



North Vancouver Island Service Delivery Area

Resource Practice Audit

Report Completed: March 2021

Office of the Provincial Director of Child Welfare and Aboriginal Services

Quality Assurance Branch

Table of Contents

INTRODUCTION	3
1. SUMMARY OF FINDINGS	3
1.1 Screening and Assessing Prospective Caregivers and Family Care Homes.....	3
1.2 Providing Training, Ongoing Learning, and Placement Information for Caregivers	5
1.3 Ongoing Monitoring of Caregivers and Family Care Homes.....	6
1.4 Supportive Practice with Caregivers	7
1.5 Assessing and Reviewing Quality of Care Concerns in Family Care Homes	8
2. ACTIONS TAKEN TO DATE	9
3. ACTION PLAN.....	9
APPENDIX	11
A. METHODOLOGY	11
B. DETAILED FINDINGS AND ANALYSIS	12
b.1 Screening and Assessing Prospective Caregivers and Family Care Homes.....	13
b.2 Providing Training, Ongoing Learning, and Placement Information for Caregivers	15
b.3 Ongoing Monitoring of Caregivers and Family Care Homes.....	16
b.4 Supportive Practice with Caregivers	17
b.5 Assessing and Reviewing Quality of Care Concerns in Family Care Homes	19

INTRODUCTION

This report contains information and findings related to a resource practice audit that was conducted in the North Vancouver Island Service Delivery Area (SDA) in January – July 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 North Vancouver Island SDA. The sample contained 52 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.

Just over half of the 52 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 one in six files were missing a child protection background check, one or more reference checks, and/or a medical assessment. Further, about one in five files contained documentation indicating that a child was placed in the home before all of the assessment activities were completed.

The practice analysts found home study reports containing information gathered through the checks and assessments of the caregiver and the caregiver's home in fewer than half of the 52 resource files reviewed. In more than a quarter of the files, the documentation indicated that a child was placed in the home before all of the assessment activities were completed. In addition, one in four files were either missing the home study report or had a home study report that was not updated following a significant change in the caregiver's circumstances. Further, about one in five files lacked confirmation that a *Criminal Records Review Act* (CRRA) check was completed for a caregiver. The CRRA check is the final step in the approval process.

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 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 CRRA check was up to date for each caregiver. The CCRC must be renewed or updated every three years and the CRRA every five years. The analysts found that both of these criminal record 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 a 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 just over half of the 52 resource files in the sample. The total number of relief caregivers identified was

95. The number of relief caregivers used by each primary caregiver during the three-year audit timeframe ranged from 1 to 11, although slightly more than half used only 1 or 2 relief caregivers. Overall, the analysts found that almost two thirds of the 95 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 three quarters of the files in the sample lacked confirmation that the caregivers had completed mandatory training within the required two-year timeframe. In contrast, almost two thirds of the files contained documentation that could be identified as a learning plan or that resembled a learning plan, and almost all of the files contained documentation indicating that the resource workers had provided the caregivers with information or training on relevant topics.

Overall, one fifth of the files contained both a learning plan and confirmation that the caregivers had completed mandatory training 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 five of the 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 246 children were placed in the 52 family care homes in the sample during the three-year timeframe. The number of child placements per home ranged from 1 to 14, although more than two thirds had 6 or fewer child placements during this timeframe.

In reviewing the records, the analysts found confirmation that the caregivers received written referral information for 96 of the 246 children and a copy of the caregiver's responsibilities for 34 of these children. Overall, the records indicated that the caregivers received both referral information and a copy of the caregiver responsibilities for only 14 of the 246 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 documentation of 90-day visits in almost all of the files in the sample. The total number of visits documented in these files ranged from 1 to 15, with an average of 6 visits within three years. In just over half of the files, the analysts 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 analysts found examples of monitoring plans in none of the files. However, all but one 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 more than a quarter of the files in the sample, and slightly more than half the files contained fewer than the required number of annual reviews during 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, practice analysts found evidence of supportive practice in all 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 family care homes that are structured to support the individual needs, level of development, and health and safety of the children placed there, and that 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 more than two thirds of the 52 family care homes in the sample had not exceeded the allowable number of children at any point during the audit timeframe. However, only four of the files for the fifteen homes that exceeded the allowable number of children contained the required reviews and managerial approvals.

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 most of the files in the sample had documentation confirming that the resource workers had informed the caregivers at least once about their obligation to report. However, one in five files lacked confirmation that the workers had ever informed the caregivers about their obligation to report, and in two thirds of the files there was no indication that the workers had reminded the caregivers on an annual basis about their 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 21 files in which one or more quality of care concerns were documented during the audit timeframe. In a clear majority of 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. In 3 of the 21 files, the documentation indicated that the resource worker received information that should have been assessed as a quality of care concern but was not.

The practice analysts also reviewed records related to quality of care reviews documented in 12 files and found that only one of these files met the standard for a quality of care review. One third of these files had documentation indicating that the decision to conduct a review was not made within twenty-four hours and/or the review was not started within five days, as required. Further, two thirds of the reviews in these files took longer than 30 days to complete and there was no indication that a manager approved the extension or that the caregiver was notified of the extension. Overall, the amount of time it took to complete each quality of care review ranged from 4 to 231 days, with a median or midpoint of 80.5 days.

2. ACTIONS TAKEN TO DATE

The results of this audit were reviewed with the SDA management team on November 24, 2020.

3. ACTION PLAN

ACTION	PERSON RESPONSIBLE	INTENDED OUTCOME	DATE TO BE COMPLETED
<p>1. The Audit results (covering a 3 year period 2016-19) will be debriefed with the SDA Resource Team Leaders at an upcoming SDA Resource Team Leader virtual call, with particular attention given to</p> <ul style="list-style-type: none">- RE 5: Caregivers continuing learning and education including mandatory training,- RE 6: Sharing Placement Information with Caregivers,- RE: 7: Ongoing monitoring of family care home, RE 8: Annual reviews of family care home,- RE: 9 Reportable incidences, and RE 13: Conducting Quality of care review. <p>* Each Resource Team Leader will review the audit report with their Resource staff</p>	Executive Director of Service	All Directors and Team leaders will be aware of the audit findings within their area and will be able to further review it with relevant staff.	April 30, 2021

<p>2. Annual reviews will be completed on the 15 files that have been identified to have no annual reviews. Based on the review of audit findings scheduling for completion/updating of annual reviews will occur by Jan 30,2022</p> <p>* Quality Assurance will provide a list of the 15 files that had no Annual Review.</p>	Executive Director of Service	All files will have a completed annual review, which will ensure adequate monitoring and ensure that the caregiver are reminded of critical information, such as the obligation to report all information of significance to the safety a well-being of a child in their care.	January 30, 2022
<p>3. All resources that were identified as having no 90-day visits or very few visits during the audit timeframe will have a home visit by the resource worker.</p>	Executive Director of Service	Resources will have been visited to ensure that the children/youth placed in them are safe.	May 30, 2021
<p>4. Resource teams will review caseload for other homes where no/few (less than 2 in recent year) and ensure that a visit occurs by Dec 31/2021</p> <p>*Quality Assurance will provide a list of the files where there were no 90-day visits or very few visits.</p>	Executive Director of Service	Resources will have been visited to ensure that the children/youth placed in them are safe.	December 31, 2021
<p>5. All files missing criminal record checks will be identified and the criminal record check will be completed. (EDS believes this was already completed and his action was to review his emails).</p>	Executive Director of Service	All resources will have criminal record checks completed	April 30, 2021
<p>6. The SDA will review the methodology that each office has to ensure that foster parents are receiving information about the children/youth being placed in their homes. Following this methodology search applicable teams will provide the appropriate information to Foster Parents outlining their responsibilities in providing care to young people in their home</p>	Executive Director of Service	The file contains documentation confirming that the caregiver has received written child referral information and written information about the caregiver's	December 31, 2021

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 North Vancouver Island 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 209. From this total, a sample of 52 files were 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.

Ten 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 occur during the audit timeframe but were not selected through the random sampling process. These additional 10 files brought the total number of files reviewed for RE 12 and RE 13 to 62.

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 – November 30, 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 52 files in the sample for measures RE 1 to RE 11, and 62 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 **43%**.

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	52	28	54%	24	46%
RE 2: Assessment of prospective caregivers and family care home	52	22	42%	30	58%
RE 3: Screening and assessment of relief caregivers*	29	15	52%	14	48%
RE 4: Renewal of CCRC and CRRA checks	52	41	79%	11	21%

*This measure was not applicable to 23 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 54%. The measure was applied to records in all 52 files in the sample; 28 of the 52 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 24 files rated not achieved, 13 were missing documentation related to one screening activity and 11 were missing documentation related to more than one screening activity. Placement of a child in the home prior to completion of all screening activities (observed in 10 files as having occurred), prior contact checks (missing in 9 files), medical assessments (missing in 9 files) and one or more reference checks (missing in 9 files) were the most frequently missed

activities, followed by the consolidated criminal record check for a prospective caregiver (missing in 4 files) and the consolidated criminal record check for an individual 18 years of age or older who lived in the home or had significant unsupervised time with a child placed in the home (missing in 2 files).

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

The compliance rate for this measure was 42%. The measure was applied to records in all 52 files in the sample; 22 of the 52 files were rated achieved and 30 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 30 files rated not achieved, 22 were missing documentation related to one assessment activity and 8 were missing documentation related to more than one assessment activity. Placement of a child in the home prior to completion of all assessment activities (observed in 14 files as having occurred), a home study report update following a significant change in the caregiver's own situation (missing in 11 files) and the CRRRA check for a caregiver (missing in 10 files) were the most frequently missed activities, followed by the home study report (missing in 2 files), supervisory approval of the home study report (missing in 2 files) and a participatory assessment of the caregiver (missing in 1 file).

RE 3: Screening and Assessment of Relief Caregivers

The compliance rate for this measure was 52%. The measure was applied to records in 29 of the 52 files in the sample; 15 of the 29 files were rated achieved and 14 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).

All 14 files rated not achieved were missing documentation related to more than one activity. The PCC or IRR/DRR (missing in 15 files for at least one relief caregiver), consolidated criminal record check (missing in 12 files for at least one relief caregiver), and the screening checklist (missing in 8 files) were the most frequently missed activities, followed by the joint assessment and approval of relief caregiver (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 52 files in the sample; 41 of the 52 files were rated achieved and 11 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 11 files rated not achieved, 6 were missing documentation related to one activity and 5 were missing documentation related to more than one activity. A current valid CCRC check for a caregiver or individual 18 years of age or older residing in the home or with significant unsupervised time with a child placed in the home (missing in 10 files) was the most frequently missed activity, followed by a current valid CRRA for a caregiver (missing in 6 files).

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	52	11	21%	41	79%
RE 6: Sharing Placement Information with Caregiver	52	5	10%	47	90%

RE 5: Caregiver Continuing Learning and Education

The compliance rate for this measure was 21%. The measure was applied to records in all 52 files in the sample; 11 of the 52 files were rated achieved and 41 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 41 files rated not achieved, 22 were missing documentation related to one of these activities and 19 were missing documentation related to more than one of these activities. Confirmation that the caregiver had completed mandatory training within two years of the date on which the caregiver was approved (missing in 40 files) and the learning plan (missing in 20 files) were the most frequently missed activities, followed by confirmation that the caregiver was provided information or education on relevant topics (missing in 4 files).

RE 6: Sharing Placement Information with Caregiver

The compliance rate for this measure was 10%. The measure was applied to records in all 52 files in the sample; 5 of the 52 files were rated achieved and 47 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 47 files rated not achieved, 34 were missing confirmation that the caregiver had received both child referral information and information about the caregiver's responsibilities for at least one child placed in their home during the audit timeframe; 10 were missing confirmation that the caregiver had received information about the caregiver's responsibilities for at least one child placed in the home; and 3 were missing confirmation that the caregiver had received child referral information for at least one child placed in the home. Only 5 of the 52 files 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 during the audit timeframe. Overall, the files in the sample contained confirmation that caregivers received both referral information and information about their responsibilities for only 14 of the 246 children placed in the 52 family care homes 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	52	0	0%	52	100%
RE 8: Annual reviews of family care home	52	7	13%	45	87%

RE 7: Ongoing Monitoring of Family Care Home

The compliance rate for this measure was 0%. The measure was applied to records in all 52 files in the sample and none 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 52 files rated not achieved, 48 had documentation indicating that in-person visits in the caregiver's home had occurred, but not always within 90 days of the previous visit; and 4 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 in the files, 291 in-person visits occurred during the audit timeframe, with an average of 6 visits per family care home in three years.

RE 8: Annual Reviews of Family Care Home

The compliance rate for this measure was 13%. The measure was applied to records in all 52 files in the sample; 7 of the 52 files were rated achieved and 45 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 45 files rated not achieved, 27 had some but not all of the required annual reviews, 15 did not have any annual reviews, and 3 had the required 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	52	7	13%	45	87%
RE 10: Allowable number of children in a caregiving home	52	41	79%	11	21%
RE 11: Supportive practice	52	52	100%	0	0%

RE 9: Reportable Incidences

The compliance rate for this measure was 13%. The measure was applied to records in all 52 files in the sample; 7 of the 52 files were rated achieved and 45 were rated not achieved. To receive a rating of achieved, the file contained documentation confirming that the caregiver was informed about 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 45 files rated not achieved, 35 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 79%. The measure was applied to records in all 52 files in the sample; 41 of the 52 files were rated achieved and 11 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 11 files rated not achieved, 8 were missing documentation related to one of the criteria and 3 were missing documentation related to two or more criteria. Manager's approval to exceed the maximum allowable numbers of children in family care home (missing in 10 files), 90 day review of a family care home that was approved to exceed maximum allowable numbers of children (missing in 6 files), and 6 month review of a family care home that was approved to exceed maximum allowable numbers were the most frequently missed activities. One file was

missing a manager's approval for placement of more than two children under 2 years of age, more than three children under 2.5 years of age, and more than four children of pre-school age.

RE 11: Supportive Practice

The compliance rate for this measure was 100%. The measure was applied to records in all 52 files in the sample, and all of the files were rated 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.

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, 10 additional files were included in the sample. These additional files were in the population of files from which the original sample was selected but had not made 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 62 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 in 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*	21	18	86%	3	14%
RE 13: Conducting quality of care review**	12	1	8%	11	92%

*Measure RE 12 was not applicable to 41 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 50 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 86%. The measure was applied to records in 21 files; 18 of the 21 files were rated achieved and 3 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.

All three of the files rated not achieved contained information indicating that there were concerns about the quality of a child's care in the home and the information was not assessed.

RE 13: Conducting a Quality of Care Review

The compliance rate for this measure was 8%. The measure was applied to records in 12 files; 1 of the 12 files was rated achieved and 11 were rated not 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.

Of the 11 files rated not achieved, 2 were missing documentation related to one activity and 9 were missing documentation related to two or more activities.

Quality of care review completed within 30 days unless extension approved by manager (missing in 8 files) and caregiver notified of extension (missing in 8 files) were the most frequently missed activities, followed by decision to conduct quality of care review made within 24 hours of receiving information (missing in 4 files), quality of care review started within 5 days of receiving concern (missing in 4 files), and decision to conduct quality of care review approved by responsible manager (missing in 3 files).