
Internal Audit Report

Infant Development Program

Ministry for Children and Families

Distribution:

Deputy Minister
Ministry for Children and Families

M. Corbeil

Division Head
Regional Support Division

D. Johnston

Team Leader
Children/Youth Special Needs Team

J. Hemming

**Internal Audit Branch
Office of the Comptroller General
Ministry of Finance and Corporate Relations**

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Table of Contents

Section	Page No.
Glossary	1
Executive Summary	2
Introduction	5
Purpose	6
Scope	6
Comments and Recommendations	8
1.0 Program Accountability Framework	8
1.1 Ministry Program Goals, Objectives and Standards	9
1.1.1 Alignment with Ministry Strategy	9
1.1.2 Program Objectives and Performance Measurement	12
1.1.3 Program Quality Standards and Evaluation of Performance Against Standards	14
1.2 Program Policy Formulation	15
1.3 Roles, Responsibilities and Relationships	22
1.4 Program Funding	25
2.0 Contract Management	27
2.1 Contract Award and Renewal Process	27
2.2 Contract for Provincial and Regional Advisors	28
2.3 Service Provider Contracts	30
2.4 Monitoring and Evaluating Service Provider Performance	33
Appendix 1 - Analysis of IDP Resource Needs in BC	35

Glossary

BCAIDC	British Columbia Association of Infant Development Consultants
CARF	Council on Accreditation of Rehabilitation Facilities
COA	Central Operating Agency
CRC	Case Review Committee
CSSD	Former Community Support Services Division
CSSEA	Community Social Services Employees Association
FAS	Fetal Alcohol Syndrome
IDP	Infant Development Program
MC&F	Ministry for Children and Families
NAS	Neonatal Abstinence Syndrome
PSC	Provincial Steering Committee
ROA	Regional Operating Agency
VRAMHP	Vancouver Richmond Association for Mentally Handicapped People

Executive Summary

We have completed our audit of the Infant Development Program, the purpose of which was to determine if ministry management have assurance that the program is achieving its intended objectives. The audit included an examination of program objectives, policy and procedures, ministry contract management practices, contract and program performance. We also examined the various roles and reporting relationships of the Provincial Steering Committee, Provincial Advisor, contracted sponsoring societies, Local Advisory Committees, Case Review Committees, as well as the ministry, in delivering the program.

Overall Conclusion

Although ministry staff feel that the Infant Development Program is successful, we determined that the ministry does not have assurance that the program is achieving its objectives. The ministry has limited involvement with the program. Development, coordination and management of the program has effectively been contracted out to the Provincial Advisor who, we understand, is a recognized expert in the field.

Client Acceptance

Interviews with various involved parties, and reviews of surveys and files support the Provincial Advisor's and ministry's conclusions that the program has high acceptance and fills a need in the community. Further evidence includes the growth of clients from 1,088 in 1986 to approximately 2,300 infants this year.

Despite these successes, we feel that improvements can be made in the areas of program policy, accountability and contract management, to maximize the program's benefits to the communities served, and to demonstrate its results.

Accountability Framework

Although the Provincial Advisor has an operating framework to manage delivery of the program, the ministry lacks an effective accountability framework to assess the overall success of the program. The major components of such a framework are discussed in the comments below.

Program Goals and Objectives

Although primary program goals are described in the former Community Support Services Division policy manual and in the "Infant Development Program Policy and Procedures Manual", these need to be developed into specific, measurable goals and objectives, to ensure that they are fully aligned with current ministry strategy and can be effectively monitored and evaluated. The current goals are not possible to measure.

Quality Assurance and Reporting

The Provincial Advisor has implemented a means to monitor compliance with standards and acceptance of the services. However, there is no measurement of results or outcomes. The ministry needs to develop, with the contractor, a methodology to monitor and measure overall program results.

Roles and Responsibilities for Monitoring/Evaluation

The Provincial Advisor has clearly defined roles and responsibilities of the contracted personnel of the program. However, ministry staff roles and responsibilities for program monitoring and evaluation, including representation on program committees, need to be clarified and communicated. At present, the ministry has very limited involvement in monitoring and evaluating the program.

Allocation of Funding

Program funding and regional allocations are not consistently based on identified community and provincial service requirements, to ensure that appropriate and equitable funding is provided to meet the needs of clients eligible for the service.

Policy Development

A number of specific policy issues need to be resolved to ensure that appropriate program services are accessible to all eligible children and families. Specifically, these include the identification of all infants at risk of developmental delay, on a timely basis, monitoring of parent refusals to participate in the program, monitoring of withdrawals of infants from the program, and provision of services beyond three years of age.

Other policy issues affecting service delivery are also discussed within the report. For example, the ministry published a document entitled "Healthy Beginnings - Healthy Lives" which represents a philosophy which parallels many of the goals of the Infant Development Program. Ministry management have indicated that the philosophy has been accepted, but further strategy is needed to determine how the Infant Development Program will meet the objectives of the philosophy, including common intake and integration with other programs.

Sharing of Information for Client Tracking

Service providers and the ministry have not consistently agreed on whether client information can be shared with the ministry or is needed by the ministry. As identified in the Gove Report, client information is needed to track clients, achieve service coordination and integration, and ensure the ministry is aware of all clients at risk.

Contract
Management

We identified areas where the ministry needs to improve its contract management. We recognize that, due to the specialized nature of the work and the need for continuity of service providers, Infant Development Program contracts are not suited to a frequent tender process. However, the ministry needs to ensure that the contracted agencies continue to meet ministry qualifying criteria and standards, and continue to deliver the services as intended.

Contract Terms

The standard Infant Development Program service provision contracts need to be amended to ensure that contract terms and conditions are clearly defined and articulated, to remove ambiguity and to facilitate monitoring and evaluation of contractor compliance. In particular, contracts should specify expected service levels, performance measurement criteria (output/outcome oriented) and financial and management reporting requirements.

Our detailed comments and recommendations to assist management in enhancing the Infant Development Program, are presented in the body of the report.

We would like to express our appreciation to the management and staff of the former Community Support Services Division, Area and District Offices, the Provincial Advisor, and the Societies we visited for their cooperation and assistance during our audit.

Sunny D. Mathieson
Executive Director
Internal Audit Branch

February 27, 1998

Introduction

The Infant Development Program provides home-based services to the families and infants up to the age of three who are at risk of developmental delay, or who have a developmental disability. It is a voluntary service, whereby Infant Development Consultants assess clients' needs, provide consultation, counselling and group activities with the children and families and make referrals to relevant community professionals and resources.

The first Infant Development service was started in Vancouver during 1972 by a group of parents of developmentally delayed infants and professionals involved with service provision to these children. Today, Infant Development Programs are operating in 49 communities in British Columbia and serve an annual population of approximately 4,600 infants and their families. Since the program's inception, approximately 27,000 infants and their families have received Infant Development Program services.

The stated objectives of the program are to help parents:

- make optimum use of available services;
- enlarge their knowledge of those factors pertinent to the overall growth and development of their child; and
- learn skills which will enable them to encourage the development of their child.

An outcome of the program is therefore to help the family accept and respond to their infant in a positive way. Families participate in designing, monitoring and evaluating the services they receive at the individual, community and provincial levels.

A ministry appointed Provincial Steering Committee, provides guidance for the program. This committee of parents and professionals involved with infants has a mandate to support regional Infant Development Programs and staff, advise the ministry on the operation of the Infant Development Program, evaluate program services, and assist in the development of staff training. A contracted Provincial Advisor, previously an Infant Development Program supervisor at the Vancouver Richmond Association for Mentally Handicapped People, works under the direction of the Provincial Steering Committee. The Provincial Advisor provides direction to five part-time Regional Advisors, working for contracted agencies that provide local Infant Development Programs.

The Ministry for Children and Families' main involvement with the program is strictly through the provision of funding through contracts for approximately 95 positions within non-profit societies that sponsor the Infant Development Programs in communities around the province. In 1995/96 the Ministry for Children and Families spent \$5.8 million on the program.

Purpose

The purpose of the audit was to determine if ministry management have assurance that the program is achieving its intended objectives.

Scope

The scope of the audit included an examination of:

- a) the adequacy of contract management practices including:
 - planning, soliciting, evaluating and awarding the contract;
 - contract monitoring and reporting;
 - evaluating contractor performance; and
 - compliance with relevant ministry and central agency legislation, regulations and policies and procedures.
- b) the reporting relationship between, and responsibilities of, the Provincial Steering Committee, Provincial Advisor, regional advisors, ministry and contracted agencies;
- c) a sample of contracts to assess the adequacy of:
 - definition of service requirements and deliverables; and
 - reporting requirements.

- d) ministry use of contractor reporting for:
 - monitoring contractor performance;
 - tracking clients and reviewing client information;
 - monitoring quality of service;
 - measuring program results; and
 - monitoring client satisfaction with the program.
- e) contractor documentation of services provided and program results; and
- f) the ministry budget process, including the methods used to allocate funds to meet client needs.

The audit included visits to four district and/or area offices and four contracted societies in the Cowichan Valley, Kamloops, Surrey/White Rock, and Vancouver.

Our fieldwork included interviews with ministry management and staff involved in the Infant Development Program, the Provincial Advisor, Regional Advisors and other contracted society management and staff responsible for administration and delivery of the program.

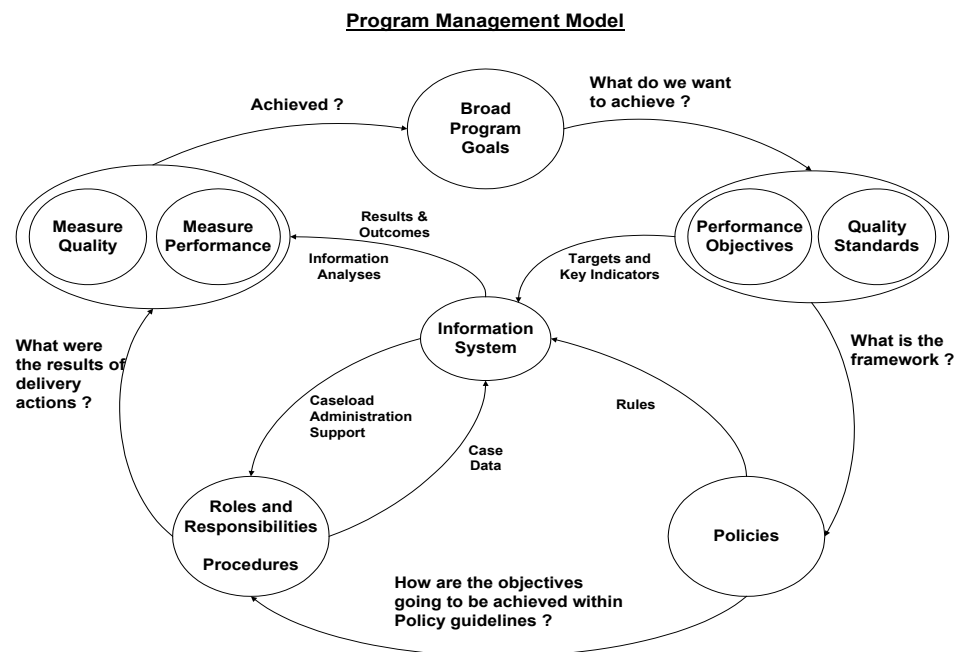
Audit fieldwork was conducted during March and April 1997.

Comments and Recommendations

1.0 Program Accountability Framework

The Ministry for Children and Families (MC&F) has had only limited involvement in the Infant Development Program (IDP) including identification of program goals and objectives, definition of roles and responsibilities, articulation of contract requirements, development of program standards, contract monitoring, evaluation, and reporting. These components, when operating, combine to form an effective accountability framework.

Ideally, an accountability framework should contain the following components:



The contracted Provincial Advisor, in conjunction with the Provincial Steering Committee, has established many of the above program elements; however, the ministry lacks direct links or established systems to feed into their own information and decision-making requirements. As a result, the ministry is unable to demonstrate its accountability for the program responsibilities delegated to contracted agencies and individuals.

The ministry added the following:

Given the previous structure of the Ministry of Social Services as referenced in the Audit Report, the Infant Development Program evolved over time as a first early intervention program and families could easily access the service through various sources. As such, one of the attractions of this program to families was its universal approach. Recent monitoring initiatives have attempted to balance government's approach for contractual accountability and performance measures with the universal nature and integrity of the Infant Development Program.

Given the new Central Operating Agency and Regional Operating Agency structure of the Ministry for Children and Families, there are opportunities to work toward developing and implementing the Program Management Model: Program Accountability Framework as described on Page 8 of the Audit Report. This would involve the Audit and Performance Management Division, Infant/Child Team, Children and Youth with Special Needs Team, Systems Services Branch and Regional Operating Agencies (particularly Region 16).

The Infant Development Program needs to be viewed as part of the spectrum of services provided through the ministry. Ministry roles, responsibilities and linkages with other programs needs to be clearly articulated and emphasized at the Central Operating Agency and Regional Operating Agency level.

1.1 Ministry Program Goals, Objectives and Standards

1.1.1 Alignment with Ministry Strategy

The IDP goals and objectives need to be re-defined and expanded to fully align with the new ministry strategic direction for early intervention and prevention. Without a close alignment, there is a risk that future program delivery may not be consistent with ministry plans or the recommendations of the Gove and Morton reports. We recognize that the ministry's strategic direction in this area is under development and have assumed that the principles contained in the “Healthy Beginnings – Healthy Lives” paper, developed by the ministry's former transition team, is representative of the philosophies behind developing strategic direction.

“Healthy Beginnings – Healthy Lives” defines ministry operations as a continuum of services which are coordinated, integrated and accessible, providing the means for communities to respond to the future needs of their children. The goals and objectives contained in this document are closely aligned with the Gove recommendations and the principles raised in the Morton report.

In order to assess whether the broad goals and objectives of the Infant Development Program are consistent with the ministry's strategic direction, we compared them with those described within the “Healthy Beginnings - Healthy Lives” paper.

We found that the IDP is in line with “Healthy Beginnings - Healthy Lives” in a number of respects, including the following:

- increase the capacities of all families to provide their children with a caring and nurturing environment. This is a central IDP philosophy and is reflected in the focus on the family unit in service delivery;
- build on existing community strengths and initiatives and expand community networks. The IDP is primarily community operated as individual programs have built up a comprehensive network of resource providers in their communities; and
- build and maintain a relevant central knowledge base and ensure effective diffusion of information. This has been achieved for the IDP through the volunteer Provincial Steering Committee, the contracted Provincial and Regional Advisors, Local Advisory Committees, and the community-based contracted societies. The Provincial Advisor is widely considered as a leading authority on child early intervention.

Conversely, there are some areas where the program objectives need to be closer aligned with “Healthy Beginnings – Healthy Lives” broad objectives. These include the following:

- "Ensure networking and coordination among services to move toward service integration : Provide single point of entry and common intake."

We recognize that the IDP facilitates team meetings and case conferences to provide an opportunity for integration of services and networking of professionals. However, there is no “single point of entry” or a consistent process of informing all who need to be involved in providing ongoing services (including the ministry). This is due to

referrals being received directly by the individual service providers in the societies from various sources, sporadic ministry involvement in the client screening process in Case Review Committee meetings, and the IDP caseload administration being independent of MC&F workers.

There is also insufficient client tracking to allow for the coordination and integration of services. Although there is some integration at local levels, there is no formal system in place with other programs or ministries.

- "Ensure all partners in the service delivery process understand and embrace their respective roles in an integrated system."

As a result of the sporadic ministry representation on the various IDP advisory committees, the linkages between the IDP and the ministry are not clearly defined nor understood by the parties involved. Although three of the societies visited during the audit appeared to have a limited working relationship with the ministry area or district office, there was one case where frustration was expressed by both parties. Roles, responsibilities and relationships are discussed further under section 1.3.

The above issues illustrate a need for the ministry to critically examine the IDP goals and objectives surrounding program delivery and modify them to incorporate changes in ministry strategic direction. Because of the potential sensitivity of some issues, it is advisable to involve contracted IDP staff and agency representatives in this process.

Recommendation

The ministry should, in consultation with the Provincial Advisor and IDP consultants, reassess the goals and objectives for delivering the Infant Development Program, to ensure that they are fully aligned with the ministry's strategy for early intervention programs.

We were informed that the ministry will, in consultation with the Provincial Advisor, ensure that the goals and objectives for delivering the Infant Development Program are fully aligned with the ministry's strategy for early intervention/supported child care and incorporate ministry policies and strategies regarding:

- *promotion/prevention and early support strategy;*
- *children and youth with special needs;*
- *performance management framework;*

- *integrated case management strategy; and*
- *information systems strategy.*

These policies and strategies are currently being developed and should be completed during Spring 1998.

1.1.2 Program Objectives and Performance Measurement

The broad objectives established for the IDP have not been developed by the ministry into clearly defined measurable objectives and strategies for program operations.

The above processes have, however, been developed and implemented by the Provincial Advisor and contracted agencies. Although the ministry may have been consulted during these processes, we found no evidence of direct ministry involvement or direction in the development of the process.

An objective expressed in the "Healthy Beginnings – Healthy Lives" document is to “Establish program standards and ensure regular monitoring and evaluation. Ensure outcome-based services, recognizing the developmental and long-term nature of service delivery goals”.

Through discussions with the Provincial Advisor, we established that the definition of measurable outcomes at the client and family level is complex due to the number of variables that have an influence. For example, it was explained that developmentally delayed infants can outgrow the condition, without intervention, and families may adjust to the strain of supporting a challenging infant without the support of the program.

However, despite the complexity, it is possible to establish measurable performance standards at the program level.

For example, possible performance measures could include:

- increased proportion of children at risk in the community utilizing the program;
- reduced number of withdrawals from the program, other than due to graduation;
- level of satisfaction expressed by the families that the program assisted their child's development;

- proportion of infants leaving the program that demonstrate a reduced developmental gap or are no longer considered at risk of developmental delay;
- reduced number of developmentally delayed children identified at age five; and
- reduced number of abused developmentally delayed children.

The performance measures selected must link to the ministry's draft performance measurement framework.

Once the objectives and program outcomes are clearly defined, the ministry should then enhance existing policies and procedures to describe the monitoring and reporting mechanisms required to inform management of the program's results.

Recommendation

The ministry should:

- **in consultation with the Provincial Advisor and Regional Advisor agencies, develop clear program objectives which are based on the broad ministry strategic objectives and measurable performance criteria and outcomes, to ensure that the program results can be measured; and**
 - **define reporting requirements to provide management with the information necessary to measure overall program performance.**
-

We were informed that the ministry will be reviewing all policies and procedures associated with thirty-seven programs dedicated to Children and Youth with Special Needs, including IDP, and will be developing a comprehensive policy framework that rationalizes and integrates all current policies for the thirty-seven programs dedicated to Children and Youth with Special Needs. A component of the policy framework will articulate performance criteria, standards, reporting requirements, eligibility criteria and funding methodology. This will be developed via a consultative process involving Audit and Performance Management Division, Systems Services Branch, Regional Operating Agencies, the Provincial and Regional IDP Advisors, families, service providers and other aligned professionals.

This work has been incorporated into the 1997/98 work plan for the Children/Youth Special Needs Team and should be performed during Spring 1998.

1.1.3 Program Quality Standards and Evaluation of Performance Against Standards

The ministry has not specified service quality standards for the program and does not have a quality assurance monitoring methodology in place. Consequently, the ministry has insufficient assurance over the quality of care provided by service providers and may not be aware of poor service delivery issues which may need to be addressed.

The Provincial Advisor has implemented the use of a quality assurance tool which has been applied to approximately half of the service providers. However, the ministry has not had input to its use nor does it receive copies of the report arising from these reviews.

The ministry should establish standards and monitor the contractors' assessments of performance against these standards. This would provide the ministry with assurance regarding contractor performance in providing services to clients on behalf of the ministry.

The IDP Policy and Procedures Manual, developed by the Provincial Advisor, requires the following standards of practices:

- *The use of the “Mitchell Scale for Evaluating Early Intervention Programme”.* The Mitchell Scale is a method used to measure compliance with procedural standards and does not measure results in terms of outcomes. Out of 49 service providers, there are twenty which have not been evaluated at all, and seven which were evaluated more than seven years ago.
- *Annual/bi-annual parent and community professionals questionnaires.* Two of the four societies we visited had done parent and professional surveys in the preceding two years and an additional one was in progress at the time of our audit; and
- *Annual staff performance reviews.* All the societies we visited conduct internal performance reviews of IDP staff.

The ministry does not receive the results of surveys or “Mitchell” evaluation processes or the corrective action taken. The scheduling and regular performance of these evaluations could be monitored through ministry representation at the Provincial Steering Committee meetings or reports from the Provincial Advisor. Evaluation results and action plans could be reviewed by contract managers and summarized at the regional level and for headquarters.

Recommendation

The ministry should define:

- **quality standards to ensure a consistent level of service delivery; and**
 - **the reporting of required evaluation results, to obtain assurance that expected quality standards are being met by the IDP.**
-

We were informed that development of a policy framework for Children and Youth with Special Needs has been incorporated into the 1997/98 work plan of the Children and Youth with Special Needs Team.

MCF is proceeding with a process of consultation with internal and external stakeholders on whether and how to proceed with accreditation for MCF service provider organizations. This will occur between October 15, 1997 and January 30, 1998.

The policy framework to be developed for all programs affecting Children and Youth with Special Needs along with the ministry policy framework for audit and performance management will form the basis for the development of quality standards and reporting requirements.

1.2 Program Policy Formulation

During the course of our audit, we noted where a number of policy issues surrounding service delivery need to be addressed. These issues are discussed below.

Early
Identification of
All Infants at
Risk

Of the 2,260 children referred and accepted into the IDP during the year ended March 1996, the majority were referred by a Provincial Health Nurse (30%), physician (17%), or parent (20%), with a further nine percent by hospitals, and the balance from various other referral sources. However, there were a number of concerns expressed by IDP practitioners over the identification and referral of children at risk:

- a significant (but unknown) number of children with less obvious developmental risk symptoms, such as Fetal Alcohol Syndrome (FAS) or Neonatal Abstinence Syndrome (NAS), or children at environmental risk, such as maternal depression, are not being diagnosed and referred. Furthermore, those that are, may not be referred on a timely basis;

- some physicians are suggesting to the family that they delay becoming involved in the IDP program, as they may not need the service;
- Provincial Health Nurses may be unable to follow-up cases to identify clients that need referring, due to high workloads; and
- ministry or service providers cannot determine how effectively the program is being presented to the families of "at risk" children, as no data is collected on how many families do not accept referral or are not made aware of the services.

A solution suggested by the Provincial Advisor is for the development of a system of universal child surveillance, similar to a number of western European countries (e.g. Finland), whereby all children are assessed on a regular basis to ensure that all children at risk of developmental delays are identified at an early stage. This would conflict with the voluntary nature of the program, however, as discussed further below.

Refusals to Participate and Withdrawals From the Program

Participation in the IDP is voluntary. Once an infant is identified as being at risk of developmental delay, the referral source is required to obtain the consent of the family before any decision to refer is made.

A referral will not be made to the society if the family refuses the referral. With the exception of abuse cases, there is no legal obligation for the case to be reported to the ministry, and the names or number of eligible children at risk of developmental delay who were not referred cannot be established for tracking purposes.

Furthermore, during the year ended March 1996, 11% of the 1,901 infants who left the program were withdrawn voluntarily from the program by parents after which there is no tracking of those children by the program.

We are concerned that a proportion of the children from both the refusal and withdrawals groups above may comprise infants at risk, not only of developmental delays, but also of abuse or neglect due to parents' inability to cope with these demanding children. Consequently, it may be in the interest of the ministry to track and periodically monitor these children.

Services to Aboriginal Families on Reserves

Aboriginal communities on reserve are officially excluded from receiving provincial IDP services because the Federal Government provides funding for their social services. Despite this, the IDP does provide services to families on reserves in some situations. In addition, where aboriginal communities are running their own infant development programs, indirect support is provided through the aboriginal infant development workers in the Provincial Advisor's mailing list and they attend the Summer Institute training and development program.

In Saskatchewan, which has a treaty process, the federal government funds the IDP services provided to aboriginal children and families which results in equal services to all Saskatchewan residents. However, there is no treaty process in British Columbia and some bands may not prioritize their finances to support their own IDP. Consequently, their children and families are often denied the level of services off-reserve families are receiving.

The Provincial Advisor has suggested more involvement by the ministry in delivering IDP services on reserve, such as encouraging the on-reserve communities to establish their own programs and, until adequate independent services are established, allowing contracted IDP consultants to provide services to residents on reserves. We believe this issue should be discussed with representatives of the federal government in conjunction with members of the Governmental Relations Division of MC&F.

Client Tracking

As indicated earlier, client tracking is needed to assist the ministry in coordinating and integrating services and ensuring services are accessible to children at risk. Client tracking is also needed to measure program performance such as active caseloads, children "graduating" from the program, and waitlisted infants, as well as infants whose families do not accept the services or withdraw from services.

A barrier to implementing client tracking is a long-standing client confidentiality issue. The ministry needs client data to monitor and evaluate service delivery and results and integrate service delivery with other programs. However, contracted agencies' want to respect family privacy and client confidentiality due to the voluntary nature of the IDP.

We found varying degrees of willingness to share client data, at the contracted societies visited during the audit. We also noted that the ministry usage of information provided by societies varies widely between offices, from receipt of all client information to no client information being provided.

Waitlists

The 49 service providers delivering IDP are estimated (by the Provincial Advisor) to be geographically accessible to 95% of all children living in the province. However, these providers collectively do not have the resources to meet the needs of every eligible child, if they were all referred and accepted the services. Due to funding limitations, there will inevitably be waitlists for services.

We found that waitlist details are generally provided to ministry contract managers, but there is inconsistent use of this information and no linking to other government-funded services which could mean that clients could be receiving conflicting or duplicate services without IDP consultants knowing. There are no guidelines for the compilation of waitlists, and, as a result, they are not comparable between the various service providers and are not a good indicator of need.

The waitlists may comprise clients who have been assessed by consultants or have been referred in name only, children receiving minimum interim support services until a consultant is available to provide full services, or waiting for service. One society we visited does not have an actual waitlist, but incorrectly reported the numbers of clients being serviced above the contracted level as being the waitlist total.

A report commissioned by the Community Support Services Division (CSSD) and issued in December 1996 by Erickson Associates on the development and interpretation of IDP waitlists concluded that:

- more categories be introduced to distinguish between referrals and clients who have been assessed by the Case Review Committee who are then waiting for service;
- standard definitions of what is being defined as waiting for service should be developed;
- guidelines should be developed for prioritizing who should wait, what is an appropriate minimum service while they wait, and what represents full services; and
- direction should be provided for managing waitlists and prioritizing service.

No subsequent action has yet been taken to address these recommendations.

Age Limitation

Policy only allows for IDP services to be provided until the age of three. We understand that there is significant research to support the benefits of early intervention from birth to age three and, due to the need for intensive resources during zero to three years, and the extent of child development beyond this age, IDP service provision is generally stopped at three.

However, many families have requested extended service beyond this age limit, due to a lack of family-based resource programs to cater for children in the three to five year age group and their families. There may also be families which, due to individual circumstances (coping skills, resources), need longer and more intensive IDP services.

There is a recognized gap in services for clients between the ages of three to five. Normally, on completion of IDP, children move on to other programs such as special needs daycare or preschool. These are not focused on supporting the families, but rather on generalized day programs for the children.

However, some policy flexibility with the age restriction may be possible to address some of this. Alternatively, a separate program may be needed to capture children who are identified as being at risk of developmental delay after age three or who need further programs. These could be programs which parallel the services of IDP or distinct programs which target this older age group. The decision to expand the IDP program or establish distinct programs to address service gaps will also be dependent on how IDP will be integrated with other programs.

Formal
Complaints
Process

There is no formalized complaint process for client families to express grievances directly to the ministry. Consequently, the ministry may not be aware of instances of alleged poor or inappropriate service delivery and, therefore, not be in a position to take corrective action.

The ministry needs to establish an effective client complaint process. IDP clients' families should be informed of the complaint process at the time of their referral to the program.

Exclusion of
Private Service
Providers

Private service providers are prevented from obtaining government contracts to provide IDP services, due to a requirement in the IDP Policy and Procedures Manual for a sponsoring organization to be registered under the *Societies Act*. This is in conflict with Chapter six of GMOP and may expose the ministry to accusations of unfair access to government service provision contracts.

The Provincial Advisor's rationale for this restriction is that service recipients should be involved in monitoring the program at all levels. Consequently, the preference is for non-profit societies, which have parent representation on the societies' boards and a committee structure that parallels that of the Local Advisory Committees. However, the ministry needs to address this issue as a specific policy decision.

Recommendation

The ministry should formulate policy, in conjunction with the Provincial Advisor, to ensure children at risk of developmental delay are identified and, to the extent deemed necessary, ongoing services provided to the child and their families.

Policy changes should be considered for each of the areas discussed above.

We were informed that:

1. *The Ministry of Health and Ministry Responsible for Seniors (MOH) and MCF have struck a working group (Provincial NAS/FAS Discharge Protocol Group) with BCRCP to develop provincial guidelines for screening and discharge planning for infants born with NAS/FAS and have had some discussion about broadening the mandate to include all children born with disabilities.*

The ministry should work with BC Reproductive Care Program to develop policy guidelines for a standardized, province-wide population based screening tool for children at risk for developmental delay. Existing screening tools in the province should be reviewed for this purpose.

2. *Information sharing policy developed, integrated case management strategy, policy framework for children and youth with special needs and planning framework for “Looking After Children” being developed.*

The tracking and monitoring of these children will be addressed within the context of the ministry’s “information sharing” policy, the integrated case management strategy that is being developed as well as through defining the policy around reporting requirements for all programs serving children and youth with special needs, including IDP. In addition, the planning documentation requirements involved in the “Looking After Children” initiative will address tracking and monitoring for children who have been brought into the care of MCF.

Parents can also use the booklets involved in “Looking After Children” as learning tools regarding the developmental needs of their children.

3. *Policy is currently being drafted related to services to aboriginal children on reserve and their families.*

Governmental Relations Division will be drafting policy related to services provided to aboriginal children on reserve and their families. The policy will reflect Section 15.1 of the Charter of Rights and Freedoms which states that the provinces guarantee equal accessibility to services to everyone residing in the province. Therefore if a program that is available off reserve is not available on reserve through the Federal Government, then the province will provide the service on reserve and approach the Federal Government to recover the costs.

4. *Policy on “information sharing” was developed and communicated to Regional Operating Agencies (ROAs) in June 1997.*

Ministry policy on “information sharing” has recently been developed which will assist regional operating officers and their staff to develop regional procedures and to communicate to field staff principles upon which services are to be delivered and information is to be shared.

5. *Initiated the “waitlist project” to develop strategies for managing waitlists, project to define the information needs of MCF (Central Operating Agency [COA] and ROAs) is underway.*

The reporting requirements regarding waitlists will be defined in relation to:

- the ministry’s policy framework for all programs dedicated to children and youth with special needs;*
- the ministry strategy for managing waitlists resulting from the waitlist project; and*
- the policy framework for audit and performance management of MC&F service agencies.*

6. *Initiated contract and program restructuring, waitlist project, integrated case management project, etc.*

Other parallel programs and services exist to serve the same population from birth onward (e.g. Early Intervention Program, Supported Child Care, some public health services). Various

ministry policies and strategies are in place or are in the process of being developed (e.g. Program and Contract Restructuring, Integrated Case Management strategy, Waitlist Project, Promotion, Prevention and Early Supports strategy, etc.) are designed to ensure that these various programs and services are integrated and that smooth transition processes are in place.

7. *Policy on a complaints process and a complaints tracking system are in place.*

The ministry has developed policy on a complaints process and a complaint tracking system available to all ministry staff, which records complaints from clients about the services they have received and tracks these complaints throughout the system until they are resolved or concluded. This system was implemented in October 1997. Standard ministry contracts with agencies will include a requirement for agencies to track complaints and resolution or conclusion to the complaints and report this information to the regional ministry contract manager.

8. *A ministry framework for program and contract restructuring has been developed and is currently being implemented by the regions. A comprehensive policy framework for children and youth with special needs is being developed.*

Regional Operating Officers have carried out a review of services in their regions and have identified possible strategies to restructure programs and contracts in their regional operating plans to meet the ministry objective of creating an integrated service delivery structure. This will be linked to the comprehensive policy framework for children and youth with special needs and will comply with GMOP.

1.3 Roles, Responsibilities and Relationships

The IDP is unusual in that it has historically retained a high level of independence from government. Program service delivery is designed, monitored and controlled through an external community-based steering committee and a contracted expert advisor. We found that the roles and responsibilities for all contracted and volunteer staff involved in IDP service delivery are clearly stated in the IDP Manual.

However, there is limited definition of ministry staff roles and responsibilities for IDP, including headquarters, field worker and contract manager personnel. The ministry role is only broadly stated in the former

Community Support Services Division policy manual as funding service provision, liaison through representatives attending the various committee meetings, and making referrals.

This has resulted in:

- unclear ministry direction, through policy, procedures, and standards for the program;
- inconsistent ministry representation at the various committee meetings; and
- ministry staff's limited familiarity with IDP concepts, policies and procedures.

Reporting to the
Ministry

The reporting relationships between the ministry and the Provincial Steering Committee (PSC) and Provincial Advisor are not defined. As a result, monitoring of IDP by the ministry is inadequate.

The Provincial Advisor does not contract directly with the ministry. Instead, the ministry contracts with a sponsoring society, the Vancouver Richmond Association for Mentally Handicapped People (VRAMHP), to provide the services of the Provincial and four Regional Advisors.

The IDP Policies and Procedures Manual states that the PSC and Provincial Advisor report to the Deputy Minister MC&F on the operation of the IDP. However, the Provincial Advisor advised us that, although this used to occur at an annual meeting, this has not been held since the new ministry was formed. The Provincial Advisor used to annually update the Regional Managers on the IDP, but this is no longer done.

Although there is a supervisory relationship between the Provincial Advisor and the society, required in the terms of the ministry's contract with the VRAMHP, we found that there is no direct supervision of the Provincial Advisor's activities by the society. The Provincial Advisor receives direction from the PSC on service delivery issues and the VRAMHP only provides administrative, budgetary and financial services support.

Ministry
Representation
on Local
Advisory and
Case Review
Committees

At the four societies and ministry offices visited, we found that ministry representation at the Local Advisory Committee and Case Review Committee (CRC) meetings was inconsistent and that their role at these meetings has not been clearly defined within the respective committees' terms of reference.

For the past year, the ministry has not been represented at the Provincial Steering Committee meetings, due to travel restrictions. Consequently, the responsible ministry Project Manager has relied on telephone feedback from the Provincial Advisor and subsequent review of the meeting minutes. This form of communication does not substitute for active participation in the decision-making process or for monitoring and evaluating program achievements.

IDP Policy and
Procedures
Manual

Roles and responsibilities for all contracted personnel are clearly delineated with the IDP Policy and Procedures Manual, developed and maintained by the Provincial Advisor. However, the manual is not distributed to the relevant district offices to ensure that ministry staff equally understand their roles and responsibilities for IDP and how it operates. In contrast, at the society level, we noted a high degree of program delivery consistency due largely to the manual and the professional development coordination efforts of the Provincial Advisor.

Due to the specialized nature of infant development and early intervention practices, it is advantageous for clinical service delivery procedures, techniques and tools to be developed by the practitioners. However, the policy, evaluation and reporting areas contained in the manual need to be formally adopted and approved by the ministry.

Recommendation

Ministry management should clearly define the roles and responsibilities of all ministry staff who are assigned to liaise with, monitor, and evaluate the program, particularly in the following areas:

- **assessment, amendment, adoption and distribution of the IDP Policies and Procedures to relevant ministry district offices to provide a reference source for ministry workers who interact with the program;**
 - **provincial Steering Committee and Provincial Advisor reporting links with ministry headquarters to establish overall program accountability, monitoring and evaluation within the ministry; and**
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- **regional representation on, and involvement in, the Local Advisory Committees and Case Review Committees to ensure the ministry is actively involved in the decision making process.**
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We were informed that the roles and responsibilities of COA and ROA have been defined.

The roles and responsibilities of ministry staff assigned to liaise with, monitor and evaluate all programs dedicated to serving children and youth with special needs, including IDP, will be consistent with the roles and responsibilities of COA and ROA as have been defined by the ministry, as well as with the existing and emerging policies and strategies of the ministry (e.g. policy framework for children and youth with special needs, performance management framework, integrated case management strategy, information sharing, contract and program restructuring, etc.).

The contract for the provincial coordinator is managed by Region 16 Vancouver-Richmond..

Contracts for the delivery of IDP and for the provincial coordination of IDP will be consistent with the ministry's existing and emerging policies as described above and are being managed by ROAs.

Initiated contract and program restructuring, integrated case management strategy, policy framework for children/youth with special needs.

The ministry will be reviewing the policies relating to the Provincial IDP Steering Committee within the comprehensive policy framework to rationalize and integrate policies and strategies for children/youth with special needs.

Each region is developing a service delivery structure that promotes access to services that are equitable, integrated and effective.

1.4 Program Funding

The ministry has not clearly defined funding and allocation criteria for the program. As a result, funding may not be directed to the areas of greatest need and the ministry could be exposed to:

- potential conflict between the ministry's high priorities on early intervention and the limited level of funding provided, giving rise to services not meeting needs; and

- uncertainty by both ministry managers and contracted service providers about the funding criteria and allocation process. This has resulted in alleged inequities in the allocation of funded IDP spaces between the regions and a lack of responsiveness to changing needs in affected communities.

Apart from wage increases determined through the Community Social Services Employees Association (CSSEA), the funding for individual IDP service providers has remained constant for about four years. Two of the societies we visited had requested additional funding to address service backlogs, but there has been limited action in response to these requests.

A report, "How long do we have to wait?", compiled in June 1996 by the PSC and the B.C. Association of ID Consultants (BCAIDC) highlighted the following issues:

- the ability of IDP service providers to meet the needs of increasing numbers of eligible children and families has been adversely affected by active caseloads being larger than contracted for and a growing demand for services which cannot be met with current resources. This has resulted in a belief that services are being diluted.

We found that there were 79 children receiving services above the contracted numbers at the societies we visited. Two of the societies had waitlists totaling approximately 140 children eligible for services; and

- inequities between the regions in the allocation of funds. We found that there were disparities between the contracted societies we visited in terms of the total contract amounts for a minimum number of families to be served, (ranging from \$2,435 to \$3,029 per family, per annum), and per funded FTE, (ranging from \$53,458 to \$71,809 per annum).

Refer to Appendix 1 for a summary of the report which discusses the availability of spaces and waitlists.

By defining clear funding criteria, the ministry will be better placed to determine whether the current overall funding level and regional distribution thereof are appropriate, equitable and defensible.

Recommendation

The ministry should define the program funding and allocation criteria to ensure that the overall level of funding is commensurate with the strategic emphasis placed on early intervention and prevention programs, and the regional funding allocations are based on an equitable, defensible and responsive methodology, which is understood by all stakeholders.

We were informed that regional operating plans have been completed and the ministry funding for all services, including the IDP is allocated to the Regional Operating Agency. Each Regional Operating Agency has submitted a plan to COA with a service delivery model that matches their budget allocation and is linked to the strategic priorities of the ministry.

The ministry is developing a performance management framework and all ROAs will be accountable for their business plan and integrated service delivery models via the performance management framework.

The ministry has published a document entitled “Measuring Our Success”.

2.0 Contract Management

2.1 Contract Award and Renewal Process

Introduction

To establish a new IDP service in a community, affected parents and professionals prepare a “brief”, based on guidelines in the IDP Policy and Procedures Manual. This contains criteria and associated supporting information to demonstrate the need for IDP services and associated funding. This “brief” is submitted to the sponsoring society for approval after which it is forwarded to the Provincial Steering Committee for review, and finally submitted to ministry regional management for funding consideration. The “brief” forms the basis for ministry management's decision whether to contract with a sponsoring society to provide IDP services. It includes the basis for recommendation of a particular society drawn from a community based committee.

Reassessment of
Original Award
Criteria

The ministry contract renewal process for IDP services does not include a review and reassessment of the society against the original selection criteria to ensure that the contracted agency or individual continues to meet ministry requirements. We did not note any areas of concern relating to societies we visited. However, where not reassessed, there is a risk that a contract may be renewed with a service provider which no longer meets established criteria for awarding renewed contracts.

Although the lack of a tendering process is inconsistent with the principle of unrestricted access to government contracts, the nature of the IDP may not lend itself towards regular tendering for the following reasons:

- networking relationships between the community and the contractors are established over time;
- IDP Consultant expertise is of a specialized nature and could not be provided by all organizations unless the same staff were utilized; and
- there is a requirement for stability and continuity of service for the clients.

The four societies we visited during the audit all have long-standing contractual arrangements in place with the ministry. A reassessment of whether the societies continue to comply with the selection and award criteria at the contract renewal stage would assist the ministry in supporting continuing the contractual relationship.

Recommendation

The ministry should apply continuing service agreement criteria assessments to ensure contractor compliance with the initial selection and award criteria as a minimum condition for contract continuance.

We were informed that all ROAs have submitted a business plan for 1997/98 and are currently undertaking a contract and program restructuring review.

2.2 Contract for Provincial and Regional Advisors

As previously mentioned, the ministry contracts with the Vancouver Richmond Association for Mentally Handicapped People (VRAMHP) to provide the services of a Provincial Advisor and four (there are actually five) Regional Advisors.

Potential
Conflict of
Interest

There is a risk of conflict of interest (real or perceived). According to the contract, the Provincial Advisor is supervised by VRAMHP, where this person has had a long-standing relationship. VRAMHP is also contracted to provide IDP services in their own community. This has created a potential conflict of interest. We noted, for example, that the VRAMHP has never been selected for an evaluation; selection is coordinated by the Provincial Advisor.

Articulation of
Service
Expectations

The contract with the VRAMHP does not state all the specific services to be provided by the Provincial Advisor, as illustrated by the following:

- the Provincial Advisor, together with Regional Advisors, are to conduct individual program evaluations. The Provincial Advisor also developed and maintains the IDP Policy and Procedures Manual. However, these significant services are not articulated in the contract “Schedule A”; and
- the “clinical case consultation” service on “Schedule A” does not specify whether this includes provision of services directly to clients, consultation with IDP practitioners only, or both.

The absence of clearly articulated significant service expectations in the contract may result in services being provided that are not specifically required by the ministry. If not monitored, this could dilute the provision of required services.

In addition, all the services listed in the contract “Schedule A” are for consultation and arguably not the direct provision of a service to the public. Thus, it is not clear why the contract is STOB 82 and not STOB 20.

Performance
Monitoring

There is no ministry review of either financial or service performance in comparison to the requirements of the contract with VRAMHP. Thus, the ministry has limited or no assurance whether the services are being adequately performed or an appropriate level of funding is being provided. At the time of our audit, the contract amounted to approximately \$188,850 per annum for the Provincial Advisor and four Regional Advisors, including approximately \$31,000 for administrative support salary costs.

Recommendation

The ministry should:

- **contract directly with the expert consultant in infant development for the provision of specified Provincial Advisor services, to mitigate any potential conflict of interest;**
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- **clearly articulate all significant Provincial and Regional Advisor services expected in the contract, to ensure that the funding provided is directed towards contracted services and is allocated to the correct STOB; and**
 - **periodically review and assess the budgetary process and financial results to ensure that the funding level is appropriate for the contracted services provided.**
-

We were informed that the Recommendation and the Action Planned has been discussed briefly with the MCF Contract Manager of Region 16 with a view to revising current contractual expectations.

The COA and ROA, Region 16 (Vancouver-Richmond) will discuss the responsibilities associated with the coordination of the short and long term action plan (see also item 2.1).

2.3 Service Provider Contracts

The contract terms and conditions including specific service levels, financial performance targets, performance measurement criteria, and associated information requirements expected from the contracted sponsoring societies are not clearly articulated in the standard (S1725) IDP agreement.

As a result, the ministry is not able to properly monitor its contracts with the individual IDP service providers. In addition, where performance expectations and measurement criteria are not clearly articulated in the contract, they are open to interpretation, which could lead to unnecessary conflict between the ministry and individual service providers.

Terms and
Conditions

We found that legal council had, in May 1995, highlighted the following shortcomings in the agreement:

- the Local Advisory Committee is not given any powers or duties, nor is any obligation placed on the society to consult with the committee;
- the “Infant Development Services” definition does not describe specific services to be delivered or expected outcomes;
- the reference to service providers to “endeavour” to deliver the services in accordance with the guidelines contained in the IDP Policy and Procedures Manual is meaningless, as the manual does not describe in detail how the services are to be delivered; and

- the contract does not contain any description of the roles of the Provincial Advisor and PSC, despite them having important roles in the service delivery process.

At the time of our audit, these issues had not been incorporated into the current contracts.

In addition, we identified the following aspects which are not articulated in the contracts:

- a description of how contractor performance will be evaluated, or reference made to accepted evaluation tools to be utilized by the societies. This could include, for example, parent and professional questionnaires and the “Mitchell Scale for Evaluating Early Intervention Programmes”;
- the ministry's right of access to client information, including names and the reasons therefore. These could be to assist in future program planning and tracking of clients to ensure a continuum of service is provided;
- a requirement for formal ministry review and approval of annual budgets assuming a longer term contract is in place;
- allowable expenditures, whether they be administrative or capital; and
- how any financial surpluses are to be applied.

Performance
Expectations

We found that all service providers visited had active caseloads in excess of the specified minimum client numbers in the contract. However, this indicator has limited use, as the extent of IDP services, including home visit duration and frequency for an active caseload may vary considerably, depending on the individual child and family's need. Apart from the above, there were no specific performance expectations defined for three of the four contracts and were poorly defined in the fourth.

Except for agency reports which evaluate and report on their own programs at the time of contract renewal, we found that no performance reporting requirements have been defined. For example, if the society lost the services of an IDP Consultant for an extended length of time, the funding level would remain constant and the level of services reduced possibly without the ministry being aware of the shortfall. At one of the societies we visited, we found that the total number of families served

dropped by 16% (29 families) between November 1996 and February 1997. The ministry office could not explain the variance, but we established that one of the IDP Consultants was on extended disability leave. Although this instance only resulted in a small financial surplus and the society managed to service the contracted minimum number of families, it illustrates the risk of not specifying service level expectations.

Examples where more specific definition of ministry expectations would be appropriate, include the following:

- the minimum number of families to receive services could be supplemented by defining and specifying the direct/indirect service hours to be expended in providing that service. A report of distribution of hours spent by client may provide an indication of how program resources are applied to the various types of clients. This could be used to develop standards or ranges for resource requirements by client type; and
- financial efficiency indicators, such as cost per FTE, client, home visit and ratios of direct service hours to indirect service hours would provide a basis for trend analysis over time for the individual programs and for comparison against other IDPs. Periodic comparison of actual expenses against budget would also be an appropriate indicator of financial performance.

Recommendation

The ministry should:

- **revise the standard IDP agreement, or draft a continuing agreement, in conjunction with legal council, to clearly define required terms and conditions to ensure that the contracted service providers are fully aware of their obligations and how compliance will be measured; and**
 - **define and clearly articulate specific financial and service performance expectations, the key measurement indicators, and associated reporting requirements, to allow effective monitoring of individual IDP service providers' performance.**
-

We were informed that the ministry will work with the ROAs to implement these recommendations within the context of the performance management framework to be developed for all thirty- seven programs dedicated to serving children/youth with special needs, including IDP, as described more fully in Section 2.1 (Contract Award and Renewal Process), Section 1.1.1 (Alignment with Ministry Strategy), 1.1.2 (Program Objectives and

2.4 Monitoring and Evaluating Service Provider Performance

Due to the lack of measurable contract terms and conditions discussed in Section 2.3, ministry contract managers do not have an effective means to monitor contractor performance. Very little information relating to contractor performance has been requested or received by the ministry contract managers for monitoring purposes. In addition, there is very little roll-up reporting to headquarters to facilitate overall program evaluation and reporting.

The majority of contract management offices we visited, obtain only limited results information such as active caseload levels and waitlist information. Two of the societies we visited produce a detailed annual report on IDP activities, and both indicated that they received no feedback from the ministry.

We found that the contracted service providers we visited, maintain adequate detailed records of IDP Consultant activity, basic client outcomes, and financial results. For example, the following information is routinely maintained by the individual programs:

- “Record of Family Contact”, where the extent and nature of client contacts are recorded;
- statistical analyses, including referrals, caseloads, and clients leaving the program. They are used as the basis for the Provincial Advisor's biennial statistics report to the ministry;
- direct and indirect service hours provided to clients and their families, as well as for group sessions, staff training, community education, and administrative activities;
- results of parent and professional surveys; and
- monthly financial results against budget.

The above data would facilitate the reporting of pertinent information to the ministry, if ministry information requirements are linked to performance criteria and clearly articulated in the contract. The ministry contract managers would then be able to effectively monitor individual IDP service provider's performance on a more regular basis.

Recommendation

The ministry should:

- **clearly articulate reporting content and frequency requirements in the contract, including defined performance measurement criteria, to facilitate monitoring of contractor performance; and**
 - **define overall program performance measurement and reporting requirements to enable overall evaluation of program results at headquarters level.**
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We were informed that contract and program restructuring is currently underway in the regions. A performance management framework is currently being developed which includes publication of Measuring Our Success: A Framework for Evaluating Population Outcomes, identifying the information needs of MCF (COA and ROAs), completion of a client satisfaction survey and consultation with stakeholders regarding accreditation of service agencies.

The ministry will work with the ROAs to incorporate these recommendations into the contract and program restructuring initiative within the performance management framework for accountability and quality assurance that is currently being developed through Audit and Performance Management for the ministry. It is expected that this framework will be completed during March 1998.

Appendix 1 - Analysis of IDP Resource Needs in BC

Abstract of "How long do we have to wait?" report, compiled in June 1996 by the Provincial Steering Committee and the BC Association of ID Consultants.

Analysis of IDP Resource Needs in B.C. - April 1996

Region	Children Under 3 Years	Active Cases		Waitlist	Estimated not in IDP
		Contracted IDP Spaces	Active Caseload over Contracted Spaces		
South Interior	21,207	261	21	34	1,805
	13%	13%	6%	12%	14%
Lower Mainland	80,255	886	49	209	6,881
	50%	42%	15%	77%	52%
Vancouver Island	31,484	470	72	11	2,595
	20%	22%	21%	4%	19%
North/West Interior	12,668	252	88	1	926
	8%	12%	26%		7%
North/East/Central Interior	13,677	221	106	18	1,023
	9%	11%	32%	7%	8%
Totals	<u>159,292</u>	<u>2,090</u>	<u>336</u>	<u>273</u>	<u>13,230</u>

Highlights:

- As at April 1996, service providers were seeing 336 (16%) children above their contracted numbers, for which no funding is received.

In addition, as at April 1996, there were 273 children on waitlists province-wide.

- There are 159,292 children under the age of three in B.C. and the report estimates that 10% (15,900) can be defined as having a disability or as being at significant risk of a developmental delay.
- All contracted IDP staff interviewed during the audit considered the funding for IDP to be inadequate to meet service demands. This is supported, in part, by the waiting lists indicated above.
- Some inequities exist between the regions in the allocation of funds to the Lower Mainland, which has 42% of contracted spaces, but only 50% of the population distribution. It also has 77% of the waitlist numbers.

