



Northeast Service Delivery Area

Resource Practice Audit

Report Completed: August 2020

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 Northeast Service Delivery Area (SDA) in November 2019 – January 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 Northeast SDA. The sample contained 22 files. The review focused on practice within a three-year timeframe that started on August 1, 2016 and ended on July 31, 2019. The following sub-sections of this report contain the findings and observations of the practice analysts 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.

Just over half of the 22 resource files reviewed for this audit contained documentation confirming that all required consolidated criminal record checks, child protection background checks, medical assessments, and reference checks were completed before a child was placed in the home. About a quarter of the files were missing one or more of the required reference checks for a caregiver, and almost one in five were missing the medical assessment. Further, about one in ten files lacked confirmation that a child protection background check was completed for a caregiver, or that a consolidated criminal record check was completed for an individual 18 years of age or older living in the caregiver's home.

The practice analyst found home study reports containing information gathered through the checks and assessments of the caregiver and the caregiver's home in more than half of the 22 resource files reviewed. About one in ten files lacked the home study report, or the assessment of a caregiver, or 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.

Overall, in fewer than half of the files in the sample, the analyst was able to confirm that all required screening and assessment activities were completed before a child was placed in the home.

The practice analyst also verified whether the consolidated criminal record check (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 *Criminal Records Review Act* (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 analyst found that both of these checks were up to date for all relevant individuals in 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 analyst was able to identify relief caregivers in fewer than a fifth of the 22 resource files in the sample. The total number of relief caregivers identified was 11. The number of relief caregivers used by each primary caregiver during the three-year audit

timeframe ranged from two to four, although most used only two relief caregivers. Overall, the analyst found that almost all of the 11 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. The intended outcomes of mandatory training and ongoing learning is that caregivers increase their caregiving knowledge and skills and 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 analyst found that three quarters of the files in the sample did not contain documentation indicating that the resource workers had provided the caregivers with information and training on relevant topics, and the same proportion of files lacked confirmation that the caregivers had completed mandatory training within the required two-year timeframe. Further, none of the files contained documents or notes that could be identified as learning plans or that resembled learning plans.

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 social 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 analyst found that only one of the files in the sample contained documentation confirming that 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 140 children were placed in the 22 family care homes in the sample during the three-year timeframe. The number of child placements per home ranged from 1 to 20. Two thirds of the homes had 6 or fewer child placements. Eight homes had 7 or more child placements each. These 8 homes accounted for two thirds of the 140 children placed.

In reviewing the records, the analyst found confirmation that caregivers received written child referral information for 43 of the 140 children placed, and a copy of the caregiver's responsibilities for 7 of the 140 children placed. Overall, the records indicated that caregivers received both referral information and a copy of the caregiver responsibilities for only 5 of the 140 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 analyst found no documentation of 90-day visits in only three files. In files that contained documentation, the total number of visits that occurred during the audit timeframe ranged from 3 to 16, with an average of 7 visits within three years. In about half the files, the analyst found 6 or fewer 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 analyst did not find any examples of monitoring plans. However, a clear majority 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 analyst found that annual reviews had either not occurred or not been documented in a quarter of the files in the sample, and more than three quarters of the

files contained fewer than the required number of annual reviews for the three-year period covered by the audit.

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, the practice analyst found evidence of supportive practice in just over three quarters 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 analyst found that almost half of the 22 family care homes in the sample had exceeded the allowable number of children at some point during the audit timeframe and only a fifth of the files for these homes contained the required reviews.

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 analyst found only one file in which the documentation confirmed that the resource worker had informed the caregivers on an annual basis about their obligation to report. In the remaining files, the documentation indicated that the resource workers had not reminded the caregivers on an annual basis 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 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 analyst who conducted this audit reviewed records in one file in which quality of care concerns were documented during the audit timeframe. In this file, the analyst 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.

2. ACTIONS TAKEN TO DATE

The results of this audit were reviewed with the SDA management team on June 4, 2020.

Approximately three years ago, the SDA created and implemented a resources tracking spreadsheet that the Team Leader and resource social workers use to track 90-day home visits, annual reviews, caregiver pre-service training, and caregiver mandatory training. The spreadsheet is also used to track who the resource worker is, the resource file number, the names of caregivers, the date on which the first contract was signed, and if the contract is for respite or relief.

3. ACTION PLAN

| ACTION | PERSON RESPONSIBLE | INTENDED OUTCOME | DATE TO BE COMPLETED |
|---|--|---|----------------------|
| 1. Review resources tracking spreadsheet to determine if any changes need to be made. | Team Leaders will review first as a group and then with resource teams | Resource team leaders and workers use tools that are effective in helping them provide the best possible service to caregivers. | October 31, 2020 |
| 2. Obtain from Foster Parent Support Person list of all training/workshops provided by the contracted agency in the last year and names of caregivers who attended and add this information to each caregiver's file. | Resource Team Leader | Caregivers participate in ongoing training and learning and their learning achievements are recognized in their file documentation. | October 31, 2020 |
| 3. Review the resource audit findings with the resource teams. This will be done as a whole SDA meeting to support the consistency of the resource work done in the Northeast. | EDS, DOO | Resource work in the Northeast SDA is consistently up to standard. | October 31, 2020 |
| 4. Reorient the resource workers to the Annual Family Care Home Review document (CF1630) specifically focusing on the learning plan (mandatory vs interest-based | DOO, TL | Resource workers use the Annual Family Care Home Review document consistently to record, review and update each caregiver's learning plan | October 31, 2020 |

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|--|--|---|------------------|
| training) and reportable circumstances. Embed use of resources tracking spreadsheet in day-to-day practice of resource workers. and ensure all annual reviews are up to date that include learning plans for completion of mandatory and interest based training | | and ensure that the caregiver is reminded of the obligation to report all information of significance to the safety a well-being of a child in their care. | |
| 5. Review with guardianship, intake and family service workers the “coming into care” checklist developed by the SDA, the child referral form and care plans. | DOO, Resource Team Leaders to review with all child and family safety teams | Child and family safety teams are familiar with and use the “coming into care” checklist to ensure that caregivers receive all the information they need to respond to the needs of a child coming into their care. | October 31, 2020 |
| 6. Email documentation to resource worker when a caregiver completes any training/workshop that is provided through that agency. Advise Foster Parent Support person of this request. | Foster Parent Support person for the NE SDA Resource Team Leader | Resource workers receive timely confirmation of the caregivers’ training and development activities. | October 31, 2020 |
| 7. The Caregiver Responsibilities section of the Care Plan for each child currently in care will be placed in the appropriate resource file as well as ensuring that the caregiver has a copy of it. | Resource Team Leader | Resource workers ensure that caregivers have the information they need to support the safety and well-being of each child in their care. | October 31, 2020 |
| 8. Ensure that the two missing home-studies, as indicated in the review of the rating sheets from this audit, are completed. | Resource Team Leaders | Children are cared for by caregivers who are assessed as capable of meeting their developmental needs and respecting their rights. | October 31, 2020 |

| | | | |
|---|-----------------------|---|------------------|
| 9. Ensure all required criminal record checks for all caregivers are up to date | Resource Team Leaders | Children are cared for safely | October 31, 2020 |
| 10.All homes have current 90 days visits completed if required and schedules readjusted so that homes are visited every 90 days from the most recent visit. | DOO,TL | Homes have been viewed by Resource Workers and caregivers are supported and children are safe | October 31, 2020 |

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 Northeast Service Delivery Area (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 August 1, 2016 and July 31, 2019
- eligible for payment for at least 1 month since October 1, 2018
- eligible for payment for at least 1 month prior to August 1, 2017
- had a child or youth in care (CYIC) placement for at least 1 month between August 1, 2016 and July 31, 2019

The total number of files that met all of the criteria in the sampling frame was 32. From this total, a sample of 22 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.

The records in the selected files were reviewed by a practice analyst on the Audit Team, in the Quality Assurance Branch. The analyst 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 analyst in collecting categorical and qualitative data that explain or provide context for the ratings.

In reviewing the records, the analyst focused on practice that occurred during a 36-month period (August 1, 2016 – July 31, 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 22 files in the sample for measures RE 1 to 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 **37%**.

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 to which one of the measures 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 | 22 | 13 | 59% | 9 | 41% |
| RE 2: Assessment of prospective caregivers and family care home | 22 | 15 | 68% | 7 | 32% |
| RE 3: Screening and assessment of relief caregivers* | 4 | 3 | 75% | 1 | 25% |
| RE 4: Renewal of CCRC and CRRA checks | 22 | 17 | 77% | 5 | 23% |

*This measure was not applicable to 18 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 59%. The measure was applied to records in all 22 files in the sample; 13 of the 22 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 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 9 files rated not achieved, 5 were missing documentation related to one screening activity, including the required number of reference checks for a caregiver, a medical assessment for a caregiver, or a CCRC for an individual 18 years of age or older who was residing in the home or who had significant unsupervised time with a child placed in the home; and 4 were missing a combination of two or more screening activities.

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

The compliance rate for this measure was 68%. The measure was applied to records in all 22 files in the sample; 15 of the 22 files were rated achieved and 7 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 (CRRRA) check for each prospective caregiver.

Of the 7 files rated not achieved, 3 were missing documentation related to one screening activity, including the home study report (missing in 2 files) and placement of a child in the home prior to completion of all screening activities (observed in 1 file as having occurred).

The remaining 4 files were missing documentation related to a combination of screening activities, the home study report being the most frequently missed activity, followed by the participatory assessment of each prospective caregiver, the CRRRA check, and supervisory approval of the home study report.

RE 3: Screening and Assessment of Relief Caregivers

The compliance rate for this measure was 75%. The measure was applied to records in 4 of the 22 files in the sample; 3 of the 4 files were rated achieved and 1 was 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
- joint assessment and approval of each relief caregiver by the primary caregiver and resource social worker (applies before March 2017)
- relief caregiver screening checklist completed and signed (applies after March 2017).

The one file rated not achieved was missing both the PCC and the joint assessment and approval of the relief caregiver by the primary caregiver and the resource social worker.

RE 4: Renewal of CCRC and CRRRA Checks

The compliance rate for this measure was 77%. The measure was applied to records in all 22 files in the sample; 17 of the 22 files were rated achieved and 5 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) CRRRA check for each caregiver in the home.

Of the 5 files rated not achieved, 4 were missing a current, valid CRRA check for a caregiver and 1 was missing a current valid CCRC for an individual 18 years of age or older who was residing in the home and or who had significant and unsupervised time with a child placed in the home.

Only one CCRC in the sample was completed through the Centralized Services Hub.

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 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 | 22 | 0 | 0 | 22 | 100% |
| RE 6: Sharing Placement Information with Caregiver | 22 | 1 | 5% | 21 | 95% |

RE 5: Caregiver Continuing Learning and Education

The compliance rate for this measure was 0%. The measure was applied to records in all 22 files in the sample and none of these files were rated 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.

All of the 22 files rated not achieved were missing documentation related to more than one of these activities. The learning plan (missing in all 22 files) was the most frequently missed activity, followed by confirmation that mandatory training was completed within the required timeframe (missing in 16 files) and no indication that the caregiver was provided with information or education on relevant topics (observed in 16 files).

RE 6: Sharing Placement Information with Caregiver

The compliance rate for this measure was 5%. The measure was applied to records in all 22 files in the sample, and only one of the 22 files was rated achieved. To receive a rating of achieved, the file contained documentation confirming that the caregiver received written child referral

information and written information about the caregiver's responsibilities (arising from the care plan) for each child placed in the caregiver's home during the audit timeframe.

Of the 21 files rated not achieved, 19 lacked documentation confirming that the caregiver had received both child referral information and information about the caregiver's responsibilities for each child placed in the caregiver's home during the audit timeframe; and 2 had confirmation that the caregiver received the child referral information but were missing confirmation that the caregiver received information about the caregiver's responsibilities.

Only one file in the sample contained documentation confirming that the caregivers had received both child referral information and information about their responsibilities for every child placed in their home, and this occurred for only 3 of the 140 children placed in the 22 family care homes in the sample during the audit timeframe.

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 | 22 | 0 | 0 | 22 | 100% |
| RE 8: Annual reviews of family care home | 22 | 1 | 5% | 21 | 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 22 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 22 files rated not achieved, 19 had documentation indicating that in-person visits in the caregiver's home had occurred, but not within 90 days of the previous visit; and 3 had no documentation indicating that in-person visits in the caregiver's home had ever occurred during the three-year audit timeframe. Based on the documentation, 141 in-person visits occurred during the audit timeframe, which averaged 7 visits per family care home within the 3 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 22 files in the sample; 1 of the 22 files was rated achieved and 21 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 21 files rated not achieved, 14 did not contain all of the annual reviews that should have been completed during the audit timeframe; 4 had the expected number of annual reviews, but none were completed within the required timeframe; 2 did not contain any annual reviews; and 1 had the expected number of annual reviews, but not all were completed within the required 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 the 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 | 22 | 1 | 5% | 21 | 95% |
| RE 10: Allowable number of children in a caregiving home | 22 | 14 | 64% | 8 | 36% |
| RE 11: Supportive practice | 22 | 17 | 77% | 5 | 23% |

RE 9: Reportable Incidences

The compliance rate for this measure was 5%. The measure was applied to records in all 22 files in the sample; 1 of the 22 files was rated achieved and 21 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 had been reminded on an annual basis of the obligation to report.

Of the 21 files rated not achieved, 19 contained documentation confirming that the caregiver was informed of the obligation to report, but not on an annual basis; and 2 contained no

documentation indicating that the caregiver had ever been informed of the obligation to report during the audit timeframe.

RE 10: Allowable Number of Children in Family Care Home

The compliance rate for this measure was 64%. The measure was applied to records in all 22 files in the sample; 14 of the 22 files were rated achieved and 8 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 8 files rated not achieved, 2 were missing confirmation that the home approved to exceed the maximum allowable numbers of children was reviewed every 90 days, as required; and 6 were missing documentation related to more than one activity, including home approved to exceed maximum allowable numbers reviewed every 90 days (required but missing in these 6 files as well); home reviewed every 6 months (required but missing in 4 of these 6 files); and manager's approval to exceed maximum allowable numbers (also missing in 4 of these 6 files).

RE 11: Supportive Practice

The compliance rate for this measure was 77%. The measure was applied to records in all 22 files in the sample; 17 of the 22 files were rated achieved and 5 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 5 files rated not achieved, 4 contained insufficient confirmation of supportive practice to meet the standard; and 1 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.

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 of the measures 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* | 1 | 1 | 100% | 0 | 0 |
| RE 13: Conducting quality of care review** | 0 | 0 | 0 | 0 | 0 |

*Measure RE 12 was not applicable to 21 files in the sample because a quality of care concern was not identified when the records in those files were reviewed by the practice analyst.

**Measure RE 13 was not applicable to all 22 files in the sample because a quality of care review had not been started or completed in any of these files.

RE 12: Assessing a Quality of Care Concern

The compliance rate for this measure was 100%. The measure was applied to records in 1 file and the file was rated 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.

RE 13: Conducting a Quality of Care Review

This measure was not applicable to records in the 22 files in the sample because a quality of care review had not been started or completed in any of these files.