



South Fraser Service Delivery Area

Resource Practice Audit

Report Completed: September 2015

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 South Fraser Service Delivery Area (SDA) in April and May, 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 South Fraser SDA was 323 and the total number of RE records in the sample was 56. 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 2011 – October 2014) leading up to the time when the audit was conducted (April –May 2015).

Quality assurance policy and procedures require that practice analysts identify for action any record that suggests a child may need protection under section 13 of the *Child, Family and Community Service Act*. During an audit, the practice analyst watches for situations in which the information in the records suggests that a child may have been left in need of protection. When identified, these records are brought to the attention of the appropriate team leader (TL) and community services manager (CSM), as well as the executive director of service (EDS), for follow up, as appropriate.

SOUTH FRASER SDA RESOURCE PRACTICE AUDIT

This section provides information about the findings of the RE practice audit that was conducted in the South Fraser Service Delivery Area (SDA) during April and May, 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 56 records in the sample selected for this audit and the measures in the RE Practice Audit Tool were applicable to all of the records in the sample. The “Total” column next to each measure in the tables contains the total number of records to which the measure was applied.

3.1 Screening, Assessment and Approval of Caregiver

Table 1 provides compliance rates for measures RE 1 to RE 3, which relate to 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	56	38	68%	18	32%
RE 2: Approval of Caregiver	56	28	50%	28	50%
RE 3: Consolidated Criminal Record Check	56	42	75%	14	25%

RE 1: Screening and Assessment of Caregiver

The compliance rate for this critical measure was **68%**. The measure was applied to all 56 records in the sample; 38 of the 56 records were rated achieved and 18 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 (PCCs) 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 18 records rated not achieved, 4 did not have any of the assessment activities documented (including the home study); 6 were missing at least one reference; 2 were missing the medical assessment; 2 were missing a completed home study; 1 was missing all of the assessment activities, but had the three references; 1 was missing a medical assessment and at least one reference; 1 was

missing the home study, medical assessment, and at least one reference; and 1 did not have criminal record checks completed for everyone in the home 18 years of age and over.

RE 2: Approval of Caregiver

The compliance rate for this critical measure was **50%**. The measure was applied to all 56 records in the sample; 28 of the 56 records were rated achieved and 28 were rated not achieved. The records rated achieved had documentation of all the screening and assessment activities listed in RE 1, the approval of the caregiver was consistent with the outcomes and recommendations in the home study or assessment report, and the caregiver had successfully completed pre-service information or orientation sessions.

Of the 28 records rated not achieved, 10 did not have documentation confirming that the caregiver had completed pre-service orientation sessions; 9 were missing documentation of various assessment activities; 5 did not have documentation of all the assessment activities and were missing confirmation that the caregiver had completed pre-service orientation; 2 did not have documentation of all assessment activities and the approval was not consistent with the outcome and recommendations in the home study or assessment report; and 2 had none of the documentation required for a rating of achieved.

RE 3: Consolidated Criminal Record Check

The compliance rate for this critical measure was **75%**. The measure was applied to all 56 records in the sample; 42 of the 56 records were rated achieved and 14 were rated not achieved. To receive a rating of achieved, there had to be documentation indicating that the foster caregiver and/or relief care provider, and any person age 18 years 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 14 records rated not achieved, 7 had some, but not all, of the required CCRCs for individuals 18 years of age or older; 6 had CCRCs that did not meet the policy requirements; and 1 did not have a CCRC for any of the individuals 18 years of age or older associated with the caregiver.

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)	56	22	39%	34	61%
RE 5: Sharing Placement Information with Caregiver	56	51	91%	5	9%

RE 4: Caregiver Continuing Learning and Education

The compliance rate for this critical measure was **39%**. The measure was applied to all 56 records in the sample; 22 of the 56 records were rated achieved and 34 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 34 records rated not achieved, 29 did not have a documented learning plan and the mandatory education completed by the caregiver did not meet policy requirements; 4 did not have documentation confirming that the caregiver had completed any mandatory education; and 1 had documentation indicating that the caregiver had completed the mandatory education program, but not within two years of the date on which he or she was approved as a caregiver.

RE 5: Sharing Placement Information with Caregiver

The compliance rate for this critical measure was **91%**. The measure was applied to all 56 records in the sample; 51 of the 56 records were rated achieved and 5 were rated not achieved. To receive a rating of achieved, there had to be documentation confirming that the caregiver 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 had to include 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 5 records rated not achieved, 3 had no documentation confirming that relevant written information for each CYIC placed in the caregiver's home had been provided; and 2 contained documentation that some CYIC information had been shared, but it did not meet the standard and criteria listed in policy.

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	56	5	9%	51	91%
RE 7: Annual Reviews of the Caregiver's Home	56	7	13%	49	88%
RE 8: Allowable Number of Children in Caregiving Home	56	45	80%	11	20%

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

The compliance rate for this critical measure was **9%**. The measure was applied to all 56 records in the sample; 5 of the 56 records were rated achieved, 51 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 care giving home with relevant standards (including the requirement of in-person visits to the caregiver's home 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 51 records rated not achieved, 47 had insufficient documentation to confirm that the resource worker had made in-person visits to the caregiver's home every 90 days; and 4 did not have documentation of any home visits by the resource worker during the time that CYICs were placed in the caregiver's home.

RE 7: Annual Reviews of Caregiver's Home

The compliance rate for this critical measure was **13%**. The measure was applied to all 56 records in the sample; 7 of the 56 records were rated achieved and 49 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 during each year in the 36-month period leading up to the time when the audit was conducted.

Of the 49 records rated not achieved, 23 did not have any annual reviews documented during the 36-month period leading up to the time when the audit was conducted; 20 had some but not all of the required annual reviews; and 6 had all of the required annual reviews, however they were not completed within 30 working days of the anniversary date of the initial approval of the home.

RE 8: Allowable Number of Children in Caregiving Home

The compliance rate for this critical measure was **80%**. The measure was applied to all 56 records in the sample; 45 of the 56 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 (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 could not have exceeded the maximum allowable number based on the level of the home, or there had to be exceptions by the director (i.e., the responsible CSM) documented in the file.

All of the 11 records rated not achieved had documentation indicating that the maximum allowable number of CYICs in the caregiving home had been exceeded during some portion of the 36-month period preceding the audit, and there were no exceptions found in the file documentation.

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	56	48	86%	8	14%
RE 10: Reportable Circumstances	56	53	95%	3	5%
RE 11: Caregiver Protocols	56	45	80%	11	20%

RE 9: Supportive Practice

The compliance rate for this critical measure was **86%**. The measure was applied to all 56 records in the sample; 48 of the 56 records were rated achieved and 8 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 8 records rated not achieved, 4 were missing documentation of supportive practice, and 4 were rated not achieved because the practice was not consistent with the expectations and needs of the caregiver. Information about the expectations of caregivers was found in the file correspondence and feedback forms completed by caregivers.

RE 10: Reportable Circumstances

The compliance rate for this critical measure was **95%**. The measure was applied to all 56 records in the sample; 53 of the 56 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.

The 3 records rated not achieved lacked documentation confirming that the caregiver had been provided with written information on reportable circumstances involving CYICs.

RE 11: Caregiver Protocols

The compliance rate for this critical measure was **80%**. The measure was applied to all 56 records in the sample; 45 of the 56 records were rated achieved and 11 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 11 records rated not achieved had no documentation confirming that the caregiver had been provided with information about 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*. None of the records reviewed during the course of this audit were identified for action.

4. OBSERVATIONS AND THEMES

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

The SDA overall compliance rate was **62%**.

4.1 Strengths

There was a high (75%) compliance rate for the critical measure related to consolidated criminal record checks (RE 3) and a high (80%) compliance rate for the measure related to the maximum allowable number of children in a caregiving home (RE 8). With respect to RE 8, it was noted that some of the records rated not achieved pertained to caregivers with contracts that allowed them to go over capacity (e.g., a Level 3 home with a 3-bed contract); however, the corresponding exceptions from the responsible CSMs were missing from the files. Other records rated not achieved did not have the appropriate number of exceptions for overages that had occurred during the 36-month period preceding the audit. When applying this critical measure, the analyst looked for a specific exceptions document and/or email correspondence indicating that the CSM had granted an exception. Practice varied across the SDA in regard to the format used to document exceptions.

The measure for sharing placement information with caregivers (RE 5) had a very high (91%) compliance rate. The referral documents found in the vast majority of files were detailed and signed by the caregiver. There was also extensive information compiled that was integral to meeting the specific needs of the CYICs. It was evident that the resource workers and caregivers were diligent and committed to collaborative planning to consistently meet the needs of the children they served.

Other strengths included supportive practice (RE9), which had a compliance rate of 86%; ensuring that caregivers are informed about reportable circumstances (RE10), which had a compliance rate of 95%; and ensuring that caregivers are informed about expectations for caregivers during a protocol investigation or review (RE11), which had a compliance rate of 80%.

The audit also revealed practice strengths that, while not directly related to specific measures, emerged through the audit process. These included:

- A high level of experience and knowledge among the caregivers about, for example, mental health, special needs and challenging behavioural issues, nursing, and working with high risk youth; a number of these caregivers had post-secondary education in social services
- Successful use of s. 54.1 and adoption for permanency planning for CYICs
- Completion of the Bite Prevention Evaluations, when there are pets in a home
- Detailed house layout diagrams, home emergency plans, and driving directions for homes in rural areas were common in many files
- Detailed CYIC monthly reports from caregivers were also common
- Consistent use of collaborative practices for case planning (e.g., integrated case management meetings, family group conferences)

- Caregivers completing specialized training to better meet the specific needs of the CYICs placed in their homes.

4.2 Challenges

One of the challenges of MIS is that, in order to add or remove a caregiver from an RE record, a new RE record has to be created and opened. From a practice and audit perspective, it is important that all relevant documentation contained in the previous RE record be copied and included in the new RE record. However, it was observed during this audit that documentation (for example, the home study, training certificates, etc.) is not always transferred or copied to the new RE record, and consequently, the documentation is not available in the new file for auditing purposes. This was a factor in the moderate (68%) compliance rate for critical measure RE 1 (screening and assessment of caregiver) and the moderately low (50%) compliance rate for measure RE 2 (approval of caregiver).

In addition, completion of pre-service orientation sessions appears to be a challenge for caregivers in this SDA. For critical measure RE 2 (approval of caregiver), 30% of the records in the sample did not have documentation confirming that the caregivers had completed pre-service orientation sessions prior to the placement of CYICs in their homes.

Another challenge for the SDA was evidenced by a low (39%) compliance rate for the measure related to completion of learning plans and the 53-hour mandatory caregiver education program (RE 4). Some of the records rated not achieved pertained to highly skilled and very experienced caregivers. However, confirmation that the caregivers had completed pre-service orientation and mandatory training sessions was not consistently documented in MIS or the physical file. Some records had training certificates in the file, some had the list of caregivers who were participants in a specific training or orientation session, and some had confirmation of training in correspondence documents. Additionally, the learning plan was missing and the mandatory education requirement was not adequately met in just over half of the records in the sample.

The measure related to monitoring of child safety and well-being (RE 6) had an extremely low (9%) compliance rate. This is an area of practice that requires immediate attention. In 84% of the records, there was insufficient documentation to confirm that resource workers had in-person visits with the caregiver, in the caregiver's home, at least once every 90 days. It is noteworthy that documentation in two records indicated that home visits by the resource workers had exceeded the once-every-90-days requirement, and three other records showed that the resource workers had missed only one 90-day visit. The documentation in five other records indicated that the resource workers had a significant amount of contact with the caregivers by telephone, email, office visits, ICM meetings, and other means, but in-home visits every 90 days had not occurred.

Another area of practice that requires immediate attention is completion of annual reviews within 30 working days of the anniversary date of the initial approval of the caregiver (RE 7), which had a very low (13%) compliance rate. Just over 40% of the records did not have any annual reviews documented during the 36-month period leading up to the time when the audit was conducted. Another 36% had some but not all of the required annual reviews documented. In many records,

there was a discrepancy between the actual approval date for a caregiver and the approval date documented in the annual review, which contributed to the low compliance rate for measure RE 7.

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 also includes a section for a caregiver to sign to indicate they have received and reviewed the document.

6. ACTION PLAN

Action	Person responsible	Date to be completed by
1. The Community Service 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, to reaffirm policies and general practice expectations for caregiver support services.	Karen Blackman, EDS	March 15, 2016
2. The CSMs will work with the TLs to define and implement the use of a Resource Tracking Form by both TLs and RSWs to track the completion and documentation of Resource casework with family care homes, including: the screening, assessment and approval of caregivers; completion of pre-service orientation sessions and the mandatory caregiver education program; and the ongoing monitoring of family care homes by RSWs through regular in-person visits and the conduct of annual reviews.	Karen Blackman, EDS	March 15, 2016
3. The CSMs will ensure that TLs, RSWs and Administrative support staff are identifying active family care homes with RE file records that do not contain documentation of all completed	Karen Blackman, EDS	May 31, 2016

<p>assessment and approval activities. Relevant documentation will be located or created and filed in the appropriate RE file for each approved family caregiver in the SDA.</p>		
<p>4. 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 a caregiver.</p>	<p>Karen Blackman, EDS</p>	<p>May 31, 2016</p>