



Coast North Shore 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 Coast North Shore Service Delivery Area (SDA) in May – August 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 Coast North Shore SDA. The sample contained 34 files. The review focused on practice within a three-year timeframe that started on February 1, 2016 and ended on January 31, 2019. The following sub-sections contain the findings and observations of the practice analysts within the context of the policy, standards and procedures that informed the audit design and measures.

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

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

The standard of practice associated with this policy includes criminal record and child protection background checks for each prospective caregiver and anyone 18 years of age or older who lives in the caregiver's home or who spends significant amounts of unsupervised time with a child placed in the caregiver's home; a medical assessment and reference checks for the caregiver; and a thorough assessment of the caregiver's home and the caregiver's ability to care for

children. The resource worker ensures that all of these checks and assessments are completed and the caregiver's home is approved before a child is placed there.

More than two thirds of the 34 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 five lacked confirmation that a child protection background check was completed, and one in nine were missing a medical assessment for one or both caregivers. Further, in one out of every seven files the documentation indicated that reference checks for one or more caregivers were not completed, and in one out of every nine files a child was placed in the home before all of the initial checks 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 half of the 34 resource files reviewed. In a quarter of the files the documentation indicated that a child was placed in the home before all of the assessment activities were completed.

Overall, in fewer than half the files, the analysts were able to confirm that all of the 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 *Criminal Records Review Act* (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 checks were up to date for all relevant individuals in almost three quarters of the files in the sample.

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

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

In conducting this audit, the practice analysts were able to identify relief caregivers in just over half of the 34 resource files in the sample. The total number of relief caregivers identified was 34. The number of relief caregivers used by each primary caregiver during the three-year audit

timeframe ranged from one to four, although half used only one relief caregiver. Overall, the analysts found that only 4 of the 34 relief caregivers were fully screened and assessed.

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

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

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

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

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

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

In conducting this audit, the practice analysts found that only two 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 143 children were placed in the 34 family care homes in the sample during the three-year timeframe. The number of child placements per home ranged from 1 to 11, although more than three quarters of the homes had 6 or fewer child placements during this timeframe. In reviewing the records, the analysts found confirmation that caregivers received written child referral information for 34 of the 143 children, and a copy of the caregiver's responsibilities for 23 of the children. Overall, the records indicated that caregivers received both referral information and a copy of the caregiver responsibilities for only 10 of the 143 children placed in their homes.

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

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

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

In reviewing the records for this audit, the practice analysts found no documentation of 90-day visits in one third of the files in the sample. In files that contained documentation, the total number of visits that occurred during the audit timeframe ranged from 1 to 18, with an average of 6 visits within three years. In more than two thirds 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 did not find any examples of monitoring plans. However, almost three quarters of the files contained documentation of ongoing telephone, email and in-office contact between the resource workers and the caregivers.

The standard for ongoing monitoring also requires an annual review of the family care home. The annual review is supposed to occur within 30 working days of the anniversary date of the signing of the first contract with the caregiver, or within 30 days of the anniversary of the previous annual review. In this audit, the practice analysts found that annual reviews had either not occurred or not been documented in a quarter of the files in the sample, and about 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 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 almost two thirds 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 a quarter of the 34 family care homes in the sample had exceeded the allowable number of children at some point during the audit timeframe, and almost all of the files for these homes lacked documentation confirming that a manager had approved the decision to exceed the maximum allowable number of children or that the required reviews had been completed.

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 analysts found that more than half the files contained documentation confirming that the resource workers had informed the caregivers at least once about their obligation to report. However, only 4 of the 34 files in the sample contained documentation indicating that the resource worker reminded the caregiver every year about the obligation to report. These reminders typically occur during the annual review of the family care home and many of the files were missing annual reviews.

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

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

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

The practice analysts who conducted this audit reviewed records in 5 files in which one or more quality of care concerns were documented during the audit timeframe. In all but one 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 one file, the analysts found that the resource worker received information that should have been assessed as a quality of care concern and was not.

The practice analysts also reviewed records related to quality of care reviews documented in three files as having been started or completed and found that the practice recorded in two of these files failed to meet the standard for a quality of care review. In both of these files, the decision to conduct a review was not made within the required timeframe and the responsible manager had not approved either the decision to conduct the review or the extension of the timeframe for completing the review.

## 2. ACTIONS TAKEN TO DATE

The results of this audit were reviewed with the SDA management team on March 2, 2020.

## 3. ACTION PLAN

ACTION	PERSON RESPONSIBLE	INTENDED OUTCOME	DATE TO BE COMPLETED
<p><b>1.</b> Review and update resource file face sheet to include all key activities that need to be completed and tracked, including caregiver assessments, 90-day visits, annual reviews, learning plans, relief caregivers, and completion of relief caregiver screening and assessment activities.</p> <ul style="list-style-type: none"> <li>• Include a field for restricted files and DOO approval note if screening was not completed by the HUB</li> <li>• Include a section to record reassessments by Nations</li> </ul> <p><b>2.</b> Face sheet reviewed and signed by the Team Leader to ensure completion of all the tasks</p>	<p>Resource Team Leader Working Group, Director of Operations, Practice Consultant, Team Leaders</p>	<p>Resource staff 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>May 30, 2020</p>
<p><b>3.</b> Develop LSA tracking sheets for resource workers to track dates of upcoming 90 day visits and monitor completion of 90 day visits</p> <p><b>4.</b> Revise 90 day visit checklist to capture all standard practice that must be reviewed on a quarterly basis, including:</p> <ul style="list-style-type: none"> <li>• Caregiver provided 2 copies of child referral documents, one for their records and 1 signed copy that is placed on the RE file.</li> </ul>	<p>Resource Team Leader Working Group</p>	<p>Ongoing monitoring supports the caregiver and any concern about the quality of the child's care is addressed in a manner that provides safety for the child.</p>	<p>May 30, 2020</p>

<ul style="list-style-type: none"> <li>• Appendix F Relief Caregiver Summary is completed</li> <li>• Learning plan for year ahead and to track progress towards learning goals</li> <li>• Plan for next visit within 60 days to meet the 90 day requirement due to scheduling delays</li> <li>• Date of next Annual Review</li> <li>• Review of any reportable incidents and the requirements to report</li> <li>• If home is over capacity note Request/Renewal for Over Capacity Placement Form (CFL1631) is completed and email of DOO approval is on file</li> <li>• Quality of Care reviews- has there been a recent review and have all steps been completed</li> <li>• Team Leaders will review and sign off the 90 day checklist</li> </ul>			
<p>Staff Training</p> <p>5. Provide orientation for all staff using the face sheet and refresher on resource policies and standards using Skype</p>	<p>Resource Team Leader Working Group</p>	<p>Staff are aware of their responsibilities to document that standards have been met.</p> <p>Workers know the required resource standards and are able to action these standards into their practice.</p>	<p>Sept-Oct 2020</p>
<p>6. RE 1: Initial screening of prospective caregivers and other adults in family care home</p> <p>RE 2: Assessment of prospective caregivers and family care home</p> <ul style="list-style-type: none"> <li>• Implement consistent use of checklists in the SDA to ensure TL approval that all screening activities have been completed and home study is approved</li> <li>• Document why screening activities not completed and if</li> </ul>	<p>Resource Team Leader Working Group</p>	<p>Children are safe and cared for by caregivers who meet their developmental needs and respect their rights under section 70 of the CFCSA.</p> <p>Prospective caregivers are screened and files contain documentation confirming all</p>	<p>April-Oct 2020</p>

<p>exception made to the policy/standards</p> <ul style="list-style-type: none"> <li>Review in training planned for fall 2020</li> </ul>		<p>assessment activities were completed.</p>	
<p><b>7.</b> RE 3: Screening and assessment of relief caregivers</p> <ul style="list-style-type: none"> <li>Update Appendix F Relief Caregiver Summary and add to RE files, include names of relief caregivers on payment form 1234</li> <li>Remind TL/RSW to monitor MIS TDO list for due dates of criminal record checks</li> <li>Add reminder to the 90 day checklist to update active relief caregivers</li> <li>Review current files for names of active relief caregivers and any outstanding documentation, i.e., relief caregiver screening checklist completed and signed (applies after March 2017).</li> <li>Remove outdated relief caregivers from MIS</li> </ul>	<p>Resource Team Leader Working Group</p>	<p>Relief caregivers are known and files contain documentation confirming that all required 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.</p>	<p>April-Oct 2020</p>
<p><b>8.</b> RE5-Caregiver continuing learning and education, and mandatory training</p> <ul style="list-style-type: none"> <li>Create a template for a learning plan to track training completed, future training goals and dates of training completed</li> <li>Provide caregivers a resource list of training opportunities that are supported by contracted foster parent service providers</li> <li>Develop a subgroup to explore training needs and opportunities, use a survey to collect feedback</li> <li>Add learning plans to 90 day checklist to track progress quarterly ; learning will also continue to be discussed at the annual review meeting</li> <li>Develop a Tracking sheet for all mandatory training such as; BC Foster Parent Education, new</li> </ul>	<p>Resource Team Leader Working Group Sub Group for Training</p>	<p>Caregivers increase their caregiving knowledge and skills and provide a higher quality of care for the children placed in their homes.</p>	<p>Sept 30, 2020</p>

<p>PRIDE on line training, Safe Babies, Trauma Informed Practice and future relevant training</p> <ul style="list-style-type: none"> <li>Follow up with caregivers who still need to complete the PRIDE on line training and discuss plan for completion at 90 day and annual review meetings</li> </ul>			
<p><b>9.</b> RE 6-sharing placement information with caregivers on child &amp; caregiver responsibilities</p> <ul style="list-style-type: none"> <li>Provide ICM generated child referral forms to caregivers for every placement, except in unusual situations in which case the ICM child referral form will be provided to the caregiver as soon as possible following the initial placement</li> <li>RSW takes 2 copies of referral form and caregiver responsibilities to the home, 1 is left with caregiver and 1 signed and placed on RE file</li> <li>RSW reviews caregiver responsibilities at 90 day visits and annual review</li> </ul>	<p>Resource Team Leader Working Group, involve guardianship workers</p>	<p>The file contains documentation confirming that the caregiver has received written child referral information and written information about the caregiver's responsibilities.</p>	<p>May 30, 2020</p>
<p><b>10.</b>Re 7 –Ongoing Monitoring of family care homes RE 8 -Annual reviews of family care home</p> <ul style="list-style-type: none"> <li>Review all annual reviews are up to date and plan the date of next review</li> <li>Annual Review form is completed and placed on RE file</li> <li>Develop LSA tracking sheet for monitoring annual review and 90 day dates and determine consistent way that visits are documented on the file</li> </ul>	<p>Resource Team Leader Working Group</p>	<p>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.</p> <p>The file contains documentation confirming that in-person contact with the caregiver in the caregiver's home had occurred at least once every 90 days and on an annual basis.</p>	<p>May 31, 2020</p>

<p><b>11.RE 9: Reportable incidences</b></p> <ul style="list-style-type: none"> <li>• Include on annual review form and 90 day form</li> </ul>	<p>Resource Team Leader Working Group</p>	<p>The caregiver is 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.</p>	<p>May 31, 2020</p>
<p><b>12.RE10 Allowable # of children in the home</b></p> <ul style="list-style-type: none"> <li>• Implement consistent use of Request/Renewal for Over Capacity Placement Form (CFL1631) with approval documentation placed on the file</li> <li>• Review at training Fall 2020</li> </ul>	<p>Resource workers &amp; Team Leaders</p>	<p>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.</p>	<p>May 30, 2020</p>
<p><b>13.RE 11: Supportive practice</b></p> <ul style="list-style-type: none"> <li>• Explore options of how resource workers currently document supportive practice associated with Standard 8.15(1) in the Resource Work Policies.</li> <li>• For caregivers out of province ensure workers are having contact every 90 days and provide documentation</li> <li>• Request examples of supportive practice from auditors</li> <li>• Review at training fall of 2020</li> </ul>	<p>Resource Team Leader Working Group</p>	<p>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.</p>	<p>May-Oct 2020</p>

<p><b>14.RE 12:</b> Assessing quality of care concern</p> <p>RE 13: Conducting quality of care review</p> <ul style="list-style-type: none"> <li>• Update all outstanding Quality of Care reviews</li> <li>• File any missing documentation confirming that timelines were met for decision to conduct a quality of care review within 24 hours; timelines for the review were met ; and the decision to conduct a quality of care review was approved by the responsible manager</li> <li>• Ensure email documentation of case notes that demonstrate timeline were met are placed on RE file</li> <li>• Review in training fall of 2020</li> </ul>	<p>Resource workers &amp; Team Leaders, DOOs</p>	<p>Caregivers respect the rights of children in care and adhere to the terms of the Family Care Home Agreement and applicable policies.</p>	<p>Sept-Oct 2020</p>
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## 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 Coast North Shore 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 February 2016 and January 2019
- eligible for payment for at least 1 month since April 1, 2018
- eligible for payment for at least 1 month prior to February 1, 2017
- had a child or youth in care (CYIC) placement for at least 1 month between February 2016 and January 2019

The total number of files that met all of the criteria in the sampling frame was 66. From this total, a sample of 34 files was selected, using the simple random sampling method. This sample size provides a 90% confidence level, with a 10% margin of error.

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

The records in the selected files were reviewed by 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 (February 1, 2016 – January 31, 2019) referred to in the report as the audit timeframe.

The audit tool is a SharePoint form 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* (CFCSA). 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 34 files in the sample for measures RE 1 to RE 13. However, not all of the measures in the audit tool were applicable to records in all of these files. The “Total Applicable” column in the tables contains the total number of files in which each measure was applied to the records and notes below some of the tables explain why some of the measures were not applicable to records in some of the files.

The overall compliance rate for this SDA was **36%**.

### **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 to which one of the measures was not applicable and explains why.

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

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
RE 1: Initial screening of prospective caregivers and other adults in family care home	34	24	71%	10	29%
RE 2: Assessment of prospective caregivers and family care home	34	17	50%	17	50%
RE 3: Screening and assessment of relief caregivers*	17	4	24%	13	76%
RE 4: Renewal of CCRC and CRRA checks	34	24	71%	10	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 71%. The measure was applied to records in all 34 files in the sample; 24 of the 34 files were rated achieved and 10 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.

About three quarters of the files rated not achieved were missing documentation related to more than one screening activity. Prior contact checks (missing in 7 files), reference checks (missing in 5 files) and medical assessments (missing in 4 files) were the most frequently missed activities. Placement of a child in the home prior to completion of all screening activities (observed in 4 files as having occurred) and a consolidated criminal record check for a caregiver (missing in 3 files) were the next most frequently missed activities.

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

The compliance rate for this measure was 50%. The measure was applied to records in all 34 files in the sample; 17 of the 34 files were rated achieved and 17 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.

Almost a quarter of the 17 files rated not achieved 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 8 files as having occurred) was the most frequently missed activity, followed by the home study report (missing in 3 files), an updated home study report following significant changes in the caregiver's own situation (missing in 3 files), supervisory approval of home study report (missing in 3 files), participatory assessment of prospective caregiver (missing in 2 files), and CRRA check for caregiver (missing in 1 file). In addition, 9 files were missing confirmation that any caregiver attended pre-service training prior to approval and placement of a child in the home, and 16 files contained confirmation that only one of two caregivers in the home attended pre-service training.

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

The compliance rate for this measure was 24%. The measure was applied to records in 17 of the 34 files in the sample; 4 of the 34 files were rated achieved and 13 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).

About three quarters of the files rated not achieved were missing documentation related to more than one assessment activity. The PCC or IRR/DRR (missing in 10 files for at least one relief caregiver) and the joint assessment and approval (missing in 10 files) were the most frequently missed activities, followed by the screening checklist (missing in 5 files) and the consolidated criminal record check for a relief caregiver (missing in 4 files).

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

The compliance rate for this measure was 71%. The measure was applied to records in all 34 files in the sample; 24 of the 34 files were rated achieved and 10 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 10 files rated not achieved, 4 were missing documentation related to more than one activity. CRRA check for caregiver (missing or expired in 8 files) was the most frequently missed activity, followed by CCRC for caregiver (missing or expired in 6 files). 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	34	4	12%	30	88%
RE 6: Sharing Placement Information with Caregiver	34	1	3%	32	94%

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

The compliance rate for this measure was 12%. The measure was applied to records in all 34 files in the sample; 4 of the 34 files were rated achieved and 30 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 30 files rated not achieved, 23 were missing documentation related to more than one of these activities. The learning plan (missing in 27 files) and confirmation that the caregiver had completed mandatory training within two years of the date on which the caregiver was approved (missing in 24 files) were the most frequently missed activities, followed by confirmation that the caregiver was provided information or education on relevant topics (missing in 16 files).

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

The compliance rate for this measure was 3%. The measure was applied to records in all 34 files in the sample and all of the files 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 care plan for each child placed in the caregiver’s home during the audit timeframe).

Of the 33 files rated not achieved, 24 lacked 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; 5 were missing confirmation that the caregiver had received child referral information; and 4 were missing confirmation that the caregiver had received information about the caregiver’s responsibilities. Only 1 file in the sample contained documentation confirming that the caregivers had received both child referral information and information about their responsibilities for every child placed in their home during the audit timeframe, and this occurred for only 10 of the 143 children placed in the 34 family care homes during this 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	34	0	0%	34	100%
RE 8: Annual reviews of family care home	34	3	9%	31	91%

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

The compliance rate for this measure was 0%. The measure was applied to records in all 34 files in the sample and none of these files were rated achieved. To receive a rating of achieved, the file contained documentation confirming that in-person contact with the caregiver in the caregiver’s home had occurred at least once every 90 days.

Of the 34 files rated not achieved, 23 had documentation indicating that in-person visits in the caregiver’s home had occurred, but not within 90 days of the previous visit; and 11 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, 145 in-person visits occurred during the audit timeframe, which averaged 6 visits per family care home in 3 years.

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

The compliance rate for this measure was 9%. The measure was applied to records in all 34 files in the sample; 3 of the 34 files were rated achieved and 31 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 31 files rated not achieved, 14 did not contain all of the annual reviews that should have been completed during the audit timeframe; 9 did not contain any annual reviews; 3 had the expected number of annual reviews, but not all were completed within the required timeframe; 2 had the expected number of annual reviews, but none were completed within the required timeframe; and 3 had a combination of missing annual reviews and annual reviews that were not 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 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	34	4	12%	30	88%
RE 10: Allowable number of children in a caregiving home	34	26	76%	8	24%
RE 11: Supportive practice	34	21	62%	13	38%

**RE 9: Reportable Incidences**

The compliance rate for this measure was 12%. The measure was applied to records in all 34 files in the sample; 4 of the 34 files were rated achieved and 30 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 30 files rated not achieved, 19 contained documentation confirming that the caregiver was informed of the obligation to report, but not on an annual basis, and 11 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 76%. The measure was applied to records in all 34 files in the sample; 26 of the 34 files were rated achieved and 8 were rated not achieved. To receive a rating of achieved, the following criteria were met:

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

Of the 8 files rated not achieved, 4 lacked documentation confirming that the maximum allowable numbers of children were exceeded with a manager's approval; 2 lacked confirmation that the home approved to exceed the maximum allowable numbers was reviewed every 90 days for the first year and every 6 months thereafter; and 2 were missing documentation related to combinations of these required activities.

**RE 11: Supportive Practice**

The compliance rate for this measure was 62%. The measure was applied to records in all 34 files in the sample; 21 of the 34 files were rated achieved and 13 were rated not achieved. To receive a rating of achieved, the file contained documentation confirming that the resource worker used supportive practices with the caregiver, similar to those listed in the procedures associated with Standard 8.15(1) in the Resource Work Policies.

Of the 13 files rated not achieved, 6 contained insufficient confirmation of supportive practice to meet the standard and 7 lacked confirmation of supportive practice altogether.

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

Table 5 provides compliance rates for measures RE 12 and RE 13, which have to do with assessing quality of care concerns and conducting quality of care reviews.

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

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

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
RE 12: Assessing quality of care concern*	5	4	80%	1	20%
RE 13: Conducting quality of care review**	3	1	33%	2	67%

\*Measure RE 12 was not applicable to 29 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 analysts.

\*\*Measure RE 13 was not applicable to 31 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 80%. The measure was applied to records in 5 files; 4 of the 5 files were rated achieved and 1 was rated not achieved. To receive a rating of achieved, the file contained documentation confirming that the following activities were completed:

- 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.

The one file rated not achieved contained information indicating that concerns were raised 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 33%. The measure was applied to records in 3 files; 1 of the 3 files was rated achieved, and 2 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.

Both of the files rated not achieved lacked information confirming that two or more activities had been completed, including decision to conduct a quality of care review made within 24 hours (missing in both files), manager approval of the decision to conduct a review (missing in 1 file) and completion of review within 30 days unless extension approved by manager (missing in 1 file).