



Okanagan 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 Okanagan 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, 2014, using the simple random sampling technique.

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

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

The total number of RE records in the sampling frame for the Okanagan SDA was 312 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 selected records were assigned to a practice analyst on the provincial audit team for review. The analyst used the RE Practice Audit Tool to rate the records. The RE Practice Audit Tool contains 11 critical measures designed to assess compliance with key components of the CSS Standards using a scale with achieved and not achieved as rating options for measures RE 1, 2, 4, 5, 8, 9, 10 and 11, and a scale with achieved, not achieved, and not applicable as rating options for RE 3, 6 and 7. The analyst entered the ratings in a SharePoint data collection form that included ancillary questions and text boxes, which were used to enter additional information about the factors that were taken into consideration in applying some of the measures.

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

In reviewing the records, the analyst focused on practice that occurred during a 36-month period (November, 2011–October, 2014) leading up to the time when the audit was conducted (March/April, 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 at risk of harm. When identified, these records are brought to the attention of the appropriate team leader (TL) and community services manager (CSM), as well as the executive director of service (EDS), for follow-up, as appropriate.

OKANAGAN SDA RESOURCE PRACTICE AUDIT

This section provides information about the findings of the RE Practice Audit that was conducted in the Okanagan SDA during 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 RE Practice Audit Tool (RE 1 to RE 11). The tables contain findings for measures that correspond with specific components of the CSS Standards. Each table is followed by an analysis of the findings for each of the measures presented in the table.

There were 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	50	89%	6	11%
RE 2: Approval of Caregiver	56	31	55%	25	45%
RE 3: Consolidated Criminal Record Check	56	26	46%	30	54%

RE 1: Screening and Assessment of Caregiver

The compliance rate for this critical measure was **89%**. The measure was applied to all 56 records in the sample; 50 of the 56 records were rated achieved and 6 were rated not achieved. To receive a rating of achieved, the following activities had to have been completed and documented in the file:

- an assessment or home study conducted through a series of questionnaires, interviews, and visits to the caregiver’s home
- criminal record checks for everyone in the home 18 years of age and over
- prior contact checks (PCC) for everyone in the home 18 years of age and over
- medical assessment(s) of the caregiver(s)
- three reference checks conducted by letter, questionnaire or interview

Of the 6 records rated not achieved, 3 did not have PCCs for everyone in the home 18 years of age and over, 1 did not have a completed home study or assessment report, 1 did not have all reference checks completed, and 1 did not have any documentation of the following assessment activities:

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 **55%**. The measure was applied to all 56 records in the sample; 31 of the 56 records were rated achieved and 25 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 25 records rated not achieved, 11 did not have documentation confirming that the caregiver had completed pre-service information or orientation sessions, 8 did not have an approval that was consistent with the home study/assessment report, 3 did not have all the assessment activities listed in RE 1 completed and documented in the file, and 3 had a combination of missing pre-service information or orientation session, assessment, and approval activities.

RE 3: Consolidated Criminal Record Check

The compliance rate for this critical measure was **46%**. The measure was applied to all 56 records in the sample; 26 of the 56 records were rated achieved and 30 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 30 records rated not achieved, 29 did not have a completed CCRC for one or more individuals who were 18 years of age or older and 1 had a CCRC 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)	56	30	54%	26	46%
RE 5: Sharing Placement Information with a Caregiver	56	31	55%	25	45%

RE 4: Caregiver Continuing Learning and Education

The compliance rate for this critical measure was **54%**. The measure was applied to all 56 records in the sample; 30 of the 56 records were rated achieved and 26 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 26 records rated not achieved, 13 did not have documentation confirming that the caregiver had completed the mandatory education program; 11 had confirmation that the caregiver had completed the mandatory education program, but not within two years of the date on which the caregiver was approved; 1 did not have a documented learning plan; and 1 did not have a documented learning plan and the mandatory education that was completed did not meet policy requirements.

RE 5: Sharing Placement Information with Caregiver

The compliance rate for this critical measure was **55%**. The measure was applied to all 56 records in the sample; 31 of the 56 records were rated achieved and 25 were rated not achieved. To receive a rating of achieved, there had to be documentation confirming that the caregiver had received relevant written information for each CYIC placed in the caregiver's home during the 36-month period leading up to time when the audit was conducted. This information had to include written referral information from each CYIC's guardianship or protection social worker and a written copy of the caregiver's responsibilities, as outlined in each CYIC's plan of care.

All 25 records rated not achieved did not have sufficient documentation to confirm that written information had been shared about each CYIC and that the information met the criteria listed in the standard.

3.3 Ongoing Monitoring, Annual Reviews and Allowable Number of Children

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

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

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
RE 6: Ongoing Monitoring of Child Safety and Well-being	56	4	7%	52	93%
RE 7: Annual Reviews of Caregiver's Home	56	5	9%	51	91%
RE 8: Allowable Number of Children in Caregiving Home	56	47	84%	9	16%

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

The compliance rate for this critical measure was **7%**. The measure was applied to all 56 records in the sample; 4 of the 56 records were rated achieved and 52 were rated not achieved. To receive a rating of achieved, there had to be for each CYIC residing in the caregiver's home (during the 36-month period leading up to the time when the audit was conducted) file documentation of ongoing monitoring of the safety and well-being of the CYIC and the CYIC's progress in relation to his or her plan of care, compliance of the caregiving home with requirements in relevant standards (including the requirement of in-person visits by the resource worker at least once every 90 days) and any changes that had occurred in the physical environment and experience of the CYIC in the caregiving home.

All 52 records rated not achieved had insufficient documentation to confirm that the resource worker had in-person contact with the caregiver in the caregiver's home every 90 days.

RE 7: Annual Reviews of Caregiver's Home

The compliance rate for this critical measure was **9%**. The measure was applied to all 56 records in the sample; 5 of the 56 records were rated achieved and 51 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 51 records rated not achieved, 30 had some but not all required annual reviews completed; 20 had all required annual reviews completed, but not within 30 days of the anniversary date of the initial approval of the home; and 1 had no annual reviews completed during the 36-month period preceding the audit.

RE 8: Allowable Number of Children in Caregiving Home

The compliance rate for this critical measure was **84%**. The measure was applied to all 56 records in the sample; 47 of the 56 records were rated achieved and 9 were rated not achieved. To receive a rating of achieved, the number of all children living in the caregiving home (during the 36-month period leading up to the time when the audit was conducted) could not have exceeded six, and the number of CYICs residing in the home (during the same period) could not have exceeded the maximum allowable number based on the level of the home, or there had to be exceptions granted by the director documented in the file.

Of the 9 records rated not achieved, 6 exceeded the maximum allowable number of CYICs based on the level of the home and 3 exceeded the maximum allowable number of six children in the home, and there were no exceptions documented in any of the files.

3.4 Supportive Practice, Reportable Circumstances, and Caregiver Protocols

Table 4 provides compliance rates for measures RE 9 to RE 11. These measures correspond with CSS Standard 15, CSS Standard 18, and CSS Standard 19. The rates are presented as percentages of all records to which the measures were applied.

Table 4: Supportive Practice, Reportable Circumstances and Caregiver Protocols

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
RE 9: Supportive Practice	56	56	100%	0	0%
RE 10: Reportable Circumstances	56	54	96%	2	4%
RE 11: Caregiver Protocols	56	23	41%	33	59%

RE 9: Supportive Practice

The compliance rate for this critical measure was **100%**. The measure was applied to all 56 records in the sample, and all 56 records were rated 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.

RE 10: Reportable Circumstance

The compliance rate for this critical measure was **96%**. The measure was applied to all 56 records in the sample; 54 of the 56 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 **41%**. The measure was applied to all 56 records in the sample; 23 of the 56 records were rated achieved and 33 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 33 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 **58%**.

4.1 Strengths

There was a very high compliance rate (89%) for the critical measure associated with screening and assessment of caregivers (RE 1) as these tasks were largely thorough and complete. There were about a dozen records that had a previous resource record for the same caregiving home. The updated record, which was the one randomly selected for this sample, was necessary because the composition of the household had changed (i.e., either a new caregiver was added or the updated record was created under the name of a single caregiver). Many of these updated records included screening and assessment information copied from the initial record. This process of copying information from the initial record to the updated record contributed to a very high compliance rate for measure RE 1. The Okanagan SDA's strength in consistent screening and assessment practice was also reflected in how long caregivers had been fostering; half of the records reviewed for this audit involved caregivers who began fostering before 2005, including 22 who began fostering in the 1980's and 1990's.

The critical measure associated with the allowable number of children in a caregiving home (RE 8) had a high compliance rate (84%). A majority of the records in the sample (42 out of 56) did not have any occurrences of overcapacity during the 36-month period leading up to the time when the audit was conducted. However, in the sample as a whole, there were 44 occurrences where the number of children in a caregiving home surpassed the allowable limits, although only 25 exceptions were documented in the files. The compliance rate for this measure could be improved by consistently reviewing and documenting exceptions, as required in CSS Standard 11. There was evidence of increased support during a period in which the caregiving home was over capacity. There was also documentation indicating that administrative support staff issued a reminder for an overcapacity 90-day review.

There was documentation of supportive and collaborative practice in all records, as evidenced by the 100% compliance rate for critical measure RE 9. There were numerous examples of efforts by social workers, team leaders, community services managers, and the executive director of service to support caregivers in many ways. This was evidenced by advocacy and seeking approval for exceptional payments to support relief, transportation, and travel for placement planning and family visits. There were several letters and emails shared with caregivers that acknowledged and reflected the positive impact the caregivers had on CYICs with high needs, challenges and traumatic family histories. There were many other examples in the records indicating ongoing support for caregivers with the goal of nurturing stable and caring homes for CYICs.

There was a very high proportion of skilled caregivers in the records that were randomly selected for this sample. Of the 56 records in the sample, 34 pertained to Level 3 caregiving homes, 15 pertained to Level 2 homes, and the remaining 7 pertained to Level 1 and Restricted homes. Higher level caregiving homes have CYIC placements with greater medical, emotional, behavioural and mental health needs. These needs and the challenges they present require increased case management support by resource workers and guardianship social workers for both the caregivers and CYICs. Accessible community support services play a key role in promoting resiliency and developing the capacity of caregivers to manage the needs and behaviours of CYICs. There was evidence that a wraparound service model was incorporated to stabilize and support the caregiving home to prevent placement breakdown. Resource workers and guardianship social workers accessed intensive support programs and services through local community agencies, such as ARC's South Okanagan SOAR Wrap Program, Okanagan Boys and Girls Club Foster Parent Support, and Bridge Youth and Family Services, to support the caregivers and respond to the needs of CYICs.

Okanagan's demonstrated supportive practice with caregivers was also reflected in the number of years the caregivers had been fostering, the high number of caregivers who provide long-term stable placements for CYICs, and several caregiving homes that provide permanency for former CYICs as adult clients with Community Living BC. Also, a third of the records audited (19 out of 56) involved family care homes that were also adoptive homes. There was also evidence of collaborative practice amongst caregivers, resource workers, guardianship social workers, and adoption workers who engaged in permanency planning and transitioning of CYICs into adoption homes. Through the support of the MCFD team, one caregiver, in particular, successfully transitioned 5 CYICs into adoption homes.

Finally, there was an extremely high (96%) compliance rate for the critical measure associated with reportable circumstances (RE 10). It was evident in nearly all of the records in the sample that, as part of their annual reviews, resource workers provided caregivers with a copy of the Standards for Foster Homes, or completed forms titled "Measuring Compliance to Standards for Foster Homes" or "Foster Home Standard (mini) Monitoring Form." This documentation indicated that caregivers were informed in writing of their obligation to report all information of significance about the safety and well-being of CYICs in their care.

4.2 Challenges

The critical measure associated with completing CCRCs (RE 3) had a moderately low (46%) compliance rate. Of the 30 records rated not achieved, 29 were missing updated and subsequent CCRCs for one or more persons 18 years of age and over. Although some of the missing CCRCs were for a caregiver's adult child, most pertained to relief care providers identified in the records. In several records, *Criminal Record Review Act* (CRRRA) checks were completed for relief care providers or the caregiver's adult child. The CRRRA check applies only to approved caregivers before a contract is offered, and every 5 years thereafter. The use of reminder letters to caregivers about updating criminal record checks worked well to support the achievement rate for this measure. It appeared that administrative staff were involved and provided support with some of these activities.

The compliance rate for the critical measure associated with caregiver learning and education (RE 4) was 54%. Although 25 of the 26 records rated not achieved had learning plans, none had

documentation confirming that mandatory caregiver education had been completed in accordance with policy requirements. The compliance rate for this measure could be improved by ensuring that caregivers complete the mandatory education program.

There was an extremely low (7%) compliance rate for the critical measure associated with ongoing monitoring of CYIC safety and well-being (RE 6). This was largely due to the requirement that resource workers have in-person contact with the caregiver and CYICs at least once every 90 days in the caregiver's home. Of the records rated not achieved, two thirds had less than half of the required number of in-person contacts for the 36-month period preceding the audit. There were several records that had documentation indicating that the resource worker was on short-term leave. This likely had a negative impact on this critical measure. While there were insufficient home visits documented, nearly all of the records had evidence of other monitoring activities, such as phone calls, emails, texts, office visits, integrated case conferences, caregiver reports about the CYICs, and reports on the caregiving home from community agencies. Although this does not replace the requirement of in-person contact by resource workers at least once every 90 days, as stipulated in CSS Standard 17, it suggests that there is a level of monitoring occurring. The compliance rate for ongoing monitoring could be improved by using a system to record, track and complete home visits, and incorporating the dates of home visits consistently into running records and annual reviews.

The critical measure associated with annual reviews of the caregiver's home (RE 7) also had an extremely low (9%) compliance rate. This was largely explained by 30 records that had some but not all of the required annual reviews completed, and another 20 records that had all annual reviews completed, but not within 30 days of the anniversary date of the initial approval of the home, as required. Only 1 record had no annual reviews on file. The compliance rate for this measure may be significantly increased by scheduling and completing annual reviews within 30 days of the anniversary date of the initial approval.

The critical measure associated with caregiver protocols (RE 11) had a moderately low (41%) compliance rate. Of the 33 records rated not achieved, all lacked documentation confirming that the caregivers had been informed about what was expected of them during an investigation or review. The 23 records rated achieved had either a copy of the Family Care Home Agreement or there had been a protocol investigation, quality of care review, or reported concern and there was documentation confirming that the caregivers had been informed about the relevant protocols. The compliance rate for this critical measure could be improved by including information about protocols in annual reviews or when the Standards for Foster Homes are reviewed.

Finally, there were approximately a dozen records that lacked file organization. For example, CCRC results incorrectly filed in the correspondence section, rather than in the section for approval and licensing or the section for relief care provider documentation. File disorganization may have contributed to a lack of documentation which in turn contributed to moderate and low compliance rates for some of the critical measures. File organization, documentation of home visit dates, and maintaining running records in the files held in the Kelowna office were very strong, accounting for many of the records rated achieved.

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.

In the Okanagan SDA, there were changes in 2015 to the management and supervisory roles for the Resource Teams. Specifically, there is a new acting CSM in Central Okanagan, and two of the Resource Team Leader (TL) positions were re-staffed in January and August, 2015. The South Okanagan CSM is now having scheduled meetings with all of the Resource TLs on a bi-monthly basis to promote consistent practice throughout the SDA. Additionally, in June 2015, the Okanagan Foster Parents Association had their contract updated and tightened. The new contract includes specific accountabilities for pre-service orientation sessions and engagement with foster parents in ongoing/mandatory education training. Finally, the Okanagan SDA recently committed funds to support the consistent use of the Structured Analysis Family Evaluation (SAFE) assessment framework for all new family care homes. Approximately 20 RSWs and TLs, in addition to two Practice Consultants, completed the SAFE training in September, 2015.

6. ACTION PLAN

Action	Person responsible	Date to be completed by
1. The SDA will convene a Team Leader (TL) Forum for all TLs in the SDA to review general expectations around policy, supervision and documentation of casework. During this Forum, the Community Services Managers (CSMs) will review with the Resource TLs the findings of this practice audit, and the applicable Caregiver Support Services (CSS) Standards, to reaffirm policies, recording and documentation requirements, supervisory roles, and general practice expectations for caregiver support services	Barry Fulton, EDS	March 1, 2016
2. The CSMs will work with the Resource TLs to define and implement a process for TLs to routinely track the Resource Social Workers' (RSWs) casework activities, including: <ul style="list-style-type: none"> assessment and approval of caregivers 	Barry Fulton, EDS	March 1, 2016

<ul style="list-style-type: none"> • scheduling and completion of pre-service orientation sessions and the mandatory caregiver education program • completing and updating, every three years, the consolidated criminal record check (CCRCs) for any person 18 years of age or older who is associated with a family care home and/or providing care to a CYIC • sharing placement information with caregivers • ongoing monitoring of family care homes by RSWs through regular in-person visits at least once every 90 days and the conduct of annual reviews, and • informing all family caregivers of protocols 		
<p>3. The CSMs will work with the Resource TLs to implement the use of a Resource Tracking form by RSWs within each of their RE files to ensure consistent documentation of key casework activities as outlined in action item #2 above</p>	<p>Barry Fulton, EDS</p>	<p>March 1, 2016</p>
<p>4. A recently retired Resource TL from the region will act as an auxiliary consultant to the SDA for the next year and will be joining the South Okanagan CSM in her bi-monthly meetings with all of the Resource TLs to support consistent practice in supervising RSWs and the tracking of casework activities</p>	<p>Barry Fulton, EDS</p>	<p>March 1, 2016</p>