



## Comprehensive Review Work Plan

Prepared in response to the *Peel Children's Aid Society Comprehensive Review Report* prepared for the Ministry of Children, Community and Social Services (MCCSS) by The Osborne Group and the Centre for Conflict Resolution International in collaboration with the MCCSS Review Team  
Dated August 31, 2021  
Received by Peel CAS October 1, 2021

APPROVED:  
by Board of Directors, Peel CAS  
on November 25, 2021

SUBMITTED:  
by Juliet Jackson, President, Board of Directors, Peel CAS  
to Karen Singh, Regional Director, Central Region, MCCSS  
on November 26, 2021

ENDORSED:  
by Karen Singh, Regional Director, Central Region, MCCSS  
on January 12, 2022

## Table of Contents

List of Abbreviations .....	3
Introduction.....	4
Overview.....	4
Key Findings.....	5
Work Plan .....	6
Guiding Principles.....	6
Role of the Board .....	6
Involvement of Staff.....	7
Timelines .....	7
Structure.....	7
Phase 1.....	8
Workplace Restoration .....	8
Respectful Workplace - Ombudsperson .....	10
Human Resources Policies and Procedures.....	11
Phase 2.....	14
Finance .....	14
Governance .....	19
Structure and Staffing.....	22
Change Management .....	22
Phase 3.....	23
Service Delivery Model .....	23
Service Compliance with the CYFSA.....	23
Community Partners.....	26
Appendix: Page Reference Guide for Work Plan Recommendations to Report.....	27

## List of Abbreviations

---

AA	Advice and Assessment
Board	Board of Directors
BDC	Board Development Committee
BFAC	Board Finance and Audit Committee
BPMEC	Board Performance Monitoring and Evaluation Committee
CAS	Children's Aid Society
CCRI	Centre for Conflict Resolution International
CEO	Chief Executive Officer
COM	Communications
CYFSA	Child, Youth and Family Services Act
DEI	Diversity, Equity and Inclusion
FPIT	Finance, Property, and Information Technology
HR	Human Resources
IT	Information Technology
MCCSS	Ministry of Children Community and Social Services
OCBE	Ontario Child Benefit Expenses
PACCB	Parent and Child Capacity Building
PC	People and Culture
PERM	Permanency
Report	Peel Children's Aid Society Comprehensive Review Report
Review	Operational Review and Workplace Assessment
SDI	Strategic Data Intelligence
SMT	Senior Management Team
Union	CUPE 4914

# Introduction

---

## Overview

The President of the Peel Children's Aid Society (CAS)<sup>1</sup> Board of Directors<sup>2</sup> and the CEO<sup>3</sup> received formal notification regarding an operational review and workplace assessment<sup>4</sup> to be led by the Ministry of Children, Community and Social Services (MCCSS)<sup>5</sup> via letter from the Director, Central Region, MCCSS, on February 17, 2021.

The Review began in April 2021 and was led by the Osborne Group. It was conducted by members of the Osborne Group, the Centre for Conflict Resolution International (CCRI)<sup>6</sup>, and staff from the MCCSS. The scope encompassed workplace culture, governance, service delivery model, compliance with the Child, Youth and Family Services Act (CYFSA)<sup>7</sup>, community partnerships, human resources, and finance, with findings and recommendations developed for each of the in-scope areas.

The Osborne Group submitted the *Peel Children's Aid Society Comprehensive Review Report* (Report)<sup>8</sup> to the Director, Central Region, MCCSS on August 31, 2021. The Report was released to the agency on October 1, 2021, and immediately posted on the Peel CAS website. Prior to the release of the Report, no one on the Board or in the employment of Peel CAS had received it.

The Board was given 45 days to prepare the following work plan that addresses issues identified in the review, including racism. Once endorsed by the MCCSS, it will be publicly available on the Peel CAS website and be closely monitored on an ongoing basis by both the Board and the Ministry.

---

<sup>1</sup> CAS = Children's Aid Society

<sup>2</sup> Board = Board of Directors

<sup>3</sup> CEO = Chief Executive Officer

<sup>4</sup> Review = Operational review and workplace assessment

<sup>5</sup> MCCSS = Ministry of Children Community and Social Services

<sup>6</sup> CCRI = Centre for Conflict Resolution International

<sup>7</sup> CYFSA = Child, Youth and Family Services Act

<sup>8</sup> Report = Peel Children's Aid Society Comprehensive Review Report

## Key Findings

### Areas of strength

In the Report, service delivery and community partnerships were identified as strengths, which is a testament to our staff. These strengths include:

- Staff are proud of the service model that focusses on collaboration with families and partners.
- Case review results demonstrated high compliance across the service areas reviewed.
- Community partners reported that staff have an excellent reputation for sharing power.
- Metrics are used to evaluate client services and make improvements.

With respect to the Board, these areas of strength were identified:

- Composed of individuals with diverse backgrounds.
- Commitment to Peel CAS.
- Utilize a skills matrix for succession planning that reflects multiple identities as well as work and governance experience.
- Policies are thoughtful, sound and there is an openness to improvement.
- Active commitment to ongoing learning and development.

### Areas of concern

Despite the above strengths the Report identified that Peel CAS has a troubled workplace environment. Specific areas of concern include:

- Command and control leadership culture.
- Dysfunctional union-management relationship.
- Lack of clarity and transparency in communications.
- Conflict avoidance.
- Absence of safe spaces for difficult conversations including those about racism.
- Too much change is expected too quickly.
- Legacy issues which remain unhealed.

With respect to the Board, the primary area for improvement was increased stewardship of human resources. While there is a commitment to provide an environment where people are thriving in a healthy workplace and that the workplace is supportive of diversity, inclusion and equity, the Board does not currently have metrics in place to evaluate whether these commitments are being honoured.

## Work Plan

---

The Board firmly believes that to be successful, a work plan is required that is transformative, drives bold action, and leads to positive, sustained change. The Review identified a range of issues requiring action, some of which required immediate attention. As such, several initiatives are already underway.

### Guiding Principles

Overarching themes identified in the Report have been used to develop principles that are foundational not only to this work plan, but also to the work going forward.

- 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.

### Role of the Board

An ad hoc committee of the Board, the “*Comprehensive Review Oversight Committee*”, was established to develop this work plan to address the findings and recommendations in the Report and provide overall oversight of the work plan. It is chaired by the Board President.

The three standing committees of the Board will track progress, ensure that staff are involved, that work is completed in a timely manner, and provide resolution to issues that arise. These committees are:

- Board Development Committee (BDC)<sup>9</sup>
- Board Finance and Audit Committee (BFAC)<sup>10</sup>
- Board Performance Monitoring and Evaluation Committee (BPMEC)<sup>11</sup>

Regular progress updates will be provided to these committees on a quarterly basis or more frequently at the discretion of the individual committee, the Board, or the Board President.

---

<sup>9</sup> BDC = Board Development Committee

<sup>10</sup> BFAC = Board Finance and Audit Committee

<sup>11</sup> BPMEC = Board Performance Monitoring and Evaluation Committee

## Involvement of Staff

Of critical importance to the Review was the engagement and feedback of employees from across the organization, that had a wide range of professional and lived experience. This same premise is carried forward to the implementation of the work plan. The Board sees this work plan as a living, dynamic document that has the flexibility to be edited and updated as work progresses and as further insight from employees is obtained. Nevertheless, a firm commitment to address the issues identified in the Review will be maintained. Without the involvement and collaboration from staff, sustained, positive change is not possible.

For all items in the work plan, a collaborative approach will be used, involving voices of staff from across the organization. Exceptions will be items that require small change or ones that are focussed in very specific areas. Accountability for progress on the work plan will include demonstrated involvement of staff in the work.

## Timelines

All issues identified in the Report are important, however some are integral (affecting many staff and significantly contributing to workplace dysfunction) and urgent (time sensitive and requiring immediate attention). In addition, not all issues can begin at once, otherwise there is a danger of continuing “too much too fast”.

Recommendation areas have been identified as falling into one of the following phases:

- Phase 1: work is underway (i.e., October/November 2021)
- Phase 2: works begins no later than March 2022
- Phase 3: work begins no later than September 2022

Phase 1 issues are ones which the Board viewed as integral and urgent. These are:

- In-depth work on restoration.
- Independent ombudsperson for staff who do not feel comfortable reporting issues related to harassment, discrimination, and racism.
- Review of human resource policies and procedures.

## Structure

The Report consisted of two main sections:

- Part 1 – Workplace Assessment
- 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 Board has included several additional recommendations to the work plan (e.g., anti-racism policy) as it is felt they are key to moving forward. These are labelled *NEW* in the subsequent sections.

The structure of the following sections covers these areas; however, they are organized by the Phase of work. In addition, the recommendations within each section do not always follow that of the Report, and the Appendix provides a reference to their specific locations.

# Phase 1

---

## Workplace Restoration

The Board is committed to a restorative journey to create a workplace that is rooted in cultural safety and belonging. We view this work foundational to the other issues raised in the Report. The restoration process includes the various key stakeholders including, staff, Union<sup>12</sup>, front line management, senior management, and the Board. The Centre for Conflict Resolution International (CCRI) has been engaged to lead this work on behalf on the Board.

### Recommendations for Intervention

- Establishing restoration ground rules for respectful workplace behavior within Peel CAS, using active listening and trauma-informed practices.
- Coaching and building the skill sets of leaders (both within leadership and the Union) on how to address challenging situations, have difficult conversations, and use conflict as a catalyst for change.
- Healing and reconciliation sessions for all staff.
- Facilitated round table discussions between groups and individuals utilizing open and honest discussion on issues.
- Development of a maintenance plan, built on specific action items, with input from all staff. This will serve as a mutual agreement on how to move forward, hold each other accountable and rebuild a foundation of trust.

### Advisory Council

To support and advocate the workplace restoration process, an Advisory Council will be established once some of the foundational work has occurred—likely sometime between January and March 2022. The Council will have broad membership from across the organization, representing a variety of professional and lived experience.

---

<sup>12</sup> Union = CUPE 4914



## Action Plan

Work on the action plan will be led by CCRI, and progress will be reported directly to the Board.

ITEM	TIMELINE
1. Establishing ground rules for workplace restoration to ensure transparency, confidence and trust-building actions and behaviours.	0-6 months
2. Training for leadership (Core Leadership Program) to address conflict and workplace challenges.	0-3 months
3. Facilitated Restoration sessions and coaching services with Executive Leadership.	0-6 months
4. Facilitated Restoration sessions and coaching services with Team Leads.	0-9 months
5. Facilitated Restoration sessions with Union Leadership.	0-3 months
6. Facilitated Restoration sessions with Board members.	0-3 months
7. Facilitated healing and restoration sessions with all staff.	6-15 months
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.	0-6 months
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.	6-15 months
10. Support to the Board concerning governance and accountability.	6-12 months
11. Continued oversight by the Board to measure progress and address continued challenges.	Ongoing
12. A re-assessment in 12 months using the OrgPulse and a small number of interviews to gauge progress and overall workplace health.	12-15 months

## Respectful Workplace - Ombudsperson

Recommendation	Action/Timeline	Board Lead(s)	Staff Lead (s)
<p>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. <i>(NEW)</i> <i>(See also HR Policies Whistleblower items 1 and 2)</i></p>	<p>Third party to take on role for short term 3-4 months Dec 2021 – Mar 2022 Formal procurement process for full year of services Dec 2021 – Jan 2022 Develop and implement project plan Mar 2022 – Mar 2023 Evaluate services provided Jan 2023 Decide on and implement future process Feb – Mar 2023 Apr 2023 onwards</p>	<p>Board President Board Vice President</p>	<p>Third party vendor Director PC<sup>13</sup></p>

<sup>13</sup> PC = People and Culture

## Human Resources Policies and Procedures

Recommendation	Action/Timeline	Board Lead(s)	Staff Lead (s)
<p>To address the recommendations in the HR<sup>14</sup> policies section of the Report, the strategy is: With the assistance of a third party</p> <ul style="list-style-type: none"> <li>• Develop an HR policy and procedure framework</li> <li>• Review existing HR policies and procedures, revising ones identified in the tables below as well as the full suite of HR policies and procedures</li> <li>• Develop new policies and procedures that are gaps in the existing HR policies and procedures (e.g., anti-racism policy)</li> </ul> <p>(NEW)</p>	<p>Formal procurement process Dec 2021 – Feb 2022 Develop and implement project plan that addresses all recommendations. Mar 2022 – Aug 2023 Implement sustainment processes Sept 2023</p>	<p>BPMEC</p>	<p>Third party vendor Director PC</p>

### Overall Policy Framework

1. Each policy should have a review date and be reviewed annually, or at least once every two years.
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). (NEW)
7. Policies need to be written with a lens of equity and inclusion. (NEW)

### Anti-Racism

1. An anti-racism policy to be developed as a part of HR policies. The policy to explicitly include anti-Black racism. (NEW)
--

<sup>14</sup> HR = Human Resources

### **Educational Leaves, Practicums and Tuition Reimbursement**

- |   |
|---|
| 1. Research should be conducted into best practices before this policy is reviewed and updated. |
|---|

### **Employment of Relatives**

- |   |
|---|
| 1. The policy needs to be strengthened including adding the definition of an “indirect relationship”. |
| 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. |
|--|

### **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.  |
| 2. All complaints should be in writing.   |
| 3. It should be specified that the employer has a duty to investigate all complaints. |

### **Prevention of Workplace Violence and Harassment**

- |   |
|---|
| 1. There should be clear definitions of harassment and discrimination.  |
| 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. |
|--|

### **Staff Discipline**

- |  |
|--|
| 1. The policy should be amended to more clearly articulate the rules and expectations. |
|--|

### Third Party Harassment

1. The policy should clarify that it relates only to external parties, not staff.
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>
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).

## Phase 2

### Finance

NOTE: Majority of Finance areas scheduled for Phase 2, there are exceptions—these are noted in the following tables.

#### Budgeting/Forecasting Process

PHASE	Recommendation	Action/Timeline	Board Lead(s)	Staff Lead (s)
PHASE 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.	Practices well understood. Documentation in progress Review at BFAC by end of Feb 2022	BFAC	Director FPIT <sup>15</sup>

#### Building Occupancy

PHASE	Recommendation	Action/Timeline	Board Lead(s)	Staff Lead (s)
PHASE 2	1. Explore revenue generation/debt retirement by utilizing excess land.	Review limitations for land usage (10 years) at BFAC before end of Mar 2022	BFAC	Director FPIT
	2. Explore revenue generation using sports court.	Leasing plan to be developed - restricted by COVID. Focus on use for PCAS service users Review at BFAC before end of Mar 2022		
	3. Ensure community partner space is fully leased at fair market rates.	Explore options for agreements/ partnerships Review at BFAC by Sep 2022		
	4. Ensure that the Foundation pay fair market rate for space used.	Discussion at BFAC before end of Mar 2022		

<sup>15</sup> FPIT = Finance, Property, and Information Technology

**Client Personal Needs**

PHASE	Recommendation	Action/Timeline	Board Lead(s)	Staff Lead (s)
PHASE 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.	Review policy, process, and documentation requirements.	BFAC	Director FPIT
	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).	Revise as required Review at BFAC before end of Mar 2023		

**Credit Cards**

PHASE	Recommendation	Action/Timeline	Board Lead(s)	Staff Lead (s)
PHASE 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.	Revise existing credit card policy Review at BFAC before end of Mar 2022	BFAC	Director FPIT
PHASE 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.			
	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.			

**Financial Orientation and Review**

PHASE	Recommendation	Action/Timeline	Board Lead(s)	Staff Lead (s)
PHASE 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.	Develop financial overview/orientation sessions Develop review cycle for financial policies Present to BFAC before end of Mar 2023	BFAC	Director FPIT

**Miscellaneous Expenditures**

PHASE	Recommendation	Action/Timeline	Board Lead(s)	Staff Lead (s)
PHASE 3	1. Peel should review the expenditures coded to miscellaneous to ensure they align with MCCSS guidelines.	Current practice in alignment with policy no work required Present to BFAC before end of Mar 2023	BFAC	Director FPIT
	2. Peel should enforce Ministry guidelines and Broader Public Sector directives related to entertainment expenses.	Reinforce Travel Meal & Hosp policy at SMT <sup>16</sup> Review policy annually (see Travel item 3) Present to BFAC before end of Mar 2023		

**Ontario Child Benefit Expenses (OCBE)<sup>17</sup>**

PHASE	Recommendation	Action/Timeline	Board Lead(s)	Staff Lead (s)
PHASE 2	1. Peel CAS should increase OCBE program utilization rate and use savings program for more children.	Review current utilization. Develop and implement plan for increased utilization and annual review Present to BFAC before end of Mar 2023	BFAC	Director PERM <sup>18</sup>

**Professional Services – Non-Client**

No recommendations made

<sup>16</sup> SMT = Senior Management Team

<sup>17</sup> OCBE = Ontario Child Benefit Expenses

<sup>18</sup> PERM = Permanency



**Promotion and Publicity**

PHASE	Recommendation	Action/Timeline	Board Lead(s)	Staff Lead (s)
PHASE 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.	Conduct review Determine best practices Incorporate in policies and procedures Present to BFAC before end of Dec 2022	BFAC	Director COM <sup>19</sup> Director PC Director DEI <sup>20</sup>

**Salaries and Benefits**

PHASE	Recommendation	Action/Timeline	Board Lead(s)	Staff Lead (s)
PHASE 1	1. That the Board of Directors should assess comparator societies' executive compensation increases when determining management compensation increases.	Effective immediately prior to any changes Create policy Review at BFAC by Dec 2022	BFAC	Director PC
	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.		BFAC	Director PC
	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 President and Vice President	CEO
PHASE 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)	Sept 2022 – Feb 2023	BFAC	Director PC

**Technology**

PHASE	Recommendation	Action/Timeline	Board Lead(s)	Staff Lead (s)
IN PLACE	1. Peel CAS should ensure that the purchase and use of IT <sup>21</sup> 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.	IT Asset Management System already in place Present to BFAC before end of Mar 2022	BFAC	Director FPIT

<sup>19</sup> COM = Communications

<sup>20</sup> DEI = Diversity, Equity and Inclusion

<sup>21</sup> IT = Information Technology

**Training and Recruitment**

PHASE	Recommendation	Action/Timeline	Board Lead(s)	Staff Lead (s)
PHASE 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.	Conduct analysis and review, including approval process to ensure costs are allocated correctly	BFAC	Director PC Director FPIT
	2. Recording of training costs should adhere to appropriate account codes to ensure transparency, validation, and reconciliation.	Incorporate in policies and procedures (link to HR and Finance policies). Develop review process across all training lines (annually or more frequently as required)		
	3. Training requests need to be documented accurately and approved by budget holder and supervisor prior to registration. (NEW)	Present to BFAC before end of May 2022		

**Travel**

PHASE	Recommendation	Action/Timeline	Board Lead(s)	Staff Lead (s)
PHASE 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.	Revise Travel & Meal Policy	BFAC	Director FPIT
PHASE 2	2. Policy revision required for Travel Incidentals to be more specific related to the details of spending.	Review at BFAC before end of Mar 2022		

## Governance

NOTE: Majority of Governance areas scheduled for Phase 2, there are exceptions—these are noted in the following tables.

PHASE	Recommendation	Action/Timeline	Board Lead(s)	Staff Lead (s)
PHASE 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. The Board should also be aware of the consequences associated with non-compliance with the legislation.	Reviewed at Oct 2021 Board meeting Discussion at Jan 2022 Board meeting Jan 2023 as part of financial mandate	Board BFAC	Director PC
	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.	Change practice Discuss at Jan 2022 Board retreat Revise meeting evaluation survey to assess by May 2022 Implement revised survey Sept 2022 Review data, revisit at Board retreat Jan 2023	BDC Support from BPMEC	Director SDI <sup>22</sup>
PHASE 2	3. The Board should enhance financial policies (See also item 1 above and item 4 below)	Review at BFAC by Sept 2022	BFAC	Director FPIT
	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.			
	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.	Review and revise by the end of May 2022	BPMEC	Director SDI
	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.	Review and revise by the end of May 2022	BDC	Director PC

<sup>22</sup> SDI = Strategic Data Intelligence

PHASE	Recommendation	Action/Timeline	Board Lead(s)	Staff Lead (s)
PHASE 2	<p>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).</p>	<p>Develop initial metrics by Feb 2022 Implement as part of CEO performance appraisal by Mar 2022 Refine metrics by end of Dec 2022 Use revised metrics starting Mar 2023</p>	<p>BPMEC Board President and Vice President</p>	<p>Director PC Director SDI</p>
	<p>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.</p>	<p>Convene committee by end of Mar 2022 Research and review best practices by end of June 2022 Develop and finalize policy (including the standing committee responsible) by end of Nov 2022 Implement mechanisms for reporting to the Board by Jan 2023</p>	<p>Ad hoc committee comprised of members of the BPMEC, BFAC, and BDC</p>	<p>Director SDI Director FPIT</p>
	<p>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.</p>	<p>Board President and Vice President review completion report as part of annual CEO performance appraisal process Implement April 2022 Incorporate into Board procedure by May 2022.</p>	<p>Board President and Vice President</p>	<p>Director PC</p>

PHASE	Recommendation	Action/Timeline	Board Lead(s)	Staff Lead (s)
PHASE 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)	Prepare list of applicable legislation and directives by end of May 2022 Develop briefings end of Aug 2022, include in Board Handbook Develop process for changes by Dec 2023	BPMEC	Director SDI Director PC Director FPIT
PHASE 3	11. The Board conduct a review of its governance model to determine if it meets the current needs of the Board. (NEW)	Formal procurement process April – June 2022; Third party to review current model and present options to BDC Oct 2022 Develop materials for Board retreat by end of Dec 2022 Review at Board retreat Jan 2023 Decide path forward by April 2023 Implement required changes (e.g., by-laws; policies, procedures, documentation, etc.). by June 2024	BDC	Third Party CEO Director SDI
PHASE 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.	Initiate review by Sept 2022 Determine practice revisions by end of Jan 2023 Implement changes in Mar 2023	BDC	Director PC

## Structure and Staffing

PHASE	Recommendation	Action/Timeline	Board Lead(s)	Staff Lead (s)
PHASE 2	1. Conduct a review and analysis of direct service staffing, caseloads, and spans of control. (NEW)	Conduct review and analysis Determine if changes are required Develop and implement a change management plan Present before end of Nov 2022	BFAC	Director SDI
	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.			
	3. Conduct a review and analysis of the contract staffing. (NEW)			
	4. Conduct a review of the PC and DEI areas to clarify roles and responsibilities regarding HR issues related to equity and inclusion. (NEW)	BPMEC	CEO	

## Change Management

PHASE	Recommendation	Action/Timeline	Board Lead(s)	Staff Lead (s)
PHASE 2	1. Adopt a consistent, best practices approach to change management. (NEW)	Review best practices Determine desired approach for agency Develop knowledge building sessions and a schedule for delivery of the sessions	BPMEC	Director SDI
	2. Adopt a consistent, best practices approach to project management. (NEW)	Develop tools to support implementation and to demonstrate accountability Present to BPMEC before end of May 2022		

## Phase 3

### Service Delivery Model

Positive findings in Report, and no recommendations made.

### Service Compliance with the CYFSA

Overall findings of high compliance in Report. In addition, related work continues through policies, procedures, and practises.

*NOTE: Four of the five areas reviewed are scheduled for Phase 3, with one scheduled for Phase 2.*

#### Investigations

PHASE	Recommendation	Action/Timeline	Board Lead(s)	Staff Lead (s)
PHASE 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.	Review and discuss in AA <sup>23</sup> branch by end of Feb 2022 Integrate into file review and audit process by June 2022	BPMEC	Director AA Director SDI
PHASE 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.	If required initiate change management process and integrate into policies and procedures by Mar 2023		
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.	Work is in place and will continue Present an overview of the work at BPMEC by May 2022		Director AA Directors PACCB <sup>24</sup> , PACCB & DEI; PERM

<sup>23</sup> AA = Advice and Assessment

<sup>24</sup> PACCB = Parent and Child Capacity Building

Ongoing Services

PHASE	Recommendation	Action/Timeline	Board Lead(s)	Staff Lead (s)
PHASE 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.	Review and discuss in AA branch by end of Feb 2022	BPMEC	Director PACCB Directors AA; PACCB & DEI; PERM; SDI
	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.	Integrate into file review and audit process by June 2022		
	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.	If required initiate change management process and integrate into policies and procedures by Mar 2023		



**Children in Care**

PHASE	Recommendation	Action/Timeline	Board Lead(s)	Staff Lead (s)
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.	Work underway Present at BPMEC by May 2022	BPMEC	Director PERM
PHASE 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.	Integrate into file review and audit process by June 2022 If required initiate changes and integrate into policies and procedures	BPMEC	Director SDI
PHASE 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.	Conduct analysis and review Determine if there are any options to adopt Incorporate into policies and procedures Present to BFAC before end of Dec 2022	BFAC	Director PERM Director FPIT

**Foster Care**

PHASE	Recommendation	Action/Timeline	Board Lead(s)	Staff Lead (s)
PHASE 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.	Conduct analysis and review Determine if there are options to adopt Incorporate into policies and procedures Present to BFAC before end of Dec 2022	BFAC	Director PERM Director FPIT

**Identity Data**

PHASE	Recommendation	Action/Timeline	Board Lead(s)	Staff Lead (s)
PHASE 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.	Work underway and will continue Refresh change processes including knowledge and clarity about definitions, data collection, recording, and reporting Present an overview and report at BPMEC by May 2022	BPMEC	Director SDI
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)	In progress, reported at BPMEC Nov 18, 2022 To report to branches by end of Jan 2022		
PHASE 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)	Conduct analysis Prepare report Develop and implement action plan Present an overview and report at BPMEC by May 2022	BPMEC	Director SDI Director PACCB & DEI

**Community Partners**

PHASE	Recommendation	Action/Timeline	Board Lead(s)	Staff Lead (s)
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.	No action required as in sustainment Partnerships are highlights in <i>Year in Review Report</i>	BPMEC	Director PACCB & DEI Support from Directors AA; PACCB; PERM; SDI

## Appendix: Page Reference Guide for Work Plan Recommendations to Report

RECOMMENDATION IN WORK PLAN	PAGE IN REPORT
<b>Workplace Restoration Action Plan</b>	
1. Establishing ground rules for workplace restoration to ensure transparency, confidence and trust-building actions and behaviours.	29
2. Training for leadership (Core Leadership Program) to address conflict and workplace challenges.	
3. Facilitated Restoration sessions and coaching services with Executive Leadership.	
4. Facilitated Restoration sessions and coaching services with Team Leads.	
5. Facilitated Restoration sessions with Union Leadership.	
6. Facilitated Restoration sessions with Board members.	
7. Facilitated healing and restoration sessions with all staff.	
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 making a plan to move forward.	
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.	
10. Support to the Board concerning governance and accountability.	
11. Continued oversight by the Board to measure progress and address continued challenges.	
12. A re-assessment in 12 months using the OrgPulse and a small number of interviews to gauge progress and overall workplace health.	
<b>Respectful Workplace - Ombudsperson</b>	
1. Implement a confidential third party process for staff to report issues related to harassment, discrimination, and racism. This service will act as an independent ombudsperson and will assist in the development of a respectful workplace program. (NEW)	29
	56
(See also HR Policies Whistleblower items 1 and 2)	60

RECOMMENDATION IN WORK PLAN	PAGE IN REPORT
<b>Human Resources Policies and Procedures</b>	
<p>1. To address the recommendations in the HR policies section of the Report, the strategy is: With the assistance of a third party</p> <ul style="list-style-type: none"> <li>• Develop an HR policy and procedure framework</li> <li>• Review existing HR policies and procedures, revising ones identified in the tables below as well as the full suite of HR policies and procedures</li> <li>• Develop new policies and procedures that are gaps in the existing HR policies and procedures (e.g., anti-racism policy)</li> </ul> <p>(NEW)</p>	-
<b>Human Resources Policies and Procedures: Overall Policy Framework</b>	
1. Each policy should have a review date and be reviewed annually, or at least once every two years.	60
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). (NEW)	-
7. Policies need to be written with a lens of equity and inclusion. (NEW)	-
<b>Human Resources Policies and Procedures: Anti-Racism</b>	
1. An anti-racism to be developed as a part of HR policies. The policy to explicitly include anti-Black racism. (NEW)	-
<b>Human Resources Policies and Procedures: Educational Leaves, Practicums and Tuition Reimbursement</b>	
1. Research should be conducted into best practices before this policy is reviewed and updated.	59
<b>Human Resources Policies and Procedures: Employment of Relatives</b>	
1. The policy needs to be strengthened including adding the definition of an “indirect relationship”.	57
2. The conflict-of-interest paragraph needs to be revised.	
<b>Human Resources Policies and Procedures: Job Postings</b>	
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.	57

RECOMMENDATION IN WORK PLAN	PAGE IN REPORT
<b>Human Resources Policies and Procedures: Prevention and Resolution of Harassment and Discrimination in the Workplace</b>	
1. It is recommended that this policy be aligned with the Ontario Human Rights Code.	58
2. All complaints should be in writing.	
3. It should be specified that the employer has a duty to investigate all complaints.	
<b>Human Resources Policies and Procedures: Prevention of Workplace Violence and Harassment</b>	
1. There should be clear definitions of harassment and discrimination.	57-58
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.	
<b>Human Resources Policies and Procedures: Sick Leave Program</b>	
1. This policy should be more detailed and should ensure that it conforms to the Employment Standards Act.	59
<b>Human Resources Policies and Procedures: Staff Discipline</b>	
1. The policy should be amended to more clearly articulate the rules and expectations.	58
<b>Human Resources Policies and Procedures: Third Party Harassment</b>	
1. The policy should clarify that it relates only to external parties, not staff.	58
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).	

RECOMMENDATION IN WORK PLAN	PAGE IN REPORT
<b>Human Resources Policies and Procedures: Whistleblower</b>	
1. Consider a third party service to confidentially receive and review whistleblower complaints. <i>(See Respectful Workplace)</i>	60
2. A confidential third party should be identified as the sole recipient of complaints to ensure employee confidentiality. <i>(See Respectful Workplace)</i>	56
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).	
<b>Finance: Budgeting/Forecasting Process</b>	
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.	69-70
<b>Finance: Building Occupancy</b>	
1. Explore revenue generation/debt retirement by utilizing excess land.	66
2. Explore revenue generation using sports court.	
3. Ensure community partner space is fully leased at fair market rates.	
4. Ensure that the Foundation pay fair market rate for space used.	
<b>Finance: Client Personal Needs</b>	
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.	65
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).	

RECOMMENDATION IN WORK PLAN	PAGE IN REPORT
<b>Finance: Credit Cards</b>	
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.	63
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.	63
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.	63
<b>Finance: Financial Orientation and Review</b>	
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.	70
<b>Finance: Miscellaneous Expenditures</b>	
1. Peel should review the expenditures coded to miscellaneous to ensure they align with MCCSS guidelines.	67
2. Peel should enforce Ministry guidelines and Broader Public Sector directives related to entertainment expenses.	
<b>Finance: Ontario Child Benefit Expenses (OCBE)</b>	
1. Peel CAS should increase OCBE program utilization rate and use savings program for more children.	68
<b>Finance: Promotion and Publicity</b>	
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.	68
<b>Finance: Salaries and Benefits</b>	
1. That the Board of Directors should assess comparator societies' executive compensation increases when determining management compensation increases.	62
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.	62
3. It is recommended that all senior management staffing changes be approved by the Board of Directors and be based on a sound rationale. <i>(NEW)</i>	-
4. With the assistance of a third party, explore the implementation of a pay for performance model that aligns compensation with senior staff performance. <i>(NEW)</i>	-

RECOMMENDATION IN WORK PLAN	PAGE IN REPORT
<b>Finance: Technology</b>	
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.	62
<b>Finance: Training and Recruitment</b>	
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.	64
2. Recording of training costs should adhere to appropriate account codes to ensure transparency, validation, and reconciliation.	
3. Training requests need to be documented accurately and approved by budget holder and supervisor prior to registration. (NEW)	-
<b>Finance: Travel</b>	
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.	63
2. Policy revision required for Travel Incidentals to be more specific related to the details of spending.	63
<b>Governance</b>	
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. The Board should also be aware of the consequences associated with non-compliance with the legislation.	62
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.	35
3. The Board should enhance financial policies.	35
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.	62
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.	34
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.	34



RECOMMENDATION IN WORK PLAN	PAGE IN REPORT
<b>Governance</b>	
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).	34
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.	34
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.	60
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)	-
11. The Board conduct a review of its governance model to determine if it meets the current needs of the Board. (NEW)	-
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.	34
<b>Structure and Staffing</b>	
1. Conduct a review and analysis of direct service staffing, caseloads, and spans of control. (NEW)	-
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.	62
3. Conduct a review and analysis of the contract staffing. (NEW)	-
4. Conduct a review of the PC and DEI areas to clarify roles and responsibilities regarding HR issues related to equity and inclusion. (NEW)	-
<b>Change Management</b>	
1. Adopt a consistent, best practices approach to change management. (NEW)	-
2. Adopt a consistent, best practices approach to project management. (NEW)	-

RECOMMENDATION IN WORK PLAN	PAGE IN REPORT
<b>Service Compliance with the CYFSA: Investigations</b>	
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.	46
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.	
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.	
<b>Service Compliance with the CYFSA: Ongoing Services</b>	
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.	48
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.	
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.	
<b>Service Compliance with the CYFSA: Children in Care</b>	
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.	52
2. Peel CAS is encouraged to develop a quality assurance plan aimed at increasing compliance with the timeliness of the initial plan of care.	
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.	
<b>Service Compliance with the CYFSA: Foster Care</b>	
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.	52

RECOMMENDATION IN WORK PLAN	PAGE IN REPORT
<b>Service Compliance with the CYFSA: Identity Data</b>	
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.	53
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. <i>(NEW)</i>	-
3. Develop an annual report on the analysis of disproportionality by race and First Nations, Inuit, and <i>Métis identity at different stages of service along with an action plan to address issues. (NEW)</i>	-
<b>Community Partners</b>	
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.	55