed in their homes. The modules cover a wide variety of topics, such as positive parenting, child development, the complaint resolution process, reportable incidents, protocols, and rights of children in care.

The compliance rate for completion of the Consolidated Criminal Record Check (RE 3) was relatively high (76%). This measure is integral to monitoring and assessing safety in foster homes.

Another practice strength found in the records was the development and use of documents for sharing placement information with a caregiver (RE 5), such as Request for Placement and Placement Plans (placement information plus initial plan of care), both of which are signed by the caregiver to confirm receipt of the information.

There were few situations in which the number of children and CYICs exceeded the limits in the standard (RE 8). In the homes that did exceed the limits, the caregivers were either providing emergency relief or caring for a sibling group of three or more CYICs.

Supportive practice was a key strength found in this audit (RE 9). In some files the resource workers appeared to go above and beyond the standard to support caregivers and the CYICs in their homes. Overall, the responses to caregivers were very respectful and timely and had a positive effect on the caregiving situation. It appeared that most of the caregivers were comfortable in reaching out for help and support from their resource workers when needed.

Based on documentation in the records, this SDA did well in informing caregivers about reportable circumstances (RE 10) and protocols (RE 11). There were workshops and mailings on these specific topics provided by the resource workers for the caregivers. This strength was further evidenced by caregivers appropriately reporting critical incidents to their resource workers and After Hours.

#### **4.1 Challenges**

The completion rate for the mandatory caregiver education program was low (RE 4). That said, approximately 27% of the caregivers who lacked the mandatory training were quite skilled, or became highly skilled by completing several other training events and workshops to increase their ability to meet the needs of the CYICs in their care. Overall, many caregivers availed themselves of ongoing training.

The compliance rate for RE 6 (ongoing monitoring of child safety and well-being) was extremely low (4%) primarily because practice did not comply with the requirement of in-person contact by resource workers every 90 days in the caregiver's home. Despite the low compliance rate, documentation in the records indicated that there was a significant amount of contact between resource workers and caregivers via telephone, email, Integrated Case Management meetings, Care Plan meetings, office visits, and meetings in the community.

The compliance rate for RE 7 (annual reviews of the caregiver's home) was also extremely low (9%). To receive a rating of achieved for this critical measure, there had to be documentation in the file confirming that annual reviews were being conducted within 30 working days of the

anniversary date of the initial approval of the caregiver’s home. However, in the vast majority of records, it was difficult to pin down the actual initial approval date because of conflicting dates in various documents. The files also generally did not contain formal letters to caregivers confirming approval of their homes, and therefore it made sense to use the Team Leader sign-off date on the home study/assessment document as the initial approval date. Completing annual reviews within 30 days of the anniversary date of the initial approval was clearly a challenge, particularly for homes that had been open for many years.

Finally, one of the records was identified for action because the information in the file indicated that the caregiver did not inform ministry staff that a male adult and two female children had moved into the home. At the time that the file was being reviewed for this audit, the man had refused to provide and confirm information or complete a local criminal record check. Also, he had recently come to Canada and would not provide specific information about where he had lived outside of Canada, claiming that he and the children had moved around a lot. There was also a conflict at the children’s school involving this man that was witnessed by the CYIC. SDA staff responded promptly to the notification, and it was learned that no additional CYICs would be placed in the home until the situation was resolved.

## 5. ACTIONS TAKEN TO DATE

Phase 4 of 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 that they have received and reviewed the document.

In addition, several years ago, the North Vancouver Island SDA established a Resource Team Lead Table, composed of managers and team leaders, to provide leadership and oversight for resource practice and services. The role of this group is encompassed in the action plan outlined below.

## 6. ACTION PLAN

The Executive Director of Service (EDS) will, by November 2, 2015, provide written confirmation that the following actions have been completed.

Action	Person responsible	Date to be completed by
1. The Community Services Managers (CSMs) will meet with 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	Tom Weber, EDS	October 1, 2015

expectations for caregiver support services.		
2. The CSMs and the Resource Team Lead Table will define and implement a process for TLs to routinely track resource workers' casework activities, including drafting of learning plans for each caregiver, to provide support and ensure that the Mandatory Caregiver Education Program is completed within two years of the caregiver being approved; completion of annual reviews within 30 working days of the anniversary date of the caregiver's initial approval; and ongoing monitoring of the family care home by the resource worker through in-person visits at least once every 90 days.	Tom Weber, EDS	November 1, 2015
3. The CSMs and Resource Team Lead Table will establish a tracking system for resource workers to use in documenting the completion of Pre-service Orientation Sessions and the Mandatory Caregiver Education Program for all newly approved caregivers.	Tom Weber, EDS	November 1, 2015
4. The CSMs and Resource Team Lead Table will develop a file document to be completed and updated by resource workers after conducting required ongoing monitoring visits to family care homes at least once every 90 days.	Tom Weber, EDS	November 1, 2015
5. The Quality Assurance Branch will clarify with the Provincial Director of Child Welfare which date in the approval process is to be used by the SDA in establishing an anniversary date for a caregiver's initial approval.	Alex Scheiber, Deputy Director of Child Welfare	September 1, 2015