



Vancouver/Richmond Service Delivery Area

# Resource Practice Audit

Report Completed: February 2021

Office of the Provincial Director of Child Welfare and Aboriginal Services

Quality Assurance Branch

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## INTRODUCTION

This report contains information and findings related to the resource practice audit that was conducted in the Vancouver/Richmond Service Delivery Area (SDA) from January to June 2020.

Practice audits are conducted regularly by practice analysts in the Quality Assurance branch of the Provincial Director of Child Welfare and Aboriginal Services division across several of the Ministry of Children and Family Development (MCFD) service lines and for services provided by a Delegated Aboriginal Agency (DAA) under the *Child, Family and Community Service Act* (CFCSA). The audits inform continuous improvements in policy, practice, and overall service delivery. They provide quality assurance oversight and demonstrate public accountability.

Resource practice audits are designed to assess the practice of MCFD resource workers in relation to policy and key standards and procedures in the Caregiver Support Service Standards (CSSS) and the Resource Work Policies, which replaced the CSSS in 2017. Resource workers provide services for caregivers in MCFD-contracted family care homes. These services are designed to promote and enhance the safety and well-being of children and youth in care who are placed in these homes.

### 1. SUMMARY OF FINDINGS

This practice audit was based on a review of physical and electronic records in a representative sample of resource files obtained from the Vancouver/Richmond SDA. The sample contained 43 files. The review focused on practice within a three-year timeframe that started on December 1, 2016 and ended on November 30, 2019. The following sub-sections contain the findings and observations of the practice analysts who conducted the audit, within the context of the policy, standards and procedures that informed the audit design and measures.

#### 1.1 Screening and Assessing Prospective Caregivers and Family Care Homes

Ministry policy requires prospective caregivers for children in care to undergo a number of checks and assessments before their home is approved and a child is placed in their care. The intended outcomes of this policy include that the children are safe and cared for by caregivers who meet their developmental needs and respect their rights under section 70 of the CFCSA.

The standard of practice associated with this policy includes criminal record and child protection background checks for each prospective caregiver and anyone 18 years of age or older who lives in the caregiver's home or who spends significant amounts of unsupervised time with a child placed in the caregiver's home; a medical assessment and reference checks for the caregiver; and a thorough assessment of the caregiver's home and the caregiver's ability to care for children. The resource worker ensures that all of these checks and assessments are completed and the caregiver's home is approved, before a child is placed there.

Fewer than half of the 43 resource files reviewed for this audit contained documentation confirming that all required consolidated criminal record checks (CCRC), child protection background checks, medical assessments, and reference checks were completed before a child was placed in the home. More than a third of the files lacked confirmation that a consolidated criminal record check was completed for a caregiver or for an individual 18 years of age or older who was living in the caregiver's home. In addition, a quarter of the files were missing the child protection background check for a caregiver or had documentation indicating that a child was placed in the home before all of the required screening checks were completed.

The practice analysts found home study reports containing information gathered through the screening checks and assessments of the caregiver and the caregiver's home in one third of the 43 resource files reviewed. In a quarter of the files, the analysts found home study reports that had not been updated following a significant change in the caregiver's circumstances, or that had not been approved by a supervisor, or both. In addition, more than a third of the files lacked confirmation that a *Criminal Records Review Act* (CRRRA) check was completed for a caregiver. In order to be approved, a caregiver must pass the CRRRA check. Finally, one in seven files had documentation indicating that a child was placed in the home before all of the assessment activities were completed.

Overall, in just over a quarter of the files in the sample, the analysts were able to confirm that all required screening and assessment activities were completed before a child was placed in the home.

The practice analysts also verified whether the CCRC was up to date at the time of the audit for each caregiver and anyone 18 years of age or older who was living in the caregiver's home or who spent significant amounts of unsupervised time with a child placed in the caregiver's home, and whether the CRRRA check was up to date for each caregiver. The CCRC must be renewed or updated every three years and the CRRRA every five years. The analysts found that both of these checks were up to date for all relevant individuals in more than three quarters of the files in the sample.

When primary caregivers need relief, ministry policy requires them to use services that are appropriate to the needs of each child placed in their home, provided by relief caregivers who have been screened, assessed and approved before the child is temporarily left in their care. The intended outcome is safety for the child.

The standard associated with this policy is that the primary caregiver uses a ministry approved family care home for relief whenever possible, and alternatively, that a proposed relief caregiver is first screened by the resource worker and then jointly assessed and approved by the primary caregiver and the resource worker.

In conducting this audit, the practice analysts were able to identify relief caregivers in a clear majority of the resource files in the sample. The total number of relief caregivers identified was 119. The number of relief caregivers used by each primary caregiver during the three-year audit timeframe ranged from 1 to 6, although most used 4 or fewer relief caregivers. Overall, the analysts found that more than half of the 119 relief caregivers were fully screened and assessed.

### **1.2 Providing Training, Ongoing Learning, and Placement Information for Caregivers**

Ministry policy requires that caregivers complete mandatory training sessions within a specified timeframe, and that they continue to access learning and training opportunities for as long as they have an active family care home agreement with the ministry. One of the intended outcomes of mandatory training and ongoing learning is caregivers with increased caregiving knowledge and skills who provide a higher quality of care for the children placed in their homes.

The standard is that the resource worker develops a learning plan with each caregiver, provides the caregiver with information and education on relevant topics of interest to the caregiver, and reviews the learning plan and development and training needs and activities with the caregiver during the annual review of the family care home.

In conducting this audit, the practice analysts found that just over half the files in the sample contained documentation indicating that the resource workers had provided the caregivers with information or education on relevant topics. However, close to two thirds lacked confirmation that the caregivers completed mandatory training within the required two-year timeframe, and most did not contain documents or notes that could be identified as learning plans or that resembled learning plans. Overall, only three files contained both a learning plan and confirmation that the mandatory training was completed within the required timeframe.

Ministry policy requires that caregivers receive written information about the strengths and needs of each child placed in their care and their responsibilities in meeting the child's needs. The intended outcome of this policy is that caregivers have enough information about a child to support the child's safety and are aware of their responsibilities toward the child as set out in the child's care plan.

The standard is that ministry workers provide caregivers with written information about a child before the child is placed, at the time of placement, and throughout the child's stay. While the information comes from the child's social worker or the child protection worker involved with the child's family, the resource worker ensures that the caregiver receives it. If the child has a care plan, the resource worker ensures that the caregiver also receives a copy of the caregiver's responsibilities under the child's care plan.

In conducting this audit, the practice analysts found that only two files in the sample contained documentation confirming that the caregivers were given both written referral information and

a copy of their responsibilities for every child placed in their home during the audit timeframe. A total of 307 children were placed in the 43 family care homes in the sample during the three-year timeframe. The number of child placements per home ranged from 1 to 20, although more than half the homes had 5 or fewer child placements during this timeframe. In reviewing the records, the analysts found confirmation that caregivers received written child referral information for 61 of the 307 children, and a copy of the caregiver's responsibilities for 83 of these children. Overall, the records indicated that caregivers received both referral information and a copy of the caregiver responsibilities for only 32 of the 307 children placed in their homes.

### **1.3 Ongoing Monitoring of Caregivers and Family Care Homes**

Ministry policy requires that resource workers monitor caregivers on an ongoing basis from the start of a child's placement in a caregiver's home right through to the child's departure from the home. The intended outcome of ongoing monitoring is a placement environment in which the caregiver is supported and any concern about the quality of the child's care is addressed in a manner that provides safety for the child.

The standard for ongoing monitoring of a family care home includes direct contact with the caregiver in the caregiver's home at least once every 90 days. These contacts are commonly referred to as 90-day visits.

In reviewing the records for this audit, the practice analysts found documentation of 90-day visits in almost all the files in the sample. In files that contained documentation, the total number of visits that occurred during the audit timeframe ranged from 1 to 22, with an average of 9 visits within three years. However, in half the files in the sample, the analysts found fewer than 9 documented visits during the three years. None of the files contained documentation indicating that the standard interval of no more than 90 days between visits had been maintained.

Procedures for ongoing monitoring of family care homes include development of a plan with the caregiver that specifies regular telephone and email contact in addition to the 90-day visits. In reviewing the records, the practice analysts did not find examples of monitoring plans in any of the files. However, most of the files contained documentation of ongoing telephone, email and in-office contact between the resource workers and the caregivers.

The standard for ongoing monitoring also requires an annual review of the family care home. The annual review is supposed to occur within 30 working days of the anniversary date of the signing of the first contract with the caregiver, or within 30 days of the anniversary of the previous annual review. In this audit, the practice analysts found that annual reviews had either not occurred or not been documented in a quarter of the files in the sample. Overall, almost all of the files contained fewer than the required number of annual reviews for the three-year period covered

by the audit. Only two files had documentation indicating that all required annual reviews were completed within the timeframes specified in the policy and standards.

#### **1.4 Supportive Practice with Caregivers**

As a matter of policy, the ministry expects that caregivers will be supported and encouraged in a manner that is responsive to the complexities of a child's placement and the child's needs. The intended outcome is that caregivers provide the best possible care and guidance for a child, based on the child's individual needs.

The standard is that resource workers consistently use supportive practices in their interactions with a caregiver and provide the caregiver with support services that are consistent with the expectations set out for the caregiver in the child's care plan, in the ministry's standards for family care homes, and in the contractual agreement that the ministry has with the caregiver.

In conducting this audit, practice analysts found evidence of supportive practice in just over half of the files in the sample. This included the provision of support services, feedback, and encouragement to the caregivers.

As a matter of policy, the ministry sets limits on the number of children who are looked after by a caregiver in a family care home, based on the children's ages, and including the caregiver's own children. Before placing additional children in an active family care home, the resource worker is expected to assess the caregiver's abilities and capacity in relation to the ages and needs of the children in the home and the ages and needs of the children for whom the home is being considered. The intended outcomes of this policy are that family care homes are structured to support the individual needs, level of development, and health and safety of the children placed there, and caregivers have the abilities and resources to care for all of the children in their home.

The standard sets a maximum number of children per family care home based on the type of home. The resource worker obtains a manager's approval before the maximum allowable number of children can be exceeded. Once a home is approved to exceed the maximum allowable number of children, the resource worker is required to review the home every 90 days during the first year and every 6 months thereafter.

In conducting this audit, the practice analysts found that nearly half of the family care homes in the sample had exceeded the allowable number of children at some point during the audit timeframe, and only 3 of these homes had a manager's approval and the required reviews documented in the file.

Ministry policy requires that caregivers report to ministry social workers all information of significance to the safety and well-being of a child in their care, and any significant change in their own situations. The intended outcomes are that social workers are promptly informed about a

critical injury or serious incident involving a child in care; affected children, youth, families and staff are supported; and the Public Guardian and Trustee has the necessary information to exercise their responsibilities on behalf of a child in care, when applicable.

The standard is that resource workers first inform the caregivers about their obligation to report, and then remind the caregivers on an annual basis about their obligation to report.

In this audit, the practice analysts found that just over three quarters of the files had documentation confirming that the resource workers informed the caregivers at least once about their obligation to report. However, only about one in five files contained documentation indicating that the resource workers reminded the caregivers every year about the obligation to report. These reminders typically occur during the annual review of the family care home and many of the files were missing annual reviews.

### **1.5 Assessing and Reviewing Quality of Care Concerns in Family Care Homes**

Ministry policy requires that resource workers review any significant concern that arises about the quality of a child's care in a family care home. The intended outcome of this policy is that caregivers respect the rights of children in care and adhere to the terms of the Family Care Home Agreement and applicable policies.

The standard is that the supervisor of the resource worker decides whether to conduct a quality of care review within 24 hours of receiving a report that a caregiver may have breached the rights of a child, the terms of the Family Care Home Agreement and/or applicable policies. If the supervisor decides that the information meets the threshold for a quality of care review, the supervisor obtains a manager's approval for the review. The review is expected to start, unfold and finish within specified timeframes. Extensions of the overall timeframe require a manager's approval. Caregivers are notified of an extension and their right to request an administrative review of a decision involving a serious sanction. If the supervisor decides that the information does not meet the threshold for a review, the resource worker and the child's social worker discuss and resolve the issues informally with the caregiver.

The practice analysts who conducted this audit reviewed records in 8 files in which one or more quality of care concerns were documented during the audit timeframe. In half these files, the analysts found documentation confirming that the concerns were jointly assessed by the resource worker and supervisor, and when the information was assessed to be below the threshold for a quality of care review, the underlying issues were addressed informally with the caregiver. The other files lacked documentation indicating that the concerns were jointly assessed, and in one of these files there was documentation indicating that a different concern was received and assessed to be below the threshold for a quality of care review and there was no indication that the underlying issues were addressed with the caregiver.



The practice analysts also reviewed records related to quality of care reviews documented in five files as having been started or completed and found that the practice recorded in all of these files failed to meet the standard for a quality of care review. In all these files, the quality of care review was not completed within 30 days and there was no indication that a manager approved the extension or that the caregiver was notified of the extension. In addition, in all but one of these files, the documentation indicated that the review was not started within 5 days of receiving the concern that was assessed to be at or above the threshold for a review, as required.

## 2. ACTIONS TAKEN TO DATE

On January 15, 2021, the Quality Assurance Branch Manager and the Practice Analysts reviewed the findings of the audit with the Executive Director of Service (EDS), the Resource Director of Operations (DOO), the Resource Team Leaders (TL's), the Resource Office Manager (OM), and the Director of Practice (DOP) in the Vancouver Richmond SDA.

On January 26, 2021, the Director of Operations met with the Resource Team Leaders (TL's) and the Office Manager to review the findings of this practice audit and develop an action plan.

The final action plan was reviewed by the Executive Director of Service and the Director of Practice on February 5, 2021.

This final plan will be reviewed and discussed with staff.

COMPLETED ACTIONS	PERSON RESPONSIBLE	INTENDED OUTCOME	DATE COMPLETED
1. Develop a Caregiver Continuing Learning Plan and Education Plan	DOO	Each caregiver has a learning plan that is developed with their Resource Worker.  Tracking of mandatory training as well as other trainings is documented on this form.  This form is reviewed in conjunction with the annual review.	January 1, 2020
2. Develop a comprehensive face sheet for file transfers from the Recruitment Team to the Under 12 and Over 12 Resources Teams	DOO	All resource files have completed and signed off home study, required criminal record checks, medical checks, references, required training, and any other documentation required prior to transfer. This form is reviewed at the transfer meeting.	April 1, 2020

3. The Director of Operations (DOO) will meet with all of the Resource Teams to review the findings of the audit with the Practice Analysts.	DOO	Resource Teams are clear about policy, standards, practice expectations, and documentation.	January 27, 2021
4. Ensure staff are using MCFD form for request/renewal for over capacity placement.  After the initial consult, create calendar invites right away for flagging future reviews.	DOO	Resource Teams comply with the timelines and process established for over capacity placement and reviews.	February 1, 2021

### 3. ACTION PLAN TO BE COMPLETED

ACTION	PERSON RESPONSIBLE	INTENDED OUTCOME	DATE TO BE COMPLETED
<p>1. The DOO will work with the Team Leaders and Office Manager to develop a file tracking sheet to flag the documentation that <u>needs to be on the file</u>.</p> <p>To be completed by DOO/TLs/OM:</p> <ul style="list-style-type: none"> <li>a. Ensure every file has a face sheet</li> <li>b. Resource staff to be informed of the new tracking system</li> </ul> <p>This tracking sheet will be inclusive of the following:</p> <ul style="list-style-type: none"> <li>a. 90-day home visits</li> <li>b. Annual Reviews</li> <li>c. Consolidated Criminal Record Checks</li> <li>d. Quality of Care dates/reviews/extensions</li> <li>e. Placement information</li> <li>f. Referral documents on file</li> <li>g. Copy of Care Plan on file</li> <li>h. Mandatory caregiver education and training on file</li> <li>i. Caregiver has been informed of reporting responsibilities</li> </ul> <p>OUTSTANDING ITEMS- once the above tracking is completed and reviewed any outstanding items remaining in the above list will be completed by May 2021</p>	DOO	<p>Team Leaders and Resource Workers are using the tracking system, and this is reviewed in regular supervision at minimum twice a year.</p> <p>All files have a face sheet.</p> <p>All files have been updated as per policy/practise standards and caregivers have the necessary information and training to support quality caregiving</p>	<p>March 31, 2021</p> <p>May 2021</p>

## APPENDIX

This appendix contains a description of the audit methodology and a detailed breakdown of the findings for each of the measures in the audit tool.

### A. METHODOLOGY

This practice audit was based on a review of records in a representative sample of resource files obtained from the Vancouver/Richmond SDA. The audit included a review of records in the physical files and electronic records and attachments in the Ministry Information System (MIS) and Integrated Case Management (ICM) system.

The sample was selected from a list of resource files extracted from MIS at the SDA level.

The list of resource (RE) files extracted from MIS (i.e., the sampling frame) consisted of files pertaining to family care homes of the types Regular, Level 1, Level 2, Level 3, Restricted, and Client Service Agreement (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 December 1, 2016 and November 30, 2019
- eligible for payment for at least 1 month since February 1, 2019
- eligible for payment for at least 1 month prior to December 1, 2017
- had a child or youth in care (CYIC) placement for at least 1 month between December 1, 2016 and November 30, 2019

The total number of files that met all of the criteria in the sampling frame was 111. From this total, a sample of 43 files was selected using the simple random sampling method. This sample size provides a 90% confidence level, with a 10% margin of error.

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

Two additional files were included with those in the sample for which measure RE 12 (assessing quality of care concern) or measure RE 13 (conducting quality of care review) were applicable. These additional files were flagged in MIS as having at least one Quality of Care (QOC) concern or review but had not made it into the sample through the random sampling process. This brought the total number of files reviewed for RE 12 and RE 13 to 45.

The records in all of these files were reviewed by two practice analysts on the Audit Team, in the Quality Assurance Branch. The analysts used the RE audit tool to assess the records, record a

rating for each measure, and collect categorical and qualitative data and information, as observed in the records.

The RE audit tool contains 13 measures designed to assess compliance with key components of the Caregiver Support Service Standards (CSSS) and the Resource Work Policies, which replaced the CSSS in 2017.

Each measure contains a scale with “Achieved” and “Not achieved” as rating options, as well as ancillary questions designed to assist the analysts in collecting categorical and qualitative data that explain or provide context for the ratings.

In reviewing the records, the analysts focused on practice that occurred during a 36-month period (December 1, 2016 – November30, 2019) referred to in the report as the audit timeframe.

The audit tool is a SharePoint form that was developed and produced with the support of data specialists on the Monitoring Team, in the Child Welfare Branch.

Quality assurance policy and procedures require that practice analysts identify for action any record that suggests a child or youth may need protection under section 13 of the *Child, Family and Community Service Act*. During the audit process, the analysts watch for situations in which the information in the record suggests that a child or youth may have been left in need of protection. When identified, the record is brought to the attention of the responsible team leader (TL) and director of operations (DOO), as well as the executive director of service (EDS), for follow up, as deemed appropriate.

## **B. DETAILED FINDINGS AND ANALYSIS**

In this section of the report, findings are presented in tables that contain counts and percentages of ratings of achieved and not achieved for all of the measures in the resource audit tool (RE 1 to RE 13). Each table is followed by an analysis of the findings, including a breakdown of the reasons why a measure was rated achieved or not achieved. It is important to note that some measures can result in a rating of not achieved for more than one reason.

There were 43 files in the sample for measures RE 1 to RE 11, and 45 files for RE 12 and RE 13. However, not all of the measures in the audit tool were applicable to records in all of these files. The “Total Applicable” column in the tables contains the total number of files in which each measure was applied to the records and notes below some of the tables explain why some of the measures were not applicable to records in some of the files.

The overall compliance rate for this SDA was **32%**.

### b.1 Screening and Assessing Prospective Caregivers and Family Care Homes

Table 1 provides compliance rates for measures RE 1, RE 2, RE3 and RE 4, which have to do with screening and assessing each caregiver and any other adult who is living in the family care home or who has significant and unsupervised time with a child placed in the home. The compliance rate is the percentage of the files in which each measure was applied to the records and rated achieved. The note below the table provides the number of files in which the measure was not applicable and explains why.

**Table 1: Screening and Assessment of Caregivers and Other Adults in the Family Care Home**

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
RE 1: Initial screening of prospective caregivers and other adults in family care home	43	19	44%	24	56%
RE 2: Assessment of prospective caregivers and family care home	43	14	33%	29	67%
RE 3: Screening and assessment of relief caregivers*	36	16	44%	20	56%
RE 4: Renewal of CCRC and CRRA checks	43	34	79%	9	21%

\*This measure was not applicable to 7 files in which relief caregivers were not identified.

#### **RE 1: Initial Screening of Prospective Caregivers and Other Adults in the Home**

The compliance rate for this measure was 44%. The measure was applied to records in all 43 files in the sample; 19 of the 43 files were rated achieved and 24 were rated not achieved. To receive a rating of achieved, the file contained documentation confirming that the following activities were completed before a child was placed in the home:

- confirmation that each prospective caregiver was 19 years of age or older
- a prior contact check (PCC) or initial records review (IRR) and detailed records review (DRR) for each prospective caregiver and anyone 18 years of age or older who was residing in the home or had significant unsupervised time with a child placed in the home
- a consolidated criminal record check (CCRC) for each prospective caregiver and anyone 18 years of age or older who was residing in the home or had significant unsupervised time with a child placed in the home
- a medical assessment for each prospective caregiver, and
- three reference checks for each prospective caregiver.

Of the files rated not achieved, three quarters were missing documentation related to one of these activities and one quarter were missing documentation related to more than one of these activities. Overall, the consolidated criminal record check for a caregiver or other individual in the home (missing in 16 files) was the most frequently missed activity, followed by the prior

contact check (missing in 6 files), placement of a child in the home prior to completion of all screening activities (observed in 5 files as having occurred), medical assessments (missing in 3 files) and reference checks (missing in 1 file).

## **RE 2: Assessment of Prospective Caregivers and the Family Care Home**

The compliance rate for this measure was 33%. The measure was applied to records in all 43 files in the sample; 14 of the 43 files were rated achieved and 29 were rated not achieved. To receive a rating of achieved, the file contained documentation confirming that the following activities were completed before a child was placed in the home:

- a participatory assessment of each prospective caregiver to verify their ability to care for children
- an environment of care checklist (applies after March 2017)
- a home study report or updated home study report
- supervisory approval of the home study report or updated home study report, and
- a Criminal Records Review Act (CRRA) check for each prospective caregiver.

Of the 29 files rated not achieved, 24 were missing documentation related to one of these activities and 5 were missing documentation related to more than one of these activities. A CRRA check for a prospective caregiver (missing in 17 files), placement of a child in the home prior to completion of all assessment activities (observed in 6 files as having occurred) and supervisory approval of the home study report (missing in 6 files) were the most frequently missed activities, followed by an updated home study report following a significant change in the caregiver's own circumstances (missing in 5 files), a participatory assessment of the prospective caregiver (missing in 3 files), and the home study report (missing in 2 files).

## **RE 3: Screening and Assessment of Relief Caregivers**

The compliance rate for this measure was 44%. The measure was applied to records in 36 of the 43 files in the sample; 16 of the 36 files were rated achieved and 20 were rated not achieved. To receive a rating of achieved, the file contained documentation confirming that the following activities were completed before a child was placed in the care of a relief caregiver, either in the primary caregiver's home or in the relief caregiver's home:

- confirmation that each relief caregiver was 19 years of age or older
- prior contact check (PCC) or initial records review (IRR) and detailed records review (DRR) for each relief caregiver
- consolidated criminal record check (CCRC) for each relief caregiver
- joint assessment and approval of each relief caregiver by the primary caregiver and resource worker (applies before March 2017)
- relief caregiver screening checklist completed and signed (applies after March 2017).

Of the 20 files rated not achieved, 14 were missing documentation related to one of these activities and 6 were missing documentation related to more than one of these activities. The PCC or IRR/DRR (missing in 14 files) was the most frequently missed activity, followed by the screening checklist (missing in 8 files), the joint assessment and approval (missing in 6 files for at least one relief caregiver) and the CCRC (missing in 3 files for at least one relief caregiver).

#### **RE 4: Renewal of CCRC and CRRA Checks**

The compliance rate for this measure was 79%. The measure was applied to records in all 43 files in the sample; 34 of the 43 files were rated achieved and 9 were rated not achieved. To receive a rating of achieved, the file contained documentation confirming that the following activities were completed:

- a current (valid) CCRC for each caregiver and anyone 18 years of age or older who was residing in the home or who had significant and unsupervised time with a child placed in the home
- a current (valid) CRRA check for each caregiver in the home.

Of the 9 files rated not achieved, 6 were missing documentation related to one of these activities and 3 were missing documentation related to more than one of these activities. A current (valid) CRRA check for a caregiver (missing in 7 files) and a current (valid) CCRC for a caregiver or individual 18 years of age or older (missing in 5 files) were the most frequently missed activities.

### **b.2 Providing Training, Ongoing Learning, and Placement Information for Caregivers**

Table 2 provides compliance rates for measures RE 5 and RE 6, which have to do with supporting caregiver ongoing learning and education and providing written referral information about a child to the caregiver when the child is placed in the caregiver's home. The compliance rate is the percentage of the files in which each measure was applied to the records and rated achieved.

**Table 2: Caregiver Continuing Learning and Sharing Placement Information with Caregiver**

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
RE 5: Caregiver continuing learning and education including mandatory training	43	3	7%	40	93%
RE 6: Sharing Placement Information with Caregiver	43	2	5%	41	95%

#### **RE 5: Caregiver Continuing Learning and Education**

The compliance rate for this measure was 7%. The measure was applied to records in all 43 files in the sample; 3 of the 43 files were rated achieved and 40 were rated not achieved. To receive a rating of achieved, the file contained a learning plan for the caregiver and documentation indicating that the caregiver had been provided with information or education on relevant topics

and had completed mandatory training within two years of the date on which the caregiver was approved. If it had not been two years since the caregiver was approved, the file contained a learning plan and documentation indicating that the caregiver was in the process of completing the mandatory training.

Of the 40 files rated not achieved, 12 were missing documentation related to one of these activities and 28 were missing documentation related to more than one of these activities. The learning plan (missing in 35 files), confirmation that the caregiver completed mandatory training within two years of the date on which the caregiver was approved (missing in 27 files), and confirmation that the caregiver was provided information or education on relevant topics (missing in 20 files) were the most frequently missed activities.

#### **RE 6: Sharing Placement Information with Caregiver**

The compliance rate for this measure was 5%. The measure was applied to records in all 43 files in the sample; 2 of the 43 files were rated achieved and 41 were rated not achieved. To receive a rating of achieved, the file contained documentation confirming that the caregiver had received written child referral information and written information about the caregiver's responsibilities (arising from the child's care plan) for each child placed in the caregiver's home during the audit timeframe.

Of the 41 files rated not achieved, 29 were missing confirmation that the caregiver received both child referral information and information about the caregiver's responsibilities for at least one child placed in their home; 11 were missing confirmation that the caregiver received child referral information; and 1 was missing confirmation that the caregiver received information about the caregiver's responsibilities.

Only 2 of the 43 files in the sample contained documentation confirming that the caregiver received both child referral information and information about their responsibilities for all the children placed in their home during the audit timeframe, and this occurred for only 32 of the 307 children placed in these 43 family care homes.

#### **b.3 Ongoing Monitoring of Caregivers and Family Care Homes**

Table 3 provides compliance rates for measures RE 7 and RE 8, which have to do with the requirement that resource workers maintain ongoing in-person contact with the caregiver, in the caregiver's home, at least once every 90 days, and that they complete annual reviews of the family care home within 30 working days of the anniversary date of the initial approval of the home, or within 30 days of the date of the previous annual review.



**Table 3: Ongoing Monitoring and Annual Reviews of Family Care Homes**

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
RE 7: Ongoing monitoring of family care home	43	0	0%	43	100%
RE 8: Annual reviews of family care home	43	2	5%	41	95%

**RE 7: Ongoing Monitoring of Family Care Home**

The compliance rate for this measure was 0%. The measure was applied to records in all 43 files in the sample and none of these files were rated achieved. To receive a rating of achieved, the file contained documentation confirming that in-person contact with the caregiver in the caregiver's home had occurred at least once every 90 days.

Of the 43 files rated not achieved, 40 had documentation indicating that in-person visits had occurred, but not always within 90 days of the previous visit; and 3 had no documentation indicating that in-person visits had ever occurred during the three-year audit timeframe. Based on the documentation in the files, 368 in-person visits occurred during the audit timeframe, which averaged close to 9 visits per family care home in three years.

**RE 8: Annual Reviews of Family Care Home**

The compliance rate for this measure was 5%. The measure was applied to records in all 43 files in the sample; 2 of the 43 files were rated achieved and 41 were rated not achieved. To receive a rating of achieved, each annual review was completed within 30 working days of the anniversary date of the signing of the first contract with the caregiver or within 30 working days of the date of the previous annual review and documented in the file; and the required number of annual reviews were completed during the three-year audit timeframe.

Of the 41 files rated not achieved, 28 did not contain all of the annual reviews that should have been completed during the audit timeframe; 11 did not contain any annual reviews; 2 had all of the required reviews but they were not completed within the 30-day timeframe; and 8 had a combination of missing annual reviews and annual reviews that were not completed within the 30-day timeframe.

**b.4 Supportive Practice with Caregivers**

Table 4 provides compliance rates for measures RE 9, RE 10 and RE 11, which have to do with reportable incidences, the allowable number of children in the family care home, and supportive practice. The compliance rate is the percentage of files in which each measure was applied to the records and rated achieved.

**Table 4: Reportable Incidences, Allowable Number of Children and Supportive Practice**

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
RE 9: Reportable incidences	43	8	19%	35	81%
RE 10: Allowable number of children in a caregiving home	43	28	65%	15	35%
RE 11: Supportive practice	43	24	56%	19	44%

**RE 9: Reportable Incidences**

The compliance rate for this measure was 19%. The measure was applied to records in all 43 files in the sample; 8 of the 43 files were rated achieved and 35 were rated not achieved. To receive a rating of achieved, the file contained documentation confirming that the caregiver was informed of the obligation to report to the appropriate delegated social worker all information of significance to the safety and well-being of a child placed in the caregiver's home and any significant changes in the caregiver's own situation, and the file contained documentation confirming that the caregiver was reminded on an annual basis about the obligation to report.

Of the 35 files rated not achieved, 25 contained documentation indicating that the caregiver was informed of the obligation to report, but not on an annual basis; and 10 contained no documentation indicating that the caregiver had ever been informed of the obligation to report.

**RE 10: Allowable Number of Children in Family Care Home**

The compliance rate for this measure was 65%. The measure was applied to records in all 43 files in the sample; 28 of the 43 files were rated achieved and 15 were rated not achieved. To receive a rating of achieved, the following criteria were met:

- The number of all children living in the family care home and the number of children in care placed in the family care home did not exceed the maximum allowable numbers based on the level of the home, or
- The maximum allowable numbers were exceeded with a manager's approval, and
- The family care home that was approved to exceed the maximum allowable numbers was reviewed every 90 days for the first year and every 6 months thereafter, as required.

Of the 15 files rated not achieved, 8 were missing documentation related to one of these criteria and 7 were missing documentation related to more than one of these criteria. Maximum capacity exceeded without a manager's approval (observed in 10 files as having occurred) and maximum capacity exceeded with manager's approval but not reviewed every 90 days or every 6 months as required (observed in 5 files as having occurred) were the most frequently missed activities.

### RE 11: Supportive Practice

The compliance rate for this measure was 56%. The measure was applied to records in all 43 files in the sample; 24 of the 43 files were rated achieved and 19 were rated not achieved. To receive a rating of achieved, the file contained documentation confirming that the resource worker used supportive practices with the caregiver, similar to those listed in the procedures associated with Standard 8.15(1) in the Resource Work Policies.

Of the 19 files rated not achieved, 14 contained insufficient confirmation of supportive practice to meet the standard; and 5 lacked confirmation of supportive practice altogether.

### b.5 Assessing and Reviewing Quality of Care Concerns in Family Care Homes

Table 5 provides compliance rates for measures RE 12 and RE 13 which have to do with assessing quality of care concerns and conducting quality of care reviews. For these two measures, 2 additional files were included in the sample. These additional files were in the population of files from which the original sample was selected but did not make it into the sample through random selection. They were purposefully added to the sample for measures RE 12 and RE 13 because they had a quality of care concern (QCC) or quality of care review (QCR) flag in MIS.

As a result, there were 45 files in the sample for measures RE 12 and RE 13.

The compliance rate is the percentage of the files in which each measure was applied to the records and rated achieved. The notes below the table provide the number of files to which each measure was not applicable and explain why.

**Table 5: Quality of Care Concerns and Reviews**

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
RE 12: Assessing quality of care concern*	8	4	50%	4	50%
RE 13: Conducting quality of care review**	5	0	0%	5	100%

\*Measure RE 12 was not applicable to 37 files in the sample because a quality of care concern was not identified when the records in those files were reviewed by the practice analysts.

\*\*Measure RE 13 was not applicable to 40 files in the sample because a quality of care review had not been started or completed in those files.

### RE 12: Assessing a Quality of Care Concern

The compliance rate for this measure was 33%. The measure was applied to records in 8 files; 4 of the 8 files were rated achieved and 4 were rated not achieved. To receive a rating of achieved, the file contained documentation confirming that the following activities were completed:

- Concerns about the quality of a child's care in the home were jointly assessed by the resource worker and a supervisor to determine whether a quality of care review should be completed, or
- Concerns about the quality of a child's care in the home were assessed to be below the threshold for a quality of care review, and the underlying issues were addressed with the caregiver.

Of the 4 files rated not achieved, 4 contained information indicating that concerns were raised about the quality of a child's care in the home and there was no indication that the concerns were assessed; and in addition, one of these files also had concerns that were raised and assessed to be below the threshold for a quality of care review, but there was no indication that the underlying issues were addressed with the caregiver.

### **RE 13: Conducting a Quality of Care Review**

The compliance rate for this measure was 0%. The measure was applied to records in 5 files and none of these files were rated achieved. To receive a rating of achieved, the file contained documentation confirming that the following activities were completed:

- The decision to conduct a quality of care review was made within 24 hours of receiving information about a quality of care concern
- The decision to conduct a quality of care review was approved by the responsible manager
- The quality of care review was started within 5 days
- The quality of care review was completed within 30 days, or
- The quality of care review was completed within an extended timeframe as approved by the responsible manager, and
- The caregiver was notified of the extension, and
- If a serious sanction was applied, the caregiver was informed of the right to request an administrative review of the decision to apply a sanction.

All 5 files rated not achieved contained information indicating that the quality of care review took longer than 30 days to complete and there was no indication that the extended timeframe was approved by the responsible manager or that the caregiver was notified of the extension. Four of the 5 files were missing additional information related to other activities, including decision to conduct a quality of care review made within 24 hours (missing in 2 files); decision to conduct quality of care review approved by responsible manager (missing in 1 file); quality of care review started within 5 days (missing in 4 files); and caregiver informed of right to request administrative review of decision to apply a sanction (missing in 1 file).