



North Fraser Service Delivery Area

# Resource Practice Audit

Report Completed: September 2020

Office of the Provincial Director of Child Welfare and Aboriginal Services

Quality Assurance Branch

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## INTRODUCTION

This report contains information and findings related to the resource practice audit that was conducted in the North Fraser Service Delivery Area (SDA) in September 2019 – January 2020.

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

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

### 1. SUMMARY OF FINDINGS

This practice audit was based on a review of physical and electronic records in a representative sample of resource files obtained from the North Fraser SDA. The sample contained 42 files. The review focused on practice within a three-year timeframe that started on August 1, 2016 and ended on July 31, 2019. The following sub-sections of this report contain the findings and observations of the practice analysts within the context of the policy, standards and procedures that informed the audit design and measures.

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

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

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

More than half of the 42 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. A quarter of the files lacked confirmation that a child protection background check was completed. In addition, one in six files lacked confirmation that a medical assessment was completed and one in seven lacked the required number of reference checks, for a caregiver.

The practice analysts found home study reports containing information gathered through the checks and assessments of the caregiver and the caregiver's home in almost two thirds of the 42 resource files reviewed. About one in five files were missing the home study report, a home study update following significant changes in the caregiver's own situation and/or supervisory approval of the home study. Further, one in seven files lacked confirmation that a *Criminal Records Review Act (CRRRA)* check was completed for a caregiver.

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 CRRRA check was up to date for each caregiver. The CCRC must be renewed or updated every three years, and the CRRRA every five years. The analysts found that both of these checks were up to date in two thirds 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 two thirds of the 42 resource files in the sample. The total number of relief caregivers identified was 62. The number of relief caregivers used by each primary caregiver during the three-year audit timeframe ranged from 1 to 7, although the majority used only 1 or 2 relief caregivers. Overall, the analysts found that three quarters of the 62 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 half the files in the sample contained documentation indicating that the resource workers provided the caregivers with information or education on relevant topics. However, almost two thirds of the files did not contain documents or notes that could be identified as learning plans or that resembled learning plans, and just over half did not contain confirmation that caregivers completed mandatory training within the required two-year timeframe. Overall, only nine files contained both a learning plan and confirmation that the caregivers had completed mandatory training within the required timeframe.

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

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

In this audit, the practice analysts found that only five 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 225 children were placed in the 42 family care homes in the sample during the three-year timeframe. The number of child placements per home ranged from 1 to 17, although half 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 124 of the 225 children, and a copy of the caregiver's responsibilities for 42 of the children. Overall, the records indicated that caregivers received both referral information and a copy of the caregiver responsibilities for only 28 of the 225 children placed in their homes.

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

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

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

In reviewing the records for this audit, the practice analysts found documentation of in-person contact in the caregiver's home in all of the files in the sample. The total number of visits that occurred during the audit timeframe ranged from 1 to 20, with an average of 7 visits within three years. In just over half 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 examples of monitoring plans in any of the files. 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 just over two thirds of the files contained fewer than the required number of annual reviews for the three-year period covered by the audit. Overall, only two files contained documentation confirming that all required annual reviews had occurred.

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

As a matter of policy, the ministry expects that caregivers will be supported and encouraged in a manner that is responsive to the complexities of a child's placement and the child's needs. The

intended outcome is that caregivers provide the best possible care and guidance for a child, based on the child's individual needs.

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

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

As a matter of policy, the ministry sets limits on the number of children who are looked after by a caregiver in a family care home, based on the children's ages, and including the caregiver's own children. Before placing additional children in an active family care home, the resource worker is expected to assess the caregiver's abilities and capacity in relation to the ages and needs of the children in the home and the ages and needs of the children for whom the home is being considered. The intended outcomes of this policy are 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 just over a quarter of the 42 family care homes in the sample had exceeded the allowable number of children at some point during the audit timeframe and in all cases the resource worker had obtained a manager's approval, as required. However, half the files for these homes were missing required reviews.

Ministry policy requires that caregivers report to ministry social workers all information of significance to the safety and well-being of a child in their care, and any significant change in their own situations. The intended outcomes are that social workers are promptly informed about a critical injury or serious incident involving a child in care; affected children, youth, families and staff are supported; and the Public Guardian and Trustee has the necessary information to exercise their responsibilities on behalf of a child in care, when applicable.

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

In this audit, all but one of the files in the sample contained documentation confirming that the resource workers had informed the caregivers about their obligation to report. However, only four files contained documentation indicating that the caregivers were reminded on an annual basis about their obligation to report. These reminders typically occur during the annual review of the family care home and many of the files were missing annual reviews.

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

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

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

The practice analysts who conducted this audit reviewed records in 13 files in which one or more quality of care concerns were documented during the audit timeframe. In all but two 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.

The practice analysts also reviewed records related to quality of care reviews documented in eleven files and found that the standard for a quality of care review was not met in any of these reviews. The majority of the files had documentation indicating that the decision to conduct a review was not made within twenty-four hours or the review was not started within five days. Further, almost all of the reviews took longer than 30 days to complete and there was no indication in most of these files that a manager approved the extension or that the caregiver was

notified of the extension. Overall, the amount of time that it took to complete each quality of care review ranged from 32 days to 223 days, with a median or midpoint of 110 days.

## ACTIONS TAKEN TO DATE

The results of this audit were reviewed with the SDA management team on June 26, 2020. In the weeks that followed, the Director of Operations met with each of the Team Leaders who supervise Resource Workers to review the findings of the audit and the applicable standards, and to reaffirm policies and general practice expectations for caregiver support services.

## 2. ACTION PLAN

ACTION	PERSON RESPONSIBLE	INTENDED OUTCOME	DATE TO BE COMPLETED
<p>1. The Director of Operations (DOO) will meet with each of the Team Leaders (TLs) who supervise Resource Workers (RWs) in the SDA to review the findings of this practice audit, and the applicable Caregiver Support Services Standards, to reaffirm policies and general practice expectations for caregiver support services.</p>	<p>Executive Director of Service (EDS)</p>	<p>RWs and TLs are clear about policy, standards, and general practice expectations, and are applying the policy and standards consistently in their practice.</p>	<p>August 1, 2020 (Completed)</p>
<p>2. The DOO will work with the Office Manager (OM)/TLs to define and implement the use of a RE file based tracking system by both TLs and RWs to track the completion of the following resource casework in RE file records: (1) consolidated criminal record checks; (2) referral documents; (3) care plans; (4) mandatory caregiver education program; and (5) ongoing monitoring of family care homes by RWs through regular in-person visits and the conduct of annual reviews.</p> <p>To be completed by DOO/OM/TLs:</p> <ul style="list-style-type: none"> <li>a. Devise a RE file-based tracking face sheet</li> <li>b. Ensure every RE file has the face sheet</li> <li>c. Inform RW of the new tracking system</li> </ul>	<p>EDS</p>	<p>RWs and TLs use the tracking system consistently and are supported to ensure that consolidated criminal record checks are completed and updated for all caregivers and other adults with access to a child in care; caregivers receive referral documents and the care plan caregiver responsibilities on a timely basis for every child placed in their home; family care homes are monitored on a regular basis.</p>	<p>October 1, 2020</p>

<ul style="list-style-type: none"> <li>d. Review the tracking system during TL/RW clinical supervision a minimum of twice per fiscal year</li> <li>e. Review the tracking system during DOO/TL clinical supervision by reviewing a random sample</li> </ul>			
<p>3. The DOO will work with the OM/TLs and RWs to introduce a process whereby annual reviews will be tracked by administration staff when they are sent to be reviewed and signed-off by the caregiver.</p> <p>To be completed by OM/TLs:</p> <ul style="list-style-type: none"> <li>a. Devise a tracking system for annual reviews leaving and returning to office</li> <li>b. Inform RW of the new tracking system</li> <li>c. Review the tracking system during TL/RW clinical supervision a minimum of twice per fiscal year</li> </ul>	EDS	Annual reviews occur consistently.	October 1, 2020
<p>4. The DOO will work with the OM/TLs to revise the quality of care tracking spreadsheet.</p> <p>To be completed by DOO/OM/TLs:</p> <ul style="list-style-type: none"> <li>a. Revise the quality of care tracking spreadsheet</li> <li>b. Inform RW of the new tracking system</li> <li>c. TL will send 30-day quality of care extension letter to DOO</li> <li>d. Review the tracking system during DOO/TL clinical supervision a minimum of every 4 to 6 weeks</li> </ul>	EDS	<p>Family care homes under a Quality of Care Review are consistently informed when the timeframe needs to be extended.</p> <p>All Resource Work staff consistently adhere to the Quality of Care Review timeframes and apply the approval process to extend the timeframes when necessary.</p> <p>All Quality of Care Review timeframe extensions and notifications are documented in the Resource file.</p>	October 1, 2020
<p>5. The DOO will work with the OM/TLs to revise the format and filing of the case notes that are completed by RWs.</p>	EDS	RW case notes are consistently documented in the Resource file.	October 1, 2020

<p>(5 continued)</p> <p>To be completed by OM/TLs.</p> <ul style="list-style-type: none"> <li>a. Revise the case notes completed by RW</li> <li>b. Inform RW/ administration staff of the new case note system</li> <li>c. Review the case notes system during TL/RW clinical supervision a minimum of every 6 to 8 weeks</li> </ul>			
<p>6. Based on the results of the tracking system all required CCRCs/CRRAs checks will be updated as required, learning plans that include timelines for completion of mandatory training will be completed, 90 day visits and annual reviews will be brought up to date and include reminders to caregivers of the obligation to report serious incidents for children or significant changes in caregiver's own situation. The appropriate child information and caregiver responsibilities will be provided to caregivers for all children in the home if this has not occurred.</p>	<p>EDS</p>	<p>Safety of children in the home is supported through appropriate monitoring and caregivers are fully aware of their responsibilities in caring for children placed with them.</p>	<p>Dec 31,2020</p>

## APPENDIX

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

### A. METHODOLOGY

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

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

The list of resource (RE) files extracted from MIS (i.e., the sampling frame) consisted of files pertaining to family care homes of the types Regular, Level 1, Level 2, Level 3, Restricted, and Client Service Agreement (where the provider was a unique family caregiver contracted directly by the Ministry) that met all of the following criteria:

- eligible for payment for at least 13 months between August 1, 2016 and July 31, 2019.
- eligible for payment for at least 1 month since October 1, 2018.
- eligible for payment for at least 1 month prior to August 1, 2017.
- had a child or youth in care (CYIC) placement for at least 1 month between August 1, 2016 and July 31, 2019.

The total number of files that met all of the criteria in the sampling frame was 105. From this total, a sample of 42 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.

Eight additional files were included with those in the sample for which measure RE 12 (assessing quality of care concern) or measure RE 13 (conducting quality of care review) were applicable. These additional files were flagged in MIS as having at least one Quality of Care (QOC) concern or review occur during the audit timeframe but were not selected through the random sampling process. This brought the total number of files reviewed for RE 12 and RE 13 to 50.

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 analysts in collecting categorical and qualitative data that explain or provide context for the ratings.

In reviewing the records, the analyst focused on practice that occurred during a 36-month period (August 1, 2016 – July 31, 2019) referred to in the report as the audit timeframe.

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

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

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

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

There were 42 files in the sample for measures RE 1 to RE 11 and 50 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 **40%**.

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

Table 1 provides compliance rates for measures RE 1, RE 2, RE3 and RE 4, which have to do with screening and assessing each caregiver and any other adult who is living in the family care home

or who has significant and unsupervised time with a child placed in the home. The compliance rate is the percentage of the files in which each measure was applied to the records and rated achieved. The note below the table provides the number of files to which 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	42	24	57%	18	43%
RE 2: Assessment of prospective caregivers and family care home	42	27	64%	15	36%
RE 3: Screening and assessment of relief caregivers*	28	20	71%	8	29%
RE 4: Renewal of CCRC and CRRA checks	42	28	67%	14	33%

\*This measure was not applicable to 14 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 57%. The measure was applied to records in all 42 files in the sample; 24 of the 42 files were rated achieved and 18 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.

Just under half of the 18 files rated not achieved were missing documentation related to more than one screening activity. Prior contact checks (missing in 11 files), medical assessments (missing in 7 files) and the required reference checks for a caregiver (missing in 6 files) were the most frequently missed activities.

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

The compliance rate for this measure was 64%. The measure was applied to records in all 42 files in the sample; 27 of the 42 files were rated achieved and 15 were rated not achieved. To receive

a rating of achieved, the file contained documentation confirming that the following activities were completed before a child was placed in the home:

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

Of the 15 files rated not achieved, 4 were missing the CRRA check for a caregiver; 3 were missing an updated home study report; 3 had documentation indicating that a child was placed in the home before all of the assessment activities were completed; 1 was missing supervisory approval of the home study report; and 4 were missing documentation related to a combination of assessment activities. Overall, the CRRA check for a caregiver (missing in a total of 6 files), the home study report or home study update (missing in a total of 5 files) and supervisory approval of the home study report (missing in a total of 3 files) were the most frequently missed activities.

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

The compliance rate for this measure was 71%. The measure was applied to records in 28 of the 42 files in the sample; 20 of the 28 files were rated achieved and 8 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).

Two thirds of the files rated not achieved were missing documentation related to more than one activity. The PCC or IRR/DRR (missing in 5 files for at least one relief caregiver) and the CCRC (missing in 3 files for at least one relief caregiver) were the most frequently missed activities, followed by joint assessment and approval of a relief caregiver (missing in 2 files) and an incomplete, unsigned or missing screening checklist (observed in 1 files).

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

The compliance rate for this measure was 67%. The measure was applied to records in all 42 files in the sample; 28 of the 42 files were rated achieved and 14 were rated not achieved. To receive a rating of achieved, the file contained documentation confirming that the following activities were completed:

- 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 14 files rated not achieved, 9 were missing a current, valid CCRC for a caregiver or individual 18 years of age or older; 1 was missing a current, valid CRRA check for a caregiver; and 4 were missing documentation related to more than one of these activities. Overall, 13 files were missing a current, valid CCRC for a caregiver and 4 were missing a current, valid CRRA check for a caregiver or individual 18 years of age or older who was residing in the home or had significant and unsupervised time with a child placed in the home. Only one of the CCRCs in the sample was completed through the Centralized Services Hub.

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

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

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

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
RE 5: Caregiver continuing learning and education including mandatory training	42	8	19%	34	81%
RE 6: Sharing Placement Information with Caregiver	42	5	12%	37	88%

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

The compliance rate for this measure was 19%. The measure was applied to records in all 42 files in the sample; 8 of the 42 files were rated achieved and 34 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 34 files rated not achieved, 25 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 22 files) were the most frequently missed activities, followed by confirmation that the caregiver was provided information or education on relevant topics (missing in 21 files).

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

The compliance rate for this measure was 12%. The measure was applied to records in all 42 files in the sample; 5 of the 42 files were rated achieved and 37 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 37 files rated not achieved, 27 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; 6 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 5 files in the sample contained documentation confirming that the caregivers had received both child referral information and information about their responsibilities for every child placed in their home during the audit timeframe, and this occurred for only 28 of the 225 children placed in the 42 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	42	0	0%	42	100%
RE 8: Annual reviews of family care home	42	2	5%	40	95%

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

The compliance rate for this measure was 0%. The measure was applied to records in all 42 files in the sample and none of the 42 files were rated achieved. To receive a rating of achieved, the file had to contain documentation confirming that in-person contact with the caregiver in the caregiver’s home had occurred at least once every 90 days.

All of the 42 files rated not achieved had documentation indicating that in-person contact in the caregiver’s home had occurred during the three-year timeframe, but not always within 90 days of the previous visit. Based on the documentation, 306 in-person visits occurred during the audit timeframe, which averaged 7 visits per family care home within 3 years.

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

The compliance rate for this measure was 5%. The measure was applied to records in all 42 files in the sample; 2 of the 42 files were rated achieved and 40 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 40 files rated not achieved, 27 did not contain all of the annual reviews that should have been completed during the audit timeframe; 2 did not contain any annual reviews; 2 had the expected number of annual reviews, but not all were completed within the required timeframe; 1 had the expected number of annual reviews, but none were completed within the required timeframe; and 8 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 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	42	4	10%	38	90%
RE 10: Allowable number of children in a caregiving home	42	36	86%	6	14%
RE 11: Supportive practice	42	24	57%	18	43%

**RE 9: Reportable Incidences**

The compliance rate for this measure was 10%. The measure was applied to records in all 42 files in the sample; 4 of the 42 files were rated achieved and 38 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 38 files rated not achieved, 37 contained documentation confirming that the caregiver was informed of the obligation to report but not on an annual basis; and 1 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 86%. The measure was applied to records in all 42 files in the sample; 36 of the 42 files were rated achieved and 6 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.

All of the 6 files rated not achieved contained initial manager approval to exceed the maximum allowable numbers of children, however 3 lacked documentation confirming that the home was reviewed every 90 days; 1 lacked documentation confirming that the home was reviewed every 6 months; and 2 lacked confirmation of a combination of these activities.

**RE 11: Supportive Practice**

The compliance rate for this measure was 57%. The measure was applied to records in all 42 files in the sample; 24 of the 42 files were rated achieved and 18 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 18 files rated not achieved, 8 contained insufficient confirmation of supportive practice to meet the standard, and 10 lacked confirmation of supportive practice altogether.

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

Table 5 provides compliance rates for measures RE 12 and RE 13, which have to do with assessing quality of care concerns and conducting quality of care reviews. For these two measures, 8 additional files were reviewed. These additional files were in the population of files from which the original sample was selected but did not make it into the sample through random selection. They were purposefully added to the sample for measures RE 12 and RE 13 because they had a quality of care concern (QCC) or quality of care review (QCR) flag in MIS.

As a result, there were 50 files in the sample for measures RE 12 and RE 13.

The compliance rate is the percentage of the files in which each measure was applied to the records and rated achieved. The notes below the table provide the number of files to which each 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*	13	11	85%	2	15%
RE 13: Conducting quality of care review**	11	0	0%	11	100%

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

\*\*Measure RE 13 was not applicable to 39 files in the sample because a quality of care review had not been started or completed in those files.

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

The compliance rate for this measure was 85%. The measure was applied to records in 13 files; 11 of the 13 files were 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:

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

Of the 2 files rated not achieved, 1 contained information indicating that there were concerns about the quality of a child's care in the home and the information was not assessed; and 1 contained information indicating that the quality of care concerns were assessed to be below the

threshold for a quality of care review but there was no indication that the underlying issues were addressed with the caregiver.

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

The compliance rate for this measure was 0%. The measure was applied to records in 11 files and none of these files were rated achieved. To receive a rating of achieved, the file had to contain documentation confirming that the following activities were completed:

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

All of the 11 files rated not achieved lacked information confirming that two or more activities had been completed, including quality of care review completed within 30 days unless extension approved by manager (missing in 10 files); caregiver notified of extension (missing in 9 files); quality of care review started within 5 days (missing in 9 files); and decision to conduct quality of care review made within 24 hours (missing in 8 files).