

2015 /2016 Service & Budget Plan

WINDSOR-ESSEX CHILDREN'S AID SOCIETY

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1. EXECUTIVE SUMMARY

2015/2016 marks the 116th Anniversary of the Society and our continuing mandate to protect vulnerable children under the age of 16 and act as a barometer of the health and well-being of the families in our community. The agency's record of service demonstrates quality and strength based services to children and families in the community, and provision of these services in an efficient and economical way.

The Provincial Government's child welfare funding model has two primary funding mechanisms. The available funding envelope (after pre-formula adjustments) will be divided into two equal portions.

The first portion is to fund the socio-economic factors present in the legal jurisdiction that a CAS serves.

✓ Child population: 30%

✓ Low income families: 30%

✓ Lone parent families: 30%

✓ Remoteness: 5%

✓ Number of aboriginal children: 5%

The second portion is to fund the average of the previous three years' service volume.

- ✓ Investigation completed: 10%
- ✓ Average number of open ongoing protection cases: 40%
- ✓ Average number of children in care: 40%
- ✓ Children moving to permanency: 10%

Agencies that are subject to Funding Mitigation (to be phased in over 5 Years (maximum +/- 2% annually) will see their allocation positively or negatively adjusted annually, which is intended to stabilize the field as it adjusts to the new funding model.

Children's Aid Societies have a legal requirement to balance their budgets and every Society Board is required to enter into an accountability agreement with the Minister as a term and condition of funding.

This Service Plan represents the 24 hour a day, 7 day a week mission of nearly 1,000 dedicated staff, foster parents and volunteers, serving an estimated 9,700 children in our community this fiscal year. This may entail provisions and links relating to food, shelter, emotional support, parental supports and education all in collaboration with the community. Regardless of the circumstance, WECAS is mandated to provide a solution in the best interest of the child concerned. (*Refer to Appendix D – Protection Services Flowchart; Pg.87*).

The 2015/2016 Service Plan also reflects the key objectives that were set forth in our Strategic Plan of 2010.

Our strategic focus of 2010 included the following priority outcomes:

- Keep staff morale high through increased job satisfaction and succession planning;
- Reduced risk of child maltreatment through enhanced community partnerships where families are identified to have substance addictions and mental health issues;
- Implementation of quality assurance instruments to demonstrate on-going improvements in child safety, well-being, educational success, and permanency;
- Reasonable workload for our frontline staff and supervisors;
- Programs that continue to reduce the number of children coming into care; and,
- Program evaluation capacity (accountability / value for money).

To support the effective governance and achievement of the Society's strategic priorities, the following Balanced Scorecard governance goals exist:

- Develop a director skills matrix, establish an inventory of existing director skills, and identify gaps to fill through recruitment efforts;
- Review effectiveness of existing committees and committee terms of reference;
- Review and update the Board bylaws;
- Review and update Board policies;
- Board Members to read and sign Code of Conduct;
- Review existing CEO evaluation practices and introduce new, good practice standards, including CEO 360 degree feedback assessments;
- Ensure alignment between Board strategic goals and objectives and the operations of the organization.
- Ensure regular evaluations are conducted of all Board committees.
- Maintain and enhance processes to ensure Agency compliance with regulatory requirements;
- Identify one high level topic for inclusion in every other board meeting agenda;
- Ongoing assessment of Board Work Plan and progress/status of items;
- Director development and continuous learning initiatives; and,
- Identify key stakeholders, determine their expectations of the organization and Board, and develop communication and engagement strategies for each.

These objectives continue to remain valid for the organization and have been brought forth into the 2015/2016 Service Plan. Though relevant there have been many advancements and successes in these areas that are discussed in detail further in the report.

The Society plays a very active role overall at planning tables, forums, and liaison committees that has helped foster stronger relationships with the community in the last few years. This past year a community partner survey was completed. The results from the survey will help guide us in determining are next steps.

Workload has been very reasonable in the last year and is expected to continue in 2015/2016. As expected there is intermittent pressure depending on volume in the month etc. but overall we have been able to maintain workload levels and keep within the language of the collective agreement. Reasonable workload is one area that contributes to staff morale.

It cannot be understated how much the extra space within the Bill & Dot Muzzatti Child & Family Centre has enhanced morale by allowing staff to simply do their work without complication of working space. The expansion is a very warm, inviting, family friendly space that both our clients, youth in care and staff benefit from. The programming rooms on the second floor of the Centre have allowed us to broaden a number of our programs for our families and youth as we are no longer limited by space requirements.

In the last year there have been very positive staff meetings which have made a significant impact on enhancing the culture within the organization. The strategy for meetings is to deliver relevant and important information, but also to provide an opportunity for all staff members from different departments to gather, share ideas and set clear and common goals for the agency. We have a joint social committee who plays an integral role in assisting the management team organize educational and stimulating activities that incorporate entertaining components for our meetings.

2. OUR VISION and MISSION STATEMENT

OUR VISION

"Our Children, Our Future"

The Vision has three distinct components:

- **OUR** reflects the collective responsibility of the Society, parents and families, the community, other service providers and so forth in working collectively and collaboratively to ensure the best for the community's children. It denotes responsibility and accountability for the well-being of children.
- **CHILDREN** defines the focus and a clear direction for the organization in terms of intent, priority and responsibility. It also represents the fact that all children are involved in the Vision because any child, at any point in time, could have a need for the programs and services of WECAS.
- FUTURE articulates our horizon and our hopes. It identifies that each child's life is vital to the future of our community.

OUR MISSION

We are dedicated to the well-being and safety of every child by advocating for, and partnering with, our children, families and communities.

3. BUDGET ASSUMPTIONS

BUDGET COMMENTARY

The following is designed to provide a brief explanation of the assumptions included in the budget estimates for the period of April 1, 2015 to March 31, 2016. (Refer to Appendix A - Comparative Statement of Revenue and Expenses 2014/15 to 2015/16; Pg.72.

Revenue

Revenue for the period totalled \$59,334,364. This includes the operating grant from the Province of Ontario of \$56,844,978, and expenditure recoveries and non-retainable income of \$2,489,386.

Expenditures

Gross expenditures are estimated at \$59,334,364.

Included in this total are the following cost components:

- Client costs of \$18,104,606;
- Staffing costs of \$38,411,209; and
- Administration costs of \$2,818,469.

Client costs are estimated to be \$109,724 (0.6%) less than the 2014/2015 Forecast. This is primarily attributed to the reduction in the number of children in care which has reduced from an estimated average of 611 in 2014/2015 to the 599 average included in this budget estimate.

Staffing costs are estimated to be \$1,807,696 (5.0%) greater than the 2014/2015 Forecast. This increase is primarily attributed to a salary increase to union staff from upcoming collective bargaining, salary increase to management, and realizing a full budget year of salary costs related to new hires in September 2014. The budget estimates provide for a staffing compliment that will allow the Society to maintain favourable workload averages into 2016/2017.

Administration costs are estimated to be \$1,777,192 less (39%) than the prior year budget submission. The building occupancy decrease of \$1,815,952 compared to the 2014/2015 forecast represents the 2014-15 payment of \$1,500,000 to eliminate the mortgage on the Bill & Dot Muzzatti Centre. Technology costs have increased \$101,789 over the prior year forecast due to the lease of 340 laptop computers to replace aging units, and the lease of a back-up generator to assist with mitigating power outage impacts to system availability for staff.

Overall Operating Position

For the fiscal year ending March 31, 2016, Administration estimates net expenditures of \$56,844,978 and a balanced budget.

| Windsor-Essex CAS - Key Business Fact | ors | | | | | |
|--|--|--|--|--|--|--|
| | | | | 2014/15 | 2014/15 | 2015/16 |
| STAFF COUNT (FTE's) | 2011/12 | 2012/13 | 2013/14 | Submission | Fore cast | Estim ate |
| Intake | 63.6 | 61.4 | 56.7 | 58.6 | 58.0 | 56.7 |
| Family Well Being | 16.9 | 15.1 | 13.3 | 13.00 | 12.81 | 12.9 |
| Access Program | 31.2 | 44.0 | 44.6 | 37.00 | 39.44 | 39.0 |
| Ongoing Services (Family Services) | 146.4 | 137.3 | 124.5 | 130.55 | 125.10 | 128.5 |
| Kinship | 7.6 | 9.5 | 5.0 | 6.6 | 6.0 | 5.6 |
| CIC/Support Services | 47.7 | 44.9 | 50.2 | 49.6 | 50.1 | 51.1 |
| Foster Care | 16.3 | 16.6 | 24.0 | 22.8 | 25.5 | 26.0 |
| Adoption | 9.0 | 8.0 | 7.0 | 7.7 | 7.9 | 8.0 |
| Legal Services | 3.0 | 3.6 | 4.4 | 5.5 | 7.0 | 8.0 |
| Infrastructure/Admin | 38.1 | 37.8 | 32.0 | 33.6 | 33.5 | 35.6 |
| Total Staff | 379.8 | 378.1 | 361.6 | 365.0 | 365.3 | 371.3 |
| | | | | 2014/15 | 2014/15 | 2015/16 |
| SERVICE STATISTICS | 2011/12 | 2012/13 | 2013/14 | Submission | Fore cast | Estim ate |
| investigations (closed cases) | 3,534 | 3,097 | 3,029 | 3,014 | 3,018 | 2,982 |
| % opened | 61.3% | 50.8% | 52.5% | 54.7% | 54.4% | 51.6% |
| Community Links | 130 | 101 | 433 | 100 | 100 | 100 |
| Admission Prevention # of Families | 3,244 | 3,090 | 2,548 | 625 | 625 | 600 |
| Ongoing Services (average cases) | 1,618 | 1,706 | 1,494 | 1,499 | 1,501 | 1,455 |
| Transfer Rate | 29.9% | 28.5% | 24.8% | | | |
| | | | 24.076 | 28.6% | 30.2% | 30.0% |
| Kinship (homestudies & families) | 250 | 251 | 24.0% 255 | | 30.2% 317 | 30.0% 300 |
| Kinship (homestudies & families) Average # CIC | | | | 288 | | |
| | 250 | 251 | 255 | 288 | 317 | 300 |
| Average # CIC | 250 617 | 251 605 | 256 613 | 288 617 | 317 612 | 300 599 |
| Average # CIC Foster Care (average # homes) incl Kin | 250 617 241 | 251 605 241 | 255 613 247 | 288 617 244 22 | 317 612 238 | 300 599 250 |
| Average # CIC Foster Care (average # homes) incl Kin Adoption (completed adoptions) | 250 617 241 21 | 251 605 241 15 | 255 613 247 32 | 288 617 244 22 6,710 | 317 612 238 25 | 300 599 250 32 |
| Average # CIC Foster Care (average # homes) incl Kin Adoption (completed adoptions) Total Service Units | 250 617 241 21 9,956 | 251 605 241 15 9,409 | 255 613 247 32 8,653 | 288 617 244 22 6,710 6,750 | 317 612 238 25 6,737 | 300 599 250 32 6,619 7,154 |
| Average # CIC Foster Care (average # homes) incl Kin Adoption (completed adoptions) Total Service Units Adoption Probation | 250 617 241 21 9,956 3,430 | 251 605 241 15 9,409 3,804 | 255 613 247 32 8,653 8,467 | 288 617 244 22 6,710 6,750 140,348 | 317 612 238 25 6,737 7,108 | 300 599 250 32 6,619 7,154 135,824 |
| Average # CIC Foster Care (average # homes) incl Kin Adoption (completed adoptions) Total Service Units Adoption Probation Family Based | 250 617 241 21 9,956 3,430 132,772 | 251 605 241 15 9,409 3,604 140,687 | 255 613 247 32 8,653 8,467 144,288 | 288 617 244 22 6,710 6,750 140,348 52,462 | 317 612 238 25 6,737 7,108 142,198 | 300 599 250 32 6,619 7,154 135,824 55,699 |
| Average # CIC Foster Care (average # homes) incl Kin Adoption (completed adoptions) Total Service Units Adoption Probation Family Based Other Care (ECM/Indep) | 250 617 241 21 9,956 3,430 132,772 32,997 | 251 605 241 15 9,409 3,804 140,667 32,241 | 255 613 247 32 8,653 8,467 144,288 39,760 | 288 617 244 22 6,710 6,750 140,348 52,462 14,603 | 317 612 238 25 6,737 7,108 142,196 50,441 | 300 599 250 32 6,619 7,154 135,824 55,699 15,865 |
| Average # CIC Foster Care (average # homes) incl Kin Adoption (completed adoptions) Total Service Units Adoption Probation Family Based Other Care (ECM/Indep) OPR Group | 250 617 241 21 9,956 3,430 132,772 32,997 47,801 | 251 605 241 15 9,409 3,804 140,667 32,241 37,696 | 255 613 247 32 8,653 8,467 144,288 39,760 23,200 | 288 617 244 22 6,710 6,750 140,348 52,462 14,603 | 317 612 238 25 6,737 7,108 142,196 50,441 15,841 | 300 599 250 32 6,619 |

| EXPENDITURES | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2014/15 | 2015/16 |
|---|----------------|----------------|----------------|----------------|----------------|----------------|
| | | | | Submission | Fore cast | Estimate |
| investigations - Staffing | \$ 5,027,573 | \$ 5,522,800 | \$ 5,403,869 | \$ 5,987,602 | \$ 5,872,155 | \$ 5,874,328 |
| Community Links | \$ 205,332 | \$ 200,945 | \$ 206,788 | \$ 212,583 | \$ 208,546 | \$ 212,717 |
| Ongoing Services (Family Services) - Staffing | \$15,622,859 | \$16,926,049 | \$10,020,745 | \$16,800,500 | \$15,351,557 | \$ 10,305,253 |
| Kinship | \$ 922,686 | \$ 706,377 | \$ 590,920 | \$ 590,325 | \$ 848,902 | \$ 531,518 |
| Non Residential Client Services | \$ 175,478 | \$ 252,569 | \$ 246,430 | \$ 382,135 | \$ 377,197 | \$ 334,942 |
| CIC/Support Services - Staffing | \$ 3,854,875 | \$ 4,048,269 | \$ 4,629,068 | \$ 4,885,582 | \$ 4,871,458 | \$ 4,469,932 |
| Foster Care - Staffing | \$ 1,417,276 | \$ 1,780,342 | \$ 2,361,095 | \$ 2,316,743 | \$ 2,460,758 | \$ 2,671,967 |
| Residential Client Sevices | \$ 2,194,439 | \$ 2,237,968 | \$ 1,904,938 | \$ 2,274,260 | \$ 2,163,860 | \$ 2,067,600 |
| Adoption - Staffing | \$ 563,923 | \$ 541,973 | \$ 673,872 | \$ 644,507 | \$ 877,213 | \$ 658,932 |
| Permanency Client Services | \$ 285,082 | \$ 425,052 | \$ 589,912 | \$ 780,210 | \$ 814,333 | \$ 786,400 |
| Direct Service Cost | \$30,269,523 | \$32,642,335 | \$32,633,837 | \$34,874,437 | \$33,235,969 | \$33,963,489 |
| Legal Services | \$ 2,247,804 | \$ 2,408,716 | \$ 2,870,862 | \$ 2,255,598 | \$ 2,059,490 | \$ 2,335,155 |
| Trayel | \$ 1,867,710 | \$ 2,448,009 | \$ 2,297,796 | \$ 2,279,676 | \$ 2,268,600 | \$ 2,298,415 |
| Infrastructure/Admin Support | \$ 5,848,453 | \$ 5,736,678 | \$ 5,334,893 | \$ 5,151,100 | \$ 7,013,078 | \$ 5,737,320 |
| Boarding - Family Based/Other Care | \$ 6,718,321 | \$ 7,493,085 | \$ 8,165,684 | \$ 8,904,095 | \$ 8,800,266 | \$ 8,581,830 |
| Boarding - OPR Group | \$12,032,161 | \$ 9,903,659 | \$ 6,248,745 | \$ 4,573,628 | \$ 4,831,023 | \$ 4,946,967 |
| Technology | \$ 1,009,393 | \$ 1,067,314 | \$ 1,379,538 | \$ 1,614,907 | \$ 1,422,357 | \$ 1,471,187 |
| Total Expenditures | \$59,993,365 | \$61,699,795 | \$58,930,755 | \$59,653,440 | \$59,430,683 | \$59,334,364 |
| Other Revenue | \$ (2,345,976) | \$ (2,345,975) | \$ (2,723,907) | \$ (2,792,220) | \$ (2,521,014) | \$ (2,489,386) |
| Net Expenditures | \$57,647,389 | \$59,353,820 | \$56,206,848 | \$56,861,220 | \$ 56,909,669 | \$ 56,844,978 |

| COST PER UNIT | | 2011/12 | | 2012/13 | | 2013/14 | | 2014/15 | | 2014/15 | | 2015/16 | |
|---|----|-----------|----|-----------|----|-----------|----|-----------|----|-----------|----|-----------|--|
| | | | | | | | S | ubmission | | Fore cast | | Estimate | |
| Investigations | \$ | 1,422.63 | \$ | 1,783.27 | \$ | 1,784.04 | \$ | 1,986.60 | \$ | 1,879.44 | \$ | 1,969.93 | |
| Community Links | \$ | 477.52 | \$ | 497.39 | \$ | 477.57 | \$ | 531.46 | \$ | 521.37 | \$ | 531.79 | |
| Ongoing Services (Family Services) | \$ | 9,655.66 | \$ | 9,921.48 | \$ | 10,727.41 | \$ | 11,207.81 | \$ | 10,227.55 | \$ | 11,247.60 | |
| Kinship | \$ | 3,690.74 | \$ | 2,814.25 | \$ | 2,308.28 | \$ | 2,049.74 | \$ | 2,047.01 | \$ | 1,771.73 | |
| Non Residential Client Services | \$ | 108.45 | \$ | 148.05 | \$ | 164.95 | \$ | 254.93 | \$ | 251.30 | \$ | 230.20 | |
| CIC/Support Services | \$ | 6,247.77 | \$ | 6,636.51 | \$ | 7,551.50 | \$ | 7,918.29 | \$ | 7,959.90 | \$ | 7,462.32 | |
| Foster Care | \$ | 5,880.81 | \$ | 7,401.49 | \$ | 9,559.09 | \$ | 9,494.85 | \$ | 10,339.32 | \$ | 10,687.87 | |
| Residential Client Services | \$ | 3,556.63 | \$ | 3,668.78 | \$ | 3,107.57 | \$ | 3,685.98 | \$ | 3,519.36 | \$ | 3,434.89 | |
| Adoption | \$ | 26,853.48 | \$ | 36,131.53 | \$ | 21,058.50 | \$ | 29,295.77 | \$ | 27,088.52 | \$ | 20,591.64 | |
| Permanency Services | \$ | 13,575.33 | \$ | 28,336.81 | \$ | 18,434.75 | \$ | 35,464.09 | \$ | 32,573.32 | \$ | 24,575.00 | |
| Cost per day Boarding - Family Based/Other Care | \$ | 44.51 | \$ | 44.35 | \$ | 56.59 | \$ | 63.44 | \$ | 60.48 | \$ | 63.18 | |
| Cost per day Boarding - OPR Group | \$ | 251.71 | \$ | 262.72 | \$ | 269.34 | \$ | 313.20 | \$ | 304.97 | \$ | 311.82 | |
| COST PER UNIT SUMMARY | | 2011/12 | | 2012/13 | | 2013/14 | | 2014/15 | | 2014/15 | | 2015/16 | |
| | | | | | | | S | ubmission | | Fore cast | | Estimate | |
| Cost per Unit of Direct Service | \$ | 3,040.36 | \$ | 3,467.30 | \$ | 3,771.47 | \$ | 5,197.51 | \$ | 4,933.46 | \$ | 5,131.35 | |
| Legal Services as % of Direct Cost | | 7.43% | | 7.38% | | 8.80% | | 6.47% | | 6.20% | | 6.88% | |
| Travel as % of Direct Cost | | 6.17% | | 7.50% | | 7.04% | | 6.54% | | 6.83% | | 6.77% | |
| Infrastructure as % of Direct Cost | | 22.66% | | 20.84% | | 20.57% | | 19.40% | | 25.38% | | 21.22% | |
| Indirect Costs as % of Direct Cost | | 33% | | 32% | | 32% | | 28% | | 34% | | 31% | |
| Boarding Cost Per Day (excl adoption prob.) | \$ | 87.80 | \$ | 82.60 | \$ | 74.53 | \$ | 71.40 | \$ | 70.44 | \$ | 71.28 | |

4. FINANCIAL ASSUMPTIONS, HUMAN RESOURCES AND SERVICE TRENDS

KEY FINANCIAL ASSUMPTIONS

In preparation for this year's budget planning cycle a review of the challenges WECAS faces in achieving a balanced budget was conducted. The primary challenges/barriers are as follows:

- a) Cost Containment Strategies
- b) Continuation of prior year successful service strategies
- c) Targeted Savings Strategies
- d) Economic Outlook

a) Cost Containment Strategies

Administration continues to meet on a regular basis to monitor our cost containment strategies for the current fiscal year. The measures outlined below continue the achievement of balanced budgets. (Refer to Appendix C – 2014/15 Continued Balance; Pq.74).

- ✓ Continue to move children from outside paid resources to family based care;
- ✓ Continue to operate the supervised access program in primarily a group format on a 5 day per week basis;
- ✓ Continue to utilize child protection workers to supervise a portion of the supervised access visits offering clinical and teaching opportunities;
- ✓ Benefit financially from a new external legal services contract;
- ✓ Continue to operate a hybrid legal services model with internal legal counsel to provide in-house support to our front line and supervisory staff

b) Continuation of Prior Years' Successful Service Strategies

| The | e Society has implemented and w | <i>i</i> ill continue | to provide the following service strategies. |
|--------------|---------------------------------|-----------------------|--|
| \checkmark | Family Well-being program | \checkmark | Kinship Service |
| \checkmark | Domestic Violence teams | ✓ | Community Capacity |
| \checkmark | High Risk Infant teams | \checkmark | Treatment Foster Care |
| | | | |

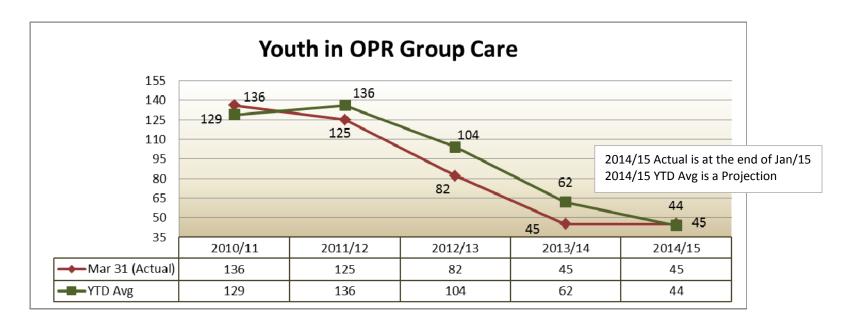
c) Targeted Savings Programs

OPR Group Care

We have developed strategies over many years that include the development of treatment foster homes and treatment foster care relief homes; targeted foster home support and child protection support workers (Family Well-Being) all which have successfully contributed to fewer children coming into care resulting in fewer OPR placements. The WECAS Treatment Foster Care (TFC) Program currently has a total of 5 homes that support children/youth with complex treatment needs. In addition, there are currently 3 TFC Relief homes to support these homes. The program seeks to increase the capacity of the program to recruit for additional TFC homes for Emergency/Assessment Stabilization; additional Therapeutic homes and relief homes and Step Down Foster homes in order to have a continuum of care to meet the needs of children with complex needs and in order to keep children in family-based placements and out of costly Group Care placements.

A significant success has been realized over the past few years as we continued to work collaboratively with our local group provider, Unison Homes to transition youth from group care to purchased foster care. Unison Homes have now expanded to a total of 7 Treatment Foster Care homes in this community. One home was developed for two youth with Autism Spectrum Disorder and allowed us to reunify these youth from other jurisdictions back to this community. This represents a number of purchased foster beds for difficult teenagers versus group home beds. This will allow us to continue to review children/youth currently in OPR group and those currently residing out of this jurisdiction and develop permanency plans which include reunification and repatriation to Treatment Foster Care, Regular Foster Care and Kin.

These strategies will continue into 2015/2016 in order to continue maintaining a low level of youth in group care. We will target an average of 45youth in group care. The closer we are to achieving this goal the more we will be able to maintain our early help programming and mitigate an expected increase in youth 18 years and older.



Court Ordered Supervised Family Access

The following initiatives have now been fully implemented and provided \$555,000 of annual savings since implementation.

- Utilization of the Bill & Dot Muzzatti Child and Family Center, group access model, and
- Closure of the supervised access program on Sundays, statutory holidays and Monday's bringing the program from 7 days per week to 5 days per week;

The Society successfully negotiated with the Union (CUPE 2 Local 2286.2) to amend the terms of the Collective Agreement (pre bargaining) to realize some of the savings in the Child and Family Visitation Program. The changes allowed more flexibility in scheduling. Though there was expressed concern how the community/court would receive the compressed week for access, there have been minimal challenges, again contributing to the success as noted. The new environment for access is much larger and warmer, conducive to improved visits between children, parents and extended family. Though the group model of supervision can be uncomfortable for some families, the expansion has allowed families to each have their own "family space" within an open area. The staff are there to continue to supervise visits but are positioned outside of the "family space". The emphasis to staff is to intervene where there are

safety concerns and to be as least intrusive as possible in a supervised setting, normalizing a visit as much as possible under the circumstances.

d) Economic Outlook

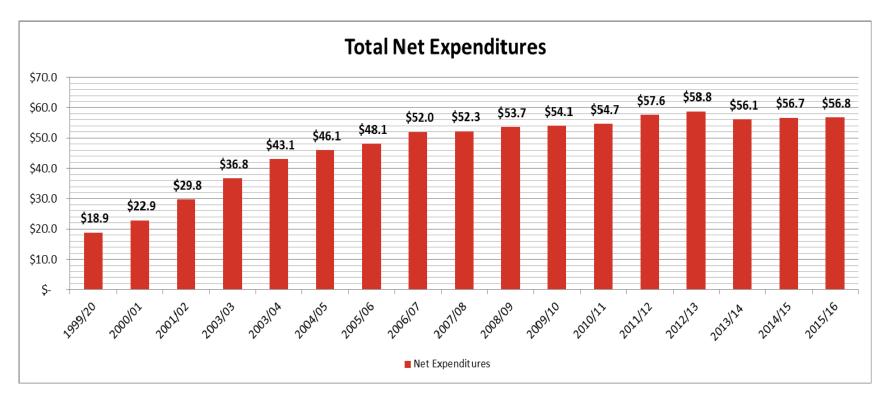
The economic future of Windsor, as well as Leamington is still to be seen. There is an increasing trend in unemployment (9.4% in January 2015 which is up 2.5% from a year ago), however, the number of social service cases (Ontario Works Program) in Windsor has decreased 1.69% since October 2013. With these trends and the increased certainty in the child welfare funding model, we are able to consistently predict our service volumes over the next 2 years. Though the socio-economic factors are negative for our community, they have a positive impact on our budget.

HISTORICAL EXPENDITURE TRENDS

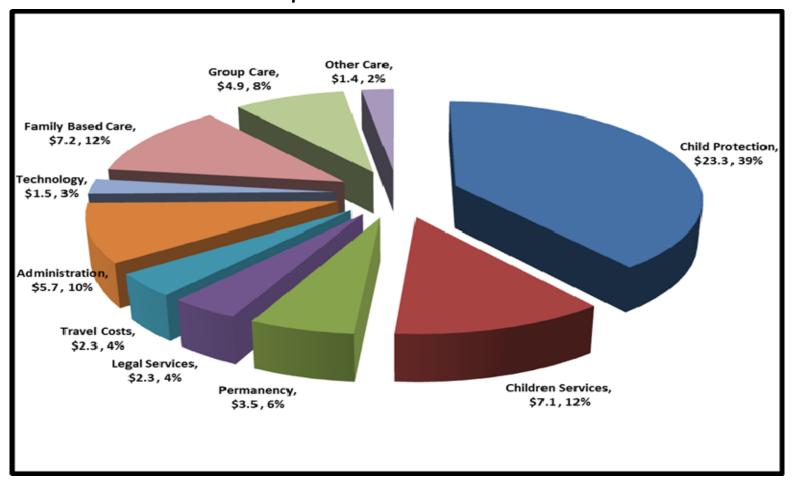
On July 15, 2014 the Society received written notification of three important funding announcements.

- 1. 2014/2015 Child Welfare Approved Budget Allocation \$56,747,220;
- 2. 2015/2016 Planning Allocation \$56,844,978; and
- 3. 2016/2017 Planning Allocation \$57,024,957.

The above funding announcements completed the revenue planning cycle for the 2014/2015 Service Plan and Budget. With regards to 2015/2016 we know our funding allocation will be \$56.844 Million and this will allow the Society to provide the Board with a balanced budget with funding certainty.

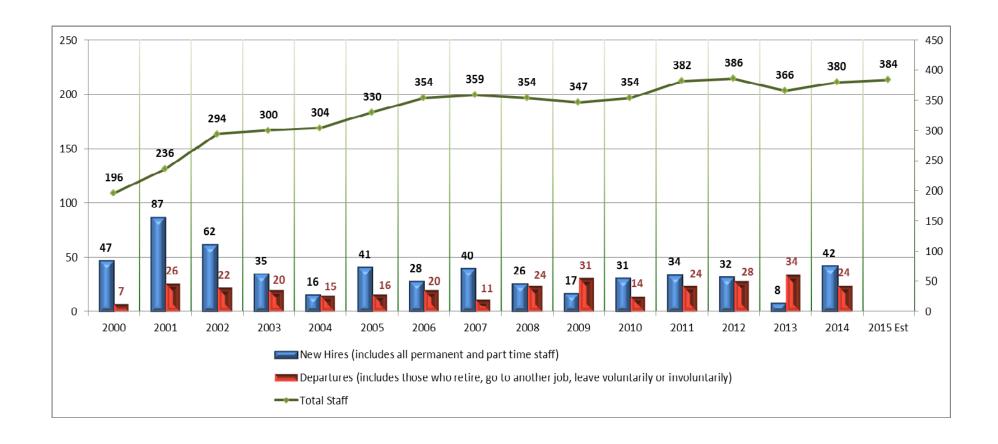


How the Dollar will be Spent \$56.8 Million

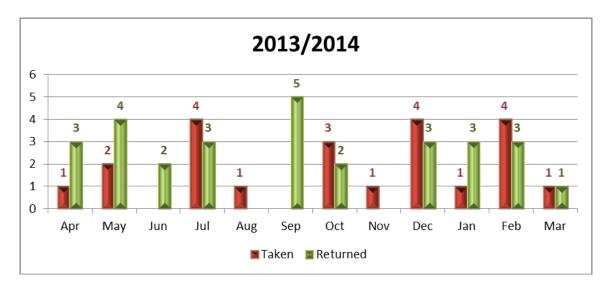


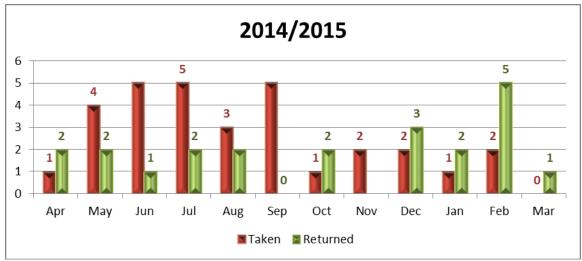
HUMAN RESOURCES

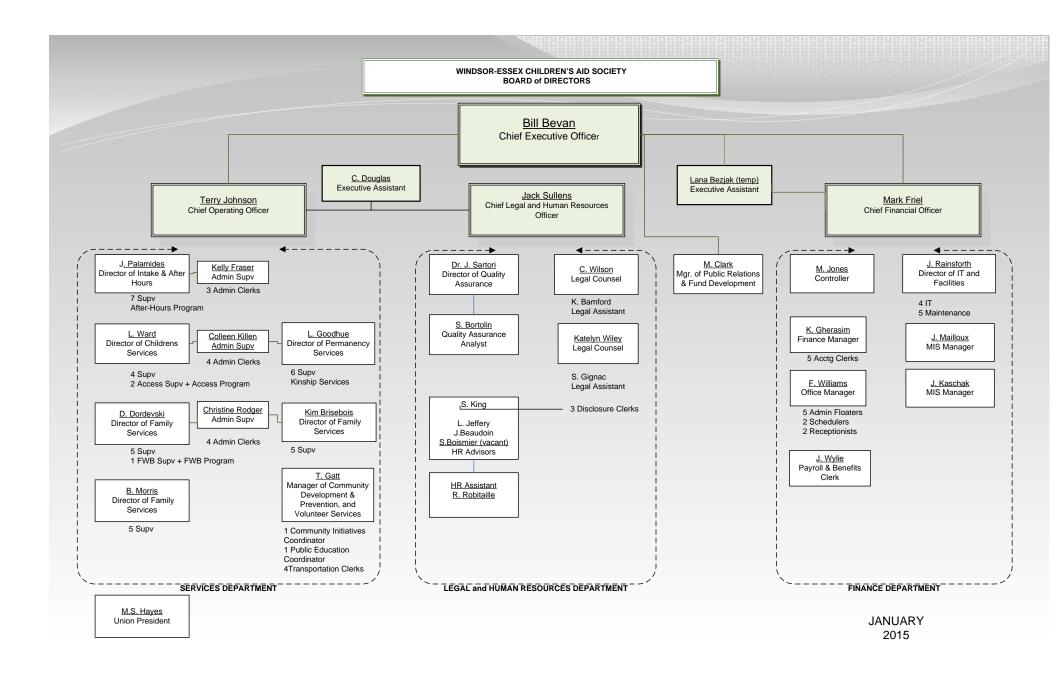
It is estimated that staffing levels will increase slightly in 2014/2015 to 384 positions from 380 in 2013/2014.



The following charts depicts the leaves of absence for staff, including maternity leaves, parental leaves, educational leaves and unpaid leaves greater than 3 months.







SERVICE TRENDS

Caseload Targets and Span of Control

Case Maximums of: 11 cases for Intake Workers

19 cases for Children's Service Workers

24 cases for CCSY (Continued Care and Support for Youth – former ECM) Workers

30 cases for Foster Care Workers 39 cases for Adoption Workers 19 cases for Family Service Workers

Span of control is targeted at 6/7 full-time equivalents (f.t.e.) for child protection supervisors and 7/8 for Directors of Service.

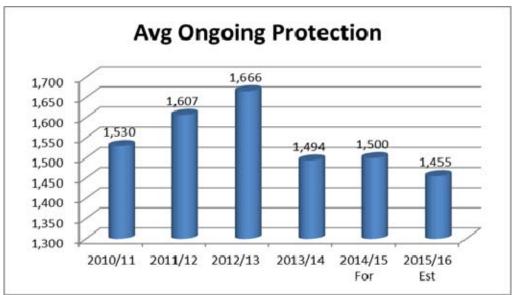
Service Levels

The following statistics reflect our current estimated service level demand for 2015/2016:

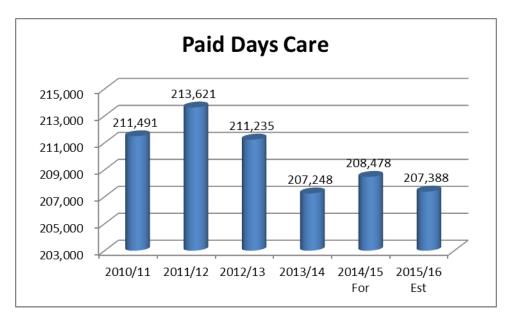
- 2,982 investigations completed, comparable to 2014/15 forecast levels.
- 1,455 average open on-going protection cases, decrease of 46 cases or -3.0%
- 599 average children in care, decrease of 13 children or 2.1%
- 207,388 paid days care, decrease of 1,300 days care or 0.6% (Refer to Appendix B Comparative Boarding Estimates 2014/15 to 2015/16; Pg. 73).

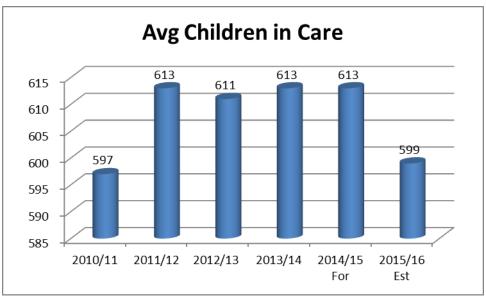


Note: CAS child protection investigations historically lag the unemployment rate. Windsor's unemployment rate has dropped slightly from 9.5% in 2012/2013 to a current 9.3%, therefore we are anticipating a slight decrease in intake activity at 2,982 completed investigation during 2015/2016.



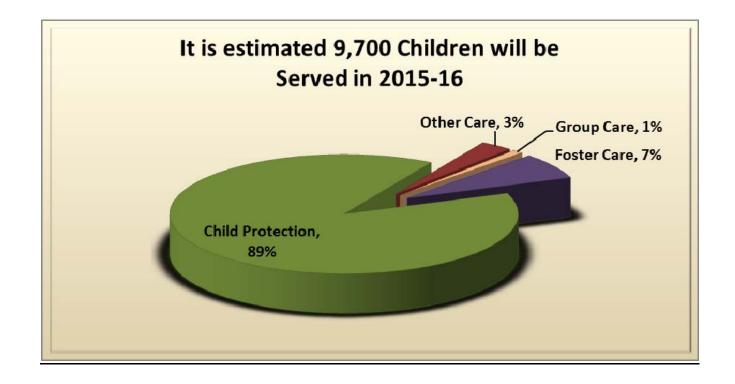
Note: The trend we are experiencing in on-going protection reflects the decreased business activity in Intake. We continue to transfer approximately 30% of completed investigations to on-going protection and this has been taken into consideration when compiling our business estimates for 2015/2016



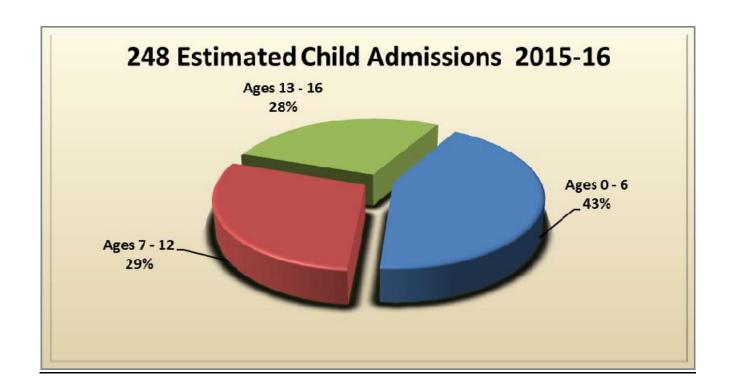


NOTE: The trend in children coming into care remained consistent in 2014/2015. It is expected however, that we will experience a decrease of 14 children (2.2%) in 2015/16. This is attributed to an increase in Continued Care and Support for Youth being discharged due to turning 21 and no longer receiving continued support through the CAS

The Society estimates 9,700 children will be served during 2015-2016. We anticipate that 8,844 children will be provided child protection services and 856 children will be provided residential services in the form of kinship care, foster care, group care and other in-care services. This follows the provincial trends. These estimates indicate our staff will serve 1 in 8 children in our community in 2015-2016.

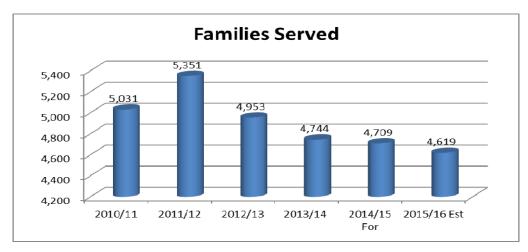


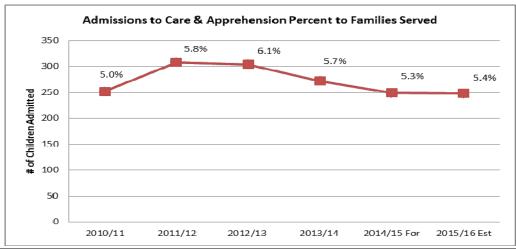
Administration estimates that 248 children will be admitted to care during 2015-2016 which is 3.4 children per 1,000 child population (similar to other like-sized, urban CASs in Ontario). We anticipate that 43% of the children will be 0 to 6 years of age, 29% children will be 7 to 12 years of age, and 28% will be 13 to 16 years of age upon admission. The number of teens coming into care is consistent with our recent history. This level will continue to assist us with maintaining our group care placements figures during 2015/16.



Admissions to Care as a % of Families Served

The relationship of children admitted to care as a percentage of families served is an important statistic to track over time from a service philosophy point of view. We find that admissions to care were about 8% on average since child welfare reform in 1999/2000 to 2005/2006. This admission rate has dropped to about a 5.5% average with the advent of the Transformation Agenda in 2006/2007. In 2014/2015 we anticipate 249 children will come into care and we will serve 4,709 families- this is a 5.4% admission rate. With regards to 2015/2016 we estimate 248 children will be admitted and 4,619 families will be served, which is an anticipated admission rate of 5.3%. We believe that our child focused, family-centred, strength-based service philosophy and enhancement of programs has contributed to this on-going decline in child admissions.





5. SERVICE ACTIVITIES

Office of the Chief Operating Officer

The Chief Operating Officer is the executive responsible for all Child Welfare programs and services within the Society.

CHILD WELFARE SERVICES

a) Intake & After-Hours Department

The Intake and After-Hours Department is responsible for investigating and assessing all allegations of child maltreatment through the use of the Eligibility Spectrum (a standardized tool that defines the grounds for protection).

The primary focus of the department, based on the completion of a comprehensive investigation and assessment is to ensure the protection, safety and well-being of children, ages 0-16 years, and recommend the most appropriate intervention. Services are provided on a 24-hour basis, 365 days per year.

The Intake Service Model is currently comprised of seven teams. Six teams deal with investigations in Windsor, one team deals with investigations in the County. A Supervisor is responsible for each of these teams. In addition, a Supervisor at Intake also supervises the After-Hours Program.

In the past the Intake Department eliminated its six full time screening positions and developed a system of rotating all Intake workers through a schedule to screen incoming referrals. This allowed for more workers to receive cases for investigation and assessment thereby reducing the case assignment on average. However with the implementation of CPIN, it is felt that having a specialized team with expertise in processing information, locating records with consistency and proficiency would be advantageous, therefore we will be returning to the model of full time screening positions.

The Society also maintains an "afternoon shift". The Society has always experienced a significant amount of calls during closing hours, in particular between 4:30pm and 8:00pm. To address this demand 5 workers and 1 supervisor work a shift from 12:00pm to 8:00pm Monday to Thursday and this shift is rotated through all Intake, Family Service, Children's Services and Resource staff. The afternoon shift meets our outcomes with respect to efficiency, cost savings and timely and responsive service to the community.

The After-Hours program encompasses all week nights from 4:30pm to 8:59am and weekends from Friday at 4:31pm to Monday at 8:59am. The After-Hours Program averages 636 calls per month.

All referrals presented to the agency are processed through the Screeners (Intake Worker assigned to screen calls) and reviewed by the Supervisor to determine if a child protection investigation is required. The Screeners conduct a comprehensive record review and make the necessary contacts to obtain pertinent information for the investigation. The Screener also facilitates 'a community link' for the family as a means of prevention.

If the referral information demonstrates a need for an investigation, the Screener reviews the material with a Supervisor. Referrals require anywhere from an immediate to a seven-day response, depending on the severity of the allegations and the age of the child.

Referrals that require an immediate response are entered into the Matrix data system and are assigned to an Intake Worker following the creation of an investigation plan with the Supervisor. All Intake Workers are on a rotating schedule for immediate coverage.

All Supervisors in the Intake Department rotate coverage on a daily basis. Referrals that do not require an immediate response are processed by the On-call Supervisor on a daily basis and are assigned to Intake Workers who conduct investigations. The assignments are made in a manner that ensures an equitable distribution of cases.

The workers are responsible to complete all the required documentation on their case assignment prior to closure or transfer to on-going protection services. The immediate response requirement of child welfare standards is a pressure point for the organization. Intake Workers dealing with new requests that require an immediate response can experience challenges in completing the outstanding documentation on previously assigned cases, creating a bottleneck and backlog of paperwork. The department strategizes on a monthly basis to address workload demands and case distribution.

b) Family Services Department

Families transferred from the Intake Department often come to the attention of the Society through self, community or professional referrals. Family Services assumes the responsibility for the management of cases requiring on-going protection services to children and their families. The primary role of the Family Services Worker is to provide protection interventions to families by addressing risk reduction and ensuring the safety and well-being of the children, while preserving the family unit when possible.

As with Intake Services, Family Services addresses each of the key risk decision points outlined in the Child Protection Standards by investigating all new reports or information on open cases in the same prescribed manner. Throughout the life of a case, the Family Services Worker

regularly reviews eligibility and risk in order to consistently make decisions regarding the status of the case. Ownership and responsibility for case management remains with the Family Services Worker until the protection concerns are resolved, risk to the child (ren) is reduced, or permanency planning for the child (ren) is established.

Upon admission of a child, the Family Services Workers work in collaboration with the Children's Service Worker, to meet the needs of children who are 0 to 16 years of age and are in the care of the Society temporarily. The worker must develop a comprehensive Plan of Care to enable the child to return to their family as soon as possible.

In the instances when a child is unable to remain in the care of his/her parents because of protection issues, foster homes are most commonly utilized as they provide the child with a family model that is desirable for meeting their needs. The Society is expected to consider a child's relationships and emotional ties to members of the child's extended family or community and decide whether a placement with a relative is feasible. A private placement with an extended family (kin) may be an alternative to an admission to foster care and a subsequent court application. A place of safety, as defined by the Child and Family Services Act, includes the home of a person who is a relative or member of the child's extended family or community. Family Services staff liaises closely with the Kinship Service Program and Family Finder program.

The goal of the Kinship program is to increase the likelihood of the child experiencing stability and successes in a safe environment while maintaining important ties with family. The staff in the Family Services and Intake Departments play a key role in assessing these possible living arrangements and must adhere to the Kinship Regulations (February 2006) to ensure that the safety of children remains primary. There has been evidence of a cultural shift in the organization with respect to seeking out Kin for placements but also assisting older youth transitioning out of care. Children who are placed with kin (out of care) has continued to rise and contributes to less children placed in care. All children require some connections to family and the roles may differ.

We will continue to build on our strategies of considering all pillars of permanency which in part is achieved by systems we have implemented such as the "Hard to Serve" and "Permanency Planning Committees". Aside from this being better service for children we serve, the cultural change and monitoring systems play a key role in reduction of admission of teenagers and children in care overall. Moving forward we will begin to monitor average number of days to permanency to ensure appropriate and timely planning occurs for children in care, including repatriation to parents.

Family Services Workers also liaise actively with community service providers to ensure that families are able to access specialized supports and services. They also work collaboratively with community partners to create plans of service that will address the risk factors identified in the family. The Society has 40 protocols with service providers and cultural groups in the community. Four additional protocols are currently in development. In an effort toward ongoing improvement, these protocols are under continuous review. In addition, regular liaison meetings are held with such groups as Hiatus House, Healthy Babies, Healthy Children, Education, and with Aboriginal frontline workers to troubleshoot and build working relationships for the betterment of our mutual clients.

When workers can provide immediate, intensive, in-home supportive services to families on an on-going basis we can prevent placement of children. Staff stability also leads to more efficient and thorough assessments of families. When workers have the time and ability to identify family needs, strengths and problem areas, it allows for the worker to facilitate prompt referrals and helps families access the most appropriate resources to assist with their needs.

Child welfare service can reduce the number of children in placement by front loading the system. This has been accomplished by committing a percentage of our funding, staff and resources to in-home services and by strengthening programs designed to prevent the removal of children from their families.

i) Family Well-being Program

The Family Well Being program was initiated by the agency in January 06 in anticipation of the provincial Child Welfare Transformation Agenda. There was a desire on the part of the agency to focus more on a family-centred, strength-based approach to working with families that would emphasize prevention and early intervention.

The Family Well Being Worker plays an instrumental role in the development and implementation of support strategies and educational programs for care-givers who provide care to children in foster families, kin (in care) and protection families. The worker assists in sustaining families and protecting children through situations of high stress thereby reducing the incidence of admission to care. The Family Well Being Worker provides a short term, behaviourally oriented, intensive service to program participants. These services may be extended to the child, family or foster parent if placement results to ensure placement stability or to assist a family with reintegration, to ensure there is continuity in service providers with the family. Working within a collaborative team approach, the Family Well Being Worker will assist in the development, implementation and facilitation of service/treatment plans, to address specific goals and objectives which have been identified. These plans are designed to address parenting skills with respect to reducing parent/child conflict, crisis intervention, behavioural management, child development, anger management, prenatal care, infant care, home maintenance, budgeting, coping strategies, and appropriate means of discipline, health and hygiene. The Family Well Being Worker services families whose children are at risk of maltreatment or require support in order to ensure the protection and continued well-being as prescribed under the Child and Family Services Act of Ontario and in accordance with Agency policies and procedures. The Family Well Being Worker provides services to both the Leamington and Windsor offices.

The Family Well Being Program offers a number of groups to families and children to address the above noted concerns. The new Bill & Dot Muzzatti Child & Family Centre expansion has provided opportunities to expand the programming and to increase the frequency of groups as past space issues have now been addressed. Of particular note is the success of our Strengthening Families group. The Society

was again successful in being the recipient of an RBC grant in the amount of \$10,000 dollars to support this program as well as other Family Well Being Programs. This group program is offered in collaboration with the Windsor-Essex County Health Unit. On average 12 families with their children attend for an intense 14 week program. Part of the success of this program is attributed to removing all barriers for families' attendance such as transportation and child minding services. As well dinner is brought in each week and participants are able to share a dinner as a family. The program is evidence based and targets both the parents and children. Other successful programs offered through Family Well-Being include the following groups and workshops:

| | 2014 (April 01 2014 to March 2015) | | | | | | | | | |
|----|---|---------------------------|------------------|------------------------|--------------------------------|-----------------------------------|-------------------------|--------------|----------------------------------|--|
| | | # of Foster Parents | # of Children | # of Parents Served | # of Times Group Offered | # of Sessions in each Group | Total Group Hours | Prep Time | # of Workers in each Group | |
| 1 | Strengthening Families | | 21 | 15 | 1 | 15 | 37.5 | 9 | 3 | |
| 2 | Clean Sweep | | | 12 | 2 | 5 | 10 | 12.5 | 2 | |
| 3 | Budgeting | | | 5 | 1 | 1 | 2 | 0.5 | 2 | |
| 4 | Heart of Parenting | 9 | | | 1 | 1 | 6 | 0.5 | 2 | |
| 5 | Back to Basics | | | 8 | 1 | 6 | 10 | 3 | 2 | |
| 6 | APAK (Amazing Parents Amazing Kids | | | 0 | 0 | 0 | 0 | 0 | 0 | |
| 7 | Mindful Me | | | 0 | 0 | 0 | 0 | 0 | 0 | |
| 8 | Parenting Your Spirited Child | 5 | | 7 | 1 | 1 | 3 | 0.5 | 2 | |
| 9 | Autism | 12 | | 5 | 1 | 1 | 2.5 | 0.5 | 2 | |
| 10 | Tech Savy | | | 0 | 0 | 0 | 0 | 0 | 0 | |
| 11 | OCBe Information Sharing | | | 0 | 0 | 0 | 0 | 0 | 0 | |
| 12 | Triple P - Teens | | | 8 | 1 | 10 | 20 | 2.5 | 1 | |
| 13 | Triple P - Primary | | | 8 | 1 | 6 | 20 | 2.5 | 1 | |
| 14 | Triple P - Foster Parents | | | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15 | Parenting the Adolescent | 7 | | 0 | 1 | 3 | 6 | 1.5 | 2 | |
| 16 | Dove Self Esteem | | | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17 | NVCI | 11 | | | 1 | 1 | 5 | 1 | 2 | |
| 18 | School Readiness | | | 4 | 1 | 1 | 3 | 0.5 | 2 | |
| | | 44 | 21 | 72 | 13 | 51 | 125 | 34.5 | 23 | |
| | | | 137 | | | | 159.5 | | | |
| | | | | | | | | | | |
| | | | | 2014/15 | | | | | | |
| | Number of clients Served | | | 137 | | | | | | |
| | Total Units of Service (# of times grp of | 663 | | | | | | | | |
| | Total Number of Hours (total hours x # | 3669 | | | | | | | | |

In 2015/2016 it is anticipated that the Family Well-Being Department will receive approximately 350 referrals to their program, similar to the number of referrals received during the last fiscal year.

There has been positive feedback from the Family Well Being staff, clients, foster parents and community partners that the new Muzzatti Family & Child Access Centre is not only welcoming but has enhanced the learning opportunities for participants. There is now

plenty of space for group activities, and the upgraded technology has also enhanced the teaching opportunities for staff. There are opportunities for families to share a meal together and have joint sessions with their children. The parents are now able to stay in close proximity to their children which has put them at ease and subsequently more open to the learning opportunity. This service along with the extensive group work, as shown above, provides valuable 'early help' interventions to families and is evident with respect to the reduction in apprehensions and our lower numbers of youth coming into care.

We have also assigned resources specifically to address adolescents at risk of coming into care, consistent with our strategic focus of reducing group care numbers.

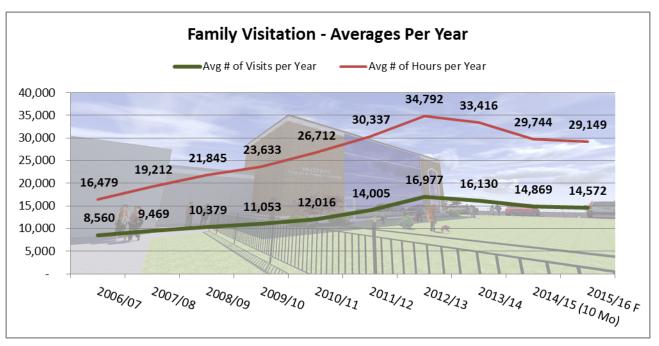
ii) The Child and Family Visitation Program

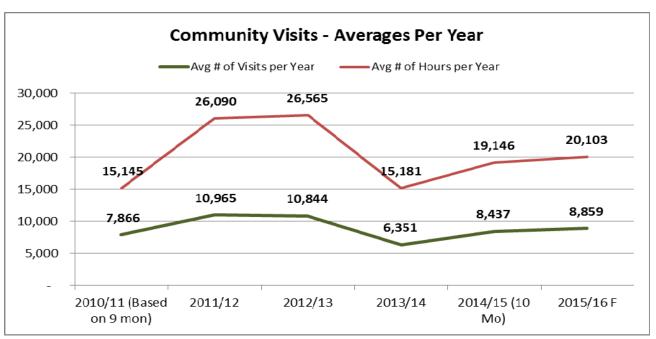
The Child and Family Visitation Program (CFVP) is a service of the Society which supports reunification and the preserving of family connections for children in out-of-home placements. This program provides supervised visitation between children in care and their parents and/or significant others at the Bill and Dot Muzzatti Centre and in the community. The new Bill and Dot Muzzatti Centre has continued to allow the society the opportunity to enhance our services to our families with an inviting and nurturing environment for children and caregivers to visit in. With the new addition, the society continues to provide increased quality group access while maintaining cost efficiencies that it had anticipated and planned for.

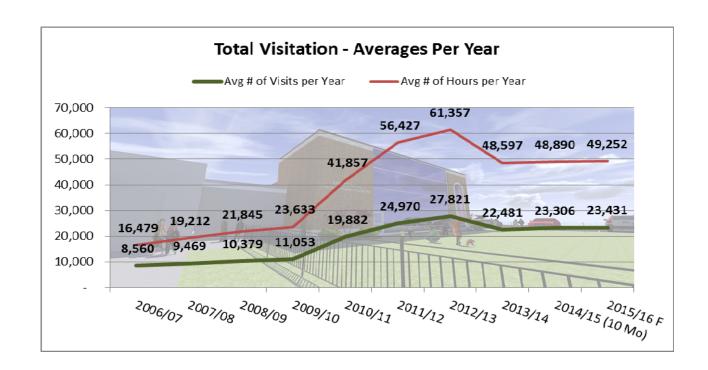
In an effort to improve services the CFVP also introduced a new program process which has allowed for newly admitted children into care to have visits with their parents in a more timely fashion- generally within a forty-eight (48) hour time frame.

In addition, the CFVP has added a part-time shift supervisor to the program to assist with greater coverage and monitoring of the program during non-business hours and on Saturdays. This additional coverage will assist with ensuring quality programming and the maintaining of efficiencies in the program.

The society's visitation workers, as mentioned earlier, also supervise access visits in the family's home, often as part of a transition plan to return the children to the parent's care. Workers also provide supports to foster homes, staff children one-to-one, and provide assistance to children on independent living.







Though overall access has decreased, which would be expected with the overall decrease of children in care, the number of community court ordered visits have been increasing.

In 2015/2016 an invitation will be forwarded to the local Bench/Bar committee of the Family Law court division to tour the Bill & Dot Muzzatti Child and Family Centre. The Bench/Bar is made of the local Family court Justices, OCL, and parent's counsel. It's anticipated that once they have seen the Centre and the programming that is being made available to families, there will be a greater appreciation of the volume and quality of service provided to parents in the program.

iii) <u>Domestic Violence Teams</u>

Whereas the safety and wellbeing of children is always paramount, the Windsor-Essex Children's Aid Society (WECAS) recognizes that in families where domestic violence is indicated, the safety and wellbeing of children is inextricably linked to the safety of the primary caregiver, who in most cases, is the mother. As such, safety planning and subsequent intervention from onset to closing are best

completed in collaboration with the primary parent and where appropriate (age and stage), the children. Perpetrators of domestic violence must be engaged in the provision of services from WECAS to reduce instances of exposure to violence in the home. In April 2007, WECAS implemented two specialized domestic violence units. The units are comprised of a team of Intake workers and a team of Family Services workers whose primary focus is to work with families where domestic violence is a primary reason contact. All received specialized training in the area of Domestic Violence.

As a result of this specialization the profile of WECAS within the VAW (Violence Against Women) sector has been enhanced. WECAS has built a strong relationship and partnership with Hiatus House in particular, but with all local community service providers addressing the needs of these clients. Both teams embrace the following principles in interacting with families whose primary reason for involvement is Domestic Violence:

Domestic Violence Best Practice Principles:

- A child's and a mother's safety are enhanced when there is collaboration with community partners to ensure services for all parties children, women, and men
- Children should reside with their non- abusive parent and the Society should provide supportive services in order to enhance their ability to continue to care safely for the children
- Men who use violence against women and children are accountable for their behaviour and accountability can only occur when every effort is made to include men in WECAS interventions
- WECAS respects differences in experience as it relates to tradition and culturally diverse practices
- WECAS recognizes that Society interventions with Aboriginal children and women are influenced by history and in particular, colonialism and residential school experiences
- WECAS recognizes that immigrant women often face additional barriers, personally and professionally and any interventions must be provided in a manner that is sensitive to their experience and vulnerability

iv) Family Group Conferencing

The Family Group Conferencing (FGC) approach includes family members and service providers being invited to a conference and being prepared for the conference; holding the conference; distributing the plans amongst participants; and planning for a review meeting. The conference itself is made up of three discreet stages. Service providers provide a concise and non-judgmental description of the risks that exist for the child as well as outline strengths observed in the family. Questions raised by the family are answered and concerns regarding the risk are discussed until the family is clear about the risks to the child. The family then has a time on their own where they develop the plan to address the safety and well-being concerns for their children. Finally, the plan is presented to the child welfare workers for approval. Provided it does not compromise the child's safety and physical and emotional well-being, it is accepted.

FGC is a formal process; however, the principals behind this method are collaboration with the client, use of extended family and drawing on their resources. These are principals that can be used in every case. WECAS works closely ADR-LINK which connects Children's Aid Societies with ADR Professionals in the South West Region of Ontario. These individuals are highly trained and provide FGC for WECAS families.

On January 20th, 2014 WECAS participated in the ADR Advisory Group Meeting for the Southwest Region. WECAS had the highest number of referrals for FGC in both 2012 and 2013. In 2012/13 WECAS had 19% of the total referrals and in 2013/14 WECAS had 35% of the total referrals. This increase demonstrates an increased commitment from the Family Services department to permanency planning for children. It is believed that in 2015/2016 this trend of high utilization will continue.

In 2014 it was identified from the Ministry of Children and Youth Services regarding Alternative Dispute Resolution Practices that a fourth ADR option would be available "where it meets the criteria outlined in the directive and is approved by the Executive Director of the Children's Aid Society".

Therefore a new proposal has been initiated by ADR-Link to utilize this fourth option. This option is customized to the particular circumstances of the family. This option is being used with families with high level of adult conflict related to a custody and access dispute. The focus is on the development of a parenting plan: specifically to focus on access, effective communication between parents, transitions, decision-making mechanisms and general support of the children. WECAS has recently referred to this process and although the outcome has not yet been achieved it is anticipated that this option will meet the current family needs.

During the fiscal year of 2015/2016 the WECAS goal to increase referrals 20% to ADR and utilize the fourth ADR option on at least ten cases.

v) Human Trafficking Initiative

Family Service personnel are involved in a Community Project that is being developed and geared toward the identification, support and protection of trafficked youth in Windsor-Essex County with the OPP, Windsor Police, Windsor Regional Hospital, the Inn of Windsor, Windsor Welcome Centre, WEST, W5, victim witness, LAW and WECAS. The initial goal is to collect some rough statistics from the organizations on youth who may fit the criteria of the four stages of sexual exploitation (at risk, transitioning in, entrenched, and transitioning out). The members of the committee from WECAS have been making presentations to intake, family service and children service departments in an effort to ensure workers are aware of the dynamics of sexual exploitation of youth and how to identify if youth with whom they work are engaged in any stage of the sexual exploitation process. Currently plans of action to create strategies

within the community to identify, support and protect youth in our community are underway and it is hoped that some of the strategies developed will have an impact on the safety of this vulnerable population.

vi) <u>Drug Strategy- Substance Misuse Committee</u>

Through our Strategic planning exercise many workers expressed concern that substance misuse was an area where they lacked confidence in working with families and required more training. Given the complexities of this particular issue, a best practice document was created by the Substance Misuse Committee. The Committee has been diligently working on developing training for front-line staff to help educate staff on the Substance Misuse Best Practice document and increase staff knowledge in the area of substance misuse so as to better meet the needs of the clients we service, thus decreasing risk to children. The Committee has incorporated many aspects to the training so it meets the needs of adult learners and to ensure the training is interactive. Final touches are needed on the training and then it will be ready to share with Senior Management.

Selected members of the Committee continue to be active members in community based committees who hold a primary role in the area of addictions. One such committee is the Providers of Addiction Treatment group. Participation in such community based committees promotes collaboration, working relationships and partnerships, and also increases the skill set of those on the Committee. As a result of these relationships Committee members are able to share relevant addiction resources and programing with the agency as a whole. In addition, improved collaboration and discussion regarding treatment recommendations and services for our clients is taking place which is a positive step in ensuring we are establishing relevant safety and service plans with the families we are working with. One of the Committee's future goals in this area is to address the needs of our youth in care and addiction. Through this networking the staff involved in the Brentwood Youth Treatment Program are open to discussing addictions with our youth in care and we have improved upon our working relationship with this service provider as well.

Training and education has been a focus during this period for members of the Committee as well. Several members have participated in outside training that pertains to addiction. One such training for example was 'Addictions: How Can We Make A Difference'. This full day training was presented by the University of Windsor. Committee members are increasing their own skill set in order to provide further consultation and education to front line staff.

vii) House of Sophrosyne

Since October 16th, 2014 a staff member from the House of Sophrosyne has been positioned at WECAS on the Family Service Department floor one day per week. This worker Shontelle Millender is the coordinator for Caring Connections which services parents or pregnant women with addictions. The worker has assisted WECAS workers in the area of addictions by being:

- A consultant on cases with addiction issues
- A resource for information regarding services available from the House of Sophrosyne
- Being available to attend cases with the workers once consents have been received
- Facilitates referrals to Caring Connections
- Assists with WECAS training needs in the area of addiction

The accessibility of this worker has assisted WECAS workers in managing their cases with substance abuse issues and enhancing their knowledge in the area. Ms. Millender reports that she is consulted approximately five to six times each week from Family Service Workers. She reports that shared files between the House of Sophrosyne and WECAS have enhanced communication, service plans and an understanding of the different roles. She has attended client homes with WECAS workers on a monthly basis to help engage clients with services from the House of Sophrosyne. Additionally, there have been joint meetings at the House of Sophrosyne where WECAS service plans and expectations have been completed jointly to increase the possibility of positive outcomes for the clients. She has observed clients to be less hostile about WECAS workers when she has been able to be a part of the planning.

Ms. Millender continues to report that she facilitates a group on a weekly basis that has on average 10 to 16 clients since her presence on the Family Service Floor. Prior to this collaboration she was unable to facilitate a group due to low attendance.

viii) <u>Family Assertive Community Treatment (FACT)</u>

WECAS is in the process of developing a new treatment model with the Regional Children's Centre to better service our clients. This model of treatment, Family Assertive Community Treatment (FACT) will target families with children/youth who have received children's mental health services and are also involved with the Children's Aid Society. The families will be exhibiting complex family issues, parental mental/physical health issues, and child/youth emotional, social and behavioural concerns and are not experiencing an integrated and coordinated intervention plan by the two sectors. These families are characterized by parental mental and/or physical health needs as well as on-going social, emotional and behavioural issues with the children/youth.

Many of the children with complex needs and whose parent also has unresolved issues, often must come into the care of the Children's Aid Society to have their needs met. Unfortunately this community cannot accommodate these children locally and they are often placed in Outside Paid Residential Treatment Facilities throughout the province. Due to placement occurring outside of this community it directly impacts on the child's relationship with their parent, their community and the eventual long term permanency plan for them.

The primary treatment goal for this program is to have children remain in their homes and enhance family functioning. This program will be characterized by a multidisciplinary team providing intensive treatment and support to meet the family's needs with a small caseload. The team will work with a total of 6 families at a time allowing for this intensive work to occur. It is believed that to ensure an impact there is a requirement for a high level of involvement and interaction between the workers and families the caseload numbers must be limited. However, as the program develops the number of cases will be reviewed to ensure that each family will receive the highest level of service to promote success. The work with the family will occur in their homes, neighbourhoods and other places where their problems and stresses arise and where they need support and skill building.

The treatment team for FACT will include: a social worker from the Regional Children's Centre, a Child and Youth worker from Regional Children's Centre, access to an Occupational Therapist from the Regional Children's Centre and a Case Manager from the Children's Aid Society. All staff will be located at WECAS within the Family Service Department. The staff will be located at WECAS to ensure that the communication between the Family Service worker and the FACT workers occurs on a daily basis. It will be vital that all workers are aware of each other's roles. It is also hoped that the working relationship between WECAS and RCC will also be enhanced. The workers will be assessing the families' strengths, limitations, and needs. One of their goals is to understand the family profile, provide cognitive assessment and abilities, log daily living skills, complete functional scales and implement routings. The workers will be providing intensive treatment to the children and family with extensive involvement. To assist with the daily stress of caring for these children with such complex needs and to assist the parent to meet their mental health needs, they will receive respite services and barriers to treatment will be eliminated, i.e. transportation. A program evaluation has been built into the program.

The target date for this program to begin is April 2015. Staff at WECAS have been assigned to this project due to their skill and interest in dealing with this complex population. To assist with the cost and implementation of this program the Society has applied for a Green Shield Community Giving Program grant. The grant request was for \$25,022 for four years for a total of \$100,128. This grant would cover the costs for respite and transportation costs for the families as well as program evaluations for each year of the program.

ix) High Risk

The High Risk Infant Team was born out of a desire to enhance our protective practice. It is a result of asking the question "How do we improve outcomes for infants and their families?" This specialized Family Service team attempts to address the gaps, issues and opportunities that have been outlined in the Paediatric Death Review Committee Reports from the Office of the Chief Coroner and recommendations from internal death reviews.

The term "high risk infant", for the purpose of the WECAS High Risk Infant team are those children that are identified to be under the age of two and in high risk environments. Essentially the term "infants in high risk environments" refers to that group of infants which can be considered to be in **imminent danger.** They are living in situations which put them at significant risk of harm or maltreatment,

as opposed to being generally vulnerable. Due to a presence of a range of risk factors in their care environments (e.g. parental mental illness, substance abuse, domestic violence) they are at greater risk of abuse.

The High Risk Infant team is composed of six Family Service workers who are highly skilled, experienced and knowledgeable in the area of risk, child protection and child development. The caseload number for this team is slightly reduced to assist workers in providing more intensive services to this population. On average the team is able to serve approximately 90 files at any one time.

The goals for the High Risk Infant Team are to:

- Provide child protection to infants with thorough assessments and interventions
- Increased collaboration and consistency with community partners when working with infants
- Better informed case planning within a strengths based perspective with particular attention paid to permanency planning
- Promote prevention of infant abuse and neglect
- Provide resources and consultation to colleagues throughout the agency who are working with infants in high risk environments

The team provides intensive services to the family so that a successful outcome can occur. This team works very closely with Healthy Baby, Healthy Children nurses, and attends doctor's appointments with the families to ensure that there are no overlaps in service. These close partnerships also ensure that the family is receiving the same messages and instruction. However, when there is an assessment that the child cannot remain in the home due to safety concerns, it is hoped that permanency for that child can occur more quickly. We will examine the progress of this program over the next fiscal year.

c) Permanency and Adoption Department

i) Children in Care

The Children's Services Workers work with, and meet the needs of children in the care of the Society on a temporary and a long-term basis. Services are provided to children from birth to 18 years of age and extended care is provided to youth between 18-21 years of age as circumstances warrant. This may include specialized treatment services that require placement outside the County of Essex.

While it is always the goal for children to return to their family of origin, this is not always possible. In these situations, every effort is taken to develop the most appropriate plan for the child's future. This may be kinship care, adoption or foster care, and eventually independent living.

It is the prime responsibility of the child's worker to assist the child with separation issues related to being in care, to promote independence skills, and to provide the child with a sense of well-being, belonging, and permanence. Children Service Workers,

together with other professional staff, the child and care giver, develop a comprehensive Plan of Care which addresses all aspects of each child's care.

The Society's Youth Advisory Committee (YAC) has maintained its monthly meetings and activities and has increased its membership of active youth. The group continues to be an active voice within the agency, and increasing throughout the province with their work with the Children's Advocacy Office. YAC has developed a strong working relationship with the Youth Advocate's Office. A number of our youth have been working very closely with the Advocates Office on developing this year's Youth Conference. Two of our youth have been selected as hosts for this year's Youth in Care Day event in May – a great honour and opportunity for our youth.

The "camera club" remains active in the organization and has involved many of our youth both under and over the age of 18 years. They have a dedicated space in the new expansion and this has allowed them to expand the program to include such things as 'theme night's and 'picture of the month'. We look forward to more positive outcomes with our youth.

On May 15, 2013, the new Continued Care and Support for Youth (CCSY) policy directive came into effect replacing the Extended Care and Maintenance (ECM) Program. Through CCSY, youth ages 18-20 can receive financial and other supports to help youth build on their strengths and meet their goals during their transition to adulthood. The society supports these youth through Lifeskills programming and emotional and financial support. The youth are provided a minimum of \$850 per month. For those youth attending post-secondary education, the Society provides \$930 per month to offset some of the additional costs associated with their continued educational pursuits. Workers complete a Personalized Youth Plan with the youth documenting their strengths, needs and goals in areas like health and well-being, relationships, housing, education/employment, and personal development. Foundation bursaries are provided to youth graduating from grade 8, high school and those youth enrolled in post-secondary programs. The foundation has been a strong support to youth with respect to their educational achievements. The Foundation provides yearly bursaries to those youth in post-secondary for each year they have completed in a post-secondary institution.

For youth in post-secondary education who are exiting care, they are eligible to apply for assistance through the new Living and Learning Grant. This new grant established in partnership with the Ministry of Children and Youth Services (MCYS) and the Ministry of Training, Colleges and Universities (MTCU) provides \$500 a month to a maximum of \$6000 during the school year to youth ages 21-24(Inclusive). Youth must be eligible and enrolled in OSAP program and were formally in receipt of or eligible to receive Continued Care and Support for Youth (former ECM). Youth are also eligible to apply for the Free Tuition Program through eligible Colleges and Universities they are attending. The intent of this new grant is to provide financial support is to assist youth in achieving educational outcomes and transition successfully to adulthood. The new CCYS directive accounts for an expected increase in children in care as more youth over 18 years of age will be supported by the Society. In addition, youth are provided information on the After Care Program which provides services that support their medical, dental and emotional needs.

WECAS Community Garden

The Society in partnership with New Beginnings' Summer Jobs for Youth Initiative and the Windsor-Essex County Community Garden Network is planning to implement a community garden which would provide an opportunity for one of our youth to participate in the planning and building of a community garden on the Society's roof top patios. The garden will be available for our older independent living youth to access on their own (through their workers) and or via the Life Skills Program. Youth will also participate by volunteering to maintain the garden.

WECAS-GECDSC Pilot Project to Improve the Education Outcomes for Students in the Care of Children's Aid Societies

The Society and the Public Board of Education were successful with a recent grant proposal totalling \$40,000 dollars to run a three week summer education camp for at risk children ages 4 -6 (JK, SK and grade one students).

The camp/school will run for the first 3 weeks of July – every day (M-F). We are able to hire two teachers, two Child and Youth Workers (CYW) and two Early Childhood Educators (ECE) (school board personnel). We are hoping to have one group in the city and one in the county with a total of 30 students – 15 and 15.

Purpose and Goal of the Program:

- To reduce the academic and social gap of our youngest learners by reinforcing/developing skills and competencies in a summer learning camp experience. This environment will reflect the needs of the students but will be hands on focused intervention by the staff. Think: school meets summer camp.
- Summer camp will focus on improving the skills of the students in literacy, numeracy, social interaction, and physical activity. the underlying theme is learning through active and FUN summer programming.
- An integral part will be in cooperation with our community partners on providing specific programming based on the needs of the students. We are looking at Art therapy, Music therapy resiliency building, nutritional information, etc. We will be asking Lori Pennell if she is interest in doing the Music Therapy part of the program.
- The camp is to target students currently enrolled in the Greater Essex County District School Board who have completed their Junior Kindergarten, Senior Kindergarten or grade one year. All students will be in care or receiving services.

WECAS-Big Brothers/Sisters Mentoring through Schools Initiative

Big Brothers Big Sister of Windsor-Essex County were successful in obtaining a \$25,000 dollar grant to implement its in school monitoring program especially with children who are in the care of the Children's Aid Society. Implementation date is scheduled for September 2015.

The In School Mentoring program provides girls and boys with a role model and a friend to talk to and share the experiences of growing up with, within school grounds. For one hour a week, mentors meet with their mentee and engage in activities such as board games, crafts or just hang out in the playground. The In School Mentoring program requires a weekly visit of 1 hour for the duration of the school year. Matches do not meet over the summer break or during other school holidays.

The program strives to do the following:

- provide a role model and a friend for girls and boys
- promote the importance of staying in school and healthy relationships with family and peers
- instill trust and self-confidence in order to make healthy decisions
- encourage leadership skills and independent thinking, and above all,
- make a difference while having fun

In-School Mentoring Makes a Big Difference

- 90% of mentors saw a positive change in the child they were mentoring
- 88% of students showed improved literacy skills*
- 64% had developed higher levels of self-esteem

Crown Ward Review

This year a total of one hundred and twenty-five (125) children and youth cases were reviewed for the annual Crown Ward Review. The results of the past three Crown Ward Reviews continue to be very positive as shown in the charts below.

| COMPLIANCE PERFORMANCE | PERCENTAGE OF TOTAL REQUIREMENTS | | | | | |
|---------------------------|----------------------------------|--------------|--------------|--|--|--|
| | 2012 Summary | 2013 Summary | 2014 Summary | | | |
| FULL/HIGH | 80.9% | 95.5% | 91.3% | | | |
| MODERATE | 19.0% | 4.5% | 8.7% | | | |
| LOW | 0.0% | 0.0% | 0.0% | | | |

ii) Adoption

Adoption services, as part of the provincial transformation, focuses on the implementation of PRIDE (pre-service training program for foster/ adopt applicants), SAFE home study assessment, post adoption services, and financial subsidies for families adopting children with complex needs.

The Adoption Department and Permanency Planning Committee continues to focus on the development of concurrent planning and efforts to work collaboratively with other teams and the community. The Society also continues to work on the development of families who foster/ adopt where children are afforded more stability and permanence.

Adoption recruitment efforts include the provincial Adoption Resource Exchange Conference, Adopt Ontario, and the new provincial web-based initiative for Agencies. The Society was again successful in receiving \$80,000 funding from Wendy's Wonderful Kids to support recruitment efforts in this area.

Adoption services will continue to review the impact of the legislation, specific to the Adoption Disclosure Act, and the introduction of open adoption agreements and orders and ensure workers have appropriate training and interpretation.

The Society has successfully instituted a 'Foster with a view to Adopt' program. We currently have 10 families who are dually approved to 'foster with a view to adoption' and anticipate a steady increase each year in this area.

The agency has implemented a practice where all perspective foster or adoption applicants for children two years and under must be dually approved to foster and adopt through the SAFE homestudy assessment. There will be exceptions with Director's approval. Exceptions may include the following:

- Families who are interested in fostering; however they feel that due to their age are not in a position to adopt,
- Families currently fostering will not be grandfathered into this system,
- Potential adoptive families where due to significant loss issues are not ready to deal with possible risk of separation, and
- Other circumstances which are deemed an appropriate exception by the Director.

The rationale for this is rooted in the premise that one home per child, if a child must come into care, is optimal. Repeated separations are severely damaging to the developing child's capacity for relating to others. It is imperative that we implement systems that will assist in decreasing the number of moves and possible separations for children if they must come into care.

Thirty-nine (39) adoptions were completed in 2013/14 which was significantly higher than the 15 adoptions completed 2012/2013. We are projecting to finalize 25 adoptions this fiscal year (2014/2015) and are projecting 32 adoption finalizations for next fiscal year 2015/2016. The breakdown of these adoptions is as follows:

- 17 (68%) are being adopted by foster parents within the following parameters
 - o 6 or 24% through the new Foster/Adopt (Foster with a View to Adopt) Model
 - o 8 or 32% are regular Foster parents
 - o 3 or 12% are Kinship in Care Foster parents
- 8 (32%) are adoptive families

Increases in our number of adoptions has been attributed to foster parents adopting and the introduction of target subsidies, provided by the government, for children over 10 years of age and sibling groups. In 2014/2015 we are conservatively estimating that we will have 25 adoptions. In this year we will ensure we have the proper number of staff in the department to complete the necessary training and home studies. We will need to continue to have a watchful eye over the legal process and ensure children are not caught "in limbo" and that permanency plans such as adoption are pursued timely. The "permanency planning" committee will be maintained as a monitoring system. We had a total of 37 Provincial targeted subsidies in the past fiscal year and are projecting a slight increase as more children over 10 and sibling groups are adopted.

We continue to see an increase in the number of adoptions by foster parents and kin and as a result of the new Foster/Adopt Program. At the end of the last fiscal year 53% of adoptions were by foster parents either as regular foster parents, kin or through the Foster/Adopt Program. Only one child was placed just outside of our jurisdiction with kin. All children remained within their communities with local families. This was consistent with our planning for 2013/2014. This has been another successful year in achieving permanency outcomes through Adoption for our children in foster care.

Permanency success has been achieved through more dedicated staff to ensure potential families are assessed in a timely manner; foster/adopt model that supports one home for one child; adoption subsidies to support foster/kin adoptions; Wendy's Wonderful Kids Recruiter and the Permanency committee that identifies permanency strategies for all children in care.

iii) <u>Court Worker</u>

The Society continues to maintain the position of Court Worker who is situated at the Youth Justice Court. The Court Worker represents the Society in court matters that primarily involve youth in care who have been criminally charged. This has created a positive

relationship with the staff in the court system; created expertise in the staff assigned, and decreased the amount of time remaining staff spend in court. On average the Court Worker attends approximately 350 to 400 court appearances on a yearly basis.

iv) <u>Life Skills Program</u>

A Life Skills Program has been maintained and offered in collaboration with staff from New Beginnings. This is an excellent partnership that bore out of lack of space and staffing to offer this program. New Beginnings has grant money to offer this program to youth in the community. Our Continued Care and Youth Support (CCYS) staff participates in the planning and delivery of the weekly program with New Beginnings and monies from the OCBe funds are accessed. The program usually has 10 to 12 youth enrolled. These youth meet weekly over a 10-week period. The weekly sessions include meal preparation and dinner followed by a one hour life skill lesson including cooking, cleaning, budgeting, banking, employment skills, apartment/tenant information and ensuring they are aware of and utilizing community resources. The agency runs 3 series of 10 week groups and this past year served 31 youth in our Life Skills Program. We are projecting similar enrolment in this program in the next fiscal year.

Our collaboration with New Beginnings continues, however the weekly program has moved to the Life Skills kitchen in the new expansion. A positive result from our Bill & Dot Muzzatti Child & Family Centre opening celebrations is that two bank representatives have volunteered with both our independent living youth and our protection families on providing workshops in their areas of expertise, i.e. budgeting, banking, and financial planning.

In addition to the Life Skills Program our CCSY Workers provide workshops that support their educational pathways by offering workshops that assist them with their OSAP applications; a forum with St. Clair College in May that informs and prepares them for their transition to College and Income Tax sessions that assist them with their financial needs.

From a well-being perspective the CCSY will also be introducing new workshops that will focus on Self-Esteem; a healthy relationships workshop for young women and a workshop for youth who are 17 years of age to assist them in their transition to CCSY and Independence. Another workshop will also be offered for those youth exiting care to support them in their transition from CCSY and WECAS support.

d) Resource Services

The Resource Workers are responsible for recruitment, training, and support to foster parents as well as selecting the most appropriate residential placement for children coming into the care of the Society.

The recruitment of new foster parents is a 12-week process that introduces perspective foster parents to the PRIDE Program (Parent Resources for Information Development and Education). This is followed by a home study, provision of references, determination that the home meets the Ministry of Children and Youth Services' safety requirements and a police clearance for all adults in the home. Foster parents may be couples or individuals who meet the necessary requirements.

In 2014/2015 the department held 6 sessions of PRIDE training with four of those being 10 week sessions and one being week-end sessions to accommodate those families who cannot attend otherwise. Seventy families (singles or couple applicants) completed PRIDE Training. There were at total of 119 people that attended this training. We plan to run six sessions again and hope to accommodate a similar number of applicants in the next fiscal year.

The Society is interested in pursuing innovative ways of caring for children, primarily in this community. At this time, the Society provides mentor homes, one emergency placement, relief homes, and homes that are available to meet the special needs of some of our children (i.e. infants, medically fragile, teens and children preparing for a move to adoption).

The Society also provides support services with respect to "Kinship Care" homes, formally known as provisional homes. Following a determination that a child is unable to remain in the parent's home, temporarily or permanently, an extended family member may be interested in providing a placement to a child who is a relative. The same procedures are followed in conducting home studies to ensure these placements are acceptable. The Society is examining ways to enhance the support provided to "kin" in these instances to ensure a successful and stable placement. It is recognized that Kin placements face different challenges than those of foster care, as we presently know it, and that services will need to be developed to support this continuum of service.

On-going training and support is made available to Foster Parents by the Society including Kinship placements. The Society places a high value on having well-trained foster parents to care for the children in this community. The training focuses on assisting Foster Parents to understand and manage the children in their care and the unique challenges that they pose.

The support of Foster Parents is an important function of the Resource Department and the social workers visit the home on a regular basis to assist the foster parents with any issues that arise. Foster Parents are also provided services through the Family Well-Being Program. Child Youth Workers, trained in behaviour management, provide intensive services to new Foster Parents and support any home where there is a risk of a foster home breakdown necessitating a move of the child. All admission of adolescents into foster care are assigned a Family Well-Being worker for assessment to ensure stability of placement. The goal is to enhance stability of foster home placements and minimize the number of moves in foster care. The Foster Parents are also provided with relief (i.e. the child will visit another home for a weekend) on a regular basis.

The Society also has an active Foster Parent Recruitment Committee and a Foster Parent Association.

Building on the success of our Capital Campaign we will be moving forward with a new concept for the purpose of fundraising for programs and to also help raise the profile of our foster and kin parents. In addition we will be looking to spearhead in the area of social media to ensure the widest potential market is targeted.

Currently the agency has 177 regular foster homes and 54 Kinship in care homes for a total of 231 homes. Projections for regular foster homes for 2015/2016 will be 190 and 55 Kinship in care.

An audit of Foster/ Kin in Care home openings and closures from fiscal 2011-12 to 2013-14 was conducted in order to understand whether, on balance, we are gaining homes each year. These homes are an important resource for the Windsor-Essex Children's Aid Society. We examined the total openings and closings for each of the above fiscal years for foster and kin homes separately.

The results illustrate that overall, most of the reasons for closures related to permanency being achieved for children rather than problems with the home or voluntary closure by the families because they no longer wanted to foster:

- That is, of 53 home closures, 31 (58.5%) related to permanency such as: adoption, youth turned 18, foster family obtained legal custody, child was returned to parent, or youth was discharged from care into kinship service.
- In addition, where voluntary closures occurred (12 out of 53 = 23%)), these were usually due to retirements (n=3) and health/personal reasons (n=5) more so than families deciding they no longer wanted to foster due to a negative experience (n=2).
- Very few were due to placement breakdown or an investigation (9 out of 53 = 17%).

The results therefore show that the recent increase in placement home closures appears to be mostly due to permanency being achieved and very seldom due to an investigation or placement breakdown. These are positive findings.

The Society continues to make great strides in our efforts to increase opportunities for Family based care vs. Group care for children and youth who are admitted to care. A number of strategies have been initiated to support this permanency option and will continue throughout this year.

A concerted effort has been made by Family Services and Intake departments to sustain children and youth with their family and
extended family and Kin rather than the more intrusive alternative of apprehension wherever possible. This has been noted with a
significant decrease in adolescents coming into care over the past year and a related to an increase in Kinship service referrals.
Workers and Agency utilized such programs such the Family Well Being and Community Capacity to support children and youth with
their families and within this community. The Society has also taken a stronger position with the community with respect to

"complex needs" youth. In the past the Society may have been the only source available for securing a residential bed to ensure the youth receives necessary services though there are no identified protection issues. The Society has requested that the community develop a plan for these youth as our intent is generally to close the file.

- 2. Ongoing permanency planning with children/ youth in care has been successful in a number of areas to achieve the increase in family-based options.
 - a. A primary focus in identifying youth in group care situations out of this community where planning has been developed to repatriate them to their families and/or this community and to less intrusive placement options wherever possible.
 - b. Identifying needs for this community which has led to more Treatment Foster Care/ Family-based alternatives in this community. Our partnership and work with Unison Homes has resulted in the development of seven (7) Treatment Foster Care (TFC) homes with 26 beds for youth who are transitioning to independence; youth with autism spectrum disorders and another home for a young mother and infant both in care.
 - c. The Society developed an internal Treatment Foster Care (TFC) Program in 2008 and we now have 5 Treatment Foster Care homes and 3 TFC Relief Homes to support the children in these homes. This program focuses on school age and latency age children with significant complex needs who would likely require a more intrusive setting to assess and support their needs. This Program also conducts a Treatment camp, called the "Get Along Gang" camp during holidays and in the summer which provides intensive day treatment programming. Our goal is to increase our TFC home compliment to further support family based treatment options in our community.
- 3. Community Capacity offers support by way of an after school program to support and sustain children/youth in family based care in our community.
- 4. Family Well-being Workers provide in home support to all Foster homes upon referral. As part of our strategic focus FWB referrals are submitted on admissions of adolescents to foster care.

An increased team of Homestudy and Assessment workers has responded to the increase in family-based referrals of Kinship Service (out of care) and for kinship

Foster Care Licensing Review

Foster Care Licensing Review was conducted on October 6, 2014. Overall, it was a positive review and WECAS was granted a full licence.

Some of the positive highlights noted include:

- All Foster home files met the compliances reviewed as part of the licensing requirements
- For Children in Care files, Supervisory endorsement of Plan of Care reports went up from 67% to 80%
- Plan of care reports were noted to have a lot of improvement and with greater detail.
- Overall health compliance was positive and achieved approximately 77% compliance
- Overall positive interviews with foster families and children. Almost all foster families felt valued, respected and part of the team. They provided some feedback on future training needs and some minor issues with communication as it pertains to volunteer drive changes.

Some of the positive highlights noted include:

- All foster home files met regulatory requirements as part of the licensing requirements
- The quality of Plan of Care reports was noted
- Foster parents noted positive relationships with workers
- Foster parent interviews report better communication with all Team members
- Files reflect that Biological parents are attending Plan of Care meetings and Sibling access is accommodated
- All children but one interviewed were happy in their placement

Some areas of non-compliance/ areas for improvement noted include:

- Post placement reviews for children and foster homes need to be completed in a more timely fashion
- Worker and supervisory sign off needs to be completed within required legislative timeframes. Thirty day Plan of Care recording must also be completed within legislative timeframes.
- Foster homes continue to struggle with the definition of "Enhanced Serious Occurrence" and the definition of "high risk designation" as it applies to the medication policy.
- Foster parents noted the need for more web-based training, county-based training and training specific to attending Court.
- Foster parents identified difficulty in access support and services during vacation periods.

Children's feedback was positive. Twenty-nine children in care were interviewed. Some of the comments from children in care included:

- "It feels like family".
- "It is fun. There is no spanking".

- "It is great. It changed my life".
- "They make my favourite meals".
- "I call them mom and dad".
- "It feels like a home. They spoil us".

A Quality Improvement Plan has been submitted to the Ministry targeting the areas noted above.

e) Volunteer Services

The Society has an active and committed Volunteer Services Team that recruits and trains individuals who reach out beyond the confines of paid employment and normal responsibilities to contribute time and services to a non-profit cause, in the belief that their role is beneficial to children and/or families.

There are currently 216 active volunteers with 38 whom are in the process of becoming a volunteer. Of these active volunteers, 137 are volunteer drivers. WECAS volunteers represent men, women and youth from all walks of life, with diverse backgrounds and skills. This virtual army of volunteers will dedicate over 80,000 hours of service to the agency in 2014-2015.

The Society utilizes volunteers to provide the following services:

- Drivers to transport children to school, day care, Family Visitation Program, therapeutic and recreational activities, and appointments.
- Tutors to help children improve their academic performance and learn effective study habits.
- 1:1 Mentorship Volunteers who are matched with a child and form a relationship to a help the child build self-confidence and self-worth experiencing activities in the community.
- Volunteers to assist with the Holiday Program and other fundraising events by picking up donations, preparing wish lists, manning booths at events, helping with fashion show, garage sales, wine events and Fireworks night.
- Volunteers to support the delivery of the Kids on the Block Puppet Program to all schools and many community organizations across Windsor and Essex County.
- Volunteers to support the agency through specialized roles including child minding for parenting programs.
- Volunteers who assist with increasing community awareness about the Society and assist in recruiting new volunteers to help us achieve our mandate.

The priority to actively recruit more skilled and available volunteers within the 30 – 50 age range will continue into 2015/2016. By comparison, this age group represents the lowest cohort of potential volunteers for the not-for-profit sector which relies heavily on volunteers to deliver essential programs and services. We will continue to nurture and support the existing volunteer base, in particular, "baby boomer" volunteers as they transition into retirement and potentially have more time to provide the agency.

Anticipated Volunteer Program Trends/Projections

- Consistency in the number of volunteers needed to support ongoing programs provided by the agency and slight increase where enhancements may be made to existing programs and where there is a potential of adding new programs.
- It is anticipated that over 140 individuals will attend Volunteer Information Sessions to the end of the year. These sessions are held monthly.
- Consistent utilization of the Volunteer Transportation Program with total volunteer/foster parent kilometers driven stabilizing in 2014/2015 and continuing on the same trend for 2015/2016
- It is anticipated that volunteers will log 2.3 million kilometers in 2015/2016
- The cost for transportation will also be consistent with prior year of \$1.1 million
- In 2014/2015, 34 Homework Program Tutors will provide over 1,500 hours to 30 students in 67 sessions (sessions are held 3 times each week).
- It is anticipated that approximately the same number of students and tutors will participate in 2015/2016.
- The Mentorship Program will go through a revamp of the current goals and referral process in the coming year.
- There are currently 8 mentor matches and it is expected that there will be a combined over 2,000 in hours spent between Mentors and their Mentees.
- Special Event Volunteers will donate over 4,000 hours.
- 52 Volunteers donated 3,150 hours over three weeks to the 2014 Holiday Program.
- An additional 22 volunteered throughout the 3 weeks in the Holiday Program (hours included above).
- Specialized Volunteers (VIP, child care for agency parenting programs) are expected to donate over 100 hours.
- Puppeteers who support the Kids on the Block Program will provide approximately 2,500 hours over 90 school performances to an estimated 12,000 13,000 children and adults.

CHILD ABUSE PREVENTION AND OUTREACH

The Child Abuse Prevention Program was formed out of the need to address the education and prevention of child abuse as a child welfare mandate. The Program works closely with its community partners and the community at large to ensure that the issue of child abuse remains in the forefront of public education efforts aimed at reducing and preventing its impact on children and families.

The mandate of the Program is to prevent child abuse through the collaboration of services, education, advocacy and the promotion of a safe and healthy environment for children in Windsor and Essex County.

The Program has a full-time Public Education Coordinator and is overseen by a Manager to coordinate the following activities:

- Child Abuse Prevention Committee
- Kids on the Block Puppet Program
- Professional Conferences and Workshops (WECAS Speakers Bureau)
- Parent Education and Workshops
- Print and Website Education
- Community Collaboration and Consultation
- Public Education and Awareness Campaigns including Child Abuse Prevention Month every October

Child Abuse Prevention Committee

The Committee was formed in 1987 under the Child Abuse Prevention Council Windsor-Essex County. When the Council merged with the Windsor-Essex Children's Aid Society in 2008 the Education Committee (now called the Child Abuse Prevention Committee) was brought under the auspices of the Society.

The Committee is a partnership between the Windsor-Essex Children's Aid Society and participating Community Providers (15 member organizations).

The Committee provides a broad community approach toward addressing the education and prevention of child abuse. The goal is to share information and expertise among our community partners regarding our collective response to all forms of child abuse and to identify strategies to address any gaps, issues, and potential collaborations.

The initiatives of the Committee focus specifically on the community at large, including families and children and takes into consideration education and advocacy efforts at the provincial level through the Ontario Association of Children's Aid Societies.

Anticipated Trends in Child Abuse Prevention & Education

- Child Abuse Prevention Committee will continue to meet monthly to monitor the agency's investigation and service trends to inform short and long term child abuse prevention and education planning and outreach.
- By March 31st 2015 the University of Windsor will complete the Community Survey research project on child abuse prevention and education which will assist in the development of a 3 5 year plan to address child maltreatment in our community.
- Continue to work with partnering community agencies to further the mandate of the agency and support them in their role to ensure appropriate response to child maltreatment within their service sector.
- In 2013/2014 73 community organizations and businesses participated in the "Go Purple for Prevention" Campaign during Child Abuse Prevention Month in October. This past year there were 95 respectively.
- It is anticipated that we will continue to realize an upward trend in the number of community partnerships and collaborations primarily due to the "Go Purple for Prevention".
- The Society's Speakers Bureau delivered 52 community presentations on Identifying and Reporting Child Abuse and other parenting related topics. This year the number of presentations will continue to be high and will carry into 2015/2016 on the same trend.
- The school-based program Kids on the Block (KOTB) will see a decline in the number of children and adults served of approximately 12,000 13,000 in total through 90 presentations delivered to schools and organizations across Windsor-Essex County.
- While the number of presentations has remained fairly consistent, the trend over the past number of years has been a gradual decline in the number of students in each KOTB presentation as student enrollment across the community continued to decline.
- A Regional Symposium of Children & Youth will be delivered in partnership with Sarnia Lambton CAS and Chatham-Kent CAS on June 4th, 2015. The attendance for this conference is expected to be 300 people. Mayors from the three cities will be invited. Workshop topics will cover: Children/Youth Mental Health; Education; Mentorship; Enhancing Life-skills through Arts & Culture; and Corporate Social Responsibility.
- The Society's outreach has grown significantly with the inclusion of social media as a communications strategy to engage new interest and support as well as engage with existing stakeholders, boards of directors, volunteers, foster parents, and staff.
- LinkedIn, You Tube, Twitter, and Facebook have been implemented over the past year and used as a call to action to increase awareness and fundraising as well as to share programming and fundraising successes while also thanking the community for the continued support shown.
- On Facebook the Society has 215 (likes) Followers and 28 Twitter Followers
- The Society hosts the www.preventchildabuse.ca website to include more education resources on line where an estimated 14,000 unique visitors to the website each year will find information on child abuse, prevention & safety, and parenting tips and strategies.
- The plan is to continue increasing our reach through social media into and through 2015/2016.

ANTI-OPPRESIVE PRACTICE (AOP) ADVISORY COMMITTEE

The Windsor Essex Children's Aid Society is responsible for, and committed to, delivering programs and services that are effective, fair, inclusive, respectful and culturally competent. The Anti-Oppressive Practice Advisory Committee (AOP) and its Sub-Committees support the agency in remaining mindful of this designation at all points in service delivery. Comprised of a diverse cross-section of staff representing numerous departments and roles within the agency, the AOP Advisory Committee provides support at the level of staff, clients, and community.

Sub-Committees and working groups focus on the specific needs of certain identified groups under the larger AOP heading. They include: The Aboriginal Liaison, Islamic Relations, Gender and Sexual Diversity and Black African/Canadian Committees.

Activities in the 2014-2015 year:

- In preparation for a larger staff training event, the Aboriginal Training Subcommittee held film screenings of 8th Fire, a documentary recommended by Aboriginal community members, with post discussion. Positive feedback was received, with interest in future learning events.
- The Islamic Protocol was updated and we continue to work closely with the Islamic community. WECAS has received requests from other Children's Aid Societies to use our protocol as a model.
- Monthly Islamic consults are now being offered on site, which have already been utilized by a number of workers seeking to provide enhanced services to Islamic families.
- The committee has reported some great success stories as a result of our ACOW protocol, preventing children from coming into care.
- Adoption and foster parent recruiters continue to build partnerships across diverse communities, resulting in more cultural matches and several new same-sex foster and adoptive parents this year.
- An extensive report created by our Quality Assurance department celebrated our successes in building relationships across our cultural community and provided useful feedback for continued improvement.
- Settlement Agencies continue to request presentations and collaborations with us, with over 15 presentations delivered in the 2014-2015 year. Presentations were made to Settlement Agency staff (Duty to Report), newcomer parents, and children.

- WECAS continues to be a strong voice on the Windsor Essex Local Immigration Partnership (WELIP), a planning and collaborative body with broad sector representation. WECAS' collaborative work with our newcomer community was highlighted at the 2nd Annual Community Forum.
- WECAS received an award of recognition from the Multicultural Council of Windsor.
- WECAS hosted a booth at the annual Ramadan Food Drive event, and were one of the designated charities to receive donations for families in need.
- WECAS was represented at the Provincial Anti-Oppressive Roundtable at the OACAS, and contributed to the development of the vision and mission for the upcoming year.
- WECAS committee members represented the Society at a number of training and cultural events, including: Culturally Integrative Family Response in Child Welfare Conference, London, ACOW Annual General Meeting, Windsor Women Working With Immigrant Women's Annual General Meeting, The Windsor Islamic Association Annual Community Dinner, The African Women's Congress, Anishinaabe Cultural Competency Workshops, Support Rally for the Nigerian Community, and the Aboriginal Child Resource Centre's Open House.

Projected Activities in 2015-2016

- 3-Day Capacity Building Training event: Staff Training on First Nations and Customary Care, featuring guest facilitator Cam Agowissa.
- Contribute to internal staff survey initiative regarding service to ethno-cultural groups
- Development and implementation of AOP training plan for Service Directors
- Film Screening and/or small-scale events (i.e. Lunch & Learn) to advance specific capacity in AOP
- The Committee will continue to provide ongoing services as follows:
- To inform staff regarding cultural customs and holidays (i.e. Ramadan, Black History Month), cultural community events, and external training opportunities
- To connect staff to culturally relevant resources and services
- To provide internal professional development and learning opportunities

- Case Consultation and advocacy -Liaise with First Nations community members, ISWA, ACOW, and local settlement agencies to enhance communications, working relationships, and an understanding of the child welfare mandate
- Represent WECAS at cultural community events such as: The African Community Roundtable, ACOW Events, WELIP Community Forum,
 Newcomer Youth Roundtable, the Ramadan Charitable Food Drive, Windsor Pride, and World Refugee Day

Office of the Chief Legal and Human Resources Officer

The Chief Legal and Human Resources Officer is the executive responsible for legal, human resource and quality assurance services within the Society.

LEGAL, HUMAN RESOURCES AND QUALITY ASSURANCE

Legal Services

This program oversees the work distribution and follows through with the outside legal firms as well as provides the legal expertise in responding to the agency complaints filed through the Child and Family Services Review Board.

In 2012/2013 WECAS contracted with three firms to provide legal services for child protection. In April 2013 these firms were notified that their existing contracts would terminate on September 30, 2013 and that WECAS would procure these services using an open competitive process.

A new hybrid model which was introduced in late 2013/2014 utilizes both internal and external counsel allowing us to bring a percentage of files in-house. This new model enables us to better control costs in this area.

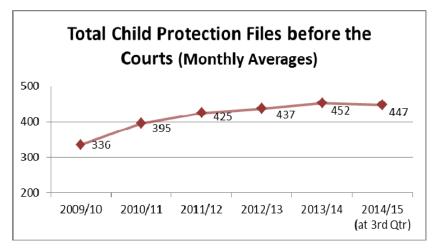
Our hybrid legal model comprises of two legal counsels, two Legal Assistants and three Court Services Clerks. The Court Services Clerks main functions are to vet/redact child protection files for lawyers who have sent a request to have access to a file whether it is for child protection purposes or a third party request. They are also responsible for the compilation of statistical data related to Court Services. In 2013/2014 there were 502 disclosures completed. Of the 502 disclosures completed, 354 were Child Protection and the remaining 148 were third party requests. This is an overall decrease of 17% over the 587 disclosures completed in the prior fiscal year.

The average monthly number of on-going cases before the Court for 2014/2015 at the end of the 3rd Qtr. was 447 which is comparable to the 450 the prior fiscal year.

The legal department is also enhancing the organizations student program in the legal department. A law student internship placement was developed for 2014/2015 and a further expansion is planned for 2015/2016.

Another initiative that the legal department has undertaken is an increased collaboration with Legal Aid Ontario Settlement Meetings (LAOSM). The pilot project has successfully resulted in resolution of cases when utilized in child protection cases, both pre-Application and in ongoing litigation.

| | se lawyers leave in Nov 2010 m outside firm (Philcox Gatten | | | | | New Legal Model Introduced | |
|----------------------------------|--|---------|---------|---------|---------|----------------------------|--|
| | | 7 | | | | | |
| | 2009/10 | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 (at 3rd Qtr) | |
| Total CP files before the Courts | | | | | | | |
| (Monthly Averages) | 336 | 395 | 425 | 437 | 452 | 447 | |
| CFSA Applications | 340 | 352 | 311 | 367 | 353 | 223 | |
| Trials Scheduled | 40 | 47 | 50 | 36 | 17 | 9 | |
| Trials Commenced | 2 | 16 | 18 | 15 | 6 | 13 | |
| Cases Referred to Mediation | 1 | 3 | 0 | 0 | 2 | 1 | |
| 3rd Party Disclosures | | 55 | 109 | 179 | 148 | 100 | |
| Child Protection Disclosures | | 267 | 328 | 408 | 354 | 298 | |
| TOTAL DISCLOSURES | | 322 | 437 | 587 | 502 | 398 | |



Human Resources

The human resource program helps to ensure the organization is well positioned to attract and retain highly capable, high performing employees who are instrumental in advancing programmatic, operational and service excellence.

All new hires are required to attend the "New Hire Orientation" program. This is a great opportunity to introduce employees to the agency, its culture and policies. The importance of employee training doesn't end with new workers. Management and staff training and development are equally important to workplace safety, productivity and satisfaction.

The agency has a very aggressive training schedule which is re-evaluated on a regular basis. The chart below identifies the number of training sessions that were offered in 2014/2015.

| | Internal Training | External | OACAS |
|------------------|---|----------|----------|
| | | Training | Training |
| Sessions Offered | 90 (includes 53 CPIN Training sessions) | 23 | 31 |

This year we welcomed a Clinical Development and Education Specialist to our staff. This individual will ensure that training recommendations from the 2014 Paediatric Death Review will be delivered. She is also assisting with the delivery of training needs outlined in the jury recommendations which resulted from the Jeffery Baldwin inquest. Further training priorities include Legal training; High risk Infant training; Case Note training and Anti-Oppressive Practice. Planning and collaboration with the Greater Essex county District School Board to deliver suicide prevention training to our staff is also underway.

The Human Resource department delivers the following services:

- Recruitment and selection
- Employee compensation
- Labour and employee relations
- Performance management
- Organizational development and education
- Wellness and employee recognition
- Safety and compliance

In 2011 the Windsor-Essex Children's Aid Society underwent a Workwell Risk Management Plan to assist in improving our workplace health and safety programs. We successfully addressed all of the objectives of the Risk Management Plan and these positive actions undoubtedly help to prevent workplace injuries and illness. We were proud of accomplishments with the analysis but know that ensuring the health and safety of our staff is an on-going process.

We have an active Joint Health and Safety Committee which meets monthly to review all Safety Incident reports and to strategize with respect to specific and more global health and safety issues. The composition of the committee is both union and management representation.

Other actions that we take to ensure the health and safety of our staff include:

- Quarterly updates on the number of health and safety incidents are sent to all staff. Special attention is paid to the environmental
 conditions and we will send emails advising staff to take care and caution should there be for instance black ice in the parking lot
 while we await the effects of salt/sand.
- Email reminders about specific actions such as de-escalation techniques are sent to staff on a regular basis. Many of our Health and Safety policies and procedures have a quiz component which assists in knowledge retention.
- Immediate emails should a threat be made against the building or against staff

Quality Assurance

The Quality Assurance Director is responsible for the Society's information and data collection processes and statistical reporting systems, quality assurance programs, client records, audits and outcome measures for the Society by:

- Monitoring, evaluating and reporting on the quality of the Society's data as it relates to services to children and families and the Ministry's funding framework;
- Developing and implementing a client outcome measurement system;
- Conducting research and evaluations of client-centered programs to ensure that they are working and achieving intended goals;
- Gathering feedback from various stakeholders including clients, community partners, and staff on agency matters for the purposes of strengthening client outcomes, community relationships, and internal processes;
- Performing periodic audits, or supporting the performance of file audits, to ensure compliance with agency policies and practices and Ministry standards; and,
- Taking a lead in monitoring the development and implementation of the Society's Strategic Plan.

Our strategic focus areas and values have shaped our strategy map which is embodied by our the following statement: "by following what we believe (our values), we will build a strong organizational foundation (organizational readiness), using efficiencies and excellence (internal processes) and by leveraging resources (finance) to meet the needs of the people we serve (clients and stakeholders, thereby delivering on our transformational outcome goal and achieving our vision and mission."

Our Balanced Scorecard or strategic performance management tool helps the Society track how we are doing toward achieving our strategic goals. It provides a framework to monitor specific and measureable indicators of organizational performance identified during the strategic planning process. We are currently reporting scorecard measures twice per year and continuing to refine and identify new measures when necessary. At each reporting cycle, measures of interest are identified and deeper dives are then undertaken which may include stakeholder feedback, audits, program evaluations, or breaking down the data into smaller groups to identify trends.

Development of the Performance Indicators has been a key part of the work of the Quality Assurance Department in 2014/15. We currently have the capability to report on all of the PIs either through our Matrix database or through other data collection strategies such as questionnaires. We have validated about half of them with OACAS and we are actively working on validating the remainder, one at a time. The PIs play a key role in strategic performance management as well as in continuous service improvement. Next steps include reporting the PIs to the Ministry as well as public reporting of a small selection through OACAS.

Some of the highlights in the QA department this year include:

- Validation of several PIs with OACAS
- Continuing a program of research to strive for continuous improvement in working relationships with ethnocultural community partners and clients through interviews with community partners and focus groups with staff
- An extensive research project on case note quality
- An in-depth report on the last three years of the PIs
- A roll-up report on the last three years of the OACAS Service Survey results
- A deeper dive into several PIs

Our next steps in 2015/16 will focus on:

- Review our Strategic Plan
- Developing targets for the Balanced Scorecard,
- Continuing to develop and validate the KPIs, possibly setting targets,
- Identifying measures of interest at each balanced scorecard reporting cycle,
- Continuing opportunities for staff feedback, and
- Continuing to identify and undertake any opportunities for research and evaluation in service of continuous improvement of outcomes.

Office of the Chief Financial Officer

The Chief Financial Officer is the executive responsible for finance, administration and technical services within the Society.

FINANCE, ADMINISTRATION AND TECHNICAL SERVICES

Finance and Administration

The Controller is responsible for the finance and office administration programs that help ensure the organization is well positioned to achieve its financial targets.

Financial Services

The Financial Services program drives the business segment of the organization and is responsible for leading in planning, management, accountability, and contract administration. Financial information is a powerful tool that assists in service program development, innovation and improved outcomes for the children and families we serve.

The program is responsible for the following functions:

- Day to day accounting and financial operations;
- Develop and implement a business plan that captures key objectives to be achieved during the current year;
- Develop and implement action plans to achieve the key objectives;
- Identify emerging service trends and adjust business estimates accordingly;
- Form financial and statistical performance models;
- Identify the causes of performance gaps; and,
- Proactively identifying financial performance implications that effect business goals and needs.

Office Administration

The office administration program coordinates the office work system and is responsible for planning, organization, and controlling the clerical aspect of the organization, including the preparation, communication, coordination and storage of data to support agency programs and services.

The program is responsible for the following functions:

- Administrative support management and supervision
- Procurement
- Payroll and benefits administration
- Labour scheduling and monitoring systems after hours, family access, and volunteer service requests
- Records Management Systems
- Centralized records sourcing, maintenance, scanning, control, and auditing

Technical Services

Building and Property

The Society operates from two locations comprising of a 92,000 square foot main office located at 1671 Riverside Drive, Windsor and a 2,500 square foot satellite office located at 16 John Street Leamington, Ontario.

The Technical Services Director is responsible for building and property resource planning, building maintenance, repair and disaster planning for the above facilities.

The building and property resource plan will:

- State its service objectives;
- Support the agency's legislated mandate, mission statement, guiding principles and strategic plan;
- Reflect a systematic review of past performance and changing service and funding circumstances; and,
- Address how the building and property program effectiveness, program costs and cost effectiveness are to be monitored, and reflect input from all levels of agency staff and the Board.

The budget component of the building and property resource plan is based on:

- Building and property resource plan objectives
- Adequate cost analysis
- Realistic estimate of operating costs and revenues
- Input from Agency staff and the Board
- Identification of deficiencies in resources needed to meet service objectives, and development of a work plan which recommends both short term (fiscal) and long term solutions.

Facilities maintenance and repair program ensures:

- The Agency buildings and grounds are kept in good repair and operating condition. Building repairs are completed according to need and financial resources available
- The Agency complies with all local building and fire codes and applicable regulations concerning building and grounds care
- The Agency building security and safety plans are operational and effective.

The disaster plan will:

- Name the plan administrator
- Outline the responsibilities of the plan administrator
- Provide disaster severity definitions
- Address computer operations
- Address facilities management

Information and Technology

The Technical Services Director is also responsible for Information Technology Services which ensure organizational access to mission critical information and communication services, providing the infrastructure for automation, governance for the use of the network and operating systems, and assistance in providing the operational units with the functionality they need.

Governance: Providing the operating parameters for individual and operating unit use of the IT systems, networks, architecture, etc. (This includes responsibility for conventional IT security and data assurance).

Infrastructure: Providing the operating network and circuitry and all equipment needed to make the IT system work in accordance with an established operating standard and system "size."

Functionality: Providing the capacity for operating applications development, storing and securing the electronic information the organization owns, and providing direct operating assistance in software use and data management to all functional areas in the organization.

Child Protection Information Network (CPIN)

One of the most significant changes in the Child Welfare system and for this organization will be the implementation of the Child Protection Information System (CPIN). The Windsor-Essex Children's Aid Society has been cooperatively involved with the project since it's' inception. WECAS has provided the CPIN project staff expertise in all facets of the development of this software suite from Finance through Information Technology and Case Management.

The CPIN Go-Live date was postponed by the CPIN Project as they continued their focused effort on getting Halton CAS up and running with the CPIN suite of software. WECAS is expected to go live after the Toronto agencies which we anticipate could be in the year 2015/2016.

Building upon the success of our CPIN early learning activities, WECAS has a comprehensive yet flexible plan which will allow all staff to be trained prior to going live. We are keenly aware that staff training and familiarity with the software are critical elements of a successful deployment. We are also aware from early reports being circulated that there is an enormous amount of administrative time to the functionality of CPIN in comparison to Matrix and as such we make delay our position in going early into this program transition.

IT Guiding Principles

Customer Focused:

Focus on customer service above all other priorities. Utilize customer feedback to develop strategic direction based in part upon desired new services and feedback on improving existing services.

Accessible/Reliable:

Require reliability and accessibility from agency information systems and services. These values rely upon each other; you cannot jeopardize reliability for accessibility and vice versa.

Innovation:

Promote new and improved ways to solve technology problems without sacrificing other guiding principles. Think beyond perceived constraints.

Value:

Demonstrate how agency information services represent value to our customers as compared of other peer institutions. Value requires containing costs while optimizing usefulness.

Continuous Improvement:

Incorporate metrics to measure performance and verify effectiveness of information resources. Utilize metrics along with customer feedback, direct or through surveys, to identify training and/or resource deficiencies. Incorporate the feedback into the Society's Effectiveness Process.

6. PUBLIC RELATIONS & FUND DEVELOPMENT

Office of the Chief Executive Officer

The Chief Executive Officer is the executive responsible for Public Relations and Fund Development Services within the Society.

You Can Write a Child's Story Program Campaign, 2015-2016

Building on the momentum of the capital campaign of the Bill & Dot Muzzatti Child & Family Centre, the Society has agreed to consider an investment in a high profile marketing/fundraising campaign focusing on programs that directly impacts the children, youth and families that the Windsor-Essex Children's Aid Society provides services to. The following preliminary steps have been taken to assure the success of such a campaign:

- We have continued to stay in contact and to nurture previous major donors including contributors to the Muzzatti Centre Capital Campaign. A one year anniversary Stewardship Report was sent to all major donors in November, 2014 acknowledging donors and outlining the programming that is being done in each of the sponsored rooms and areas. Major donors are invited to all of our major events. A Society/Foundation donor recognition event is being planned for the fall of 2015.
- The marketing approach which focused on the Muzzatti Centre campaign, "Our Success Stories Begin With You" educated the community about the work of the Children's Aid Society. The pro-active approach of providing an abundance of program opportunities has resulted in stronger families and a sense of optimism and confidence amongst many of the 1 in 8 children that the Society provides services to. As awareness increases, it is timely and crucial that as an agency, we stay forefront in terms of public awareness.
- A focus was placed this past year on recruitment of qualified Board members for the Windsor-Essex Children's Aid Foundation. The criteria was that individuals would be well-established, believe in the mission of the Foundation and the passion of supporting children and youth, have the means to give by example and connect the Foundation to individuals and groups that would support the programs it funds. Eight new members were brought on. Adding to the eight remaining members, the Foundation Board now has a compliment of 16 dedicated, energetic and enthusiastic directors. A retreat was held in November with Mr. Rick Kress, President of Gift Planning Associates of Southfield, Michigan. All indications are that this Board is very interested in moving the Foundation to a new plateau.

- Decreases in government funding make it even more imperative to seek alternate means of funding.
- A new campaign design incorporating the theme, "You Can Write a Child's Story" will serve as a template for a theme that will incorporate all foster parent/volunteer/recruitment, fundraising and marketing materials with one consistent branding.

Social Media

The intent with a new campaign is to renew the current three web-sites into one comprehensive web-site that will showcase Society, Foundation and Child Abuse Prevention initiatives. The site would be interactive and user friendly. After much discussion the Executive Team, Senior Management and a committee struck to review digital communications for the agency, concluded that the Society/Foundation move forward to pursue social media options taking into account the safeguards that will need to be put in place to secure any sites. A Social Media Co-ordinator will be hired to develop a comprehensive plan and to implement a renewed web-site and approved social media options that would benefit all facets of the Society/Foundation's work.

Campaign Resources

The campaign through a 'Case for Support' guide will offer various levels of opportunities to support Foundation subsidized programs such as Education, Summer Camp, Holiday Program, Family Well-Being Programs, Child Abuse Prevention Programs amongst others. A quiet phase of the campaign will take place in the winter/spring of 2015 as Foundation Board members and Society administration identify prospects and make early approaches. A community campaign will be launched later in the spring with the unveiling of marketing initiatives (Decal design on Riverside Drive window, billboards, and media adds, etc.).

Evaluation

The success of the campaign will be measured by the number of prospects approached, the number of new donors confirmed and the amount of additional revenue generated for each program. Feedback will be collected on the various sources of promotion and their impact.

Areas of Focus

Initiatives of Manager of Public Relations and Fund Development 2015-2016

1) Staff Resource for Fund Development to the Windsor-Essex Children's Aid Foundation

The Manager works with the Foundation on initiating and carrying out fundraising events, proposals and initiatives that will generate revenue to support the programs of the Windsor-Essex Children's Aid Foundation. A major task of the Manager this past year was to work in partnership with the Foundation Executive Committee to facilitate recruitment of Foundation Board members. A key responsibility of the Manager this coming year will be to oversee all elements of campaign management assuring that Foundation Board members have resources, support and up to date information to assure a successful campaign. The Manager will accompany Board members and the CEO on donor "asks" as determined.

2) <u>Legacy Giving</u>

The Manager will work in collaboration with a Legacy Giving Task Force of the Foundation Board to execute a launch of the Legacy Giving program. A plan will be developed and implemented focusing on the role of solicitors, identifying the target audience and determining how to get the message out.

3) Outreach to Business & Professional Community

The Manager will work with local service clubs and community organizations to promote the Society's programs and positioning in Windsor-Essex. This will include providing opportunities for the CEO and Manager to meet with politicians, media and other community leaders. The Society may play host to a Windsor Regional Chamber of Commerce event and the Association for Fundraising Professionals 15th Anniversary Philanthropy Awards Luncheon.

4) <u>Nurture of Donors</u>

The Manager will use existing opportunities and create new incentives to keep donors abreast of programs and opportunities at WECAS. Updated program resource materials and a Donor Recognition event to be held in the fall of 2015 are priorities. Current donors will attract new donors and also if happy will consider other opportunities including legacy giving. The Manager will continue to keep in touch with contacts in the GTA and Metropolitan Detroit as well as identifying new prospects in these geographic areas.

5) <u>Media Relations</u>

The manager in addition to the CEO and Board President is the key spokesperson for the Society on corporate issues. This includes preparing media releases and assuring that the Society is viewed in a positive light in the community. The Manager will supervise the Social Media Co-ordinator position and will oversee all responsibilities applicable to that role.

6) <u>Image Development</u>

The Manager will uphold the Society's image via assuring proper logo utilization, development of key messages and upholding of corporate events such as the Annual General Meeting, preparation of annual reports, agency brochures and other documents that reflect the image of the corporation. All third party events utilizing the Society/Foundation names and logos need to be channelled via the Manager

7) Setting the Stage For Tomorrow, A Call to Action on Issues Relating to Children & Youth

The Manager together with the Manager of Community Development, Prevention & Volunteer Services will facilitate planning of this Symposium in collaboration with Chatham-Kent Children's Services and the Sarnia Lambton Children's Aid Society. The forum being held on Thursday, June 4th at the Ciociaro Club will feature Dr. Peter Szatmari, Chief, Child & Youth Mental Health Collaborative, Centre for Addiction & Mental Health and the Hospital for Sick Children, Toronto and Dr. Isaiah McKinnon, Deputy Mayor of the City of Detroit as Keynote Speakers. Plenaries will focus on Education/Mentorship, Enhancing Life-skills Through Arts & Culture, Social Responsibility, Homelessness, & Poverty, Corporate Responsibility and more. A "Celebration of Children" Luncheon will showcase the talents of children and youth of the region. Mayors of Windsor, Chatham, Sarnia and Detroit have been invited.

- B) Holiday Program Appeal This past year saw a record number of families (866) seek support from the annual Holiday Program. By the beginning of December, donations were down. An appeal to the Windsor Star resulted in two appeal articles and a third article that expressed appreciation to the community from the CEO. Over \$87,000 in cash donations and over \$475,000 of in-kind donations were received. This enabled all wish lists to be filled. As well, it has put the Foundation in a positive financial position to support the upcoming "Fresh Air" Summer Camp Program. Holiday and Summer Camp Programs fall together under the category of Seasonal Programs. An approach to all media will be made earlier in the year to solicit support for a comprehensive campaign that will bring the appeal of the Holiday program to the community for 2015.
- 9) Boards/Staff Face to Face Campaign The annual giving campaign of the agency continues to grow. The total amount of donations and pledges for 2014 was \$28,084 up \$11,100 from 2013. A refreshed approach using the emphasis of the "You Can Write a Child's Story" will be applied to the 2015 campaign.

7. YEAR IN REVIEW – Highlights

Cost Control & Reduction – Savings \$2,385,000

- Hybrid legal services model continues to provide estimated savings of \$200k.
- The group access model utilized in the Bill & Dot Muzzatti Child and Family Center has provided \$555k of annual savings since implementation.
- Reduced reliance on outside purchased group care continues to provide estimated savings of \$1,400M.
- Competitive procurements realizing value for money savings of \$10k.
- Utilized cost savings to make a significant mortgage payment saving the Society approximately \$220k in interest.

Financial Management & Controllership

Business activity reporting

• Enhanced financial and service dashboards for improved management organizational monitoring.

Departmental budgets and reporting

• Continued enhancements in departmental budget reporting through our financial system (Navision).

Monitor accounting standards

Continued to monitor government not for profit reporting standards.

Other Achievements

<u>Leamington shared space initiative</u>

Planning and discussion continues for the development of a multi-social service hub. The interest in this initiative grew during 2014-2015 to
13 different service providers. Together, these 13 service providers either now or project to service 1,500 to 2,000 families which will
impact 3,000 to 4,000 children. The advantages from this collaborative and synergistic environment would include: easy for children and
adults to access related supports, lessen service navigation challenges, minimize wait times, efficient use of public assets by lowering overall
operating costs, and building stronger ties among community organizations, schools and municipalities. It is believed that contributions
from various levels of government and community donations will assist in funding the building completion.

Board Governance and Orientation

- Lead role in developing material for Governance Committee terms of reference and Board Governance Evaluation Survey status report.
- Lead role in developing and presenting materials for the Board Orientation and Training workshop.

Areas of Focus for 2015/2016

Child Protection Information Network

The department's primary focus in 2015/2016 will be maintaining smooth day to day operations while implementing the CPIN project. The CPIN Project will involve the implementation and staff orientation of the following three components.

- Curam client database (replacing our Matrix legacy database);
- Oracle E-Business financial management software (replacing our MS Dynamics financial system), and
- IBM Cognos business intelligence and financial performance reporting system.

Our IT department will be supporting the agency with the CPIN transition while maintaining our internal systems and infrastructure which includes the following.

- 1) Equipment supported:
 - a. 354 laptops

f. 8 scanners

b. 29 servers

g. 2 locations (Windsor and Leamington offices)

- c. 326 Cell phones and Smartphone Enterprise Server
- d. 28 x 2way radios
- e. 9 photocopiers

- h. 6 wiring closets
- i. 3 communications huts
- j. Micro Wave link from Windsor to Leamington
- k. 426 Land Phones (PBX) and Queue sequencing software

- 2) 745 work orders per month (8,936 per year)
- 3) 44% of work orders are responded to within one hour

<u>Leamington shared space initiative</u>

We plan to continue our participation in the Leamington shared space project during 2015-2016.

Board Governance and Orientation

We plan continue to take a lead role in supporting the Governance Committee mandate and presenting materials at the 2015/2016 Board Orientation and Training workshop.

Business Activity Reporting

• Continue to monitor and refresh financial and service dashboards for review and monitoring purposes.

8. **KEY OBJECTIVES & ACTION PLANS**

Key Objectives

| <u>ID#</u> | <u>Objective</u> |
|------------|--|
| BP 1 | Ensure a service delivery model that meets MCYS standards, guidelines, and the WECAS Vision and Mission Statements |
| BP 2 | Strive for a staffing complement that will provide a quality service |
| BP 3 | Strive for the continuation of a healthy organization structure |
| BP 4 | Evaluate the Child Protection Information system and its progress in Ontario |
| BP5 | Continue to enhance Public Relations / Communications Strategy |

Action Plans

BP 1 - Action Plan

Objective: Ensure a service delivery model that meets MCYS standards, guidelines, review audits and the WECAS Vision and Mission Statements.

| Task List | Assigned To | Project Deliverables | Completion Date | Status |
|--|-------------------|-------------------------------------|--------------------|--------|
| Provide service to: • 2,982 completed investigations • 1,455 average on going protection cases • 161 average open kinship service cases • 599 average children in care • 90 completed foster and kinship home studies • 190 available foster homes • 32 completed adoptions | Senior Management | Quarterly Service Target Statistics | Quarterly | |
| Continue file audits focused on standards non- compliance; make compliance improvement recommendations as required. | Senior Management | Department Compliance Reports | Bi-annually | |
| Measure service program performance. | Senior Management | Higher Compliance Ratings | On-going | |
| Deliver an improvement in Ministry Compliance Audits over 2015/2016. PKIs | Senior Management | Higher provincial audit results | On-going | |

Ensure a service delivery model that meets MCYS standards, guidelines, review audits and the WECAS Vision and Mission Objective: Statements.

| Task List | Assigned To | Project Deliverables | Completion Date | Status |
|---|-------------------------|---|--------------------|--------|
| Report on all program and service outcomes with respect to Transformation activities and provincial benchmarks. | COO / QA | Using Ministry Standards and Transformation activities. | On-going | |
| Executive Limitations / Accountability Framework reporting /Balanced Scorecard | CFO / COO /CLHO | Monitoring Reports | On-going | |
| Ministry Cyclical Reviews | Executive Management | Organizational readiness | On-going | |

Objective: Strive for a staffing complement that will provide a quality service.

| Task List | Assigned To | Project Deliverables | Completion Date | Status |
|--|-------------------------|--|--------------------|--------|
| Monitor demand for services monthly and ensure staffing ratios are within funding available. | COO/CFO | Business Review Reports to Board of Directors | Quarterly | |
| Measure Human Resource Program Performance. | Executive Management | Business Review Reports to Board of Directors | Bi-annually | |

Objective: Strive for the continuation of a healthy organization structure.

| Task List | Assigned To | Project Deliverables | Completion Date | Status |
|---|-------------------|---|--------------------|--------|
| Strive to meet the appropriate staffing complement to support workload. | COO /CFO | Workload monitoring reports | Quarterly | |
| Strive to see that all staff are adequately trained for their level of responsibility. | COO /CLHO | Individual plans for professional development linked to their performance evaluation plans. | On-going | |
| Ensure well-functioning staff / management committees for the following agency committee structures: • Union / Management • Health and Safety • Union Contract Negotiations • Hard to Serve Committee • Joint Job Evaluation Committee • High Risk Committee | Senior Management | Staff Reporting | On-going | |
| Design and implement an employee satisfaction survey. | Senior Management | Survey Report Summary | On-going | |
| Strive to keep adequate Inter-Agency communications through Staff Meetings, Departmental Meetings and Management Meetings. | Senior Management | Communication agendas and minutes available to concerned parties | On-going | |

Implement the Child Protection Information Network. Objective:

| Task List | Assigned To | Project Deliverables | Completion Date | Status |
|---|--|----------------------|--------------------|--------|
| Matrix data cleansing plan implemented. | Technical Service Director / CPIN project mgr. | Plan implemented | Mar /14 | |
| CPIN training plan implemented. | COO/CFO/ Technical Services Director | Training implemented | Apr /14 | |
| CPIN Go-Live | COO/CFO/ Technical Service Director | CPIN operational | 2015/2016 | |
| | | | | |

Objective: Continue the development a Public Relations/Communications strategy to focus on promoting the agency in the community, raising public awareness, managing media requests, and training staff to positively represent the agency in the community within the mandate of the Children's Aid Society.

| Task List | Assigned To | Project Deliverables | Completion Date | Status |
|--|---|---|--------------------|--------|
| Review key messages for all stakeholder groups included in the Communication Matrix and make changes as necessary. | Executive Management / Public Relations Manager | Key messages for all stakeholder groups completed and approved. | On-going | |
| Disseminate key messages throughout the community and the agency. | Manager | Key messages disseminated to all for all stakeholder groups. | On-going | |
| Develop a Social Media strategy and implementation plan | COO/SM Committee | Strategy developed and implementation plan ready for Executive review | On-going | |

9. SERVICES DEPARTMENTAL SUMMARY

Intake and After-Hours Department

The Intake and After-Hours Department is responsible for investigating and assessing all allegations of child maltreatment through the use of a standardized tool that defines the grounds for protection, known as the Eligibility Spectrum.

For 2015/2016 the Agency is predicting 2,982 completed investigations which is comparable to 2014/2015 forecast levels.

Administration is anticipating similar referral eligibility, referral source, risk severity and referral locality in 2015/2016 as experienced in previous years.

Family Services Department

Family Service Workers provide protection interventions to families, by addressing risk reduction and ensuring the safety and well-being of the children, while preserving the family unit when possible.

It's expected that the Family Services Department will maintain on average 1,455 open on-going protection cases in 2015/16. This is a 3% decline compared to estimated 2014/15 levels. Approximately 30% of completed investigations are projected to be transferred to on-going protection.

Children's Services and Permanency Departments

The Children's Services Workers work with, and meet the needs of, children in the care of the Society on a temporary and on a long-term basis. The trend in children coming into care is expected to decrease to 599 which is 13 children or a 2.1% decrease compared to 2014/15 levels.

The Adoption Department continues to focus on the development of concurrent planning and efforts to work collaboratively with other teams and the community. Adoption services will review the impact of the anticipated legislation, specific to the Adoption Disclosure Act, and the introduction of open adoption agreements and orders anticipated by these legislative changes.

Resource Department

Resource Workers are responsible for recruitment, training and support to foster parents, as well as selecting the most appropriate residential placement for children coming into the care of the Society. The Society has an active Foster Parent Recruitment Committee and a Foster Parent Association.

Volunteer Services

The number of volunteers decreased from 257 in 2013/14 to 216 at the end of 2014/15. Our volunteers are a dedicated group of individuals from various walks of life who committed just less than 80,000 hours of service to the agency in 2014/15. Our volunteer drivers have driven an average of 2.3 million kilometres per year for the past three years for our children.

10. APPENDICES

Appendix A – Comparative Statement of Revenue and Expenses 2014/15 to 2015/16

| | | | | | Yr to Yr |
|-----------------------------------|-------------|-------------|-----|------------|---------------|
| | 2 | 014/2015 | 2 | 015/2016 | Variance |
| Revenue | 1 | Forecast | | Budget | (unfav) |
| Ministry Funding | \$ | 56,747,220 | \$ | 56,844,978 | \$97,758 |
| Targeted Subsidies above plan | \$ | 145,350 | : | \$ - | (\$145,350) |
| Other Income & Expense Recoveries | \$ | 2,521,014 | \$ | 2,489,386 | (\$31,628) |
| Total Revenue | \$ | 59,413,584 | \$ | 59,334,364 | (\$79,220) |
| Client Costs | | | | | |
| Foster Care | \$ | 5,013,264 | \$ | 4,847,494 | \$165,770 |
| Group Care | \$ | 7, 161, 205 | \$ | 7,308,729 | (\$127,524) |
| Other Care | \$ | 1,237,156 | \$ | 1,372,574 | (\$135,418) |
| Adoption Probation | \$ | 52,083 | \$ | 50,000 | \$2,083 |
| Purchased Services_Client - Legal | \$ | 1,509,190 | \$ | 1,530,000 | (\$20,810) |
| Purchased Services_Client - Other | \$ | 298,458 | \$ | 191,000 | \$107,458 |
| Clients Personal Needs | \$ | 1,044,059 | \$ | 995,989 | \$48,070 |
| Adoption Subsidies | \$ | 405,500 | \$ | 400,000 | \$5,500 |
| Targeted Subsidies | \$ | 339,150 | \$ | 286,400 | \$52,750 |
| Health & Related | \$ | 1,081,345 | \$ | 1,065,500 | \$15,845 |
| Program Expenses | \$ | 3,000 | \$ | 7,000 | (\$4,000) |
| Perma nency-Admission Prevention | \$ | 50,000 | \$ | 50,000 | \$0 |
| Sub-Total | \$ | 18,214,410 | \$ | 18,104,686 | \$109,724 |
| Staffing Cost | | | | | |
| Salary | \$ | 26,824,020 | \$ | 28,356,710 | (\$1,532,690) |
| Benefits | \$ | 7,358,040 | \$ | 7,623,132 | (\$265,092) |
| Travel | \$ | 2,298,500 | \$ | 2,298,415 | \$85 |
| Training & Recruitment | \$ | 122,953 | \$ | 132,953 | (\$10,000) |
| Sub-Total | \$ | 36,603,513 | \$ | 38,411,209 | (\$1,807,696) |
| Administration Costs | | | | | |
| Building | \$ | 2,752,395 | \$ | 936,443 | \$1,815,952 |
| Purchased Services_Non-Client | \$ | 465,000 | \$ | 434,879 | \$30,121 |
| Promotion & Publicity | \$ | 39,491 | \$ | 65,073 | (\$25,582) |
| Office Administration | \$ | 340,000 | \$ | 289,743 | \$50,257 |
| Miscellaneous Exp. | \$ | 350,000 | \$ | 341,766 | \$8,234 |
| Technology Operating Costs | \$ | 648,775 | \$ | 750,564 | (\$101,789) |
| Sub-Total | \$ | 4,595,662 | \$ | 2,818,469 | \$1,777,192 |
| Total Gross Expenditures | \$ | 59,413,584 | \$ | 59,334,364 | \$79,220 |
| Surplus / (Deficit) | \$ | 0 | \$ | (0) | \$ 0 |
| NET EXPENDITURES | \$ 5 | 6,892,570 | \$5 | 6,844,978 | \$ 47,592 |

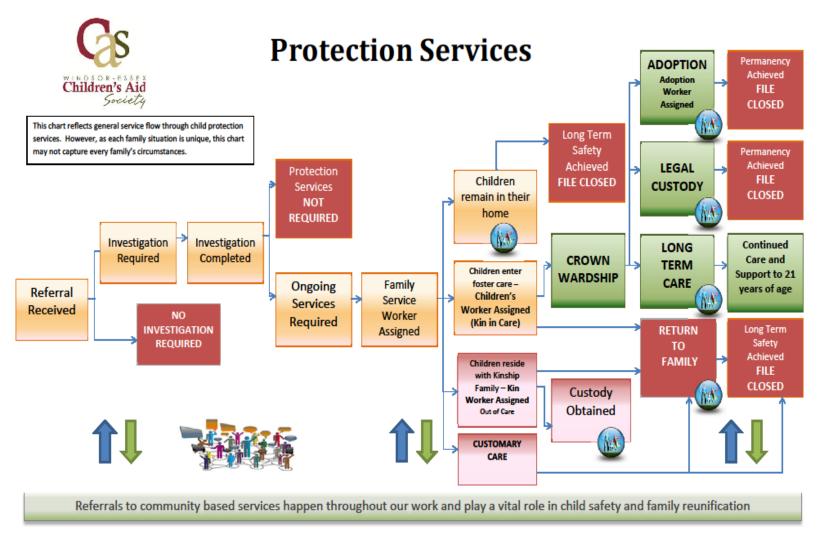
Appendix B – Comparative Boarding Estimates 2014/15 to 2015/16

| | 2014-2015 Forecast | | | | | 2015-2016 Estimate | | | | | | |
|-------------------------------|--------------------|---------|--------|-----|-----|--------------------|---------------|---------------|---------------|-----------|--------|------|
| item | Cost* | Days* | Avg | CIC | CIC | Cost Forecast | Days Forecast | Cost Variance | Days Variance | Projected | Avg | CIC |
| | | | Rate | ** | Mix | based on | based on | Forecast | Forecast | Avg CIC | Rate | Mix |
| | | | | | | Days | Placement | Forecast to | Forecast to | | | |
| | | | | | | | Trends | Estimate | Estimate | | | |
| Foster Care- Regular | 2,319,241 | 69,005 | 33.61 | 189 | 31% | 2,212,560 | 65,050 | (106,681) | (3,955) | 178 | 34.01 | 30% |
| Foste · Care - Specialized | 964,585 | 20,036 | 48.14 | 54 | 9% | 905,506 | 18,586 | (59,080) | (1,450) | 51 | 48.72 | 9% |
| Foster Care - Treatment | 659,911 | 7,809 | 84.51 | 21 | 3% | 642,405 | 7,512 | (17,506) | (297) | 21 | 85.52 | 4% |
| Kinship Care | 1,023,028 | 28,938 | 35.35 | 85 | 14% | 1,034,603 | 28,580 | 11,575 | (358) | 78 | 36.20 | 13% |
| OPR Foster | 2,350,182 | 16,402 | 143.29 | 45 | 7% | 2,361,762 | 16,097 | 11,580 | (305) | 11 | 146.73 | 7% |
| OPR Group | 4,831,023 | 15,865 | 304.51 | 44 | 7% | 4,946,968 | 15,865 | 115,945 | 0 | 45 | 311.82 | 8% |
| Independent Living | 305,320 | 7,263 | 42.04 | 20 | 3% | 307,956 | 7,154 | 2,636 | (110) | 20 | 43.05 | 3% |
| ECM/CCSY | 928,836 | 43,370 | 21.42 | 121 | 20% | 1,064,619 | 48,545 | 135,783 | 5,175 | 132 | 21.93 | 22% |
| Total Paid Days | 13,382,126 | 208,688 | 64.13 | 579 | • | 13,476,377 | 207,388 | 94,251 | (1,300) | 569 | 64.98 | - |
| Free Days of Care | - | 4,515 | - | 12 | 2% | - | 3,650 | - | (865) | 10 | - | 2% |
| Total CIC for Ministry | 13,382,126 | 213,203 | - | 591 | | 13,476,377 | 211,038 | 94,251 | (2,165) | 579 | - | - |
| Adoption Probation | 52,083 | 7,108 | | 20 | 3% | 52,420 | 7,154 | 337 | 46 | 20 | | 3% |
| Total Inc. Adoption Probation | 13,434,209 | 220,311 | - | 611 | - | 13,528,797 | 218,192 | 94,588 | (2,119) | 599 | - | 100% |

^{*}Excludes TAYs

^{**}Excludes OSW

| | 2 | 2013/2014 | | 2014/2015 | | 015/2016 |
|-----------------------------------|-----|------------|-----|------------|-----|-------------|
| Revenue | | Actual | | Forecast | | Budget |
| Ministry Funding | \$ | 56,206,847 | \$ | 56,747,220 | \$ | 56,844,978 |
| Targeted Subsidies above plan | 9 | - | \$ | 145,350 | - | \$ - |
| Other Income & Expense Recoveries | \$ | 2,723,908 | \$ | 2,521,014 | \$ | 2,489,386 |
| Total Revenue | \$ | 58,930,755 | \$ | 59,413,584 | \$ | 59,334,364 |
| Client Costs | | | | | | |
| Foster Care | \$ | 5,298,086 | \$ | 5,013,264 | _ | 4,847,494 |
| Group Care | \$ | 8,084,545 | \$ | 7,181,205 | | 7,308,729 |
| Other Care | \$ | 1,031,799 | \$ | 1,237,156 | \$ | 1,372,574 |
| Adoption Probation | \$ | 33,834 | \$ | 52,083 | \$ | 50,000 |
| Purchased Services_Client - Legal | \$ | 2,407,717 | \$ | 1,509,190 | \$ | 1,530,000 |
| Purchased Services_Client - Other | \$ | 268, 259 | \$ | 298,458 | \$ | 191,000 |
| Clients Personal Needs | \$ | 962,413 | \$ | 1,044,059 | \$ | 995,989 |
| Adoption Subsidies | \$ | 380,328 | \$ | 405,500 | \$ | 400,000 |
| Targeted Subsidies | \$ | 175,750 | \$ | 339,150 | \$ | 286,400 |
| Health & Related | \$ | 856,002 | \$ | 1,081,345 | \$ | 1,065,500 |
| Program Expenses | \$ | 5,595 | \$ | 3,000 | 83 | 7,000 |
| Permanency-Admission Prevention | \$ | 26,393 | \$ | 50,000 | \$ | 50,000 |
| Sub-Total | \$ | 19,530,721 | \$ | 18,214,410 | \$ | 18,104,686 |
| Staffing Cost | | | | | | |
| Salary | \$ | 26,271,262 | \$ | 26,824,020 | \$ | 28,356,710 |
| Benefits | \$ | 7,268,427 | \$ | 7,358,040 | \$ | 7,623,132 |
| Travel | \$ | 2,370,157 | \$ | 2,298,500 | \$ | 2,298,415 |
| Training & Recruitment | \$ | 85,488 | \$ | 122,953 | \$ | 132,953 |
| Sub-Total | \$ | 35,995,334 | \$ | 36,603,513 | \$ | 38,411,209 |
| Administration Costs | | | | | | |
| Building | \$ | 1,477,335 | \$ | 2,752,395 | \$ | 936,443 |
| Purchased Services_Non-Client | \$ | 488,488 | \$ | 465,000 | \$ | 434,879 |
| Promotion & Publicity | \$ | 54,210 | \$ | 39,491 | \$ | 65,073 |
| Office Administration | \$ | 336,980 | \$ | 340,000 | \$ | 289,743 |
| Miscellaneous Exp. | \$ | 320,858 | \$ | 350,000 | \$ | 341,766 |
| Technology Operating Costs | \$ | 726,829 | \$ | 648,775 | \$ | 750,564 |
| Sub-Total | \$ | 3,404,700 | \$ | 4,595,662 | \$ | 2,818,469 |
| Total Gross Expenditures | \$ | 58,930,755 | \$ | 59,413,584 | \$ | 59,334,364 |
| Surplus / (Deficit) | \$ | - | \$ | - | \$ | - |
| NET EXPENDITURES | \$5 | 6,206,847 | \$5 | 6,892,570 | \$5 | 6,844,978 |



Flowchart adapted from the Children's Ald Society of Toronto "Service Matters" Annual Report 2013-2014