

2016 /2017 Service & Budget Plan

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WINDSOR-ESSEX CHILDREN'S AID SOCIETY

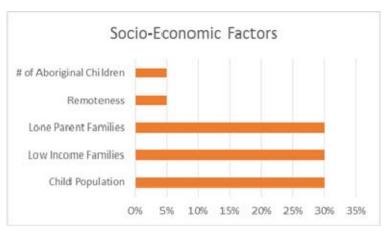
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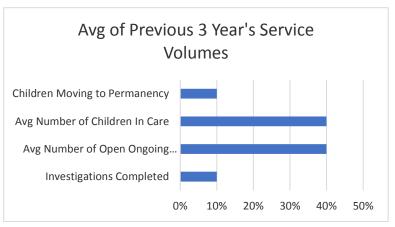
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1. EXECUTIVE SUMMARY

2016/2017 marks the 117th 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. We strive to educate, promote equal rights and ensure that all children/adults are engaged in a manner consistent with Anti-oppression practices.

The Provincial Government's child welfare funding model has two primary funding mechanisms: socio-economic and the average of the previous three years' service volume (as shown below). The available funding envelope (after pre-formula adjustments) will be divided into two equal portions.





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 9500 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.83).

The 2016/2017 Service Plan also reflects the key goals and objectives that were set forth in our Strategic Plan of 2010. The Society has further introduced a Balanced Score Card (BSC) that provides a framework to develop and track indicators of organizational performance that were identified during the strategic planning process. See Fig.1 Engagement Drivers on Page 5.

Fiscal year 2015/2016 is forecasted to be another successful financial year. The Society is forecasting its third straight balanced budget.

The following highlights the achievements that make a balanced budget possible as well as continuing to provide a high level of service to our children, youth and families.:

• Reduction in children placed in OPR Group: The Society has continued its focus on prevention admission of children into care. If Attention has been paid to building and enhancing family based care for those children who must come into care resulting in decrease in the average number of children in care placed in OPR Group Care from 44 in fiscal year 2014/2015 to 41 (7% decline) in fiscal year 2015/2016. This decrease has resulted in forecasted budget savings of \$275,782. In fiscal year 2011/2012 the Society had an average of 136 children in care placed in OPR Group Care at a cost of \$12,840,850. Our current 41 children in care placed in OPR Group Care at a forecasted cost of \$7,236,706 represent a decrease of 70% in children in care placed in OPR Group and 44% decrease in OPR Group costs.

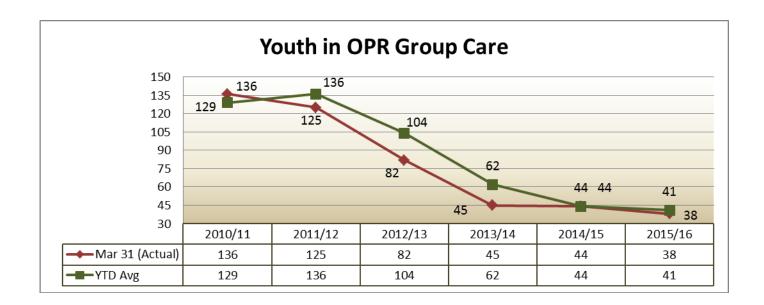
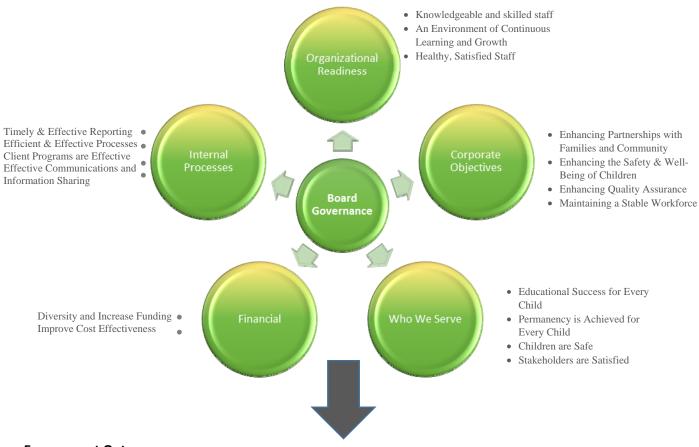


Fig.1 Engagement Drivers – from our 2010 Strategic Focus



By following what we believe, we will build a strong organizational foundation using efficiencies and excellence, and by leveraging our resources to meet the needs of the people we serve, delivering on our corporate objectives and with effective board governance we will achieve our vision and mission.

To assist us in staying on track, we have developed a Balanced Scorecard which is reviewed quarterly by the Board of Directors.

Engagement Outcomes



- Reduction in children in care: The Society has experienced a decline in average children in care from 613 in fiscal year 2014/2015 to a forecasted level of 595 (3% decline) in fiscal year 2015/2016. This decline in children in care results in forecasted budget savings of \$364,849 through lower costs in foster care placement, CCSY transition, client personal needs, and health and related. The reduction in children in care is attributable to a forecasted 3.9% decline in investigations completed from fiscal year 2014/2015, and children with a temporary care and custody wardship being discharged from care after the case transitioning through the complex court system.
- Utilization of Ontario Child Benefit Equivalency (OCBE) Funds: The Society has implemented strategies, such as the Laptop Program, Art Cart Program, Music Program, and New Beginnings Summer Jobs for Youth Initiative to increase its utilization of OCBE funds to support children in care. These funds have been used to improve educational achievement, increase resiliency/social skills and relationship development, and support transitions to adulthood. It is forecasted that the Society will utilize \$600,000 of OCBE funds to support additional programming and child welfare expenditures.
- Reduction in legal costs: The Society's utilization of the hybrid legal model (i.e. external legal firms and internal legal staff) for child welfare legal cases continues to realize savings. For 2015/2016 it is forecasted the budget savings will be \$67,457. In addition, the Society utilized less legal firms for non-child welfare matters which is forecasted to realize savings of \$134,390.

The forecasted budget savings noted above have allowed the Society to re-invest the dollars to achieve exceptional service through:

- Increase the number of skilled frontline protection workers. Fifteen (15) Child Protection Workers were hired in 2015/2016 in order to meet the well-being and safety needs of our children, families and communities.
 - Workload has been very reasonable in the last year and is expected to continue in 2016/2017. 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.
- 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. As well as Workplace Evaluation committee has been struck to examine the recommendations from the recent Staff survey. This will continue to be a focus for 2016/2017.
- Quality Assurance programming through the following initiatives:
 - Performance indicators

- Development of a framework to report our Quality Improvement Plan (QIP) to MCYS
- Continued 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
- Undertook a staff workplace satisfaction and evaluation survey
- Research project on case note quality and submission of a manuscript to publish the agency's research project
- Staff focus groups to gather feedback on how to further leverage technology in the agency
- A survey of the educational, employment, mental health, etc. achievements and challenges for youth transitioning out of care
- A roll-up report on the last three years of the OACAS Service Survey results
- WECAS has teamed up with other community agencies in the Community Hub 33 in Leamington. The Hub will include the City of Windsor's Employment & Social Services team, the Windsor-Essex County Health Unit, Community Living Essex, and Children First. The Hub will revolutionize our services in the County. Residents will be able to find more services in one spot without having to travel to Windsor or other areas in Leamington or the County. The advantages from this collaborative and synergistic environment 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 and municipalities. WECAS began operating in the renovated 5th and 1st floors on February 22, 2016. The official ribbon cutting is on May 26, 2016.
- This past year, the Society received a significant honour. The agency was nominated and has been selected as a finalist for the Pillar of the Community Award, a category of the Windsor-Essex Regional Chamber of Commerce Business Excellence Awards. This is a new category added by the Chamber to recognize outstanding achievement by a non-profit charitable organization. This exposure qualifies the significant marketing that has taken place this past year in partnership with local media. As well, it recognizes the strength of support from our community that has resulted in enhanced revenue to programs. The Holiday Program, Fresh Air Summer Camp and the Family Assertive Community Treatment (FACT) program are just a few examples. This speaks well to our leadership role in contributing to the well-being of the citizens of Windsor-Essex.
- The Society has taken an active role in the following initiatives and Ministry requirements: Shared Services, Baldwin Inquest, African Canadian Provincial Consultation committee, MCYS Quality Improvement Plan (QIP), Motherisk, AODA compliance, CPIN, Child and Youth Advocacy Centre, and Joint Protocol for Student Achievement.
- The extra space within the Bill & Dot Muzzatti Child & Family Centre continues to promote strong 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.

2. OUR VISION and MISSION STATEMENT

OUR VISION

"Our Children, Our Future"

The Vision has three distinct components:

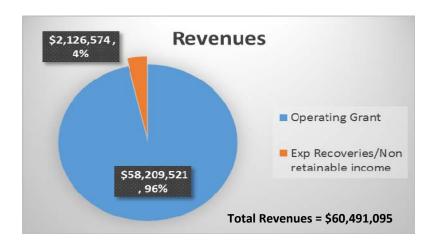
- **OUR** reflects the collective responsibility of the Society, parents and families, the community, other service providers and so forth in working collectively and collaboratively to ensure the best for the community's children. It denotes responsibility and accountability for the well-being of children.
- **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

The following is designed to provide a brief explanation of the assumptions included in the budget estimates for the period of April 1, 2016 to March 31, 2017. (Refer to Appendix A - Comparative Statement of Revenue and Expenses Pq.80).





Expenditures

Client costs are estimated to be \$247,843 or 1.3% less than the 2015/2016 Forecast. This is primarily attributed to the reduction in the number of children in care which has reduced from an estimated average of 595 in 2015/2016 to the 585 average included in this budget estimate.

Staffing costs are estimated to be \$726,391 or 1.9% greater than the 2015/2016 Forecast. This increase is primarily attributed to a salary increase to union staff from ongoing collective bargaining and a salary increase to management. The budget estimates provide for a staffing compliment that will allow the Society to maintain favourable workload averages into 2017/2018.

Administration costs are estimated to be \$532,871 or 19.4% more than the 2015/2016 forecast. The building occupancy increase of \$312,835 compared to the 2015/2016 forecast represents the Society's move to the Central 33 Community Hub in Learnington. Technology costs have increased \$127,553 over the prior year forecast due to the lease of I.T. equipment to replace aging units, and the planned investment in software to realize efficiencies and long-term savings in staff scheduling.

Overall Operating Position

For the fiscal year ending March 31, 2017, Administration estimates net expenditures of \$58,364,521 and a balanced budget.

Windsor-Essex CAS - Key Business Fact	ors								
							2015/16	2015/16	2016/17
STAFF COUNT (FTE's)	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	Submission	Forecast	Estimate
Intake	61.9	63.4	63.6	61.4	56.7	58.6	58.0	55.8	55.0
Family Well Being	13.0	12.9	16.9	15.1	13.3	12.7	14.00	12.50	12.4
Access Program	23.0	23.0	31.2	44.0	44.6	38.9	35.00	33.12	31.7
Ongoing Services (Family Services)	138.9	149.1	146.4	137.3	124.5	120.5	138.87	144.92	139.0
Kinship	5.5	4.5	7.6	9.5	5.0	6.0	6.0	7.2	7.0
CIC/Support Services	43.9	49.3	47.7	44.9	50.2	49.7	50.1	45.4	46.1
Foster Care	22.6	22.0	16.3	16.6	24.0	25.2	25.5	25.5	25.0
Adoption	7.5	7.0	9.0	8.0	7.0	8.2	8.0	8.0	8.0
Legal Services	14.0	10.7	3.0	3.6	4.4	7.1	8.4	9.7	10.0
Infrastructure/Admin	33.0	33.0	38.1	37.8	32.0	34.1	36.0	38.7	36.8
Total Staff	363.3	374.9	379.8	378.1	361.6	361.0	379.8	380.8	370.8
							2015/16	2015/16	2016/17
SERVICE STATISTICS	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	Submission	Forecast	Estimate
Investigations (aloned acces)	0.44-								
Investigations (closed cases)	3,417	3,332	3,534	3,098	3,030	3,037	2,982	2,919	2,861
% opened	3,41 <i>7</i> 60.5%	3,332 60.2%	3,534 61.3%	3,098 50.8%	3,030 52.5%	3,037 51.5%	2,982 51.6%	2,919 51.4%	2,861 51.8%
,		•			•				
% opened	60.5%	60.2%	61.3%	50.8%	52.5%	51.5%	51.6%	51.4%	51.8%
% opened Community Links	60.5% 411	60.2% 409	61.3% 430	50.8% 404	52.5% 433	51.5% 306	51.6% 400	51.4% 375	51.8% 375
% opened Community Links Admission Prevention # of Families	60.5% 411 146	60.2% 409 489	61.3% 430 3,244	50.8% 404 3,090	52.5% 433 2,548	51.5% 306 666	51.6% 400 675	51.4% 375 740	51.8% 375 700
% opened Community Links Admission Prevention # of Families Ongoing Services (average cases)	60.5% 411 146 1,475	60.2% 409 489 1,531	61.3% 430 3,244 1,618	50.8% 404 3,090 1,666	52.5% 433 2,548 1,494	51.5% 306 666 1,503	51.6% 400 675 1,455	51.4% 375 740 1,448	51.8% 375 700 1,430
% opened Community Links Admission Prevention # of Families Ongoing Services (average cases) Transfer Rate	60.5% 411 146 1,475 30.3%	60.2% 409 489 1,531 30.0%	61.3% 430 3,244 1,618 29.9%	50.8% 404 3,090 1,666 28.5%	52.5% 433 2,548 1,494 24.8%	51.5% 306 666 1,503 28.8%	51.6% 400 675 1,455 30.0%	51.4% 375 740 1,448 30.4%	51.8% 375 700 1,430 29.0%
% opened Community Links Admission Prevention # of Families Ongoing Services (average cases) Transfer Rate Kinship (homestudies & families)	60.5% 411 146 1,475 30.3% 312	60.2% 409 489 1,531 30.0% 226	61.3% 430 3,244 1,618 29.9% 250	50.8% 404 3,090 1,666 28.5% 251	52.5% 433 2,548 1,494 24.8% 256	51.5% 306 666 1,503 28.8% 269	51.6% 400 675 1,455 30.0%	51.4% 375 740 1,448 30.4% 289	51.8% 375 700 1,430 29.0%
% opened Community Links Admission Prevention # of Families Ongoing Services (average cases) Transfer Rate Kinship (homestudies & families) Average # CIC	60.5% 411 146 1,475 30.3% 312 651	60.2% 409 489 1,531 30.0% 226 594	61.3% 430 3,244 1,618 29.9% 250 617	50.8% 404 3,090 1,666 28.5% 251 605	52.5% 433 2,548 1,494 24.8% 256 613	51.5% 306 666 1,503 28.8% 269 613	51.6% 400 675 1,455 30.0% 300 608	51.4% 375 740 1,448 30.4% 289 595	51.8% 375 700 1,430 29.0% 290 585
% opened Community Links Admission Prevention # of Families Ongoing Services (average cases) Transfer Rate Kinship (homestudies & families) Average # CIC Foster Care (average # homes) incl Kin	60.5% 411 146 1,475 30.3% 312 651 221	60.2% 409 489 1,531 30.0% 226 594 234	61.3% 430 3,244 1,618 29.9% 250 617 241	50.8% 404 3,090 1,666 28.5% 251 605 241	52.5% 433 2,548 1,494 24.8% 256 613 247	51.5% 306 666 1,503 28.8% 269 613 236	51.6% 400 675 1,455 30.0% 300 608 232	51.4% 375 740 1,448 30.4% 289 595 226	51.8% 375 700 1,430 29.0% 290 585 225
% opened Community Links Admission Prevention # of Families Ongoing Services (average cases) Transfer Rate Kinship (homestudies & families) Average # CIC Foster Care (average # homes) incl Kin Adoption (completed adoptions)	60.5% 411 146 1,475 30.3% 312 651 221	60.2% 409 489 1,531 30.0% 226 594 234	61.3% 430 3,244 1,618 29.9% 250 617 241 21	50.8% 404 3,090 1,666 28.5% 251 605 241	52.5% 433 2,548 1,494 24.8% 256 613 247 32	51.5% 306 666 1,503 28.8% 269 613 236	51.6% 400 675 1,455 30.0% 300 608 232 32	51.4% 375 740 1,448 30.4% 289 595 226	51.8% 375 700 1,430 29.0% 290 585 225
% opened Community Links Admission Prevention # of Families Ongoing Services (average cases) Transfer Rate Kinship (homestudies & families) Average # CIC Foster Care (average # homes) incl Kin Adoption (completed adoptions) Total Service Units	60.5% 411 146 1,475 30.3% 312 651 221 39 6,672	60.2% 409 489 1,531 30.0% 226 594 234 18 6,834	61.3% 430 3,244 1,618 29.9% 250 617 241 21 9,956	50.8% 404 3,090 1,666 28.5% 251 605 241 15 9,371	52.5% 433 2,548 1,494 24.8% 256 613 247 32 8,654	51.5% 306 666 1,503 28.8% 269 613 236 24 6,655	51.6% 400 675 1,455 30.0% 300 608 232 32 6,685	51.4% 375 740 1,448 30.4% 289 595 226 32 6,625	51.8% 375 700 1,430 29.0% 290 585 225 35 6,502
% opened Community Links Admission Prevention # of Families Ongoing Services (average cases) Transfer Rate Kinship (homestudies & families) Average # CIC Foster Care (average # homes) incl Kin Adoption (completed adoptions) Total Service Units Adoption Probation	60.5% 411 146 1,475 30.3% 312 651 221 39 6,672 7,613	60.2% 409 489 1,531 30.0% 226 594 234 18 6,834 4,023	61.3% 430 3,244 1,618 29.9% 250 617 241 21 9,956 3,430	50.8% 404 3,090 1,666 28.5% 251 605 241 15 9,371 3,804	52.5% 433 2,548 1,494 24.8% 256 613 247 32 8,654 8,467	51.5% 306 666 1,503 28.8% 269 613 236 24 6,655 7,962	51.6% 400 675 1,455 30.0% 300 608 232 32 6,685 9,074	51.4% 375 740 1,448 30.4% 289 595 226 32 6,625 9,695	51.8% 375 700 1,430 29.0% 290 585 225 35 6,502 12,775
% opened Community Links Admission Prevention # of Families Ongoing Services (average cases) Transfer Rate Kinship (homestudies & families) Average # CIC Foster Care (average # homes) incl Kin Adoption (completed adoptions) Total Service Units Adoption Probation Family Based	60.5% 411 146 1,475 30.3% 312 651 221 39 6,672 7,613 139,220	60.2% 409 489 1,531 30.0% 226 594 234 18 6,834 4,023 130,865	61.3% 430 3,244 1,618 29.9% 250 617 241 21 9,956 3,430 132,772	50.8% 404 3,090 1,666 28.5% 251 605 241 15 9,371 3,804 140,667	52.5% 433 2,548 1,494 24.8% 256 613 247 32 8,654 8,467 144,288	51.5% 306 666 1,503 28.8% 269 613 236 24 6,655 7,962 140,659	51.6% 400 675 1,455 30.0% 300 608 232 32 6,685 9,074 138,289	51.4% 375 740 1,448 30.4% 289 595 226 32 6,625 9,695 133,515	51.8% 375 700 1,430 29.0% 290 585 225 35 6,502 12,775 122,275
% opened Community Links Admission Prevention # of Families Ongoing Services (average cases) Transfer Rate Kinship (homestudies & families) Average # CIC Foster Care (average # homes) incl Kin Adoption (completed adoptions) Total Service Units Adoption Probation Family Based Other Care (ECWIndep)	60.5% 411 146 1,475 30.3% 312 651 221 39 6,672 7,613 139,220 37,886	60.2% 409 489 1,531 30.0% 226 594 234 18 6,834 4,023 130,865 34,369	61.3% 430 3,244 1,618 29.9% 250 617 241 21 9,956 3,430 132,772 32,997	50.8% 404 3,090 1,666 28.5% 251 605 241 15 9,371 3,804 140,667 32,241	52.5% 433 2,548 1,494 24.8% 256 613 247 32 8,654 8,467 144,288 39,760	51.5% 306 666 1,503 28.8% 269 613 236 24 6,655 7,962 140,659 50,325	51.6% 400 675 1,455 30.0% 300 608 232 32 6,685 9,074 138,289 56,077	51.4% 375 740 1,448 30.4% 289 595 226 32 6,625 9,695 133,515 54,515	51.8% 375 700 1,430 29.0% 290 585 225 35 6,502 12,775 122,275 58,400
% opened Community Links Admission Prevention # of Families Ongoing Services (average cases) Transfer Rate Kinship (homestudies & families) Average # CIC Foster Care (average # homes) incl Kin Adoption (completed adoptions) Total Service Units Adoption Probation Family Based Other Care (ECWIndep) OPR Group	60.5% 411 146 1,475 30.3% 312 651 221 39 6,672 7,613 139,220 37,886 47,245	60.2% 409 489 1,531 30.0% 226 594 234 18 6,834 4,023 130,865 34,369 46,257	61.3% 430 3,244 1,618 29.9% 250 617 241 21 9,956 3,430 132,772 32,997 47,801	50.8% 404 3,090 1,666 28.5% 251 605 241 15 9,371 3,804 140,667 32,241 37,696	52.5% 433 2,548 1,494 24.8% 256 613 247 32 8,654 8,467 144,288 39,760 23,200	51.5% 306 666 1,503 28.8% 269 613 236 24 6,655 7,962 140,659 50,325 15,937	51.6% 400 675 1,455 30.0% 300 608 232 32 6,685 9,074 138,289 56,077 16,135	51.4% 375 740 1,448 30.4% 289 595 226 32 6,625 9,695 133,515 54,515 14,884	51.8% 375 700 1,430 29.0% 290 585 225 35 6,502 12,775 122,275 58,400 13,505

EXPENDITURES	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2015/16	2016/17
							Submission	Forecast	Estimate
Investigations - Staffing	\$ 4,949,394	\$ 5,130,141	\$ 5,027,573	\$ 5,522,800	\$ 5,403,869	\$ 5,678,067	\$ 5,613,113	\$ 5,539,686	\$ 5,667,250
Community Links	\$ 109,511	\$ 107,404	\$ 205,332	\$ 200,945	\$ 206,788	\$ 206,548	\$ 213,760	\$ 221,038	\$ 225,459
Ongoing Services (Family Services) - Staffing	\$12,832,530	\$14,244,319	\$15,622,859	\$16,926,049	\$16,026,745	\$15,654,921	\$17,358,503	\$17,263,716	\$16,630,020
Kinship	\$ 484,531	\$ 530,095	\$ 922,686	\$ 706,377	\$ 590,920	\$ 608,973	\$ 767,320	\$ 572,397	\$ 603,369
Non Residential Client Services	\$ 259,735	\$ 149,104	\$ 175,478	\$ 252,569	\$ 246,430	\$ 332,012	\$ 274,848	\$ 358,676	\$ 398,500
CIC/Support Services - Staffing	\$ 3,675,035	\$ 3,982,261	\$ 3,854,875	\$ 4,048,269	\$ 4,629,068	\$ 4,935,511	\$ 4,783,066	\$ 5,187,241	\$ 4,969,380
Foster Care - Staffing	\$ 1,904,923	\$ 1,393,262	\$ 1,417,276	\$ 1,780,342	\$ 2,361,095	\$ 2,361,095	\$ 2,618,352	\$ 2,715,444	\$ 2,584,890
Residential Client Services	\$ 2,510,383	\$ 2,222,657	\$ 2,194,439	\$ 2,237,958	\$ 1,904,938	\$ 2,488,913	\$ 2,129,675	\$ 2,210,495	\$ 2,176,798
Adoption - Staffing	\$ 618,264	\$ 883,233	\$ 563,923	\$ 541,973	\$ 673,872	\$ 722,288	\$ 758,377	\$ 686,001	\$ 774,436
Permanency Client Services	\$ 254,352	\$ 260,337	\$ 285,082	\$ 425,052	\$ 589,912	\$ 804,842	\$ 953,050	\$ 1,001,398	\$ 998,126
Direct Service Cost	\$27,598,658	\$28,902,813	\$30,269,523	\$32,642,335	\$32,633,637	\$33,793,170	\$35,470,064	\$35,756,093	\$35,028,228
Legal Services	\$ 2,016,706	\$ 2,167,664	\$ 2,247,804	\$ 2,408,716	\$ 2,870,662	\$ 2,142,933	\$ 2,353,736	\$ 2,251,174	\$ 2,353,634
Travel	\$ 2,113,244	\$ 1,867,506	\$ 1,867,710	\$ 2,448,009	\$ 2,297,796	\$ 2,294,553	\$ 2,302,395	\$ 2,076,649	\$ 2,158,000
Infrastructure/Admin Support	\$ 4,769,495	\$ 5,295,009	\$ 5,848,453	\$ 5,736,678	\$ 5,334,693	\$ 6,177,495	\$ 4,871,443	\$ 5,221,382	\$ 6,205,044
Boarding - Family Based/Other Care	\$ 6,377,596	\$ 5,902,604	\$ 6,718,321	\$ 7,493,085	\$ 8,165,684	\$ 8,575,242	\$ 8,796,472	\$ 8,592,934	\$ 8,340,628
Boarding - OPR Group	\$11,881,932	\$11,935,969	\$12,032,161	\$ 9,903,659	\$ 6,248,745	\$ 4,751,771	\$ 5,150,727	\$ 4,857,928	\$ 4,848,626
Technology	\$ 1,538,927	\$ 1,171,570	\$ 1,009,393	\$ 1,067,314	\$ 1,379,538	\$ 1,438,850	\$ 1,559,220	\$ 1,512,393	\$ 1,556,935
Total Expenditures	\$56,296,558	\$57,243,135	\$59,993,365	\$61,699,795	\$58,930,755	\$59,174,014	\$60,504,057	\$60,268,553	\$60,491,095
Other Revenue	\$ (2,343,255)	\$ (2,266,553)	\$ (2,345,976)	\$ (2,345,975)	\$ (2,723,907)	\$ (2,415,544)	\$ (2,489,386)	\$ (2,210,182)	\$ (2,126,574)
Net Expenditures	\$53,953,303	\$54,976,582	\$57,647,389	\$59,353,820	\$56,206,848	\$56,758,470	\$58,014,671	\$58,058,371	\$58,364,521

COST PER UNIT	2	009/10	2010/11		2011/12	2012/13	2013/14	2014/15		2015/16		2015/16	2	2016/17
									Sı	ubmission	F	orecast	E	stimate
Investigations	\$	1,448.46	\$ 1,539.66	\$	1,422.63	\$ 1,783.27	\$ 1,783.46	\$ 1,869.63	\$	1,882.33	\$	1,897.80	\$	1,980.86
Community Links	\$	266.45	\$ 262.60	\$	477.52	\$ 497.39	\$ 477.57	\$ 674.99	\$	534.40	\$	589.43	\$	601.22
Ongoing Services (Family Services)	\$	8,702.29	\$ 9,303.93	\$	9,655.66	\$ 9,921.48	\$ 10,727.41	\$ 10,415.78	\$	11,930.24	\$	11,922.46	\$	11,629.38
Kinship	\$	1,552.98	\$ 2,345.55	\$	3,690.74	\$ 2,814.25	\$ 2,308.28	\$ 2,263.84	\$	2,557.73	\$	1,980.61	\$	2,080.58
Non Residential Client Services	\$	176.14	\$ 97.39	\$	108.45	\$ 148.05	\$ 164.95	\$ 220.90	\$	188.90	\$	247.70	\$	278.67
CIC/Support Services	\$	5,648.55	\$ 6,704.14	\$	6,247.77	\$ 6,636.51	\$ 7,551.50	\$ 8,051.40	\$	7,866.88	\$	8,718.05	\$	8,494.67
Foster Care	\$	8,619.56	\$ 5,954.11	99	5,880.81	\$ 7,401.49	\$ 9,559.09	\$ 10,004.64	\$	11,286.00	\$	12,015.24	\$	11,488.40
Residential Client Services	\$	3,858.47	\$ 3,741.85	99	3,556.63	\$ 3,668.78	\$ 3,107.57	\$ 4,060.22	\$	3,502.75	\$	3,715.12	\$	3,721.02
Adoption	\$ 1	5,852.92	\$ 49,068.50	\$	26,853.48	\$ 36,131.53	\$ 21,058.50	\$ 30,095.33	\$	23,699.28	\$	21,437.52	\$	22,126.74
Permanency Services	\$	6,521.85	\$ 14,463.17	\$	13,575.33	\$ 28,336.81	\$ 18,434.75	\$ 33,535.08	\$	29,782.81	\$	31,293.69	\$	28,517.89
Cost per day Boarding - Family Based/Other Care	\$	45.81	\$ 45.10	\$	44.51	\$ 44.35	\$ 56.59	\$ 60.96	\$	63.61	\$	64.36	\$	68.21
Cost per day Boarding - OPR Group	\$	251.50	\$ 258.04	\$	251.71	\$ 262.72	\$ 269.34	\$ 298.16	\$	319.23	\$	326.39	\$	359.02
COST PER UNIT SUMMARY	2	009/10	2010/11		2011/12	2012/13	2013/14	2014/15		2015/16		2015/16	2	2016/17
									Sı	ubmission	F	orecast	E	stimate
Cost per Unit of Direct Service	\$	4,136.40	\$ 4,229.33	\$	3,040.36	\$ 3,467.30	\$ 3,771.03	\$ 5,078.01	\$	5,306.06	\$	5,397.29	\$	5,387.46
Legal Services as % of Direct Cost		7.31%	7.50%		7.43%	7.38%	8.80%	6.34%		6.64%		6.30%		6.72%
Travel as % of Direct Cost		7.66%	6.46%		6.17%	7.50%	7.04%	6.79%		6.49%		5.81%		6.16%
Infrastructure as % of Direct Cost		17.28%	22.37%		22.66%	20.84%	20.57%	22.54%		18.13%		18.83%		22.16%
Indirect Costs as % of Direct Cost		32%	32%		33%	32.0%	32.2%	31.4%		26.9%		26.7%		30.6%
Boarding Cost Per Day (excl adoption prob.)	\$	81.39	\$ 84.35	\$	87.80	\$ 82.60	\$ 74.53	\$ 69.39	\$	72.58	\$	72.47	\$	74.38

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 – 2015/16 Continued Balance; Pq.82).

- ✓ 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	Society has implemented and will	continue	to provide the following service strategies.
\checkmark	Family Well-being program	✓	Kinship Service
\checkmark	Domestic Violence teams	\checkmark	Community Capacity
\checkmark	High Risk Infant teams	\checkmark	Treatment Foster Care

We believe these programs continue to be effective in reducing the number of children coming into care.

c) Targeted Savings Programs

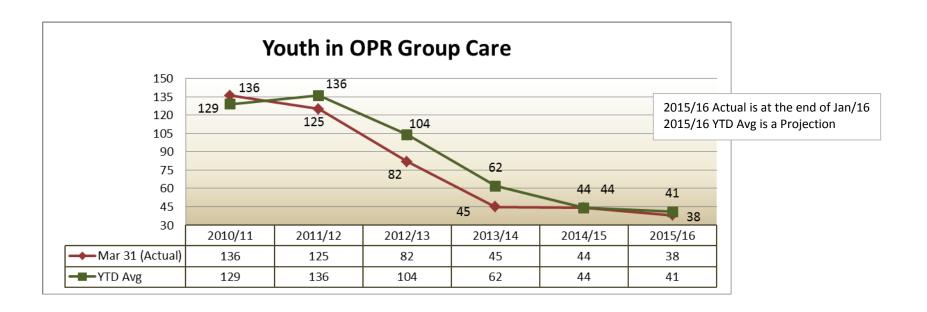
OPR Group Care

Child protection support workers (Family Well Being program) have successfully contributed to fewer children coming into care, resulting in fewer placements. In particular, we strategize around the prevention of admission of adolescents into care, due to parent-child conflict as we have not been able to successfully resource them in foster homes; and often following breakdowns, admission to group care becomes a last resort. The ideal model is to support the parent and adolescents in the familiar home.

Further, we have developed strategies over many years that include the development of treatment foster homes and treatment foster care relief homes as well astargeted foster home support. 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 2016/2017 in order to continue maintaining a low level of youth in group care. We will target an average of 37 youth 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.



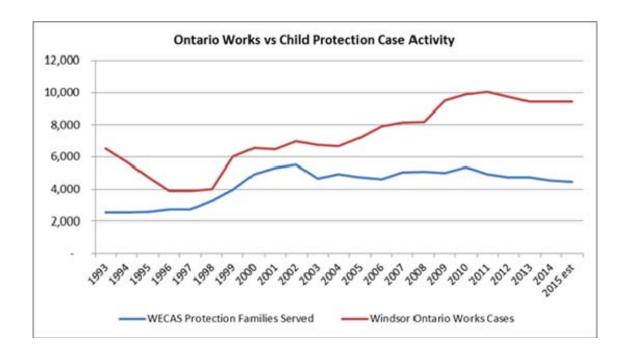
Court Ordered Supervised Family Access

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) in 2014 to amend the terms of the Collective Agreement that allow the organization to continue to realize some of the savings in the Child and Family Visitation Program.

d) Economic Outlook

The economic future of Windsor, as well as Leamington is still to be seen. There is an increasing trend in unemployment (9.3% in January 2016 which is consistent from a year ago), and the number of social service cases (Ontario Works Program) provincially has increased 4.6% since December 2014. 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 fiscal years. Though the socio-economic factors are negative for our community, they have a positive impact on our budget.

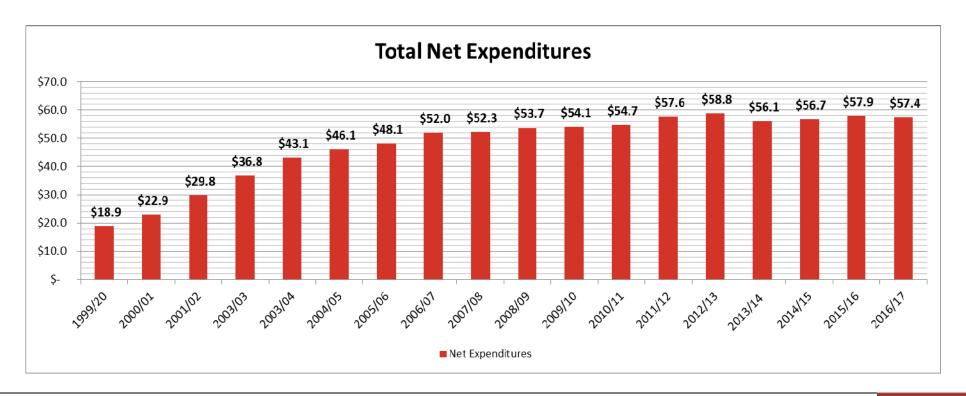


HISTORICAL EXPENDITURE TRENDS

On June 26, 2015 the Society received written notification of three important funding announcements.

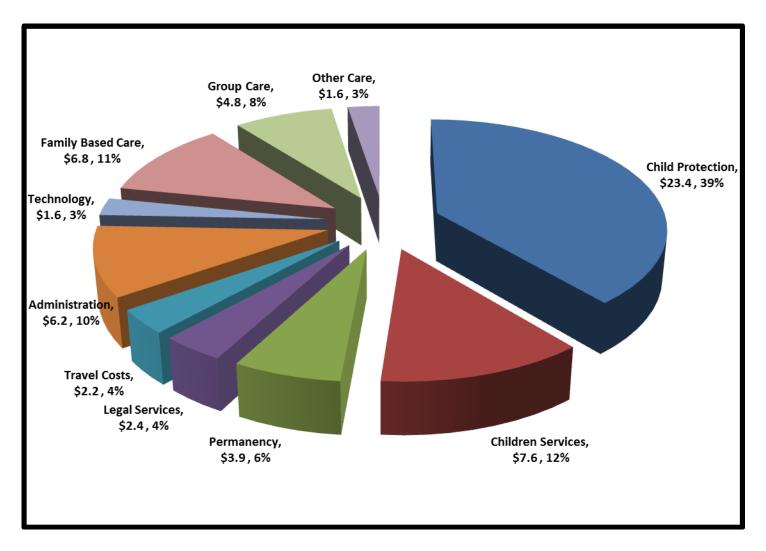
- 1. 2015/2016 Child Welfare Approved Budget Allocation \$57,933,921;
- 2. 2016/2017 Planning Allocation \$57,465,422; and
- 3. 2017/2018 Planning Allocation \$57,348,222.

The above funding announcements completed the revenue planning cycle for the 2015/2016 Service Plan and Budget. With regards to 2016/2017 we know our funding allocation will be \$57.465 Million and total revenue will be \$60.49 Million. This will allow the Society to provide the Board with a balanced budget with funding certainty.



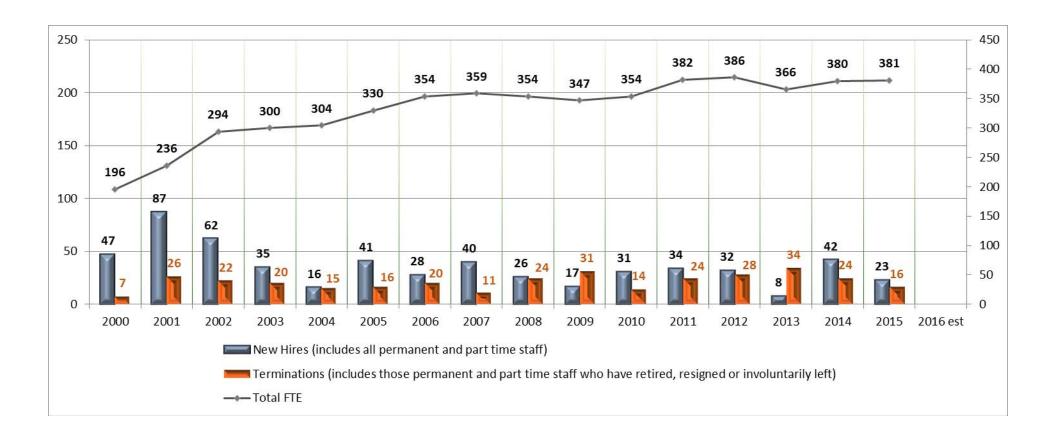
How the Dollar will be Spent

\$60.49 Million

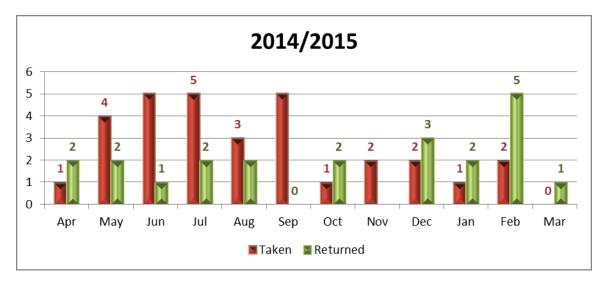


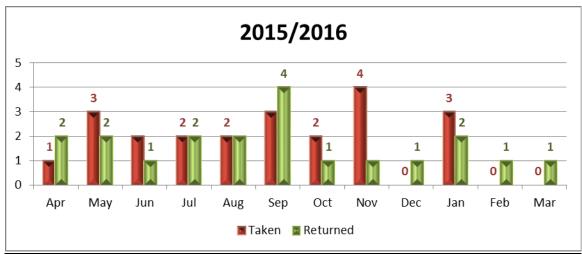
HUMAN RESOURCES

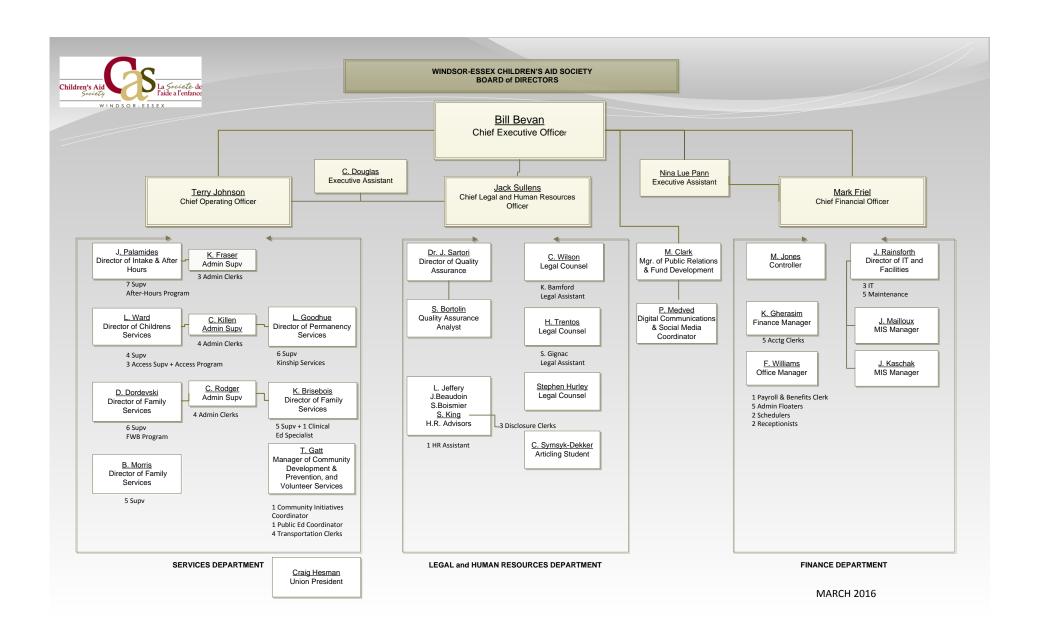
It is estimated that staffing levels will decrease in 2016/2017 to 381 active positions from 398 in 2015/2016.



The following charts depict 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

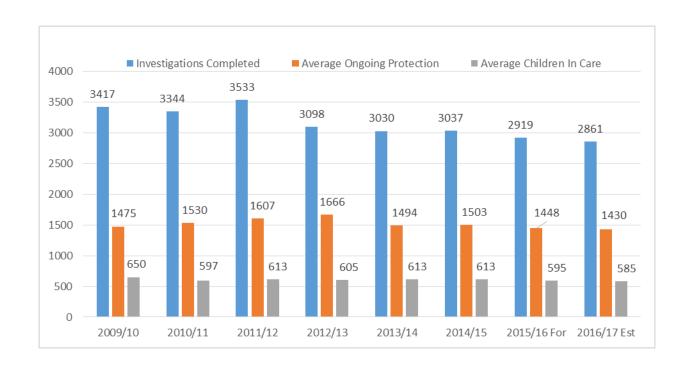
30 cases for Foster Care Workers 39 cases for Adoption Workers 19 cases for Family Service Workers

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 2016/2017:

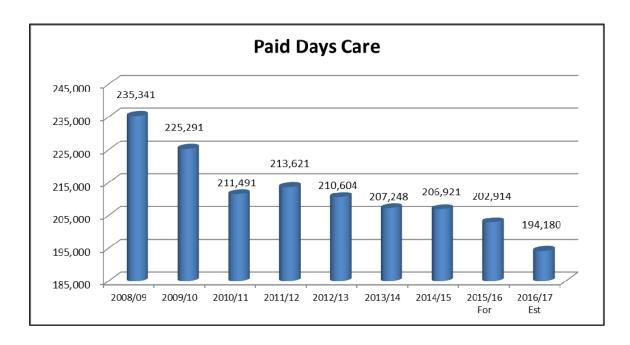




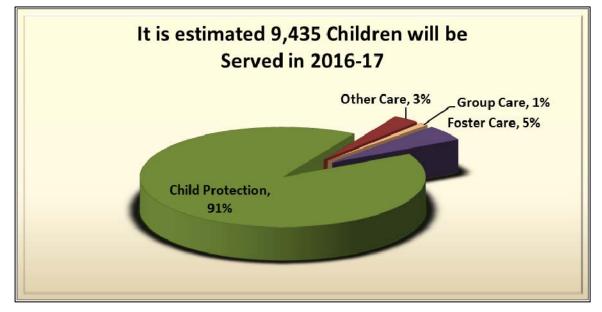
<u>Note</u>: CAS child protection investigations historically lag the unemployment rate. Windsor's unemployment rate has dropped from 9.6% in February 2015 to a current 7.7% in February 2016. This is largely attributable to the improvement in the manufacturing sector. Therefore, we anticipate a slight decrease in intake activity at 2,861 completed investigations during 2016/2017.

<u>Note</u>: 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 2016/2017.

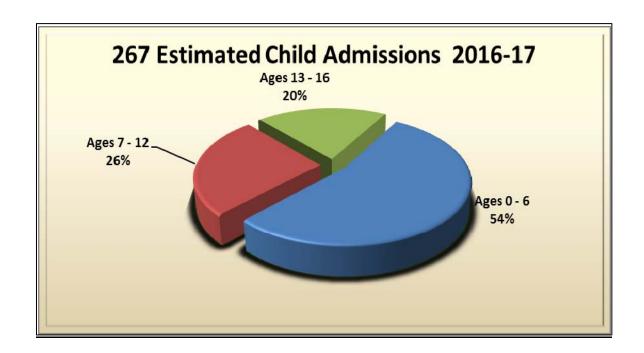
<u>NOTE</u>: The trend in children coming into care increased in 2015/2016. However, this impact was minimal due to a significant increase in children being discharged from care in 2015/2016. It is expected that we will experience a decrease of 10 children (1.7%) in 2016/17.



In 2016/17, we estimate 194,180 paid days care, a decrease of 8,734 days care or 4.3%. (Refer to Appendix B – Comparative Boarding Estimates 2015/16 to 2016/17; Pg. 81).



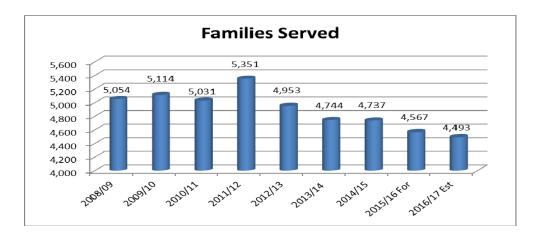
The Society estimates 9,435 children will be served during 2016-2017. We anticipate that 8,575 children will be provided child protection services and 860 children will be provided residential services in the form of kinship care, foster care, group care and other in-care services. This follows the provincial trends. These estimates indicate our staff will serve 1 in 8 children in our community in 2016-2017.

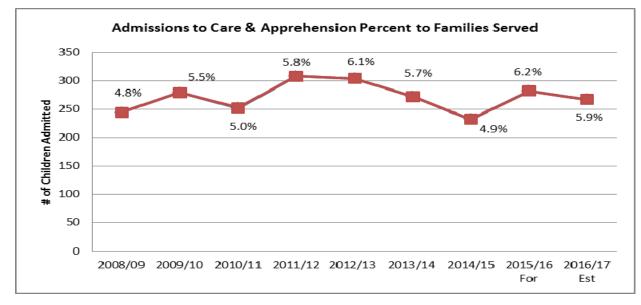


Administration estimates that 267 children will be admitted to care during 2016-2017 which is 3.5 children per 1,000 child population (similar to other like-sized, urban CASs in Ontario). We anticipate that 54% of the children will be 0 to 6 years of age, 26% children will be 7 to 12 years of age, and 20% 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 2016/17.

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 2015/2016 we anticipate 282 children will come into care and we will serve 4,567 families, which is a 6.2% admission rate. With regards to 2016/2017 we estimate 267 children will be admitted and 4,493 families will be served, which is an anticipated admission rate of 5.9%. 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 comprised of seven teams. Five teams deal with investigations in the City, one team deals with investigations in the County, and one team screens all the calls received by the Society for potential investigation. A Supervisor is responsible for each of these teams. The Supervisor for the screeners 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 anticipation of 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 returned 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 594 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 continues to be 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) have continued to rise and contributes to less children placed in care. All children require some connections to family and these individuals may have different roles in the lives of our youth.

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, the Islamic Social Welfare & Association (ISWA) 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 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 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 grant ends March 2016, however the Foundation will continue to financially support this program. 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:

	2015 (April 01 2015 to March 2016)								
		# 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		15	7	1	14	111.5	52.75	3
2	Clean Sweep			16	2	10	61.25	34.25	2
3	Budgeting			4	1	1	3	1	2
4	Heart of Parenting	10		0	1	1	8	7.5	2
5	Back to Basics			3	1	5	14	27	2
6	APAK (Amazing Parents Amazing Kids			9	7	1	7	66.75	2
7	Mindful Me			0	0	0	0	0	0
8	Parenting Your Spirited Child	18		20	2	1	10.5	8.5	2
9	Autism	5		0	1	1	3.5	2	2
10	Triple P - Teens			0	0	0	0	0	0
11	Triple P - Primary			0	0	0	0	0	0
12	Triple P - Foster Parents			0	0	0	0	0	0
13	Parenting the Adolescent	5		0	3	3	31.75	25	2
14	Dove Self Esteem			0	0	0	0	0	0
15	Food Skills			44	2	2	37.5	25.5	2
16	School Readiness			0	0	0	0	0	0
		38	15	103	21	39	288	250.25	21
			156				538	3.25	
				2015/16					
	Number of clients Served			156					
	Total Units of Service (# of times grp of	fered x # c	f sessions)	819					
	Total Number of Hours (total hours x #			11,303.25					

There has been positive feedback from the Family Well Being staff, clients, foster parents and community partners that the 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.

A new referral form has been developed and was implemented in November 2015. This form captures both group and/or in-home services for the Family Well Being Program. It details, six standardized reasons for service and highlights groups available. Once this referral has been completed the referring worker will complete a pre-questionnaire and upon the completion of the service the referring worker will complete a post questionnaire. All of this information will be utilized to complete a program evaluation to determine if there has been improvement in family functioning on each of the measures.

Referrals Received (April 1, 2015 – March 31, 2015)

2015		2016	2016								
APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC	JAN	FEB	MAR (EST)
64	43	28	26	36	55	35	27	21	57	38	37

ii) The Child and Family Visitation Program

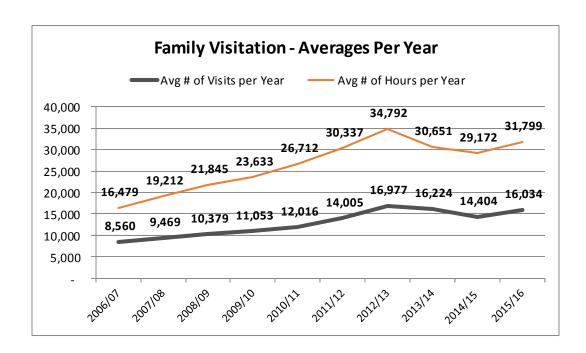
The Child and Family Visitation Program (CFVP) is a service of the Society which supports reunification and the preserving of family connections for children in out-of-home placements. This program provides supervised visitation between children in care and their parents and/or significant others at 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. This program has proven to be a very positive program in that it has allowed for timelier visitation immediately following an admission to care.

In 2014 the Society added a part-time shift supervisor to assist with greater coverage and monitoring of the CFVP during non-business hours, including Saturdays. In 2015, the Society made this position full-time in a further effort to ensure quality assurance and client satisfaction involving our community and in home visits.

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, the Society hosted two separate events involving local family law lawyers and local family law justices. The Judges and lawyers were given a tour of the Society's Bill & Dot Muzzatti Child and Family Centre. The tour highlighted the high volume and quality of access services being provided to families involved with the Society. The two groups were also provided with the Society's access Best Practice document titled: Child and Family Access Program: A Practice Guide to Support Reunification and Preserving Family Connections for Children in Out-Of-Home Placements.

iii) Domestic Violence Teams

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 principles behind this method are collaboration with the client, use of extended family and drawing on their resources. These are principles that can be used in every case. WECAS works closely with the ADR-LINK organization 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.

Year	# of
	Referrals
2012/13	19%
2013/14	35%
2014/15	7.5%

On January 20th, 2014 WECAS participated in the ADR Advisory Group Meeting for the Southwest Region and continued to attend at quarterly meetings of the ADR Advisory Group for the Southwest Region. Although there has been a decrease in WECAS representation of referrals to ADR Link in 2014/2015, WECAS Family Service workers continue to regularly make referrals for family group conferencing, mediation and for the use of an aboriginal approach with families to provide permanency planning for children. It is believed that in 2016/2017 this trend of high utilization will continue.

v) <u>Human Trafficking Initiative</u>

Family Service personnel form a Human Trafficking Committee within the agency to provide consultation and education to workers at WECAS with respect to cases involving youth who have been, or are at risk of being trafficked. The WECAS Human Trafficking Committee will be holding a presentation for foster parents in an effort to ensure foster parents are aware of the dynamics of sexual exploitation of youth and how to identify if youth in their care may be engaged in any stage of the sexual exploitation process. Further, it is hoped that the youth advisory committee (YAC) will welcome a presentation from this committee. Previously this committee has presented to Intake, Family Services, Children's Services and Resources. A survey has been developed for WECAS staff in an effort to identify some statistics regarding the prevalence of human trafficking within the population with whom we work. It is anticipated that such statistics may provide a focus with respect to further education, training and consultation by the internal committee.

WECAS' human trafficking internal committee continues to partner with WEFIGHT to address the human trafficking of youth in our community. Youth in care are statistically over represented as victims of human trafficking, hence, representation from WECAS is essential with WEFIGHT. WEFIGHT provides direct services to survivors of domestic and international human traffickers which includes identifying risk factors, vulnerabilities and intensive care management. WECAS and service providers of WEFIGHT (OPP, Windsor Police, Windsor Regional Hospital, the Inn of Windsor, Windsor Welcome Centre, WEST, W5, Victim Witness, and LAW) will be developing a protocol to better service youth who have been, or are at risk of being trafficked. Such a protocol will address service provider collaborations identifying youth who have been sexually exploited and shall develop a plan to ensure effective services are provided for the youth. There is also some movement to address this issue provincially,led by OACAS, and it anticipated that WECAS will be an active participant.

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 developed 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. The staff training has commenced and two sessions have already been successfully completed. This training will be mandatory for all social work staff and will continue to be offered to all social work staff.

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.

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) Family Assertive Community Treatment (FACT)

Since October 2015 WECAS has initiated the FACT model to provide services and treatment with the collaboration of the Regional Children's Centre to better service our clients. This model of treatment, Family Assertive Community Treatment (FACT) targets families with children/youth who have received children's mental health services and are also involved with the Children's Aid Society. The families exhibit 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 is currently in its infancy. The development for referral criteria and a process for review of all potential referrals has been established. The team is currently working with 5 families and a total of 8 children. The program is characterized by a multidisciplinary team providing intensive treatment and support to meet the family's needs with a small caseload. The evaluation pre and post tools have been developed and it is hoped that the information will be used in the continued development of the program. The work with the family occurs 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 includes: 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 are located at WECAS to ensure that the communication between the Family Service worker and the FACT workers occurs on a daily basis.

The Society was successful in securing a grant from Green Shield for a total of \$100,128 over a period of four years. This grant will assist with costs of any barriers for the families to reach a successful result. These funds could be accessed for couple counselling, recreational activities, respite, transportation costs. Additionally this grant has allowed for the evaluation of the program on a yearly basis.

ix) <u>High Risk</u>

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.

On March 1, 2016 the High Risk Infant Team will be providing new High Risk parents "Infant Readiness Packages" on a pilot basis. In the best of circumstances, becoming a new parent can present a number of challenges. Many of the families serviced by WECAS face additional obstacles of financial restraints, limited supports, young ages and limited caregiving knowledge. This Readiness Package initiative is a way to help infants born into low income families have the best start in life.

The initiative would provide "Baby Boxes" full of infant essentials to expectant and first time parents. The box itself would be a Health Canada safe sleep regulated infant portable bassinet. According to the Paediatric Death Review Committee, unsafe sleep environments are the leading cause of infant deaths. Part of the High Risk Infant education component includes ongoing education about unsafe sleep environments and the importance of using an appropriate crib/bassinet. Unfortunately, many of our families are unable to afford to purchase cribs and have limited extended family supports to assist. This often leads to the baby sleeping in an unsafe environment including bed sharing, unsafe second had cribs and playpens. To complicate matters our clients often utilize alternate caregivers that also do not have appropriate sleep areas. The portable bassinet would assist with remedying this issue and serve as a safe sleep area until the infant is 3 months old.

In addition to the box itself, the welcome package would include a number of supplies a new parent would need. This would alleviate some of the financial strain having a new baby would cause and allow for parents an opportunity to purchase higher priced items. The welcome package would also contain educational information such as booklets on safe sleeping, fridge magnets reminding parents to never shake their baby and activities to promote attachment.

Clinical Education Specialist

Since the implementation of the Clinical Education and Development Specialist position, we have been able to enhance training and increase opportunities for staff. The following goals have been achieved with the development of this position:

- The development and delivery of case note training for the entire agency. Areas for improvement which were flagged from the case note audit were incorporated into the training. All training was specific to the various departments including Family Services, Children's Services, Resources and Adoption.
- The development and delivery of a training session to Resources on preparing for court and testifying.
- Supervisors have referred staff who are struggling in various areas for skill enhancement sessions. Throughout the year, the specialist has worked one-on-one with staff in the following areas: legal documents and court preparation; case note writing; working with resistant clients; time management; professional writing and the appropriate use of supervision. Upon completion of these sessions, follow up reports were provided to supervisors.
- The development and delivery of the Court Plan of Care training.
- The development and delivery of Transfer of Learning groups. These groups were a follow up to the New Worker Training series and reinforced the core curriculum. Following the session, supervisors were provided with a report on their worker's ability to transfer skills into practice.
- Assisted Directors with the streamlining and delivery of the Aspiring Leader Training.
- Reinforcement, assistance and follow up of the Coaching/Mentoring Program.
- Assisted with the arrangement of ASIST training.
- Member of OACAS Child Welfare Professional Series Re-Design Working Group.
- Revived and co-chairs the Clinical Education Committee.
- Assisted HR with development of the agency training calendar.
- Reviews and assists with the Baldwin inquest recommendations.

In addition to the continuation of the above tasks, in this upcoming year, this individual will be involved in the following:

• In conjunction with in house legal counsel, develop and deliver legal summary training.

- Involvement and assistance with the upcoming expectations surrounding the designation of authorized Child Welfare Professionals in Ontario.
- Promotion of the new OACAS eLearning opportunities.
- Create opportunities for Aspiring Leader participants.
- ASIST training implementation.
- Develop and deliver monthly skill development groups.
- Reviewing current neglect training material; work with trainers to revise, update and expand.

c) Permanency and Adoption Department

i) <u>Children in Care</u>

The Children's Services Department workers work with, and meet the needs of children who are in the care of the Society be it on a temporary and/or 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.

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 safety, 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 attempts to address 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 work very closely with the Advocates Office. Two of our youth acted 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 implemented a community garden 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 grant proposal totalling \$40,000.

The camp/school ran for the first 3 weeks in early July – every day (M-F). We were able to hire two teachers, two Child and Youth Workers (CYW) and two Early Childhood Educators (ECE) (school board personnel). We were able 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.

The camp was a huge success as reported by the teachers, students and foster parents who had children participate in the program.

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 was 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

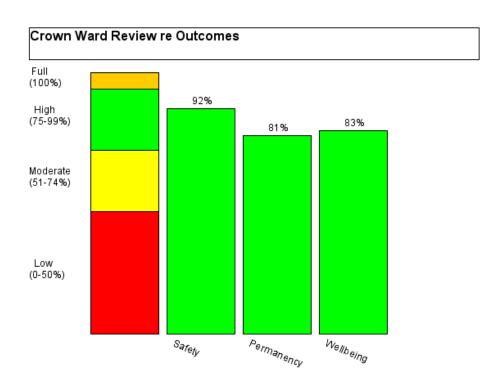
- 90% of mentors saw a positive change in the child they were mentoring*
- 88% of students showed improved literacy skills*
- 64% had developed higher levels of self-esteem

The Joint Protocol for Student Achievement (JPSA)

The Joint Protocol for Student Achievement (JPSA) details the commitment of the 4 local school boards to establish and implement processes and policies to support student achievement for Kindergarten to Grade 12 students and improve the educational achievement of children and youth in the care of WECAS who are eligible for supports under this protocol. The JPSA also assists to establish and nurture a collaborative relationship by which WECAS, school boards, and schools promote educational success as well as an understanding of mutual roles and responsibilities, including engagement of caregivers. The JPSA Protocol has been finalized and is in the process of being signed by WECAS and the school boards involved.

Crown Ward Review

This year a total of one hundred and five (105) children and youth cases were reviewed for the annual Crown Ward Review. The results of the Crown Ward Reviews continue to be positive as shown in the charts below.



ii) <u>Adoption</u>

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 \$85,000 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 twenty-two (22) 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.

Twenty-four (24) adoptions were completed in 2014/15 which is lower than the thirty-nine (39) adoptions that were completed in 2013/14. However, we are projecting to finalize thirty-two (32) adoptions this fiscal year (2015/16) and are projecting approximately twenty-five (25) adoption finalizations for the next fiscal year 2016/17. The breakdown of these adoptions is as follows:

- 9 or 31% are being adopted by foster parents within the following parameters
 - o 5 or 17% through the new Foster/Adopt (Foster with a View to Adopt) Model
 - o 2 or 7% are regular Foster parents
 - o 2 or 7% are Kinship in Care Foster parents
- 11 or 38% are adoptive families

Increases over the past few years 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. We 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 will have a total of 53 Provincial

targeted subsidies in 2015/16 and are projecting an increase of potentially 22 more subsidy agreements as more children over 10 and sibling groups are adopted.

At the end of the last fiscal year 31% of adoptions were by foster parents either as regular foster parents, kin or through the Foster/Adopt program. Seven children were placed outside of our jurisdiction. These 7 children had child focused recruitment through the Wendy's Wonderful Kids Program at WECAS. This includes one sibling group of four children as well as children with complex special needs. This has been another successful year in achieving permanency outcomes through Adoption for our children.

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) Life Skills Program

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 invited anywhere from 10-16 youth in each session. 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 ran 4 series of 10 week groups and this past year served 52 youth in our Life Skills Program. We are projecting similar enrolment in this program in the next fiscal year. Not all youth complete sessions, but are always invited to participate in future sessions in order to ensure they are provided with the skills and tools necessary to succeed in living independently.

Our collaboration with New Beginnings hosting weekly programming continues to take place in our new Life Skills Teaching Kitchen. A positive result from our Bill & Dot Muzzatti Child & Family Centre opening celebrations last year resulted in two bank representatives volunteering with both our independent living youth and our protection families in 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 2015/2016 the department held 6 sessions of PRIDE training with five of those being 9 week sessions and one being a week-end session to accommodate those families who cannot attend otherwise. One hundred and seven (107) people (singles or couple applicants) attended PRIDE Training. At this point all applicants have completed prior sessions and it is anticipated that all current applicants will complete the training as well. 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. 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 173 regular foster homes and 32 Kinship in care homes for a total of 205 homes. Projections for regular foster homes for 2016/2017 will be 190 and 45 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.

- 1. 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 in those cases where protection issues have not been identified
- 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.
- 5. 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
- 6. As a result of a recommendation from a Child Death Review Report, specialized training for staff and foster parents related to children's mental health issues are being made available. A recommendation was made for Foster parents to receive safeTALK Training related to children's mental health and suicide. SafeTALK is a half-day alertness training that prepares anyone over the age of 15, regardless of prior experience or training, to become a suicide-alert helper. SafeTALK trained helpers which will not include Foster Parents, can recognize these invitations and take action by connecting them with life-saving intervention resources. This will be of particular benefit to those Foster parents caring for our most vulnerable youth in care.

Foster Care Licensing Review

Foster Care Licensing Review was conducted in November 2015. 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 regulatory requirements as part of the licensing requirements

- The quality of Plan of Care reports was noted
- Overall positive interview with foster families and children. Foster families reported a positive relationship and communication with their Resource Workers and Agency staff
- 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.
- WECAS will continue to reinforce for Foster parents 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

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, engages and retains individuals who reach out beyond the confines of paid employment and normal responsibilities to contribute time and services to a charitable cause, believing that their role has an impact on children's and families lives.

There are currently 210 active volunteers with 29 whom are in the process of becoming a volunteer. Of these active volunteers, 121 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 70,000 hours of service to the agency by the end of March 31, 2016

The Society engages volunteers to provide the following services:

- Volunteer transport children to school, day care, visits, therapeutic and recreational activities, appointments, and agency programs & groups.
- Volunteer Tutors 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 while experiencing activities in the community.
- Volunteers are the backbone of the Holiday Program and Back to School Program organizing and assembling gifts and backpacks for a large number of families and their children.
- Volunteers are ambassadors of the organization and are vital to the success of fundraising events like the Cops Care for Kids Fashion Show, Gourmet Gardens, and Fireworks Night. They help secure and pick up donations, sell raffle tickets, run auctions, valet park cars, sell food, run activities, and much more.
- Volunteers support the delivery of the Kids on the Block Puppet Program to thousands of children and adults through all schools and many community organizations across Windsor and Essex County.
- Volunteers 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 engaging new volunteers to help us achieve our mandate.

The priority to actively engage more skilled and available volunteers from all ages and stages of their lives will continue in 2016-2017. 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.

Year-End Service Targets 2015/2016

The Society experienced considerable movement with respect to volunteers joining and leaving the organization over the course of the past year. An aggressive media campaign responded to the need to not only replace exiting volunteers but to push past our average volunteer pool in order to respond to the ongoing need of volunteers for the multitude of programs being delivered. The media campaigns in the Spring and Summer resulted in bringing on 19 additional new volunteers (15 drivers; 2 One to One Mentors, 1 Tutor, and 1 Special Events Volunteer). Unfortunately, for the same period we lost (or not available) 15 volunteer drivers (resigned, terminated, illness/death). This fluctuation is very typical and we anticipate this to be the situation every year.

Volunteer Highlights:

- 210 Volunteers at year-end
- 59 new volunteers were recruited
- 53 volunteers left our volunteer ranks
- 14 Information Sessions held with a total of 123 participants who attended
- 70,000 Volunteer hours

- There are currently 8 matches in the **Mentorship Program** and it is expected that there will be over 1,000 in hours spent between Mentors and their Mentees.
- 36 **Homework Program** Tutors provided over 2,000 hours to 32 students in 66 sessions (3 evenings per week).
- 71 Volunteers from 10 years old to 75 years old donated 2890 hours over three weeks to the 2015 Holiday Program.
- 2 Puppeteers supported the Society's Public Education Coordinator to deliver 80 school and community Kids on the Block presentations.

Anticipated Volunteer Program Trends/Projections for 2016/2017

- Consistency in the number of volunteers needed to support ongoing programs provided by the agency with an anticipated increase where enhancements may be made to existing programs and where there is a potential of adding new programs.
- It is anticipated that over 150 individuals in total will attend monthly Volunteer Information Sessions to the end of the year.
- Consistent utilization of the **Volunteer Transportation Program** with total volunteer/foster parent kilometers driven stabilizing in 2015/2016 and continuing on the same trend for 2016/2017
- It is anticipated that volunteers will log 2.3 million kilometers in 2016/2017
- The cost for transportation will also be consistent with prior year of \$1.1 million
- The **Volunteer Homework/Tutoring Program** is anticipated to serve approximately the same number of students and tutors will participate in 2016-2017
- The **Mentorship Program** will include a survey of the Mentor Volunteers to help establish a plan to better serve them in their role and also seek their feedback on recruitment of more mentors.
- Special Event Volunteers will donate over 5,000 hours.
- Specialized Services Volunteers (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 120 schools and community organizations reaching an estimated 11,000 12,000 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
- Community Workshops & Presentations (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. There is currently representation from 13 member organizations, community individuals, and WECAS staff on the Committee.

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.

Year-End Service Targets 2015/2016

• University of Windsor partnered with WECAS and the CAPC to provide a secondary analysis of **Community Survey** which was conducted in 2013 with 96 respondents. In total, 240 individuals from various sectors were sent the survey. There was a 40% response rate. Their Analysis was titled: *Child Protection in the Context of a Network of Family Service Providers: An Examination of Service Providers Activities and Needs* and was based on the data collected from the following survey questions:

Questions from the original Community Survey:

- 1. How do you see your agency either directly or indirectly supporting the prevention of child abuse?
- 2. Do you have any ideas of how our community can do a better job in reducing child abuse and promoting the well-being of children?
- 3. Have you had any staff training or workshops on recognizing and reporting child abuse? If yes please specify. If not, would you want training?
- 4. Have there been any public education initiatives that have had an impact on you? If so, which?
- 5. Are there areas of information and or education about the topic of child abuse that you would find helpful in your work or think is needed in community?

The Researchers provided the CAPC with the Final Draft Evaluation at the end of 2015. They have also since represented this research in: Split, Croatia at the Tenth Interdisciplinary Social Sciences Conference; Poster Presentation in Toronto at the CMHO Conference; and at the SSWR (Society for Social Work & Research) Conference in Washington DC.

- A **Regional Symposium on Children & Youth** was held in partnership with Sarnia Lambton CAS and Chatham-Kent CAS on June 4th, 2015. The attendance for this conference was approximately 300 people. Since this event, WECAS has forged partnerships with WEtech Alliance, First Robotics, and the United Way.
- In 2015/2016 the CAPC lead two successful public education campaigns starting with **No Spank Day** on April 30th. The campaign was media focused to raise awareness of the potentially harmful and unnecessary practice of corporal punishment in parenting.
- The second campaign engaged 97 community organizations and businesses to participate in the "Go Purple for Prevention" Campaign during **Child Abuse Prevention Month** in October, impacting on over 11,000 individuals directly through these participating agencies.
- The Society's **Speakers Bureau** will deliver 50 community presentations on Identifying and Reporting Child Abuse and other parenting related topics to over 1,800 individuals.
- The Society hosts an exclusive **child abuse prevention website** <u>www.preventchildabuse.ca</u> to include more education resources on line where an estimated over 13,000 unique visitors to the website each year will find information on child abuse, prevention & safety, and parenting tips and strategies with over 56,000 page views.

• The school-based program **Kids on the Block (KOTB)** continued to see a decline in the number of children and adults served of approximately 10,000 – 11,000 yet a marked increase in the number of presentations of over 120 to schools and organizations across Windsor-Essex County to the end of the year.

Highlights of Questions Asked of Children through KOTB

Physical/General Abuse

- Is child abuse always hands on?
- Who would you call if you witness child abuse?
- If you're 10 at home alone and an accident happens, is it child abuse?
- What if parents make you drink alcohol?
- Are kids allowed to hurt parents? What would that be called?
- What if parents hurt each other?
- What other kinds of child abuse are there other than hitting?
- Why did people back then think it was okay to hit kids?
- How do people get child abuse? OR How did child abuse start?
- What is the difference between secrets and surprises?

Sexual Abuse

- Why does it happen? Why do grownups ask kids to touch private parts?
- Why didn't Joanne say "I don't want to do that" and walk away?
- If Joanne wouldn't have told would [the abuse] have kept happening?
- What is sex? Why would people want to do it?
- What if a parent drank alcohol and couldn't take care of kids
- What if it happens to adults

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.
- 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.

- This year we intend to see the Child Protection in the Context of a Network of Family Service Providers: An Examination of Service Providers Activities and Needs submitted to the Journal of Society for Social Work & Research and a local presentation on the research to the Windsor-Essex Community in late fall or early winter.
- April 30th No Spank Day will be recognized with a collaborative community partner event to take place at Devonshire Mall. This will also be paired with a broad media campaign. There is a current political movement underway to look at abolishing Section 43 of the Criminal Code of Canada that sanctions a caregiver's right to use physical force to discipline children. This is one of 94 recommendations put forth by the Truth & Reconciliation Commission of Canada to redress the legacy of residential schools and advance the process of Canadian reconciliation. The Federal government has publicly stated its intent to honour all 94 recommendations including striking down the 'spanking law'.
- 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 Ontario Association of Children's Aid Society's and CASs across the province are planning to hold a collective "Go Purple Day" on October 21st, 2016.
- This year the number of presentations will continue to be high and into 2016/2017 given the increased community outreach efforts, particularly with our multicultural community and partners.
- The Society's outreach continues to grow exponentially with the addition of a Social Media & Digital Communications Coordinator. This has aided in the ability to outreach to more people through more channels with respect to child abuse education and awareness.
- The plan is to continue to increasing our reach through social media into and through 2016/2017.

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 which occurred during the 2015-2016 fiscal year include:

- 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 continue to be offered on site to workers seeking to provide enhanced services to Islamic families. Islamic
 Relations Committee continues to educate staff regarding religious holidays and observances.
- As a result of ongoing work with the Windsor Islamic Social Work Association (ISWA) and presentations to the community, Islamic families will be beginning the home-study process to become Foster and/or Adoptive parents. Five families have been identified with serious interest, with numerous others considering. We are close to having enough families to be able to deliver a Muslim-specific PRIDE training at Windsor Mosque.
- The committee has reported some great success stories as a result of our ACOW protocol, preventing children from coming into care.
- Settlement Agencies continue to request presentations and collaborations with us, with over 12 presentations delivered in the 2015-2016 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 was represented at the Syrian Refugee Community Planning table, developed in response to the Canadian commitment to resettle 25,000 Syrian refugees within a three month period. Broad sector collaboration includes Health, Education, Housing, Welcoming and Social Services/Supports, and Settlement and Orientation Services. WECAS was further called upon by Multicultural Council to deliver presentations to Syrian refugees, in order to orient newly arriving families to the child welfare mandate and

role of the society. Through the WELIP, WECAS has been approached to work collaboratively with Windsor Police and emergency service responders to co-deliver public education presentations in order to prevent incidences of abuse and maltreatment, to build trust and understanding of government services, and to reduce need for criminal prosecution of newcomer families using inappropriate discipline practices which might have been considered culturally and legally acceptable in their home countries of origin. As the 2015-2016 year draws to a close, we are in early stages of development.

- O Also as a result of the WELIP partnership, the Society is a ground-floor member of the Health Equity for Newcomers and Immigrants Committee (HENI). HENI is a collaboration of broad sector of community partners in order to create clear pathways for access to healthcare for newcomers and immigrants, better access to services and supports, ease of referral to necessary services and overall enhanced physical and mental health and well-being for newcomer families.
- WECAS was an active participant in the provincial project entitled One Vision One Voice, created to examine the experience of African Canadians in Ontario's child welfare system and develop a Practice Framework that will help Children's Aid Societies to better serve the African Canadian community. WECAS was represented on the provincial planning committee and hosted one of twelve regional listening events. Supported by the revitalized Black African Canadian Caribbean Committee (BACC), the Society hosted a very successful listening session with over sixty community members in attendance.
- The Gender and Sexual Diversity Committee held an internal event and cupcake sale to raise awareness regarding International Anti-Homophobia Day. The committee continues to provide internal case consultations, circulate information about services and supports, purchase educational resources, and to represent the Society on the Service Alliance for Equality (SAFE) Committee. The committee has also connected with our Youth Advisory Council (YAC) to help contribute LGBTQ-positive resources to their library and to explore opportunities for a Gay-Straight Alliance for youth.
- WECAS committee members represented the Society at numerous training and cultural events, including: ACOW Annual General Meeting; Windsor Women Working With Immigrant Women's Annual General Meeting; Ramadan Food Drive; Windsor Pride Diversity Training (LGBTQ); Learning Session about the Syrian Culture & Windsor Islamic Association; Community Information Session on Kizhaay Anishinaabe Niin (Kind Man Program) for Front Line Staff; Living Truth & Reconciliation: Exploring Issues Facing Indigenous Women & Girls; CIECYR Diversity, Equity and Inclusivity Symposium 2015 Truth, Reconciliation and Engagement, Equity and Aboriginal Social Justice in Canada; and the Premier's Council on Youth Opportunities (PCYO) Listening Event with disadvantaged (primarily newcomer) youth.
- WECAS continues to be represented at the Provincial Anti-Oppressive Roundtable at the Ontario Association of Children's Aid Societies.
- The Society hosted 3 days of training in April 2015 led by Cam Aqowissa from Simcoe Children's Aid Society. A former board member of that agency, Cam oversaw the Aboriginal Team at the Simcoe CAS as the Aboriginal Liaison. He is also an Anti-Oppression Trainer for the

provincial child welfare system and co-chair of the Anti-Oppression Roundtable for Child Welfare. Mr. Aqowissa has been instrumental in transforming service delivery for First Nations, Metis and Inuit (FNMI) families in the Simcoe-Brant region and agreed to come to WECAS to train and to enhance ongoing relations with local FNMI agencies. Approximately 80 staff members were trained. Mr. Aqowissa also chaired a lunch between the Walpole Island First Nation, Delaware Nation, and Aboriginal Liaison staff members of WECAS and the senior leadership of the organization. Further, several First Nation and Metis agencies from the area were in attendance to discuss current relations and the path to moving forward.

- The Society developed and are currently finalizing two working protocols for working with First Nation, Metis and Inuit families: Protocol Legislative Responsibilities in Working with First Nations Families & Protocol between WECAS and Agencies Serving First Nation, Metis and Inuit Families.
- The society invited two bands, Walpole Island First Nation and Delaware Nation, to join the Aboriginal Liaison Committee. Caldwell Nation will be contacted moving forward.
- The Aboriginal Liaison Committee continued to schedule monthly meetings and a subcommittee for training was developed.
- Two joint informational meetings between WECAS, the Can Am Friendship Center and the Metis Nation of Ontario were held in an effort to recruit more First Nation and Metis Foster Homes.

Projected Activities for 2016-2017

- Cam Agowissa will be invited back to train the remaining staff who were not trained in April 2015.
- Three supervisors will be attending "Reconciliation through Culturally Appropriate Child Welfare Practices". A three day conference in April 2016 in Sarnia, Ontario.
- The Aboriginal Liaison Committee will be reviewing the document from OACAS "Reconciliation Framework, Sharing a Good Heart' and will
 develop goals and recommendations for implementation at WECAS.
- Continued efforts will be made through the Aboriginal Liaison Committee towards educating the First Nations, Metis and Inuit communities
 on the need for foster homes and/or customary care homes in our area.
- The protocols mentioned above will be finalized and WECAS will meet with Walpole First Nations and Delaware First Nations (and possibly Caldwell First Nations) to discuss protocols/rules for engagement.

- Caldwell Nation will be contacted and an invitation to the Aboriginal Liaison Committee will be extended.
- The Aboriginal Liaison Committee will also be working with the Metis Nation of Ontario to develop training for WECAS staff.
- Development and implementation of AOP training for Service Directors and Senior Leadership
- 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
- Internal case consultation and support to enhance service to families and to connect staff to culturally relevant resources and services
- To provide internal professional development and learning opportunities including development and implementation of Part 2 of Gender and Sexual Diversity Training module for staff, with focus on Gay Affirmative Practice (Social Work) model.
- Case Consultation and advocacy -Liaise with First Nations community members, ISWA, ACOW, Service Alliance for Equality (SAFE), WE LIP and local settlement agencies to enhance communications, working relationships, and an understanding of the child welfare mandate
- Collaboration between WECAS, WE LIP and Windsor Police to further develop public education/prevention efforts, reciprocal training and criminal justice diversion opportunities.
- Represent WECAS at a broad range of cultural events such as: The African Community Roundtable, ACOW Events, WE LIP, Health Equity for Immigrants and Newcomers Committee, Newcomer Youth Roundtable, 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 2015/2016 WECAS continued to contract with two 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.

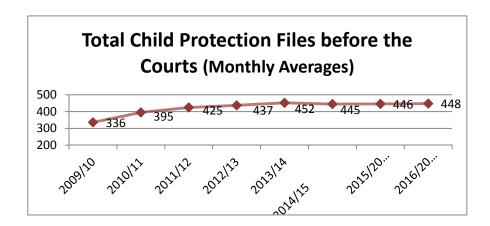
Our hybrid legal model comprises of three legal counsel, three Legal Assistants and three Court Services Clerks. The Court Services Clerks main functions are to vet/redact child protection files for lawyers who have sent a request to have access to a file whether it is for child protection purposes or a third party request. They are also responsible for the compilation of statistical data related to Court Services. In 2015/2016 there were approximately 490disclosures completed. Of the 530 disclosures completed, 380 were Child Protection and the remaining 110 were third party requests. There is a slight increase this year.

The average monthly number of on-going cases before the Court for 2015/2016 at the end of the 3rd Qtr. was 446 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 2016/2017.

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 le utside firm (I)		New Legal Mo		
		A				~		
	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/2016 (Est)	2016/2017 (Projection)
Total CP files before the Courts (Monthly Averages)	336	395	425	437	452	445	446	448
CFSA Applications	340	352	342	367	353	303	322	326
Trials Scheduled	40	47	50	36	17	9	20	15
Trials Commenced	2	16	18	15	6	15	14	12
Cases Referred to Mediation	1	3	0	0	2	2	2	2
3rd Party Disclosures		55	109	179	148	122	110	127
Child Protection Disclosures		267	328	408	354	390	380	375
TOTAL DISCLOSURES		322	437	587	502	512	490	501



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 2015/2016.

	Internal Training	External Training	OACAS Training		
Sessions Offered	63	27	29		

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 and research programming, client records, audits and outcome measures for the Society by:

- 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;
- 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; 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 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. 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:

- Development of a framework to report our Quality Improvement Plan (QIP) to MCYS
- Reporting of PIs to MCYS
- Continued a program of research to strive for continuous improvement in working relationships with ethnocultural community partners and clients through interviews and focus groups with staff
- Undertook a staff workplace satisfaction and evaluation survey
- Submission of a manuscript to publish the agency's research project on case note quality
- Staff focus groups to gather feedback on how to further leverage technology in the agency
- A survey of the educational, employment, mental health, etc. achievements and challenges for youth transitioning out of care
- 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 2016/17 will focus on:

- Report progress and outcomes related to the Quality Improvement Plan (QIP)
- Continuing to report on the Balanced Scorecard indicators
- 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 12,916 square foot satellite office located at 33 Princess 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 the need and financial resources being available. The carpet in the Riverside Drive building needs to be replaced. It is over 12 years old and has become a health and safety concern. The poor condition of the carpet has been noted as a repeat item on workplace inspection reports performed at WECAS on a monthly basis. Management recommends replacing the carpet with carpet tiles. This will allow for a long-term solution as future 'wear and tear' can be managed by replacing individual tiles instead of the entire carpet in an office or workstation area. Management estimates the cost at \$200,000 to replace the carpet with carpet tiles across the entire building. Management will issue an open competitive procurement (i.e. RFP) in order to ensure compliance with the Ministry procurement directive and to ensure value for money.
- 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.

Our IT department will be maintaining our internal systems and infrastructure which includes the following:

- 1) Equipment supported:
 - a. 354 laptops
 - b. 29 servers
 - c. 326 Cell phones and Smartphone Enterprise Server
 - d. 28 x 2way radios
 - e. 9 photocopiers

- f. 8 scanners
- g. 2 locations (Windsor and Leamington offices)
- 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) 701 work orders per month (8416 per year)
- 3) 49% of work orders are responded to within one hour

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.

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.

In November 2015, WECAS received notice that it would begin to implement CPIN in the Fall of 2017. However, due to CPIN being years behind our Matrix functioning system, deployment was postponed so as not to place the children and families we serve in a vulnerable position.

WECAS is expected to discuss the future deployment date with the Ministry in the next fiscal year 2016-2017.

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, 2016-2017

The You Can Write A Child's Story Campaign has had a positive response from the community in its first year. From the Foundation's perspective, there has been an increase in fundraising revenues in all areas. For the Society, there has been a marked increase in awareness of our programs and services. The comprehensive marketing campaign launched in 2015 amongst local media outlets has brought to light the mandate and role of the Society in terms of enriching and strengthening children, youth and families of our community:

- We have had monthly exposure in the Windsor Star, AM800, and Snapd. A series of articles, videos and ads have introduced to the general public the true work of the Society as well as the many program opportunities that the Bill & Dot Muzzatti Centre was intended for. 16,000 visits per month take place in this Centre. Lives are being changed for the better and Success Stories are becoming more and more of the norm. As a result of these marketing initiatives, the media has been most accommodating in terms of highlighting events, current stories and timely notes about both the Society and the Foundation. It is crucial that we continue this momentum with the results being an increase in volunteers, foster parents and a marked embrace of our programs.
- As government funding continues to be stagnant or decrease, Donor stewardship and recruitment continues to be a priority. This past November at a Donor Appreciation Evening, the Bill & Dot Muzzatti Centre came alive with all of the programs that the Windsor-Essex Children's Aid Foundation supports. Displays and interactive exhibits were offered up reflecting the work of each room as current and potential donors had the opportunity to absorb the impact of the Centre. This also provided an opportunity for a number of our youth to relay their stories and express how WECAS has benefitted their lives. We have had success in securing major grants such as the Green Shield Community Donation Grant (\$100,000), TD (\$75,000) and CIBC Miracle Network (\$50,000). The Holiday Program netted \$45,000 in monetary donations this past year and approximately \$500.000 of in-kind gifts. Both of our signature special events, Gourmet Gardens and the Cops Care for Kids Fashion Show met with great success. In the year ahead, we will continue to pursue funding opportunities that open up so many possibilities for the clients we serve.

- The Foundation Board continues to be the key ambassadors for the You Can Write A Child's Story Campaign. New funding initiatives on behalf of the Foundation have broadened the mandate of the campaign. This past year, the Board approved Our Youth Charting the Course for the Future, an innovative expansion of the current Education programs. This program addresses the void that exists for many WECAS youth who do not currently post-secondary options for a variety of reasons. The Foundation Board has welcomed Katie Gibb-Minardi who has filled the Honourary Seat on the Board established for the Muzzatti family. Katie is the granddaughter of the late Bill and Dot Muzzatti. The Foundation Board will continue in the year ahead to share the many program options with potential donors.
- Setting the Stage for Tomorrow, A Symposium Calling to Action Issues Relating to Children and Youth was a collaborative effort with Chatham-Kent Children's Services, the Sarnia-Lambton Children's Aid Societies and partner agencies from Metro Detroit. The one day forum brought to light many of the issues that impact young people of our communities but more importantly offered up pro-active solutions that are being pioneered by individuals, organizations and businesses. WECAS works hand in hand with many of these initiatives and will continue to forge working partnerships, a lasting result of this meaningful day.
- In terms of the broader community, WECAS has been chosen as a finalist in the Pillar of the Community category of the 2016 Windsor-Essex Regional Chamber of Commerce Business Excellence Awards. This is a rare opportunity for the Society and Foundation to showcase their work to an audience of nearly 1000 at the April 20th event as well as to the community via the promotion that is associated with the event.
- As we expand our Leamington operations and enter into a collaborative model with many of our community partners, we will mark the launch of the Central 33 Hub with an official ribbon-cutting on Thursday, May 26th. This example of enhanced accessibility and improved synergy will take the You Can Write A Child's Story to another level for residents of Essex County.
- A priority for this past year was to launch a comprehensive Digital Communications Program. The Foundation's web-site has been
 completely refreshed and renewed. The Society's is to follow shortly. We have increased our presence on social media enhancing our
 number of followers. This has added yet another arm to our other successful marketing efforts. Creating a Culture of Digital
 Communications in the context of all our efforts including staff wellness and recognition as well as enhancing current campaigns such as
 foster parent recruitment will expand in the year ahead.

The campaign will continue to be evaluated by the measurement of 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 oversee the launch of the You Can Write A Child's Story Campaign. This included development of campaign materials including the Case for Support booklet, defining a look that includes the large film on the Society's Riverside Drive windows and co-ordinating the comprehensive marketing initiative that has been tied to the campaign. A key responsibility of the Manager this coming year will be to continue 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. The Foundation Board of Directors has endorsed a special event planned for May 3, 2017. The event spearheaded by the Muzzatti and Gibb families will be held at Caesars Windsor. The goal is for 600 guests with a financial objective of \$100,000 net that will be applied to the You Can Write A Child's Story Campaign. The Manager will work closely with the event task force to oversee all aspects of event planning.

2) Legacy Giving

The Manager will work in collaboration with a Legacy Giving Task Force of the Foundation Board to arrange for two major presentations to financial advisors and lawyers (Windsor Estate Planning Council and Law Association)

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 Manager will co-ordinate all elements associated with the Society's finalist role in terms of the Windsor-Essex Regional Chamber of Commerce Business Excellence Awards. The Society will continue to welcome community organizations to the agency (Chamber of Commerce, Circle of Seven, and Association of Fundraising Professionals (AFP) being examples).

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 an opportunity to acquaint donors through community events such as the Business Excellence Awards will be a focus. Current donors will attract new donors and also if satisfied 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) Media Relations

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 supervises the Digital Communications & Social Media Coordinator position and oversees all responsibilities applicable to that role.

6) Image Development

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) Marketing Campaign

The Manager will co-ordinate an extension of the successful first year Marketing Campaign evolving local media. The campaign will continue to focus on agency programs with impactful stories, videos and promotional ads.

8) <u>Holiday Program Appeal</u>

As a result of the agency's partnership with media via our marketing campaign, the Holiday Program received significant exposure of third party events, cheque presentations and the inner workings of the program itself. We will continue to build on this momentum particularly through social media and our renewed web-site.

9) Boards/Staff Face to Face Campaign

The annual giving campaign of the agency continues to grow. The 2015 drive saw 166 participants with staff participation up by 40 employees. The total cash and pledges was \$40,642.00 compared to \$25,584.00 in 2014. Plans to enhance interest even more in this initiative are a possible kick-off luncheon and ongoing video presentations to staff and board members throughout the duration of the campaign.

10) Grants/Foundations

The Manager in collaboration with the Chief Operating Officer, Service Directors and the Manager of Community Development, Prevention and Volunteer Services will identify grant/foundation funding opportunities that will benefit current and new programs. The Manager will co-ordinate the application processes and if successful all elements of recognition to the donor and assuring follow-up accountability expectations are met.

11) Community Hub 33

The Manager working together with Communication leads from all participating agencies of Community Hub 33 will oversee planning of a launch/official opening planned for Thursday, May 26, 2016. The objective will be to draw as much community exposure as possible to this innovative model that will enhance service delivery to children and families of Essex County.

12) <u>Family Day, 2017</u>

In partnership with AM800 and Leigh-Ann and James King, owners of Central Park Athletics, a major community event is being planned for Family Day 2017. The Central Park facility will be open to the community offering up numerous activities for families to participate in throughout the complex. This will be an opportunity for the Society to showcase itself as an advocate for families as well as being a fundraiser for the You Can Write A Child's Story Campaign.

13) <u>Digital Communications</u>

The Manager will oversee all aspects related to the position of the Social Media/Digital Communications Co-ordinator. Goals for the coming year include completion and roll-out of a renewed Society web-site, maintaining and updating of both Society and Foundation web-sites, enhanced utilization of social media sources, renewal of the Intranet site and increased opportunities to motivate and show recognition to staff.

7. YEAR IN REVIEW – Highlights

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

Community Hub 33

WECAS is teaming up with other community agencies in the Community Hub 33 in Leamington. The Hub will include the City of Windsor Employment and Social Services, the Windsor-Essex County Health Unit, Community Living Essex, and Children First. The Hub will revolutionize our services in the County. Residents will be able to find more services in one spot without having to travel to Windsor or other areas in Leamington or the County. The advantages from this collaborative and synergistic environment 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 and municipalities. WECAS began operating in the renovated 5th and 1st floors on February 22, 2016.

10. APPENDICES

Appendix A – Comparative Statement of Revenue and Expenses

										Yr to Yr			
	2013/2014		2014/2015		2015/2016		2016/2017		Variance		2017/2018		
Revenue		Actual		Actual	Forecast			Budget		(unfav)		Budget	
Ministry Funding	\$	56,206,847	\$	56,913,470	\$	58,058,371	\$	58,209,521	\$	151,150	\$	58,092,321	
Balanced Budget Fund	\$	-	,	-	5	-	\$	155,000	\$	155,000	\$	-	
Other Income & Expense Recoveries	\$	2,723,908	\$	2,415,544	\$	2,210,182	\$	2,126,574	\$	(83,608)	\$	2,105,308	
Total Revenue	\$	58,930,755	\$	59,329,014	\$	60,268,553	\$	60,491,095	\$	222,542	\$	60,197,629	
Client Costs													
Foster Care	\$	5,298,086	\$	4,963,093	\$	4,661,681	\$	4,416,148	\$	245,533	\$	4,371,986	
Group Care	\$	8,084,545	\$	7,127,601	\$	7,236,706	\$	7,215,797	\$	20,909	\$	7,143,639	
Other Care	\$	1,031,799	\$	1,236,319	\$	1,356,250	\$	1,557,310	\$	(201,060)	\$	1,541,737	
Adoption Probation	\$	33,834	\$	51,889	\$	46,038	\$	54,876	\$	(8,838)	\$	50,000	
Purchased Services_Client - Legal	\$	2,407,717	\$	1,696,202	\$	1,462,543	\$	1,468,080	\$	(5,537)	\$	1,443,080	
Purchased Services_Client - Other	\$	268,259	\$	312,193	\$	403,787	\$	349,000	\$	54,787	\$	341,121	
Clients Personal Needs	\$	962,413	\$	1,037,776	\$	983,413	\$	1,025,100	\$	(41,687)	\$	1,014,849	
Adoption Subsidies	\$	380,328	\$	392,903	\$	384,508	\$	397,000	\$	(12,492)	\$	397,000	
Targeted Subsidies	\$	175,750	\$	360,050	\$	546,250	\$	546,250	\$	-	\$	546,250	
Health & Related	\$	856,002	\$	1,095,109	\$	1,061,605	\$	1,087,000	\$	(25,395)	\$	1,076,130	
Program Expenses	\$	5,595	\$	1,264	\$	4,397	\$	4,500	\$	(103)	\$	4,500	
Permanency-Admission Prevention	\$	26,393	\$	40,700	\$	42,193	\$	45,000	\$	(2,807)	\$	45,000	
Sub-Total	\$	19,530,721	\$	18,315,099	\$	18,189,371	\$	18,166,061	\$	23,310	\$	17,975,292	
Staffing Cost													
Salary	\$	26,271,262	\$	27,118,432	\$	29,009,136	\$	28,541,509	\$	467,627	\$	28,526,924	
Benefits	\$	7,268,427	\$	7,479,872	\$	7,947,735	\$	8,219,002	\$	(271,267)	\$	8,214,192	
Travel	\$	2,370,157	\$	2,323,347	\$	2,094,865	\$	2,158,000	\$	(63,135)	\$	2,108,000	
Training & Recruitment	\$	85,488	\$	135,697	\$	140,839	\$	129,395	\$	11,444	\$	119,395	
Sub-Total	\$	35,995,334	\$	37,057,348	\$	39,192,576	\$	39,047,906	\$	144,670	\$	38,968,512	
Administration Costs													
Building	\$	1,477,335	\$	2,094,250	\$	1,043,140	\$	1,299,751	\$	(256,611)	\$	1,299,751	
Purchased Services_Non-Client	\$	488,488	\$	440,386	\$	300,489	\$	355,030	\$	(54,541)	\$	351,728	
Promotion & Publicity	\$	54,210	\$	51,376	\$	84,994	\$	70,935	\$	14,059	\$	65,935	
Office Administration	\$	336,980	\$	301,806	\$	314,148	\$	278,963	\$	35,185	\$	278,963	
Miscellaneous Exp.	\$	320,858	\$	336,746	\$	370,269	\$	381,915	\$	(11,646)	\$	356,915	
Technology Operating Costs	\$	726,829	\$	732,003	\$	773,566	\$	890,534	\$	(116,968)	\$	900,534	
Sub-Total	\$	3,404,700	\$	3,956,567	\$	2,886,606	\$	3,277,128	\$	(390,522)	\$	3,253,826	
Total Gross Expenditures	\$	58,930,755	\$	59,329,014	\$	60,268,533	\$	60,491,095	\$	(222,542)	\$	60,197,629	
Surplus / (Deficit)	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	
NET EXPENDITURES	\$	56,206,847	\$	56,913,470	\$	58,058,371	\$	58,364,521	\$	(306,150)	\$	58,092,321	

Appendix B – Comparative Boarding Estimates 2015/16 to 2016/17

	2015-2016 Forecast 2016-2017 Estimate											
Item	Cost*	Days*	Avg Rate	**	CIC Mix	Cost Forecast based on Days	Days Forecast based on Placement Trends	Cost Variance Forecast Forecast to Estimate	Days Variance Forecast Forecast to Estimate	Projected Avg CIC	Avg Rate	CIC Mix
Foster Care- Regular	2,576,171	70,719	36.43	196	33%	2,506,692	69,350	(69,479)	(1,369)	190	36.15	32%
Foster Care- Specialized	750,797	15,699	47.82	43	7%	787,745	16,425	, , ,	, , ,		47.96	8%
Foster Care - Treatment	625,451	6,937	90.16	20	3%	660,825	7,300	35,374	363	20	90.52	3%
Kinship Care	709,262	19,757	35.90	57	9%	460,886	12,775	(248,376)	(6,982)	35	36.08	6%
OPR Foster	2,459,735	17,875	137.61	48	8%	2,367,171	16,425	(92,564)	(1,450)	45	144.12	8%
OPR Group	4,776,971	14,916	320.26	41	7%	4,848,626	13,505	71,655	(1,411)	37	359.02	6%
Independent Living	336,222	7,219	46.57	21	3%	446,876	9,125	110,654	1,906	25	48.97	4%
ECM/CCSY	1,020,028	47,153	21.63	127	21%	1,110,434	49,275	90,406	2,122	135	22.54	23%
Total Paid Days	13,254,637	200,275	66.18	553	-	13,189,255	194,180	(65,382)	(6,095)	532	67.92	-
Free Days of Care	-	9,517	-	20	3%	-	6,570	-	(2,947)	18	-	3%
Total CIC for Ministry	13,254,637	209,792	-	573		13,189,255	200,750	(65,382)	(9,042)	550	-	-
Adoption Probation	46,038	9,863	-	30	5%	54,876	12,775	8,838	2,912	35	-	7%
Total Inc. Adoption Probation	13,300,675	219,655	-	603	-	13,244,131	213,525	(56,544)	(6,130)	585	-	100%

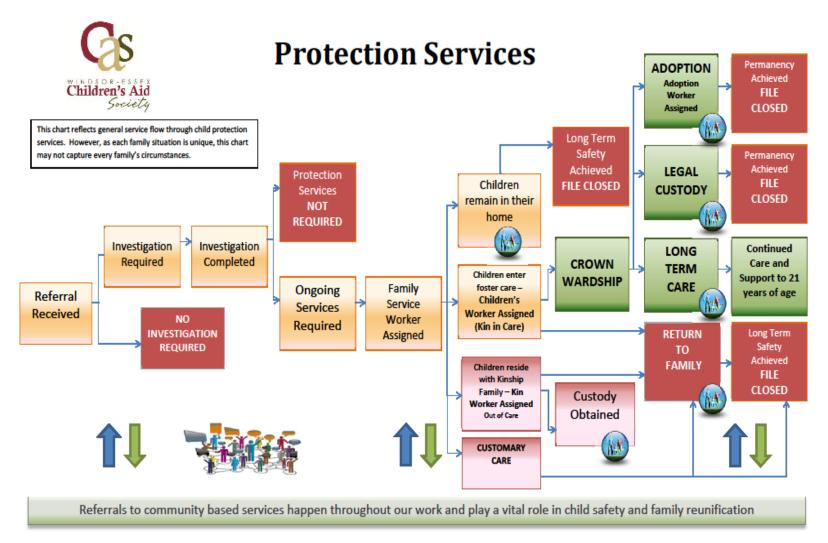
^{*}Excludes TAYs

^{**}Excludes OSW

Appendix C – 2015/2016 Continued Balance

Revenue	2013/2014 Actual			014/2015 Actual	015/2016 Forecast	2016/2017 Budget		
Ministry Funding	\$	56,206,847	\$	56,913,470	\$ 58,058,371	\$	58,209,521	
Balanced Budget Fund	\$	-	\$	=	\$ -	\$	155,000	
Other Income & Expense Recoveries	\$	2,723,908	\$	2,415,544	\$ 2,210,182	\$	2,126,574	
Total Revenue	\$	58,930,755	\$	59,329,014	\$ 60,268,553	\$	60,491,095	
Client Costs								
Foster Care	\$	5,298,086	\$	4,963,093	\$ 4,661,681	\$	4,416,148	
Group Care	\$	8,084,545	\$	7,127,601	\$ 7,236,706	\$	7,215,797	
Other Care	\$	1,031,799	\$	1,236,319	\$ 1,356,250	\$	1,557,310	
Adoption Probation	\$	33,834	\$	51,889	\$ 46,038	\$	54,876	
Purchased Services_Client - Legal	\$	2,407,717	\$	1,696,202	\$ 1,462,543	\$	1,468,080	
Purchased Services_Client - Other	\$	268,259	\$	312,193	\$ 403,787	\$	349,000	
Clients Personal Needs	\$	962,413	\$	1,037,776	\$ 983,413	\$	1,025,100	
Adoption Subsidies	\$	380,328	\$	392,903	\$ 384,508	\$	397,000	
Targeted Subsidies	\$	175,750	\$	360,050	\$ 546,250	\$	546,250	
Health & Related	\$	856,002	\$	1,095,109	\$ 1,061,605	\$	1,087,000	
Program Expenses	\$	5,595	\$	1,264	\$ 4,397	\$	4,500	
Permanency-Admission Prevention	\$	26,393	\$	40,700	\$ 42,193	\$	45,000	
Sub-Total	\$	19,530,721	\$	18,315,099	\$ 18,189,371	\$	18,166,061	
Staffing Cost								
Salary	\$	26,271,262	\$	27,118,432	\$ 29,009,136	\$	28,541,509	
Benefits	\$	7,268,427	\$	7,479,872	\$ 7,947,735	\$	8,219,002	
Travel	\$	2,370,157	\$	2,323,347	\$ 2,094,865	\$	2,158,000	
Training & Recruitment	\$	85,488	\$	135,697	\$ 140,839	\$	129,395	
Sub-Total	\$	35,995,334	\$	37,057,348	\$ 39,192,576	\$	39,047,906	
Administration Costs								
Building	\$	1,477,335	\$	2,094,250	\$ 1,043,140	\$	1,299,751	
Purchased Services_Non-Client	\$	488,488	\$	440,386	\$ 300,489	\$	355,030	
Promotion & Publicity	\$	54,210	\$	51,376	\$ 84,994	\$	70,935	
Office Administration	\$	336,980	\$	301,806	\$ 314,148	\$	278,963	
Miscellaneous Exp.	\$	320,858	\$	336,746	\$ 370,269	\$	381,915	
Technology Operating Costs	\$	726,829	\$	732,003	\$ 773,566	\$	890,534	
Sub-Total	\$	3,404,700	\$	3,956,567	\$ 2,886,606	\$	3,277,128	
Total Gross Expenditures	\$	58,930,755	\$	59,329,014	\$ 60,268,533	\$	60,491,095	
Surplus / (Deficit)	\$	-	\$	-	\$ -	\$	-	
NET EXPENDITURES	\$	56,206,847	\$	56,913,470	\$ 58,058,371	\$	58,364,521	

Appendix D - Protection Services Flowchart



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