



Northwest Service Delivery Area

Resource Practice Audit

Report Completed: June 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 Northwest Service Delivery Area (SDA) in February through May, 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, 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 files in the sampling frame for the Northwest SDA was 86 and the total number of RE records in the sample was 38. 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 measures RE 3, 6 and 7. The analyst entered the ratings in a SharePoint data collection form that included ancillary questions and text boxes, which were used to enter additional information about the factors taken into consideration in applying some of the measures.

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, 2012 – October, 2015) leading up to the time when the audit was conducted in February–May, 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 this audit, the practice analyst watched for situations in which the information in the records suggested that a child may have been left in need of protection. When identified, these records were 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.

NORTHWEST SDA RESOURCE PRACTICE AUDIT

This section provides information about the findings of the RE practice audit that was conducted in the Northwest SDA in February through May, 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 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 38 records in the sample selected for this audit. However, not all of the measures in the audit tool were applicable to all 38 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 3 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 Caregivers

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 Caregivers

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
RE 1: Screening and Assessment of Caregiver	38	31	82%	7	18%
RE 2: Approval of Caregiver	38	29	76%	9	24%
RE 3: Consolidated Criminal Records Check	38	25	66%	13	34%

RE 1: Screening and Assessment of Caregiver

The compliance rate for this critical measure was **82%**. The measure was applied to all 38 records in the sample; 31 of the 38 records were rated achieved and 7 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 7 records rated not achieved, 4 did not have a completed home study or assessment report prior to a placement in the home, and 3 were missing documentation of two or more of the following

screening and assessment activities: a completed home study or assessment report, criminal record checks, prior contact checks, medical assessment of the caregivers, and three reference checks.

RE 2: Approval of Caregiver

The compliance rate for this critical measure was **76%**. The measure was applied to all 38 records in the sample; 29 of the 38 records were rated achieved and 9 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 9 records rated not achieved, 2 did not have all the assessment activities listed in RE 1 completed and documented in the file, 2 did not have documentation confirming that the caregiver had completed pre-service information or orientation sessions, and 5 were missing a combination of the following: all assessment activities, pre-service orientation sessions, and an approval that was consistent with the home study or assessment report.

RE 3: Consolidated Criminal Record Checks

The compliance rate for this critical measure was **66%**. The measure was applied to all 38 records in the sample; 25 of the 38 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 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 13 records rated not achieved, 11 had no CCRCs on file, 1 was missing a CCRC for one or more individuals who were 18 years of age or older, and 1 had a criminal record check that did not meet policy requirements.

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)	38	7	18%	31	82%
RE 5: Sharing Placement Information with a Caregiver	38	6	16%	32	84%

RE 4: Caregiver’s Continuing Learning and Education

The compliance rate for this critical measure was **18%**. The measure was applied to all 38 records in the sample; 7 of the 38 records were rated achieved and 31 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 31 records rated not achieved, 26 did not have documentation confirming that the caregiver had completed the mandatory education program, 3 did not have a documented learning plan for a caregiver that had only partially completed the program, and 2 had confirmation that the caregivers had completed the program, but not within the required two years from the dates on which they were approved as caregivers.

RE 5: Sharing Placement Information with a Caregiver

The compliance rate for this critical measure was **16%**. The measure was applied to all 38 records in the sample; 6 of the 38 records were rated achieved and 32 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.

Of the 32 records rated not achieved, 31 did not have sufficient documentation to confirm that written information about each CYIC had been shared with the caregivers, and 1 had documentation confirming that information about each CYIC had been shared with the caregiver, but the information did not meet 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. The notes below the table provide the numbers of records for which the measures were assessed as not applicable and explain why.

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*	37	0	0%	37	100%
RE 7: Annual Reviews of the Caregiver’s Home	38	4	11%	34	89%
RE 8: Allowable Number of Children in a Caregiving Home	38	28	74%	10	26%

*This measure was not applicable to 1 record because there were no children in care residing in the caregiver's home longer than 90 days during the timeframe of the audit.

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

The compliance rate for this critical measure was **0%**. The measure was applied to 37 of the 38 records in the sample and all 37 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 requirements in relevant standards (including the requirement of in-person visits by the resource worker at least once every 90 days) and any changes that had occurred in the physical environment and experience of the CYIC in the caregiving home.

Of the 37 records rated not achieved, 19 had insufficient documentation to confirm that the resource worker had in-person contact with the caregiver in the caregiver's home every 90 days, and 18 had no documentation of ongoing monitoring or in-person visits to the caregiver's home.

RE 7: Annual Reviews of the Caregiver's Home

The compliance rate for this critical measure was **11%**. The measure was applied to all 38 records in the sample; 4 of the 38 records were rated achieved and 34 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 34 records rated not achieved, 14 had no reviews completed, 13 had some but not all of the required reviews completed, and 7 had all required reviews completed but not 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 **74%**. The measure was applied to all 38 records in the sample; 28 of the 38 records were rated achieved and 10 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 living 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 10 records rated not achieved, 8 exceeded the maximum allowable number of CYICs based on the level of the home, and 2 exceeded the maximum allowable number of six children in the home, and there were no exceptions documented in any of these 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	38	34	89%	4	11%
RE 10: Reportable Circumstances	38	36	95%	2	5%
RE 11: Caregiver Protocols	38	36	95%	2	5%

RE 9: Supportive Practice

The compliance rate for this critical measure was **89%**. The measure was applied to all 38 records in the sample; 34 of the 38 records were rated achieved and 4 were rated not achieved. To receive a rating of achieved, there had to be documentation of supportive practice with the caregiver and the provision of support services had to be consistent with the expectations of the caregiver, as outlined in each CYIC’s plan of care, Standards for Foster Homes, and the contractual agreement.

Of the 4 records rated not achieved, 3 had documentation showing that the provision of support services was not consistent with the expectations of the caregiver, and 1 did not contain sufficient documentation to determine whether there was ongoing supportive practice with the caregiver.

RE 10: Reportable Circumstance

The compliance rate for this critical measure was **95%**. The measure was applied to all 38 records in the sample; 36 of the 38 records were rated achieved and 2 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.

The 2 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 **95%**. The measure was applied to all 38 records in the sample; 36 of the 38 records were rated achieved and 2 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.

The 2 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. No records were identified for action during the course of this audit.

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 **57%**.

4.1 Strengths

There were a high proportion of specialized caregivers found in the sample of records randomly selected for this audit. Of the 38 records audited, most (30) were designated at a specialized level: 2 were Level 1 homes, 15 were Level 2 homes, and 13 were Level 3 homes. Of the 8 remaining records, 6 were designated as regular family care homes and 2 were designated as restricted family care homes. Specialized family care 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 collaboration with guardianship social workers to support caregivers in managing the needs of the CYICs. There were many examples in the records of referrals made for caregivers to access behavioural consultants, medical specialists, mental health consultants, and foster care support services. A number of records had CYIC placements many years in length and were indicative of nurturing, stable and caring homes for CYICs.

There was a high (82%) 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 (31 out of 38) of records audited had full documentation of all screening and assessment activities. However, the compliance rate for approval of caregivers (RE 2) was only moderately (76%) high, because in several records (7 out of 38) the timelines for completion of the screening, assessment and approval activities and placement of CYICs were misaligned. In a few other records (2 out of 38), there was no documentation confirming that caregivers had completed pre-service orientation sessions.

There was evidence in nearly all of the records of supportive and collaborative practice, as evidenced by a high (89%) compliance rate for RE 9. There were many examples of efforts by social workers, team leaders, community services managers, and the executive director of service to support caregivers. Ongoing support for a caregiver was demonstrated by providing supplementary relief to support a caregiver during a period of illness, seeking approval for special equipment required for a

child with exceptional needs, facilitating arrangements for out-of-country travel, and respecting a caregiver's need to take a pause from new placements.

There was an extremely high (95%) compliance rate on the critical measure associated with the caregiver being informed of the obligation to report all reportable incidents (RE 10). There was evidence in nearly all of the records that, as part of their annual reviews, resource workers had provided caregivers with a copy of the Standards for Foster Homes, which outlines the responsibilities of the caregiver when a reportable incident occurs.

Another area of achievement with an extremely high (95%) compliance rate was the critical measure associated with caregiver protocols (RE 11). Nearly all of the records in the sample had documentation confirming that caregivers had been informed about what was expected of them during a protocol investigation, quality of care review, or reported concern. As part of their annual reviews, caregivers were provided a copy of the Standards for Foster Homes, which outlines expectations for caregivers when a concern about the care they provide to CYICs is reported.

There were two other areas of practice worth noting for their achievement, although there is still room for improvement. The critical measure associated with completing CCRCs (RE 3) had a moderate (66%) compliance rate. Of the records rated not achieved, most (12 out of 13) were missing either updated and subsequent CCRCs for the caregiver, relief caregiver or other individual 18 years of age or older. The compliance rate for completing CCRCs could be improved by the use of a mechanism for documenting and tracking the date of the last CCRC for caregivers, relief care providers, and other adults associated with the caregiving home.

The critical measure associated with the allowable number of children in a caregiving home (RE 8) had a moderately high (74%) compliance rate. A majority (28 out of 38) of the family care homes 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, there were 35 occurrences when the number of children in a caregiving home surpassed the allowable limits, but only 20 written exceptions were documented in these files. The compliance rate for this measure could be improved by consistently reviewing and documenting exceptions, as required in CSS Standard 11.

4.2 Challenges

The compliance rate for the critical measure associated with caregiver learning and education (RE 4) was very low (18%). A vast majority (29 out of 31) of the records rated not achieved did not meet the requirement of both a learning plan and mandatory education. Most of the records rated not achieved were missing file documentation that confirmed full completion of the mandatory caregiver education program for one or both designated caregivers in the resource file record.

The critical measure associated with sharing placement information (RE 5) also had a very low compliance rate (16%). In the records rated not achieved, there was some evidence that relevant written information had been shared for some, but not all, CYICs. In some instances, there was a high level of information sharing, particularly when the CYIC was medically fragile or had special needs.

There was no (0%) compliance with the standard for ongoing monitoring of a CYIC's safety and well-being, as reflected in critical measure RE 6. This was largely due to the requirement that resource workers have in-person contact with the caregiver and CYICs every 90 days in the caregiver's home. Among the 37 records rated not achieved, 11 had at least half or more of the required number of in-person visits during the 36-month time period leading up to this audit. While there was generally insufficient documentation of home visits, nearly all of the records in the sample had some evidence of other monitoring activities, such as phone calls, emails, texts, office visits, meetings in the hospital with the caregiver and CYIC, caregiver reports about the CYICs, and reports on the caregiving home from community agencies. The compliance rate for ongoing monitoring could be improved by using a system to track the dates of home visits and when these visits are due, and by incorporating these dates consistently into running file records and annual reviews.

The critical measure associated with annual reviews of the caregiver's home (RE 7) had a very low (11%) compliance rate. This was largely because 14 of the 34 records rated not achieved had no annual reviews on file. The remaining records rated not achieved (20), had one or two, but not all three of the required reviews completed, or the dates of the annual reviews were not aligned with the timeline requirements set out in CSS Standard 11. The compliance rate for this measure could be improved significantly by consistently scheduling and completing annual reviews within 30 days of the anniversary date of the caregiver's initial approval.

Finally, many of the records in the sample did not have sufficient and complete file documentation. For example, there were several records that had incomplete documentation of the resource worker's contacts and communications with caregivers; as a result, the practice analyst was often unable to determine the date and type of contact between the resource worker and the caregiver. There were also several records where not all of the assessment information about a caregiver was carried forward into the caregiver's current physical file. Some records had CCRC results 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. File documentation issues may have contributed to the very low or extremely low compliance rates for several of the critical measures in 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.

6. ACTION PLAN

Action	Person responsible	Date to be completed by
<p>1. The Community Service Managers for Resources (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, to reaffirm policies and general practice expectations for caregiver support services.</p>	Sarah Lloyd, EDS	October 1, 2016
<p>2. The CSMs will work with the TLs to ensure the consistent use by RSWs of the “To Do List” function with RE files in MIS to track the completion of the mandatory education program by caregivers, the updating of criminal record checks (CCRCs), and the conduct of annual reviews for all family care homes.</p>	Sarah Lloyd, EDS	October 31, 2016
<p>3. The EDS will review the requirements for providing the Mandatory Caregiver Education Program with the agency under contract with the SDA, with the expectation that this training will be made more accessible to both current and newly approved family caregivers in the SDA.</p>	Sarah Lloyd, EDS	October 15, 2016
<p>4. The CSMs will ensure that TLs and RSWs are identifying 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 in their open RE file. For these caregivers, the RSWs will attempt to identify</p>	Sarah Lloyd, EDS	December 30, 2016

<p>supporting documentation from any previous/closed RE files in their name that confirms 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.</p>		
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