



Thompson Cariboo Shuswap Service Delivery Area

# Resource Practice Audit

Report Completed: May 2015

Office of the Provincial Director of Child Welfare and Aboriginal Services

Quality Assurance Branch

## Table of Contents

<b>INTRODUCTION</b> .....	<b>3</b>
1. PURPOSE.....	3
2. METHODOLOGY.....	3
<b>THOMPSON CARIBOO SHUSWAP RESOURCE PRACTICE AUDIT</b> .....	<b>5</b>
3. FINDINGS AND ANALYSIS .....	5
3.1 Screening, Assessment and Approval of Caregiver.....	5
3.2 Caregiver Continuing Learning and Sharing Placement Information with Caregiver .....	7
3.3 Ongoing Monitoring, Annual Reviews, and Allowable Number of Children in Home .....	8
3.4 Supportive Practice, Reportable Circumstances, and Caregiver Protocols.....	9
4. OBSERVATIONS AND THEMES .....	11
4.1 Strengths.....	11
4.2 Challenges .....	12
5. ACTIONS TAKEN TO DATE.....	14
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 Thompson Cariboo Shuswap Service Delivery Area (SDA) in March and April, 2015.

### 1. PURPOSE

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

### 2. METHODOLOGY

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

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

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

The total number of RE files in the sampling frame for the Thompson Cariboo Shuswap SDA was 258 and the total number of RE files in the sample was 54. This sample size provides a 90% confidence level, with a 10% margin of error.

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

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

In reviewing sampled records, the 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 (March/April 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 records 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.

## THOMPSON CARIBOO SHUSWAP RESOURCE PRACTICE AUDIT

This section provides information about the findings of the RE practice audit that was conducted in the Thompson Cariboo Shuswap SDA in March and April, 2015.

### 3. FINDINGS AND ANALYSIS

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

There were 54 records in the sample selected for this audit. However, not all of the measures in the audit tool were applicable to all 54 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. Two of the tables have footnotes indicating the number of records for which a measure was not applicable and the reasons why.

#### 3.1 Screening, Assessment and Approval of Caregiver

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

**Table 1: Screening, Assessment and Approval of Caregiver**

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
RE 1: Screening and Assessment of Caregiver	54	32	59%	22	41%
RE 2: Approval of Caregiver	54	21	39%	33	61%
RE 3: Consolidated Criminal Records Check*	51	33	65%	18	35%

\*This measure was not applicable to 3 records because the RE file closed during the timeframe of the audit and an updated Consolidated Criminal Record Check (CCRC) was not yet required based on the three year cycle for such checks.

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

The compliance rate for this critical measure was **59%**. The measure was applied to 54 records in the sample; 32 of the 54 records were rated achieved and 22 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 22 records rated not achieved, 13 were missing documentation related to one of the screening and assessment activities (i.e., 5 were missing an assessment or home study, 2 were missing a medical assessment for one or more caregivers, 1 was missing a prior contact check for everyone 18 years of age and over, 4 were missing three reference checks and 1 was missing a criminal record check for everyone 18 years of age and over). The remaining 9 records rated not achieved were missing documentation related to two or more of the screening and assessment activities.

### **RE 2: Approval of Caregiver**

The compliance rate for this critical measure was **39%**. The measure was applied to 54 records in the sample; 21 of the 54 records were rated achieved and 33 were rated not achieved. The records rated achieved had documentation of all the required screening and assessment activities listed in RE 1, the approval of the caregiver was consistent with the outcomes and recommendations in the home study or assessment report, and the caregiver had successfully completed pre-service information or orientation sessions.

Of the 33 records rated not achieved, 13 were missing documentation related to one of the screening and assessment activities, 1 had an approval that was not consistent with the outcomes and recommendations in the home study, 6 lacked documentation confirming that the caregiver had completed pre-service orientation or information sessions, and 13 had a combination of these factors.

### **RE 3: Consolidated Criminal Records Check**

The compliance rate for this critical measure was **65%**. The measure was applied to 51 of the 54 records in the sample; 33 of the 54 records were rated achieved and 18 were rated not achieved. To receive a rating of achieved, there had to be documentation indicating that the approved caregiver and/or relief care provider, and any person 18 years of age or older associated with the 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 check had to have been completed according to the Criminal Record Check Policy and Procedures for Caregivers (Appendix B of the CSS Standards).

Of the 18 records rated not achieved, 13 did not have a CCRC on file for one or more primary caregivers, other adults or relief care providers, and 5 had CCRCs that did not meet the policy requirements. Three of these 5 records had a CCRC that indicated the subject of the check had a criminal record and 2 had a CCRC that indicated the subject of the check may have had a criminal record. In all 5 of these records, there was either no documentation on the file indicating how the resource social worker followed up with the subject of the check and the caregiver, or the follow up was not adequate and didn't include consultation with a team leader and community services manager, as required by the Criminal Record Check Policy and Procedures. Two of these records were identified for action because of the results of the CCRC and inadequate follow up.

### 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)	54	24	44%	30	56%
RE 5: Sharing Placement Information with Caregiver	54	12	22%	42	78%

#### **RE 4: Caregiver Continuing Learning and Education**

The compliance rate for this critical measure was **44%**. The measure was applied to all 54 records in the sample; 24 of the 54 records were rated achieved and 30 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 30 records rated not achieved, 23 lacked documentation showing that the caregivers had completed the mandatory education program, and 6 had no documentation showing that the caregivers had completed mandatory education and no learning plan. The remaining record rated not achieved had documentation showing that the caregivers had completed mandatory education, but not within the required two years from the date on which they were approved as caregivers.

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

The compliance rate for this critical measure was **22%**. The measure was applied to all 54 records in the sample; 12 of the 54 records were rated achieved and 42 were rated not achieved. To receive a rating of achieved, there had to be documentation confirming that the caregiver had received relevant written information about each CYIC placed in the caregiver's home during the 36-month period leading up to the time when the audit was conducted and throughout the time that the CYIC stayed in the home, and this information had to be contained in the RE file. The required documentation included written referral information from each CYIC's guardianship or child protection social worker and a written copy of the caregiver's responsibilities, as outlined in each CYIC's plan of care.

All 42 records rated not achieved lacked documentation showing that written information about each of the CYICs placed in the home had been provided to the caregiver.

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

Table 3 provides compliance rates for measures RE 6 to RE 8. These measures correspond with CSS Standard 17 and CSS Standard 11. The rates are presented as percentages of all records to which the measures were applied.

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

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
RE 6: Ongoing Monitoring of Child Safety and Well-being*	53	0	0%	53	100%
RE 7: Annual Reviews of Caregiver’s Home	54	2	4%	52	96%
RE 8: Allowable Number of Children in Caregiving Home	54	43	80%	11	20%

\*This measure was not applicable to 1 record because there were no children in care residing in the caregiver’s home for more than 90 days during the 36-month period leading up to the time when the audit was conducted.

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

The compliance rate for this critical measure was **0%**. The measure was applied to 53 of the 54 records in the sample, and all of the 53 records were rated not achieved. To receive a rating of achieved, there had to be, for each CYIC residing in the caregiver’s home during the 36-month period leading up to the time when the audit was conducted, file documentation of ongoing monitoring of the safety and well-being of the CYIC and the CYIC’s progress in relation to his or her plan of care, compliance of the caregiving home with relevant standards (including the requirement of home visits by the resource social worker at least once every 90 days) and any changes that had occurred in the physical environment and the experience of the CYIC in the caregiving home.

Of the 53 records rated not achieved, 51 had documentation showing that the level of monitoring and contact did not meet the minimum requirement of home visits every 90 days, and 2 had no documentation of any home visits during the 36-month period leading up to the audit even though there were CYICs placed in the home during that period of time.

#### **RE 7: Annual Reviews of Caregiver’s Home**

The compliance rate for this critical measure was **4%**. The measure was applied to all 54 records in the sample; 2 of the 54 records were rated achieved and 52 were rated not achieved. To receive a rating of achieved, there had to be file documentation confirming that an annual review had been conducted with the caregiver within 30 working days of the anniversary date of the initial approval of the home for each year in the 36-month period leading up to the time when the audit was conducted.

Of the 51 records rated not achieved, 10 had documentation showing that an annual review had been completed for each year in the audit period, but not within 30 days of the anniversary date of the initial approval of the home; 13 did not have any annual reviews documented for the audit period; and 28 had some but not all of the required annual reviews documented.



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

The compliance rate for this critical measure was **80%**. The measure was applied to all 54 records in the sample; 43 of the 54 records were rated achieved and 11 were rated not achieved. To receive a rating of achieved, the number of all children living in the caregiving home could not have exceeded six, and the number of CYICs living in the home could not have exceeded the maximum allowable number based on the level of the home, during the 36-month period leading up to the time when the audit was conducted, or there had to be exceptions by the director (i.e., the responsible CSM) documented in the file.

Of the 11 records rated not achieved, 2 showed that at some point during the 36-month period leading up to the audit the total number of children in the home had exceeded six and the total number of CYICs in the home had exceeded the maximum allowable number, based on the level of the home. The remaining 9 records showed that the total number of CYICs in the home had exceeded the maximum allowable number, based on the level of the home. None of the 11 records rated not achieved had exceptions by the director documented in the file.

### 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	54	49	91%	5	9%
RE 10: Reportable Circumstances	54	49	91%	5	9%
RE 11: Caregiver Protocols	54	16	30%	38	70%

### RE 9: Supportive Practice

The compliance rate for this critical measure was **91%**. The measure was applied to all 54 records in the sample; 49 of the 54 records were rated achieved and 5 were rated not achieved. To receive a rating of achieved, there had to be documentation of supportive practice with the caregiver and the provision of support services had to be consistent with the expectations of the caregiver, as outlined in each CYIC's plan of care, the Standards for Foster Homes, and the contractual agreement.

Of the 5 records rated not achieved, 2 had documentation showing that the provision of support services was not 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, and 3 did not contain enough documentation to determine whether there was ongoing supportive practice with the caregiver.

### **RE 10: Reportable Circumstances**

The compliance rate for this critical measure was **91%**. The measure was applied to all 54 records in the sample; 49 of the 54 records were rated achieved and 5 were rated not achieved. To receive a rating of achieved, there had to be documentation confirming that the director had informed the caregiver, in writing, of his or her obligation to report all information of significance about the safety and well-being of a CYIC in his or her care, the written information provided to the caregiver had to comply with the criteria listed in policy related to CSS Standard 18, and a copy of the written information provided to the caregiver had to be contained in the file. The majority of records received an achieved rating because it was noted in annual reviews that the resource social worker had provided the caregiver with a copy of the “Standards for Foster Homes,” which outlines the responsibility of the caregiver when a reportable incident occurs.

Five records were rated not achieved because they did not contain a copy of the information provided to the caregiver in writing and there was no other evidence in the file indicating that this information had ever been provided to, or reviewed with, the caregiver.

### **RE 11: Caregiver Protocols**

The compliance rate for this critical measure was **30%**. The measure was applied to all 54 records in the sample; 16 of the 54 records were rated achieved and 38 were rated not achieved. To receive a rating of achieved, there had to be file documentation confirming that the director had informed the caregiver about the expectations for caregivers during a protocol investigation and/or review, and the obligations of the director’s delegate to respond in accordance with the protocols.

Of the 38 records rated not achieved, 36 did not have documentation indicating that the caregiver had been informed 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, and 2 did not have adequate documentation to determine whether the caregiver had been informed about expectations for caregivers during an investigation and/or review under protocol. In both of these records, a protocol investigation had taken place but the documentation on file did not indicate that information about the protocol process or the caregiver’s responsibilities were shared with the caregivers.

#### **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, two records were identified for action because the information in the records suggested that the children may have been left in need of protection. The records were immediately brought to the attention of the responsible team leader (TL) and community services manager (CSM), as well as the executive director of service (EDS), for follow up, as appropriate.

## 4. OBSERVATIONS AND THEMES

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

The SDA overall compliance rate was **48%**.

### 4.1 Strengths

There were three areas of resource practice that had high compliance rates in the Thompson Cariboo Shuswap SDA, as reflected in critical measures RE 8, RE 9 and RE 10. Critical measure RE 8, which was used to assess whether the allowable number of children in a caregiving home was exceeded during the 36-month period leading up to the audit, had a high compliance rate (80%). During the 36-month period, only 12 of 54 records showed an overage in the number of children residing in a caregiving home. One record had appropriately documented exceptions for the duration of the overage, and 6 had some documentation about the overage. In several of the records there was a request for an exception documented; however, approval of the exception was not documented. It was clear in reviewing the records that (in most instances) there had been a thoughtful process about what impact there would be if the home was over capacity and what additional supports might be required to maintain successful placements. This was evident through e-mail correspondence, annual reviews, and 90 day home visits.

Critical measure RE 9 was used to assess whether resource workers were using supportive practice in their work with caregivers. The compliance rate for this critical measure was very high (91%). The records rated achieved had documentation showing that resource social workers were listening to the caregivers they supported, and were providing extra support to the caregivers who needed it. A theme that was evident throughout the records was the respect that resource workers had for the caregivers they worked with. This respect was apparent in the way that annual reviews and home visits were documented. Many caregivers, especially those who had been fostering for a long period of time or who had taken high levels of training, were treated as professionals, with their opinions and thoughts taken into account during planning for CYICs. There were also several records in which the documentation indicated that the caregivers had experienced something challenging and it was evident that the resource workers had provided strong support to these caregivers.

Critical measure RE 10 also had a very high compliance rate. RE 10 is used to assess whether the resource social worker informed the caregiver in writing of her or his obligation to report all information of significance about the safety and well-being of CYICs in their care. The majority of records were rated achieved for this measure as it was evident that information on this topic had been provided and discussed with caregivers as part of the annual review process. In several files, a copy of the reportable circumstances standard was signed by the resource social worker and

caregiver at each annual review. This practice made it very clear that the information was being reviewed annually with the caregiver.

In addition to the three measures with high or very high compliance rates, there were two areas of practice worth noting for their achievement even though there is still room for improvement. Critical measure RE 3 had a moderate compliance rate of 65%. This measure is used to assess compliance with CSS Standard 2, which has to do with screening, assessment and approval of caregivers, and the Criminal Record Check Policy and Procedure for Caregivers. The majority of records were rated achieved without issue, and in a number of records that were rated not achieved, it was evident that the workers were taking appropriate steps to comply with the standard, but were still missing small elements. There appeared to be four reasons why these records were rated not achieved. The first reason was that resource workers only started the process of talking to the caregivers and other relevant adults about completing new CCRC consent forms once the existing CCRC had expired. A second reason was that, even when consents were completed for a CCRC, the results of the CCRC were not placed in the file. A third reason was inconsistent tracking and updating of CCRCs for relief care providers and other adults who lived in the caregiving home, or who had significant and unsupervised contact with CYICs. The fourth reason had to do with circumstances in which the results of the CCRC raised a concern—some resource workers appeared to be unaware of the steps required to approve the continued use of a caregiver under these circumstances. Again, although the compliance rate for this measure was relatively strong (65%), there is room for improvement. Employing the skills of administrative support staff to assist in tracking timely completion and processing of CCRCs and ensuring that the required documentation is placed in the RE files would improve practice and raise the compliance rate for this measure.

Critical measures RE 1 and RE 2 are also used to assess compliance with CSS Standard 2 (screening and assessment of caregivers). Critical measure RE 1 had a moderate compliance rate of 59%. A significant issue was that 10 of the RE records rated not achieved had a caregiver with a previous RE file in MIS. One of the challenges of MIS is that in order to add or remove a caregiver from the name of a file, a new RE file has to be created. From a practice and audit standpoint, it is important that all relevant documentation from the previous RE file be copied and included in the new RE file. However, in each of the 10 records rated not achieved, there were aspects of the assessment process that were not included in the new RE file. It is difficult to say whether all 10 of these records would have been rated achieved if the transfer of information had occurred. However, if the information had been complete and appropriately transferred to the new RE file, the compliance rates for RE 1 and RE 2 would have been appreciably higher.

## 4.2 Challenges

Two areas of practice that had very low compliance rates relate to critical measures RE 6 and RE 7, both of which were used to assess compliance with CSS Standard 17 (ongoing monitoring of a child's safety and well-being and annual reviews of the caregiving home). In applying critical measure RE 6, the analyst was looking for evidence that visits to the caregiver's home had occurred at least once every 90 days. During these visits, the resource social worker is expected to assess a number of things, including the safety of the home environment and whether the specific needs of

the CYICs in the home are being met in relation to their plans of care. All 53 records to which the measure was applied were rated not achieved because they lacked documentation indicating that home visits had occurred every 90 days during the 36-month period leading up to the time when the audit was conducted. Thirteen of the records had CYIC placements for only a portion of the 36-month period, but even these records did not meet the 90-day minimum requirement during the periods of time when there were CYIC placements. Twenty-nine of the 53 records had more than half of the home visits documented; in fact, two of these records had all of the required home visits documented, but there was a gap of more than 90 days between visits on at least one occasion. The other 24 records had less than half of the required home visits documented, and, of these, 15 had less than a quarter of the required home visits documented. Aside from home visits, many records showed a high level of ongoing phone contact and meetings with foster parents, either in an MCFD office or in the community. Some of the files with a higher number of documented home visits also showed a higher level of other contact. For example, one file had documentation of the resource social worker completing 9 of 10 required home visits, as well as attending ICM meetings and seeing the caregiver in the MCFD office. This was particularly noteworthy because the foster home was a three hour drive from the MCFD office. On the opposite end of the spectrum, there were records in which no home visits—and very little phone, email and office contact—had been documented. It might be beneficial to develop a tracking system for the resource social workers in the SDA, to help them monitor and maintain the required frequency of home visits in each of their family care homes.

The other critical measure that had a very low compliance rate was RE 7, which is also related to ongoing monitoring of a child's safety and well-being. RE 7 was used to assess whether annual reviews occurred within 30 working days of the anniversary date of the approval of the home, for each year in the 36-month period leading up to the time when the audit was conducted. The compliance rate for this critical measure was extremely low (4%). As noted earlier in this report, there were 10 records that had an annual review recorded for each year during the audit period; however, these annual reviews did not occur within 30 working days of the anniversary date of the approval of the home. Thirteen records did not have any annual reviews on file for the 36-month audit period, and 28 records had some but not all of the required annual reviews documented.

There were three additional measures with low compliance rates: RE 11 (caregiver protocols), RE 4 (caregiver continuing learning and education), and RE 5 (sharing placement information with caregiver). Critical measure RE 11 was used to assess whether it was documented in the RE file that the resource social worker had informed the caregiver about expectations for caregivers during an investigation and/or review under a protocol and obligations of the director's delegate to respond in accordance with the protocols. The compliance rate for this measure was 30%. The records rated achieved often had documentation indicating that this information was imparted to the caregiver either at the time of the home study or as part of an annual review during which the caregiver was given a copy of the protocol manual. Adding a review of the protocol manual back into the annual review process would result in a much higher compliance rate for this measure.

Critical measure RE 4 was used to assess two things: that there was a documented learning plan on file and that there was evidence of the caregiver having completed mandatory education training

within two years of approval. Although the compliance rate was low (44%), there was some strength in this area. In reviewing the records, it was evident that the SDA was emphasizing certain training programs for caregivers. For example, many caregivers had completed training in Bruce Perry's Neuro-sequential Model of Therapeutics, and non-violent crisis intervention. Also, there was a detailed learning plan in many files, and the plan appeared to have been taken seriously by both the caregiver and the resource social worker. On the other hand, a large number of caregivers had not completed the mandatory education training. The largest group appeared to be those who were approved as restricted caregivers. There were 7 restricted caregiving homes in the audit sample and none of the caregivers in these homes had completed the mandatory education program. It can be challenging to engage restricted caregivers in completing mandatory education, however it was noted in a number of these records that the caregivers were not expected to complete the education program because of their restricted status, even though there is no provision in CSS Standard 7 that exempts a restricted caregiver from completing the mandatory education program.

The compliance rate for critical measure RE 5 was very low (22%). The analyst was looking for evidence that written information had been shared with the caregiver regarding each CYIC placed in the caregiver's home, and that a copy of the information was in the file. Many records did not contain information about all of the CYICs who were placed in the home during the 36-month audit period. Thirteen of the records rated not achieved contained information about one or more, but not all, of CYICs in the caregiving home. It was interesting to note that 6 of the 12 records rated achieved were from the Salmon Arm office. One possible reason for the high frequency of records rated achieved in the Salmon Arm office is administrative support. Several offices had well-organized files that followed the "File Format Policy for Resource Provider (RE) Case Files," but the Salmon Arm files stood out as being particularly well organized.

It is also interesting to note that 10 of the 42 records rated not achieved had good information sharing about most (but not all) of the CYICs in the caregiving home. The Williams Lake office accounted for 5 of these 10 records. The Williams Lake office also had 2 records that were rated achieved, so 7 out of the 10 records from Williams Lake were either fully or partially compliant with RE 5. One possible reason is that the Williams Lake office has developed a referral document template that is widely used in RE files in their area. The document is titled "Williams Lake Placement Request Form." Perhaps the practice of using a similar referral document could be explored and then built on across the SDA, to improve overall compliance with CSS Standard 9.

## **5. ACTIONS TAKEN TO DATE**

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

As part of the provincial redesign initiative, the caregiver orientation and mandatory education programs are being revised. The changes to these programs are expected to take effect in March, 2016. In the spring of 2015, the Thompson Cariboo Shuswap SDA began working with Interior Community Services in preparation for the expected changes to the caregiver mandatory education program. Interior Community Services is the local agency that is contracted to provide caregiver support services and training. This work will continue so that SDA staff members are aware of and understand the changes that will take effect in 2016.

## 6. ACTION PLAN

The Executive Director of Service (EDS) will, by February 15, 2016, provide to the Deputy Director of Child Welfare written confirmation that the following actions have been completed.

Action	Person responsible	Date to be completed by
<p>1. The community services managers (CSMs) will meet with each of the team leaders (TLs) who supervise resource social workers (RSWs) in the SDA to review the findings of this practice audit and the applicable Caregiver Support Services Standards, and to reaffirm policies and general practice expectations for caregiver support services. This review will include special attention to how mandatory caregiver education cannot be waived, how RSWs are responsible for ensuring that caregivers have written information about all CYICs placed in their care, the requirements regarding completion of annual reviews within 30 working days of the anniversary of the initial approval of the caregiver, and ongoing monitoring of caregiving homes through in-person visits by RSWs at least once every 90 days.</p>	<p>David Hall, EDS</p>	<p>November 30, 2015</p>
<p>2. The CSMs will work with the TLs to define and implement a process for TLs to routinely track RSWs' casework activities, including the scheduling and completion of annual reviews within 30 working days of the anniversary of the initial approval of the caregiver, and ongoing monitoring of caregiving homes through in-person visits by RSWs at least once every 90 days.</p>	<p>David Hall, EDS</p>	<p>November 30, 2015</p>

<p>3. The CSMs will work with the TLs to develop and approve a checklist for each RE file record to ensure consistent documentation of key casework activities, including annual reviews, ongoing monitoring of caregiving homes through in-person visits, and sharing placement information about CYICs. CSMs will also ensure that TLs responsible for supervising RSWs review with their staff the expectations for consistent documentation of resource practice using the “Good Recording Guide.”</p>	<p>David Hall, EDS</p>	<p>November 30, 2015</p>
<p>4. The CSMs will ensure that TLs, RSWs and administrative staff are identifying RE file records that do not contain documentation of all completed screening, assessment and approval activities. Relevant documentation will be located and filed in the appropriate RE file for each approved and active caregiver in the SDA. A system will also be developed to ensure that newly opened RE files contain all required documentation for screening, assessment and approval of caregivers.</p>	<p>David Hall, EDS</p>	<p>January 31, 2015</p>
<p>5. The CSMs will ensure that TLs and RSWs are identifying caregivers who are overdue in completing the mandatory education program. Written learning plans will be developed to support these caregivers in completing the program. Written learning plans will also be developed for all new caregivers to ensure that they complete the mandatory education program within two years of the date on which they were approved as caregivers.</p>	<p>David Hall, EDS</p>	<p>November 30, 2015</p>