

## YRCAS Operational Review Workplan – Fiscal Year in Review 2022-23

In the fall of 2020, the Ministry of Children, Community and Social Services (MCCSS) conducted an Operational Review of YRCAS, making recommendations in several areas aimed to support transformative change within our organization. Our Board of Directors and staff group accepted the challenge and have instituted numerous initiatives to strengthen the foundation on which to build a stronger organization that reflects our commitment to being an equitable and inclusive workplace and service provider to children, youth and families within our community.

The following report provides a summary of our key achievements over the past fiscal year (2022/23), reflecting the combined efforts of the Board of Directors and all of our staff. We celebrate the key achievements and the many actions that are underway to build a stronger organization and recognize that actions do not necessary mean that all staff are experiencing positive impacts. In a Staff Awareness Survey conducted in the fall of 2022, 70% of staff respondents were positive that planned changes would lead to a positive impact for children, youth and families and 71% of staff agreed that organizational approaches, actions and/or initiatives that address employee feedback are being implemented. As an organization, we remain open to listening and providing space for all staff to share their impressions of the work that has been completed and ideas for how we continue to build on what has been accomplished.

Only a few of the MCCSS recommendations resulted in deliverables that could be achieved with a single action to mark them as 'completed'. As an agency, we understand that transformative change will be achieved through continuing to build on the significant actions that have been completed, giving ongoing attention to the identified deliverables to ensure that the desired impacts are achieved and sustained.

### Definitions

**On Schedule** Actions are underway to achieve the recommendations/requirement

**Completed:** Completed and communicated.

**Completed – Ongoing** Significant actions have been completed to meet the requirement; the organization is committed to ongoing attention to the issue to ensure desired impacts are achieved.

	# of Deliverables arising from Recommendations	On Schedule	Completed	Completed – Ongoing	% Completed + Completed - Ongoing
<b>Leadership</b>	5	1	0	4	80%
<b>Diversity, Equity, Inclusion</b>	6	0	1	5	100%
<b>Human Resources</b>	10	3	0	7	70%
<b>Culture</b>	2	0	0	2	100%
<b>Governance</b>	2	0	0	2	100%
<b>Change Management</b>	2	0	0	2	100%
<b>Communication</b>	1	0	0	1	100%
<b>Services</b>	15	4	4	7	73%
<b>Totals</b>	43	18.6%	11.6%	69.8%	

Priority 1	To be initiated by September 30, 2021
Priority 2	To be initiated by March 31, 2022(Year One)
Priority 3	To be initiated by March 31, 2023(Year Two)

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RECOMMENDATION	OUTCOME/DELIVERABLE	PRIORITY	KEY ACHIEVEMENTS
<b>LEADERSHIP</b>			
Develop, communicate and implement a clear set of leadership principles, values and competencies for leadership at the society consistent with the established values of YRCAS.	All leaders in the organization (emerging leaders to CEO) will demonstrate behavior aligned with diversity, equity, inclusion, organizational values, and competencies as set out in the York Region CAS Leadership Competency Framework.	2	<ul style="list-style-type: none"> <li>- Mandatory Equity in Child Welfare Training</li> <li>- Implementation of Inclusive Leadership base on Korn Ferry Model</li> <li>- Focus on 'breaking the hierarchy' based on Harvard Business School leadership concepts</li> <li>- Employee Success Maps (Performance Appraisal) introduced/completed</li> </ul>
Develop clear direction, tangible strategy and goals for the organization, communicate and implement these across the organization.	The Society has an updated Strategic Plan effective in 2021 that sets the direction and priorities for the organization.	3	<ul style="list-style-type: none"> <li>- Strategic Planning process commenced; to be completed by April 2023</li> <li>- In response to feedback from internal and external stakeholders, organizational re-alignment process commenced</li> </ul>
Engage all staff in a review and commitment to the guiding principles and values of YRCAS. All staff, beginning with senior management, need to commit to key principles such as collaboration, staff engagement, and a strength-based approach in the workplace.	All Board members and staff demonstrate behaviours and commitment aligned with diversity, equity, inclusion, organizational principles and values, supporting a learning culture and respectful, healthy workplace.	2	<ul style="list-style-type: none"> <li>- All staff engaged in development of 360 Organizational Equity and Inclusion Plan</li> <li>- Staff engaged in consultations regarding healing and restoration (Consultant: Gessesse Consulting &amp; FSK &amp; Assoc)</li> <li>- Staff engaged in consultations regarding organizational structure (Consultant: Clear Ambitions)</li> <li>- Staff and community engaged in consultations (focus groups/surveys) regarding strategic planning (Consultant: LBCG)</li> <li>- Board Retreat to review staff and community feedback and establish strategic priorities</li> <li>- NEW Discrimination and Harassment by Service User, Community Service Provider, Vendor Policy approved</li> </ul>
Identify decision-making authority at all levels of the organization from the front-line up to the senior executives to make professional decisions and judgements appropriate to their role.	The organizational structure clearly defines, communicates, and supports best practice, balanced spans of authority, and effective, efficient, timely decision-making that is equitable, inclusive, and shares power.	2	<ul style="list-style-type: none"> <li>- Staff engaged in consultations regarding organizational structure (Consultant: Clear Ambitions)</li> </ul>
Develop staff feedback, input and consultation processes that will create an environment where staff input is both sought in appropriate ways and valued when received.	Staff feedback and consultation processes are established to create a safe environment where staff input is sought, valued, and implemented.	2	<ul style="list-style-type: none"> <li>- Project Oversight Steering Committee (POSC) initiated a review of Call for Participation process (2021) to further support diverse representation on agency planning forums</li> <li>- Staff Open Forums instituted</li> <li>- Twice monthly All Staff Meetings maintained; supported and chaired by a staff committee</li> </ul>
<b>DIVERSITY, EQUITY AND INCLUSION</b>			
The organization at every level will develop and maintain processes that support fair treatment, access, opportunity, and advancement for all people.	<p>Organizational processes are fair and equitable in the treatment of:</p> <ul style="list-style-type: none"> <li>• all staff;</li> <li>• service users;</li> <li>• community partners.</li> </ul> <p>All organizational structures promote diverse, equitable and inclusive policies,</p>	1	<ul style="list-style-type: none"> <li>- Process in place to integrate DEI into all organizational policies, procedures and practices</li> <li>- DEI Department providing ongoing consultation and active review of all policies, processes and practices using an anti-Racism, anti-Black, anti-Indigenous, and SOGIE and equity lens to integrate equity into all aspects and practices within the organization.</li> </ul>

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	procedures, and practices that are responsive to the needs of equity-seeking groups and that address racism/anti-Black racism.		
	The organizational Diversity, Equity and Inclusion plan includes all aspects of the organization; from Board governance to operations.	1	<ul style="list-style-type: none"> <li>- 360 Organizational Equity Plan shared following broad staff consultation</li> <li>- DEI Framework launched</li> </ul>
	The Society has integrated the One Vision, One Voice Race Equity Practices.	1	<ul style="list-style-type: none"> <li>- DEI Specialist assigned oversight of One Vision, One Voice (OVOV) portfolio, OVOV workplan established</li> <li>- Actioning on all 11 race equity practices in 2022/23</li> </ul>
	The Society has integrated the Truth and Reconciliation commitments with respect to child welfare as well as the 9 Indigenous Commitments.	1	<ul style="list-style-type: none"> <li>- Honouring Indigenous Commitments Committee established; workplan in place to support integration of Reconciliation commitments and calls to action</li> </ul>
	The Society has integrated the 2SLGBTQ+ provincial recommendations and practices.	1	<ul style="list-style-type: none"> <li>- DEI Specialist assigned oversight of 2SLGBTQ+ portfolio; workplan established</li> <li>- Pride at Work Council (Employee Resource Group )established</li> </ul>
The Board governance and work environment will be one where all individuals and groups are welcomed, respected, supported, and valued.	The Society's work environment is safe, welcoming, respectful, and supportive. The Society's consultation and decision-making framework includes comprehensive feedback mechanisms.	1	<p>Multiple actions and processes have been established to support this recommendation and deliverable:</p> <ul style="list-style-type: none"> <li>- 360 Organizational Equity Plan</li> <li>- DEI Framework</li> <li>- HR Framework</li> <li>- Staff Open forums</li> <li>- Calls for Participation</li> <li>- Multiple Surveys</li> <li>- Staff Engagement Survey</li> <li>- Chai and Chats</li> <li>- All Staff Meetings</li> <li>- Employee Resource Groups established</li> <li>- Mandatory Equity Training</li> <li>- Ongoing DEI Training</li> <li>- Mandatory Antisemitism Training</li> <li>- Allyship Guide and Tip Sheet developed</li> <li>- Employee Success Maps</li> </ul>
<b>HUMAN RESOURCES</b>			
Ensure that the Human Resources function is a resource for all staff in the organization and Diversity, Equity and Inclusion is integrated as a priority throughout the HR Framework.	The Society has a Human Resource Framework aligned with the Strategic Plan and organizational values that supports the delivery of timely, efficient, and equitable human resource practices and processes to support staff.	1	<ul style="list-style-type: none"> <li>- HR Framework aligned with DEI Framework and 360 Organizational Equity/Inclusion Plan introduced</li> </ul>

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	The Society's Human Resource Department has the resources, skills, diverse representation, reporting structure and capacity to ensure the department can respond to the needs of all staff in the entire organization.	1	<ul style="list-style-type: none"> <li>- HR Department completed a reorganization with the hiring of a new HR Director.</li> <li>- Role clarity for the following positions was established and communicated – HR Business Associate, HR Advisor, HR Coordinator</li> <li>- Enhanced HR/DEI collaboration with co-led/co-accountable initiatives</li> <li>- HR Department rebranding to People and Culture Department wherein Human Resources is one function</li> </ul>
Develop and implement a wellness framework, the purpose of which is to support staff and reduce work-related stress and burnout.	The Society's HR Framework includes a wellness strategy that is resourced to prioritize wellness promotion, prevention, and intervention for all staff.	3	<ul style="list-style-type: none"> <li>- Multiple wellness initiatives launched including wellness seminars, virtual fitness classes, staff socials etc</li> <li>- YRCAS Employee Wellness Strategy embedded in HR Framework</li> <li>- All Staff Fitness Challenge</li> <li>- New EAP provider (Homewood Health) to provide increased opportunities for alternative care providers and culturally sensitive services</li> </ul>
Establish clear hiring processes that are fair, open, and free of bias or favouritism.	The Society has equitable recruitment, hiring and promotion practices that are transparent and clear.	1	<ul style="list-style-type: none"> <li>- New interview tools and scoring techniques introduced to ensure equitable selection of candidates</li> <li>- March 2023, ADP Applicant Tracking system ready for testing</li> </ul>
Develop and implement a competency-based performance management system.	The Society has implemented a knowledge and competency-based performance review process that is aligned with the organization's priorities and values that evaluates and supports the development of skills, behavior and goals	3	<ul style="list-style-type: none"> <li>- Employee Success Maps tool and training developed and timelines for completion for all staff established</li> </ul>
Develop a process for assessing workload for all areas of the organization and a process through which identified workload issues can be addressed.	The Society has implemented a workload assessment process that provides data to establish a baseline understanding of what constitutes a manageable workload for all job functions in the organization.	1	<ul style="list-style-type: none"> <li>- Staff feedback solicited via a survey and focus groups to inform workload review</li> <li>- Workload Review Project final report pending; expected completion/recommendations June 2023 (Consultant: LBCG)</li> </ul>
Develop and implement a training and development plan for the organization that ensures increasing competency for all staff.	The Society has an integrated learning and development plan for all roles that provides for onboarding, training, mentoring and coaching, and opportunities for cross training.	3	<ul style="list-style-type: none"> <li>- Signs of Safety identified as agency service model, pre-implementation planning occurring under leadership of a SOS Steering Committee and Core Project Team (Consultant: Elia International)</li> <li>- Staff Onboarding Pilot developed and implemented by Protection Department</li> </ul>
	All staff have opportunities to access additional learning opportunities to further their development.	3	<ul style="list-style-type: none"> <li>- Multiple learning opportunities available via OACAS, Chai and Chats, Legal Clinics, Guest Speakers/Community Partnerships</li> <li>- Registration and completion of mandatory Equity Training for all staff maintained</li> <li>- Mandatory Indigenous focused learning for all new staff (Shannon Crate, Chippewas of Georgina Island First Nation)</li> <li>- Mandatory Antisemitism Training</li> </ul>
Ensure that there are meaningful and effective complaint processes available to all staff.	The Society has a meaningful and effective resolution process available to all staff, (of which all staff are aware), that includes a spectrum of options for staff to	1	<ul style="list-style-type: none"> <li>- Consultation and Decision-Making Framework to support employee complaint resolution and restoration shared with staff</li> <li>- The Neighborhood Group (TNG) contracted to provide early resolution through facilitated conversations and mediated initiatives towards holistic resolution</li> </ul>

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	safely approach complaint discussions from early issue resolution to whistle-blower processes.		- HR Department has re-established a relationship with a 3 <sup>rd</sup> Party Investigator firmly rooted with lived experience to support the achievement of an objective and equitable complaint resolution process when necessary.
Conduct a full review of all other HR functions, including leaves, accommodations, and return to work processes, ensuring that policies, procedures and practices are equitable and consistent with Diversity, Equity and Inclusion principles.	The Society's Human Resource policies, procedures and processes are aligned with legislated requirements and reflect the organization's values/priorities including diversity, equity, and inclusion.	3	<ul style="list-style-type: none"> <li>- HR Framework shared with staff</li> <li>- All approved/current agency policies accessible by staff via Policy Tech</li> </ul>
<b>CULTURE</b>			
Acknowledge and validate the lived experience of all staff, as uncovered through the Operational Review and develop a process or processes that will allow the majority of people to draw a gentle curtain on the past and focus forward.	Processes are established for internal restoration and healing including safe environments for restorative conversations and addressing difficult issues between staff at all levels, with the goal to build a supportive, inclusive, and equitable organization conducive to collaborative work and learning.	1	<ul style="list-style-type: none"> <li>- Healing and Recovery Project Report shared with staff (Consultant: Gessesse Consulting &amp; FSK &amp; Assoc)</li> <li>- Review of the Healing and Recovery (Transformation) recommendations and actions identified as required to move forward was conducted and Development update shared with staff</li> <li>- Employee Resource Groups (ERG) established – Black Staff Advisory Council, Asian Heritage ERG, South Asian ERG, Jewish Heritage ERG, Pride at Work Council ERG</li> </ul>
Establish and implement a permanent process for auditing the health of the organization.	The Society has implemented a system to measure the health of the organization on a permanent and on-going basis, the results of which are shared with the Board, Ministry, all staff, resource parents, volunteers, identified external partners, and publicly posted.	3	- Staff Engagement Survey conducted focused on identifying staff awareness of various initiatives and projects completed or underway; results shared with all staff in February 2023; survey highlighted areas of strength and opportunity (Consultant: LOFT)
Develop and incorporate a staff issue resolution process whereby issues can be raised and resolved at the lowest level in the Society without fear.			
<b>GOVERNANCE</b>			
The Board conduct a full review of its governance structures to ensure these structures are designed to properly hold senior staff accountable to the strategic plan of the Society.	The Board holds senior staff accountable to the strategic plan.	1	<ul style="list-style-type: none"> <li>- CEO Performance Assessment established by Board identifying objectives and Key Measures for CEO performance</li> <li>- Board Governance Committee worked with consultant to review and update all Board policies and bylaws; Board approved all updates in February 2023 (Consultant: IOG)</li> <li>- Board initiated review of Strategic Plan; Board/Staff Steering Committee working alongside consultant; April 2023 launch anticipated (Consultant: LBCG)</li> </ul>
The Board develop a robust feedback strategy to ensure that in addition to financial performance, the health of the organization is also tracked and monitored.	The board has a robust feedback strategy and monitors all aspects of organizational health.	1	<ul style="list-style-type: none"> <li>- Staff Engagement Survey conducted with results shared with all staff and Board in February 2023; survey highlighted areas of strength and opportunity (Consultant: LOFT)</li> <li>- CEO accountable to provide monthly CEO Report to Board for review. Report contains information and metrics related to Child and Family Wellbeing, Community Relations, Communications, DEI, Culture Transformation, Wellness and A Financial Forecast</li> </ul>

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<b>CHANGE MANAGEMENT</b>			
Adopt a clear change management framework for each significant initiative that identifies the change being made, the rationale, timeframes, accountabilities, supports and resources, and metrics.	The Society has adopted a clear change management framework for each significant initiative that identifies the change being made, organizational readiness, rationale, timeframes, accountabilities, supports and resources, and metrics.	1	- March 2023, Planning underway to recruit a Change Management Lead to support broad organizational implementation of the Signs of Safety Model over the next 2 years
	Resources are in place to support the review, prioritization, and coordination of all current and new initiatives in the organization.	1	- POSC Terms of Reference reviewed and amended to primarily focus on timing and initiation of organizational initiatives established to minimize impact to staff and ensure diverse representation on agency forums
A transparent, open and structured communications plan needs to be developed, and communications needs to become a key component of all change management initiatives. In addition, regular channels for communicating to staff, the union executive and to community partners need to be developed collaboratively to ensure an open and transparent environment is both created and modelled.	The Society's communication plan is foundationally built on engagement of internal staff and external stakeholders. The Communication Plan reflects commitment to transparent, open, and structured communications aligned with the agency Strategic Plan and sector priorities. Communication planning is incorporated into all change management initiatives, projects and decision making.	1	- New Communications Team in place (Manager (Apr '22), Specialist (Dec '22) and Coordinator (Jan '23). - June 2022, New agency website launched (yorkcas.org) - Fall 2022, External Community Newsletter launched - January 2023, Internal Newsletter, <i>the Buzz</i> , launched - 2022/23, Staff Open Forums hosted to create opportunities for idea sharing, Q&A, discussion - September 2022, broad community outreach commenced resulting in strengthening of community partnerships - Community Engagement Event planned for March 25-26, 2023. -

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<b>INTAKE SERVICES</b>			
Review policies, processes, and practices to ensure compliance with ministry Fast Track Policy Directive; cease any practice of requesting that staff complete record checks in the absence of child protection referrals; review all instances where record checks were completed in the absence of child protection referrals and ensure compliance with Part X	The Society will address and implement all recommendations relating to Child in Care Services in the File Review of 2020.	2	<ul style="list-style-type: none"> <li>- CPIN Search and Support Team in place, responsible to conduct all record searches within organization</li> <li>- Email communication to all staff to adhere to record check practices and processes that align with the Ministry's Fast Track/CPIN Policy Directive and Part X</li> <li>- Lead assigned to develop a policy and procedure in accordance with the Ministry's Fast Track/CPIN Policy directive and agency practices</li> <li>- Privacy Officer and agency legal counsel provide ongoing training to service teams to support understanding and compliance with Part X requirements</li> <li>- Annual reporting to Information and Privacy Commissioner (IPC)</li> <li>- Service File Audit completed reviewing investigations completed with no further protection concerns related to referrals coded as child exposure to partner violence; recommendations incorporated into YRCAS response to cases of Intimate Partner Violence</li> <li>- York Region Violence Against Women Collaborative Response Protocol updated and shared</li> <li>- YRCAS Intimate Partner Violence (IPV) Team established; IPV Team working in collaboration with York Region Centre for Community Safety (the HUB)</li> </ul>
Review a larger sample of investigations completed with no further protection concerns related to referrals that are coded as child exposure to partner			

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<p>violence to determine if a less intrusive approach could be used to mitigate risk.</p> <p>Review and assess the York Region Violence Against Women Collaborative Response Protocol (the "Protocol") to guide decision-making with respect to child exposure to partner violence; reach out to community VAW service providers to assess how well the CAS/VAW Collaboration Agreement is working in York Region with a view to enhancing communication, collaboration and coordination of services with these organizations.</p> <p>Complete investigations transferring to ongoing family services within legislated timelines and where not possible, provide a documented rationale for departing from this requirement.</p>			<ul style="list-style-type: none"> <li>- Internal IPV Committee continues to review best practices and build community collaborations through review of case situations, as required</li> <li>- Transfer of Service: From Intake and Assessment to Services for Families Guide completed and reviewed with departmental staff. The Guide reiterates the requirements for supervisory consultation and documentation of rationale when a departure from a Child Protection Standard is necessary</li> </ul>
<b>ONGOING SERVICES</b>			
<p>Review a larger sample of ongoing family service files to determine if the current supervision approach aligns with the society's service delivery model and includes a clinical assessment of the family's progress to addressing risk and safety factors.</p> <p>Supervisors to ensure that all case closure documentation complies with Child Protection Standard #8 prior to approving a case for closure.</p>	The Society will address and implement all recommendations relating to Child in Care Services in the File Review of 2020.	2	<ul style="list-style-type: none"> <li>- A Practice of Supervision Framework was developed in 2018 and continues to be an active reference document; the Framework requires a review to ensure it strongly supports agency commitment to DEI and aligns with Signs of Safety practice model</li> <li>- Service File Audit completed to examine ongoing family service files to determine if the current supervision approach was in alignment with the Supervision Framework and service delivery model; recommendations were shared for consideration</li> <li>- Service File Review results yielded high compliance in most areas with respect to Child Protection Standard 8: Case Closure</li> <li>- Diversity, Equity, and Inclusion Community Resource &amp; Service Directory Service to Diverse Identities created and made available to all staff to support access to relevant community supports for children, youth and families</li> <li>- Quality Improvement Plan (QIP) Dashboards introduced to support supervisors to review all areas of QIP compliance, including timeliness of case closing documentation</li> <li>- Policy and Procedure review of all service areas underway with local reference teams providing consultation; deadline for policy review/update is December 2023</li> </ul>
<b>CHILDREN'S SERVICES</b>			
<p>Review of child-in-care files across a larger sample of files to ensure that risk and safety factors are appropriately addressed prior to returning children and youth home.</p> <p>Review internal decision-making processes as well as roles and responsibilities of staff at all levels of the organization to address concerns related to both admitting and discharging children from care, and to ensure decisions are made in the best interests of the child, including taking into account the child's wishes.</p>	The Society will address and implement all recommendations relating to Child in Care Services in the File Review of 2020.	2	<ul style="list-style-type: none"> <li>- Service File Review conducted to review decision making at time of discharge; findings identified that risk and safety factors were addressed, and agency staff remained engaged to support the child and family post discharge; recommendations arising from review incorporated into case planning</li> <li>- Keeping Children Youth with Family Case Conference model remains active</li> <li>- Pre-Implementation of <i>Signs of Safety</i> underway; implementation to commence May 1, 2023</li> <li>- April 2022, Policy software (Navex/Policy Tech) purchased to support enhanced accessibility and awareness of agency policies</li> <li>- HR Policy review supported Policy Advisor/Writer</li> <li>- Children's Service and Resource Services policies reviewed, updated and accessible via Policy Tech</li> <li>- Draft <i>Admission to Care Policy</i> completed with target completion date of Apr 1, 2023.</li> </ul>

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<p>Establish policies and procedures to address foster parent concerns and complaints related to child-in-care services; establish processes to enhance relationships with foster parents.</p>			<ul style="list-style-type: none"> <li>- Resource Parent Complaint Resolution policy updated and approved in consultation with resource parent staff advisory council</li> <li>- Resource Parent Complaint Resolution Policy reviewed and updated in consultation with resource community</li> <li>- Foster Parent Appreciation Week celebrated virtually with several resource parents sharing their experiences</li> <li>- Resource Parent /Staff Advisory Council established via an call for participation</li> <li>- Resource Parents feedback sought as stakeholders to strategic planning process via focus group and survey</li> <li>- Resource Parents invited to attend virtual training opportunities open to all staff (i.e. Chai and Chats)</li> <li>- Resource Parents invited to Staff Appreciation Event at agency office</li> <li>- All staff communication shared with resource parents via Resource Parent Portal</li> <li>- Foster Parent Association (FPA) Executive meet with agency staff monthly to review policy changes, emerging issues, etc</li> <li>- Agency staff provide updates at FPA Membership meetings, as required</li> </ul>
<b>ADOPTION SERVICES</b>			
<p>Agency to develop guidelines and clear expectations for completing adoption finalization documentation.</p> <p>Agency to better understand the reasons for the delays in finalizing adoptions and develop strategies to finalize adoptions in a timelier way.</p>	<p>The Society will address and implement all recommendations relating to Child in Care Services in the File Review of 2020.</p>	<p>2</p>	<ul style="list-style-type: none"> <li>- <i>Admission to Permanency</i> process map completed in consultation with agency staff with a plan to present to Service Supervisors in April 2023 for implementation</li> <li>- <i>Social History Template</i> and <i>Guideline</i> created and communicated</li> <li>- Process/timelines for completion and approval of Social History updated and communicated</li> <li>- Review of Adoption policies and procedures in progress; target completion for October 1, 2023</li> </ul>