



Kootenays Service Delivery Area

Resource Practice Audit

Report Completed: April 2020

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INTRODUCTION

This report contains information and findings related to the resource practice audit that was conducted in the Kootenays Service Delivery Area (SDA) in July – October 2019.

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 Kootenays SDA. The sample contained 31 files. The review focused on practice within a three-year timeframe that started on May 1, 2016 and ended on April 30, 2019. The following sub-sections contain the findings and observations of the practice analyst 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 children who are safe and cared for by caregivers who meet their developmental needs, and whose rights under section 70 of the *Child, Family and Community Service Act* are respected.

The standard of practice associated with this policy includes a consolidated criminal record check (CCRC) and child protection background check 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 home is approved, before a child is placed there.

Almost two thirds of the 31 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 three in ten files lacked confirmation that a child protection background check was completed. Further, one in ten files were missing a consolidated criminal record check for a caregiver and slightly more were missing reference checks or a medical assessment for one or more caregivers.

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 two thirds of the 31 resource files reviewed. Almost a quarter of the files were either missing the home study report or had a home study report that had not been updated following a significant change in the caregiver's circumstances. Further, one in ten files lacked confirmation that a *Criminal Records Review Act* (CRRA) check was completed for a caregiver.

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

The practice analyst also verified whether the CCRC was up to date, at the time of the audit, for each caregiver and anyone 18 years of age or older who was living in the caregiver's home or who spent significant amounts of unsupervised time with a child placed in the caregiver's home, and whether the 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 analyst found that both of these checks were up to date for all relevant individuals in almost three quarters of the homes 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 almost half of the 31 resource files in the sample. The total number of relief caregivers identified was 41. The number of relief caregivers used by each primary caregiver during the three-year audit timeframe ranged from 1 to 9, although more than half used only 1 or 2 relief caregivers. Overall, the analyst found that more than three quarters of the 41 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 analyst found that a clear majority of the files in the sample contained documentation indicating that the resource workers had provided the caregivers with information or education on relevant topics. However, more than a third of the files did not contain documents or notes that could be identified as learning plans or that resembled learning plans, and more than half did not contain confirmation that caregivers completed mandatory training within the required two-year timeframe. Overall, one third of the files contained both a learning plan and confirmation that the mandatory training was completed within the required timeframe.

Ministry policy requires that caregivers receive written information about the strengths and needs of each child placed in their care and their responsibilities in meeting the child's needs. The intended outcome of this policy is caregivers who have enough information about a child to support the child's safety, and who 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 this audit, only 2 of the 31 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 129 children were placed in the 31 family care homes in the sample during the three-year timeframe. The number of child placements per home ranged from 1 to 11, although three quarters of the homes had 6 or fewer child placements during this timeframe. In reviewing the records, the analyst found confirmation that caregivers received written child referral information for 39 of the 129 children, and a copy of the caregiver's responsibilities for 10 of these children. However, it should be noted that almost half of the homes in the sample provided mostly relief or short-term care and providing a copy of the caregiver responsibilities under the child's care plan is not a requirement for these types of placements.

Overall, the caregivers received both referral information and a copy of the caregiver responsibilities for only 6 of the 129 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 two files. In files that contained documentation, the total number of visits that occurred during the audit timeframe ranged from 1 to 14, with an average of 4 visits within three years. In more than three quarters of the files, the analyst found 6 or fewer documented visits during the three years. Only one file contained documentation indicating that the standard interval of no more than 90 days between visits had been maintained over the 3 year audit timeframe.

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 found examples of monitoring plans in only three files. However, all 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 all required annual reviews had occurred in five of the 31 files in the sample, and either had not occurred or not been documented in another five files. Overall, more than three quarters of 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 caregivers who 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 more than two thirds of the files in the sample. This included the provision of support services, involving caregivers in collaborative processes regarding children in their care, and email correspondence or office visits that demonstrated the provision of timely and supportive responses and encouragement to 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 who are placed there, and caregivers who 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 a clear majority of the 31 family care homes in the sample had not exceeded the allowable number of children at any point during the audit timeframe. In addition, all of the required reviews and managerial approvals were confirmed in the files for the four homes that had exceeded the allowable number of children.

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, 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 that fewer than a third of the files contained documentation confirming that the resource 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 is caregivers who 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 four files in which one or more quality of care concerns were documented during the audit timeframe, and all of these files contained documentation confirming that the concerns were jointly assessed by the

resource worker and supervisor, who determined that the information met the threshold for a quality of care review.

The practice analyst also reviewed records related to four quality of care reviews documented in the files as having been completed and found that the practice recorded for three of these reviews did not meet the standard, primarily because the activities were not completed within the required timeframes. In two files, the decision to conduct a quality of care review was not made within 24 hours of receiving information about the concern and the review was not started within 5 days of receiving the concern. Further, the reviews 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.

2. ACTIONS TAKEN TO DATE

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

3. ACTION PLAN

| ACTION | PERSON RESPONSIBLE | INTENDED OUTCOME | DATE TO BE COMPLETED |
|--|---|--|---|
| <p>1. Review and ensure the use of the face sheet (developed after last RE audit) attached to each RE file in the SDA and used by all Resource (RE) workers and Team Leaders (TLs) to track completion of caregiver assessments, 90-day visits, annual reviews and caregiver learning plans, and to identify relief caregivers and track completion of relief caregiver screening and assessment activities.</p> <p>2. Completion of face sheet and associated tasks to be managed via MyPerformance goals for all RE front line and TL's.</p> | <p>RE TL's to monitor employee performance.</p> <p>DOO's to monitor TL performance.</p> | <p>Resource employees use the tracking sheet consistently and are supported to ensure that caregivers are adequately assessed, family care homes are monitored on a regular basis, annual reviews are completed, and caregivers are supported with their continuous learning plans</p> | <p>Face sheet previously developed.</p> <p>Goal to be added to each employee's MyPerformance by their supervisor by March 30th.</p> |

| | | | |
|---|---|--|---|
| 3. Notifications to caregivers via both ICM referral document and relevant section in child's Care Plan to be provided to caregiver per policy. | DOO's will review at next TL meeting. Guardianship TL's to review with their employees and all to monitor performance. | Guardianship employees to provide caregivers with both the ICM referral document and the relevant Care Plan section (caregiver responsibilities) and to ensure caregiver's signature and filing. Guardianship and RE TL's to monitor to ensure practice improvements in this area. | Goals to be added via MyPerformance for all guardianship workers by March 30th |
| 4. PCC's to be on file for caregivers | RE TL's to ensure a PCC is completed for each caregiver. | Each caregiver has a completed PCC on their file. | April 15 th . |
| 5. Quality of Care reviews to be completed in timelines per policy or appropriate exemptions requested and documented on file. | DOO's to review process with all TL's, specifically with regard to process, timelines and DOO role. TL's to ensure practice per policy with regard to CP and Q of C reports pertaining to caregivers. | Timelines for protocol and quality of care decisions and process are per policy. | April 15 th . |
| 6. Caregiver required training to be completed and tracked. | RE TL's. | Expectations and training plan to be reviewed and developed with each caregiver. RE workers to track completion on and ensure documentation of RE file. RE TL and RE worker to follow up and ensure accountability if caregiver does not complete training as required. | Plans for all caregivers to be developed by April 30th . Training to be completed by July 30th |
| 7. Update all outstanding assessments of relief caregivers. | RE workers and TL's | Assessments to be completed prior to any further use/placements of these caregivers. | Moratorium on use of caregivers until assessments completed. |

| | | | |
|--|--|---|--------------|
| 8. Update all outstanding annual reviews | RE workers and TL's | Prioritize these for completion along with visits to caregiver home. | April 15th |
| 9. Provide placement information to all caregivers | RE and guardianship workers and their respective TL's. Doo's. | All involved employees to prioritize this information sharing for immediate completion. | Immediately. |

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 Kootenays 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 May 1, 2016 and April 30, 2019
- eligible for payment for at least 1 month since July 1, 2018
- eligible for payment for at least 1 month prior to May 1, 2017
- had a child or youth in care (CYIC) placement for at least 1 month between May 1, 2016 and April 30, 2019

The total number of files that met all of the criteria in the sampling frame was 55. From this total, a sample of 31 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.

One additional file was included with those in the sample for which measure RE 12 (assessing quality of care concern) and/or measure RE 13 (conducting quality of care review) were applicable. This additional file was flagged in MIS as having at least one Quality of Care (QOC) concern or review but had not made it into the sample through the random sampling process. This brought the total number of files reviewed for RE 12 and RE 13 to 32.

The records in all of these 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 (May 1, 2016 – April 30, 2019) referred to in the report as the audit timeframe.

The audit tool is a SharePoint form designed by 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 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 31 files in the sample for measures RE 1 to RE 11, and 32 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 **47%**.

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

Table 1 provides compliance rates for measures RE 1, RE 2, RE 3 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 | 31 | 19 | 61% | 12 | 39% |
| RE 2: Assessment of prospective caregivers and family care home | 31 | 22 | 71% | 9 | 29% |
| RE 3: Screening and assessment of relief caregivers* | 14 | 10 | 71% | 4 | 29% |
| RE 4: Renewal of CCRC and CRRA checks | 31 | 22 | 71% | 9 | 29% |

*This measure was not applicable to 17 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 61%. The measure was applied to records in all 31 files in the sample; 19 of the 31 files were rated achieved and 12 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.

A third of the 12 files rated not achieved were missing documentation related to more than one screening activity, and two thirds were missing documentation related to one activity. Prior contact checks (missing in 9 files), medical assessments (missing in 4 files) and reference checks (missing in 4 files) were the most frequently missed activities. A consolidated criminal record check for a caregiver or other individual in the home (missing in 3 files) was the next most frequently missed activity.

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

The compliance rate for this measure was 71%. The measure was applied to records in all 31 files in the sample; 22 of the 31 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:

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

One of the 9 files rated not achieved was missing documentation related to more than one assessment activity, and 8 were missing documentation related to one activity. A home study update following significant changes in the caregiver's own situation (missing in 4 files) was the most frequently missed activity. The home study itself (missing in 3 files) and a CRRA check for a caregiver (missing in 3 files) were the next most frequently missed activities.

It was noted that the SAFE framework was used to assess 20 of the 31 family care homes in the sample, even though SAFE was not required until March 2017. However, 5 of the 20 files for these homes were rated not achieved because they did not contain a completed or updated home study report.

RE 3: Screening and Assessment of Relief Caregivers

The compliance rate for this measure was 71%. The measure was applied to records in 14 of the 31 files in the sample; 10 of the 14 files were rated achieved and 4 were rated not achieved. To receive a rating of achieved, the file contained documentation confirming that the following activities were completed 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).

Half of the files rated not achieved were missing documentation related to more than one screening and assessment activity, and half were missing documentation related to one activity.

Missing, incomplete or unsigned screening checklists was the most frequently missed activity (3 files), followed by joint assessment and approval (missing in 1 file for at least one relief caregiver) and the PCC or IRR/DRR (missing in 1 file for at least one relief caregiver).

RE 4: Renewal of CCRC and CRRA Checks

The compliance rate for this measure was 71%. The measure was applied to records in all 31 files in the sample; 22 of the 31 files were rated achieved and 9 were rated not achieved. To receive a rating of achieved, the file contained documentation confirming that the following activities were completed:

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

Of the 9 files rated not achieved, 1 was missing documentation related to more than one activity and 8 were missing documentation related to one activity. Current valid CRRA checks (missing in 6 files) and current valid CCRCs (missing in 4 files) were the most frequently missed activities. In reviewing the files, the analyst noted that in 6 of the 9 files rated not achieved, the CCRC and/or CRRA had been updated just beyond the audit timeframe. None of the CCRCs in the sample were 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 | 31 | 10 | 32% | 21 | 68% |
| RE 6: Sharing Placement Information with Caregiver | 31 | 2 | 6% | 29 | 94% |

RE 5: Caregiver Continuing Learning and Education

The compliance rate for this measure was 32%. The measure was applied to records in all 31 files in the sample; 10 of the 31 files were rated achieved and 21 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.

More than half the files rated not achieved 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 17 files) and the learning plan (missing in 12 files) were the most frequently missed activities, followed by confirmation that the caregiver was provided information or education on relevant topics (missing in 6 files).

RE 6: Sharing Placement Information with Caregiver

The compliance rate for this measure was 6%. The measure was applied to records in all 31 files in the sample; 2 of the 31 files were rated achieved and 29 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 29 files rated not achieved, 22 lacked documentation confirming that the caregiver had received both child referral information and information about the caregiver's responsibilities for at least one child placed in the caregiver's home during the audit timeframe; 5 were missing confirmation that the caregiver had received child referral information for at least one child placed in the home during the audit timeframe; and 2 were missing confirmation that the caregiver had received information about the caregiver's responsibilities. Only 2 files in the sample contained documentation confirming that the caregivers had received both child referral information and information about their responsibilities toward the child, and this occurred for only 6 of the 129 children placed in the 31 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 | 31 | 1 | 3% | 30 | 97% |
| RE 8: Annual reviews of family care home | 31 | 5 | 16% | 26 | 84% |

RE 7: Ongoing Monitoring of Family Care Home

The compliance rate for this measure was 3%. The measure was applied to records in all 31 files in the sample; 1 of the 31 files was rated achieved and 30 were rated not 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 30 files rated not achieved, 28 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 2 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, 137 in-person visits occurred during the audit timeframe, with an average of 5 visits per family care home within 3 years.

RE 8: Annual Reviews of Family Care Home

The compliance rate for this measure was 16%. The measure was applied to records in all 31 files in the sample; 5 of the 31 files were rated achieved and 26 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 26 files rated not achieved, 14 did not contain all of the annual reviews that should have been completed during the audit timeframe; 7 had the expected number of annual reviews but not all were completed within the required timeframe; and 5 did not contain any annual reviews.

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 | 31 | 9 | 29% | 22 | 71% |
| RE 10: Allowable number of children in a caregiving home | 31 | 31 | 100% | 0 | 0% |
| RE 11: Supportive practice | 31 | 21 | 68% | 10 | 32% |

RE 9: Reportable Incidences

The compliance rate for this measure was 29%. The measure was applied to records in all 31 files in the sample; 9 of the 31 files were rated achieved and 22 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 22 files rated not achieved, 17 contained documentation indicating that the caregiver was informed of the obligation to report but not on an annual basis; and 5 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 100%. The measure was applied to records in all 31 files in the sample and all were rated 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.

RE 11: Supportive Practice

The compliance rate for this measure was 68%. The measure was applied to records in all 31 files in the sample; 21 of the 31 files were rated achieved and 10 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.

All 10 of the files rated not achieved contained insufficient confirmation of supportive practice to meet the standard.

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, 1 additional file was included in the sample. This additional file was in the population of files from which the original sample was selected but did not make it into the sample through random selection. It was purposefully added to the sample for measures RE 12 and RE 13 because it had a quality of care concern (QCC) or quality of care review (QCR) flag in MIS.

As a result, there were 32 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* | 4 | 4 | 100% | 0 | 0% |
| RE 13: Conducting quality of care review** | 4 | 1 | 25% | 3 | 75% |

*Measure RE 12 was not applicable to 28 files in the random 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 28 files in the random 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 100%. The measure was applied to records in 4 files and all were 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

The compliance rate for this measure was 25%. The measure was applied to records in 4 files and one was rated achieved. To receive a rating of achieved, the file contained documentation confirming that the following activities were completed:

- The decision to conduct a quality of care review was made within 24 hours of receiving information about a quality of care concern
- The 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.

In 3 of the 4 files rated not achieved, there was a lack of information confirming that two or more activities had been completed. Decision to conduct quality of care review made within 24 hours, quality of care review started within 5 days, completing the quality of care review within 30 days unless extension approved by manager, and caregiver notification of extension of timeframe were missing in 2 of the 3 files rated not achieved.