



# PAST PRESENT FUTURE

ANNUAL REPORT 2018 - 2019

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#### **BOARD OF DIRECTORS**

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# For the love of children

#### WE VALUE:

Human Dignity The Courage and Integrity to Take a Stand Partnership and Teamwork Professional Excellence Cultural, Racial and Individual Differences

#### MISSION STATEMENT:

The Catholic Children's Aid Society of Toronto, on behalf of the Catholic community, is committed to providing social services that protect children and strengthen family life.

# Letter from the Executive Director & President of the Board

As we head into our 125th anniversary year, we have much to be thankful for at the Catholic Children's Aid Society of Toronto. Our organization continues to strengthen its service delivery to the Catholic children, youth, and families who live in Toronto. We are implementing Trauma Informed Practice (TIP) that helps us understand the current and past impact of trauma and toxic stress on children and parents. By creating a climate of safety, choice, collaboration, trustworthiness, and empowerment, the principles that guide Trauma Informed Practice, will provide better outcomes for those we are helping. A complementary initiative is our continued focus on Evidence Informed Practice. By becoming trauma informed and then using approaches and interventions that have been demonstrated to be effective, we are doing our part to continuously improve so that those we serve can be confident they are receiving the very best interventions available.

A third area that we can proudly say we are moving forward with is our focus on Anti-Racism, Anti-Oppression practice. Child welfare, like other institutions and broader society, has disproportionately affected certain groups of people, especially Indigenous and Black children, youth, and families. The incredible impact this has had requires us to change how we do our work. The Truth and Reconciliation report has called on all Canadians to learn, acknowledge, and take steps to change. The Catholic Children's Aid Society of Toronto, along with every other Children's Aid Society in the province, has made specific commitments to Indigenous people. These commitments are found on our website and we continue to move forward with these through internal education, collaboration with Indigenous partners, and in the restoration of Indigenous children to Indigenous communities and service providers.

The pilot program we led as a part of the provincial One Vision One Voice project aimed at serving the Black community in a way that recognizes the impact of child welfare was completed this year with positive results. This piloted approach pairs an Afrocentric decision making model and wraparound services to better serve black children, youth, and families. While the pilot is still being evaluated provincially, we are continuing with this program as we explore other ways of connecting and partnering in our work with children, youth, families, and community partners.

We are happy to announce the creation of the Catholic Children's Aid Foundation which came into existence on April 2, 2019. The Board of Directors felt it was necessary to



Mark Kartusch, Executive Director, Erin O'Brien, President of the Board

create a separate, charitable arm of the Catholic Children's Aid Society to consolidate the assets that have been donated by the Catholic community over the years into a single entity. The Catholic Children's Aid Foundation will ensure these assets will be directed toward achieving the greatest impact and support for children, families and communities that Catholic Children's Aid Society serves and provide the extra supports and help when there are needs not able to be met by the publicly funded system.

Finally, we are looking forward to having all our staff under one roof when we move into our single location at 2206 Eglinton later this year. We believe being together in a single site brings some efficiencies and will strengthen communication and consistency while still offering excellent service to children, youth and families no matter where they reside in the city. We have begun to secure various locations across the city where we can provide drop in and officebased services. These are located with community partners in their spaces for those clients who would be better served within their community. We also believe this approach will create more effective and collaborative solutions for our clients as we partner with community organizations.

As we look forward to the future, we see our organization as a vibrant and sustainable community partner, working alongside others to make sure we deliver the very best services to the Catholic children, youth, and families of Toronto for the next 125 years.

Mark Kartusch, Executive Director



Erin O'Brien, President of the Board



Brain Game (L-R): Suganja Krishnamoorthy, Anada Treleven, and Alisa Lewis

#### **Trauma-Informed Practice**

The Catholic Children's Aid Society of Toronto (CCAS) has identified Trauma-Informed Practice as one of its key service priorities.

The Catholic Children's Aid Society of Toronto (CCAS) has identified Trauma-Informed Practice as one of its key service priorities. Trauma-Informed Practice is a framework or lens through which we approach our work and involves understanding, recognizing, and responding to the effects of trauma, toxic stress, and adversity. Trauma-Informed Practice shifts the core question of our work away from "what is wrong with" a person towards the question of "what happened" to an individual or family. Practicing from a Trauma-Informed lens involves addressing physical, psychological, and emotional safety for both service recipients and staff, and focuses on helping individuals build a sense of control and empowerment. Becoming a Trauma-Informed organization is an agency-wide initiative that includes a focus on the culture and climate of the organization to support those working within the system to deliver the best service possible. In conjunction with CCAS' other service priorities including Anti-Racist, Anti-Oppressive Practice (ARAO); and Evidence-Informed Practice (EIP), the anticipated outcomes of these initiatives include:

- Increased service recipient engagement and improved experience with child welfare service
- Service recipient empowerment, choice, and control
- Service equity and social justice
- Enhanced community partnerships and collaborations • that support families and affirm their identities (e.g., racial, cultural, sexual, etc.)
- Increased confidence and competence of staff and enhanced organizational excellence
- Organizational culture characterised by a focus on learning and humility



Dr. Wendy Manel, C. Psych

Implementation of Trauma-Informed Practice will occur in a phased approach over the next several years. Dr. Wendy Manel is a Clinical Psychologist and the agency's Trauma-Informed Practice Lead. For the initial stage of implementation, the focus has been on awareness-raising and foundational knowledge-building. Because every role within our organization is valuable and contributes to the service we provide to our service recipients, in the past several months, over 600 staff (direct service and support staff), caregivers, and volunteers participated in an introductory learning event. The event included information about the impact of toxic stress and adverse childhood experiences on brain architecture and the subsequent impact on social-emotional development, resiliency, and the principles of Trauma-Informed Practice. We are excited to have begun our journey towards becoming a Trauma-Informed organization.

The following pages recount true stories where the workers used a trauma-informed approach to engage with their service recipients. The stories are told from the workers' perspective.

#### **Engaging Families Using a TIP Approach**

I was assigned a family file that had already experienced three previous workers. The family consisted of Mom (29 years old) and Daughter (6 years old). The biological Father was not involved at the time.

Mom had previous involvement with the Society both as a child and as a caregiver. As a child, Mom had experienced neglect and domestic violence. Soon after Daughter was born, a file was opened with Mom as a caregiver. She was stressed being a single parent with no support from Father, with whom she had a volatile and abusive relationship, and who was denying his paternity. Additionally, Mom presented with some medical ailments that were not being treated. Mom managed to obtain some supports from a Public Health nurse and the file was eventually closed.

The file was re-opened years later because Daughter had missed a significant number of days at school. During the investigation of the file, Daughter disclosed about being inappropriately disciplined. Mom presented with volatile and aggressive behaviours. A decision was soon made that Daughter needed to be brought to a place of safety.

Mom was in an altercation with a neighbour which resulted in her being arrested. Mom continued to have issues in her personal relationships including with her Daughter during their access visits. At one point, the visits had to be suspended as they were having a negative impact on the child's emotional well-being. Eventually, Mom ended up in a shelter.

Mom talked about how much she loved her Daughter and narrated what she had set as priorities for them; mainly, her Daughter's well-being and happiness. It was evident that Mom and Daughter cared very much for each other. I had to shift my mindset to understand that the experiences (positive and negative) this family had lived through would not go away.

One particular experience made me realize that some of the intentions we have, might be perceived differently by the family. One very busy day, I was facilitating Mom's access visit with Daughter. I was eating my lunch as I had not had time to do so before hand. At one point, Mom had a question for me. When I came out, Mom saw that I was eating. At the next court date, a discussion regarding Crown Wardship for Daughter had been initiated. Mom had a very difficult time controlling her emotions and she directed verbal aggressions towards me and the Society's counsel. In her discourse, she mentioned how insensitive I had been to the fact that she would frequently attend the access visits without anything in

her stomach due to the financial constraints she experienced (e.g. she had lost a significant part of her income without the child tax benefit), only to see me eating my lunch when she needed to ask a guestion. I had not realized how much this incident had impacted Mom.

A Parenting Capacity Assessment indicated that Mom had developed defense mechanisms that would rationalize and justify her behaviours due to the trauma that she had lived through during her life. One of the recommendations made was that of trauma counselling. At this point, the Society was also seeking Crown Wardship with no access for the purposes of adoption for Daughter.

After a year of participating in "general" counselling, Mom was still having a difficult time regulating her emotions.

#### I explained to Mom that I really wanted to hear her story and validate her emotions and feelings.

I emphasized the importance of us becoming allays for Daughter's sake. Mother responded that she was trying to demonstrate to the Society and to her Daughter that she would literally fight and advocate for her the way she would have wanted her own mother to fight for her. I was beginning to understand that Mom was not trying to hurt Daughter emotionally, but rather to show how much she loved her. However, Daughter was still made a Crown Ward with no access for the purposes of adoption.

Despite the court outcome, I continued to help Mom in trying to get supports from her family members and from other professionals that she had been involved with in her journey. Further referrals for anger management, individual counselling, and trauma counselling were done, and Mom followed through with all those services and recommendations.

It was during the interim period for the appeal from the Crown Wardship Order that Mom was able to really understand how her actions were the result of her past experiences. Mom understood that she was responding out of hurt and pain leading to her "aggressiveness". More importantly, she also saw the negative impact that this was having on her Daughter and their family life. Mom began to demonstrate a much-improved ability to deal with Society staff, as well as other individuals in her life. Mom was able to get a lawyer for the appeal process, and they managed to have access visits continue until the Crown Wardship appeal was heard.

The change in mother was heard by the appeal judge. A new agreement was reached giving Mom an opportunity to demonstrate those improvements in her relationship with Daughter. The matter was brought back to court with a possible reunification plan. The Crown Wardship Order with no access for the purposes of adoption was terminated and a Supervision Order placing Daughter with Mom was made. Mom took full advantage of this new opportunity and continued to utilize the supports and services provided by the Society and other agencies in the community. I continued to support Mom to understand the impact that all the negative experiences she had in her life and to understand the added chronic stress her relationship with the Society had in her present life. Even after the Supervision Order, Mom agreed to continue to work with the Society for an additional six months on a voluntary basis.

Her Daughter has been living with Mom for over a year now and the file has been closed.

I worked with a young man (Father) 3 years ago. I used a Trauma Informed lens to recognize his strengths and by doing so, I engaged him to understand the child protection concerns, offer relevant services, and validate his experiences while attempting to shift his view of life.

Father was in his early 20s and had not had any stability in his life in all areas i.e. home, family, and supports. He had a lengthy and significant child welfare history as a child and had recent history as a caregiver for drug use. He had a son who was brought into a place of safety as there had been concerns about mental health with Mom. She passed away shortly after.

Father experienced this deep loss. This was evident through his history and the story he was able to share. There was significant intergenerational trauma that made It difficult for the Society to be hopeful about a positive outcome due to the age of the child. Initially, it was difficult for Father to participate and be consistent with work; however, his access to his son was outstanding as it showed his commitment, dedication, love, and hope for his child. As an example, he continuously showed pictures and videos of his son's mother that had passed despite experiencing the loss and not having fully worked through this.



\*Picture used for illustrative purpose only

By working in a way that validated his experiences of trauma and not using this to further oppress him, but rather encouraging him to work through it and believing in him, he was able to continue to fight for his son by ensuring he engaged in services, continued being consistent with access and the quality of access, and being able to listen to suggestions and constructive criticism.

One of the main issues with Father had been the lack of supports to help him parent. This led to the decision to amend the application to Crown Wardship. Despite such a difficult message, I used a Trauma Informed lens to assist in delivering the message, but I also encouraged him to not give up and provided him with clear guideline on how to do so. Through this process he was able to believe me and trust me. He was also able to find another source of support which he had initially not presented for fear that the Society would not agree to due to the history with the mother of his child. This support was his son's maternal family.

Other relevant services were provided to Father. Our Access Support Worker helped teach him life skills and encouraged him to be consistent with other areas like schools. Early ON centers, and positive interactive access. Father was committed and consistent and in the end, the Society did not get a final order for Crown Wardship. Instead, the child is safely back in Father's care and the file has now been closed.

# OVOV Afrocentric Wraparound Services



Tope Adefarakan, PhD.

On June 2018 the Society became the only agency to pilot the One Vision One Voice Africentric Wraparound Services Strategy, designed to improve service delivery for African Canadian children and families involved with child welfare, by building on African Canadian community-based care in child welfare work. A team for the Wraparound Pilot was formed and trained in whiteness, white fragility, anti-Black racism, intersectionality and the resilience of African Canadian communities, to help staff understand the impact of anti-Black racism on children, youth, and families. The Africentric Wraparound Services pilot was comprised of two Intake Screeners, an Investigation and Assessment Team, an Ongoing Team and a Kinship Assessment Team. Key components of the Wraparound pilot include the development of a decision-making model through an anti-Black racism lens, referrals to Africentric community services, and strengthening partnerships with the African decent community, as central pieces in achieving and supporting the safety, permanency, and well-being of African Canadian children and youth. In the words of one staff member involved in the One Vision One Voice Africentric Wraparound Services pilot:

#### "In my work with families of African descent at the ongoing level, I observed that the themes of trust were central in developing a healthy working relationship despite discussing hard issues of child welfare.

One family initially presented as hesitant; however, later expressed feeling supported as their experiences were validated through meeting and discussing how the child welfare system has contributed to and perpetuated anti-Black racism and oppression. By not negating African descent families' experiences, one can begin to allow the community to heal, in being cognizant of intergenerational trauma and how it plays out as other systems continue to perpetuate similar oppression. It has been my experience that with the shift in practice to include an Anti-Racism, Anti-Oppression and Anti-Black racism lens, being mindful, and where fear to name racism has been removed, families have been more open to invite the worker on their healing journey while addressing child protection concerns."

CCAS recognizes that its commitment to reducing and eliminating disproportionality and disparity, anti-Black racism and prejudice against the African descent community is ongoing and has decided to make the Africentric Wraparound Services pilot a program at our agency. This is an important indication of our commitment to embedding Anti-Racism and Anti-Oppressive practice across our agency.

# Heroes: A Siblings' Story (Damion and Delon)

The Merriam-Webster's dictionary defines "hero" as follows: a) a mythological or legendary figure often of divine descent endowed with great strength or ability, b) an illustrious warrior, c) a person admired for achievements and noble qualities or d) one who shows great courage. CCAS is pleased to honour and recognize two brothers, Damion and Delon, who meet this definition of heroism in that they have demonstrated great courage, each in very different ways.

Damion is a 15 year-old young man who has been in the Society's care for about 7 years. He was placed in group care right from the beginning, at age 7, where he responded to the structure and routine. He talked with his worker about doing Andrea slowed things down and, this year, Damion talked "fine", about loving having his own room and getting along with with her about being more ready for a move and about the the other children in the placement, as well as about being well possibility of moving to the same foster home as his brother, Delon. Damion made the move. The great courage that it took treated by the staff and eating good food. At the group home, Damion had opportunities to be active such as playing sports, for Damion to leave his group home, his friends, his school, and swimming, bike riding, playing at the park and roller blading, his community is what makes him a hero. all of which he really enjoyed. Damion got to know the local community through these activities and through school. Back in Damion's 14 years-old brother, Delon, came into care much Grade 3, Damion's progress was celebrated through him being later. Like his brother, Delon really enjoys participating in the "Star of the Day" for academic achievement and behaving physical activities. Delon is naturally athletic as he excels in well. Damion, who is competitive, later joined after school floor most sports that he tries such as track and field, soccer and basketball. Delon recently played on his school basketball team hockey and basketball programs. As his confidence increased, Damion joined the school's cross-country team. Damion was where he was point guard and leading in scoring. Delon hopes becoming an integral part of his community and was making to pursue his love for basketball by playing on a rep team and new friends without much difficulty at all. At the same time, he his high school team next year. was increasingly able to share his needs and feelings with staff As Damion and Delon know all too well, there were challenges at his group home, as he developed solid relationships with them and with his volunteer mentor, Bob. in the move. Delon had been living in a foster home that had

Damion had probably accepted that he would remain at this moving into the home would be great and the brothers could group home. After it was determined that he would be staying live together for the first time in a very long time. However, a in care long-term, his new worker, Andrea, came out to meet crisis happened very early on after Damion's move. him. Damion was about 12 years old at this time. Andrea wasn't sure why Damion was living in group care and talked The first weekend after Damion's move, the foster father with him about the possibility of moving to a foster home. At experienced a significant medical issue which led to him the same time, Damion started to request a move. A plan was needing emergency hospitalization. The only people who were developed to move Damion to a foster home after lots of visits. home were Damion, Delon and another youth. Delon came to Of course, Damion was nervous about the plan. He had been the rescue – what makes him a hero is his response. He called living in the group home for five years and was very connected 911, he called the resource worker for the home, he also called with the staff and in the community. He agreed with Andrea that his caregiver's brother and he waited calmly with his brother she had made a good choice in his mentor and would make a and the other youth until help arrived. good choice in a foster home for him. But, of course, he was still nervous. When a foster home was selected for Damion, These two young men had two very different ways of demonstrating great courage. We are proud of both Damion he visited with a list of 28 questions for the prospective foster parents!! Damion told Andrea that she had indeed made a and Delon and so pleased that they are now able to live good choice for him. together with Cassandra and be part of her family.

The move didn't happen. Damion's nerves got the best of him and he was so connected in the group home community that he decided not to go ahead with the move. He was worried about missing the people he had lived with for so long, moving to a new school, moving to a new community, and he talked about not being ready for this move.

### These two young men had two very different ways of demonstrating great courage.

As Damion and Delon know all too well, there were challenges in the move. Delon had been living in a foster home that had room for one more youth. Everyone agreed that Damion moving into the home would be great and the brothers could live together for the first time in a very long time. However, a crisis happened very early on after Damion's move.



# A Year in Review

The Hope for Children Fund provides needed supports for vulnerable children, youth and families served by the Catholic Children's Aid Society of Toronto. Thanks to our amazing donors, we were able to positively impact thousands of families and children in 2018/19.

In 2018/19, the Hope for Children Fund granted more than \$255,000 in scholarships allowing 82 of the Society's youth on extended society care to attend college, university or trade school. This included 11 young people that were given special grants for graduating from post-secondary institutions. Congratulations to all our recipients!

Donations to the Hope for Children Scholarship Program in 2018/19 were \$255,165 including more than \$75,000 to establish endowment funds that will support scholarship recipients in perpetuity. We are grateful to our loyal donors that truly appreciate the importance of post-secondary education in today's challenging workforce.

The Adopt-A-Family program continues to bring joy to hundreds of children on Christmas morning. This year we matched 153 donors with close to 200 disadvantaged families and youth. Without this generous support, many of these families and youth would not have been able to celebrate Christmas. One family had this to say to their Christmas Angel:

"Regardless of what happened to us in 2018, thanks to your kindness and big heart, the Christmas of 2018 will be the one we will all remember. 'Actions speak louder



82 students supported

supported

supported

than words' - your gesture will have a lasting effect on my children. Knowing that out in the world there are kind people like you will help my son to become a kind man, gentle and respectful. And to my daughter, it will help her to be a strong woman able to speak up for herself. Thank you!"

Hope for Children also sent 148 kids to camp in the Summer of 2018. For many of the children and youth that we serve, camp is a much-needed opportunity to enjoy some carefree time over the summer months. They can develop skills, build self-esteem and, most importantly, be kids for a while.

We also granted close to \$35,000 in Emergency Grants to 161 families struggling to pay rent, bills or put food on the table. Funding for both our Camp and Emergency Grant programs comes from our generous staff via the Employee Pledge Program. We are grateful to these donors who recognize the importance of supporting our most disadvantaged clients in such an impactful way.

### 2018-2019 Financials

(in thousands of dollars)

# 2018-2019 Service Statistics



\*\* Our Child Protection Information Network database allows for anonymous reporting

#### Catholic Children's Aid Society of Toronto

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