Kawartha Haliburton Children's Aid Society

Safe Kids. Strong Families. Thriving Communities.

2026-2027 Annual Business Plan

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Executive Summary

Kawartha-Haliburton Children's Aid Society (KHCAS) is responsible for delivering child welfare services to children, youth, and families across the City of Kawartha Lakes, Haliburton County, and the City and County of Peterborough. The organization works in partnership with families, communities, and service providers to ensure the safety and well-being of children and youth while supporting positive and sustainable family outcomes.

KHCAS is currently operating within a complex and evolving child welfare environment characterized by increasing service demand, rising client complexity of need, service system limitations, and strained financial pressures. The needs of children requiring care, along with the cost of placement services, has increased in recent years, contributing to ongoing operating deficits and highlighting the need for organizational transformation.

In response, KHCAS has undertaken a revised Expenditure Needs Plan (ENP) **Appendix A**, engaged in a Collaborative Operational Review (COR) and developed a subsequent work plan, with MCCSS **Appendix B,** developed a multi-year Deficit Management Plan (DMP) **Appendix C** and a Strategic Priorities Alignment **Appendix D**. These initiatives form the foundation of the organization's transformation strategy and are focused on:

- Redesigning service delivery to better align with client needs
- Strengthening prevention and early intervention services
- Expanding community partnerships and supports
- Reducing reliance on high-cost external placements
- Improving operational efficiency and financial sustainability

The organization continues to advance four core Strategic Directions:

- Strengthening Communities – Enhancing partnerships and prevention-focused supports
- Evidence Informed Services – Delivering consistent, high-quality, data-informed services
- Workplace of Choice – Supporting a stable, skilled, and engaged workforce
- Operational Excellence – Strengthening efficiency, governance, and accountability

These Strategic Directions guide all decision-making and are directly supported through COR and DMP initiatives.

KHCAS is committed to advancing equity, diversity, and inclusion (DEI) across all aspects of its work. This includes ensuring equitable access to services, reducing disparities in outcomes, and providing culturally responsive supports that reflect the diverse needs of the communities served.

Through the combined implementation of its strategic priorities, operational transformation initiatives, and financial management strategies, KHCAS is working toward:

- Improved outcomes for children, youth, and families
- Increased access to community-based and prevention-focused supports
- Reduced reliance on high-cost placement resources
- A sustainable and aligned workforce model
- Stabilization of the organization's financial position

Strong governance, performance measurement, and risk management frameworks support the implementation of this plan and ensure ongoing accountability in operations to the agency governance, Board of Directors and stakeholders.

Looking ahead, KHCAS will undertake a comprehensive strategic planning process in Fall 2026, supported by an external partner. This action will establish a refreshed long-term vision that builds on current transformation efforts and aligns with the evolving child welfare landscape.

KHCAS Overview

Kawartha-Haliburton Children's Aid Society (KHCAS) is responsible for providing child welfare protection services across the City of Kawartha Lakes, Haliburton County, and the City and County of Peterborough. The Society works in partnership with families, communities, and service providers to ensure the safety and well-being of children and youth while supporting positive family outcomes.

KHCAS is currently undergoing a period of significant organizational transformation, driven by evolving service demands, increasing client complexity of need, service system limitations and sustained fiscal pressures within the child welfare sector.

Through the implementation of a Collaborative Operational Review (COR) and a multi-year Deficit Management Plan (DMP), the Society is focused on:

- Realigning its service delivery model to better meet the needs of children, youth, and families
- Strengthening community partnerships and prevention services
- Enhancing internal capacity, including foster care and kinship resources
- Improving organizational effectiveness, transparency, and accountability
- Ensuring long-term financial sustainability

This transformation includes a shift toward:

- Supporting children and youth safely within their families and communities wherever possible
- Reducing reliance on high-cost external placements
- Investing in early intervention and family support strategies in partnership with community service providers
- Implementing evidence-informed practices, including the Signs of Safety framework

At the same time, KHCAS is actively managing financial pressures through disciplined planning and operational changes designed to align expenditures with available funding, while maintaining its core mandate to protect children and youth and support families to thrive.

These efforts position the Society to deliver sustainable, effective, and community-centered child welfare services in an increasingly complex and resource-constrained environment.

Strategic Priorities

KHCAS continues to operate under its current Board-approved Strategic Plan, developed to extend to 2024. The strategic plan establishes the organization's core priorities and direction. These priorities remain relevant and continue to guide the Society's work.

At the same time, the organization is responding to significant changes in the operating environment, including increasing service complexity, sector transformation, and ongoing financial pressures. In response, KHCAS has engaged with MCCSS in a Collaborative Operational Review (COR) and developed a multi-year Deficit Management Plan (DMP) to strengthen operations, improve outcomes, and support long-term sustainability.

These initiatives do not replace the current Strategic Plan; rather, they support its implementation by:

- Aligning service delivery with best practices and evolving community needs
- Strengthening operational effectiveness and accountability
- Addressing financial pressures through targeted, measurable actions
- Supporting a shift toward prevention, early intervention, and community-based care

Recognizing the pace of change within the sector, KHCAS will be undertaking a comprehensive strategic planning process in Fall 2026, supported by an external partner engaged through a formal procurement process currently underway. This work will build on the progress achieved through the COR and DMP and will establish refreshed strategic directions aligned with future system needs.

Alignment with Operational and Financial Plans

The Society's strategic directions are supported through a coordinated set of operational and financial initiatives, including the Collaborative Operational Review (COR) and the Deficit Management Plan (DMP).

These initiatives provide a clear line of sight between strategic priorities and implementation actions. A detailed mapping of this alignment is included in **Appendix B**.

Strategic Directions

1. Strengthening Communities

KHCAS is committed to working collaboratively with community partners, families, and service providers to strengthen the network of supports available to children and youth.

Key areas of focus include:

- Enhancing community partnerships and collaboration
- Supporting early intervention and prevention services
- Improving access to coordinated, culturally responsive supports

- Increasing community awareness and understanding of services and KHCAS mandate

This direction reflects the Society's commitment to keeping children safely within their families and communities wherever possible

2. Evidence Informed Services

KHCAS strives to deliver high-quality services that are informed by evidence, data, and best practices.

Key areas of focus include:

- Implementing evidence-based frameworks such as Signs of Safety
- Strengthening quality assurance and continuous improvement processes
- Using data and evaluation to inform service delivery and human resource decisions
- Enhancing outcomes through consistent and effective practice

This approach ensures that services are responsive, effective, and aligned with sector expectations.

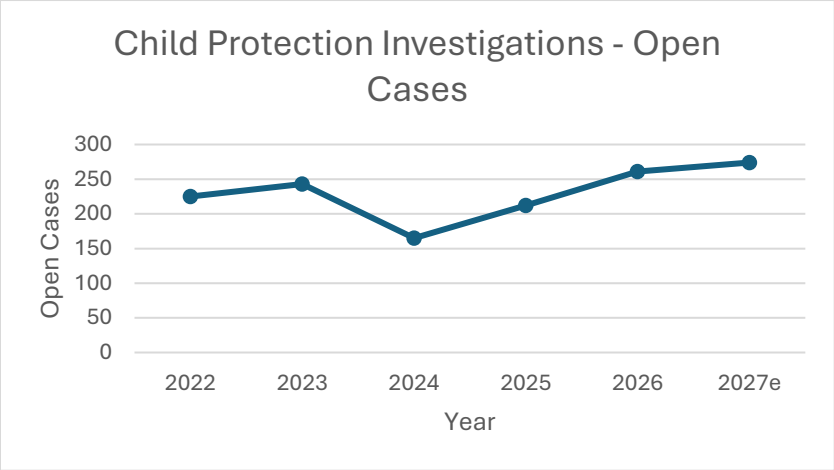

Figure (A)

Change in volume projected aligns with ensuring referrals are screened within the Eligibility Spectrum expectations. Particular attention has been focused on consideration of referrals related to Intimate Partner Violence. Practices have been refreshed to include increased consideration of potential impacts through a child protection lens.

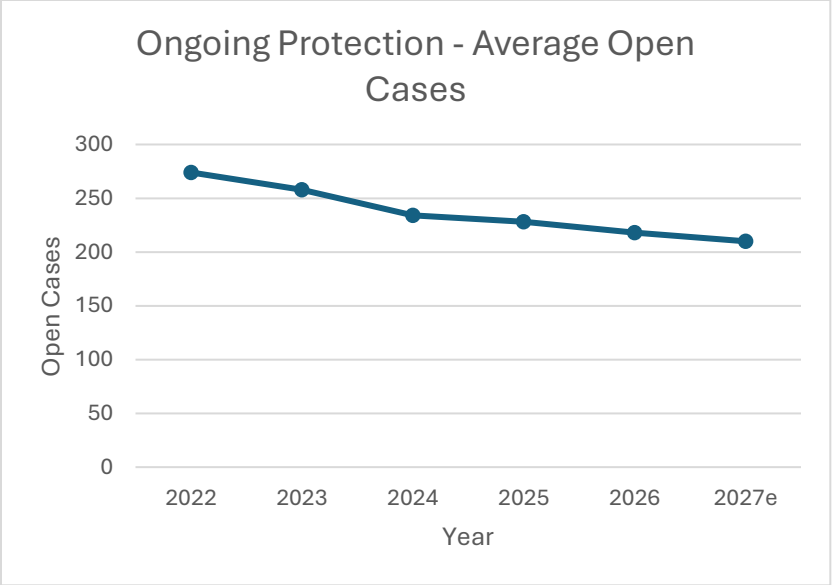

Figure (B)

The reflected estimates align with Signs of Safety approach where strengths of families appreciated.

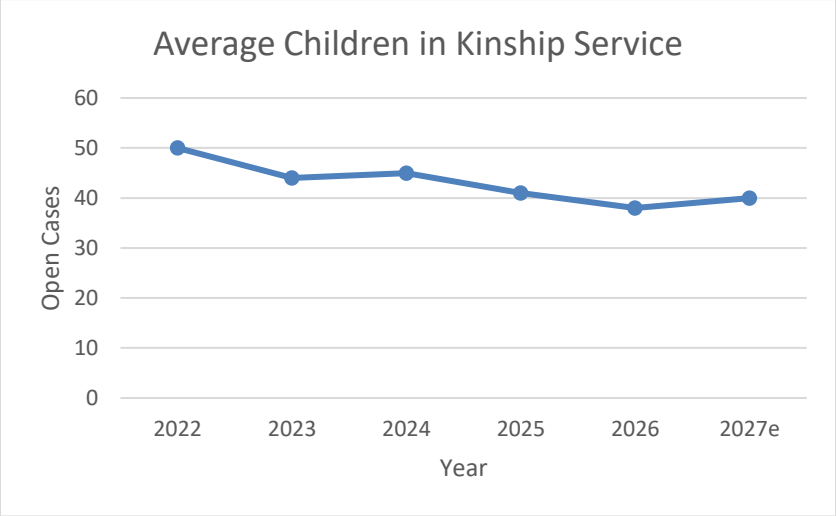

Figure (C)

The reflected estimates show renewed expectation on consideration of kin when placement away from parents is needed. Implementation of financial supports and theoretical framework will support this. Proportionally, goal is to return to increased level of use.

3. Workplace of Choice

KHCAS is committed to fostering a workplace environment that supports staff engagement, well-being, and professional development.

Key areas of focus include:

- Supporting a positive and inclusive organizational culture
- Investing in training, leadership development, and staff capacity
- Promoting employee wellness and retention
- Strengthening communication, transparency, and engagement

A strong and supported workforce is critical to delivering quality services and achieving organizational objectives

4. Operational Excellence

KHCAS aims to operate efficiently and effectively to ensure resources are used responsibly and aligned with service priorities.

Key areas of focus include:

- Streamlining processes and reducing administrative burden
- Leveraging technology to improve service delivery and efficiency
- Strengthening governance, accountability, and decision-making
- Aligning financial resources with organizational priorities

This direction supports long-term sustainability and ensures the organization can meet its mandate within available funding.

Financial Overview and Sustainability

KHCAS operates in a provincially funded environment where resources are established annually by the Ministry of Children, Community and Social Services (MCCSS) . In recent years, the organization has experienced increasing financial pressures, driven by:

- Reduced funding allocations
- Rising service complexity
- Increased costs associated with children in care, particularly external placements
- Ongoing inflationary pressures affecting salaries, benefits, and purchased services
- Evolving expectations within the child welfare sector

These pressures have resulted in operating deficits in recent years, reinforcing the need for a structured and sustainable financial response, recognizing simultaneously the service needs of people in our community.

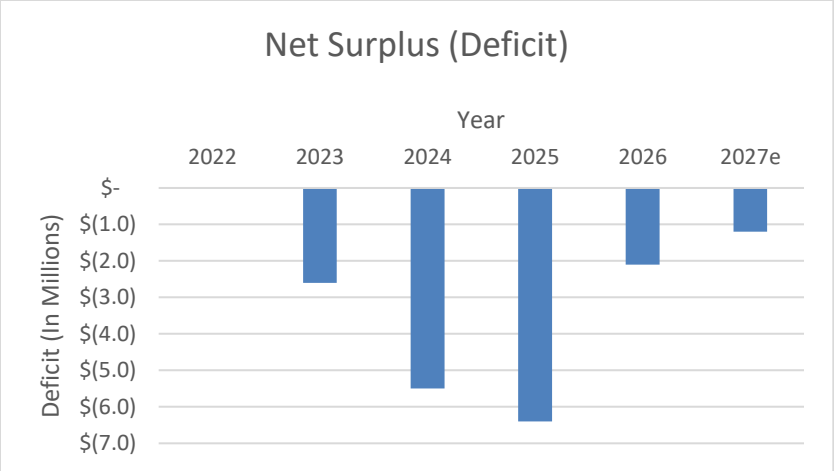

Figure (D)

Reflects a decreased deficit expected as a result of the DMP, COR and strategic priorities

Deficit Management and Financial Strategy

To address these challenges, KHCAS has developed and is actively implementing a multi-year Deficit Management Plan (DMP).

The plan includes a combination of:

- Cost reduction strategies
- Service delivery transformation initiatives
- Organizational restructuring and efficiency measures
- Ongoing financial oversight and accountability

The DMP targets approximately $15.9 million in savings over a three-year period, with the majority of savings focused on:

- Managing key cost drivers, particularly placement expenses
- Aligning staffing levels with service needs
- Enhancing operational efficiencies and administrative controls

Key Financial Drivers and Actions

The organization's financial strategy is focused on addressing the primary drivers of cost pressures:

1. Placement System Transformation

- Reducing reliance on high-cost external placements
- Expanding internal foster care and kinship service capacity

- Supporting prevention and early intervention strategies

2. Workforce Alignment

- Aligning staffing levels with service volumes
- Managing compensation growth through collective bargaining
- Ensuring appropriate allocation of resources across programs

3. Operational Efficiency

- Streamlining administrative processes
- Leveraging technology investments to improve productivity
- Expanding shared services opportunities

Financial Outlook

Through the implementation of the DMP and associated operational initiatives, KHCAS is working toward:

- Reducing annual operating deficits
- Stabilizing its financial position over the planning period
- Ensuring alignment between expenditures and available funding
- Maintaining service quality while improving cost efficiency

While financial pressures remain a significant challenge, the organization's proactive approach positions it to achieve a more sustainable financial footing.

Further details regarding the Society's funding, revenues, expenditures, and financial projections are outlined in the following Funding and Budget Overview section.

Funding and Budget Overview

The following section provides an overview of KHCAS' funding sources and planned expenditures, reflecting the financial strategies and priorities outlined above.

Funding Overview

The funding model for Ontario's child welfare sector has remained largely unchanged since its introduction in 2013/14. Under this model, approximately 50% of funding is driven by socio-economic indicators and 50% by service volume. Despite evolving service demands and increasing

complexity of service needs, the overall provincial funding envelope has not kept pace with inflationary pressures or the rising cost of service delivery.

KHCAS continues to operate within a constrained fiscal environment characterized by declining real-dollar funding, increasing service complexity, and sustained cost pressures. While incremental funding enhancements have been provided for targeted initiatives (e.g., Ready, Set, Go program), these investments do not fully offset broader structural funding gaps.

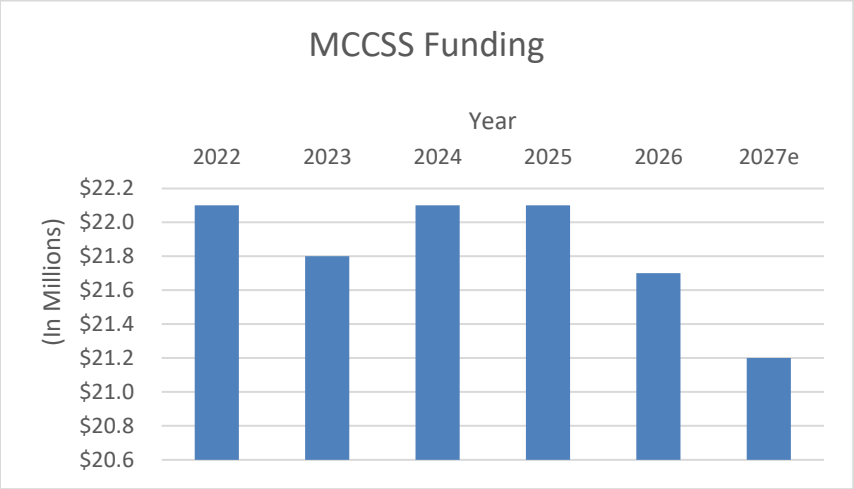

Figure (E)

Financial Position and Outlook

The Society has experienced ongoing financial pressure over the past several years, with deficits increasing significantly in recent periods. This trend reflects a structural imbalance between available funding and the true cost of delivering mandated services

Although temporary stabilization occurred during the COVID-19 period due to reduced expenditures and one-time funding, recent results indicate a return to growing deficits driven by:

- Increased demand for higher-cost placements for children and youth
- Rising staffing and benefit costs
- Expanded program requirements and compliance obligations

Forward-looking Ministry projections indicate continued funding reductions over the planning horizon, further intensifying fiscal pressures and limiting financial flexibility. The agency's financial reductions reflect MCCSS policy decision to reduce allocated funding by 2% per year until 2028. This reduction is due to the current funding model developed in 2013-14.

Key Cost Drivers

The Society's cost structure remains largely fixed, with the majority of expenditures concentrated in two key areas:

- Staff Compensation and Benefits (≈55%)
- Boarding and Care Costs (≈30%)
- All other Costs (≈15%)

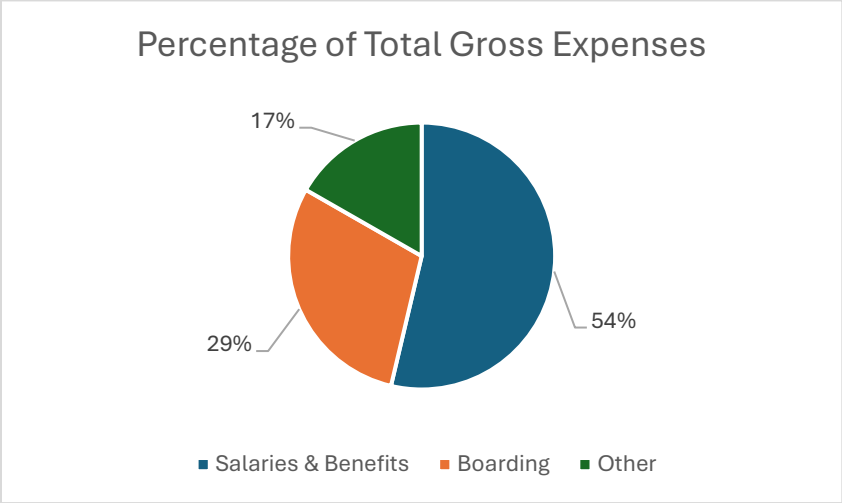

Figure (F)

These cost drivers are influenced by several factors:

Workforce Pressures

- Maintaining appropriate staffing levels is critical to meeting legislative and regulatory standards along with service needs of children, youth and families.
- Increasing complexity in service needs, associated investment of time in community collaboration and administrative burden limit the ability to reduce staffing
- Sector-wide recruitment and retention challenges are placing upward pressure on costs

Residential and Placement Costs

- A reduction in available internal foster care resources has increased reliance on higher-cost external placements, increased administrative expectations for foster parents reducing motivation and ability for community families to provide alternative care
- Children entering care are presenting complex needs, requiring specialized and resource-intensive placements
- Boarding costs have risen significantly in both licensed and MCCSS set rates, and unlicensed paid placement. This continues to be a key financial risk

- A sector wide reduction in licensed resources across the province creates a void for agencies in need of suitable placement and has resulted in a proliferation of unlicensed resources that demand excessive financial reimbursement that is not audited by or part of the Ministry licensing process

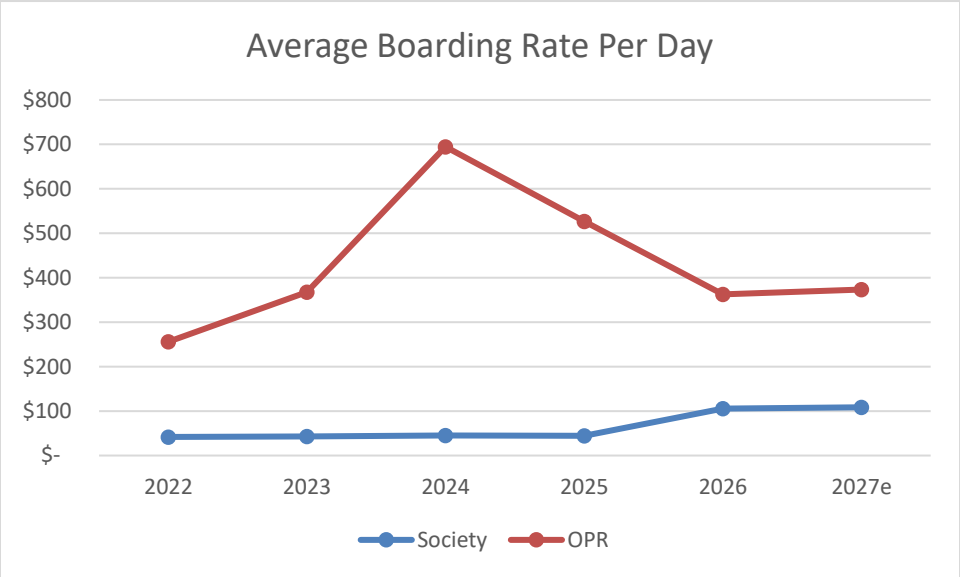

Figure (G)

Reflects the experience of the Society and outcomes of a focus on rates including the internal base foster care rate to reflect the costs of care incurred by foster care parents.

Admission Prevention Investments

- Strategic investments to support children remaining in their homes have increased
- While aligned with Child Welfare Redesign and long-term system goals, these investments create short-term financial pressure as savings from reduced admissions are not immediately realized

Financial Risks and Sustainability

KHCAS faces several ongoing financial risks:

- Structural funding gap between Ministry allocations and actual cost of service delivery
- Volatility in placement costs, particularly related to external providers
- Increasing demand for complex services without corresponding funding increases
- Limited ability to absorb additional or emergency pressures due to the absence of reserve funds

The depletion of the Balanced Budget Fund and continued operating deficits have significantly reduced the Society's financial flexibility.

Financial Management Strategy

In response to these pressures, KHCAS continues to implement a multi-faceted financial management approach focused on sustainability, accountability, and service alignment:

- Active expenditure management to align costs with available funding
- Strategic investment in prevention and early intervention to reduce long-term system costs
- Ongoing review of service delivery models to improve efficiency and outcomes
- Exploration of shared services and partnerships to reduce administrative costs
- Advocacy with Ministry and system partners to address funding challenges and system pressures including spotlight on services for children and youth with complex needs in our communities

The Society remains committed to balancing fiscal responsibility with its mandate to protect children and youth and support families, recognizing that sustainable funding and system alignment are critical to achieving long-term service outcomes.

Performance Measurement and Key Indicators

KHCAS is committed to monitoring progress and ensuring accountability through the use of clear, measurable performance indicators. These indicators support effective decision-making, track the impact of strategic and operational initiatives, and ensure alignment with organizational priorities.

Performance measurement at KHCAS is integrated across the organization and aligned with the Strategic Directions, the Collaborative Operational Review (COR), and the Deficit Management Plan (DMP). The Society actively uses the results of the MCCSS Quality Improvement Plan (QIP) to ensure service delivery reflects MCCSS Child Protection and Quality Standards requirements.

Key Performance Areas

The organization will track performance across the following core areas:

1. Service Demand and Outcomes

These indicators measure service pressures and outcomes for children, youth, and families:

- Number of children and youth in care
- Admissions to care vs discharges from care
- Length of time in care
- Placement stability

- Reunification and permanency outcomes

These indicators support monitoring of system demand and effectiveness of prevention and intervention strategies. The organization is committed to trauma informed interventions recognizing documented outcomes for children and youth in and from care. The data supports the Signs of Safety approach and recognition of influence of over representation of children and youth who identify as Indigenous, Black and equity seeking.

Similar to other societies, KHCAS children in care population includes more than 50% of Ready Set Go youth who will remain until age 23.

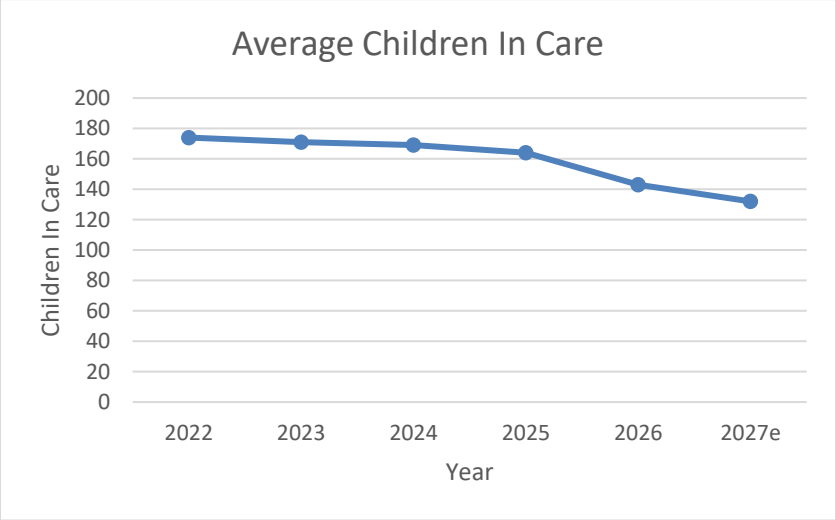

Figure (H)

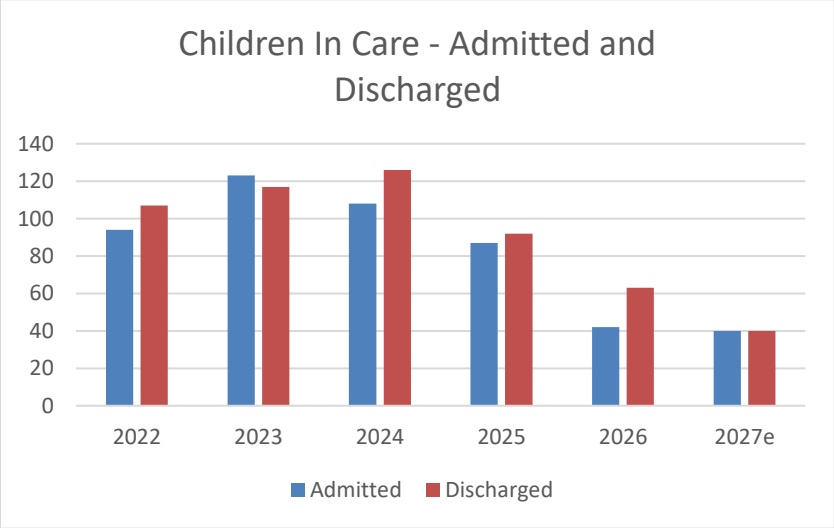

Figure (I)

Figures above reflect the current pattern of decreasing number of children in care. This change reflects agency commitments.

2. Financial Performance and Sustainability

These indicators track financial position and progress toward sustainability:

- Annual operating surplus / deficit
- Placement costs (total and per child)
- Expenditure distribution by category
- Progress against Deficit Management Plan targets

These measures ensure continued focus on key cost drivers and overall financial health.

3. Placement System Transformation

These indicators reflect progress in reducing reliance on high-cost placements and strengthening internal capacity:

- Percentage of children in internal (foster/kinship care) placements
- Use of external placements
- Cost per placement type
- Changes in placement mix over time
- Supported independent living achieved for youth eligible for Ready Set Go (RSG) service

These measures directly support COR and DMP objectives.

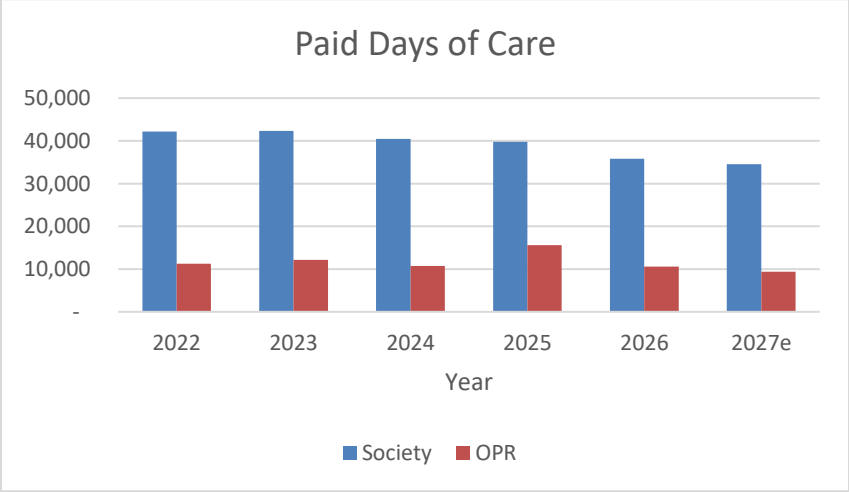

Figure (J)

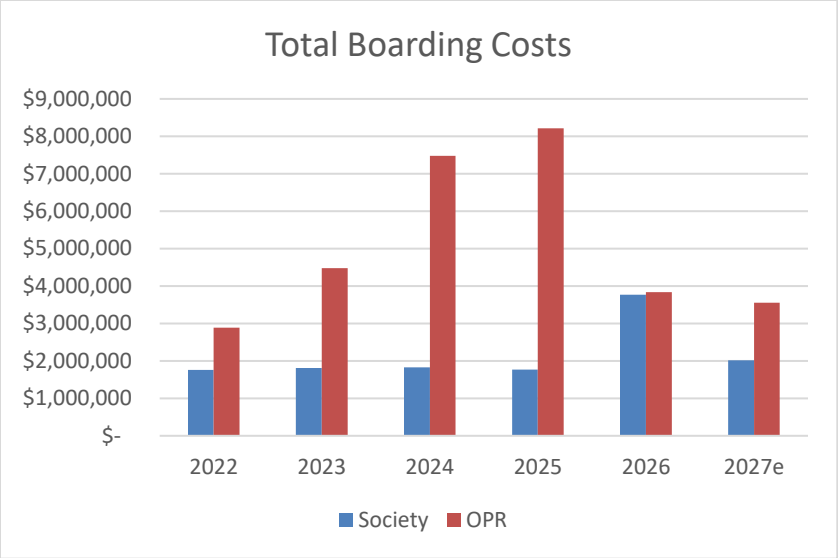

Figure (K)

Figures reflects the number of children in care declining in both Society and OPR care. The result is a decrease in boarding costs in both Society and OPR care even while recognizing the per diem of licensed OPRs is set by the Ministry as licensor and increases have been higher than anticipated.

4. Workforce and Organizational Health

These indicators assess workforce sustainability and organizational capacity:

- Total FTEs and staffing levels relative to service demand
- Staff turnover and retention rates
- Sick leave and absenteeism trends
- Training and professional development participation

These measures support the “Workplace of Choice” strategic direction.

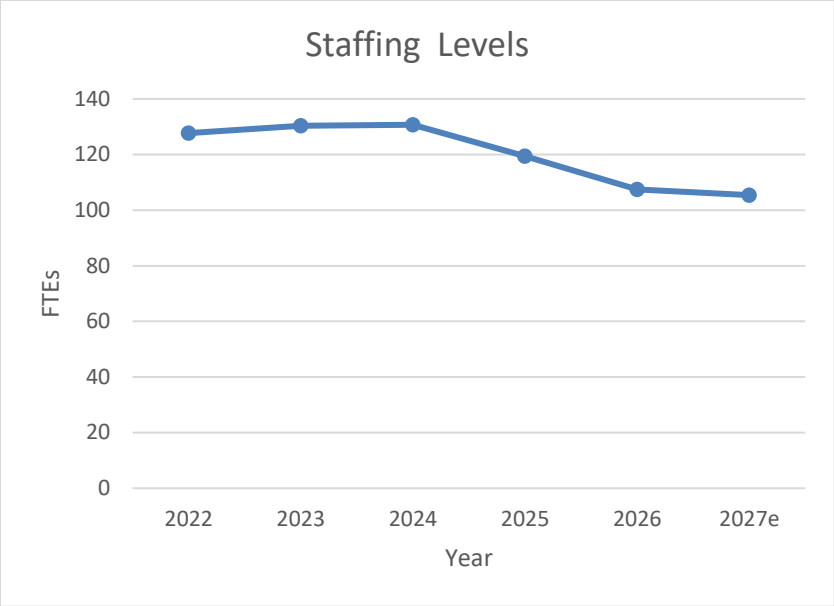

Figure (L)

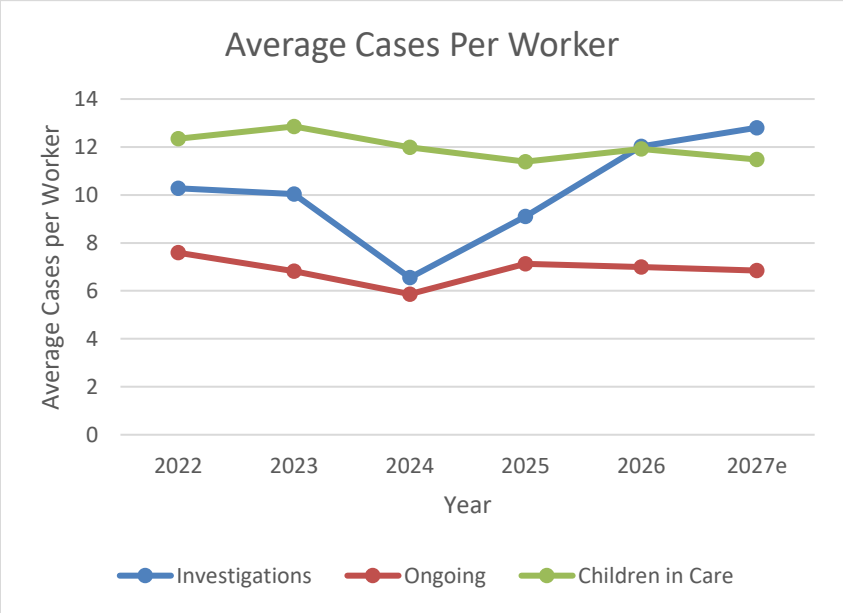

Figure (M)

The focus in 2026-2027 is to further align the staffing levels to caseloads to ensure the rightsizing of the organization

5. Equity, Diversity, and Inclusion

KHCAS is committed to advancing equitable service delivery and outcomes. Performance indicators will be developed and refined over the coming year. These may include:

- Access to services across diverse and underserved populations

- Outcomes for children, youth, and families from diverse communities
- Representation within the workforce
- Children and youth in care participation in culturally appropriate services and programs.
- Where data is available, these indicators will support identification and reduction of disparities.

Monitoring and Reporting of Outcomes

Performance indicators will be:

- Reviewed regularly by senior leadership team
- Reported to the Board of Directors through established reporting schedule quarterly
- Used to inform operational adjustments and decision-making
- Integrated with ongoing COR and DMP monitoring

KHCAS will continue to refine and strengthen its performance measurement framework to ensure it remains responsive to changing organizational needs and sector expectations.

Continuous Improvement

Performance measurement at KHCAS is not solely focused on reporting, but also on continuous improvement. Insights gained through monitoring will be used to:

- Improve service delivery models
- Enhance outcomes for children and families
- Strengthen operational effectiveness
- Support long-term financial sustainability

These efforts will be reported to the Board of Directors.

Risk and Mitigation Strategies

KHCAS operates within a complex and evolving child welfare environment. The organization has identified a number of key strategic, operational, and financial risks that may impact the successful delivery of services and implementation of transformation initiatives.

KHCAS is committed to proactively managing these risks through targeted mitigation strategies aligned with its Strategic Directions, Collaborative Operational Review (COR), and Deficit Management Plan (DMP).

Risk Area	Description of Risk	Potential Impact	Mitigation Strategies
Placement Cost Pressures	**Continued reliance on high-cost external placements and increasing complexity of client needs**	**Ongoing financial deficits and reduced flexibility in resource allocation**	**- Right size foster care compliment with the necessary skills to support the needs of youth who require short term placement and expand and enhance Kinship care capacity in addition to early and robust Family Finding processes - Strengthen prevention and early intervention services - Ongoing review and management of high-cost placements - Implementation of COR placement strategies - Strengthen support to Kin Service**
Service Demand and Complexity of needs of Children Youth and Families	**Increased number of children from community who are in need of protection and admitted to care with higher complexity of needs**	**Strain on service delivery, staff capacity, and financial resources**	**- Redesign service delivery model through COR - Enhance community partnerships and engage in redesign of service to children with complex special needs - Focus on prevention and diversion strategies**
Workforce Capacity and Stability	**Recruitment and retention challenges, workload pressures, and impact of organizational change**	**Reduced service quality, increased turnover, operational disruption**	**- Using HR forecasting strategies for proactive workforce alignment and restructuring - Investment in**

			training and professional development **- Enhanced staff supports and communication** **- Focus on creating a positive and inclusive workplace**
Change Management and Implementation Risk	**Complexity of implementing COR and DMP initiatives across the organization**	**Delays in achieving intended outcomes, staff fatigue, reduced effectiveness of initiatives**	**- Strong governance and oversight of implementation** **- Phased approach to change** **- Clear communication and engagement with staff about changes, planning and evaluation** **- Ongoing monitoring and adjustment of initiatives to reflect organizational capacity**
Financial Sustainability	**Ongoing fiscal pressures due to funding constraints and cost drivers**	**Continued operating deficits and reduced ability to invest in services**	**- Implementation of a multi-year Deficit Management Plan** **- Ongoing financial monitoring and reporting** **- Alignment of resources with strategic priorities** **- Identification of efficiency opportunities** **- identification of funding avenues for new initiatives**
Equity and Service Accessibility	**Risk of disparities in access to services and outcomes for diverse populations**	**Unequal outcomes for children, youth, and families and reduced**	**- Integration of equity, diversity, and inclusion principles across service delivery**

		effectiveness of services	**- Expansion of culturally responsive and community-based supports** **- Monitoring of service outcomes to identify potential disparities**
External Environment and System Change	**Changes in provincial funding, policy, or sector expectations**	**Need for rapid adaptation and potential disruption to planning and operations**	**- Ongoing engagement with Ministry and sector partners to be aware of change** **- Flexible planning approach** **- Regular review and adjustment of strategies and financial plans**

Risk Management Approach

KHCAS will continue to monitor these risks on a continuous basis and integrate risk management into its organizational planning, decision-making, and reporting processes. This includes:

- Regular review of financial and operational performance
- Ongoing oversight by senior leadership team and the Board of Directors
- Alignment of mitigation strategies with COR and DMP initiatives
- Continuous assessment of emerging risks and opportunities

This proactive approach ensures that KHCAS remains responsive, resilient, and focused on achieving its strategic objectives while maintaining service quality and financial sustainability.

Governance and Accountability

KHCAS is committed to strong governance, accountability, and transparent decision-making to support the effective implementation of its Business Plan and the achievement of its strategic, operational, and financial objectives.

Governance structures and processes ensure that the organization remains aligned with its mandate, responsive to emerging challenges, and accountable for the outcomes of its services and initiatives.

Governance Framework

The implementation and oversight of this Business Plan is supported through a defined governance structure involving the Board of Directors, its committees, agency senior leadership and management teams.

Board of Directors

The Board of Directors provides overall governance and strategic oversight, including:

- Approval of the Business Plan and key strategic initiatives
- Monitoring organizational performance and outcomes
- Oversight of financial health and sustainability
- Review of risks and mitigation strategies
- Ensuring alignment with legislative and regulatory requirements

The Board receives regular updates on organizational performance, financial results, and progress against strategic priorities, including COR and DMP implementation. Reporting is reflected in the Boards's annual workplan.

Executive Leadership

The Executive Director and senior leadership team are responsible for:

- Implementing the Business Plan and associated initiatives
- Translating strategic priorities into operational plans
- Ensuring alignment across service delivery, financial management, and workforce planning
- Monitoring performance and adjusting strategies as required
- Supporting organizational culture and change management

Leadership plays a critical role in ensuring that transformation initiatives are effectively implemented and that staff are supported through periods of change.

Management and Operational Oversight

Agency Management teams are responsible for:

- Day-to-day implementation of operational initiatives across service and administration
- Monitoring program performance and service delivery outcomes
- Supporting staff and ensuring alignment with organizational priorities
- Providing feedback to senior leadership on emerging issues and opportunities

This structure supports a consistent and coordinated approach to implementation across the organization.

Accountability and Reporting

KHCAS maintains a strong focus on accountability through structured monitoring and reporting processes.

This includes:

- Regular financial reporting and variance analysis
- Ongoing tracking of key performance indicators
- Monitoring progress against the Deficit Management Plan (DMP)
- Oversight of Collaborative Operational Review (COR) implementation
- Reporting to the Board of Directors regularly

These processes ensure that decision-making is informed by timely and accurate information and that corrective actions can be taken when necessary.

Integration with Strategic and Operational Planning

The Business Plan is integrated with:

- Annual operational planning processes
- Financial planning and budget development
- COR and DMP implementation frameworks
- Performance measurement and reporting systems

This integration ensures that strategic priorities are translated into concrete actions and that resources are aligned with organizational goals.

Commitment to Transparency and Continuous Improvement

KHCAS is committed to transparency, continuous improvement, and organizational learning. This includes:

- Ongoing evaluation of programs and initiatives
- Open communication with the Board, staff, stakeholders and funders
- Incorporation of feedback into planning and decision-making
- Continuous refinement of governance and accountability processes

Conclusion

KHCAS is positioned to navigate current challenges through coordinated strategic, operational, and financial actions. The organization remains committed to improving outcomes for children, youth, and families while ensuring long-term sustainability.

Appendix A

Expenditure Needs Plan (ENP)/Budget

KHCAS BUDGET	2021-2022	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027	2027-2028
	Actual	Actual	Actual	Actual	Actual	ENP	Forecast
Salaries	$ 11,067,542	$ 11,725,914	$ 11,910,740	$ 11,944,785	$ 10,605,784	$ 11,116,976	$ 11,453,364
Employment Benefits	$ 3,331,634	$ 3,580,154	$ 4,009,988	$ 3,833,706	$ 3,256,760	$ 3,573,581	$ 3,614,587
Travel	$ 390,470	$ 463,852	$ 548,175	$ 503,178	$ 483,206	$ 484,187	$ 484,187
Adoption Probation Costs	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Adoption Subsidy	$ 125,251	$ 124,374	$ 87,858	$ 58,321	$ 34,235	$ 39,266	$ 39,266
Targeted Subsidy Agreements - Adoption and Legal Custody	$ 891,135	$ 905,625	$ 950,315	$ 973,950	$ 936,675	$ 1,024,140	$ 1,024,140
Training and Recruitment	$ 11,663	$ 18,316	$ 30,119	$ 21,296	$ 19,934	$ 12,355	$ 12,355
External Legal Service Costs	$ 73,515	$ (21,300)	$ 3,830	$ 15,276	$ 24,831	$ 30,191	$ 29,733
Witness Fees & Service/Certificates	$ 18,941	$ 13,080	$ 11,073	$ 9,507	$ 5,258	$ 3,673	$ 3,617
Program Expense	$ 99,991	$ 1,477	$ 2,168	$ 203	$ 124	$ 5,665	$ 5,665
Professional Services - Client	$ 533,956	$ 558,298	$ 562,915	$ 716,827	$ 158,438	$ 123,755	$ 121,880
Client Personal Needs	$ 394,485	$ 495,823	$ 462,496	$ 336,913	$ 217,561	$ 151,310	$ 149,017
Financial Assistance	$ 19,784	$ 45,276	$ 46,313	$ 21,457	$ 53,305	$ 44,520	$ 44,520
Health and Related	$ 149,159	$ 223,593	$ 197,218	$ 223,542	$ 164,261	$ 141,164	$ 139,025
Building Occupancy	$ 478,712	$ 313,771	$ 300,400	$ 294,819	$ 290,713	$ 276,314	$ 283,221
Professional Services - Non Client	$ 429,080	$ 218,666	$ 247,735	$ 370,848	$ 747,224	$ 522,568	$ 527,571
Food Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Promotion and Publicity	$ 3,875	$ 2,610	$ 2,053	$ 392	$ 421	$ 1,500	$ 1,500
Office Administration	$ 316,281	$ 285,032	$ 274,649	$ 260,480	$ 272,522	$ 226,123	$ 258,001
Miscellaneous	$ 505,120	$ 609,666	$ 681,079	$ 722,209	$ 408,933	$ 389,250	$ 405,850
Boarding (Society Foster, Kinship & Other)	$ 1,761,982	$ 1,809,936	$ 1,829,275	$ 1,765,494	$ 3,772,804	$ 2,018,235	$ 2,031,483
Boarding (Purchased Foster & Group Care)	$ 2,891,088	$ 4,474,940	$ 7,480,692	$ 8,217,958	$ 3,837,593	$ 3,559,205	$ 2,558,082
Society Operated Foster and Group Care	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Legal Custody	$ 37,800	$ 15,373	$ 4,085	$ 2,912	$ 2,465	$ 4,000	$ 4,000
Admission Prevention	$ 49,317	$ 113,837	$ 200,997	$ 172,362	$ 49,908	$ 60,000	$ 60,000
Technology	$ 272,503	$ 190,695	$ 171,890	$ 151,017	$ 381,979	$ 200,792	$ 236,822
GROSS EXPENDITURES	**$ 23,853,284**	**$ 26,169,008**	**$ 30,016,063**	**$ 30,617,452**	**$ 25,724,934**	**$ 24,008,768**	**$ 23,487,885**
DEDUCT: OFFSETTING REVENUE	$ 1,782,279	$ 1,651,451	$ 2,412,919	$ 2,025,157	$ 1,949,466	$ 1,550,245	$ 1,550,245
NET EXPENDITURES	**$ 22,071,005**	**$ 24,517,557**	**$ 27,603,144**	**$ 28,592,295**	**$ 23,775,468**	**$ 22,458,523**	**$ 21,937,640**
MINISTRY FUNDING	$ (22,077,540)	$ (21,869,776)	$ (22,061,056)	$ (22,099,963)	$ (21,667,486)	$ (21,222,154)	$ (20,821,231)
DEFICIT / (SURPLUS)	**$ (6,535)**	**$ 2,647,781**	**$ 5,542,088**	**$ 6,492,332**	**$ 2,107,982**	**$ 1,236,369**	**$ 1,116,409**
Ministry One-Time Assistance			$ (2,650,000)	$ (1,960,132)			
Final Reporting to the Ministry			$ 2,892,088	$ 4,532,200			

Appendix B

Collaborative Operational Review (COR)

Progress Update Summary

Reporting Period: January 2026 – April 2026

Overview

The Collaborative Operational Review continues to advance across all identified areas of focus. Progress during the January–April 2026 reporting period reflects steady implementation, increased completion of planned activities, and a strengthening foundation for sustained operational improvement. All planned initiatives are now either completed or underway, with no outstanding items not yet started.

Work is progressing across the following five categories:

- Workplace Structure and Culture
- Partnerships
- Children in Care and Use of Outside Paid Resources
- Specific Programs
- Administrative Services

Strategic Considerations

Collective Bargaining: Influences progress in some areas, particularly organizational culture initiatives.

Staffing in Management:

- Appointment of two new Supervisors
- New Supervisor for the Kinship Department
- New Service Manager
- New Human Resources Manager

Key Areas of Change

Transparency and Accountability

1. Development and implementation of:
    - Comments and Complaints Brochure
    - Complaints Policy
    - Complaints Companion Guide

The website has been updated to enhance clarity around the complaints process, align with the new early-resolution framework, and expand options for community input.

2. Process Change Charting – Process Change Charts are uploaded to SharePoint every quarter to provide details of change across departments.

Service Department Redesign

- Voluntary Youth Service Agreement (VYSA)
- Permanency Planning Meeting (PPM)
- Ready, Set, Go (RSG)
- Violence Against Women (VAW)

Designated supervisory leads for these areas support consistent process for oversight, review and follow up, and align with audit recommendations.

Progress Update

STATUS	March – July 2025	July – October 2025	October – January 2026	January – April 2026
COMPLETED	4	7	8	12
IN PROGRESS	25	27	30	30
NOT STARTED/DUE	13	8	4	0

Current Key Focus

1. **Audits and Quality Assurance**
   - Conducting an average of four audits per quarter
   - Reviewing practice for alignment with expectations
   - Confirming implementation of changes
   - Supporting sustainment of improvements over time
2. **Investing in staff**
   - Delivery of mandatory training
   - Review of Standards
   - Equity, Diversity, Inclusion quarterly workshops
3. **Community Engagement**
   - ✓ Reviewing all external community tables that we are involved with and identifying any gaps.
   - ✓ Assessing how effectively our resources are being used.

- ✓ Identifying internal leads for community tables.
- ✓ Re-engaging with our community partners, ensuring alignment with their work, their services and our service delivery.

Kawartha Haliburton Children's Aid Society
Safe Kids. Strong Families. Thriving Communities.

Collaborative Operational Review Progress Report

Prepared by: Wendy White, Project Lead
Reporting Period: January 2026 – March 2026

Date: April 22, 2026

EXECUTIVE SUMMARY

This Progress Report outlines the status of the Collaborative Operational Review for the period of January 2026 to March 2026. It summarizes the completion status of the recommendations, provides updates on initiatives that are actively under implementation, and notes any required timeline adjustments. Recommendations identified as completed in the previous report will continue to be included in this and future reports but will appear in grey to clearly distinguish them from the most recent updates. Additionally, for easier reference, these recommendations will also be greyed out in the Table of Contents.

The Signs of Safety model for service delivery is referenced across multiple recommendations. In previous reports, actions related to Signs of Safety were dispersed throughout the document. In this report, and in future reports, all matters pertaining to Signs of Safety will be consolidated under recommendation 4.2.

KEY CONSIDERATIONS

COLLECTIVE BARGAINING

While collective bargaining contingency planning was less resource-intensive than in the previous quarter, the ongoing bargaining environment continued to be a key contextual factor, influencing the organization's ability to advance work—particularly initiatives focused on organizational culture assessment and improvement.

STAFFING

The management staffing structure is in a period of transition. A new Senior Manager of Human Resources started in March, while two new Service Supervisors and a new Service Manager will assume their roles in April. Although a transition period results in initiatives temporarily progressing at a slower pace, it is expected as these new leaders become oriented, that their involvement brings increased oversight, improved coordination, and sustainable progress toward organizational priorities.

KEY AREAS

Service Department Redesign is underway with the completion scheduled for the end of April. These changes are shaped by several influencing factors, primarily:

- Preparing organizational landscape in recognition that case type and case volume is changing.
- Realigning staffing models to develop a consist family support approach.
- Enhancing responsiveness to the needs of RSG youth.
- Establishing a transparent and consistent governance process for oversight, review, and follow-up of Permanency Planning Meeting and VYSA cases.

Community Reengagement - This work involves identifying the external community tables where staff are currently represented, as well as any gaps in our presence. We are assessing how effectively our resources are being used, with the goal of maximizing efficiency and ensuring that the needs of the families we serve remain the primary driver of our decisions. This requires a comprehensive review of all external community tables we participate in, who attends them, and their intended purpose. In addition, we are examining our local community prevention and support programs partnerships and reassigning supervisory leads to each community partner. Strengthening our relationship with our local community is foundational to advancing the work of the Whatever It Takes Protocol.

Investing in staff – As identified in the previous COR Progress report following an audit of domestic violence cases, investing in staff training is needed. Violence Against Women training as well as Child Protection Standards Refresher training are the focus for the service department. These mandatory training sessions for all service staff are the current priorities with each training topic requiring a series of training dates. Continued investment in staff development strengthens the quality and consistency of service delivery and contributes to a shared foundation of knowledge and a more positive organizational culture.

Transparency - Quarterly change-management charts are provided to all staff to support the successful implementation of the numerous changes underway. These charts promote clarity and transparency by clearly outlining what has changed, why the change is occurring, and who is impacted by the change. The last staff survey from 2022 identified concerns related to limited transparency, lack of follow-through on change initiatives, and inconsistent communication. The quarterly charting directly addresses these issues by improving visibility, reinforcing consistent messaging, reducing uncertainty and change fatigue, and supporting smoother adoption of organizational changes.

A comprehensive Complaints policy, process, and companion guide were developed to ensure transparency, support effective issue resolution, and strengthen relationships with the local community. The website was updated to align with the new process and expand opportunities for community input.

Audits – 3 audits were conducted this quarter, with each identifying various recommendations. Overall, the recommendations support investing in training and workshops for service staff, providing consistent messaging, and clarity surrounding processes.

Section 1: WORKPLACE STRUCTURE AND CULTURE

Recommendation **1.1a** : **COMPLETED**

The Ministry recommends that clarity be provided to the Society and the Board about the role of the Program Supervisor, the East Regional Office, and the Ministry at large.

High- Level Activities Achieved

- Regularly scheduled meeting between Agency leadership and the Program Supervisor.
- Information shared with All Staff regarding expectations, consultation and accountability relationships between the Agency and the Ministry.
- The recruitment of the Board of Directors was carried out in alignment with recommendations from the local Indigenous community of Curve Lake.
- The new Board of Directors advised of the oversight role following orientation.
- Regular updates are shared at All-Staff meetings regarding Ministry developments.
- The protocol has been communicated to all staff at staff meetings as well as discussed at the Board of Directors orientation.

Recommendation **1.1b**: **IN PROGRESS**

Given the disconnect between the strategic goals and staff perception of Service Realignment, the Ministry recommends that the KHCAS review the strategy to determine its effectiveness and whether it has achieved its original goals and objectives.

High- Level Activities Achieved

- Signs of Safety project plan developed.
- Extensive Signs of Safety training delivered to front-line staff and management staff.
- Tools to support implementation of Signs of Safety.
- Organizational review of equity, diversity and inclusion capacity and needs provided by an external professional.
- The Diversity, Equity and Inclusion Review shared with staff.
- Review of non-case carrying staff against benchmarks, resulting in adjustments to staffing levels.
- Second iteration of Signs of Safety Development Plan completed.

- December 2025 intake audit of the implementation of Signs of Safety in the intake referral.
- Detailed findings from initial audits can be located in January 2026 progress report.
- To support a comprehensive understanding of the factors informing the 2026 Service Department refresh, Service Supervisors were briefed on the rationale for change and provided with a Process Map (see Appendix A).
- Providing change management charts quarterly to All Staff to support successful implementation of the numerous changes underway by providing clarity and full transparency on what has changed, why it is changing, and who is impacted (See Appendix B for a sample chart).

Outcome Measures Identified in COR - Completed

- Communication was used to inform the roll out of renewal of Signs of Safety principles and demonstration of use; limited implementation to two (2) primary principles.
- Project plan developed for refreshing use of Signs of Safety and implemented in keeping with plan.
- Training for supervisors in January and child protection frontline and supervisors occurred in March. Feedback on the approach to training has been positive.
- Engagement with another similar sized CAS to discuss lessons learned, successes and challenges included discussions involving service supervisors.
- The workload of finance team and size of team are equitable when compared to agencies of similar size.

Summary of Key Findings

Development of Equity, Diversity and Inclusion multi-year implementation plan based on the report of the Equity and Inclusion Review Report.

Next Steps	Lead	Timeline	New Timeline
1. In consultation with the Indigenous Circle, the Equity committee (Ujima), EERC, and the Board of Directors - develop a multi-year, multilayered equity operational plan.	SLT	April 2026	September 2026
2. Surveying staff to assess the current state of organizational culture.	HR	Post - Ratification of Collective Agreement	October 2026

Recommendation **1.1c: COMPLETED**

The Ministry recommends that the KHCAS conduct a review of case carrying thresholds to determine if there is an opportunity to ensure caseloads are evenly distributed and aligned with caseloads established through the Collective Agreement.

High- Level Activities Achieved

- Monthly data review of individual detailed caseloads is shared with all supervisors.
- Review of caseloads at monthly EERC which includes circumstances resulting in outlier caseloads and strategies to support managing workloads.
- Solutions are reviewed at monthly EERC including identification and impact of vacation, education, sick leaves, personal time, and protected time for Union business.

Completed Outcome Measures

- Workloads are more evenly distributed across the child protection and child in care teams.
- Reviewed by HR supervisor and sent to SLT each quarter - identification of:
  - Number and areas of sick leaves.
  - Health related accommodations.
  - Union activities time
  - Vacation time
  - Personal time
  - The compounding effect impacts on the availability of staff,

  despite staffing that is aligned with service volume.

Next Steps

COMPLETED

Recommendation **1.1d: COMPLETED**

The Ministry recommends that the management team at KHCAS works with their staff to determine the root cause of staff burnout and develop a plan to address this moving forward.

High-Level Activities to Achieve Goals

- Implementation of decision-making model "RASCI". Completed February 2025.
- Implementation of communication system including notification of information protocol, monthly Agency wide staff meetings to communicate plans and providing a forum for discussion. Completed November 2024.
- Use of project planning approach to create change e.g. refreshing of Signs of Safety approach, review of Human Resources Team's capacity to support staff during times of change.
- Completion and communication of deficit management plan and communication to staff of impact on each of them.
- Previous staff survey (2022) was reviewed.
- A plan is in place with HR to assess organizational culture.

January Update

- Short term leaves related to illness are trending downward significantly for the 2025/26 fiscal year.
- Overtime is trending downward.
- Both overtime and short-term leaves are correlating factors to burnout and stress.

Next Steps:

COMPLETED

Section 2: PARTNERSHIPS

Recommendation **2.1a and 2.1b: IN PROGRESS**

2.1a: The Ministry recommends that KHCAS lead the development of a community strategy to develop clear processes for collaboration with key community partners, specifically Child and Youth Mental Health (CYMH) (Kinark), the Local Coordinated Services Planning Lead Agency (Five Counties Children's Centre), Kawartha Haliburton Intensive Service Coordination (Children's Services Council Victoria County) and Peterborough Northumberland Intensive Service Coordination (Service Coordination for Children and Youth).

2.1b: KHCAS is encouraged to develop and implement a community case planning protocol for children and youth with high and/or complex needs.

High- Level Activities Achieved

- Community connections initiated receiving feedback and provided consistent messaging surrounding commitment to engagement with community partners.
- An outreach of 40 service providers and/or political leadership in the City of Peterborough, Peterborough County, City of Kawartha Lakes and Haliburton County.
- Spotlight for community discussions surrounding focusing on ensuring community commitment to serving children and youth in their home communities with their families or with kin wherever possible.
- Building the groundwork for shared approaches to services, potential development of community framework for problem solving and service development for complex situations.
- Conversations have occurred across the sector surrounding Whatever it takes Protocol and more recently gathering of potential sector partners to define a pathway for work in their communities.
- The Society's implementation strategy, including the associated timeline and delineation of responsibilities for the Whatever it takes Protocol has been shared with the full management team.
- Ongoing Sector planning to involve the Executive Leadership group in the Whatever it takes Protocol and bring the ministry into the discussion.
- A comprehensive Comments and Complaints policy, process, and companion guide were developed to ensure transparency, support effective issue resolution, and strengthen relationships with the local community.
- The website has been updated to align with the new process and expand opportunities for community input.

Next Steps	Lead	Timeline	New Timeline
1. Continue building relationships with community partners, developing case planning protocols, establishing mechanisms to promote consistent practice, and demonstrate formalized commitment to collaborative work (i.e. MOU).	COR Project Lead, Director of Service	December 2025	Ongoing - Aligns with WIT Project Timeline
2. Continue working with the sector surrounding *Whatever It Takes Protocol* and preparing the landscape.	COR Project Lead	November 2025	July 2026 - Development of draft protocol
3. File audit every 6 months to examine: a. Reason for admission into care – due to best interests and need for protection. b. Community conferencing.	Quality and COR Project Lead	March 2026	June 2026

Recommendation 2.2a: In Progress

The Ministry recommends that KHCAS review their Community Links policy and practices with respect to how intakes with an anticipated disposition to Community Link are documented in Child Protection Information Network (CPIN) and re-evaluate their practice of disposing these intakes to the Other Child Welfare (OCW) case type on the CPIN if they are more appropriately categorized as a Community Link case type. In particular, the case type on CPIN should reflect the referral disposition decision made and that is based on documented information and the selected Eligibility Spectrum code.

High- Level Activities Achieved

- Initial review of community links files. Findings ae located in January 2026 Progress Report.
- Feedback provided to managers, supervisors and front-line staff responsible for opening community links.
- Second Community Links File review completed – January 2026 (See Appendix C)

Actions Taken

- A new template for screening intake referrals has been implemented.
- The new template is grounded in Signs of Safety.
- SofS training for all staff.
- Policy and Procedure on community links have been revised, approved and shared with the service department.
- Completion of intake audit of files coded as OCW.

Outcome of Actions Taken

- Community links opened at the intake screening department have increased by 3 times the amount, which supports the change in practice surrounding coding and decision making.
- The December 2025 audit of intake files categorized as Initiate Other Child Welfare Ongoing were opened correctly.

Findings – Secondary Community Links File review

- All but 2 of the 69 community links (97%) were closed within the required 14 days. The 2 that were not closed within the 14 days were opened under 30 days.
- 1 file should have opened for Child Protection Services.
- Community Links are opened when any information is provided, i.e. call Family Law Information Center,
- check with your school social work department, ask police for a wellness check, etc.
- There was no follow-up services provided in any of the files, i.e. – call back in a week to see if parent was able to connect with resource, would a letter of support assist, update on situation, etc.

Recommendations

- The Society needs to take a position on what is a Community Link vs RRNI, as there is room for interpretation based on the definition in the Standards.
- Accurate Harm statements must be captured in the referral. This would assist in differentiating between Initiate Child Protection, Community link and RRNI.

Next Steps	Lead	Timeline
1. Environmental scan of Sector-Wide Practices relating to Community Links.	Service Manager	May 2026
2. Share outcome of decision of definition with Service Supervisors	Service Manager	June 2026
3. Review whether Policies and Procedures require updating	Service Manager	June 2026

Recommendations 2.2b: COMPLETED

2.2b: The Ministry recommends the society consider developing a central information repository for KHCAS staff containing available community support and services across the society's jurisdiction to support the provision of relevant, specific, and current Community Link information when disposing an intake to a Community Link.

Activities Achieved

- Pre-Collaborative Operational Review a list of community resources was completed and attached to the new hire orientation package.
- The central intake supervisor and the Information Systems supervisor meet monthly to review and revise the community resource database.
- A focus group with central intake and protection staff reviewed the community resources database and provided recommendations.
- The community resources database is accessible to staff.
- Reviewed the recommendations by the focus group on the community resource database and implemented improvements.
- The community resource package previously provided to new hires has been discontinued due to the rapid rate at which information becomes outdated.
- A complete overhaul of the community resource listing available on the Agency's internal homepage.
- All Staff advised of the updates and improvements.
- Internal mechanisms are in place to ensure community resource listings remain up to date.

Outcome Measures Achieved

- The community resource database is available on the Agency's homepage.
- Staff have been advised of the Community resource database.

Next Steps

COMPLETED

Recommendation 2.2c: IN PROGRESS

2.2c: The Ministry recommends that KHCAS review and enhance their Community Resource program to create a comprehensive support network for children and families.

Activities Achieved

- Local agencies/organizations attend All Staff meetings to share details about their services.
- Identified key planning tables and KHCAS leads to participate at the planning tables.
- An all-staff survey was conducted to identify staff participation on external committees and assess gaps in representation at community tables.

Next Steps	Lead	Timeline	New Timeline
1. Ensure protocols are in place for collaborative services (police, HT, situation Table).	COR Project Lead, Director of Service	March 2026	July 2026
2. Agreements developed for community resource collaboration. Includes the frequency of meetings with community resource providers.	COR Project Lead, Director of Service	February 2026	June 2026
3. Implement a communication protocol/mechanism to ensure that information gathered at planning tables is shared.	COR Project Lead, Director of Service	February 2026	June 2026

Recommendation 2.3a: COMPLETED

The Ministry recommends that KHCAS review each active Shared Service Agreements (SSAs) to ensure that the agreements are at a net neutral or a positive income for KHCAS.

High-Level Activities Achieved

- Reviewed shared service agreements identifying strengths, challenges, and revenue generation.
- As of October 2025, the shared service agreements include:
  - Finance Manager - York region CAS
  - Payroll - York region CAS
  - IT Services - CMHA
  - HR Manager- CMHA
  - Adoption Worker- Durham CAS
  - After Hours- DBCFS
  - COR Lead- Ottawa
  - Access to information/disclosure and privacy services - York Region CAS

Outcome Measures Completed Each shared service provides:

- Net neutral financial or positive income.
- Increases service capacity and access to resources.
- Shared Service Agreements will be reviewed within 30 days prior to expiry. ✓ The review report reflects data demonstrating financial and resource impact.

Next Steps

COMPLETED

Recommendation: 2.3b: IN PROGRESS

The Ministry recommends that KHCAS work with their staff to fully understand issues expressed during this Operational Review related to the Shared Service Agreement (SSA) with Dnaagdawenmag Binnoojiiyag Child and Family Services.

High- Level Activities Achieved

- Discussions with child protection staff regarding the relationship with Dnaagdawenmag and the experiences.
- Discussions with Dnaagdawenmag regarding feedback from staff.
- Reviewed protocol and escalation process with KHCAS staff.
- Since discussions and a refresher on protocol, staff have reported an improvement in communication between the 2 agencies.

Next Steps	Lead	Timeline
1. Awaiting response from Curve Lake as part of protocol renewal/MOU and satisfaction with services provided.	Service Manager, Protection	Continue to reach out to Curve Lake every quarter.

Recommendation 2.3c: COMPLETED

The Ministry recommends that KHCAS explore other shared services opportunities that could result in efficiencies and cost savings including real estate, legal services, clinical interventions, educational supports, training and development, emergency response, volunteer positions/drivers, research, information services etc.

High Level Activities Achieved

- Discussions at SLT when resources are required.
- Thoughtful consideration of the organizational need, efficiencies and financial implications.

Outcome Measures completed

- ✓ Minutes of SLT meetings will show that any new initiative is considered for potential as a shared service recognizing commitments in Collective Agreement with OPSEU.

Next Steps COMPLETED

Recommendation 2.4a: IN PROGRESS

The Ministry recommends that KHCAS continue with their usage of the Child Welfare – Community Prevention and Supports (CWCPS) programs and their partnerships, as well as examine whether there are further opportunities for increasing their usage.

High-Level Activities underway

- Engagement with various service providers is underway.
- Reviewing the array of services provided by Community Prevention and Supports both volume and support for children, youth and families.
- Engaged with the ministry to ensure the accuracy of the Community Prevention Programs.
- Revision of Community Prevention and Supports programs:
  - Point in Time
  - BGC of Kawartha Lakes
  - John Howard Society of the Kawarthas
  - Peterborough Youth Services
  - Youth Emergency Shelter
  - Kawartha Family Court Assessment Services
- Reviewing reassignment of agency leads responsible for program oversight to align with the service department redesign.

Next Steps	Lead	Timeline	New Timeline
1. Gather up to date information of the services provided by Community Prevention and Supports Programs.	COR Project Lead, Director of Service	February	In Progress
2. Review the capacity of the programs and align with the needs of the society	COR Project Lead, Director of Service	March 2026	In Progress
3. Assign an agency lead overseeing the programs and monitoring the partnership.	Director of Service	February 2026	In Progress
4. Develop a mechanism to maintain communication with Community Prevention and Supports programs providers (i.e. protocol).	COR Project Lead, Director of Service	April 2026	July 2026

5. Share with all staff the services offered through the partnership of Community prevention and supports program.	Director of Service	March 2026	In Progress
6. Develop a system to provide data on referrals to CWCPS (i.e. community to report back on number of CAS referrals, a centralized referral form for CWCPS, first 50 characters, etc.).	COR Project Lead, Director of Service	April 2026	August 2026
7. Report on usage of each funding source over the last 3 years.	Director of Service	April 2026	September 2026
8. Quarterly reports to SLT to report on: types of services that are utilized, wait times for families, gaps in services and successes	Quality	Beginning – March 2026	September 2026

Recommendation 2.4b: COMPLETED

The Ministry recommends that the society continue utilizing Alternative Dispute Resolution (ADR) to reduce court involvement, where appropriate, and improve outcomes for children who are or may be in need of protection. The society may want to consider increased utilization for this funded program as their child-in-care population also increases.

Activities

- Designated an agency lead to connect with York Hills.
- Initiated contact with York Hills to address the volume of referral.
- Implemented checks and balances to ensure consistent tracking of assigned cases.
- York Hills provides quarterly statistics on the outcomes of the ADR process.
- Conducting internal tracking of referrals and outcomes.
- Receiving quarterly reports from York Hills to support ongoing monitoring.
- Provided mandatory training sessions for staff in adoption and protection services.
- Shared success stories highlighting the impact of ADR and youth-led conferences.
- Regular ongoing contact with York Hills.

Outcome Measures Completed

- Reported on usage of ADR to SLT
- Reported on usage of ADR to Service Supervisors
- York Hills has received a sustained high volume of new referrals (See Appendix D).

Next Steps

COMPLETED

Section 3: CHILDREN IN CARE AND OPR

Recommendation 3.1a: COMPLETED

On an urgent basis, the ministry recommends that the society complete/continue working on an internal review of the cases identified and report back to the East Regional Office.

High- Level Activities Achieved

- Prior to the hire of the external reviewer in July 2024 all Service Supervisors stopped using OCW designation for any file coded above the intervention line.
- External reviewer completed a file crawl of a sample of files that were previously coded above the intervention line but were disposed of as OCW.
- Feedback on this review was provided to the managers and supervisors.
- Data pull occurred monthly from July 2025 to October 2025.
- Reported back to East Region of findings and the report is on file with letter of acknowledgement to the East Region lead.

Findings

- The detailed findings are captured in 3.1.b.
- Recent data demonstrated no OCW designation for any protection file.
- In recent reviews OCW files have been coded appropriately.

Next Steps:

COMPLETED

Recommendation 3.1b: IN PROGRESS

The ministry recommends that society consider requesting a neighboring society conduct a peer review of the cases to support staff learning and development.

High- Level Activities Achieved

An external consultant with extensive experience from a neighboring agency was hired in July 2024 to fulfil the function of a peer consultant. The external consultant conducted a review of the 68 files in the following areas:

- Intake
- Investigations
- On-going
- Other Child Welfare
- Child in Care
- Voluntary Youth Service Agreements
- Ready, Set, Go

Actions Taken:

- ✓ November 2024 - Files reviewed where there were concerns and recommendations were shared with the managers.
- ✓ January 2025 – The external consultant identified trends, concerns and recommendations with the service supervisors.
- ✓ February 2025 – A further series of 19 files were reviewed and shared with the Managers.
- ✓ Trends, concerns and recommendations were shared with front line staff.
- ✓ All high-cost placement files were reviewed.
- ✓ Signs of Safety training sessions were provided to all staff and management team.
- ✓ All files with legal involvement have been reviewed.
- ✓ New quarterly review of all legal files.
- ✓ Full legal case review with management and legal on any file where trial may be a possibility.
- ✓ Policies and procedures have been revised and approved.
- ✓ Secondary audit of investigation files conducted reviewing investigation files closed as discontinued.
- ✓ Findings and recommendations of secondary audit shared with SLT and Service Supervisors.
- ✓ Detailed findings, recommendations and actions from previous file reviews can be found in January 2026 – Progress report.
- ✓ File review of investigation cases to review network planning and safety planning completed (See Appendix E).
- ✓ Mandatory Violence Against Women training and Child Protection Standards Refresher Training for all service staff.

Next Steps	Lead	Timeline
1. Third audit of discontinued investigations and share findings with SLT and Service supervisors.	Quality and COR Project Lead	April 2026

Recommendation 3.1c: COMPLETED

3.1c: The ministry recommends that the society review its policies and practices regarding referral dispositions to ensure that child protection investigations are initiated where there are reasonable and probable grounds that the child may be in need of protection in accordance with the Child Protection Standards (2016) and consider providing staff refresher training regarding the appropriate choice of a referral disposition and appropriate use of the Eligibility Spectrum.

High- Level Activities

- Revisions to several policies and procedures.
- Policy and procedure revisions were communicated to all services supervisors and child protection staff.
- A sample of intake files were reviewed.
- Detailed findings of the review and recommendations were provided to the manager of the area and the supervisor.
- Review of all cases coded as OCW and rated 1-5.
- Communication has been provided to staff regarding not using OCW in protection cases.
- Data pull from July 5 2025 and October 2025 demonstrate there are no OCW files rated as 1-5 using Eligibility Spectrum.
- Secondary review of intake files to assess appropriate coding of files and clarity on reasons for services during the month of October 2025 completed.
- Findings from secondary review demonstrate that dispositions categorized as Initiate Other Child Welfare Ongoing were opened correctly.
- Monthly Quality Assurance audits are conducted on all cases coded as OCW with a protection rating (Levels 1–5 on the Eligibility Spectrum).
- Quality Assurance audits are integrated into practice and results are shared with the Service Management team.
- Any discrepancies located in the monthly audits are immediately managed and addressed by the Service Manager.

Next Steps:

COMPLETED

Recommendation: 3.1d: IN PROGRESS

3.1d: The ministry recommends that the society consider the implementation of a more rigorous process for record-keeping and documentation to ensure that rationale for a chosen referral disposition is clearly documented.

High- Level Activities

- A sample of intake files were reviewed.
- Detailed findings of the review and recommendations were provided to the manager of the area and the supervisor. Findings located in January 2026 progress report.
- Secondary review of intake files to assess appropriate coding of files and clarity on reasons for services during the month of October 2025 completed. Detailed findings and recommendations of secondary review – located in January 2026 progress report.

Actions Achieved

- Updated telephone intake screening template.
- Training - telephone intake screeners on signs of safety.
- Use of signs of safety tools for screening.
- The policy and procedure for receiving a referral was reviewed and revised.
- Findings and recommendations of secondary audit shared with service supervisors.
- Service Supervisors and staff updated on highlighted revisions to service policies. ▪ VAW/IPV training plan for staff developed (See Appendix F) Mandatory VAW/IPV training for service staff currently underway.

Next Steps	**Lead**	**Timeline**
1. Intake audit every quarter reviewing: • Language used in referral summaries • Appropriate information • Appropriate coding files	COR Project Lead and Quality	April 2026

Recommendation 3.2a: COMPLETED

On an urgent basis, the ministry recommends that the society complete/continue working on an internal review of the cases where children were placed through the Respite Now App and report back to the East Regional Office.

High- Level Activities Achieved

- Immediately following the operational review communication was provided to staff that the app was not to be used.
- The external reviewer found no evidence of active use of the Respite Now App ▪ 5 files where the respite Now app was previously used were reviewed.
- A subsequent report was run by Quality in July 2025.

Outcome of Activities

- Files review by external reviewer found misperception regarding when Kin standards are applied vs family plan, as well as high per diem paid to families with no evidence of accountability.
- Legal counsel is consulted when there is confusion around the application of kin standards.
- July 2025 - Subsequent data pull by Quality found no evidence that the App is being used.
- The agency does not use the Respite Now App.

Outcome Measures identified in COR

- Communication to staff to cease use.
- File review finds no use of app.
- Evidence of report to East Region Office

Next Steps

Recommendation 3.5a captures the next steps regarding kinship education.

COMPLETED

Recommendations 3.3a and 3.3b: IN PROGRESS

3.3a: On an urgent basis, the ministry recommends that the society complete/continue working on an internal review of the cases identified where individuals were coded as Other Child Welfare (OCW) and where they then entered a Voluntary Youth Services Agreement (VYSA) upon turning 16 and report back to the East Regional Office.

3.3b: The practice of how youth enter Voluntary Youth Services Agreements (VYSAs) with KHCAS should be closely reviewed by the society to ensure that their practices are in line with Ministry standards and requirements and trained with relevant staff.

High-Level Activities

- The external reviewer went beyond the recommendation in terms of OCW designation and a VYSA and reviewed 15 files of VYSA. Detailed findings are in January 2026 progress report.
- Service supervisors were provided training on VYSA by the external reviewer and CASO Chief Legal counsel.

Actions Achieved

- Managers were provided with clarity on VYSA directive from Ministry.
- Staff are having more thorough discussions when a youth is requesting VYSA and have noticed that some youths do not meet the criteria.
- Created a VYSA committee which consists of Service Manager and Legal Counsel, to ensure that the youth meet the criteria for becoming a VYSA and that kin finding is part of the process.
- Significant overhaul of the VYSA process which now has oversight.
- Secondary file review - October 2025. Detailed findings are in January 2026 Progress report.
- Recent file reviews and consultations demonstrate a marked improvement.
- Findings and recommendations from secondary audit shared with service supervisors.
- Developed VYSA consultation workflow which outlines the purpose of the VYSA committee and its role in streamlining decisions.
- Informed OCL of the expectations regarding the new VYSA conference.
- Designated supervisory position responsible for VYSA oversight and chairing meeting.
- Policy and Procedures revised and communicated to staff.

Next Steps	Lead	Timeline
1. Audit on VYSA files every 3 months - ensuring policy has been followed	Quality	February 2026 - No New VYSAs.
2. Begin the new VYSA consultation workflow process	Service Managers	April 2026

Recommendation 3.4a: In PROGRESS

KHCAS is encouraged to develop and implement a strategic out-of-home care placement strategy to support appropriate Outside Paid Resources (OPR) placements.

High-level Activities

- File review conducted by external reviewer.
- Reviewed all OPR placements.
- Reviewed all files out of jurisdiction.

Findings

- Needs greater emphasis on a SofS approach.
- Parents are too often encouraged to relinquish care to KHCAS.
- Need a “closest to home” value when placing children and youth.
- Need to be more thoughtful about having another CAS supervise.

Next Steps	Lead	Timeline
1. Develop “last option/exhaustion” tool/prompt/guideline to assist in ensuring all placement options are exhausted and OPR is last option.	Service Manager	May 2026
2. Establish an Out of Home placements -review committee. The committee will review various factors in placement including – placement option/suitability, location, unique needs of the child/youth and SRAs.	Service Manager	June 2026

3. The formation of the last option/exhaustion tool and out of home placement review committee – to be shared with all staff.	Service Manager	August 2026
4. Training to be provided to child protection staff reminding them of collaboration, building networks, best practices for service agreements and creating environments where children thrive.	Service Manager, Children's Services Supervisors	June 2026
5. File audits to examine: • Placement "last option/exhaustion" tool utilized. • Referral to services to support needs of child/youth. • Network planning centered around the needs and the voice of the child.	Quality and COR Project Lead	October 2026
6. Outcome of file audit to be shared with protection staff.	Service Manager	December 2026

Recommendation 3.5a: COMPLETED

3.5a The Ministry recommends that KHCAS review the changes associated with Service Realignment that affected the kinship services team and ensure that roles/responsibilities and work scope are clarified with all those affected by these changes.

High-Level Activities

- Reviewed understanding of Agency commitment to the use of kin with child protection, resource and children in care staff.
- Reviewed staffing plans made in July 2024 to align staffing decisions to achieve increased use of kin service as a placement opportunity for children and youth needing care away from their parents' home.
- Retracted layoffs previously planned and implemented a plan to increase use of kin services through exploration with children, youth and parents of kin alternatives when a placement away from home is needed.
- Provided training for staff to refresh their skills, develop process maps for ensuring consistent identification of kin early on in child protection service delivery; revise job description for staff responsible for kin finding; identify supervisor champion for this building of capacity.
- Identified targets for recruitment.

Outcomes

- Clear alignment across child protection, resource, and children-in-care staff regarding the value and priority of kinship placements.
- Reinforced agency culture that prioritizes family and community connections for children and youth.
- Staffing plans now support increased use of kin placements, ensuring the right roles and capacity are in place.
- Retraction of layoffs signals a renewed investment in kinship services.
- Staff are better equipped through training and refreshed skills to identify and engage kin early in service delivery.

Outcome Measures

- As the outcome measures are intended to reflect mid- and long-term impacts, they will be captured in sections 3.5b and 3.5c, which provide a comprehensive indication of the recommendation's effectiveness.

Next Steps: COMPLETED

Recommendations 3.5b, and 3.5c: IN PROGRESS

3.5b The Ministry recommends that KHCAS explore opportunities to enhance their Kinship Service program.

3.5c The Ministry recommends that KHCAS develop a robust marketing and recruitment program to support Kinship Service Placements. This strategy could be part of a larger marketing and recruitment strategy for other out-of-home care and permanency activities (such as foster care; see section on Foster Care Program).

High-Level Activities

- Drafted a Foster Recruitment plan which is transferable to kin families.
- Implemented initial Foster Care recruitment activities April – June 2025.
- File reviews were conducted.
- Discussions at Service Supervisor Meeting regarding kinship and barriers.
- Meeting occurred with kin department to review:
  - What has been working well in the Kinship Department. ○ Areas of Challenge. ○ Barriers for kin families.
  - Areas to Improve and Priorities
- Outcome of environmental scan across the sector on strategies to remove financial barriers was shared with SLT.

Findings and Outcomes

- Need to consider kin for case planning and not just for placement.
- Review out of jurisdiction kin caseloads assigned to protection staff, may be best suited with kin staff.
- Barriers to providing financial support for kin families.
- Lack of clarity as to when to conduct an initial kin assessment and when it's a family plan.
- Lack of clarity as to when kin assessment files should close or continue with ongoing kin assessment.
- Communication challenges between kin workers and protection workers.
- Removed receipt based financial accountability for episodic funding.
- Updated procedure for Kinship service funding.
- Launched new episodic payment process.
- Shared new process to access funds with Service Supervisors and with All Staff.
- Developed new attestation form to access episodic funding, ensuring all kinship services families receive the $1,000 annual stipend.
- Finalized the Inclusive Recruitment Plan for foster-care and kinship services.
- Developed new attestation form to access Start-up funding – effective April 1, 2026 (See Appendix G).

Next Steps	**Lead**	**Timeline**
1. Coordinate an EZ kin supervisor's meeting.	COR – Project lead	April 2026
2. Review responsibilities and role of kin workers.	Service Manager	May 2026
3. Training/education provided for all staff.	Service Manager	May 2026
4. Develop program evaluation.	COR Project Lead, and Quality	May 2026

Recommendations 3.6a and 3.6b: IN PROGRESS

Recommendation 3.6a: The Ministry recommends that KHCAS initiate a six-month review for all children in Outside Paid Resources (OPRs) to review services and payments for services and examine opportunities for repatriation planning where appropriate.

Recommendation 3.6b: The Ministry recommends that KHCAS strengthen the oversight and monitoring of Outside Paid Resources (OPR) Service Agreements, Special Rate Agreements (SRAs) and invoices.

High Level Activities

- All youth in OPRs were reviewed by an external reviewer.
- Findings from the review were shared with the manager and supervisor.
- The sector is examining options for measuring Service Agreements and Special Rate Agreements.
- There is representation from KH on the provincial SRA planning committee.

Findings from review:

- Children are often placed in group care at a young age.
- Children are often far from home and supervised by another CAS.
- 1:1 support is frequently needed.
- SRAs are not reviewed often enough.
- Plans to replace children/youth are often dictated by the fact that the OPR is unlicensed.

Outcome Measures Achieved

- Files have been reviewed; possibilities have been identified, and managers have worked with supervisors and team members to consider opportunities.
- Data files completed showing; each child/youth in an OPR, placement data and review dates which are accessible to Service Managers and Finance for review and development of change plans.
- Data files are reviewed and updated monthly.

Next Steps	Lead	Timeline	New Timeline
1. File audit to review all children/youth placed in OPRs to examine: ▪opportunity for replacement ▪the appropriateness of services being received. ▪Identify costs, SRA costs and impact on child/youth against their plan of care. ▪Ensure SRAs are accurate, reviewed and up to date. ▪Child in care files reflect discussions with children and youth and their families and the services received from OPR, quality of care, SRA programming and staffing.	Quality and COR Project Lead	September 2026 - Every 6 month	
2. Develop policy and procedure that supports oversight of SRA and is clear on financial oversight and involves frontline staff who develop and see the agreements in action (i.e. approval of invoices from OPRs, charges are consistent with terms of agreements, etc.); identify need for CPIN flexibility to allow this implementation	Service Manager	March 2026	July 2026
3. Ensure contact logs show further discussions from review.	Service Manager	September 2026	
4. Plans of care are to be amended to show opportunities from further reviews and out-of-home placement committee.	Service Manager	September 2026	

Recommendation 3.6c: IN PROGRESS

The Ministry recommends that the society consider refresher training for the KHCAS placement department be provided regarding requirements for unlicensed placements under s. 50.1 in O. Reg. 156/18.

High-Level Activities

- Developed checklist for Resource and Children's Services staff of requirements when exploring unlicensed placements.
- Condensed QSF manuals into a streamlined summary for Resource staff, providing a clear and concise overview of key requirements.
- Updated policies and procedures.
- Monthly list of unlicensed placements shared with SLT identifying provider, placement jurisdictions, rationale for placement, and duration of placement.

Next Steps	Lead	Timeline
1. Publish Policy and Procedures and review with staff	Service Managers	April 2026
2. Creation of a file audit tool to reflect expectation with regulations	Quality Department	September 2026
3. Schedule learning events for staff	Service Managers	October 2026

Recommendation 3.6d: IN PROGRESS

The Ministry recommends strengthening partnerships and mechanisms for communicating placing agency needs to the Ministry.

High Level Activities

- Staff participated in rate setting reviews with MCCSS.
- The new shared care agreements include information relating to SRA.
- Admission to care and placement type reports are reviewed by SLT quarterly.
- The monthly cost per child in OHC is reviewed by finance. Irregularities or rates that are not in line with expectations are flagged to service.

Next Steps	**Lead**	**Timeline**	**New Timeline**
1. Define scope of file audit/review with Quality Department.	Service Managers, Quality Department	March 2026	June 2026
2. Communicate to the Ministry the continuing costs for children and youth requiring out-of-home care.	Service Managers	Ongoing	

Recommendation 3.7a: IN PROGRESS

Society should consider reviewing their internal processes and policies with respect to Ready, Set, Go (RSG) service delivery to support alignment with the "RSG Guide" when transition planning.

High Level Activities

- Reviewed and revised the Agency's current policy and procedures against the guide.
- Significant edits made to the policy and procedure, including encompassing the RSG Guide and Appendix A checklist.
- Engagement with the Eastern Zone was attempted, however limited information was received regarding RSG service delivery model.

Next Steps	Lead	Timeline
1. Engage the sector to obtain details on their RSG service delivery model	Service Manager	May 2026
2. Share findings of feedback from with SLT.	Service Manager	June 2026

Recommendations 3.7b and 3.7c: IN PROGRESS

Recommendations 3.7b: The society should continue to implement and improve Ready, Set, Go (RSG) program service delivery and promote greater awareness of the RSG program requirements amongst staff and community partners.

Recommendations 3.7c: Based on the overall number of Ready, Set, Go (RSG) youth, it is recommended that the society considers staff realignment activities to better meet the needs of these youth that promote life skills development to support their transition to adulthood.

High Level Activities

- Staff realignment activities to better meet the needs of RSG youth is included in the Deficit Management Plan for investment to support achievement of new programming in 2026/27.
- Service Management team are in discussions on realignment of service teams to increase support for RSG youth and promote life skills development as they transition to independence.
- Service department redesign supports building wrap around services for RSG youth and developing a program.

Next Steps	Lead	Timeline
1. Review current staffing model and build staffing levels/leads to work with RSG youth.	Service Manager	May 2026
2. Agency lead is to review the RSG Guide, Appendix A and policy revisions against a framework of independence skills and social relationships to build framework for the RSG Program.	Service Supervisor	June 2026
3. Establish along with youth in the RSG program, the broad goals, outcomes and supports needed to achieve the goals.	Service Supervisor	August 2026
4. Create a program description and staffing model for the RSG Program.	Service Supervisor	September 2026
5. Review literature to consider how loneliness and limited connections can be avoided for youth to ensure their social determinants of health are all considered.	Service Supervisor	August 2026

Recommendations 3.8a and 3.8b: IN PROGRESS

3.8a: The Ministry recommends that KHCAS take immediate and strategic steps to enhance the capacity of their internal Foster Care Program.

3.8b: The Ministry recommends that KHCAS develop and implement a comprehensive marketing, recruitment and retention strategy for foster parents.

High-level Activities

- Drafted an Inclusive foster care campaign.
- Implemented initial activities April – June including use of libraries across all areas, social media.
- Researched rates for inclusion in the Spending Plan.
- Finalized foster-care recruitment.
- Based on research, a new per diem rate was recommended to the Senior Leadership Team (SLT) and incorporated into the Deficit Management Plan, which was implemented on July 1, 2025, resulting in revised payments to foster parents.
- Implementation of recruitment plan and target marketing plan.
- Since April 2025 the outreach to community organizations has consisted of:
- o 34 community events o 13 information sessions o 62 religious organizations have been contacted about information sessions. o 38 formal inquiries o 22 people have completed PRIDE.
- Forecasting anticipated numbers of internal foster homes.
- Reassessing organizational needs against current inventory of foster homes and their ability to meet the demands.
- Undertaking a review of all foster homes to assess alignment with new vision of service.

Next Steps	Lead	Timeline	New Timeline
1. Recruitment media campaign	Director of Service	September 2026	August 2026
2. Adjustments/development to staffing plan to support care providers in caring for children and youth with behaviour support and mental health care needs, that align with deficit management plan for revisions to Family Preservation Program.	Service Supervisor	March 2026	June 2026
3. Develop training plan for foster care and Kin care providers.	Service Manager	March 2026	August 2026

Recommendations 3.8c: IN PROGRESS

The Ministry encourages KHCAS to look at developing a comprehensive clinical oversight model ("POD").

High-level Activities

- Consultation with Program Supervisor with experience using PODS approach.

Next Steps	Lead	Timeline
1. Continue discussions with MCCSS Program Supervisor and interested OPR.	Service Manager Supervisor	May 2026
2. Explore service provider with expertise in the POD model discussions.	Service Supervisor	May 2026

Section 4: SPECIFIC PROGRAMS

Recommendation 4.1a: COMPLETED

The Ministry recommends that KHCAS explore expanding their use of the Therapeutic Family Care (TFC) program to help potentially reduce residential care costs.

Goals Arising from Recommendations

Although referred to as a "value for money" review, the review actually identified that the scope of services offered to the three societies were beyond the mandate of funding aligned with the Child and Youth Family Services Act (CYFSA).

High-Level Activities

This recommendation cannot be followed as the program was closed on January 31st, 2025 through agreement of the three sponsoring/supporting agencies. KHCAS was a 17% supporter financially.

Recommendation 4.2a and 4.2b: IN PROGRESS

4.2a: The Ministry recommends that KHCAS review potential gaps in staff Signs of Safety (SofS) training that may have been impacted due to the pandemic. A future plan should be developed so that the KHCAS Senior Leadership Team (SLT) can further understand the concerns from staff around SofS training and implementation and try to ameliorate these issues through ongoing training, communications, and monitoring of the approach.

4.2b: The Ministry recommends KHCAS follow up with a 2023 progress report that includes the External Reviewer's suggestion to provide next steps around Advanced Practice, Leadership development and Trainer modules.

High-Level Activities

- Organizational commitment to SofS.
- Extensive training provided to front line staff and management.
- Developed a SofS workplan.
- Orientation package for new hires and students includes a Signs of Safety onboarding handout.
- SofS tools, prompts – are easily accessible electronically.
- SLT is modelling commitment to Signs of Safety.
- Service Supervisors' meetings include a standing monthly agenda item dedicated to continuous improvement through practice enhancement, template development, and/or reflective discussion.
- Successes, strategies, and family experiences related to Signs of Safety are consistently shared during All Staff meetings by front line staff or supervisors.
- Baseline practice of Signs of Safety in Intake referrals has been established.
- Second Iteration of Signs of Safety development completed.

- Completion of first audit review of Harm and Danger statements in Intake referrals. For audit details, refer to January 2026 progress report.
- Modelling a community of practice approach to learning about Signs of Safety.
- Initial audit of ongoing files to review implementation of Harm and Danger statements and network planning (See Appendix H).
- Developed a revised Case Conference Template to ensure decision-making meetings are grounded in Signs of Safety practice (See Appendix I).

Next Steps	**Lead**	**Timeline**	**New Timeline**
1. Develop a new policy for Signs of Safety which clearly reflects a commitment to child-centered practice, alignment with best practices, and how the framework supports safety planning and family engagement.	COR project lead	February 2026	April 2026
2. File review of Harm and Danger statement in intake referrals – Every quarter.	Quality and COR project lead	April 2026	
3. File review of ongoing files – Network Planning, Harm and Danger statements (at 30 days) - Quarterly. Review is to occur over the course of 2 years	Quality and COR project lead	June 2026	
4. Continued ongoing Signs of Safety development and workshops.	Service Managers	Ongoing	
2. File review of investigation cases to review network planning, such as kin, and if a safety plan is needed. Quarterly	Quality and COR lead	June 2026	

Recommendation 4.3a: IN PROGRESS

The society should look to see how they can continue to leverage more of the Family Preservation Program's (FPP) teams' skills and knowledge in case planning with children/youth in home or transitioning children/youth back home or with kin in order to see if this may reduce some of their out of home placements, where appropriate.

Next Steps	**Lead**	**Timeline**
1. Research the components of a Family Preservation Program, number of staffing needed for an organization our size to achieve in-home teaching, clinical access and support to care providers. Consult with Kinark on this trauma informed approach to support.	Director of Service	August 2026
2. Confirm with Agency staff the direction for the Family Preservation Program.	Director of Service	August 2026
3. Develop a program draft including goals, volume targets, evaluation and education needed	Director of Service	August 2026
4. Confirm with the Union the program design and hours of work as part of implementation planning.	Director of Service	September 2026
5. Create targets for effectiveness, focusing on admission prevention.	Director of Service	October 2026
6. Design and implement an evaluation tool.	Quality and Director of Service	November 2026

Section 5: ADMINISTRATIVE SYSTEMS

Recommendation 5.1a: IN PROGRESS

The Ministry recommends that the society consider the use of admin support staff as Child Protection Information Network (CPIN) "Super Users". Previously this responsibility was held by society supervisors, however if properly trained, admin support staff can be an incredible resource.

High Level Activities

• Initial conversations have occurred with IT and key leads to leverage current resources to support staff in using and navigating CPIN.

Next Steps	Lead	Timeline
1. Develop a workplan with Quality and IT.	COR lead	May 2026
2. SLT to approve workplan	COR lead	June 2026

Recommendation 5.1b: IN PROGRESS

The Ministry recommends identifying areas of duplication of work and areas where administrative tasks from frontline workers can be transferred to admin support staff to reduce administrative burden on frontline workers.

High-Level Activities

- Developed new process for quarterly payments for kinship service families.
- Removed receipt-based reimbursement for kinship start-up funds.
  - Management of lawsuits has transitioned from the Executive Assistant to the legal department.

Outcome

- Streamlined the administrative workflow for frontline staff to efficiently process, submit and document receipts for kinship service families. These efficiencies further reduced the administrative burden for the finance department.

Next Steps	Lead	Timeline
3. Develop an Administrative Efficiency Committee.	Executive Assistants	June 2026
4. Committee to bring forward recommendations of changes to SLT.	Executive Assistants	September 2026
5. Identified areas of duplication of work and recommendations are shared with all staff.	Executive Assistants	October 2026
6. Recommendations are implemented.	Executive Assistants	October 2026

Recommendation 5.1c: IN PROGRESS

The Ministry recommends that the society consider investing in resources for record management (historical, current, and future) that would improve efficiencies and generate long-term savings.

High Level Activities

- Reviewed the workload for the project.
- Allocated additional administrative staff to support project initiation.
- A staff member has been assigned, and co-leads of the project have been appointed.

Next Steps	Lead	Timeline	New Timeline
1. Post positions for project	Finance Manager	March 2026	May 2026
2. Replace IT staff that are supporting the work.	Finance Manager	March 2026	May 2026

APPENDIX A

Service Department Updates -2026 Process Map

To better align with service demands and support our work, the service teams and their framework are being updated. These changes are shaped by several influencing factors, primarily:

- **Ensuring equitable distribution of supervisory responsibilities to support workload balance.**
- **Preparing organizational landscape in recognition that case type and volume is changing.**
- **Realigning staffing models to develop a consist family support approach.**
- **Enhancing responsiveness to the needs of RSG youth**, with an emphasis on building life-skills and promoting transitions into adulthood.

- **Establishing a transparent and consistent governance process for oversight, review, and follow-up of VYSA cases.**
-
- **Strengthening Kinship Services and Family Finding by consolidating all kinship files within the Kinship Department.**
-
- **Assigning a designated lead supervisor to provide consistent oversight of Permanency Planning Meetings and VYSA cases.**

Process Map

October 2025	•**Service Managers** •Strategic Exploration Session
November 2025	•**Service Managers** •Decision Making Principles
December 2025	•**Service Supervisors** •Provide context for service department update. Seek input
January 2026	•**Service Supervisors** •Share new Service Department Model. •Supervisors indicate preference. Report back outcome of preference
February 2026	•**FMT and All Staff** •To be informed of upcoming service teams and structure refresh
February 2026	•**Front-Line Staff** •Impacted Staff informed of change in reporting lines
April 2026	•**Implementation**of updated service structure
June 2026	•**Service Managers** •Evaluating the current structure against identified needs •Report back to supervisors and seek input
Quarterly	•**Service Managers** •Reviewing current structure against identified needs

APPENDIX B

Change Management Charting – Sample

KINSHIP EPISODIC FUNDING

Element	Description
Previous Practice	Receipt-based episodic funding model- requires families to submit expenses for reimbursement.
New Process	Automatic quarterly installment payments of $250 to eligible Kinship Service families.
Effective Change	Kinship Service families sign an Attestation Form and receive funding automatically at the start of each quarter.
Reason for Change	• Limited financial support for Kinship Service families • Unnecessary barriers to accessing funds • High administrative complexity for families • Alignment with provincial approach
Decision Summary	Transition from a reimbursement model to proactive quarterly payments to improve access, equity, and efficiency.
Who is Impacted	• Kinship Service families • Administrative staff • Finance department (FMT) • Front-line staff
Benefits/Expected Outcomes	• Timely, predictable financial support for kinship caregivers • Reduced administrative burden for families and staff • Improved ability to meet children's needs
Impact and Risk Analysis	• Families automatically receive their full episodic allotment to support meeting the needs of the children in their care. • Decreased administrative workload across teams • Reduced reliance on admission prevention funds
Risk Mitigation	Attestation Form ensures accountability Clear policy updates and staff communication

Communication Strategy	Update Kinship Policy • October 2025 - Inform Ministry • September 2025 - Inform SLT
	• September 2025 – Inform FMT • October 2025 - Communicate to all staff
Alignment	Supports provincial alignment and family-centered service delivery

APPENDIX C

Community Links File Review

Audit Overview

- 6-month period – August 2025 – January 2026
- Total 69 Community Link

Methodology

- The audit sample comprised of 30% of Community Links file during the August 2025 to January 2026 period – totaling 21 files.
- All Community Links opened by After Hours reviewed (4)
- Remaining files were selected to get varied representation among the staff involved with the case.

The audit sample was reviewed to gather information on Recommendation 2.1a and 2.2a, including:

- How Community Link dispositions are being documented.
- Whether the case type reflects the referral disposition.
- Whether the case type reflects the Eligibility Spectrum code.
- The types of referrals to the community.

Findings

Keeping in mind the following definition in the Ontario Child Protection Standards:

For cases requiring a **Community Link**:

- The child protection worker contacts the family by telephone and provides information about early community intervention, prevention or treatment services.

- Other methods of contact are utilized if the family does not have a telephone.
- When required, the child protection worker provides assistance in linking families to these resources (e.g. referrals).

No Direct Contact/Information Only referral disposition is chosen for cases which do not require a protection investigation or a "community link" service and which do not receive any direct contact from the CAS. This also includes situations where a CAS provides information only (e.g. about appropriate discipline, or at what age a child may be left at home alone).

1. All but 2 of the 69 community links (97%) were closed within the required 14 days. The 2 that were not closed within the 14 days were opened under 30 days.
2. 1 file should have opened for Child Protection Services.
3. Community Links are opened when any information is provided, i.e. call Family Law Information Center, check with your school social work department, ask police for a wellness check, etc.
4. There was no follow-up services provided in **any** of the files, i.e. – call back in a week to see if parent was able to connect with resource, would a letter of support assist, update on situation, etc.
5. Significant confusion between Community Link and No Direct Contact/Information Only.

Recommendation

1. The agency needs to take a position on what is a Community Link vs RRNI – is having a conversation with a parent a community link?
2. Accurate Harm statements must be captured in the referral. This would assist in differentiating between Initiate Child Protection, Community link and RRNI.

APPENDIX D

YORK HILLS – ADR SUMMARY

ADR Summary 2025/2026 Q3

ADR Service Targets 2025/26						
Region	**CPM**	**FGDM**	**Indigenous Approach**		**Total ADR 2025/26**	**% at Q3**
			IADR	FNC		**69%**
Former Central East	105	65	63		235	

Actual Referrals – October 1, 2025 – December, 2025 (Q3)						
Region	**CPM**	**FGDM**	**Indigenous Approach**		**Total ADR**	
			IADR	FNC	Q3 Total	YTD Total
Durham	0	5	1	0	6	28
Kawartha-Haliburton	7	6	0	0	13	43
Highland Shores (Cobourg Office)	0	0	0	0	0	0
Simcoe-Muskoka	4	8	2	0	14	51
York	6	2	0	0	8	27
Dnaagdawenmag Binnoojiiyag	0	0	7	0	7	12
TOTAL Q3	**17**	**21**	**10**		**48**	**161**
Year to Date (Q1+Q2+Q3)	**64**	**78**	**19**		**161**	

Total Number of Children Served from New Referrals Each Quarter
2025-2026-Q3

Number of Children Served – New Referrals 2025-2026

C- CPMED F – FGDM I – IADR CO – Carry Over

Q3	0-5			6-14			15-17			18-22			Totals
CAS/SERVICE	C	F	I	C	F	I	C	F	I	C	F	I	
DBCFS	0	0	4	0	0	0	0	0	1	0	0	0	5
DURHAM	0	5	0	0	2	0	0	1	0	0	0	0	8
KAWARTHA	6	5	0	4	6	0	2	1	0	0	0	0	25
HIGHLAND SHORES	0	0	0	0	0	0	0	0	0	0	0	0	0
SIMCOE MUSKOKA	3	3	1	5	4	0	2	4	0	0	0	0	22
YORK	5	3	0	6	2	0	0	0	0	0	0	0	16
Q3 Totals	35			29			11			0			75
YTD Total: CO + Q1 + Q2 + Q3 =110+124+96+75													405

APPENDIX E

AUDIT

INVESTIGATION FILES - NETWORK PLANNING AND SAFETY PLANNING

Recommendation 3.1b:

The Ministry recommends that society consider requesting a neighboring society conduct a peer review of the cases to support staff learning and development.

Identified In January 2026 COR Progress report:

File review of investigation cases to review **network planning**, such as kin, and if a **safety plan** is needed.

AUDIT OVERVIEW

- Investigation cases
  - Between the period of December 1, 2025, to March 1, 2026 ▪ Sample includes closed cases.
- 381 Investigation cases in this period

METHODOLOGY

Mixed Methodology – The audit sample included 20 cases reviewed, ensuring appropriate representation across supervisors. When notable outliers were identified, additional cases from the same supervisor and worker were reviewed to determine whether the finding was an isolated occurrence or part of a consistent practice.

FINDINGS and RECOMMENDATION

1. Most dispositions are guided by a well-defined Signs of Safety template and include; summary of invest, voice of the child, risk and safety assessment, what are we worried about, what is working well.

2. Network Planning – The case type sample did not require most cases to include network planning. This element will be reviewed in ongoing cases and in future audits, either for cases transferred to ongoing services or through a sample of selected files.

3. Several files refer to caregiver "…following through with safety plan", "…a safety plan has been developed…" However, almost all the safety plans could either;
   - not be located,

- had to search multi contact logs to locate it.
- was fragmented in various contact logs.
- located only in the supervisory contact log.

Recommendation – In investigation files the Safety plan is to be captured in the verification decision, disposition, and in the supervisory contact log.

5. Review of child protection history/case management history documented at the end of the file – typically it is the last contact log – after verification and decision to close/transfer.

Recommendations:

- Child protection history is to be read and documented prior to seeing the family.
- The history is to be discussed in supervision during the safety assessment discussion.
- The summary of the family history (not a copy and paste from each opening) is to be included in the disposition.

Policy has been updated to reflect this.

6. Children are not typically seen after the safety assessment is completed. In some cases, this was over 3 months.

Recommendation – Review with supervisors that children are to be seen every 30 days, at a minimum - regardless of case type.

7. Worker's copy and paste from the supervisors contact log into their disposition. This is evident as the worker's contact log reads in the third person, "Claire met with dad…"

Recommendation – Workers are **not to copy and paste** from supervisors contact logs.

APPENDIX F

VAW 2026 Work Plan

Work Plan Rationale:

Violence Against Women/Intimate Partner Violence is an epidemic in our community. There is a significant number of investigations where there is historical or current domestic violence occurring. Workers at all levels are supporting families where VAW has or is occurring and it is critical that they have the knowledge and skills to best support families, recognize increased risks, support in the create of

critical safety plans, know which resources are available for families in the community, and have a solid framework for which to understand the impact witnessing domestic abuse has on children and youth.

A recent internal file audit indicated 55% of files coded below the line (33I and 33J) should have opened for either a community link or a full investigation. In 2025, there were 330 instances where children witnessed domestic violence and there was no assessment to identify harm and danger.

As stated in the 2024 Journal of Family Violence article that analyzes Ontario Child Welfare policy in relation to IPV, "*…child exposure to IPV…now constitutes the largest proportion of substantiated maltreatment investigations.*" This is critical work, for our agency and our community.

Purpose: To strengthen knowledge base, build capacity and advance understanding, which will enhance child safety, improve decision-making, and ensure appropriate intervention pathways.

Alignment: These changes support child safety mandates, early intervention principles, and quality assurance standards.

Important Dates and Timelines:

▪ March 3	▪ Finalize workplan.
▪ March 4	▪ VAW Committee Meeting
▪ March 17	▪ Approval of workplan by SLT
▪ March 25	▪ All Staff Meeting – Workplan presentation
▪ April 1 (tentative)	▪ VAW/CAS protocol to be updated.
▪ May 15, 2026	▪ Desk Guide to be completed.
▪ April 1-June 17	▪ OACAS online module training to start.
▪ Spring, 2026	▪ Formal Training to roll out by VAW community as per joint training initiative.

Mandatory Training:

Who- ALL SERVICE STAFF- Protection, Children's Services, Resources, Adoption, Child in Care and Legal
What: OACAS Online modules:

- IPV/GBV: Intro to Collaborating to Address the Intersection of Intimate Partner Violence
- IPV/GBV Dynamics of Intimate Partner Violence
- IPV/GBV- Engagement with Families Experiencing IPV
- IPV/GBC- Intimate Partner Violence in Marginalized Populations
- IPV/GBC- Legal Interventions Used with Families Experiencing IPV
- IPV/GBV- Safety Planning with Families Experiencing IPV

- IPV/GBV- VAW/CAS Collaboration

When:

- Staff can complete at own pace. All 7 modules to be completed by June 17, 2026.
    - Or Staff can participate in virtual training facilitated by VAW Supervisor on Wednesday Mornings at 9:00am. Each week there will be a new module. Will run from April 1- June 17 typically. Staff can join virtually from any office. We will go through the module together. A link for virtual meeting will be sent out to all staff.
    - Staff will register through HR and staff will ensure completion by required deadline of June 17, 2026.

Mandatory addition IN PERSON training will roll out in the Spring which will be facilitated by the VAW/CAS Collaboration group.

Desk Guide

Desk Guide to include:

- Process map of Protocol for ease of use.
- Updated Policy and Procedure
- Risk Factors
    - Community resources (for Peterborough, Lindsay and Haliburton) and all available supports for parents, caregivers and children.
- Safety plan measures
    - Overview and examples/definition of every form of domestic violence (physical, emotional, sexual, coercion, control, etc.).
    - Visual Circles (from OACAS) on domestic violence for both the victim and the perpetrator to help identify the abuse.

ATTESTATION FORM

KINSHIP START UP FUNDING

This attestation form is effective from the date identified below. Funding is subject to the Ministry of Children, Community and Social Services' allocations, and any changes may affect support for kinship families.

This funding is disbursed on a one-time basis per family, with the intent of allocation being paid within 30 days of the date this document is signed.

Kinship families are eligible for the one-time Start-up funding of up to $1,000.

Date: _____

Provider Name & File Number: _____

Name of child: _____

_____

In signing this form, you are attesting that these funds will be used in accordance with **the Ontario Permanency Funding Policy Guidelines** which states that this funding is for: "..*placement preparation costs (e.g., furniture and home modifications) and/or costs associated with meeting immediate needs (e.g., clothing, school needs) to support the placement as well as shipping costs incurred to transport purchased accommodation or modification goods (e.g., furniture/mattress or window/door safety locks to the kinship service family's home."*

Provider Signature: _____ Date: _____

Worker Signature: _____ Date: _____

APPENDIX H

AUDIT - ONGOING FILES - NETWORK PLANNING, HARM AND DANGER STATEMENTS

Recommendation 4.2a:

The Ministry recommends that KHCAS review potential gaps in staff Signs of Safety (SofS) training that may have been impacted due to the pandemic. A future plan should be developed so that the KHCAS Senior Leadership Team (SLT) can further understand the concerns from staff around SofS training and implementation and try to ameliorate these issues through ongoing training, communications, and monitoring of the approach.

Identified In January 2026 COR Progress report: Next Steps: File review of ongoing files – Network Planning, Harm and Danger statements.

AUDIT OVERVIEW

- Opened Ongoing files.
- 223 Opened Ongoing files as of March 2, 2026

METHODOLOGY

Mixed Methodology – The audit sample consisted of 10% of open, ongoing files. Cases were selected using stratified sampling to ensure a random sample from each supervisor's caseload. Where initial review results appeared to be outliers, additional samples were drawn from the same group (same supervisor and same worker).
This approach helped determine whether the results reflected isolated anomalies or emerging patterns.

FINDINGS

1. **Network planning** summarized documentation is almost nonexistent in files.
2. Most **Supervisory Review 6 Week Contact Logs** are detailed and include Harm and Danger statements.
3. Supervisory Review 6-week Contact Logs contain significantly more information than the **Outcome Plan Analysis**.
4. In the majority of cases, the **Outcome Plan Analysis** is minimally documented, lacks detail, provides limited information, does not clearly summarize the family's situation, and does not include Harm and Danger statements.
5. There is no evidence that **Outcome Plans** are developed in collaboration with families.

6. 33% of the 6-month Outcome Plans are/were **3 – 8 months late.** 6 remain outstanding.

7. Only 2 out of 21 **Agreements** were signed and uploaded.

8. **Cultural Considerations** – Some supervisors and workers are documenting that there are no cultural considerations or N/A.

9. A total of 4 **transfer meetings** were documented, where the Assessment worker introduces the ongoing workers and discusses the worries, strengths, network, and what needs to happen to close the file.

10. Limited files included an **internal file transfer process.**

11. **Harm and Danger** statements are almost always documented in the investigation disposition.

RECOMMENDATIONS

Several of the recommendations listed are **required standards** and are in **the Policy and Procedure** (CPSO 8.0 – Transferring a Case). This is important to note as these recommendations do not introduce new processes but represent established expectations that have not been consistently embedded in practice.

1. Establish clear expectations for the **internal file transfer process.**

2. Establish clear expectations for the **file transfer**, and what is to be documented. This is to include:

   a. Assessment and Ongoing workers are to meet with the family together.

   b. With the family review - concerns, strengths, networks, what needs to happen to close the file, using a SofS framework.

   c. Developing the initial service plan with the family

   d. Documenting the family's input.

3. Establish clear expectations of the requirements in the **Outcome Plan Analysis** (30 day and 6-month plan). This is to include:

   a. Family Networks

   b. Professional/Community Networks

   c. The role of everyone involved in the network.

   d. A synopsis of why the Society is involved.

   e. Cultural aspects and Considerations for **All families**

   f. Harm and Danger statements.

   g. Progress, barriers, strengths, complicating factors, next steps

   h. The voice of the family

   i. Having the agreements signed and uploaded.

4. Supervisors are to monitor the due date for Outcome Plans and are to incorporate this into their supervision and document the due date into their 6-week contact log.

Overall, there is strong supervisory documentation. The primary improvement relates to timely documentation of the Outcome plan and implementation of Signs of Safety as the service model.

APPENDIX I

Pre Admission Case Conference Template and Considerations

Bringing a Child to a Place of Safety Consultation and Template

Here are areas of preparation and review to consider prior to child admission:

Compliance: Ensure file is in compliance.

Strengths and Safety (Current):

- What is working well in the family?
- Who is already helping to keep children safe?
- How are protection and safety demonstrated by the caregivers/family?
- What is the child's perspective of their current situation and safety?
- What are the safety factors?
- What are the goals identified by the family?
- What's going well in your work with this family?
- What strengths do you see in the parents, children, or extended family?
- How have the family's cultural or community supports shown up in a positive way?
- What is working well in your engagement with the family?

Harm and Danger (Past and future):

- What specific worries do we have about the children's safety right now?
- What past harm or trauma do we know about that affects this family?
- What potential future danger are we most concerned about if nothing changes?
- How has the family demonstrated safety in small or big ways so far?
- Have you completed a review of the history?
- Does poverty contribute to the concerns and how can this be mitigated?
    - Based on the referral info/safety assessment, what has happened to the child that has us worried?
    - Are there any cultural/community considerations or factors that shape how we see the danger or risk?

Complicating factors:

- What are the exceptions?
- Does the worker see this differently from the family?
- What issues are making it harder for this family to create safety (e.g., poverty, mental health, addiction, conflict)?

- How are these factors influencing the parent's ability to meet the children's needs?
- Are there system-level barriers (housing, access to services, waitlists) complicating progress?
- What has the family identified themselves as stressors or barriers?

Scaling Questions:

- On a scale of 0–10, where 0 means the child is not safe at all and 10 means you're fully confident the child is safe, where would you place this situation today?
- Where do you think the family would place themselves on that scale?
- What number would the child likely choose?
- What needs to happen to move one step higher on the scale?

Next Steps/Planning:

- Do the identified next steps align with the clinical assessment, child welfare history, identified strengths and identified worries?
- Is ADR, IADR, Youth led ADR required?
- Is a legal consultation required? OCL consultation?
- What is your recommended course of action? (In consultation with your supervisor)

Reflection:

- What are your feelings, assumptions about this situation?
- How does your social location influence this situation?

Things to Remember:

- Safety to be completed within 7 days, 48 or 12 hours.
- Safety documents are to be completed within 5 days.
    - Risk assessment must be completed during the life of a file. Where there is a significant change, a risk reassessment should occur.
- Case notes are to be inputted within 24 hours of any interaction requiring documentation.
- Provide a strengths-based perspective of family in your documentation.
    - Investigations are to be completed within 45 days up to 60 days. There should only be a departure past 60 days where this is required clinically and is in the best interest of families, youth and children.

Pre-Admission Case Conference (Template for Conference)

Present:

Family Constellation:

Indigeneity + Cultural Considerations

ISC (aka INAC) Check:

Family Finding:

Is current foster placement a permanency option?

Court/Access:

What's working well:

What are we worried about?

What do we need to do?

Special Rate agreement: Y/N

Details and follow-ups:

Narrative:

Next Conference Date:

Appendix C

Deficit Management Plan (DMP)

Deficit Management Plan: Kawartha-Haliburton Children's Aid Society 2025-2026 Q4

Theme	Estimated Savings in 2025-2026	Estimated Savings in 2026-2027	Estimated Savings in 2027-2028	Total Estimated Savings	Total Savings Achieved	Targeted Completion Date (DD-MMM-YY)
1. Maximizing Revenues	$0	$0	$0	$0	$0	0-Jan-00
2. Maximizing Community Partnerships	$0	$0	$0	$0	$0	0-Jan-00
3. Managing Cost Drivers	$1,607,288	$6,544,541	$8,005,916	$16,157,745	$3,292,160	31-Mar-28
4. Controllership, Stewardship and Oversight	-$273,750	-$149,000	-$119,000	-$541,750	-$195,303	31-Mar-28
5. Organizational Right-Sizing	$1,481,500	$1,390,000	$1,383,000	$4,254,500	$1,651,558	31-Mar-28
6. Other	-$263,400	-$254,375	-$129,375	-$647,150	-$180,293	31-Mar-28
Total DMP Estimated Savings and Completion Date	$2,551,638	$7,531,166	$9,140,541	$19,223,345	$4,568,121	31-Mar-28

Date of Meeting	Meeting Participants	Summary of Meeting (including any action items)
8-Aug-25	Laura Nacis, Rosaleen Cutler, Joe Mahoney	Review of items and format from the plan. ACTION ITEMS: To show each year as a separate line going forward.
28-Oct-25	Laura Nacis, Rosaleen Cutler, Joe Mahoney	Review of the plan ACTION ITEMS: None
22-Jan-26	Laura Nacis, Rosaleen Cutler, Joe Mahoney	Review of the plan ACTION ITEMS: None

Deficit Management Plan Objective	Implementation Plan	Person Accountable	Progress	Targeted Start Date (DD-MMM-YY)	Targeted Completion Date (DD-MMM-YY)	Estimated Savings in 2025-2026	Estimated Savings in 2026-2027	Estimated Savings in 2027-2028	Savings Achieved To Date	Variance to Estimate	Society Update & Ministry Comment(s)
1. Maximizing Revenues Actions to be taken to maximize other revenue sources to support the needs of children and youth in care (i.e., Child Disability Benefit, Children's Special Allowance, Assistive Devices Program, etc.).											
											Society Update: Ministry Comment:
											Society Update: Ministry Comment:
											Society Update: Ministry Comment:
											Society Update: Ministry Comment:
											Society Update: Ministry Comment:
2. Maximizing Community Partnerships Actions to be taken to work with community partners to support the needs of children and youth and leverage existing programs and services offered through community partners.											
											Society Update: Ministry Comment:
											Society Update: Ministry Comment:
											Society Update: Ministry Comment:
											Society Update: Ministry Comment:
											Society Update: Ministry Comment:
3. Managing Cost Drivers Actions to be taken to control cost drivers that affect service provision (e.g., Outside Purchased care, administrative expenditures, etc.)											
The Closure of TFC Shared Service Program	- TFC being closed by Highland Shores as Highland and Durham lead review and concluded plan to withdraw from the program. KHCAS not able to continue without	Executive Director	Complete	01-Nov-24	31-Mar-26	$406,000			$495,138	Above Expectation	Society Update: 2026-Q1 - Program has been closed Ministry Comment:
		Executive Director	In progress	01-Apr-26	31-Mar-27		$406,000		$0	N/A	Society Update: Ministry Comment:
		Executive Director		01-Apr-27	31-Mar-28			$406,000	$0	N/A	Society Update: Ministry Comment:
Implementation of a Foster Care Redesign Initiative	- Initiate recruitment targets, supported by increasing the per diem rate for agency foster placements to $85 per day to be comparable to other CASs and closer to OPRs. New rate will attract new foster homes with capacity to provide care for 12 CIC currently in OPRs identified as best interests being met in agency operated foster care.	Service Manager	Complete	01-Jul-25	31-Mar-26	$75,000			-$30,824	Below Expectation	Society Update: 2026-Q1 - Implementation of rate change as of July 1, 2025 is complete 2026-Q2 - Through 3 months of increased rates, no new Foster homes have been opened, although homestudies are in progress 2026-Q3 - Through 6 months of increased rates,one new Foster homes has been opened, and homestudies continue to progress for five applicants. 2026-Q4 - Through 9 months of increased rates, we have had 13 foster homes continue on with the higher rate (Cost of $112,024). We have also had 6 new homes at the new rate these homes have been used, placements may have ordinarily gone to OPR FC, decision contributes to OPR (savings of $81,200). Target had been 12 new homes. Ministry Comment:
		Service Manager	Ongoing	01-Apr-26	31-Mar-27		$495,000		$0	N/A	Society Update: Ministry Comment:
		Service Manager		01-Apr-27	31-Mar-28			$1,036,000	$0	N/A	Society Update: Ministry Comment:

To reduce the number of Children in Care	- Expectation of a redcution of 4 CIC per year. Additionally, reductions due to CIC returning home, replacements to agency operated care, use of Kin and aging out of RSG population .	Service Manager	Complete	01-Apr-25	31-Mar-26	$944,000 $200,000			$3,110,376	Above Expectation	Society Update: 2026-Q1 - Overall reduction of 4 CIC during the quarter. Due to expected timing of children leaving, the savings will increase in the remaining quarters 2026-Q2 - Due to reduction of 7 CIC ytd, the anticipated savings has been increase by $200K in our deficit management plan 2026-Q3 - The agency has a reduction of 21 CIC from the number at March 31, 2025 resulting in significant savings 2026-Q4 -The number of CIC has decreased during the year from 154 to 133 during the year resulting in substantial savings year over year. The reduction aligns with use of Signs of Safety, focus on kin services when children and youth not safe at home. Large proportion of children in care are actually RSG (72 at year end) Ministry Comment:
		Service Manager	Ongoing	01-Apr-26	31-Mar-27		$4,761,000		$0	N/A	Society Update: Ministry Comment:
		Service Manager		01-Apr-27	31-Mar-28			$5,380,000	$0	N/A	Society Update: Ministry Comment:
To reduce the Corporate Legal Costs	- Expectation that the number of deductables for current suits will be reduced from the current year.	Executive Director	Complete	01-Apr-25	31-Mar-26	$75,000			-$178,136	Below Expectation	Society Update: 2026-Q1 - Continuation of dedcutables from suit from prior year. No new dedcutables in the current year 2026-Q3 - Due to settlement of uninsured lawsuit of $170,000 2026-Q4 a further uninsured suit has been filed and expectation is that there will be a financial contribution required to achieve settlement. Amount not determined at this time. Ministry Comment:
		Executive Director	Ongoing	01-Apr-26	31-Mar-27		$75,000		$0	N/A	Society Update: Ministry Comment:
		Executive Director		01-Apr-27	31-Mar-28			$75,000	$0	N/A	Society Update: Ministry Comment:
To Reduce the Insurance Costs	- Negotiation of a 20% reduction in insurance by switching to a new company.	Director of Corporate Services	Complete	01-Apr-25	31-Mar-26	$128,000 $169,038			$312,775	Above Expectation	Society Update: 2026-Q1 - Negotiated much better rate than expected with new insurance company. Savings for year $297,038 2026-Q2 - Increase in estimate due to actual saving noted above 2026-Q3 - Increase in estimate due to actual saving noted above Ministry Comment:
		Director of Corporate Services	Complete	01-Apr-26	31-Mar-27		$104,000		$0	N/A	Society Update: Ministry Comment:
		Director of Corporate Services		01-Apr-27	31-Mar-28			$104,000	$0	N/A	Society Update: Ministry Comment:
To Reduce the Telecommunications Costs	- Renegotiation of rogers agreement due to new RFP by the Ministry.	Director of Corporate Services	Complete	01-Dec-24	31-Mar-26	$59,000 -$14,750			$12,929	Below Expectation	Society Update: 2026-Q1 - Savings as expected 2026-Q2 - New agreement in place and effective July 1 so savings for only 9 months of year instead of 12 2026-Q3 - Savings in place and on track 2026-Q4- Savings not as originally estimated however a saving was realized during the year Ministry Comment:
		Director of Corporate Services	Complete	01-Apr-26	31-Mar-27		$59,000		$0	N/A	Society Update: Ministry Comment:
		Director of Corporate Services		01-Apr-27	31-Mar-28			$59,000	$0	N/A	Society Update: Ministry Comment:

To Minimize the Cost of Salary and Benefit Increases	- Expectation of 1%, 2% and 3% increases over the next three years.	Bargaining Committee	Complete	01-Apr-25	31-Mar-26	-$175,000 -$237,000			-$420,529	At Expectation	Society Update: 2026-Q1 - Bargaining set to begin on September 15th, 2025 2026-Q2 - Bargaining has begun. Expectation of increases now set at 3% for the first year 2026-Q3 - Bargaining continues. No change in expectation 2026-Q4 - Bargaining completed at 4% for 2025-2026 Ministry Comment:
		Bargaining Committee	Complete	01-Apr-26	31-Mar-27		$748,541		$0	N/A	Society Update: Ministry Comment:
		Bargaining Committee	Complete	01-Apr-27	31-Mar-28			$1,086,916	$0	N/A	Society Update: Ministry Comment:
To minimize yearly price increases in Property/Audit/Misc. etc.	- To negotiate increases to no more than a 3% inflationary rate.	Director of Corporate Services	Complete	01-Apr-25	31-Mar-26	-$22,000			-$9,569	Above Expectation	Society Update: 2026-Q1 - Renewal of cleaning contract at the same rate as prior year. 2026-Q3 - Cleaning contract came in lower than prior years. Additional savings expected starting January 1, 2026 2026-Q4 - Audit fees higher than expected during the year. Due to the Ministry appointing a supervisor and the subsequent resignation of the board, the auditors were required to do additional substanive testing and evaluation Ministry Comment:
		Director of Corporate Services	In progress	01-Apr-26	31-Mar-27		-$104,000		$0	N/A	Society Update: Ministry Comment:
		Director of Corporate Services		01-Apr-27	31-Mar-28			-$141,000	$0	N/A	Society Update: Ministry Comment:
4. Controllership, Stewardship and Oversight Actions to be taken to ensure adherence to its own financial policies and controls and to the prudent use of limited financial resources.											
Investment in Document Management Project	- Hiring of 2 full time admin staff for three years to ensure all paper and elctronic files are scanned and uploaded into CPIN	Director of Corporate Services	Complete	01-May-25	31-Mar-26	-$142,000 $71,250			$0	Above Expectation	Society Update: 2026-Q1 - Admin Supervior left organization which has delayed the start of the project. Replacement plan will be complete by end of August. 2026-Q2 Replacement will soon be complete. Estimate adjusted to account for the first six months. Planning has commenced for the project 2026-Q3 - Project commening in Jan/Feb 2026 with completion of project plan, recruitment and hiring of staff. 2026-Q4 - Due to bargaining, hires put on hold till Q1. Have reviewd project plan and reclassified positions which should reduce costs. Recruitment in progress. Ministry Comment:
		Director of Corporate Services	In progress	01-Apr-26	31-Mar-27		-$142,000		$0	N/A	Society Update: Ministry Comment:
		Director of Corporate Services	Not started	01-Apr-27	31-Mar-28			-$142,000	$0	N/A	Society Update: Ministry Comment:
Reduction of Parenting Capacity Assessments that are not considered needed	- Based on advice and history with other child welfare agencies along with principles of Signs of Safety agency will reduce the criteria for use of Parenting Capacity Assessments gvien their content, approach and limited influence.	Service Manager	Complete	01-Feb-25	31-Mar-26	$60,000 -$35,000			$35,659	Above Expectation	Society Update: 2026-Q1 - No new parenting capacity assessments initiated in the current period 2026-Q2 Reduction of estimate based on costs incurred in the current year for assessments initiated in the prior year 2026-Q3 - No assessments required since May 2025 2026-Q4 - plan to continue approach of careful consideration of any request for a PCA to ensure alignment with needs. Ministry Comment:
		Service Manager	Ongoing	01-Apr-26	31-Mar-27		$60,000		$0	N/A	Society Update: Ministry Comment:
		Service Manager		01-Apr-27	31-Mar-28			$60,000	$0	N/A	Society Update: Ministry Comment:

Investment in IT equipment to ensure effective and efficient use of staff time	- Investment in new hardware and software to replace obsolte IT equipment currently being used by staff/agency	Director of Corporate Services	Complete	01-May-25	31-Mar-26	-$228,000			-$230,962	At Expectation	Society Update: 2026-Q1 - Update of dated laptops and cell phones. Have ordered new server $125,000 but have not yet received it. 2026-Q2 - Have just received the new server. Currently working on ordering laptops and cell phones. 2026-Q3 - Cost for server, laptops and cell phones below expected costs Ministry Comment:
		Director of Corporate Services	In progress	01-Apr-26	31-Mar-27		-$67,000		$0	N/A	Society Update: Ministry Comment:
		Director of Corporate Services		01-Apr-27	31-Mar-28			-$37,000	$0	N/A	Society Update: Ministry Comment:
5. Organizational Right-Sizing Actions to be taken to achieve appropriate staff to service ratios, evaluate office space requirements due to shift to flexible work arrangements, voluntary exit packages, etc.											
To Reduce Staffing Levels across the organization	- Reduction of 12.5 FTE's in September 2024 and an additional 3.0 FTE's in March 2025; plan reduction of a child welfare worker in keeping with volume at Intake; understand process to achieve will be lengthy due to CA entitlements	Executive Director	Complete	01-Sep-24	31-Mar-26	$1,636,000			$1,804,496	Above Expectation	Society Update: 2026-Q1 - On track for the year; voluntary departures will occur in mid September with severance to continue as per Collective Agreement. 2026-Q4 - Any hiring is contingent on review of volume Ministry Comment:
		Executive Director	Ongoing	01-Apr-26	31-Mar-27		$1,636,000		$0	N/A	Society Update: Ministry Comment:
		Executive Director		01-Apr-27	31-Mar-28			$1,636,000	$0	N/A	Society Update: Ministry Comment:
Investment in Director of Service	- To hire a new Dirctor of Service as it was determined that this positon is necessary to achieve the changes in service that are required.	Executive Director	Complete	01-May-25	31-Mar-26	-$175,000 $87,500			-$83,125	At Expectation	Society Update: 2026-Q1 - First round of interviews were unsuccessful. Savings based on vacant position; recruitment continues . 2026-Q2 - Second round of interviews have proved successful. New Director of Service scheduled to start in October. 2026-Q3 - DOS hired and started in October 2025 Ministry Comment:
		Executive Director	Ongoing	01-Apr-26	31-Mar-27		-$178,000		$0	N/A	Society Update: Ministry Comment:
		Executive Director		01-Apr-27	31-Mar-28			-$183,000	$0	N/A	Society Update: Ministry Comment:
Investment in Disclosure Worker	- To retain Disclosure Worker as it was determined that this positon is necessary on a temporary basis to respond to backlog and risk with Privacy requirements not being adhered to. Additionally the FN settlement file disclousures and disclsoures to emerging Nations will require very timely response to enable access to claims and for new agencies to plan their services.	Director of Service	Complete	01-Apr-25	31-Mar-26	-$67,000			-$69,813	At Expectation	Society Update: 2025-Q1 - On track for the year 2025-Q3 - Position extended to March 31,2026 based on volume; transition of leadership to Director of Services 2025-Q4 - volume continues to stress compliance with Part X timelines; review of work flow to maximize output in progress; disclosure requests for emerging First Nation child welfare agencies adding to volume Ministry Comment:
		Director of Service	Ongoing	01-Apr-26	31-Mar-27		-$68,000		$0	N/A	Society Update: Ministry Comment:
		Director of Service		01-Apr-27	31-Mar-28			-$70,000	$0	N/A	Society Update: Ministry Comment:

6. Other Actions taken in other areas that form part of the society's plan to reduce and eliminate accumulated deficits (e.g., amalgamations, shared services, etc.).											
Shared Service for HR assistance	- Shared Service with CMHA (Kawartha) for 2 days per week	Executive Director	Complete	01-Apr-25	31-Mar-26	-$50,000			-$42,443	Above Expectation	Society Update: 2026-Q1 - On track for the year 2026-Q4 - Agreement with CMHA termininated in February. New agreement initiated with Highland Shores. Shared Service for 14 hours/week at senior level with target to mentor internal staff to reduce need by year end. Ministry Comment:
		Executive Director	Ongoing	01-Apr-26	31-Mar-27		-$50,000		$0	N/A	Society Update: Ministry Comment:
		Executive Director		01-Apr-27	31-Mar-28			-$50,000	$0	N/A	Society Update: Ministry Comment:
Shared Service for Legal Services	- Shared Service with Ottawa CAS as needed given agency reduction in legal administration and need to achieve transition to 1 f.t.e..	Service Manager	Complete	01-Jan-25	31-Mar-26	-$30,000 -$34,400			-$24,475	Above Expectation	Society Update: 2026-Q1 - Higher than expected Q1 costs, the use of CASO legal services will decrease as agency legal team increases their capacity in incorporating signs of safety approaches to legal 2006-Q2 - Target adjusted to agreement. Total estimated cost for the year of $64,400 2026-Q3 - Use of legal services less than originally expected; 2026-Q4 - Billed on an hourly basis. Did not use the services in Q4 Ministry Comment:
		Service Manager	Ongoing	01-Apr-26	31-Mar-27		-$16,000		$0	N/A	Society Update: Ministry Comment:
		Service Manager		01-Apr-27	31-Mar-28			-$16,000	$0	N/A	Society Update: Ministry Comment:
Shared Service for CPIN support	- Shared Service with York Region CAS for CPIN training and daily support for all staff	Executive Director	Complete	01-Jun-25	31-Mar-26	-$50,000 $25,000			$0	Above Expectation	Society Update: 2026-Q1 - Agreement outline and pricing received from YRCAS. Waiting on vacation completion at YRCAS to set a meeting with all stakeholders. 2026-Q2 - Estimate adjusted as we still continue to work on getting this in place but have yet to start 2026-Q3 - YRCAS has decided to wait till job evaluations are completed before committing to this. On hold with YRCAS and in interim agency reassessing need based on recent file findings including CPIN 2026-Q4 - No movement on York being able to assist with this. Agency will reassess need for this resource. Ministry Comment:
		Director of Service	In progress	01-Apr-26	31-Mar-27		-$50,000		$0	N/A	Society Update: Ministry Comment:
		Director of Service		01-Apr-27	31-Mar-28			-$50,000	$0	N/A	Society Update: Ministry Comment:
Shared Service for DEI	- Shared Service with Simcoe/Durham CAS for DEI completion of agency wide assessment of DEI strategies and environment and anticipated recommendations for action to improve organization capacity to meet legislative requirements for service and HR needs	Executive Director	Complete	01-Nov-25	31-Mar-26	-$19,000			-$13,375	Above Expectation	Society Update: 2026-Q1 - Initial report received on agency wide assessment 2026-Q3 - Agency in the process of using findings as part of developing a new EDI strategy 2026-Q4 - Project is complete Ministry Comment:
		Executive Director	Complete	01-Apr-26	31-Mar-27		-$13,375		$0	N/A	Society Update: Ministry Comment:
		Executive Director	Complete	01-Apr-27	31-Mar-28			-$13,375	$0	N/A	Society Update: Ministry Comment:

Shared Service for Collaborative Operational Review	- Shared Service with Ottawa CAS for a manager position to help support the agency in the execution of the recommendation in the Collaborative Operational Review	Executive Director	Complete	01-Jun-25	31-Mar-26	-$105,000			-$100,000	At Expectation	Society Update: Position in place as of June 13 and spend will align annually as projected 2026-Q4 - excellent progress using this approach to completion of recommendations and aligning all changes with internal changes needed Ministry Comment:
		Executive Director	In progress	01-Apr-26	31-Mar-27		-$125,000		$0	N/A	Society Update: Ministry Comment:
		Executive Director		01-Apr-27	31-Mar-28			$0	$0	N/A	Society Update: Agreement in place for two years Ministry Comment:

Appendix D

Strategic Alignment Matrix

Alignment of Strategic Directions with Operational and Financial Initiatives

The following matrix illustrates how KHCAS's Strategic Directions are being operationalized through the Collaborative Operational Review (COR) and supported through the Deficit Management Plan (DMP). It demonstrates the alignment between strategic priorities, operational activities, and financial outcomes.

Strategic Priority	COR Initiatives (Operational Work)	DMP Actions (Savings + Controls)	Financial Impact / Outcome
1. Improve Outcomes for Children, Youth & Families	-Signs of Safety implementation - Service redesign (2026) - Admission prevention & family support focus - VYSA and permanency improvements	- Reduce children in care (target reductions annually) - Admission prevention investments - RSG program alignment	- Lower long-term cost per case - Reduced reliance on care placements - Improved outcomes, reduced system pressure
2. Strengthen Community Partnerships & Prevention	- Community re-engagement strategy - "Whatever It Takes" protocol - Expanded prevention program alignment	- Leverage community services (cost avoidance) - Reduce dependence on paid placements	- Cost avoidance (vs placement costs) - Better service reach without added cost
3. Enhance Placement Stability & Internal Capacity	- Foster care recruitment strategy - Kinship expansion - OPR review & repatriation planning	- Foster care redesign initiative - Reduce external placement usage - Target cost drivers in placement system	- Major cost reduction (external placements to internal) - Reduced volatility in boarding costs

4. Build a Sustainable Workforce & Organization	- Staffing realignment - Training (VAW, Signs of Safety) - Culture and transparency improvements	- Workforce right-sizing (FTE reductions) - Collective bargaining cost controls - Salary growth management	- Controlled salary growth - Improved productivity / alignment to volume
5. Strengthen Financial Sustainability & Accountability	- Improved governance & reporting - Quality assurance audits - Administrative efficiency work	- $15.9M savings plan across 3 years - Expense reductions across admin, IT, insurance, telecom - Shared services expansion	- Deficit reduction trajectory - Stabilized financial position - Stronger Ministry confidence
6. Improve Organizational Effectiveness & Systems	- CPIN improvements & admin redesign - Document management initiative - Process standardization	- IT investment (efficiency focus) - Admin restructuring for efficiency	- Efficiency gains (staff time) - Reduced admin burden - Longer-term cost containment