iCARE Focus Group

Questions and Answers

Settlement and Integration Policy Branch, 2021
Themes

• Occupancy and Enrollment
• Waitlist
• Functionality
• Reports/Data
• Future Updates
• Additional Questions
• Contact info
Occupancy and Enrollment

Q: Can you clarify how occupancy rates are calculated?

Q. When is it best to open new seats / exit students, so as not to impact attendance/occupancy and enrollment?

Q. Currently iCARE only allows for seats to be opened monthly.

Q. In the case that a client joins a class with continuous intake late in a month, opening a new seat in iCARE would negatively affect the occupancy rate. Is there a way IRCC recommends reporting this? Could iCARE have more flexibility here?
1) Enrollment Rate:  *How many seats are filled*

**Calculation:**

- **Numerator:** # of clients enrolled in the course
- **Denominator:** # of IRCC funded seats in the course

- Example: Course ABC has 5 IRCC funded seats. At month end, 4 clients were enrolled
- Enrollment rate = \( \frac{4}{5} \times 100 = 80\% \)

2) Attendance Rate:  *Student absenteeism*

**Calculation:**

- **Numerator:** Sum of classes attended by all students
- **Denominator:** # of clients enrolled X # of classes conducted

- Example: There were 10 classes conducted in February. One student attended all 10 classes, the other three students attended 9 classes each.
- Attendance rate = \( \frac{10 + 9 + 9 + 9}{4 \times 10} \times 100 = 92.5\% \)

3) Occupancy Rate:  *Based on filling up seats (not the number of individual clients) and factors in attendance of all clients that occupied a given seat during the month.*

**Calculation:**

- **Numerator:** Sum of classes attended by all students
- **Denominator:** # of IRCC funded seats X # of classes conducted in a month

- Example: Using course ABC (5 IRCC funded seats, 10 classes conducted, one student attended all 10 classes, the other three students attended 9 classes each.
- Occupancy rate \( \frac{10 + 9 + 9 + 9}{5 \times 10} \times 100 = 74\% \)
Why Occupancy Matters

From an effective use of funds perspective, we need the seat both full and used:
• IRCC funded seats are full because students are enrolled.
• IRCC funded seats are used because students who are enrolled are also attending class.

Occupancy rates take into account both enrollment and attendance rates.

- Low enrollment will not impact attendance rates.
- Poor attendance will not impact enrollment rates.
- Low enrollment AND/OR poor attendance will impact occupancy rate.

Students leaving mid-month will not impact enrollment, attendance or occupancy rates IF that student is replaced with a new enrollment that also attends classes for the remainder of the month.

A course has students enrolled in all seats. But all of the students are often absent.
• This course will have high enrollment, poor attendance, and medium occupancy rates.

A course has very few students enrolled. But the students that are enrolled have perfect attendance
• This course will have low enrollment, high attendance, and medium occupancy rates.
Example where a course is full (has students enrolled in all seats), but students are absent.

**IRCC Enrollment Rate (November):**
- Numerator: # of clients enrolled
- Denominator: # of IRCC funded seats

Numerator = 5
Denominator = 5
Enrollment Rate = (5/5) * 100% = 100%

**IRCC Attendance Rate (November):**
- Numerator: Sum of the # of classes attended by all students in November
- Denominator: # of clients enrolled in November * # of classes conducted in November

Numerator = 4 + 4 + 3 + 2 + 1 = 14
Denominator = 5*4 = 20
Attendance Rate = (14/20) * 100% = 70%

**IRCC Occupancy Rate (November):**
- Numerator: Sum of the # of classes attended by all students in November
- Denominator: # of IRCC funded seats in the course * # of classes conducted in November

Numerator: 4 + 4 + 3 + 2 + 1 = 14
Denominator: 5*4 = 20
Occupancy Rate: (14/20) * 100% = 70%

The occupancy rate is 70% even in a situation where 100% of the seats are filled in the class. The 70% indicates clients are not showing up to every class.
Example where a course has very few students enrolled, but the students have perfect attendance.

**IRCC Enrollment Rate (November):**
- Numerator: # of clients enrolled
- Denominator: # of IRCC funded seats

Numerator = 1
Denominator = 5
Enrollment Rate = \( \frac{1}{5} \times 100 = 20\% \)

**IRCC Attendance Rate (November):**
- Numerator: Sum of the # of classes attended by all students in November
- Denominator: # of clients enrolled in November * # of classes conducted in November

Numerator = 4
Denominator = 1 \* 4 = 4
Attendance Rate = \( \frac{4}{4} \times 100 = 100\% \)

**IRCC Occupancy Rate (November):**
- Numerator: Sum of the # of classes attended by all students in November * # of classes conducted in November
- Denominator: # of IRCC funded seats

Numerator: 4
Denominator: 5 \* 4 = 20
Occupancy Rate: \( \frac{4}{20} \times 100 = 20\% \)

Even though the 1 student attending the course attended 100% of the classes, the occupancy rate is 20% because only 1 of the 5 seats are filled in the month.
Example where a client attends all classes available to them, leaves halfway through the month, and is replaced by a new student who attends the remaining classes.

<table>
<thead>
<tr>
<th>Client Name</th>
<th>Day(s)</th>
<th>Times</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nor, Nicole</td>
<td>D</td>
<td>10:00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>8:00</td>
<td></td>
</tr>
<tr>
<td>Rameau, Raymonde</td>
<td>M</td>
<td>5:00</td>
<td></td>
</tr>
<tr>
<td>Jaser, Jean Luc</td>
<td>T</td>
<td>10:00</td>
<td>5:00</td>
</tr>
</tbody>
</table>

### Course info:
- IRCC funded seats: **2**
- # of class conducted in February: **10**

### IRCC Enrollment Rate (February):
- Numerator: # of clients enrolled (at month end)
- Denominator: # of IRCC funded seats
- Numerator = 2
- Denominator = 2
- Enrollment Rate = \( \frac{2}{2} \) * 100% = 100%

### IRCC Attendance Rate (February):
- Numerator: Sum of the # of classes attended by all students in November
- Denominator: # of clients enrolled in November (at month end) * # of classes conducted in November
- Numerator = 8 + 5 + 5 = 18
- Denominator = 2 * 10 = 20
- Attendance Rate = \( \frac{18}{20} \) * 100% = 90%

### IRCC Occupancy Rate (November):
- Numerator: Sum of the # of classes attended by all students in a month
- Denominator: # of IRCC funded seats in the course * # of classes conducted in a month
- Numerator = 8 + 5 + 5 = 18
- Denominator = 2 * 10 = 20
- Occupancy Rate: \( \frac{18}{20} \) * 100% = 90%

Jean Luc exited the course mid month. Raymonde enrolled in his place. Together, they occupied 1 seat and together they have perfect attendance for that seat in February.

Jean Luc’s departure did not impact occupancy because Raymonde replaced him. Both Jean Luc and Raymonde had perfect attendance for the portions of the month they were enrolled. The 90% (rather than 100%) occupancy is because Nicole missed 2 classes.
Although data entry in iCARE is mandatory monthly (at minimum), the system itself allows you to enter data at any time.

- In fact, we recommend language training data entry be done as often and possible (i.e. “real time”) to ensure LA assessment SPOs (and LT) have access to up to date course information, including available seats.
- As mentioned in the earlier presentation, IRCC uses iCARE to get a true picture of what is happening.

“Opening New Seats” can be interpreted 2 ways:

- Opening a new seat by adding an IRCC funded seats in the course
  - The total # of IRCC funded seats per course is set out in CA (Schedule 4). The number of IRCC funded seats that you enter in iCARE (during course set up) should match the number in the CA.
  - Making frequent changes is not recommended unless it has been discussed with your officer and there is a valid reason for the change. If there are valid reasons to amend # of seats in a course, we recommend making the change on the 1st of the month.
  - Amending this number should not be used as a way to facilitate data entry.

- Opening a new seat by exiting a student who has “vacated the seat”
  - Completing the data entry to exit a student that has left the course will open it up for a new enrollment.
  - This will not impact occupancy if a new student has been enrolled in that seat and attends class.

Timing of this data entry does not impact rates. The rates are reflective of what is true. If a student leaves a course at the beginning of the month and is not replaced, then that seat is empty (which impacts enrollment and occupancy rates).
Continuous Intake – Impacts on Occupancy Rate

- As mentioned on the previous slide, the term “opening a new seat” can mean one of two things (changing # of IRCC funded seats OR exiting a student who has vacated the seat).

- The concept of continuous enrolment should not have any consequence on the number of seats funded/offered in class from month to month. Continuous enrolment allows you to fill a seat as it becomes vacant. Therefore, in this scenario, there is no need to change the total # of IRCC funded seats in the course.

- If a client is joining the class late in the month, this means 1 of 2 things:
  - If the course was full, a seat will first need to be vacated in order to enroll the new student.
  - If the course was not full, the student can be enrolled into a seat that was already empty.

- The proper sequencing of data entry will facilitate this process (this will prevent system errors and not require you to change the # of IRCC funded seats)
  1. Exit students that have left the course – this must be done prior to enrolling any new clients, especially if the course is full. This process vacates a seat to enable enrolling the new student.
  2. Then enroll the new client(s)
    - If you do not Exit clients from the class prior to enrolling new clients, it will not create a vacant spot for the new client.
    - Do not amend the number of seats in course in an effort to allow you to enrol new clients; this will have negative impacts on your occupancy rate.

- Continuous intake will not negatively affect occupancy rate if the seats are filled after they are vacated.
  - Refer back to slide 8 for example
**Client Attendance Rates vs Course Attendance Rates**

- The attendance rate in our reports are a monthly attendance rate for the course as a whole – not individual clients.

- On the iCARE screen, the Clients % of Classes Attended field is an accumulation of the clients attendance for the duration of the course – it is not a monthly rate

- Officers have access to a report that provides them with a break down of every course with over 35 elements, for example:
  
<table>
<thead>
<tr>
<th># of funded spots</th>
<th>Occupancy Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total clients enrolled for the month*</td>
<td>Instructional hours per class</td>
</tr>
<tr>
<td>Number of new clients</td>
<td>Number of classes Attended*</td>
</tr>
<tr>
<td>Number of clients that exited course*</td>
<td>Number of classes offered*</td>
</tr>
</tbody>
</table>

| Enrolment Rate |

*NOTE: Officers do not have access to individual client attendance, attendance info is aggregated for all clients in a course by Month*
Q. COVID-19 has impacted Occupancy & Enrollment rates. For numerous pandemic-related reasons, placement is currently taking longer. At the same time, students are still attending classes regularly. However, many feel that they are being penalized because of low occupancy. Is there a way the calculation could be altered to reflect what is actually happening in the classes - can occupancy and attendance be separated?

• To your point exactly, iCARE will allow the department to see how COVID-19 impacted program delivery. The issue in this scenario is not related to how iCARE does it calculations; iCARE is accurately reflecting what is happening on the ground which is extremely important to policy and operational understanding of services.

• Concerns with how occupancy is being interpreted and used during the pandemic is an operational issue, these issues are managed by your IRCC officer*

Q. Will occupancy and attendance rates be included with monthly iCARE reports sent to SPOs?

• Great recommendation, we have sent this suggestion onto our colleagues that manage the reports

Q. Why is there no centralized occupancy reporting (instead of checking it one by one from each class student list)?

• Thank you for suggestion and we encourage you to email our helpdesk when you have suggestions on system usability
Q. Please explain what is included in the "enrolment" field of iCARE report.

• Pertains to any client that is actively enrolled in the class at the end of the month; Client has a Start Date prior to, or within the given month and no exit date prior to the end of the month.
Let's Pause

Questions
Waitlist
Q. What is the timeline for phasing out the paper-based waitlist & referral system that is still happening in British Columbia? Many expressed a desire to see iCARE adjust their system so the paper-based referral system can be phased out.*
• We will need to address this concern with our policy/operational colleagues

Q. Is there a procedure for emailing clients on the waitlist like there is for calling?*
• The procedure for contacting clients to verify their continued interest in and ability to attend class when a seat becomes available allows for that contact to be made either by call or email. For more information see page 6 of the Waitlist Management and Language Referral Guidelines (Outside Ontario) in iCARE.

Q. Will there be any flexibility for waitlist procedures in rural communities?*
• Please speak to your Officer about your specific circumstances.

Q. Given the flexibility during the pandemic, at what point can students be removed from the waitlist who don’t reply to callouts?*
• During the pandemic clients who prefer to remain on a waitlist until they are able to safely attend in-person classes should be left on waitlists. Clients should be informed of that option during callouts. Covid-19 Guidelines issued via iCARE in May 2020 directed Recipients not to remove clients who cannot be contacted during the pandemic. That direction is currently under review.
Q. Why is the "Days Since Last Contact" counting, while the "Date Available to Start Class" is far ahead?

• This ensures the number of clients on each waitlist is as accurate as possible
  • It is important that clients are contacted to make sure they are still interested in the course and want to continue to be on the waitlist even if they are not available to start class well into the future.

• Allows us to ensure that when the date available to start class does come around, we are accurately presenting the number of people waiting and aren’t including those who are no longer interested.

• The Department monitors the total number of clients on a waitlist across the country monthly.
Functionality
Q. Can iCARE prevent clients from being enrolled in multiple online LINC classes simultaneously? If this is not possible, would it be possible to add this function? It could be similar to the Waitlist System, which highlights how many and which classes clients are waiting for.

- There are many possible negative consequences to implement such a restriction in iCARE
  - There are too many scenarios in which a client may be restricted from enrolling in course due to a system error or other SPOs not keeping clients records up to date.
  - The iCARE system cannot be seen as a barrier restricting a client to a service. This is the same reason iCARE does not determine whether a client is eligible for a service.

- We can look into options as to how we can flag clients attending multiple courses in a future iCARE release
Reporting
Q. In the monthly reports sent by iCARE, is it possible to expand the Top 10 list of certain demographic characteristics to perhaps a Top 15? This would be helpful when compiling a detailed statistical analysis of client data. More aggregated data is helpful for reporting.
   • Great recommendation, we have sent this suggestion onto our colleagues that manage the reports.

Q. Is there any possibility of expanding graphical presentation of iCARE data?
Q. Is it possible to have a live reporting dashboard on iCARE (that displays the same information that is listed in the monthly reports)?
   • Work is being done at the departmental level to enhance the reporting capabilities of the system.

Q. Is it possible to align demographic characteristics to match quarterly reporting needs (i.e., reporting Sep-Dec numbers in monthly report)?
   • Great recommendation, we have sent this suggestion onto our colleagues that manage the reports.

Q. Will there be changes to the reports received back from iCARE? It is very hard to cross check against CA activities.
   • Current reports should have a break down by Activities; although if you have two of the same Activities in CA, iCARE cannot distinguish between them.
     • Example: Two Different I&O – Group Session or Two different ERs – Employment Counselling.
Future Updates

UPDATING
Q. Can you provide information on the adjustments that have been made to iCARE due to the COVID-19 pandemic?

• iCARE has not gone through many changes as a result of COVID-19. This is by design, as consistency in data allows us to monitor trends, including those resulting from COVID-19.
• The two changes are:
  • In an effort to help policy get a better perspective of how services are being delivered, we have added a new question on “Delivery Format”
  • Language Assessment tools have been expanded to include new online assessment tools
• Many of the concerns raised as a result of COVID-19 pertain to how a CA is managed and monitored (i.e. data entry frequency and deadlines) and are unrelated to actual iCARE functionality. These concerns fall under the responsibility of your IRCC office.

Q. It would be convenient to be able to see the overall occupancy and enrolment rates for the whole program at one site.

• This a great recommendation and we will bring it up with our development team
Let’s Pause

Questions
Additional Questions
Q. iCARE is currently used as a reporting tool. Are there plans to make it more user-friendly as a data retrieval system? Are there any plans to enhance iCARE (which is a reporting tool) with data retrieval/client management tools?

• We acknowledge iCARE has fallen short on the data extraction/retrieval capabilities from a SPOs perspective
• From a data entry perspective, there are no intentions to move iCARE towards a Client management tool. iCARE is funded as a performance measurement system, not a client management tool. As a result the department is limited to what data can be collected or how the system can be used.
• From a Departmental perspective, iCARE has been instrumental in what data has been available to inform Evaluations, evidence based policy decisions, outcome analysis, monitoring CA’s

Q. Any upcoming changes - to functionality, fields, templates?

• Although not yet confirmed by our IT branch on when the updated will be implemented, we have submitted a proposal for some updates to the Employment Module and some label changes for Support Services
• How much advance notice do you need prior to updates in iCARE?
• What timing works best within the month for a release date
Q. Have there been any change to data entry deadline due to COVID-19? How many days do we have to update the monthly data at beginning of the month? Is it still 5 business days?*

• The data entry deadlines are not “enforced” or “managed by” iCARE, as these deadlines are outlined in your Contribution Agreement.

• As per CA requirements, monthly data is required by the 5th business day of the following month
  • For scenarios that cannot be avoided, the iCARE system allows records to be backdated for up to 90 days but only in exceptional cases.

• In general, data entry deadlines have not been amended unless alternate arrangements have been discussed with your officer.

• Data is used on a monthly basis to brief Senior Management and if SPOs are not entering data within the given time frames, IRCC doesn’t have the full picture
  • COVID Dashboards
  • Operational Dashboards
  • Waitlist Dashboard

Q. Can you talk about programming to accommodate learners with different digital and literacy realities? *

• In 2020-21 a number of engagement sessions hosted by AMSSA, and the Virtual Summit, discussed topics related to digital literacy and the delivery of language training for clients with low digital literacy or access. Summaries of those meetings are available for distribution. In the COVID-19 climate IRCC is supportive of Recipients making temporary adaptions to delivery as necessary to provide service to clients, including placement in informal language training, while waiting for the safe resumption of in-person classes.
For any iCARE related issues, technical or data entry questions please contact the helpdesk
• Phone: 613-954-9961 or toll-free 1-855-897-3081
• E-mail: iCARE-iEDEC@cic.gc.ca
When contacting Helpdesk, it is very important to provide as much detail as possible as to the issue or situation that you are trying to resolve.
If the issue pertains to alignment between your CA and how to enter unique services into iCARE, we suggest you cc your IRCC Officer when emailing the iCARE Helpdesk.

Q. Where should we go for help?

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  • Phone: 613-954-9961 or toll-free 1-855-897-3081
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Q. Can you change Type of Service Location (SPOs home, elementary school, phone, email, in person) to multiple answer instead of just once choice? This would be helpful because sometimes a little bit of work happens in multiple locations and the system limits you to only providing one location.

• Great feedback! 😊
• Service Delivery Format (in person, telephone, online) is currently a select all that apply (iCARE update, Oct. 2020)
• Type of Service Location is currently select one; will raise with policy officers, for now, please indicate the most relevant/frequent location pertaining to service
• Be cautious as the service may need multiple records in iCARE if type of location is changing as part of service delivery. More context would be beneficial to provide a concrete response.
  • If the service is a continuation of original service, records should be amended (do not create new record)
  • If service is not related to previous service, create new iCARE record for service.
Q. Is it possible to collect data on childcare classes (parents' attendance tied to this)?
• When a child attends a childminding (care for newcomer children), it is recorded as part of the service the parent received while their child was being minded. There are no future intentions to collect additional details about the childminding service as this is currently outside of iCARE’s scope.

Q. Is there a possibility of integration with other case management tools? The data fields in iCARE are not comprehensive enough for Case Management services.
• iCARE is not designed to collect all aspects of a client’s interaction with a SP – Performance Measurement tool
  • Reporting burden front and centre for us.

Q. Can the search function be improved? Can a reporting function be added?
• Yes and Yes
• Provide suggestions by emailing iCARE helpdesk; reference this presentation
• Will work with IT to improve iCARE usability
• Reporting function is on our medium-long term development plan.

Q. Can you discuss the limitations of course availability?
• Can we get more context on this if the answers below don’t address question?
• Data is limited by the frequency of data entry by SPOs. If SPOs do not enter their course information in a timely manner, the information will not be up to date when other SPOs look at course information.
• For Language Assessors (and LT) to have the most relevant information available, it is recommend SPOs enter upcoming course information well in advance.
• Timely data entry should also be considered when enrolling and exiting clients from a course.
Q. Is it possible to simplify entry so that staff do not have to enter client information for each service? (add service/date only)

• More context would be helpful, is this in reference to “validating” a client?
• At the moment, there are no indications that data entry will change.
• iCARE does have alternate methods in how the data can be entered.
  • Through the GUI (graphical User Interface) – most common for the average user
  • Bulk Upload – common amongst SPOs that have the IT infrastructure to extract data from their own database and automatically populate the Bulk upload files
  • Group Validations – allows for the entry of a group of clients receiving the same service details
• Resources are Available

Q. What should we do when work done does not clearly fall under one service?

• To ensure accurate and consistent data entry into iCARE, we recommend that you raise this with your IRCC Officer. Your officer can work directly with us to resolve the issue if required.
  • Sometimes IO services are coded as ERs service and vice versa
  • GCS dictates what modules are accessible in iCARE, it is possible SPO does not have the right module to report in according to the service being delivered.
Q. Can an option for reporting accompaniments be added to Community Connections?
• Need more context on scenario please

Q. We currently have blended LINC classes with staggered attendance (e.g. Mon and Wed is one group and Tue and Thurs is one group and all meet online on Fri). Is it OK to split one such course into two different courses on iCARE, because they may not have the same number of instructional days in a month?
• Suggest this question be addressed one on one with us. Need a bit more information about course delivery to ensure consistent guidance is provided
  • iCARE-iEDEC@cic.gc.ca – reference this presentation (different team)
  • This is a perfect example of when you would email the iCARE Helpdesk to get data entry advice. (These scenarios will usually be sent to our team for a response to ensure data entry consistency)

Q. Is there training available for entering groups into iCARE? (eg Conversation Circles)
• *Group validation* is a feature to facilitate data entry and does not actually form the clients into a “group” (i.e. their records will not be linked). Refer to the manual (Resources Tab) for more information on how to use the group validation tool.
Q. When reporting individual sessions for multiple clients as a group session, but choosing the option (individual) from the service received dropdown, will iCARE count that as an individual service or as a group?

• If data was entered through the “Group Validation” tool, it does not mean it will automatically be labeled as a “group Session”

• The service received drop down should reflect the context in which the service was delivered (was it an individual session or a group session). If you use the group validation feature but select “individual” from the service received drop down, each individual will be recorded as receiving an individual service. If the session was delivered in a group setting, you must indicate “group” in service received drop down menu.

Q. Currently, iCARE does not allow you to view a student’s history prior to when you started working. For example - if you joined in 2017, you could not see a student’s records from 2014. Could the system be adjusted so that everyone can see a student’s full iCARE history?

• User permissions are based on the “CA” you are associated with, not when you gained access to iCARE.

• If you need to see client records outside of the current CA, ask your ED to provide access to additional CA’s.
iCARE Helpdesk

**Hours**
Monday - Friday  
9am-6pm AST  
8am-5pm EST  
7am-4pm CST  
6am-3pm MST  
5am-2pm PST

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