Comprehensive Review Work Plan

Progress Report 5
to October 31, 2023

Approved:
by Board of Directors, Peel CAS
November 2, 2023

Submitted:
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to Karen Singh, Regional Director, Central Region, MCCSS
November 8, 2023

Peel CAS

Peel CAS Comprehensive Review Work Plan - Progress Report 5 (to October 31, 2023)

Comprehensive Review Report

In February 2021, Peel CAS 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; 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

The Board prepared a work plan to address the recommendations as well as several findings in the Report. The work plan consisted of 106 recommendations. It was submitted to the MCCSS on November 26, 2021, and endorsed by the MCCSS in January 2022.

Progress Reports

Recommendations from the work plan were organized into six projects: change management, finance, governance, human resources, respectful workplace, and service.

Responsibility for each recommendation was assigned to the Board or one of the Board committees: Governance, Finance and Audit, and Performance Monitoring and Evaluation.

To date four progress reports have been completed:

- Progress Report 1 (to March 31, 2022)
- Progress Report 2 (to August 31, 2022)
- Progress Report 3 (to Dec. 31, 2022)
- Progress Report 4 (to May 31, 2023). At that time, 104 of 106 recommendations were completed.

This current and final report, **Progress Report 5, reflects the completion of all 106 recommendations**, as well as an overview of how progress will be sustained.

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.

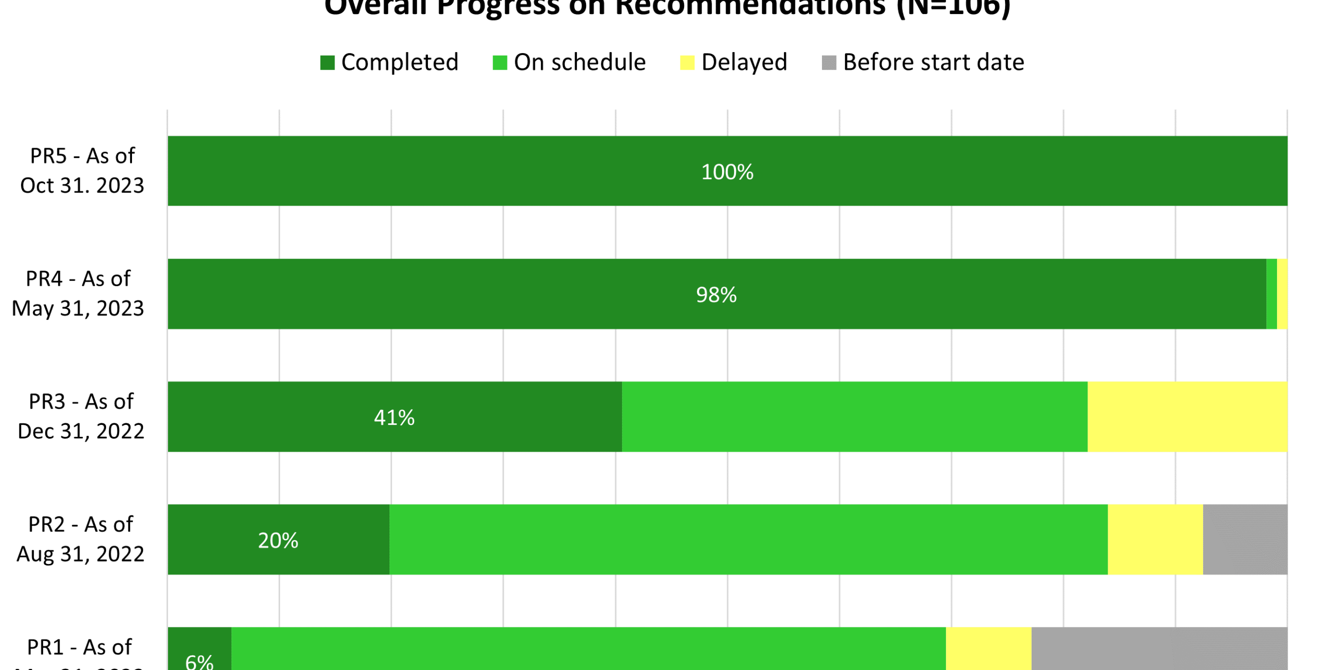
Safe spaces for engaging in difficult conversations on issues such as anti-Black racism are needed for staff to feel supported.

Demonstrated commitment to and accountability for change.

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

Overall Progress

This current report, Progress Report 5, reflects the completion of all 106 recommendations. The graphic below illustrates overall progress in each of the five progress reports.



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Newly Completed Recommendations

The two recommendations that were not complete in Progress Report 4, are now complete. They are both related to the **FINANCE Project**

Policies and Procedures

Recommendation: *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)*

Progress: All financial policies have been reviewed. Gaps that were identified by third party have been addressed within existing policies or new policies scheduled to be developed. Policies have been categorized depending on pending changes. All updates are scheduled to be completed by August 31, 2023. The agency policy and procedure framework has been used as a guide. Subsequent updates to policies and procedures will be made as needed this summer and then every three years (or as needed). COMPLETED

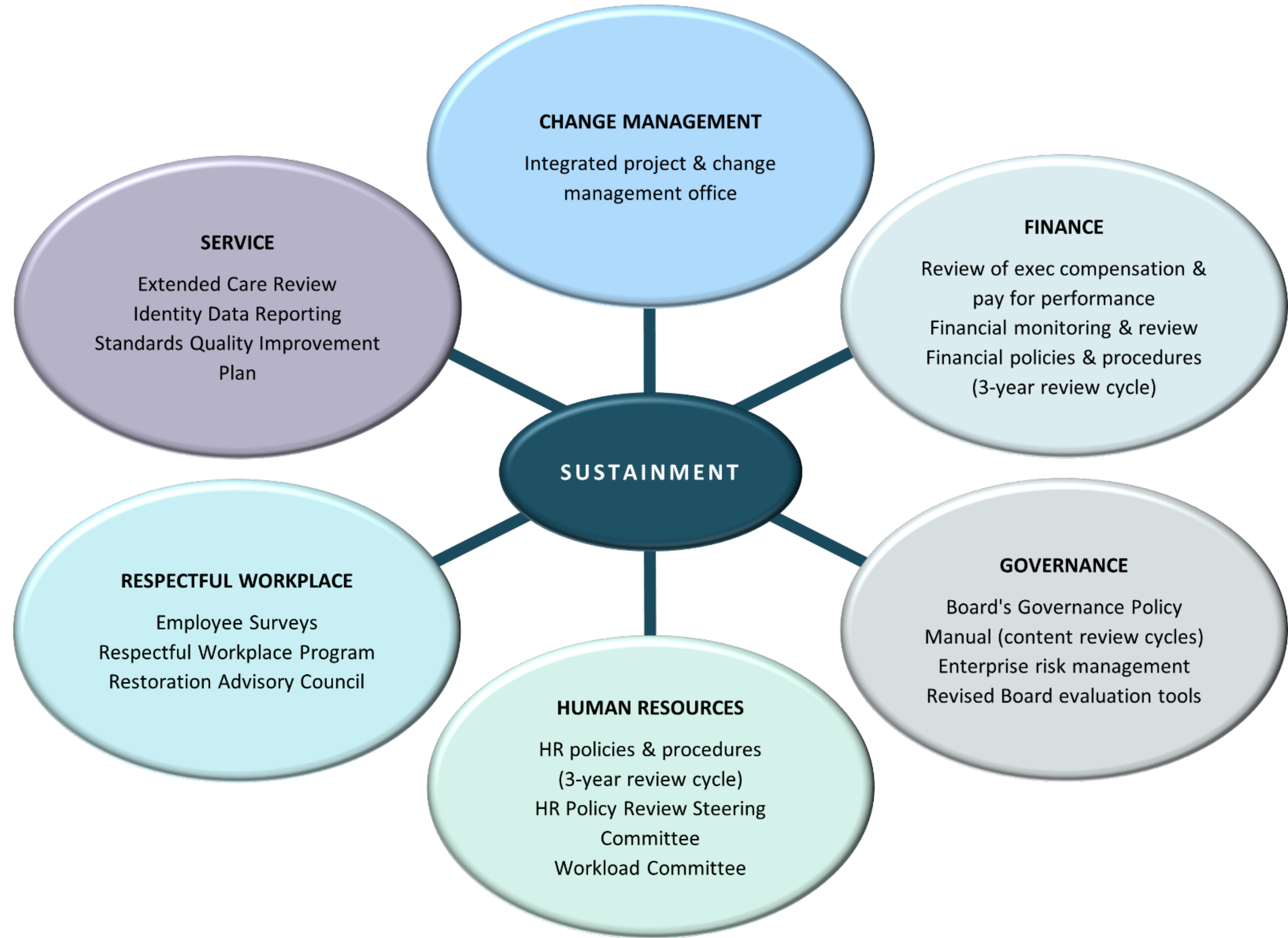
Salaries and Benefits

Recommendation: *With the assistance of a third party, explore the implementation of a pay for performance model that aligns compensation with senior staff performance. (NEW)*

Progress: A vendor, Gallagher Benefit Services (GBS), was selected for review of executive compensation and a pay for performance model. GBS conducted an executive compensation market review for the Senior Leadership team. In addition, a brief summary for the Board covering the positive and negative considerations of a performance-based award program has been prepared. The overall review includes a market assessment, published survey data for six executive positions and a report and findings. COMPLETED

Sustainment

Recognizing that the path forward does not end with project completion, this report also includes information regarding how progress will be sustained. The graphic below illustrates key elements of our sustainment plan. Details are found in the tables on the following pages.



Section	Recommendation	Progress Report 4 (May 31 2023)	End Date	Status	Progress Report 5 (September 31 2023) - Progress and Sustainment	End Date	Status
PROJECT: CHANGE MANAGEMENT *(oversight by BPMEC)*							
	1. Adopt a consistent, best practices approach to change management. (*NEW*)	We are taking an integrated approach to change and project management, as it is best practice to manage both the project (the technical side of change) as well as the change itself (the people side of change). Building internal knowledge and capacity is key to success, and we are utilizing both external and internal resources to support this work. To build knowledge about best practices in change management, PROSCI's change model was selected, as it is widely known and well-respected. The following change management learning events have occurred. On March 6 a full-day taking charge of change workshop was held, with 20 staff (management and union leaders) attending who are involved in leading projects. On March 20 and 27, two 90-minute introduction to change workshops were held, with a total of 60 staff attending (a mix of frontline, middle management and support staff from across the organization including members of the Restoration Advisory Council, HR Policy Review Committee, and the Workload Committee). Across both types of sessions, 95% of attendees reported that they could apply the contents to their work, and 95% would recommend the session to a colleague. In addition, three staff completed Change Management Certification in April. As we move into sustainment, our change management certified staff will be involved in helping project leads integrate change. Due to high demand, we will continue to build internal knowledge about change management best practices in 2023-24. This will include an additional 1-day session for middle management, and a session with the senior leadership team. We are also in discussions with the PROSCI team regarding innovative ways to support change efforts. An internal Project Management Office has been established. The agency's standardized project management tools and templates have been updated and are available on our intranet site (Connected) for staff to access. Enhanced project management support for agency projects is being offered to working on projects. In-house project management knowledge building sessions are planned to occur in fall 2023.		COMPLETED	As stated in the last Progress Report, we are taking an integrated approach to change and project management, as it is best practice to manage both the project (the technical side of change) as well as the change itself (the people side of change). We have had additional staff complete the ProSci change management certification. As of September, we have been working on applying change management to several specific projects. This is instrumental in our sustainment plan. We are also actively engaging with staff to develop a change management charter and a community of practice. A change management session for the SLT is scheduled for November.		
	2. Adopt a consistent, best practices approach to project management. (*NEW*)			COMPLETED			
PROJECT: FINANCE *(oversight by BFAC except where noted)*							
Budgeting/ Forecasting Process	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.				The Manager of Finance communicates the budget process with the leadership team on a regular basis. Regular meetings occur at the Senior Leadership table where updates on budget trajectory and trends are reviewed.		
Building Occupancy	1. Explore revenue generation/debt retirement by utilizing excess land.				In the short-term we will hold on to the land "as is". During the strategic planning process set to take place in early fiscal 2024, we will develop a land use strategy to support the community and partners (without building a permanent structure). When appropriate and deemed necessary, we will issue a request for bids in order to solicit offers on excess land.		
	2. Explore revenue generation using sports court.				We successfully completed a pilot of renting out excess space. We have developed a detailed application form and process, including a contract and a fee schedule. We have successfully rented out space to community partners and executed on our process. We will continue to explore opportunities to leverage our space to best support Peel CAS, the community and our partners in order to generate fair market rates.		
	3. Ensure community partner space is fully leased at fair market rates.						
	4. Ensure that the Foundation pay fair market rate for space used.				During the strategic planning process in fiscal year 2024, we will conduct a thorough review of the Foundation/Peel CAS relationship including the financial relationship. Any changes will be discussed and implemented for fiscal year 2025.		
Client Personal Needs	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.	Addressed within update procurement policy which was reviewed with Director of Permanency to address Client Personal Need Purchases.		COMPLETED	The Agency will continue to monitor and review financial policies as needed and conduct a thorough review every 3 years to ensure compliance and that the policies are meeting the needs of the agency.		
	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).	Addressed within policy review work to address changes and updates as required within the procurement and other related policies.		COMPLETED			

Section	Recommendation	Progress Report 4 (May 31 2023)	End Date	Status	Progress Report 5 (September 31 2023) - Progress and Sustainment	End Date	Status
Credit Cards	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.				We have implemented a new Credit Card policy to address usage of both the Society Credit Cards as well as personal credit cards. We conduct regular audits of staff used Credit Cards to ensure compliance with the policy.		
	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	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.	A draft plan has been produced to cover all groups and input is being sought from SMT, People and Culture and BFAC. Once the plan is approved by the agency, existing content will be reviewed to assess what if any updates are required to align with policies and procedures.		COMPLETED	A plan has been put in place for training board members, executives, managers, volunteers and staff on policies relevant to their function. The plan includes training for new people joining the agency regardless of position, updates on changes, and annual reviews.		
Miscellaneous Expenditures	1. Peel should review the expenditures coded to miscellaneous to ensure they align with MCCSS guidelines.	The GL details for accounts 5722, 5723, 5724 and 5725 were reviewed over the past two fiscal years. All entries aligned with MCCSS guidelines.		COMPLETED	On a regular basis, codes 5722-5725 are reviewed to ensure compliance with Ministry guidelines.		
	2. Peel should enforce Ministry guidelines and Broader Public Sector directives related to entertainment expenses.				The Travel Meals and Hospitality policy has been updated to ensure compliance with Ministry Directives. Furthermore, leadership and staff have been informed on the appropriate use of ministry funding.		
Ontario Child Benefit Expenses (OCBE)	1. Peel CAS should increase OCBE program utilization rate and use savings program for more children.	After consultations with the leadership team as well as with the Director of Permanency and related team members it was determined that quarterly meetings will be held between the two groups to update on OCBE fund utilization and explore opportunities for increased utilization. These will be posted on the agency intranet (Connected) to all for exposure to staff and enable them to utilize available funds.		COMPLETED	Quarterly meetings will be held between SDI and Permanency to review OCBE fund utilization and explore opportunities for increased utilization.		
Promotion and Publicity	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.				The agency monitors financials on a monthly basis and tracks trends. The agency continually seeks areas for cost savings or efficiencies.		
Salaries and Benefits	1. That the Board of Directors should assess comparator societies' executive compensation increases when determining management compensation increases. (BGC)	On an annual basis, the Director of People & Culture reviews available information regarding executive compensation in other CASs with the CEO (completed in May 2023). This information, along with others, is used to determine if there is a strong business case for change. Prior to the CEO making decisions about changes in executive leadership positions, job classification, or compensation, the CEO reviews proposed changes with the Board. These practices are currently in place and to be reflected in executive compensation policy. In addition, as part of the work related to exploring a pay for performance model for senior staff, an overall review of the current job classification system is planned.		COMPLETED	An executive compensation market review for the senior leadership positions was conducted by Gallagher Benefit Services. Annually basis, the Director of People & Culture reviews information regarding executive compensation in other CASs with the CEO. Prior to the CEO making changes in executive leadership positions, job classification, or compensation, the CEO reviews proposed changes with the Board, as reflected in the executive compensation policy.		
	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. (BGC)			COMPLETED			
	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)* (BGC)			COMPLETED	Any changes that occur are based on a solid rationale, and the CEO will inform the Board about any changes.		
	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)* (BGC)	Preparation of the RFP is underway. Work is scheduled to begin in the Fall, with the aim of implementing in FY 23-24. Some revised practices for executive compensation already in place.	Mar-24	ON SCHEDULE	A vendor, Gallagher Benefit Services (GBS), was selected for review of executive compensation and a pay for performance model. GBS conducted an executive compensation market review for the Senior Leadership team. In addition, a brief summary for the Board covering the positive and negative considerations of a performance-based award program has been prepared. The overall review includes a market assessment, published survey data for six executive positions and a report and findings.		COMPLETED

BOARD - Board of Directors; BGC - Board Governance Committee; BFAC - Board Finance and Audit Committee; BPMEC - Board Performance Monitoring and Evaluation Committee

Comprehensive Review Work Plan - Progress Report 5 (to October 31, 2023)

Section	Recommendation	Progress Report 4 (May 31 2023)	End Date	Status	Progress Report 5 (September 31 2023) - Progress and Sustainment	End Date	Status
Technology	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.				The IT Department's process involves tagging and logging all IT assets upon procurement, registering the device, user, serial number, asset tag number, location, etc., in the Kace Asset Management system. Additionally, we maintain a dedicated tracking sheet for cross-referencing. This dual approach ensures accurate tracking, aiding redistribution efforts. All staff are required to sign a device usage agreement upon receiving assets. Also, devices assigned to youth and CIC are tracked on a separate sheet, with workers signing agreements and obtaining signatures from the youth/family receiving the device. These forms are then forwarded to our IT department for documentation.		
Training and Recruitment	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.				The agency monitors financials on a monthly basis and tracks trends. The agency continually seeks areas for cost savings or efficiencies.		
	2. Recording of training costs should adhere to appropriate account codes to ensure transparency, validation, and reconciliation.				The agency monitors financials on a monthly basis and tracks trends. The agency continually seeks areas for cost savings or efficiencies.		
	3. Training requests need to be documented accurately and approved by budget holder and supervisor prior to registration. *(NEW)*						
Travel	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.				The Agency will continue to monitor and review financial policies as needed and conduct a thorough review every 3 years to ensure compliance and that the policies are meeting the needs of the agency.		
	2. Policy revision required for Travel Incidentals to be more specific related to the details of spending.						
Policies and Procedures	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*)	All financial policies have been reviewed. Gaps that were identified by third party have been addressed within existing policies or new policies scheduled to be developed. Policies have been categorized depending on pending changes. All updates are scheduled to be completed by August 31, 2023. The agency policy and procedure framework has been used as a guide. Subsequent updates to policies and procedures will be made as needed this summer and then every three years (or as needed).	Aug-23	DELAYED	All financial policies have been reviewed. Gaps that were identified by a third-party have been addressed within existing policies or new were developed. All necessary updates are complete. Subsequent updates to policies and procedures will be made every three years (or as needed).		COMPLETED
PROJECT: GOVERNANCE *(Oversight by BOARD, BGC, BFAC, BPMEC as noted)*							
	1. That the Board become familiar with the requirements under *Protecting a Sustainable Public Sector for Future Generations Act, 2019* 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. (BOARD 2021-22, BFAC 2023)				In a decision dated November 29, 2022, Justice Koehnen of the Ontario Superior Court of Justice declared that Bill 124 was "void and of no effect." At this time there is nothing to implement regarding Bill 124. The Board will be kept up to date on the government's appeal as well as any legal and financial impacts.		
	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. (BGC)	Practice changes introduced early in 2022. The Board has continued to reinforce these changes through by changing the nature of presentations at Committee and Board meetings as well as in the questions that are asked of staff. The Governance Review Project has reinforced these changes in the Board's new Governance Manual.		COMPLETED	Incorporated into Board's Governance Policy Manual, June 12, 2023 (approved by the Board via e-vote June 11, 2023). Review cycle developed to ensure Manual stays current. BGC has oversight of various review processes.		
	3. The Board should enhance financial policies. *(See also Governance recommendations 1 and 4)* (BFAC)	As part of Governance review project, Board financial policies have been completed and are currently in the approval process		COMPLETED	Incorporated into Board's Governance Policy Manual, June 12, 2023 (approved by the Board via e-vote June 11, 2023). Review cycle developed to ensure Manual stays current.		
	4. That the Board review its oversight of the Society's policies related to the requirements of the *Broader Public Sector Accountability Act 2010* and determine how to ensure if the Society's policies and the requirements of the Act are adhered to. (BFAC)	Operational policies that are approved by the CEO will be brought to BFAC for endorsement and the board will be made aware during board meetings.		COMPLETED	Key financial policies related to the Accountability Act including Procurement, Travel Meals and Hospitality, and Perquisites have been reviewed by the Board Finance and Audit Committee. All policies will be reviewed every 3 years.		

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Section	Recommendation	Progress Report 4 (May 31 2023)	End Date	Status	Progress Report 5 (September 31 2023) - Progress and Sustainment	End Date	Status
	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. (BGC)				Incorporated into Board's Governance Policy Manual, June 12, 2023 (approved by the Board via e-vote June 11, 2023). Review cycle developed to ensure Manual stays current. BGC has oversight of various review processes.		
	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. (BGC)	Job description drafted and circulated to Board President for review. Section titled "Boundary between the authority of the Board and the CEO ("Executive Limitations")" has been added to the CEO job description. Scheduled for review/approval by at June 1 Board meeting or via e-vote.		COMPLETED			
	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). (BGC)	Monitoring and evaluating of the CEO's performance has been clearly articulated in the Board's new Governance Manuel. CEO Performance Review has been reviewed and revised as per the revised CEO Job Description. Optional tools have also been developed. Scheduled for review/approval by at June 1 Board meeting or via e-vote		COMPLETED			
	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. (BPMEC)	A risk management governance policy has been developed as part of the governance review, and is part of the newly developed governance manual. With regard to Enterprise Risk Management, a summary dashboard including 10 key risks, identified by the Board and senior leadership, has been developed, and will be reported on a quarterly basis. At the Board retreat on May 9, a decision was made to have risk management reporting go to the Executive Committee of the Board. Further development of an agency Enterprise Risk Management strategy will be presented to the Board on June 1.		COMPLETED	A governance policy for Enterprise Risk Management was approved by the Board effective June 12, 2023. This policy includes that risk reports (e.g., Risk Management Dashboard) are submitted by the leadership team to the Board for review on a quarterly basis, starting September 2023. The ERM dashboard will go the Board at the October 2023 meeting (scheduled for November 2). The dashboard report includes a timeline for subsequent quarterly reports, that reflects improvements to the ERM strategy.		
	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)				In place as per agency policy and CEO's job description.		
	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)				The Briefing Note: Legislation and Directives, has been updated as of August 2023. It will continue to be reviewed and updated annually. It is available to the Board as a reference document.		
	11. The Board conduct a review of its governance model to determine if it meets the current needs of the Board. 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. (*NEW*) (BGC).	Peel CAS's governance model, as well as governance policies, have been revised and clearly articulated in the Board's new Governance Manual. Approval of the Manual to occur at June 1 Board meeting or via e-vote		COMPLETED	Incorporated into Board's Governance Policy Manual, June 12, 2023 (approved by the Board via e-vote June 11, 2023). Review cycle developed to ensure Manual stays current. BGC has oversight of various review processes.		
	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. (BGC)	Peer to peer review conducted in February/March 2023 as planned and results being shared with individual Board members. At the May 9 Board Retreat, decision made to move to a hybrid Board evaluation model consisting of both peer-to-peer and self-assessment in-house, with new tools to be reviewed in Fall 2023. Monitoring and evaluating of the CEO's performance has been clearly articulated in the Board's new Governance Manuel. CEO Performance Review has been reviewed and revised as per the revised CEO Job Description. Optional tools have also been developed. Scheduled for review/approval by at June 1 Board meeting or via e-vote		COMPLETED	Recommendation arising from May 9 Board Retreat, approved at the June 1 meeting of the Board. "That the Board transition to in-house evaluation of the Board. Staff do an initial review of the peer-to-peer assessment and develop a shorter tool to present to the Board, and develop a hybrid draft self-assessment tool based on the three models presented at the Retreat." Staff pulling together two draft surveys (self-evaluation and peer to peer) and will have available for review at November BGC. CEO Performance Review incorporated into Board's Governance Policy Manual, June 12, 2023 (approved by the Board via e-vote June 11, 2023). Review cycle developed to ensure Manual stays current. BGC has oversight of various review processes.		

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Section	Recommendation	Progress Report 4 (May 31 2023)	End Date	Status	Progress Report 5 (September 31 2023) - Progress and Sustainment	End Date	Status
PROJECT: HUMAN RESOURCES *(oversight by BOARD, BGC, BFAC as noted)*							
Policies and Procedures	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)* (BGC)	In January the project and timelines were revised to bring the project back on track. Key stakeholders were brought into the project. HR policy and procedure framework developed and merged with another policy framework at the agency to create 1 policy, procedure, process framework that is for the agency. All HR policies and procedures have been thoroughly reviewed, and gaps and efficiencies (e.g., merging policies) identified. Each HR policy has been assigned a level of urgency for review and a level of engagement required. The vendor for the project will have provided a draft of all HR policies by the end of May. Going forward, a regular status review of HR policies will be reported to the Board Governance Committee.		COMPLETED	A robust policy development and review framework is in place. As new policies get developed they are tagged with a future review date (based on a 3-year cycle). While the work is labour intensive, a rigorous process is in place. The review team is highly engaged and has 23-members. Part of their role is to do the initial review of an HR policy or procedure. A smaller group identifies groups that need to be further consulted. Once policies and procedures are finalized, they are housed in our policy review system.		
HRPP Overall Policy Framework	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.				See above		
	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)*						
HRPP 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)*	Draft in place. Identified as Level A wide consultation/ engagement required. Consultation in progress with stakeholder groups. Some feedback has already been received. Further work to be done to align with work of the Restoration Advisory Council.		COMPLETED	See above		
HRPP Ed. Leaves, Practicums and Tuition Reimbursement	1. Research should be conducted into best practices before this policy is reviewed and updated.	Draft in place on or before May 31, 2023. Identified as Level A Wide consultation/ engagement required.		COMPLETED	See above		
HRPP Employment of Relatives	1. The policy needs to be strengthened including adding the definition of an "indirect relationship".	Draft in place. Identified as Level B targeted consultation/ engagement. Review by HRPRSC completed. Team consultation in progress.		COMPLETED	See above		
	2. The conflict-of-interest paragraph needs to be revised.						
HRPP 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.	Draft in place. Identified as Level B targeted consultation/ engagement. Review by HRPRSC completed. Team consultation in progress. Policy name: Recruitment and Selection		COMPLETED	See above		
HRPP 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.	Draft in place. Identified as Level A wide consultation/ engagement required. Review and consultation pending process documentation from BDO for external process and internal process considerations. Policy name: Workplace Harassment and Discrimination		COMPLETED	See above		
	2. All complaints should be in writing.			COMPLETED			
	3. It should be specified that the employer has a duty to investigate all complaints.			COMPLETED			

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Section	Recommendation	Progress Report 4 (May 31 2023)	End Date	Status	Progress Report 5 (September 31 2023) - Progress and Sustainment	End Date	Status
HRPP Prevention of Workplace Violence and Harassment	1. There should be clear definitions of harassment and discrimination.	Draft in place. Identified as Level A wide consultation/ engagement required. Review and consultation pending process documentation from BDO for external process and internal process considerations. Policy name: Violence and Harassment Prevention		COMPLETED	See above		
	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.			COMPLETED			
	3. The complaints process should be clearly outlined.			COMPLETED			
	4. There should be an appeals process built into the policy.			COMPLETED			
	5. All complaints should be in writing.			COMPLETED			
	6. All parties should receive a copy of the full report, not just an overview/summary.			COMPLETED			
	7. All complaint files should be closed upon completion of the investigation.			COMPLETED			
HRPP Sick Leave Program	1. This policy should be more detailed and should ensure that it conforms to the Employment Standards Act.	Draft in place. Identified as Level B targeted consultation/ engagement. Under review by People & Culture and Union.		COMPLETED	See above		
HRPP Staff Discipline	1. The policy should be amended to more clearly articulate the rules and expectations.	Draft in place. Identified as Level A wide consultation/ engagement required. Review by HRPRSC underway.		COMPLETED	See above		
HRPP Third Party Harassment	1. The policy should clarify that it relates only to external parties, not staff.	Integrated into Violence and Harassment Prevention policy. See above		COMPLETED	See above		
	2. All reports should be investigated in the same way to eliminate any notion of bias in deciding which complaint to investigate.			COMPLETED			
	3. There should be only one route to report third party harassment (currently there are two routes).			COMPLETED			
HRPP Whistleblower	1. Consider a third-party service to confidentially receive and review whistleblower complaints. *(See Respectful Workplace)*	Draft in place. Level of engagement TBD. Under review from BDO (ombuds vendor). Review and consultation pending process documentation from BDO for external process and internal process considerations.		COMPLETED	See above		
	2. A confidential third party should be identified as the sole recipient of complaints to ensure employee confidentiality. *(See Respectful Workplace)*			COMPLETED			
	3. The policy should clarify which complaints are shared with the Board of Directors.			COMPLETED			
	4. A simplified process that is efficient to use should be developed.			COMPLETED			
	5. There should be better definitions of key terms such as whistleblower, wrongdoing and vexatious.			COMPLETED			
	6. The policy should clearly state when an investigation will not be conducted (e.g., frivolous or vexatious).			COMPLETED			
Structure and Staffing	1. Conduct a review and analysis of direct service staffing, caseloads, and spans of control. (*NEW*) (BFAC)	Workload Committee has completed its review and has developed principals and tools to help manage workload. Additional guidelines and ongoing processes have been developed via a join committee of union, staff and management.		COMPLETED	The Workload Committee meets twice a month to discuss caseloads and workloads and implement strategies to manage them. The agency continues to monitor staffing numbers and form, as well as the structure to ensure appropriate staffing levels across the agency while maintaining an ability to manage contract positions.		
	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)			COMPLETED			
	3. Conduct a review and analysis of the contract staffing. (*NEW*) (BFAC)	SLT has determined to maintain all contract positions until a new collective agreement is in place. This agreement will provide insight into staffing numbers and cost and allow the agency to make prudent decisions on the staffing mix to best meet the needs of children and families while being compliant with our collective agreement and staying within the Ministry funding guidelines.		COMPLETED			
	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)				Regular dialogues happen between the P&C and DEI teams.		

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Section	Recommendation	Progress Report 4 (May 31 2023)	End Date	Status	Progress Report 5 (September 31 2023) - Progress and Sustainment	End Date	Status
PROJECT: RESPECTFUL WORKPLACE *(Oversight by BOARD)*							
Ombudsperson	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) (See also HR Policies Whistleblower items 1 and 2)*	The Respectful Workplace Program is in place and operational as of December 2022 (see update in Progress Report 3). Staff can access the program confidentially online or by phone at any time. A draft policy is in place, going forward and it will be reflected into other agency policies (e.g., related to harassment, anti-racism, etc.). Training videos are available for staff, and two information sessions are scheduled for June.		COMPLETED	Respectful workplace program operational on an ongoing basis		
Workplace Restoration	Action 1. Establishing ground rules for workplace restoration to ensure transparency, confidence and trust-building actions and behaviours.				RAC provides a mechanism to ensure that transparency, confidence and trust-building actions and behaviours continue.		
	Action 2. Training for leadership (Core Leadership Program) to address conflict and workplace challenges.				N/A		
	Action 3. Facilitated Restoration sessions and coaching services with Executive Leadership.	Completed. Coaching sessions for Senior Leadership Team (SLT) held between January 2022 and January 2023. Facilitated a day focused on leadership development and team building for SLT. Core Leadership was also completed for new members of SLT.		COMPLETED	N/A		
	Action 4. Facilitated Restoration sessions and coaching services with Team Leads.	Completed. Coaching sessions for supervisors and managers were held between January 2022 and January 2023.		COMPLETED	N/A		
	Action 5. Facilitated Restoration sessions with Union Leadership.				N/A		
	Action 6. Facilitated Restoration sessions with Board members.				N/A		
	Action 7. Facilitated healing and restoration sessions with all staff.	Key healing and restoration sessions have included: town hall, six listening sessions (held between July and February), with the last two sessions transitioning from CCR-led to agency led. There was an average attendance of 117 staff at the sessions. Three post-strike healing sessions were held (December, February, and May). Various other activities have been completed in support of restoration including: engaging with the various Employee Resource Groups and Union sub-groups, supporting several conflict management processes, as well as individual conversations as requested.		COMPLETED	Final healing session held in October 2023		
	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.	Regular dialogues with the CEO and the Director of People and the Union executives and union subgroups have occurred and will continue to occur. These ongoing dialogues are cornerstones of a healthy working relationship between the Union and management.		COMPLETED	Regular dialogue with the CEO and the Director of People and the Union executives continue to occur on a regular and ongoing basis		
	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.	The external consultant has worked with the Restoration Advisory Council to develop a plan to sustain the work going forward. The RAC has been very active on a number of fronts and their work will continue going forward.		COMPLETED	The Restoration Advisory Council continues to work through their action plan. As well, the Council is a key consultation group in the agency. The Council will continue going forward.		
	Action 10. Support to the Board concerning governance and accountability.				Incorporated into Board's Governance Policy Manual, June 12, 2023 (approved by the Board via e-vote June 11, 2023). Review cycle developed to ensure Manual stays current. BGC has oversight of various review processes.		
	Action 11. Continued oversight by the Board to measure progress and address continued challenges.	CCR International gave a report to the Board on April 27 that covered a summary of activities completed as part of workplace restoration. Final report on workplace restoration (including reassessment results) to be presented to the Board meeting on June 1.		COMPLETED	N/A		
	Action 12. A re-assessment in 12 months using the OrgPulse and a small number of interviews to gauge progress and overall workplace health.	OrgPulse survey to close May 28, with results to be presented to the Board on June 1 and then shared with staff.		COMPLETED	Employee surveys to happen on a regular basis, tools to be explored.		

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PROJECT: SERVICE *(Oversight by BPMEC except where noted)*							
Community Partners	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.				We continue to reflect our community partners in our Year in Review Report (last presented at BPMEC May 2023). The voices of our partners will be reflected in consultations related to our strategic plan.		
Service Compliance with the CYFSA: Children in Care	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.				Cultural matching was and continues to be one important aspect off foster parent recruitment and placement of children in care.		
	2. Peel CAS is encouraged to develop a quality assurance plan aimed at increasing compliance with the timeliness of the initial plan of care.				Ongoing reviews for monitoring completion of initial plan of cares include: Case Activity report, Extended Care Review, and the Standards Quality Improvement Plan.		
	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)	Many factors contribute to expenditures related to Children in Care expenses including number of cases, complexity of cases, and boarding costs. Peel CAS boarding costs were lower than the average. How we structure our agency and allocate staffing costs has impacted some of our reporting as some staff count towards staffing costs here, but support other initiatives within the agency. Peel CAS is committed to aligning staff with the needs of children and youth while taking into account factors such bargaining and funding constraints. We continually monitor our boarding costs and support for children to ensure the health and safety of our children and youth is done efficiently and with the utmost care and diligence in achieving positive outcomes.		COMPLETED	Peel CAS is committed to aligning staff with the needs of children and youth while taking into account funding constraints. We continually monitor our boarding costs and support for children to ensure the health and safety of our children and youth is done efficiently and with the utmost care and diligence in achieving positive outcomes.		
Service Compliance with the CYFSA: Foster Care	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)				We continue to monitor foster care expenditures and look at strategies for managing costs, while meeting the needs of children in care. We also continue to participate in sector-wide discussions.		
Service Compliance with the CYFSA: Identity Data	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.				Continue to collect Race and First Nations, Inuit and Métis (FNIM) identity data. We continue to produce, monitor, and report completion rates for Race and FNIM identity at various stages of service. Reports to the BPMEC will occur on an annual basis, in November of each year.		
	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)*				Continue to measure race in our client feedback process.		
	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)*				We continue to update methodologies as required, and measure disproportionality at different stages of service. Reports on disproportionality will be presented to BPMEC on an annual basis, in November of each year.		

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Service Compliance with the CYFSA: Investigations	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.				We 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.		
	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.	The Comprehensive Review Report noted that “Overall, case review results demonstrated high compliance across all service areas reviewed” (page 5). It is unclear what specifically the Ministry reviewed, but for the purposes of our internal review, the Child Protection Standards were reviewed to determine the audit specifics. Audits were completed for investigations completed and transferred to ongoing and ongoing cases closed, both in October 2023. Findings: 95% of cases were compliant in matching the initial assessment referral to the appropriate Eligibility Spectrum Code (ESC). Non-compliant reasons were not enough detail in referral (2) and not matching the ESC (1). 100% of cases were compliant in matching the verification decision (as found in supervision consult and/or investigation summary) to the appropriate ESC. 95% of cases were compliant for completing the internal transfer visit. Non-compliant reasons were not documented (15) and unclear if all participants were present (1). 72% of cases were compliant for the transfer meeting with family. Non-compliant reasons were no transfer visit documented (7), participant(s) missing (8), and virtual meeting with no departure documented (1). 57% of contact logs documenting the transfer meeting were found in the investigation case versus the ongoing case. 90% of cases were compliant for the closing consult. Non-compliant reasons were no closing consult documented (6) and unclear closing consult documentation (3). 52% of cases were compliant for completing the case review/termination documentation within timelines. Non-compliant reasons were late review (16), no termination meeting with the family (12), no review/outcome plan created (6) and no termination meeting with family/no outcome plan created (5). Results were presented by the Practice Integration Team Leader to service management branches on March 21 (Permanency) and March 29 (Advice and Assessment and Parent and Child Capacity Building). The presentation included an overview of the Comprehensive Review service audit findings and current audit results which included non-identifying case examples for learning and discussion.		COMPLETED	We continue to measure compliance with the Child Protection Standards related to Investigations through reporting and the Standards Quality Improvement Plan. In addition, we are in process of developing a number of dashboards related to compliance with Standards.		
	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.			COMPLETED			
Service Compliance with the CYFSA: Ongoing Services	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.			COMPLETED	We continue to measure compliance with the Child Protection Standards related to Ongoing Services through reporting and the Standards Quality Improvement Plan. In addition, we are in process of developing a number of dashboards related to compliance with Standards.		
	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.			COMPLETED			
	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.			COMPLETED			