



Comprehensive Review Work Plan

Progress Report 2 to August 31, 2022

Approved:
by Board of Directors, Peel CAS
September 29, 2022 (October 27, 2022, revised based on MCCSS feedback)

Submitted:
by Carol Kotacka, President, Board of Directors, Peel CAS
to Karen Singh, Regional Director, Central Region, MCCSS
October 6, 2022 (November 1, 2022)



Peel CAS Comprehensive Review Work Plan - Progress Report 2

Comprehensive Review Report

In February 2021, the President of the Peel Children's Aid Society Board of Directors and the CEO received formal notification regarding a comprehensive review and workplace assessment to be led by the Ministry of Children, Community and Social Services (MCCSS). The Review began in April 2021. The scope encompassed seven broad areas: 1) workplace culture; 2) governance; 3) service delivery model; 4) compliance with the Child, Youth and Family Services Act (CYFSA); 5) community partnerships; 6) human resources; and 7) finance. Findings and recommendations were reported in two main sections:

Part 1 – Workplace Assessment. Twelve action items were made in this section of the Report.

Part 2 – Operational Review (governance; service delivery model and compliance with the CYFSA; community partners; human resources (policies and performance appraisals); and finance. Seventy-four recommendations were made in this section of the Report.

The Comprehensive Review Report was released to the agency on October 1, 2021.

Comprehensive Review Work Plan

After receipt of the Report, the Board was given 45 days to prepare a work plan to address the recommendations identified in the Review. The work plan was submitted to the MCCSS on November 26, 2021 and was endorsed by the MCCSS in January 2022. In addition to the recommendations in the Report, and in response to various findings in the Report, the Board included several additional recommendations in the work plan, for a total of 105 recommendations. One new recommendation was added at Progress Report 2, bringing the total to 106. Recommendations were originally organized by three phases: Phase 1 - work was underway (i.e., October/November 2021); Phase 2 - work to begin no later than March 2022; and Phase 3 - work to begin no later than September 2022.

To facilitate monitoring and reporting, the recommendations were reorganized into the following six projects for the Progress Reports:

1. **Change Management** (2 recommendations)
2. **Finance** (26 recommendations, originally 25, one new recommendation added at Progress Report 2)
3. **Governance** (13 recommendations)
4. **Human Resources** (38 recommendations)
5. **Respectful Workplace** (13 recommendations)
6. **Service** (14 recommendations)

Responsibility for each recommendation was assigned to one of the following structures of the Board: Board Development Committee (BDC), Board Finance and Audit Committee (BFAC), Board Performance Monitoring and Evaluation Committee (BPMEC), and the Board itself.

The Comprehensive Review Report, Work Plan and Progress Reports are available on our intranet as well as the Peel CAS website



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Guiding Principles

Overarching themes identified in the Report were used to develop the following principles that are foundational to the work plan.

- Our success is imperative on putting our people first. Our people are our most important asset.
- Respectful, positive relationships, across all levels of the organization, are fundamental to a healthy workplace environment, as well as being a key enabler of change.
- Involvement of and collaboration with staff from across the organization, is critical to success. People need to be involved in decisions that impact them.
- Change takes time. Doing too much too fast sabotages real, sustained change.
- Striving for excellence does not equal perfection.
- Courage needs to replace fear. Humility needs to replace “Perfect Peel”.
- Learning and growth needs to be anchored in process change rather than people blame.
- Transparent, unbiased, and equitable mechanisms are necessary to address and resolve conflict.
- Safe spaces for engaging in difficult conversations on issues such as anti-Black racism are needed for staff to feel supported.
- Demonstrated commitment to and accountability for change.



Peel CAS Comprehensive Review Work Plan - Progress Report 2

Comprehensive Review Work Plan Progress Reports

The first progress report on the work plan covered progress up to the end of March 2022. This report, Progress Report 2, reflects progress up to the end of August 2022.

As illustrated in the table below, we are continuing to make progress. As of August 31, 2022, of the 106 recommendations:

- 20% are **completed**, compared to 6% as of March 31, 2022.
- 64% are **on schedule** (progressing according to the work plan schedule). This is the same as of March 31, 2022.
- 8% are **delayed** (behind the work plan schedule, however work is in progress). While the percent delayed is the same as of March 31, 2022, the delays are for different recommendations, as illustrated in the tables on the following pages.
- 8% are **before start date** (not yet at the start date according to the work plan schedule). This compares to 23% as of March 31, 2022.

Progress on Recommendations

	As of March 31, 2022 (N=105)				As of August 31, 2022 (N=106)*			
	Completed	On schedule	Delayed	Before start date	Completed	On schedule	Delayed	Before start date
Change Management	0	2	0	0	0	0	2	0
Finance	0	10	6	9	5	9	6	6
Governance	1	4	0	8	4	7	1	1
Human Resources	0	37	0	1	0	38	0	0
Respectful Workplace	4	7	1	1	5	7	0	1
Service	1	7	1	5	7	7	0	0
Total	6	67	8	24	21	68	9	8
Percent	6%	64%	8%	23%	20%	64%	8%	8%

**Note: One new recommendation added to the Finance project, increasing total number of recommendations to 106*



Peel CAS Comprehensive Review Work Plan - Progress Report 2

Recommendations Where Progress is Delayed

Of the nine delayed recommendations:

- Two are related to Change Management

While progress is being made, the two recommendations under Change Management are delayed. One of the principles that guides this work plan is *“change takes time, and doing too much too fast sabotages real, sustained change”*. We are mindful of the involvement of our staff in the work related to restoration as well as the human resources policy review. The implementation of these and other projects in the work plan have provided an opportunity to implement best practices in both change and project management. Our strategy for a best practices approach will be presented to BPMEC in January 2023, rather than May 2022 as previously scheduled.

- Six are related to Finance

While progress has been made, the four recommendations under Building Occupancy are delayed. Not surprisingly, the COVID pandemic significantly delayed progress on the utilization of the Capston property. Information related to the four recommendations has been incorporated into a property plan, which is under review and discussion. The plan is to be brought to the BFAC in October 2022 rather than September 2022.

While progress has been made, the two recommendations under Travel are delayed. Changes have been put into practice; however, the revised policy is part of the broader financial policy review that is currently underway. The revised policy is scheduled to be brought to the BFAC in November 2022 rather than May 2022.

- One is related to Governance

Governance recommendation 6 (*expand the CEOs job description (Board/CEO Relationship, Board of Directors’ Policy Manual) by adding a point that the Board holds the CEO accountable for operating within Executive Limitations...*) is delayed. It is dependent on the review of the governance model / governance policies that is scheduled for completion by June 2023. Once this work is complete, the CEO job description will need to be reviewed and revised to reflect the new policy environment. The end date has been revised to be in line with the governance review end date of June 2023.

Section	Phase	Recommendation	Original End Date	Progress Report 1 (Mar 31 2022)	Revised End Date	Status	Progress Report 2 (Aug 31 2022)	Revised End Date	Status
PROJECT: CHANGE MANAGEMENT (BPMEC)									
	2	1. Adopt a consistent, best practices approach to change management. (NEW)	May-22	Best practices have been reviewed. Desired approach primarily based on ADKAR change management model. Draft work plan has been developed. External training sessions for leads to occur in June. Initial internal knowledge building sessions (including dissemination of tools) to be scheduled for Fall 2022. Plan to be presented at BPMEC May 2022.		ON SCHEDULE	Training sessions on ADKAR change management model for first group of change leads to happen between October 2022 and March 2023. Strategy for best practices approach to be presented to BPMEC in January 2023.	Jan-23	DELAYED
	2	2. Adopt a consistent, best practices approach to project management. (NEW)	May-22	Previously adopted agency project management tools and training currently under revision. Knowledge building sessions (including dissemination of tools) to be scheduled for Fall 2022. Plan to be presented at BPMEC May 2022.		ON SCHEDULE	Knowledge building sessions to be deferred to January - March 2023. Strategy for best practices approach to be presented to BPMEC in January 2023.	Jan-23	DELAYED
PROJECT: FINANCE (BFAC except where noted)									
Budgeting/ Forecasting Process	2	1. While the Society's financial policies and processes are comprehensive and thorough, it should document the budget and forecasting process including tools, templates, and resources regarding Spending, Budget Allocation that describes the monthly, quarterly and annual forecasting process throughout the year.	Feb-22	Draft single page document completed. To be reviewed at BFAC May 2022	N/A	ON SCHEDULE	Reviewed at BFAC May 2022		COMPLETED
Building Occupancy	2	1. Explore revenue generation/debt retirement by utilizing excess land.	Mar-22	Reviewing limitations in Orlando agreement for 10 years. To be reviewed at BFAC Sept 2022	Sep-22	DELAYED	The restrictions/limitations in the Orlando sales agreement are for a 10-year period. Detail to be incorporated in the property plan, of which the first draft has been developed. The plan will be presented at the BFAC in October 2022.	Oct-22	DELAYED
	2	2. Explore revenue generation using sports court.	Mar-22	Covid significantly delayed all usage of sports court. Current priority youth programming and program partnerships. To be reviewed at BFAC Sept 2022	Sep-22	DELAYED	Covid significantly delayed usage of the sports court. Now that we have returned to "normal" operations, priority for usage is being given to the Trailblazers Youth Centre. Detail to be incorporated in the property plan, of which the first draft has been developed. The plan will be presented at the BFAC in October 2022.	Oct-22	DELAYED
	2	3. Ensure community partner space is fully leased at fair market rates.	Sep-22			BEFORE START DATE	Leasing options and rates for community partners is being explored. Detail to be incorporated in the property plan, of which the first draft has been developed. The plan will be presented at the BFAC in October 2022.	Oct-22	DELAYED
	2	4. Ensure that the Foundation pay fair market rate for space used.	Mar-22	Researching rental rates for comparable properties has begun. To be reviewed at BFAC Sept 2022, along with impact on the Foundation	Sep-22	DELAYED	Agreements with the Foundation for the use of space are being review and are pending further review and discussion at the BFAC. Detail to be incorporated in the property plan, of which the first draft has been developed. The plan will be presented at the BFAC in October 2022.	Oct-22	DELAYED
Client Personal Needs	3	1. With regards to Personal Needs Client, it is recommended that the process and spending authority be more clearly laid out. It is unclear when a Team Leader would sign off versus a Director.	Mar-23			BEFORE START DATE			BEFORE START DATE
	3	2. That the Society update its policies and procedures to include strengthening of the business processes for the documentation of approvals (e.g., cost benefit analysis report, DOFA sign off approvals) that supports decision making (e.g., the purchase of vehicles).	Mar-23			BEFORE START DATE			BEFORE START DATE
Credit Cards	1	1. The CEO should not use other employees' Society credit cards. This results in the Board not signing off on CEO expenses per Delegation of Financial Authority (DOFA) and the CEO would be approving their own expenses.	Mar-22	Interim Financial Policy developed and became effective Feb 2, 2022, and reviewed at Feb 2022 BFAC. Revised credit card policy to be brought to BFAC in May 2022		ON SCHEDULE	Credit card policy 261 reviewed by BFAC and Board in May 2022. Policy implemented.		COMPLETED
	2	2. Review the cost allocation for expenses incurred utilizing corporate credit cards. Update policies and procedures as required to clearly articulate costing assumptions and allocations.	Mar-22			ON SCHEDULE		COMPLETED	
	2	3. The Society should develop a policy related to the use of personal credit cards for Society expenditures given that corporate credit cards are available and used. The policy should limit the use of personal credit cards and include prior approval process if personal credit card usage is requested.	Mar-22			ON SCHEDULE		COMPLETED	
Financial Orientation and Review	3	1. Peel CAS should develop formal financial overview/orientation sessions to ensure all staff are updated on the Society's financial policies and procedures. Sessions can be provided when there are new staff joining the society, revisions to a policy, semi-annual refresher of policies to departments.	Mar-23			BEFORE START DATE			BEFORE START DATE

Section	Phase	Recommendation	Original End Date	Progress Report 1 (Mar 31 2022)	Revised End Date	Status	Progress Report 2 (Aug 31 2022)	Revised End Date	Status
Miscellaneous Expenditures	3	1. Peel should review the expenditures coded to miscellaneous to ensure they align with MCCSS guidelines.	Mar-23			BEFORE START DATE			BEFORE START DATE
	3	2. Peel should enforce Ministry guidelines and Broader Public Sector directives related to entertainment expenses.	Mar-23			BEFORE START DATE			BEFORE START DATE
Ontario Child Benefit Expenses (OCBE)	2	1. Peel CAS should increase OCBE program utilization rate and use savings program for more children.	Mar-23			BEFORE START DATE	Five-year trend analysis completed and presented to senior management in March 2022. Policy, procedure, and process map for OCBE activity and savings developed and finalized. Utilization report developed, to be implemented Fall 2022. This report will inform plans for increased utilization.		ON SCHEDULE
Promotion and Publicity	2	1. Peel CAS should engage with comparator societies to understand their promotion and publicity policies and practices and to incorporate best practices into Peel policy. Peel CAS should work to find efficiencies and reduce their spending to come into line with comparator societies.	Dec-22			BEFORE START DATE	Comparisons to other societies in progress. Branch leaders to be part of discussion for their areas and budget.		ON SCHEDULE
Salaries and Benefits	1	1. That the Board of Directors should assess comparator societies' executive compensation increases when determining management compensation increases.	Dec-22	Practice in place under Acting CEO. Formal policy to be developed (under HR policy project and Board policy project)		ON SCHEDULE	To be reviewed/developed as part of the HR and Board policy review projects.		ON SCHEDULE
	1	2. As there have been job classification changes and resulting salary increases, it is recommended that all senior management job classification changes be approved by the Board of Directors based on a supporting business case/analysis.	Dec-22			ON SCHEDULE			ON SCHEDULE
	1	3. It is recommended that all senior management staffing changes be approved by the Board of Directors and be based on a sound rationale. (NEW) (BOARD)	Dec-22	Practice in place under Acting CEO. Formal policy to be developed (under HR policy project and Board policy project)		ON SCHEDULE	Practice continues to be in effect. Policy to be developed and will be presented to BDC Nov 2022. Delegated to BDC.		ON SCHEDULE
	3	4. With the assistance of a third party, explore the implementation of a pay for performance model that aligns compensation with senior staff performance. (NEW)	Feb-23			BEFORE START DATE	Formal procurement process to begin in 2023		BEFORE START DATE
Technology	IN PLACE	1. Peel CAS should ensure that the purchase and use of IT equipment is tracked accurately and is also accounted for when staff remove assets for home use. This will allow Peel to redistribute assets as needed.	Mar-22	IT Asset Management System already in place. Present to BFAC in May 2022.	Mar-22	ON SCHEDULE	Presented to BFAC in May 22		COMPLETED
Training and Recruitment	2	1. The Society should engage with comparator societies to consider their policies for training and recruitment costs and incorporate their best practices and look for opportunities to reduce costs.	May-22	Interim procedure regarding approvals in place for senior team and in some departments. Policy and procedures to be developed. Delay given level of analysis and change management required. To present to BFAC Nov 2022	Nov-22	DELAYED	Discussions with comparator societies is in progress.		ON SCHEDULE
	2	2. Recording of training costs should adhere to appropriate account codes to ensure transparency, validation, and reconciliation.	May-22		Nov-22	DELAYED	Coding of training and related costs, and documentation required for approvals to be addressed in revised training policy/procedure that is under development.		ON SCHEDULE
	2	3. Training requests need to be documented accurately and approved by budget holder and supervisor prior to registration. (NEW)	May-22		Nov-22	DELAYED			ON SCHEDULE
Travel	1	1. The Society should put appropriate controls in place to ensure the policy is adhered too. All expenditure policies must adhere to Ministry directives and guidelines. The Society needs to ensure proper approvals are documented.	Mar-22	Reviewed controls and changed practice. Revised Travel & Meal Policy to be reviewed at BFAC May 2022.	May-22	ON SCHEDULE	While progress has been made, and changes have been put into practice, the revised policy is part of the broader financial policy review that is currently underway. The revised policy is scheduled to be brought to the BFAC in November 2022 rather than May 2022.	Nov-22	DELAYED
	2	2. Policy revision required for Travel Incidentals to be more specific related to the details of spending.	Mar-22		May-22	ON SCHEDULE			Nov-22
Policies and Procedures	NEW	With the assistance of a third party, complete a review of existing financial policies and procedures; revising and developing policies and procedures as required, ensuring that they are in alignment with applicable external requirements. In addition, create a financial policy and procedure framework. (NEW added Progress Report 1)				BEFORE START DATE	Policy and procedure review / revisions / development is underway. Draft 1 of framework for new policies is complete and under review. GAP analysis of policies and procedures is complete and under review.	Mar-23	ON SCHEDULE

Section	Phase	Recommendation	Original End Date	Progress Report 1 (Mar 31 2022)	Revised End Date	Status	Progress Report 2 (Aug 31 2022)	Revised End Date	Status
PROJECT: GOVERNANCE (BOARD, BDC, BFAC, BPMEC as noted)									
	1	1. That the Board become familiar with the requirements under <i>Protecting a Sustainable Public Sector for Future Generations Act, 2019</i> and assess against its compensation increases to employees since the legislation came into effect in 2019.	Jan-22	Reviewed at Oct 2021 Board meeting. Discussion at Jan 2022 Board meeting. Risk assessment done and presented at Feb 2022 Board meeting. Decision to implement under new collective agreement (April 2023).		COMPLETED			
	3	The Board should also be aware of the consequences associated with non-compliance with the legislation. (BOARD 2021-22, BFAC 2023)	Jan-23			BEFORE START DATE	Will be implemented during bargaining, to begin February 2023 and will cover the period April 1, 2023 to March 31, 2026.		BEFORE START DATE
	1	2. Foster a Board culture of asking questions of senior management at committee and Board meetings about what is not being reported. There is a need to provide an environment that is safe for senior management to answer comprehensively. Consider the lens of: "How would those reporting to the senior team see this? What am I not hearing about that may be relevant to our governance responsibilities?" This is good practice for everyone in a leadership or management position. It helps to balance our human tendency to report only what represents us in a positive light. (BDC)	Jan-23	Practice changes implemented shortly after release of Comprehensive Review Report. Discussed again at Board retreat nights in January and February which focused on governance. Practice to continue to be reinforced in work related to governance recommendation 11.		ON SCHEDULE	Practice to continue through Fall 2022, and to be reinforced in work related to governance recommendation 11.		ON SCHEDULE
	2	3. The Board should enhance financial policies. (See also Governance recommendations 1 and 4) (BFAC)	Sep-22	To be completed as part of Board policy review project.		BEFORE START DATE	Will review Board responsibilities as part of broader Board policy review. (See Governance recommendation 11 under BDC, end date adjusted to be in line with recommendation 11)	Jun-23	ON SCHEDULE
	2	4. That the Board review its oversight of the Society's policies related to the requirements of the <i>Broader Public Sector Accountability Act 2010</i> and determine how to ensure if the Society's policies and the requirements of the Act are adhered to. (BFAC)	Sep-22			BEFORE START DATE	Will review Board responsibilities as part of broader Financial policy review. (See Finance Policies & Procedures recommendation)	Mar-23	ON SCHEDULE
	2	5. Expand the statement of accountability in the Board policies (E1-Board's Statement of Accountability) to include a statement of accountability to employees. While the Board does not direct or oversee staff, quality service delivery and adherence to government requirements is not possible without staff. (BDC)	May-22	Being revised to reflect accountability to employees. As policy has gone to BPMEC in the past, it will be reviewed at May BPMEC meeting.		ON SCHEDULE	Policy E1 amended to include "The Board of Directors of Peel CAS is accountable to the employees of the Society through transparent communication, engaging with staff, and ensuring that mechanisms are in place to enable a healthy, safe, and inclusive workplace." Approved at the June 16, 2022 meeting of the Board of Directors.		COMPLETED
	2	6. Expand the CEOs job description (Board/CEO Relationship, Board of Directors' Policy Manual) by adding a point that the Board holds the CEO accountable for operating within Executive Limitations. Right now, there is a point that holds the CEO accountable for achieving the Ends specified by the Board. Operating within Executive Limitations is equally important. (BDC)	May-22			BEFORE START DATE	This recommendation is dependent on the review of the governance model / governance policies that is scheduled for completion by June 2023. Once this work is complete, the CEO job description will need to be reviewed and revised to reflect the new policy environment. The end date has been revised to be in line with the governance review end date of June 2023.	Jun-23	DELAYED
	2	7. Develop and implement metrics to assess the extent to which the CEO is operating within the executive limitations specified by the Board of Directors (Board of Directors' Governance Policy Manual). High priority should be given to Executive Limitation # 3: Staff and Volunteer Treatment "the Board seeks an environment of mutual respect, learning and inclusion for all personnel consistent with our values" and the eight constraints listed under this Executive Limitation #3. This recommendation is consistent with the Board Policy, "Monitoring CEO Performance" (Board of Directors' Governance Policy Manual). (BDC)	Mar-23	Metrics under development, to be reviewed Fall 2022 and implemented as part of 2022 CEO performance review.		ON SCHEDULE	This work is closely related to the governance review which will inform the development of revised metrics for the CEO's performance appraisal.		ON SCHEDULE
	2	8. Develop a formal governance policy that addresses risk management. Review the current practices of reporting to the Board through a risk management lens. The goal should be to ensure the Board receives timely comprehensive reports that reflect a more realistic view of the weaknesses as well as the strengths of the organization. Peel CAS should be rightly proud of their many substantial successes and recognized areas of excellence. However, no organization is perfect, and the Board should be familiar with all material issues, including weaknesses, so they can guide and support on-going progress. (BOARD, moved to BPMEC in Q1 2022-23)	Jan-23	Decision to form ad hoc Board committee with members from BDC, BFAC, and BPMEC. Committee being formed. A risk management decision-tool was developed.		ON SCHEDULE	Working committee established with 2 members of BPMEC (now 1 member of BPMEC and 1 member from BDC). Initial meetings held discussing possible paths forward. For discussion at BPMEC September 2022. Governance policy addressing risk management to be a part of the Board governance model and policy review.		ON SCHEDULE
	2	9. The CEO should conduct senior management staff performance appraisals each year and they should be entered into Trakstar. In the absence of performance appraisals, it is difficult to understand how compensation increases can objectively be determined. This is also one way in which succession management can be planned. Reviews will increase senior management engagement. (BOARD)	May-22			BEFORE START DATE	Performance reviews for all senior management staff reporting to the CEO have been completed (using the Trakstar system). Practice to be sustained		COMPLETED

Section	Phase	Recommendation	Original End Date	Progress Report 1 (Mar 31 2022)	Revised End Date	Status	Progress Report 2 (Aug 31 2022)	Revised End Date	Status
	2	10. As part of the work related to risk management, it is recommended that briefings for the Board should be prepared for legislation and directives that are applicable to the agency. These briefings should include mechanisms to assess compliance. (NEW) (BPMEC)	Dec-22			BEFORE START DATE	A briefing note regarding applicable legislation and directives related to service, human resources, and finance was prepared and presented to BPMEC in September 2022. This document will be reviewed and updated annually, and be included in the Board Handbook.		COMPLETED
	3	11. The Board conduct a review of its governance model to determine if it meets the current needs of the Board. (NEW) (BDC). Recommendation modified in Progress Report 1 to include a review of Board policies and procedures, and the work to be conducted with the assistance of a third-party.	Jun-23	<i>The review of the governance model to include a review of Board policies and procedures. This work to be conducted with the assistance of a third-party.</i>		BEFORE START DATE	To be discussed at September BDC to determine timeline for RFP and next steps.		ON SCHEDULE
	3	12. Review current practices of governance peer review and the CEO performance appraisal with a view to enhancing them to address the issues raised in the review. (BDC)	Mar-23			BEFORE START DATE	To be discussed at BDC; peer to peer questions to be revised to address questions raised in the review.		ON SCHEDULE
PROJECT: HUMAN RESOURCES (BOARD, BDC, BFAC as noted)									
Policies and Procedures	1	To address the recommendations in the HR policies section of the Report, the strategy is: With the assistance of a third party: Develop an HR policy and procedure framework; Review existing HR policies and procedures, revising ones identified in the tables below as well as the full suite of HR policies and procedures; Develop new policies and procedures that are gaps in the existing HR policies and procedures (e.g., anti-racism policy). (NEW) (BDC)	Sep-22	Formal procurement process for vendor complete and contract awarded. Steering Committee established. In addition to this broad overall recommendation, there are 33 specific recommendations (see Appendix). Progress on these will be reported in subsequent progress reports.		ON SCHEDULE	Steering Committee meetings are underway. Work plan and policy framework developed. First set of policies have been developed and are set to be presented to focus groups in September 2022. Progress on the 33 related recommendations is included in this document. At this time, these are all on schedule.		ON SCHEDULE
Structure and Staffing	2	1. Conduct a review and analysis of direct service staffing, caseloads, and spans of control. (NEW) (BFAC)	Nov-22	Analysis of data in review completed. Workload Committee currently being established. Jointly led by management and Union. First meeting to be held in first 2 weeks of May		ON SCHEDULE	Workload Committee established. Initial meeting delayed due to staffing changes and summer. Work to begin Fall 2022.		ON SCHEDULE
	2	2. As outlined in the Children in Care findings and charts, it appears that the team leads "span of control" are less than comparator societies. Peel CAS should review their organizational structure to have team leads and managers span of control that are in line with their comparator societies. (BFAC)	Nov-22		ON SCHEDULE	ON SCHEDULE			
	2	3. Conduct a review and analysis of the contract staffing. (NEW) (BFAC)	Nov-22		ON SCHEDULE	ON SCHEDULE			
	2	4. Conduct a review of the PC and DEI areas to clarify roles and responsibilities regarding HR issues related to equity and inclusion. (NEW) (BOARD)	Nov-22		BEFORE START DATE	ON SCHEDULE			

Section	Phase	Recommendation	Original End Date	Progress Report 1 (Mar 31 2022)	Revised End Date	Status	Progress Report 2 (Aug 31 2022)	Revised End Date	Status
PROJECT: RESPECTFUL WORKPLACE (BOARD)									
Ombudsperson	1	Implement a confidential third party process for staff to report issues related to harassment, discrimination, and racism. In addition, all whistleblower complaints will go through this third-party until the development/implementation of the whistleblower policy. This service will act as an independent ombudsperson and will assist in the development of a respectful workplace program. (NEW) <i>(See also HR Policies Whistleblower items 1 and 2)</i>	Apr-23	Interim third party in place December 2021. Formal procurement process completed and vendor selected for two-year contract. Contract being finalized.		ON SCHEDULE	Formal procurement process completed. Permanent vendor selected (BDO) and contract finalized. Kick off meeting to be scheduled for Sept 2022.		ON SCHEDULE
Workplace Restoration	1	<i>Action 1. Establishing ground rules for workplace restoration to ensure transparency, confidence and trust-building actions and behaviours.</i>	Mar-22	Established ground rules for restoration to ensure transparency, confidence and trust-building behaviours.		COMPLETED			
	1	<i>Action 2. Training for leadership (Core Leadership Program) to address conflict and workplace challenges.</i>	Dec-21	Training for leadership (Core Leadership Program) to address conflict and workplace challenges completed early December.		COMPLETED			
	1	<i>Action 3. Facilitated Restoration sessions and coaching services with Executive Leadership.</i>	Mar-22	Facilitated restoration sessions and coaching services with executive leadership completed. Based on initial work, decision made to extend this work to end of March 2023.	Mar-23	ON SCHEDULE	Ongoing to March 2023		ON SCHEDULE
	1	<i>Action 4. Facilitated Restoration sessions and coaching services with Team Leads.</i>	Jun-22	Facilitated restoration sessions and coaching services with Team Leads completed. Based on initial work and arising needs, decision made to extend and enhance services to end of March 2023.	Mar-23	ON SCHEDULE	Ongoing to March 2023		ON SCHEDULE
	1	<i>Action 5. Facilitated Restoration sessions with Union Leadership.</i>	Dec-21	Facilitated restoration sessions with Union leadership completed.		COMPLETED			
	1	<i>Action 6. Facilitated Restoration sessions with Board members.</i>	Dec-21	Facilitated restoration sessions with Board members completed.		COMPLETED			
	1	<i>Action 7. Facilitated healing and restoration sessions with all staff.</i>	Dec-22	Preparation completed, sessions to begin May 2022		ON SCHEDULE	Sessions now planned for October through December		ON SCHEDULE
	1	<i>Action 8. A series of facilitated round table discussions between leadership and the Union including the Anti-Black Racism Steering Committee aimed at finding common ground and building a plan to move forward.</i>	Mar-22	Facilitated discussions have been held with Board, SMT, with Union leadership and ABR group. Decision made to continue and to have facilitated round table discussions starting in June 2022. CCR guiding the process and initial groundwork took longer than anticipated.	Oct-22	DELAYED	Facilitated discussions between all parties to be scheduled for October		ON SCHEDULE
	1	<i>Action 9. Maintenance Plan development to establish clear goals and specific action items to hold each other accountable during a process of re-establishing trust within the organization between all levels.</i>	Dec-22	Action plan developed shared with all staff. Workplace Restoration Council and working groups to be established in May and June to help implement action plan.		ON SCHEDULE	Workplace Advisory Council has been established and work scheduled to start Sept 2022		ON SCHEDULE
	1	<i>Action 10. Support to the Board concerning governance and accountability.</i>	Aug-22	Discussions and support provided to Board re: accountability, as well as initial conversations re: governance. See also recommendation 11 under governance project.		ON SCHEDULE	Further work to be anchored in the review of the Board governance model.		COMPLETED
	1	<i>Action 11. Continued oversight by the Board to measure progress and address continued challenges.</i>	Dec-22	Progress updates and issues as needed presented to Board on a bi-monthly basis (or more often as needed). Ongoing		ON SCHEDULE	Ongoing to March 2023	Mar-23	ON SCHEDULE
	1	<i>Action 12. A re-assessment in 12 months using the OrgPulse and a small number of interviews to gauge progress and overall workplace health.</i>	Dec-22			BEFORE START DATE	<i>Given extended timelines for above action items, reassessment now scheduled for early 2023</i>	Feb-23	BEFORE START DATE

Section	Phase	Recommendation	Original End Date	Progress Report 1 (Mar 31 2022)	Revised End Date	Status	Progress Report 2 (Aug 31 2022)	Revised End Date	Status
PROJECT: SERVICE (BPMEC except where noted)									
Community Partners	IN PLACE	1. Without question, these strong collaborative working relationships effectively assist the Peel CAS to protect children and keeping them in their families. Peel CAS should continue their efforts to support the delivery of child-centred, wrap-around services for children and families in collaboration with their community partners.	N/A	To be reflected in Year in Review Report (at BPMEC May 2022)		ON SCHEDULE	Our community partnerships have been highlighted in the 2021-22 Year in Review report. This report was presented to BPMEC on May 26, 2022.		COMPLETED
Service Compliance with the CYFSA: Children in Care	IN PLACE	1. It is recommended that Peel CAS continue its efforts to recruit culturally diverse foster families and report on efforts to place children in culturally matched homes.	May-22	The recruitment of culturally diverse foster parents as well as cultural matching for children in care continues to be a priority. A renewed focus on recruitment to occur in first half of 2022-23. Presentation at BPMEC May 2022.		ON SCHEDULE	A briefing note regarding cultural placement matching was prepared and presented to BPMEC in September 2022.		COMPLETED
	3	2. Peel CAS is encouraged to develop a quality assurance plan aimed at increasing compliance with the timeliness of the initial plan of care.	Jun-22	Continues to be monitored as part of ongoing case activity review, as well as preparing for extended care review, and preparing for the standard QIP. Policies and procedures under review.		ON SCHEDULE	Ongoing activities for monitoring completion of initial plan of cares include: Case Activity report distributed to staff bi-weekly (includes dues dates for Plans of Care); Annual Extended Care Review includes measures of compliance for timeliness for initial plan of care; Quality Improvement Plan audits include measures of compliance for timeliness for initial plan of care. Related policies and procedures have been reviewed and updated.		COMPLETED
	3	3. It would be beneficial for the Society to explore with their comparator societies how their model compares and examine possible strategies for lowering their Children in Care expenditures. (BFAC)	Dec-22	To be reviewed in Permanency Dept. May-Sept 2022		ON SCHEDULE	Given changes in Director, review to occur Sept - Dec 2022. Present to BFAC Jan 2023.	Jan-23	ON SCHEDULE
Service Compliance with the CYFSA: Foster Care	3	1. That Peel CAS undertake an analysis of their model of care vis a vis their comparators and examine why their foster treatment costs and days of care are greater. (BFAC)	Dec-22	Initial analysis completed. To be reviewed in Permanency Dept. May-Sept 2022		ON SCHEDULE	Initial analysis completed. Given changes in Director, review to occur Sept - Dec 2022. Present to BFAC Jan 2023.	Jan-23	ON SCHEDULE
Service Compliance with the CYFSA: Identity Data	2	1. The Ministry recognizes the challenges in collecting self-reported and consent-based identity-based data and recognizes the considerable efforts made by Peel CAS to collect this information thus far. The Society is encouraged to continue to develop best practices to support the collection of identity-based information consistently, across the continuum of service delivery, in order to continue to inform their policy and practices around the delivery of culturally appropriate services.	May-22	Continuing to develop best practices with regard to data collection and reporting. One example is improved process to identify children with First Nations, Inuit and Metis (FNIM) identity and ancestry. Knowledge dissemination underway. Practice to be implemented for other stages of service. Overview to be presented at BPMEC May 2022.		ON SCHEDULE	Best practices have been established for the collection of Race and First Nations, Inuit and Métis (FNIM) identity data. Improved our processes for identifying children with FNIM identity. Tip sheets explaining what, how and where to record this information in CPIN have been developed and shared with staff. Our trained Specialists continue to provide support to workers on how to record FNIM data in the information system. We continue to produce, monitor, and report completion rates for Race and FNIM identity at various stages of service. A recent review of identity data collection at ongoing service provided an opportunity to improve data quality, and workers were encouraged to use best practices as well as our tip sheets. As a result, completion rates for Race increased from 60% to 80%. Development of best practices for other identity variables is underway. Reports to the BPMEC will occur on an annual basis, starting in November 2022.		COMPLETED
	IN PLACE	2. Include race-based data in the collection and reporting of client satisfaction surveys to better understand of how Peel CAS is serving specific segments of the population. (NEW)	Jan-22	Included as a standard item in client surveys and reported at BPMEC Nov 18, 2021. Reported to relevant service branches (PACCB and Permanency) in February (2 presentations) and March (1 presentation).		COMPLETED			
	2	3. Develop an annual report on the analysis of disproportionality by race and First Nations, Inuit, and Métis identity at different stages of service along with an action plan to address issues. (NEW)	May-22	Different methodologies have been reviewed. Assistance with the analysis to be provided from Dr. Barbara Fallon at the University of Toronto. Initial analysis has been conducted and will be expanded to other stages of service during the summer. To be presented at BPMEC October 2022.	Oct-22	DELAYED	Initial disproportionality analysis for children in care has been completed. After reviewing several methodologies, and consulting with Dr. Barbara Fallon at the University of Toronto and Heather Krause at We All Count, our methodology was established, and reports designed. Disproportionality results for children admitted to care have been presented to Senior Management and the service branches. We continue to design methodologies, develop reports, and measure disproportionality at different stages of service, with intake being our next area of focus. Reports to the BPMEC will occur on an annual basis, starting in November 2022.		COMPLETED

Section	Phase	Recommendation	Original End Date	Progress Report 1 (Mar 31 2022)	Revised End Date	Status	Progress Report 2 (Aug 31 2022)	Revised End Date	Status
Service Compliance with the CYFSA: Investigations	3	1. When societies receive a referral and determine that a child protection investigation is necessary, they are required to meet the requirements set out in Child Protection Standard #2 and utilize the practice notes to guide their work. It is recommended that the society review and assess its decision-making guide to ensure that the initial assessment of the referral is coded appropriately, thereby ensuring the most appropriate interventions and services are provided to children and families.	Mar-23			BEFORE START DATE	Initial planning discussion with Service Director Advice and Assessment occurred in August 2022. Plan to complete audit/best practice review with review group consisting of frontline staff, team leaders and service director. Goal is to develop best practice recommendations for the agency. Service Director will bring for discussion with team leaders for next steps planning at Fall 2022 branch retreat.		ON SCHEDULE
	3	2. It is recommended that the society review a larger sample of investigations completed - case transferred, to confirm that the initial assessment of the referral continues to be relevant, thereby ensuring the most appropriate interventions and services are provided to children and families.	Mar-23			BEFORE START DATE		ON SCHEDULE	
	IN PLACE	3. It is recommended that Peel CAS continue to work in partnership with local police services and school boards to ensure referrals to the society are appropriate and made within an anti racist lens.	May-22	These partnerships continue including discussions to keep the work focused on addressing common issues. Overview to be presented at BPMEC May 2022.			ON SCHEDULE	A briefing note regarding this recommendation was prepared and presented to BPMEC in September 2022.	
Service Compliance with the CYFSA: Ongoing Services	3	1. It is recommended that supervisors ensure that all transfer documentation complies with Child Protection Standard #6 prior to approving a case for file transfer.	Mar-23			BEFORE START DATE	Initial planning discussion with Service Directors (Advice and Assessment and Parent and Child Capacity Building) occurred in August 2022. Plan to complete internal audit and present back to Advice and Assessment and Parent Child and Capacity Building branches for review and discussion of best practices. Goal is to develop best practice recommendations for the agency. Audit methodology and plan will be finalized in Fall 2022.		ON SCHEDULE
	3	2. It is recommended that supervisors ensure that all case closure documentation complies with Child Protection Standard #8 prior to approving a case for closure.	Mar-23			BEFORE START DATE	Initial planning discussion with Service Director Parent and Child Capacity Building occurred in August 2022. Plan to complete audit/best practice review with review group consisting of frontline staff, team leaders and service director.		ON SCHEDULE
	3	3. It is also recommended that the society aim to enter the case review and termination documentation within legislated timelines and where not possible, provide a documented rationale for departing from this requirement.	Mar-23			BEFORE START DATE	Goal is to develop best practice recommendations for the agency. Presentation to team leaders and planning of next steps will occur at branch meeting in October 2022.		ON SCHEDULE

**Peel CAS Comprehensive Review Work Plan - Progress Report 2:
Human Resources Policies and Procedures - Specific Recommendations**

Specific Area	Recommendation	Progress Report 2 (Aug 31 2022)	Status
Overall Policy Framework	1. Each policy should have a review date and be reviewed annually, or at least once every two years. 1. The policy review will begin two years from the project end date and each policy will have a review date and be revised every three years on a rotating cycle. Some policies may require a review sooner than three years, which will be noted as appropriate. <i>(Change approved by the Board Sept 29, 2022.</i>	Draft framework completed. To be rolled out to staff following change to be discussed at Sept BDC	ON SCHEDULE
	2. Each policy should have a clear purpose and definitions.		
	3. Roles and responsibilities should be added to each policy to outline the specific tasks and duties of roles.		
	4. Consider eliminating subjective phrases such as “People and Culture will decide or consider”.		
	5. Have all managers more involved in explaining policies to staff to ensure they are understood, enforcing policies to ensure they are observed, and working together with HR so is the department is not viewed as always being punitive or the enforcer.		
	6. Policies should be written using inclusive language (e.g., gender inclusive). <i>(NEW)</i>		
	7. Policies need to be written with a lens of equity and inclusion. <i>(NEW)</i>		
Anti-Racism	1. An anti-racism policy to be developed as a part of HR policies. The policy to explicitly include anti-Black racism. <i>(NEW)</i>	Under development - to be reviewed at Jan focus group	
Educational Leaves, Practicums and Tuition Reimbursement	1. Research should be conducted into best practices before this policy is reviewed and updated.	Under development - to be reviewed at March focus group	
Employment of Relatives	1. The policy needs to be strengthened including adding the definition of an “indirect relationship”.	Policy drafted; to be reviewed at September focus group	
	2. The conflict-of-interest paragraph needs to be revised.		
Job Postings	1. The Job Posting policy should be re-written to include more specific actions regarding job postings rather than just focus on the recruitment process. A change to the policy name will better reflect the focus of the policy.	Policy drafted; to be reviewed at September focus group	
Prevention and Resolution of Harassment and Discrimination in the Workplace	1. It is recommended that this policy be aligned with the Ontario Human Rights Code.	Under development - to be reviewed at Nov focus group	
	2. All complaints should be in writing.		
	3. It should be specified that the employer has a duty to investigate all complaints.		

**Peel CAS Comprehensive Review Work Plan - Progress Report 2:
Human Resources Policies and Procedures - Specific Recommendations**

Specific Area	Recommendation	Progress Report 2 (Aug 31 2022)	Status
Prevention of Workplace Violence and Harassment	1. There should be clear definitions of harassment and discrimination.	Under development - to be reviewed at Nov focus group	ON SCHEDULE
	2. The revised policy should state that the employer has a duty to investigate all complaints not just when HR believes an investigation is required.		
	3. The complaints process should be clearly outlined.		
	4. There should be an appeals process built into the policy.		
	5. All complaints should be in writing.		
	6. All parties should receive a copy of the full report, not just an overview/summary.		
	7. All complaint files should be closed upon completion of the investigation.		
Sick Leave Program	1. This policy should be more detailed and should ensure that it conforms to the Employment Standards Act.	Under development - to be reviewed at March focus group	
Staff Discipline	1. The policy should be amended to more clearly articulate the rules and expectations.	Under development - to be reviewed at Jan focus group	
Third Party Harassment	1. The policy should clarify that it relates only to external parties, not staff.	Under development - to be reviewed at Nov focus group	
	2. All reports should be investigated in the same way to eliminate any notion of bias in deciding which complaint to investigate.		
	3. There should be only one route to report third party harassment (currently there are two routes).		
Whistleblower	1. Consider a third-party service to confidentially receive and review whistleblower complaints. <i>(See Respectful Workplace)</i>	Under development - to be reviewed at Jan focus group	
	2. A confidential third party should be identified as the sole recipient of complaints to ensure employee confidentiality. <i>(See Respectful Workplace)</i>		
	3. The policy should clarify which complaints are shared with the Board of Directors.		
	4. A simplified process that is efficient to use should be developed.		
	5. There should be better definitions of key terms such as whistleblower, wrongdoing and vexatious.		
	6. The policy should clearly state when an investigation will not be conducted (e.g., frivolous or vexatious).		