



Comprehensive Review Work Plan

Progress Report 3 to December 31, 2022

Approved:
by Board of Directors, Peel CAS
January 26, 2023

Submitted:
by Carol Kotacka, President, Board of Directors, Peel CAS
to Karen Singh, Regional Director, Central Region, MCCSS
February 2, 2023

FINAL



Peel CAS Comprehensive Review Work Plan - Progress Report 3 (to December 31, 2022)

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 a number of findings in the Report. It was submitted to the MCCSS on November 26, 2021 and endorsed by the MCCSS in January 2022.

Progress Report Structure

Recommendations from the work plan were organized into the following six projects:

1. Change Management
2. Finance
3. Governance
4. Human Resources
5. Respectful Workplace
6. Service

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

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.

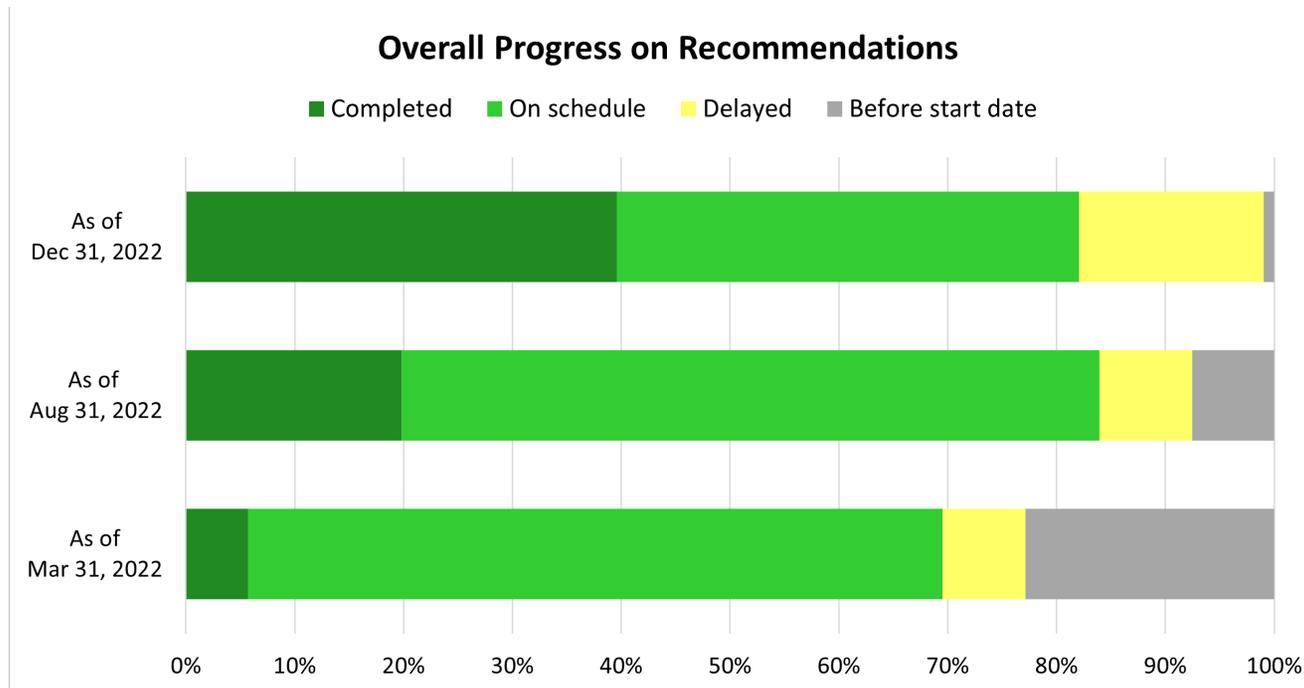
Progress on the Comprehensive Review Work Plan

The first progress report on the work plan covered progress up to the end of March 2022. The second, to the end of August 2022. This current report reflects progress up to the end of December 2022.

The following section provides an overview of progress and speaks to areas where there are current delays. The last section provides the detail of progress across each of the 106 recommendations.

Overall

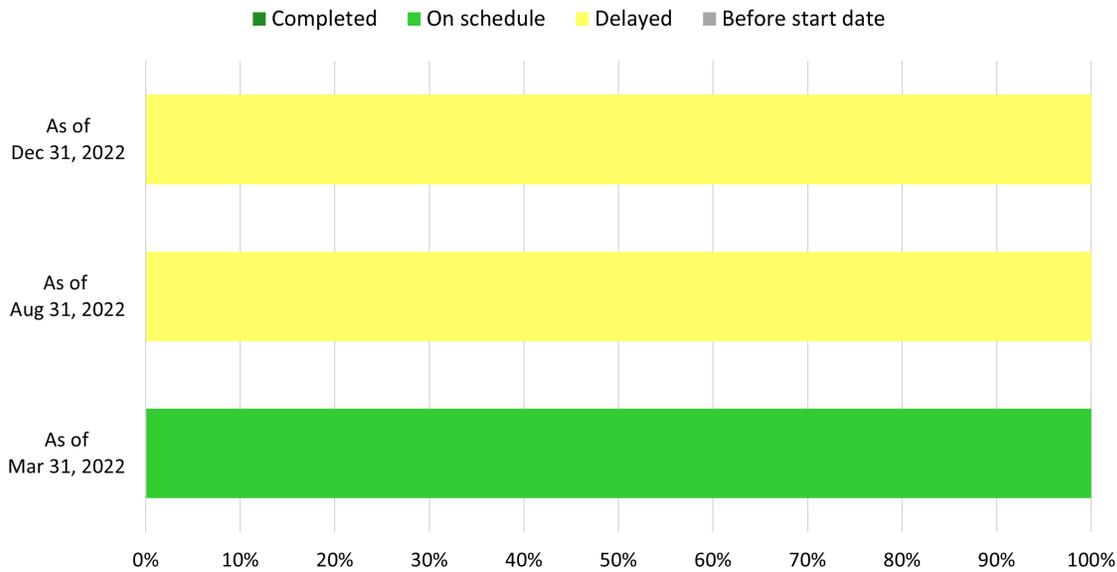
As of December 31, 2022, of the 106 recommendations: 40% are completed, 42% are on schedule, 17% are delayed, and 1% is before the start date (not yet at the start date according to the work plan schedule).



Progress by Project

CHANGE MANAGEMENT

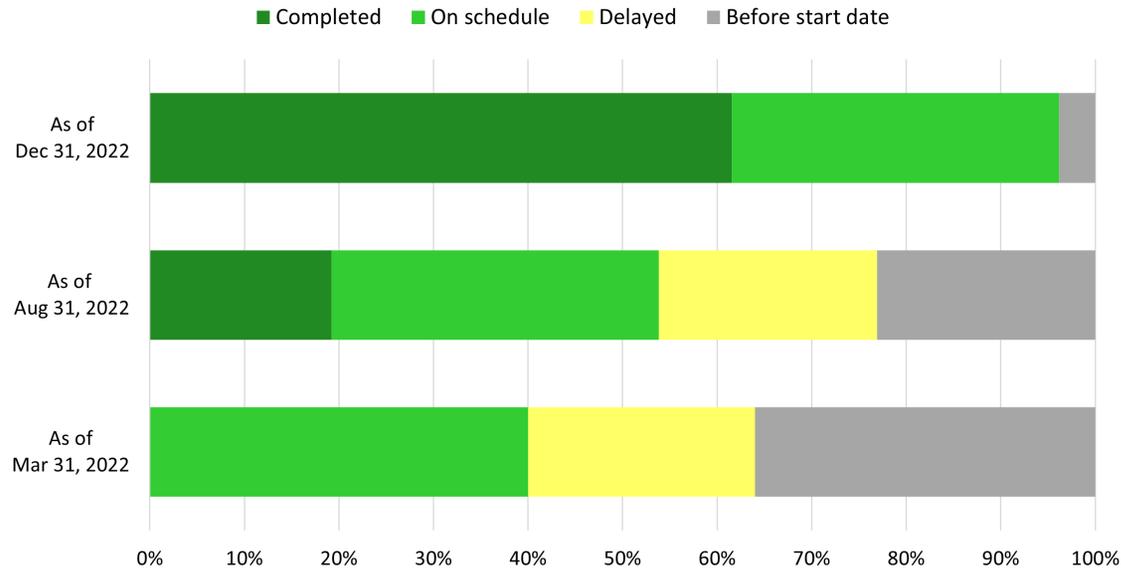
Progress on Change Management Project Recommendations (N=2)



As of December 31, 2022, both recommendations (related to change and project management) are currently behind schedule (delayed), however progress is being made. While roll out of knowledge building sessions has been delayed due to organizational focus in other higher priority areas in the work plan (e.g., work related to Workplace Restoration involving a large cross section of staff and management), we do have a project plan for these two areas and are confident progress on these two recommendations will be on schedule (and potentially completed) by the next Progress Report. For further details see page 11.

FINANCE

Progress on Finance Project Recommendations (N=26)

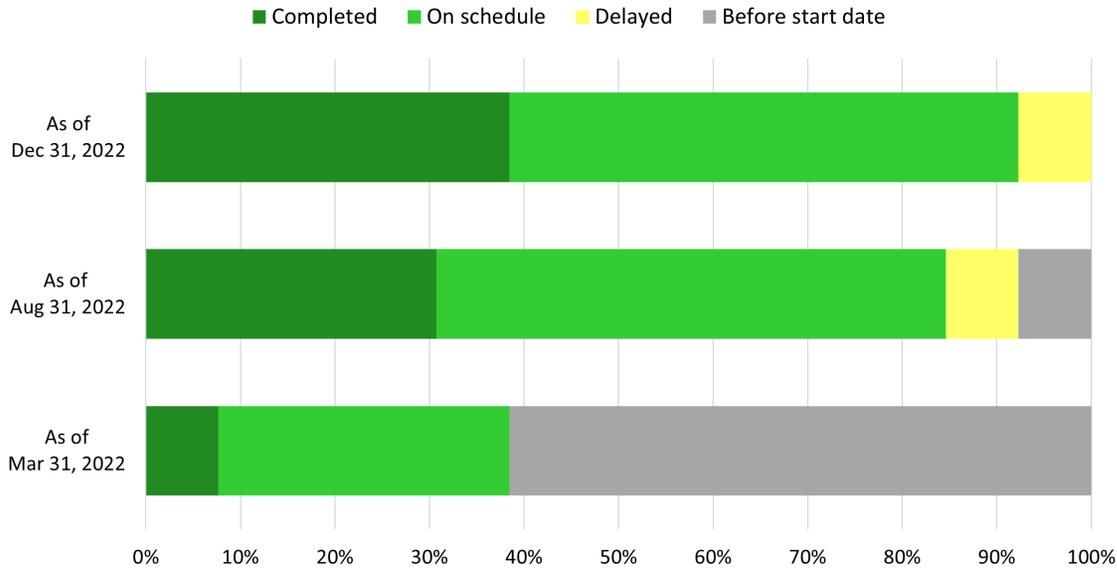


As of December 31, 2022, sixteen recommendations are complete and nine are on schedule. The remaining recommendation (related to a pay for performance model) is before the start date and is scheduled to be initiated in FY 2023-24.

For further details see pages 11-13.

GOVERNANCE

Progress on Governance Project Recommendations (N=13)

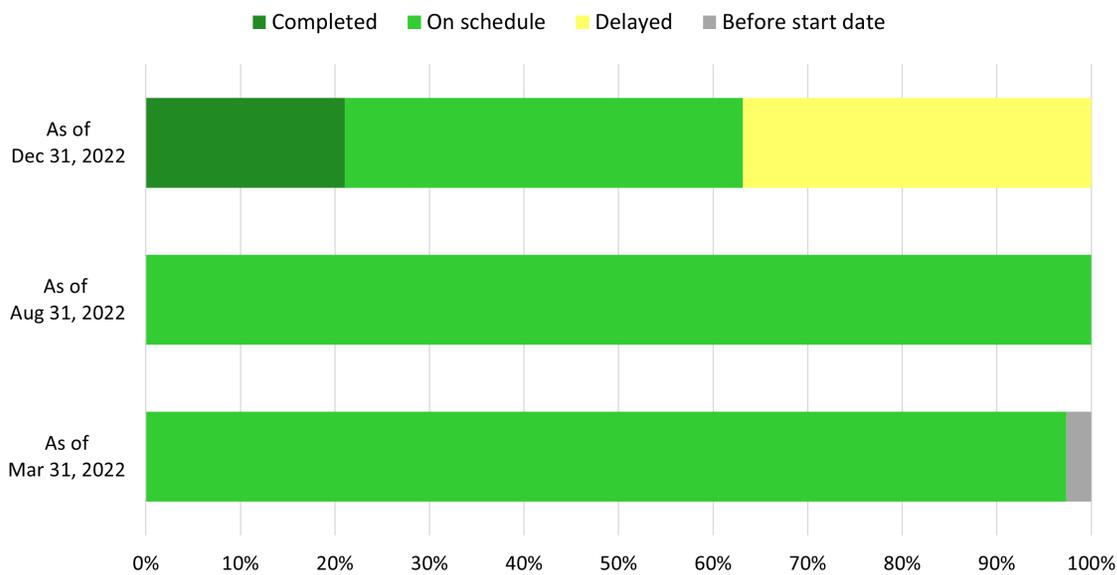


As of December 31, 2022, five recommendations are complete and seven are on schedule. The remaining recommendation, related to a formal governance policy addressing risk management, is currently behind schedule (delayed). This policy will be developed as part of the governance review (timeline Feb - June 2023).

See pages 14-15 for further details.

HUMAN RESOURCES

Progress on Human Resources Project Recommendations (N=38)



Across the 38 recommendations, as of December 31, 2022, eight are complete, sixteen are on schedule, and fourteen are currently behind schedule (delayed).

There are two areas under this project: human resources policies and procedures and structure and staffing. For further information, see pages 16, and 20-21.

Human Resources Policies and Procedures (34 recommendations)

As of December 31, 2022, seven recommendations are complete, thirteen are on schedule. The remaining fourteen recommendations are currently behind schedule (delayed). The specific areas of

delay are overall HR policy recommendation, and recommendations related to: prevention and resolution of harassment and discrimination in the workplace, prevention of workplace violence and harassment, and third party harassment.

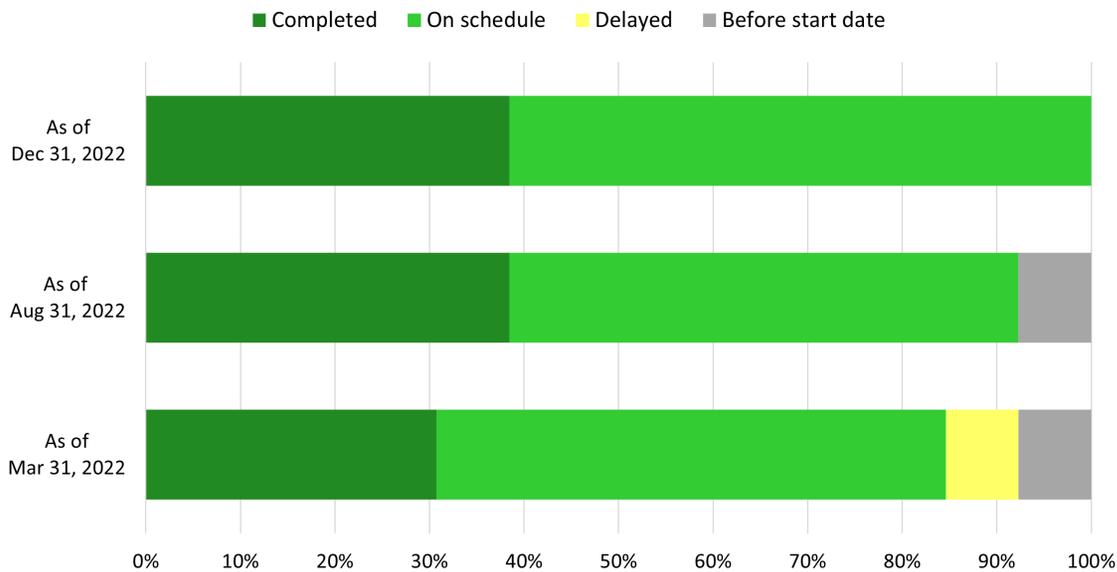
The reasons for the delay are twofold. First, after the review process for the initial set of identified policies, staff told us that the consultation process was not adequate and needed to be revisited to obtain broader input. The HR Policy Steering Committee has been charged with developing an alternative approach, which is to be finalized at the January meeting. Second, there have been unplanned and unavoidable delays due to the availability of project personnel. As a result, the project timelines are being revised, and will be shared with staff by the end of January. The Steering Committee is highly engaged and committed to making progress. This project continues to be a high priority, and we are working towards completion by June 2023.

Structure and Staffing (4 recommendations)

As of December 31, 2022, three recommendations are on schedule, with the fourth recommendation completed.

RESPECTFUL WORKPLACE

Progress on Respectful Workplace Project Recommendations (N=13)



Across the 13 recommendations, as of December 31, 2022, five are complete and eight are on schedule.

There are two areas under this project: ombudsperson and workplace restoration. For further information, see page 17.

Ombudsperson
(1 recommendation)

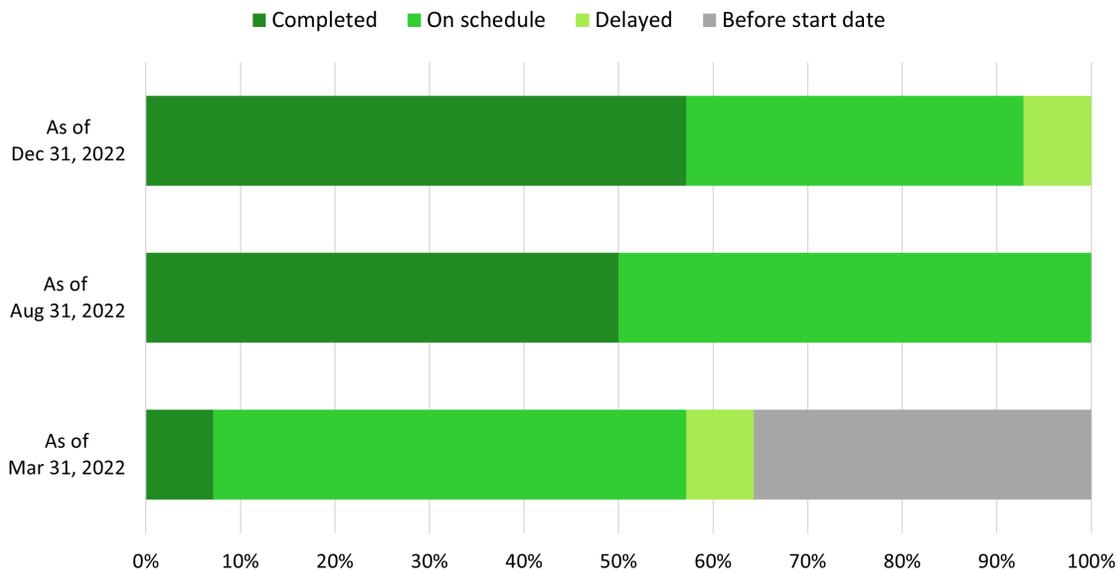
As of December 31, 2022, the recommendation is currently on schedule.

Workplace Restoration
(12 recommendations)

As of December 31, 2022, five recommendations are complete and seven are on schedule.

SERVICE

Progress on Service Project Recommendations (N=14)



This area of the review was assessed as being a strength for the organization.

Across the 14 recommendations, as of December 31, 2022, eight are complete, five are on schedule and one is delayed.

There are two areas under this project: community partners and service compliance with the CYFSA. For further information, see pages 18 – 19.

Community Partners (1 recommendation)

As of December 31, 2022, the recommendation is complete.

Service Compliance with the CYFSA (13 recommendations)

As of December 31, 2022, seven recommendations are complete and five are on schedule. The remaining recommendation is currently behind schedule (delayed). This is related to an analysis of our child in care model and determining whether there are areas related to reducing children in care expenditures. It should be noted that this analysis in the review was related to staffing costs as opposed to boarding rates. The initial analysis is complete and further analysis to be completed no later than April 2023.



Comprehensive Review Work Plan - Progress Report 3 (to December 31, 2022)

OVERVIEW

Progress on Recommendations as of December 31, 2022

	Completed	On schedule	Delayed	Before start date	Total
Change Management	0	0	2	0	2
Finance	16	9	0	1	26
Governance	5	7	1	0	13
Human Resources	8	16	14	0	38
Respectful Workplace	5	8	0	0	13
Service	8	5	1	0	14
Total recommendations	42	45	18	1	106
Percent of recommendations	40%	42%	17%	1%	

Work related to the recommendation is...

Completed	Complete
On schedule	Progressing according to work plan schedule
Delayed	Behind the work plan schedule, however work is in progress
Before start date	Not yet at the start date according to the work plan schedule

Section	Recommendation	Progress Report 2 (Aug 31 2022)	Status	Progress Report 3 (December 31 2022)	End Date	Status
PROJECT: CHANGE MANAGEMENT (oversight by BPMEC)						
	1. Adopt a consistent, best practices approach to change management. (NEW)	Training sessions on ADKAR change management model for first group of change leads to happen between October 2022 and March 2023. Strategy for best practices approach to be presented to BPMEC in January 2023.	DELAYED	PROSCI (ADKAR model) has been selected as the change management approach we will adopt. Different types of PROSCI training are being planned for delivery between February and June 2023. 1) To build organizational capacity and accountability for change, a 90-minute workshop to a large cross-section of staff (frontline and middle management) from across the agency will be provided. 2) For those currently leading projects, a 1-day session will be provided to support them in applying change management best practices in their projects. 3) For senior leadership, a half-day workshop covering an understanding of key concepts of change and how to support the implementation of change across the agency will be provided. 4) Training and certification in change management will be provided to a small group of key people who are responsible for supporting the implementation of change (and project) management.	Apr-23	DELAYED
	2. Adopt a consistent, best practices approach to project management. (NEW)	Knowledge building sessions to be deferred to January - March 2023. Strategy for best practices approach to be presented to BPMEC in January 2023.	DELAYED	There is experience and expertise in the SDI department to facilitate training and provide support for best practices in project and process management. There is experience and expertise in the SDI department to facilitate training and provide support for best practices in project and process management. To ensure that there is a strong linkage between change and project management, following the 1 day change management session (Q1 2023-24), the following will be made available for people involved with and leading projects: in-house project management workshops (including overview and using various tools), project management and other related templates and tools (e.g., project definition, work breakdown structure, monitoring and reporting, decision matrix for new projects, RASCI, process storyboard, stakeholder management, and project communications).	Apr-23	DELAYED
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.	Reviewed at BFAC May 2022	COMPLETED			
Building Occupancy	1. Explore revenue generation/debt retirement by utilizing excess land.	The restrictions/limitations in the Orlando sales agreement are for a 10-year period. Detail to be incorporated in the property plan, of which the first draft has been developed. The plan will be presented at the BFAC in October 2022.	DELAYED	In 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.		COMPLETED
	2. Explore revenue generation using sports court.	Covid significantly delayed usage of the sports court. Now that we have returned to "normal" operations, priority for usage is being given to the Trailblazers Youth Centre. Detail to be incorporated in the property plan, of which the first draft has been developed. The plan will be presented at the BFAC in October 2022.	DELAYED	In the short term, we will use the gym for staff only, and work through a detailed booking process. We will evaluate the success of the pilot and expand use of gym/community space to our community partners. This will involve consultation with staff and leaders on how to best serve the community and what contribution (monetary or otherwise) will be requested from users.		COMPLETED
	3. Ensure community partner space is fully leased at fair market rates.	Leasing options and rates for community partners is being explored. Detail to be incorporated in the property plan, of which the first draft has been developed. The plan will be presented at the BFAC in October 2022.	DELAYED			COMPLETED
	4. Ensure that the Foundation pay fair market rate for space used.	Agreements with the Foundation for the use of space are being review and are pending further review and discussion at the BFAC. Detail to be incorporated in the property plan, of which the first draft has been developed. The plan will be presented at the BFAC in October 2022.	DELAYED	We will not charge rent to the Foundation for the fiscal year ending March 31, 2023. During the strategic planning process in fiscal year 2024, we will conduct a thorough review of the Foundation/Peel CAS relationship.		COMPLETED

Section	Recommendation	Progress Report 2 (Aug 31 2022)	Status	Progress Report 3 (December 31 2022)	End Date	Status
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.		BEFORE START DATE	Policy is to follow procurement policies in place. Review of current process maps as well communications process is in place to improve compliance.	Apr-23	ON SCHEDULE
	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).		BEFORE START DATE	Review of current process in order to evaluate and identify gaps has begun.	Apr-23	ON SCHEDULE
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.	Credit card policy 261 reviewed by BFAC and Board in May 2022. Policy implemented.	COMPLETED			
	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.		COMPLETED			
	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.		COMPLETED			
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.		BEFORE START DATE	Information gathering commenced	Apr-23	ON SCHEDULE
Miscellaneous Expenditures	1. Peel should review the expenditures coded to miscellaneous to ensure they align with MCCSS guidelines.		BEFORE START DATE	Information gathering commenced	Apr-23	ON SCHEDULE
	2. Peel should enforce Ministry guidelines and Broader Public Sector directives related to entertainment expenses.		BEFORE START DATE	Entertainment expenses are covered under Policy 262 Travel, Meals and Hospitality. This policy was reviewed and revised to ensure compliance with BPS Directives.		COMPLETED
Ontario Child Benefit Expenses (OCBE)	1. Peel CAS should increase OCBE program utilization rate and use savings program for more children.	Five-year trend analysis completed and presented to senior management in March 2022. Policy, procedure, and process map for OCBE activity and savings developed and finalized. Utilization report developed, to be implemented Fall 2022. This report will inform plans for increased utilization.	ON SCHEDULE	OCBE data was reviewed with Director of Permanency in November. Presentation and refresher to TMs identified as a key action item to be scheduled in January. Ideas for utilization of funds was discussed (e.g., camp, drivers education, youth programs, etc.), and will be part of the presentation.	Apr-23	ON SCHEDULE
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.	Comparisons to other societies in progress. Branch leaders to be part of discussion for their areas and budget.	ON SCHEDULE	We conducted a three-year analysis on promotion and publicity costs and found expenditures were the highest in 2019-20 among its peers due to \$172K one-time website upgrade and signage expenses in Promotion & Publicity. Since 2020-21, Peel CAS has successfully reduced both Promotion & Publicity expenditures to its peers' level. The communications department continues to implement cost savings including (but not limited to) reduction in hard copy materials and reducing annual subscription and hosting fees.		COMPLETED
Salaries and Benefits	1. That the Board of Directors should assess comparator societies' executive compensation increases when determining management compensation increases. (BGC)	To be reviewed/developed as part of the HR and Board policy review projects.	ON SCHEDULE	Moved from Finance to BGC	May-23	ON SCHEDULE
	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)		ON SCHEDULE	Practice in place under Interim CEO. Formal policy to be developed through HR policy project and Board policy project. End date adjusted to be in line with these projects		ON SCHEDULE
	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)	Practice continues to be in effect. Policy to be developed and will be presented to BDC Nov 2022. Delegated to BDC	ON SCHEDULE			ON SCHEDULE
	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)	Formal procurement process to begin in 2023	BEFORE START DATE	Moved from Finance to BGC Formal Procurement process targeted to begin in FY 23-24	Mar-24	BEFORE START DATE



Comprehensive Review Work Plan - Progress Report 3 (to December 31, 2022)

Section	Recommendation	Progress Report 2 (Aug 31 2022)	Status	Progress Report 3 (December 31 2022)	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.	Presented to BFAC in May 22	COMPLETED			
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.	Discussions with comparator societies is in progress.	ON SCHEDULE	We conducted a three-year analysis on training and recruitment costs and found after a one-year increase, costs have normalized as a percentage of the budget. We will review and revise its learning and development team to coordinate agency wide training and work with other agencies to oversee budget and seek efficiencies.		COMPLETED
	2. Recording of training costs should adhere to appropriate account codes to ensure transparency, validation, and reconciliation.	Coding of training and related costs, and documentation required for approvals to be addressed in revised training policy/procedure that is under development.	ON SCHEDULE	We reviewed guidance on Training and Recruitment coding with the Accounting team to ensure appropriate coding. A review of required documentation and approvals of training was also completed to ensure compliance.		COMPLETED
	3. Training requests need to be documented accurately and approved by budget holder and supervisor prior to registration. (NEW)		ON SCHEDULE			COMPLETED
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.	While progress has been made, and changes have been put into practice, the revised policy is part of the broader financial policy review that is currently underway. The revised policy is scheduled to be brought to the BFAC in November 2022 rather than May 2022.	DELAYED	We had a third party review our Travel, Meals and Hospitality policy. The reviewer found the Policy aligned with the BPS Expense directive 2020. We also revised the policy to be clearer and more concise in several areas including expenses related to Travel Incidentals.		COMPLETED
	2. Policy revision required for Travel Incidentals to be more specific related to the details of spending.		DELAYED			COMPLETED
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)	Policy and procedure review / revisions / development is underway. Draft 1 of framework for new policies is complete and under review. GAP analysis of policies and procedures is complete and under review.	ON SCHEDULE	Policy and procedure review / revisions / development is underway. Draft 1 of framework for new policies is complete and under review. GAP analysis of policies and procedures is complete and under review.	May-23	ON SCHEDULE



Comprehensive Review Work Plan - Progress Report 3 (to December 31, 2022)

Section	Recommendation	Progress Report 2 (Aug 31 2022)	Status	Progress Report 3 (December 31 2022)	End Date	Status
PROJECT: GOVERNANCE (Oversight by BOARD, BGC, BFAC, BPMEC as noted)						
	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. (BOARD 2021-22, BFAC 2023)	Will be implemented during bargaining, to begin February 2023 and will cover the period April 1, 2023 to March 31, 2026.	COMPLETED	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		COMPLETED
	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 to continue through Fall 2022, and to be reinforced in work related to governance recommendation 11.	ON SCHEDULE	To be reinforced in the governance review project	May-23	ON SCHEDULE
	3. The Board should enhance financial policies. (See also Governance recommendations 1 and 4) (BFAC)	Will review Board responsibilities as part of broader Board policy review. (See Governance recommendation 11 under BDC, end date adjusted to be in line with recommendation 11)	ON SCHEDULE	Part of the governance review project, scheduled to commence in February and be completed in June 2023	May-23	ON SCHEDULE
	4. That the Board review its oversight of the Society's policies related to the requirements of the <i>Broader Public Sector Accountability Act 2010</i> and determine how to ensure if the Society's policies and the requirements of the Act are adhered to. (BFAC, BGC)	Will review Board responsibilities as part of broader Financial policy review. (See Finance Policies & Procedures recommendation)	ON SCHEDULE	Part of the governance review project, scheduled to commence in February and be completed in June 2023	May-23	ON SCHEDULE
	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)	Policy E1 amended to include "The Board of Directors of Peel CAS is accountable to the employees of the Society through transparent communication, engaging with staff, and ensuring that mechanisms are in place to enable a healthy, safe, and inclusive workplace." Approved at the June 16, 2022 meeting of the Board of Directors.	COMPLETED			
	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)	This recommendation is dependent on the review of the governance model / governance policies that is scheduled for completion by June 2023. Once this work is complete, the CEO job description will need to be reviewed and revised to reflect the new policy environment. The end date has been revised to be in line with the governance review end date of June 2023.	DELAYED	Board policy and procedure will be reviewed in the governance review project. As well, the governance review project will inform changes to the CEO's job description	May-23	ON SCHEDULE
	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)	This work is closely related to the governance review which will inform the development of revised metrics for the CEO's performance appraisal.	ON SCHEDULE	Board policy and procedure will be reviewed in the governance review project. As well, the governance review project will inform potential changes to the areas in the CEO's performance appraisal	May-23	ON SCHEDULE



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Section	Recommendation	Progress Report 2 (Aug 31 2022)	Status	Progress Report 3 (December 31 2022)	End Date	Status
	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)	Working committee established with 2 members of BPMEC (now 1 member of BPMEC and 1 member from BDC). Initial meetings held discussing possible paths forward. For discussion at BPMEC September 2022. Governance policy addressing risk management to be a part of the Board governance model and policy review.	ON SCHEDULE	A formal governance policy that addresses risk management to be developed as part of the governance review (timeline Feb - June 2023). BPMEC to provide leadership to risk management at the Board level. Enterprise Risk Management to be incorporated into future organizational plans.	Apr-23	DELAYED
	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)	Performance reviews for all senior management staff reporting to the CEO have been completed (using the Trakstar system). Practice to be sustained	COMPLETED			
	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)	A briefing note regarding applicable legislation and directives related to service, human resources, and finance was prepared and presented to BPMEC in September 2022. This document will be reviewed and updated annually, and be included in the Board Handbook.	COMPLETED			
	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).	To be discussed at September BDC to determine timeline for RFP and next steps.	ON SCHEDULE	Formal procurement process underway. RFP issued, bids received, evaluation process underway. Plan to have vendor in place by end of January and project kick in February	May-23	ON SCHEDULE
	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)	To be discussed at BDC; peer to peer questions to be revised to address questions raised in the review.	ON SCHEDULE	Peer to peer review to be conducted in February 2023 as per previous years. Will be reviewed as part of governance review project	May-23	ON SCHEDULE



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Section	Recommendation	Progress Report 2 (Aug 31 2022)	Status	Progress Report 3 (December 31 2022)	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)	Steering Committee meetings are underway. Work plan and policy framework developed. First set of policies have been developed and are set to be presented to focus groups in September 2022. Progress on the 33 related recommendations is included in this document. At this time, these are all on schedule.	ON SCHEDULE	While progress continues to be made, the project is currently delayed. After the review process for the first set of policies, there was acknowledgement that we needed to rethink the review process in order to get broader input. We also recognize that additional consultation impacts project costs and timelines. The SDI team has developed a policy review tool, endorsed by the Steering Committee, which will be used in future review processes. In addition, there has been an unplanned and unavoidable delay due to consultant availability. As a result the project timelines are being revised. The Steering Committee is highly engaged and committed to making progress.	May-23	DELAYED
Structure and Staffing	1. Conduct a review and analysis of direct service staffing, caseloads, and spans of control. (NEW) (BFAC)	Workload Committee established. Initial meeting delayed due to staffing changes and summer. Work to begin Fall 2022.	ON SCHEDULE	Workload Committee focusing on workload concerns (e.g., case assignment, case transfers, worker safety, etc.). Senior management is currently reviewing data related to staffing, caseloads, and spans of control to determine areas where changes may be required.	May-23	ON SCHEDULE
	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)		ON SCHEDULE		May-23	ON SCHEDULE
	3. Conduct a review and analysis of the contract staffing. (NEW) (BFAC)	Review/analysis of contract positions is currently underway. Discussion regarding feasibility of converting some of these positions to permanent is being explored. To be reported to BFAC Nov 2022.	ON SCHEDULE	Review/analysis of contract positions is currently underway. Discussion regarding feasibility of converting some of these positions to permanent is being explored.	Feb-23	ON SCHEDULE
	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)	Collaborative discussion with CEO, and Directors of DEI and P&C have occurred. People Plan being updated to include a DEI area of focus.	ON SCHEDULE	Discussions between CEO and Directors of DEI and P&C have been held and will continue on an ongoing basis. DEI will continue to provide consultative support on all internal investigations related to harassment, bullying, discrimination, and racism. P&C DEI metrics have been developed for ongoing assessment of the health and well-being of staff and to ensure a sense of belonging. P&C staff to have increased participation in all DEI training.		COMPLETED



Comprehensive Review Work Plan - Progress Report 3 (to December 31, 2022)

Section	Recommendation	Progress Report 2 (Aug 31 2022)	Status	Progress Report 3 (December 31 2022)	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) <i>(See also HR Policies Whistleblower items 1 and 2)</i>	Formal procurement process completed. Permanent vendor selected (BDO) and contract finalized. Kick off meeting to be scheduled for Sept 2022.	ON SCHEDULE	An interim process has been developed and a fulsome program (Respectful Workplace Program) to be rolled out to staff. A Steering Committee has been struck consisting of Board members, staff, BDO and Clearview. Process map and policy development is underway. Ombudsperson process active for staff December 2022. If staff have any concerns, they can contact the ombudsperson through ClearView, a reporting system that acts as a safe conduit, allowing staff to report an issue or concern within the organization. It is available at 1-866-889-5253, 24 hours a day, 7 days a week, 365 days a year. Concerns referred to ClearView will be forwarded to BDO (our ombudsperson).	Apr-23	ON SCHEDULE
Workplace Restoration	Action 1. Establishing ground rules for workplace restoration to ensure transparency, confidence and trust-building actions and behaviours.		COMPLETED			
	Action 2. Training for leadership (Core Leadership Program) to address conflict and workplace challenges.		COMPLETED			
	Action 3. Facilitated Restoration sessions and coaching services with Executive Leadership.	Ongoing to March 2023	ON SCHEDULE	Ongoing to March 2023	Mar-23	ON SCHEDULE
	Action 4. Facilitated Restoration sessions and coaching services with Team Leads.	Ongoing to March 2023	ON SCHEDULE	Ongoing to March 2023	Mar-23	ON SCHEDULE
	Action 5. Facilitated Restoration sessions with Union Leadership.		COMPLETED			
	Action 6. Facilitated Restoration sessions with Board members.		COMPLETED			
	Action 7. Facilitated healing and restoration sessions with all staff.	Sessions now planned for October through December	ON SCHEDULE	The first Healing session was completed very successfully on December 1, 2022. The next session is planned for February 2, 2023. The "Workplace Restoration Update Session" (formerly known as "Listening Session" session" is also going to be scheduled for all Staff after the healing session on February 2.	Mar-23	ON SCHEDULE
	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.	Facilitated discussions between all parties to be scheduled for October	ON SCHEDULE	Facilitated discussions have been held with the Board, SMT, Union leadership and ABR group. CCR International took part in round table discussions between union execs and senior management between June - August 2022. Interim CEO continues to meet with Union execs and has met with members of the ABR group. Parties agreed to continue these meetings. Discussions between senior management and union execs as well as dialogue with the ABR group will occur regularly throughout the restoration process.	Mar-23	ON SCHEDULE
	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.	Workplace Advisory Council has been established and work scheduled to start Sept 2022	ON SCHEDULE	Action plan developed and shared with all staff. The Restoration Advisory Council (RAC) and working groups have been established and are in the process of implementing key elements of the action plan. As well, SMT is taking ownership of the remaining elements of the action plan and will ensure these are implemented.	Mar-23	ON SCHEDULE
	Action 10. Support to the Board concerning governance and accountability.	Further work to be anchored in the review of the Board governance model.	COMPLETED			
	Action 11. Continued oversight by the Board to measure progress and address continued challenges.	Ongoing to March 2023	ON SCHEDULE	Ongoing to March 2023	Mar-23	ON SCHEDULE
	Action 12. A re-assessment in 12 months using the OrgPulse and a small number of interviews to gauge progress and overall workplace health.	<i>Given extended timelines for above action items, reassessment now scheduled for early 2023</i>	BEFORE START DATE	CCR International will be conducting a full online survey (ORGPULSE) and a few in person interviews to gauge progress and determine overall workplace health. CCR International is in the process of setting up the assessment tool in preparation for implementation during February - March 2023.	Mar-23	ON SCHEDULE



Comprehensive Review Work Plan - Progress Report 3 (to December 31, 2022)

Section	Recommendation	Progress Report 2 (Aug 31 2022)	Status	Progress Report 3 (December 31 2022)	End Date	Status
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.	Our community partnerships have been highlighted in the 2021-22 Year in Review report. This report was presented to BPMEC on May 26, 2022.	COMPLETED			
Service Compliance with the CYFSA: Children in Care	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.	A briefing note regarding cultural placement matching was prepared and presented to BPMEC in September 2022.	COMPLETED			
	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 activities for monitoring completion of initial plan of cares include: Case Activity report distributed to staff bi-weekly (includes dues dates for Plans of Care); Annual Extended Care Review includes measures of compliance for timeliness for initial plan of care; Quality Improvement Plan audits include measures of compliance for timeliness for initial plan of care. Related policies and procedures have been reviewed and updated.	COMPLETED			
	3. 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)	Given changes in Director, review to occur Sept - Dec 2022. Present to BFAC Jan 2023.	ON SCHEDULE	We have the lowest number of children in care in Ontario when measured on a per capita basis. An estimated 60% of children in our care have complex needs (80% of children in Extended Society Care), which often requires additional expenditures to support their needs (e.g., specialized placements, 1:1 staffing). We are in process of doing further analysis, review, and discussion with service leaders. Formal memo on findings is pending.	Apr-23	DELAYED
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)	Initial analysis completed. Given changes in Director, review to occur Sept - Dec 2022. Present to BFAC Jan 2023.	ON SCHEDULE	Review of data and comparisons complete. There is variation in how agencies categorize and use the three type of foster care. When we look at average cost per day across the three types, Peel CAS has the lowest cost per day. Based on our analysis we do not believe further analysis related to this recommendation is required. However, 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.		COMPLETED
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.	Best practices have been established for the collection of Race and First Nations, Inuit and Métis (FNIM) identity data. Improved our processes for identifying children with FNIM identity. Tip sheets explaining what, how and where to record this information in CPIN have been developed and shared with staff. Our trained Specialists continue to provide support to workers on how to record FNIM data in the information system. We continue to produce, monitor, and report completion rates for Race and FNIM identity at various stages of service. A recent review of identity data collection at ongoing service provided an opportunity to improve data quality, and workers were encouraged to use best practices as well as our tip sheets. As a result, completion rates for Race increased from 60% to 80%. Development of best practices for other identity variables is underway. Reports to the BPMEC will occur on an annual basis, starting in November 2022.	COMPLETED			
	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)		COMPLETED			



Comprehensive Review Work Plan - Progress Report 3 (to December 31, 2022)

Section	Recommendation	Progress Report 2 (Aug 31 2022)	Status	Progress Report 3 (December 31 2022)	End Date	Status
	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)	Initial disproportionality analysis for children in care has been completed. After reviewing several methodologies, and consulting with Dr. Barbara Fallon at the University of Toronto and Heather Krause at We All Count, our methodology was established, and reports designed. Disproportionality results for children admitted to care have been presented to Senior Management and the service branches. We continue to design methodologies, develop reports, and measure disproportionality at different stages of service, with intake being our next area of focus. Reports to the BPMEC will occur on an annual basis, starting in November 2022.	COMPLETED			
Service Compliance with the CYFSA: Investigations	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.	Initial planning discussion with Service Director Advice and Assessment occurred in August 2022. Plan to complete audit/best practice review with review group consisting of frontline staff, team leaders and service director. Goal is to develop best practice recommendations for the agency. Service Director will bring for discussion with team leaders for next steps planning at Fall 2022 branch retreat.	ON SCHEDULE	Audit process in progress. Plan to present results to service for best practice discussion by end of March 2023.	Mar-23	ON SCHEDULE
	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.		ON SCHEDULE		Mar-23	ON SCHEDULE
	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.	A briefing note regarding this recommendation was prepared and presented to BPMEC in September 2022.	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.	Initial planning discussion with Service Directors (Advice and Assessment and Parent and Child Capacity Building) occurred in August 2022. Plan to complete internal audit and present back to Advice and Assessment and Parent Child and Capacity Building branches for review and discussion of best practices. Goal is to develop best practice recommendations for the agency. Audit methodology and plan will be finalized in Fall 2022.	ON SCHEDULE	Audit process in progress. Plan to present results to service for best practice discussion by end of March 2023.	Mar-23	ON SCHEDULE
	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.	Initial planning discussion with Service Director Parent and Child Capacity Building occurred in August 2022. Plan to complete audit/best practice review with review group consisting of frontline staff, team leaders and service director.	ON SCHEDULE		Mar-23	ON SCHEDULE
	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.	Goal is to develop best practice recommendations for the agency. Presentation to team leaders and planning of next steps will occur at branch meeting in October 2022.	ON SCHEDULE		Mar-23	ON SCHEDULE

Specific Area	Recommendation	Progress Report 2 (Aug 31 2022)	Status	Progress Report 3 (Dec 31 2022)	Status
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.	Draft framework completed. To be rolled out to staff following change to be discussed at Sept BDC	ON SCHEDULE	Framework endorsed by Steering Committee. Being used in policy development. The SDI team has developed a policy review tool, endorsed by the Steering Committee, which will be used in future review processes.	COMPLETED
	2. Each policy should have a clear purpose and definitions.				COMPLETED
	3. Roles and responsibilities should be added to each policy to outline the specific tasks and duties of roles.				COMPLETED
	4. Consider eliminating subjective phrases such as "People and Culture will decide or consider".				COMPLETED
	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.				COMPLETED
	6. Policies should be written using inclusive language (e.g., gender inclusive). (NEW)				COMPLETED
	7. Policies need to be written with a lens of equity and inclusion. (NEW)				COMPLETED
Anti-Racism	1. An anti-racism policy to be developed as a part of HR policies. The policy to explicitly include anti-Black racism.	Under development - to be reviewed at Jan focus group	ON SCHEDULE	Under development - to be reviewed at Jan focus group	ON SCHEDULE
Educational Leaves, Practicums and Tuition Reimbursement	1. Research should be conducted into best practices before this policy is reviewed and updated.	Under development - to be reviewed at March focus group		Under development - to be reviewed at March focus group	ON SCHEDULE
Employment of Relatives	1. The policy needs to be strengthened including adding the definition of an "indirect relationship".	Policy drafted; to be reviewed at September focus group		Further review to be conducted	ON SCHEDULE
	2. The conflict-of-interest paragraph needs to be revised.				ON SCHEDULE
Job Postings	1. The Job Posting policy should be re-written to include more specific actions regarding job postings rather than just focus on the recruitment process. A change to the policy name will better reflect the focus of the policy.	Policy drafted; to be reviewed at September focus group		Further review to be conducted	ON SCHEDULE
Prevention and Resolution of Harassment and Discrimination in the Workplace	1. It is recommended that this policy be aligned with the Ontario Human Rights Code.	Under development - to be reviewed at Nov focus group			Draft to be reviewed at Steering Committee in January 2023
	2. All complaints should be in writing.			DELAYED	
	3. It should be specified that the employer has a duty to investigate all complaints.		DELAYED		

Specific Area	Recommendation	Progress Report 2 (Aug 31 2022)	Status	Progress Report 3 (Dec 31 2022)	Status
Prevention of Workplace Violence and Harassment	1. There should be clear definitions of harassment and discrimination.	Under development - to be reviewed at Nov focus group	ON SCHEDULE	Draft to be reviewed at Steering Committee in January 2023	DELAYED
	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.				DELAYED
	3. The complaints process should be clearly outlined.				DELAYED
	4. There should be an appeals process built into the policy.				DELAYED
	5. All complaints should be in writing.				DELAYED
	6. All parties should receive a copy of the full report, not just an overview/summary.				DELAYED
	7. All complaint files should be closed upon completion of the investigation.				DELAYED
Sick Leave Program	1. This policy should be more detailed and should ensure that it conforms to the Employment Standards Act.	Under development - to be reviewed at March focus group	ON SCHEDULE	Under development - to be reviewed at March focus group	ON SCHEDULE
Staff Discipline	1. The policy should be amended to more clearly articulate the rules and expectations.	Under development - to be reviewed at Jan focus group	ON SCHEDULE	Under development - to be reviewed at Jan focus group	ON SCHEDULE
Third Party Harassment	1. The policy should clarify that it relates only to external parties, not staff.	Under development - to be reviewed at Nov focus group	ON SCHEDULE	Draft to be reviewed at Steering Committee in January 2023	DELAYED
	2. All reports should be investigated in the same way to eliminate any notion of bias in deciding which complaint to investigate.				DELAYED
	3. There should be only one route to report third party harassment (currently there are two routes).				DELAYED
Whistleblower	1. Consider a third-party service to confidentially receive and review whistleblower complaints. <i>(See Respectful Workplace)</i>	Under development - to be reviewed at Jan focus group	ON SCHEDULE	Under development - to be reviewed at Jan focus group	ON SCHEDULE
	2. A confidential third party should be identified as the sole recipient of complaints to ensure employee confidentiality. <i>(See Respectful Workplace)</i>				ON SCHEDULE
	3. The policy should clarify which complaints are shared with the Board of Directors.				ON SCHEDULE
	4. A simplified process that is efficient to use should be developed.				ON SCHEDULE
	5. There should be better definitions of key terms such as whistleblower, wrongdoing and vexatious.				ON SCHEDULE
	6. The policy should clearly state when an investigation will not be conducted (e.g., frivolous or vexatious).				ON SCHEDULE