

Annual Report 2015-2016



The Children's Aid Society
OF HAMILTON



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OF HAMILTON

OUR VISION

A community where every child is a gift to be valued, nurtured, and kept safe.

OUR MISSION

The Children's Aid Society of Hamilton, in partnership with families and our community, is committed to the safety, protection, and well-being of children and the strengthening of families, while valuing diversity and promoting equity.

OUR VALUES

We value:

Children

- Children developing to their full potential within a safe and healthy environment
- Positive, permanent relationships for children and youth

Families

- The essential role of family in the lives of children

Partnerships

- Respectful communication and collaboration with children, families, agency colleagues and community

Quality Service

- Personal integrity
- Pursuit of professional excellence
- Progressive approach to services delivery
- Effective and efficient use of resources



LETTER TO THE COMMUNITY

It is a pleasure to present The Children's Aid Society of Hamilton's 2015-2016 Annual Report.

The past year has been rich in challenges, opportunities, and accomplishments. It has also been a year filled with analysis and preparation as the province's child welfare sector works collaboratively to implement recommendations and address areas of improvement within the field.

As always, we welcome the opportunity to engage with the Ministry of Children and Youth Services, our provincial association and the community to improve service to further enhance outcomes and benefit the children, youth, and families we serve.

We are working steadily to continue to improve the quality and consistency of our service, establish permanency, focus on early help, and improve our capacity to serve diverse communities. During the year, a great deal of provincial work was accomplished to address public concerns over staff expertise and consistency in services. It is anticipated that professional regulation of the child welfare workforce will be implemented in January 2017.

As our community grows, and the needs of our service recipients evolve and diversify, so too must our organization. Over the last year, the Society has undergone an internal reorganization to better meet the varied needs of children and families, to improve internal collaboration, to allow for specialized service areas and to augment community partnerships.

Community partnerships and shared service initiatives continue to be a major focus for the Society. Our community relationships not only aid families in accessing appropriate and timely services, they are also fundamental in developing safety nets for children. Service specialization by identified staff will further enrich these relationships and will clearly identify first points of contact, such as that of the newly developed Young Parent Team (page 10) so that the agency is viewed as a more accessible community partner. In addition, internal specialization with related training will enable staff to better support specific demographics and address relevant challenges.

Great strides have also been made province-wide to address the public's desire for greater transparency and accountability for child protection agencies. The Performance Indicator (PI) Project, launched in 2013, represents a new approach to accountability and system management. Last year, child welfare agencies publicly reported aggregate data on five key areas representing safety, permanence, well-being, organizational capacity and governance effectiveness. This year, we were pleased to share agency specific

data (page 2). Performance Indicators will aid in establishing data to assist the Society in improving outcomes. They are also an important tool in helping the public better understand the complexities of our work as we strive to address the safety, permanency and well-being of children and youth.

Throughout the ups and downs of the past year, we remain committed to our vision of a community where every child is a gift to be valued, nurtured and kept safe. With the ongoing support and dedication of our staff and stakeholders we will continue to make positive and lasting impressions on the children, youth and families we serve.

This Annual Report provides just a small glimpse into our work and our agency in general. We encourage you to take the time to read it thoroughly. These are not just statistics that we are reporting on – these numbers represent the lives of children, youth and families in our community.

Thank you to our staff for their commitment and dedication to the Society and the community we serve. We also extend our sincere thanks and appreciation to our board members, foster parents, volunteers, community partners, and donors for your ongoing support.

Sincerely,



A handwritten signature in black ink, appearing to read "D. Verticchio".

Dominic Verticchio
Executive Director



A handwritten signature in black ink, appearing to read "Victoria Walzak".

Victoria Walzak
President, Board of Directors



PERFORMANCE INDICATORS

Performance indicators are a tool to help the child welfare sector strive for better outcomes for the children and families they serve.

By definition, performance indicators can be both descriptive and numerical results that measure the performance of an important service. They can also measure efficiency, effectiveness, value for money, and client satisfaction. In the provincial system of performance indicators, Children's Aid Societies are collecting numerical data to measure performance in five areas of child welfare: safety, permanence, well-being, organizational capacity, and governance effectiveness.

As of March 2015, the Ministry of Children and Youth Services has been reporting on five performance indicators from children's aid societies to the public. These performance indicators focus on safety, permanency, and well-being. The Children's Aid Society of Hamilton released the following agency specific performance indicators in March 2016.



Child Welfare Service Performance Indicators – The Children's Aid Society of Hamilton Safety Outcome - Recurrence of Child Protection Concerns in a Family after an Investigation

Definition:

The percentage of family cases closed at investigation in a fiscal year that were re-investigated within 12 months after closing and where the child protection concerns were verified.

Why is this Measure Important?

Closing a case following an investigation assessment suggests that there are no child protection concerns requiring ongoing Children's Aid Society involvement or there are factors that are present that are beyond the control of the agency. However, at the conclusion of many investigations, workers make referrals to community-based services for families. This measure is important for further understanding of those families that return to a Children's Aid Society with verified protection concerns and those that do not, in terms of the families' willingness to work with agency, the emergence of new child protection concerns not present at the time of closure, the level of engagement and intensity of the services offered, as well as the risks, strengths and needs of children and families.

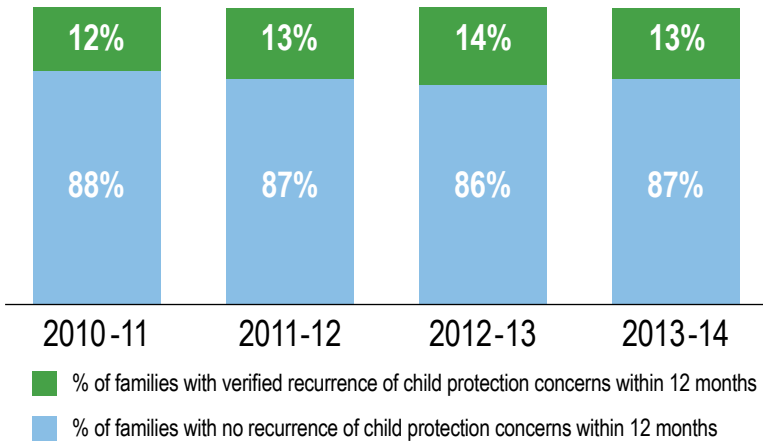
Limitations of the Data:

The data results do not identify whether it is the same child who experienced a recurrence of protection concerns; only that protection concerns have reoccurred in the same family. The reason for investigation and verification represents any recurrence of any kind of protection concern rather than recurrence of the same protection concern (e.g., a case may return with different protection concerns than those originally investigated). Data represent only those families reported to a Children's Aid Society and do not include protection concerns that are not reported or not identified.

Key Considerations:

There is no agreed-upon benchmark for the "acceptable" level of recurrence. While a lower level is generally desirable, the rate of recurrence is unlikely ever to be 0% for a variety of reasons including the long-lasting nature such as struggles experienced by families commonly known to the child welfare system, e.g., poverty, substance abuse and mental health problems. Furthermore, the reconnection of some families with the child welfare system can be in and of itself a protective factor to children whose families experienced valuable supports from the agency which addressed their risks and needs.

Recurrence of Child Protection Concerns in a Family after an Investigation



Results:

Data suggest that the majority 86-88% of families do not return for service within 12 months of case closure. A minority of families return to The Children's Aid Society of Hamilton with verified child protection concerns within 12 months: between 12-14% in each of the years under review.

These data have been compiled and analyzed by the University of Toronto, Factor-Inwentash Faculty of Social Work through the Ontario Child Abuse & Neglect Database System.

Child Welfare Service Performance Indicators – The Children's Aid Society of Hamilton Safety Outcome - Recurrence of Child Protection Concerns in a Family after Ongoing Protection Services Were Provided

Definition:

The percentage of family cases closed at ongoing protection in a fiscal year that were re-investigated within 12 months after closing where the child protection concerns were verified.

Why is this Measure Important?

Closing a case following ongoing services suggests that child protection concerns have been addressed and no longer require ongoing Children's Aid Society involvement or there are factors that are present that are beyond the control of the agency. The recurrence of child protection concerns is higher for these families as they often experience multiple complex difficulties, such as poverty, mental health issues, addictions and other adverse life events. However, at the conclusion of Children's Aid involvement, many families continue to receive supportive services from other agencies in the community. This indicator measures the extent to which services have been successful in reducing risk to children. This measure is important for further understanding of those families that return to a Children's Aid Society with verified protection concerns and those that do not, in terms of the families' willingness to work with agency, the emergence of new child protection concerns not present at the time of closure, the level of engagement and intensity of the services offered, as well as the risks, strengths and needs of children and families.

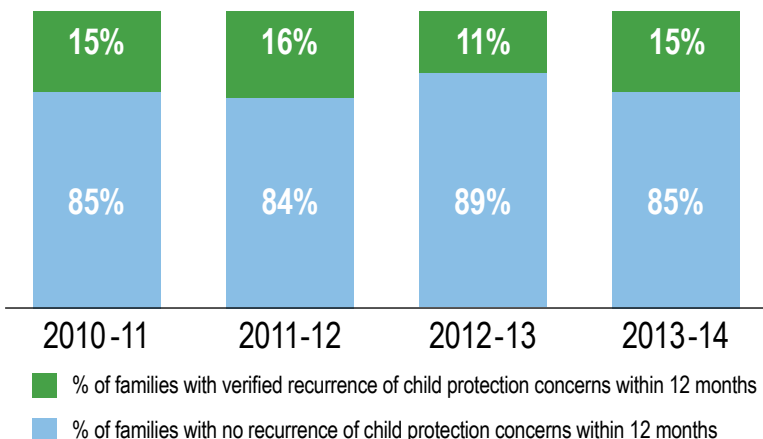
Limitations of the Data:

The data results do not identify whether it is the same child who experienced a recurrence of protection concerns; only that protection concerns have reoccurred in the same family. The reason for investigation and verification represents any recurrence of any kind of protection concern rather than recurrence of the same protection concern (e.g., a case may return with different protection concerns than those originally identified). Data represent only those families reported to a CAS and do not include protection concerns that are not reported or not identified.

Key Considerations:

There is no agreed-upon benchmark for the "acceptable" level of recurrence. While a lower level is generally desirable, the rate of recurrence is unlikely ever to be 0% for a variety of reasons, including the long-lasting nature of many of the struggles experienced by families commonly known to the child welfare system, e.g., poverty, substance abuse and mental health problems. Furthermore, the reconnection of some families with the child welfare system can be in and of itself a protective factor to children whose families are connected with necessary supports.

Recurrence of Child Protection Concerns in a Family after Ongoing Protection Services were Provided



Results:

Data suggest that the majority, 84-89% of families do not return for service within 12 months of service closure. A minority of families return to The Children's Aid Society of Hamilton with verified child protection concerns within 12 months: between 11-16% in each of the years under review.

These data have been compiled and analyzed by the University of Toronto, Factor-Inwentash Faculty of Social Work through the Ontario Child Abuse & Neglect Database System.

Child Welfare Service Performance Indicators – The Children’s Aid Society of Hamilton

Permanency Outcome – The Days of Care, by Placement Type

Definition:

For all children admitted to the care of a Children’s Aid Society, the days of care provided in the fiscal year, by placement type (i.e., family-based care versus non-family-based care).

Why is this Measure Important?

Family-based care is the preferred placement setting for the majority of children in care. Children placed in family settings have greater opportunities to form a connection with consistent caregivers and to experience the benefits associated with membership in a family.

The research tells us that children placed in family-based care are more likely to achieve permanency when they exit care, i.e., be discharged to parents or family including adoptive families or legal custody arrangements, compared to children in group care.

Limitations of the Data:

Data illustrate the number of days of care provided by a Children’s Aid Society rather than the proportion of children by placement type. There are variations across Societies in how placement types are classified (i.e., as family versus non-family based care).

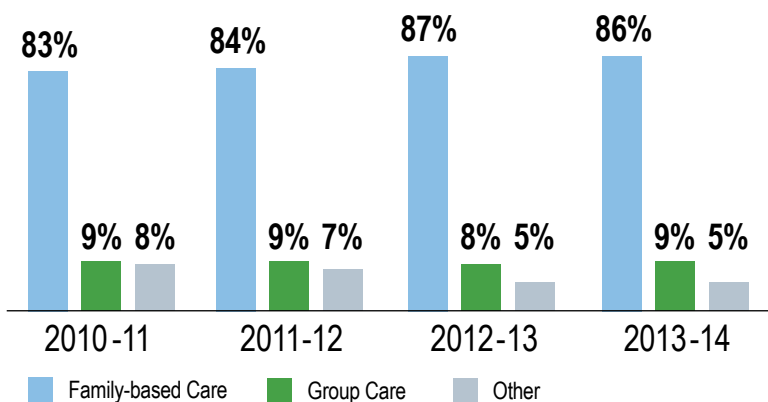
Context:

The focus of Children’s Aid Societies is to keep children safe in their home of origin with necessary supports for their family. When a child cannot remain safely in their home of origin, a Children’s Aid Society provides an alternative quality of care such as living with Kin or Foster Care. There are approximately 10% fewer children coming into care today than there were five years ago. On any given day in Ontario, there are approximately 14,500 children and youth in the care of the Province’s Children’s Aid Societies. A prominent focus of the Ministry of Children & Youth Services Transformation Agenda was to expand family-based care options for children to include and value the participation of extended family members and significant individuals in the child’s community.

Key Considerations:

While a high rate of family-based care is desirable, selection of a placement setting should be first and foremost influenced by the needs of the child and the fit to the placement. Given the mandate of a Children’s Aid Society, and the nature of the challenges experienced by some children and youth, it can be difficult for agencies to recruit and train quality alternative care through Kin arrangements or Foster Parents.

The Days of Care by Placement Type



Results:

The majority, 83-87% of days of care provided by The Children’s Aid Society of Hamilton are family-based in each of the years under review.

These data are compiled and analyzed by the Ontario Association of Children’s Aid Societies through the Ministry Quarterly Reports.

“Other” includes days of care provided for young people who are in care but living independently; or days of care provided through institutions such as hospitals, children’s mental health centers or youth justice facilities.



Child Welfare Service Performance Indicators – The Children’s Aid Society of Hamilton

Permanency Outcome – The Time to Permanency

Definition:

For all children admitted to the care of a Children’s Aid Society during the fiscal year, the cumulative percentage discharged within a specific time period (i.e., 12 months, 24 months and 36 months since admission).

Why is this Measure Important?

Providing children with permanency in their care promotes healthy development, encourages continuity in relationships, a sense of community and identity. However, for some children reunification with their family of origin is not possible and stable alternatives must be pursued. The child welfare system in Ontario has multiple options through which permanency can be achieved (e.g., reunification with parents, legal custody, and adoption). Permanency planning is a significant focus for children in care, whose permanency status, both legally and psychologically, is uncertain.

Limitations of the Data:

Not all discharges represent permanency achieved; however, this measure is considered a good proxy* for permanency. To understand permanent versus non-permanent exits from care, data by discharge type are required.

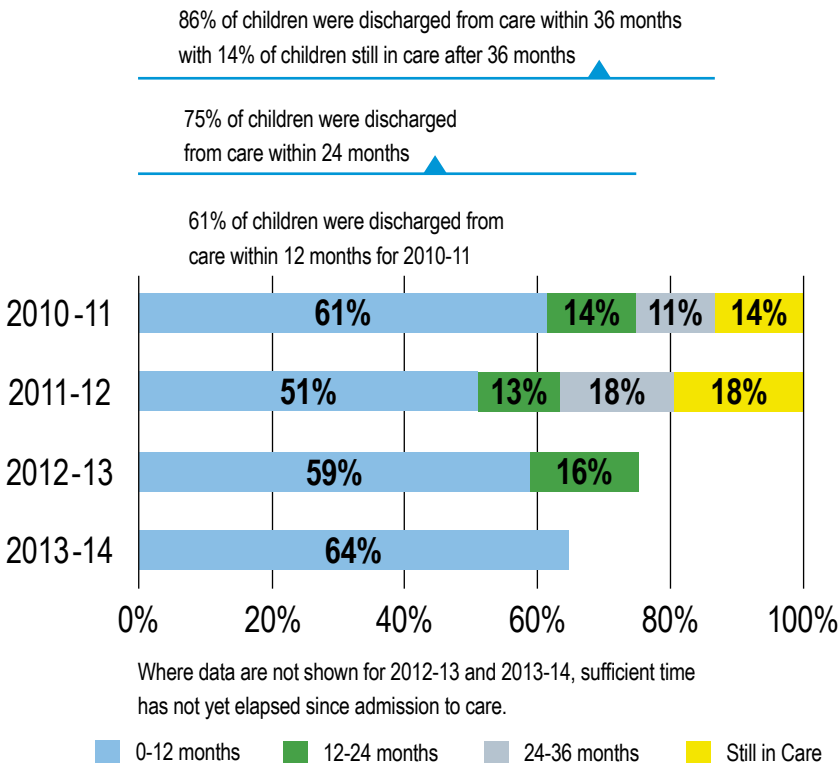
Customary care (culturally appropriate care arrangements for Aboriginal children) is not included in these data at this time.

Key Considerations:

The timing and nature of permanency may look different for every child depending on the child’s needs, family circumstances, court processes, and availability of community service providers. A key factor that influences time to permanency is the child’s age at admission. Children who enter care at a young age are more likely to be discharged to certain types of permanency (e.g., adoption) compared to older children. Young children often achieve permanency within shorter timeframes, supported by legislation that limits the allowable cumulative time in short-term care for children under 6 years of age compared to older children. An additional factor that impacts time to permanency is the needs of the child, with more complex needs associated with longer timeframes to achieving permanency.

*A proxy measure is an indirect measure that approximates or represents a phenomenon in the absence of a direct measure.

The Time to Permanency



Results:
Data shown above illustrate that of all children admitted in any given fiscal year, 51-64% exit care within 12 months post-admission as shown by the blue bars. By 24 months post-admission 64-75% of children that came into care had been discharged from care as shown by the blue and orange bars added together. Data for children admitted in 2010-11 and 2011-12 show that by 36 months post-admission, 82-86% had been discharged from the care, with 14-18% of children remaining in the care of The Children’s Aid Society of Hamilton.

These data have been compiled and analyzed by the University of Toronto, Factor-Inwentash Faculty of Social Work through the Ontario Child Abuse & Neglect Database System.

Child Welfare Service Performance Indicators – The Children’s Aid Society of Hamilton

Well-being Outcome: The Quality of the Caregiver and Youth Relationship

Definition:

The average score for children in care (aged 10-17) from a standard scale that measures a young person’s perception of the quality of the relationship with his or her primary caregiver. The scale measures the child in care’s response to the following four items:

Thinking of your caregiver (female or male):

1. How well do you feel he/she understands you?
2. How much fairness do you receive from him/her?
3. How much affection do you receive from him/her?
4. Overall, how would you describe your relationship with him/her?

Each of these four items is rated from 0 to 2, yielding a composite score with a minimum of 0, and a maximum of 8.

Why is this Measure Important?

The quality of the caregiver-youth relationship is at the heart of service to children in care. Research demonstrates that a young person’s perception of the quality of his/her relationship with his/her caregiver predicts the following: current happiness; self-esteem; positive behaviour; and placement satisfaction and stability. As scores increase on the quality of the caregiver relationship scale, so do positive outcomes across each of these areas (e.g. higher self-esteem).

Limitations of the Data:

These data form part of the Ontario Looking After Children assessment, which is completed annually for all children who have been in the care of a Children’s Aid Society for at least one year. A very small number of children who should have completed this assessment are not assessed within the required timeframes. Therefore their data are not included in these results. Child protection workers ask children to provide responses verbally with the caregiver present and the child’s responses may be influenced by this approach. Children usually respond to the 4 questions based on how they are feeling that day not necessarily how they have felt over the past year.

Key Considerations:

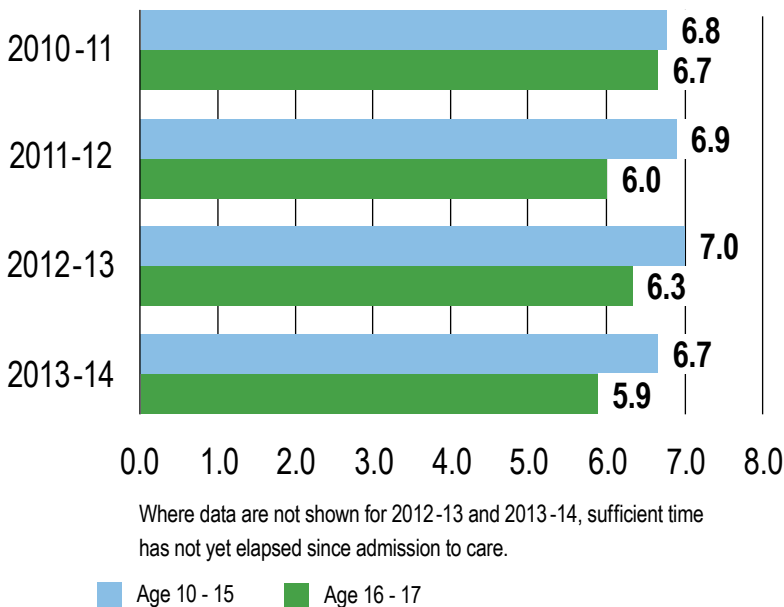
The key influencing factors in measuring the quality of the caregiver and youth relationship include; the age of the youth, the type of placement, gender and the length of the placement.

Results:

Children in care between the ages of 10 to 15 years old have scored the quality of their relationship with their caregiver 6.8-7.0 out of 8 based on the answers to the questions and the youth age 16 and 17 scored the quality of their relationship with their caregiver between 5.9-6.7 out of 8.

These data are compiled and analyzed by the University of Ottawa, Centre for Research and Community Services.

Average Score out of 8 Measuring the Quality of the Caregiver and Youth Relationship



INTAKE SERVICES

If a person has reasonable grounds to suspect that a child is, or may be in need of protection, they have a duty to report these concerns to the Society. Intake Services is the first point of contact at The Children's Aid Society of Hamilton, responding to concerns about a child's safety and well-being 24 hours a day, seven days a week.

The police, schools and self-referrals continue to be the largest sources of referrals to the agency. The Society received 6,961 calls from the community about a child's safety and well-being. 2,588 of those calls resulted in a child protection investigation.

In 762 of these referrals a child protection investigation was not required. In these instances, Society staff linked primary caregivers with other community services and provided follow-up as required.

Where child protection investigations occurred, the primary concerns were related to a risk of physical harm, neglect, physical abuse, lack of supervision and sexual abuse.

The After Hours Emergency Services (AHES) program is a collaborative service between the Society and the Catholic Children's Aid Society of Hamilton. AHES staff respond to referrals outside of regular business hours, to situations where children are thought to be at risk or where emergency intervention is required, as well as respond to matters related to children in care. On average, 40% of AHES calls are regarding children in care.

Last year, AHES received 8,756 calls regarding child protection concerns with Child Protection Workers responding in the field 375 instances.

FAMILY SERVICES

Family Services provides services and support to families experiencing difficulty with issues related to parenting and children who are in need of protection or support due to difficulties in the home environment. Children in these families may be residing in their own homes, with extended family or friends, or in foster care.

Family Services provided support to 1,236 families, with 499 cases opened during the year.

33% of families involved with Family Services are due to a caregiver with a problem (ie, addictions, mental health concerns) and 22% are due to domestic violence and exposure to adult conflict. Physical harm, caregiver skills and neglect made up the remaining reasons for opening a case.

Involvement with Family Services may be voluntary or court ordered. The agency is committed to working with families and children in a

collaborative, voluntary manner whenever possible. In the past year, 69% of the families receiving ongoing services were doing so through a voluntary service plan.

Through Kinship Services, a child who is unable to reside with his or her own family due to a protection concern may be cared for by members of the child's extended family or those closely involved with the child. At the end of the fiscal year, 108 children were living in 82 kinship service homes.

THE FAMILY SUPPORT PROGRAM

The Family Support Program supports families receiving ongoing agency service through two distinct components: the Family Visit Program and the Parent Support Program. Together, the programs served 520 families.

The Family Visit Program provides access visits for children and families in the Dofasco Family Visit Centre located at the agency. In total, 301 families engaged in family visits at the Centre.

219 families participated in the Parent Support Program through on-site and in-home visits. In-home visits with a Parent Support Worker occur during reintegration of the children, or where the parents and children can benefit from teaching to improve interactions or skills and thereby increase safety for the children. The role of Parent Support Worker is particularly focused on children under the age of 5 years old.

19 families receiving Parent Support services participated in the Safe Care Program, a pilot project assessed and monitored by the University of Ottawa and the University of Georgia. The Safe Care curriculum focuses on home safety, the parent/child relationship, and health issues for children. It is delivered over 18 sessions to families with children 0-5 years of age who have identified neglect related concerns. Due to the success of this program, the Society will continue to offer the Safe Care opportunity on an ongoing basis.



CHILDREN'S SERVICES

The Society makes every effort to keep children in their own home. However, if the safety and well-being of a child is at risk, a child may need to come into the Society's care for a short-term or long-term basis. Children who cannot stay in their own homes are provided with a safe, stable, and nurturing environment. Children's Services Workers are responsible for ensuring the emotional, behavioural and developmental needs of all children in the Society's care are being met and arranging for any services that may benefit the child such as counselling, psychological assessments, speech therapy, etc.

During the year, the agency cared for a total of 759 children and youth with 525 youngsters currently in the Society's care. 261 of these young people are Crown Wards.

Significant focus continues to be placed on encouraging academic success and providing educational opportunities for Crown Wards. Last year, the Society provided 29 youth with bursaries to assist with the cost of obtaining a post-secondary education.

At the end of the fiscal year, the Society was providing financial assistance to 107 youth between the ages of 18-21 years of age through its Continued Care and Support for Youth Program. Further, 24 young adults over 21 years of age, who are pursuing a post-secondary education, were provided with monthly financial assistance through the Education Maintenance Fund.

At the end of the fiscal year, 150 foster and kinship families were providing stable and supportive homes to children and youth in the Society's care.

The Society found caring, supportive and loving adoptive families for 36 children with 35 adoptions being finalized over the past year. Providing permanency for children and youth continues to be a key focus for the Society. Additional resources and collaborations are expanding permanency options for special needs children, as well as older children and teens. The Society looks forward to further developments in this area in the coming year.

VOLUNTEER SERVICES

The agency's team of 248 volunteers, provided 42,188 hours of their time supporting the children, youth, and families we serve. Volunteer roles include tutoring, transportation, child care, clerical assistance, special event participation, and mentoring.

23 children were supported with ongoing mentorship and companionship through the Special Friend Program. Volunteers in this program logged 549 hours of service.

Tutors provided 691 hours of academic assistance to 23 children through the weekly Homework Club.

Our volunteer drivers travelled 1,825,313 kms transporting children and youth.

This year, The Children's Aid Society of Hamilton provided service to a total of 9,439 children.

“The heart of a volunteer is not measured in size, but the depth of commitment to make a difference in the lives of others.”

~ DeAnn Hollis





A FOCUS ON PROGRAMMING:

Flexible Resource Family

While still uncertain of the future, for the Birch family, being a Flexible Resource Family has already been an absolute blessing.

Mr. and Mrs. Birch began growing their family through the Society when they adopted two sisters a few years ago. A short time later, the Birch family grew again when they adopted an infant boy. Before this adoption was finalized, Mr. and Mrs. Birch learned that their new son's birth mother was expecting her fifth child and there was a chance that the child would become a Crown Ward. Whether temporarily or permanently, Mr. and Mrs. Birch knew they wanted to provide a home for their son's baby brother or sister.

Mr. and Mrs. Birch brought their son's sister home from the hospital and are now providing her with a safe, nurturing and loving home. While they are well aware that they may have to say goodbye, they see the benefits for both children.

Right now, Mr. and Mrs. Birch are enabling their son and his birth sister to develop a relationship while they are growing together in a loving home. Regardless of what the future holds, they will always be able to look back at photos and know they were together and loved. As their adoption worker explains, "this family sees value in the relationship." They have expressed that even if they do not adopt this baby, they are establishing the foundation for a sibling relationship.

In addition, the unique role of the Flexible Resource Family supports the formation of a solid foundation for openness with the birth mother thereby avoiding the unknowns that can be a barrier for adopted children. Open communication with a birth parent may start as notes back and forth in the communication book, and then develop to face-to-face interaction such as attending a pediatrician's appointment together. These contacts, though small, are the stepping stones to developing an open relationship that will ultimately benefit all parties involved.

It is the Society's hope that in cases where a child does move on to adoption, that the birth parent will have some comfort having had the chance to get to know the adoptive family, and know that their child will not endure attachment struggles or experience multiple moves. Instead they will be raised in a loving home with the caregivers they have always known.

On the flip side, if the child returns to the care of the birth parent the likelihood of a continued relationship with their adopted sibling is strengthened through the relationship that has been developing between caregivers.

**For anonymity, names and identifying information have been changed.*

The Flexible Resource Family Program

In 2012, the Society began exploring the establishment of a Flexible Resource Family Program whereby parents would be dually approved to foster or adopt as a means to establish potential permanency for a child and limit caregiver changes.

During the past fiscal year, the agency has seen a heightened interest in the program and now has eight approved homes and has placed three children. In addition, there are another eight families that are in the process of becoming an approved Flexible Resource Family.

A Flexible Resource Family is first and foremost a foster home, as the child's legal status is not yet determined by the court and the agency is continuing to work with the family to assess their capacity to parent. However, when a child is placed in their care, the family is committing

to adopting the child if and when the child becomes a Crown Ward without access.

Still in its early stages, the program has been an invaluable opportunity for both caregivers and birth parents as it serves to benefit the child above all else. The Birch family is one of the Society's Flexible Resource Families that currently has a child placed in their care.

In order for the Society to consider exploring the Flexible Resource Family program for a child, a situation needs to fit specific criteria requiring a child be two years of age and under, have no known kin to parent, have birth siblings that have been removed from the birth mother's care, and the Society must have or be planning to present an application for Crown Wardship with no access.

A FOCUS ON PROGRAMMING:

Young Parent Team

Early intervention as a conduit to better outcomes for young mothers and their babies was the driving force behind the agency's establishment of the Young Parent Team in the latter part of the fiscal year. The Young Parent Team is a pilot initiative focused on prenatal and ongoing support for young mothers aged 13-25.

It was developed as part of an agency restructuring of service departments to enhance service consistency for families. The Young Parent Team will focus on providing proactive service to a vulnerable demographic that could greatly benefit from early intervention for improved outcomes by creating safety networks, better partnerships and more meaningful working relationships.

The Hamilton area already has an active Young Parent Network established about 12 years ago by Grace Haven, St. Martin's Manor and Good Shepherd Services to offer support and identify barriers and gaps in the services available to pregnant teens and young moms. The network continues to expand its reach and the Society, through the Young Parent Team is excited to partner with this network. Working in collaboration through shared services synergies will allow better management of complex cases and an enriched working relationship with partner agencies.

The Young Parent Team has been a welcomed resource by not only Hamilton's Young Parent Network* and its partners, but also by the Society's Crown Ward Workers who see great benefit for pregnant Crown Wards that may exhibit a potential for protection concerns. Young moms working with the Young Parent Team will also benefit from a blended team of Intake Service Workers and Family Service Workers specialized in working with adolescents and young parents.

The young women served may be referred by someone in the community, another service organization or a self-referral whereby the mom-to-be recognizes her life is going to change drastically and supports are necessary to provide for her baby. On average, the agency receives 160 prenatal referrals a year with 108 of those referrals regarding a young parent age 13-25. Concerns about a young mom-to-be can vary greatly and may include a number of worries such as a lack of supports and/or family, domestic violence, mental health, cognitive level, etc.

As the Young Parent Team continues to evolve, the staff and young moms will have access to a child-friendly Young Parent Room housed within the community service offices at the Society's location where CAS staff, moms and other service organizations and supports can interact.

The future of the Young Parent Team looks very positive and the Society anticipates with early intervention better outcomes for permanency will be achieved through earlier resolutions, successfully parenting with less adversarial/court-involved work, or the faster implementation of an alternative permanency plan.

**(recently renamed the Young Parent Collaborative)*



A FOCUS ON PROGRAMMING: Parent Adolescent Conflict

Living in fear and paralyzed by worry is the best way to describe Karen's life prior to the intervention of the Society and the Parent Adolescent Conflict (PAC) Program. She lacked confidence to address her son's maladaptive/challenging behaviour and was fearful of what the future might hold.

Karen, a single mother, surviving on the Ontario Disability Pension and trying to raise two developmentally delayed teens, was referred to the PAC Program with the hopes of diminishing the ongoing conflict in the home.

Robert, 15, has a formal diagnosis of Oppositional Defiant Disorder (ODD) and Attention Deficit Hyperactivity Disorder (ADHD). At the time of referral, the level of conflict was described as 10 out of 10, with Karen unable to leave Robert and his 13 year old brother Brian unsupervised, fearful that their ongoing arguing and physical fighting might lead to serious injury. Karen was most concerned with her eldest son's explosive behaviour as he was known to lash out physically, without any apparent triggers.

As the PAC Counsellor recalls, "After meeting with this family, it was apparent that through all the struggles, this remained a loving family unit."

Although Karen contended with her own cognitive limitations and income deficiencies, she had always tried to ensure the boys received their basic needs. She had managed to arrange braces for both boys, engaged with community resources to provide a Big Brother for her sons, volunteered in their school on a regular basis and maintained a clean, caring home environment. This was a mom who was committed to improving the situation. She did not see fault in just the boys, but instead recognized that she would also need to change and was willing to try suggestions and strategies that the PAC Counsellor discussed.

The PAC Counsellor scheduled weekly meetings, some involving just Karen, some just Robert or Brian and many times, the whole family together.

"It was amazing to watch the dedication to change in these individuals as they learned how to share their feelings in a safe way and role play scenarios demonstrating active listening and implementing conflict resolution techniques," says the PAC Counsellor. As Karen became more confident in her ability to address contentious situations, and she and Robert became more adept at recognizing triggers to his anger, conflict in the home began to decrease. The family developed a set of rules and routines that all could abide by and consequences for behaviour became appropriate and meaningful to the situation.

As the PAC Counsellor states, "There is nothing more rewarding to a counsellor than to watch a frayed family work to once again become a unit of strength and trust."

One month following the end of PAC service Karen says, "I cannot recall the last angry outburst or event. I am not fearful of my son because his behaviour has changed so much. He is friendly, helpful, does as I ask when redirected and calms himself down when necessary. I can leave my home and not worry. I feel like I have a life now."

**For anonymity, names and identifying information have been changed.*

The Parent Adolescent Conflict Program

In 2007, the Society entered into a protocol with Dawn Patrol Youth Services to provide services to adolescents and their families through the Parent Adolescent Conflict (PAC) Program.

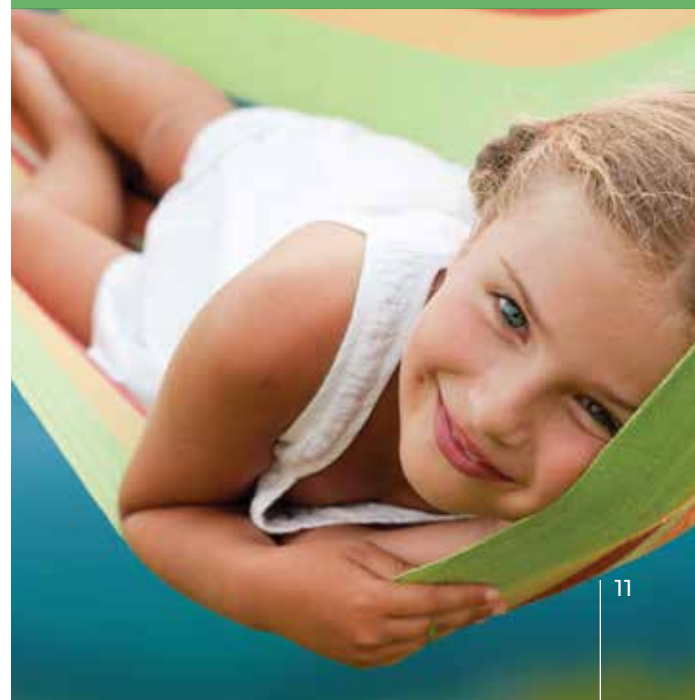
Funded annually by the Ministry of Children and Youth Services, the PAC Program provides family focused client responsive intervention to families at risk of breakdown or harm because of parent adolescent conflict. Referrals to the program are made exclusively for child welfare service recipients in order to provide immediate short term response to crisis situations.

PAC service is intended to stabilize the family situation by intervening with both the parent and adolescent. The type of intervention and the outcome of PAC services are varied depending on the unique circumstances and needs of each family with a lowered risk of adolescent admission into care being paramount.

PAC assists in reducing conflict and increasing the positive attachment between parents and their teens by providing parents with practical (behavioural) and emotional support for their parenting skills and role. Parents are taught to increase consistency, effectiveness and appropriateness of parental discipline and behaviour management.

PAC counsellors are skilled in providing the adolescent with active, short term intervention in identified, client specific problem areas. These areas could include but are not limited to anger management, peer relations, substance misuse, criminogenic risk or school conflict. At the end of their involvement with a family, PAC will link the family to appropriate long term community supports.

During the agency's fiscal year, the PAC Program serviced 98 families.



A PROFILE OF GIVING

On behalf of the children and youth who have benefited from the generosity of our donors, The Children's Aid Society of Hamilton extends heartfelt thanks. Donor listing is for gifts received during the 2015-2016 fiscal year (April 1, 2015 to March 31, 2016).

"No act of kindness, however small, is ever wasted." - Aesop

THANK YOU!

\$10,000 - \$100,000

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Hamilton-Wentworth
Employment Hamilton
Hamilton Golf & Country
Club Foundation
W.L. Carpenter Memorial Fund at
Hamilton Community Foundation
White Rabbit Child Care Centre Ltd.

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Derek & Marnie Lynn
Dr. William Mahoney
Sylvio & Noelene Mainville
Dale McDonald
Karin McDonald
Mary Lorraine McFadden
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Nick & Ingrid Merola
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Chapter No. 127
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Snezana Popov
Martin & Ruth Renters

\$5,000 - \$9,999

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CHML/Y108 Children's Fund
Hamilton Spectator Summer Camp Fund
at Hamilton Community Foundation
RBC Foundation
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Anonymous Gifts through
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Around the Bay Road Race
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Alan & Marlies Clark
D.D. Focus Inc.
Fidelity Investments Canada ULC
Generation Youth Specialized
Foster Care

A PROFILE OF GIVING

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Leah Schwenger

Michael & Jane Schwenger

Nancy Schwenger

Jennifer Serre

Mike & Karen Shea

Ruth Simmons

Janice Simser

Bill & Heather Sorley

Irene Stayshyn

Al Straitton

Shelley Swanlund

John Swiergosz & Sandra
May-Swiergosz

The Children's Foundation

THRIVE Child and Youth
Trauma Services

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Elizabeth Tilson

Toronto Bicycling Network Inc.

ULS Maintenance & Landscaping

United Way of Burlington & Greater
Hamilton

Fernando Ventresca

Fran Vickers

Kathy Vogel

Kathy Wakeman

Jacqueline Wasson

Jaudat Wasty

Dr. Janet Weisz

Lois Wildish

Derek E. Wilson Professional
Corporation

James Wood

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Up to \$99

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Shirley Arberg

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Joan Balinson

Robert Bielecki

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Mary Clarke

Peter & Kathleen Dawn

Hazel Flynn

Patricia Foster

Branch Frances

Keith & Janice Gale

Fernanda Gizzarelli

Halton Regional Police Association

Georgina J. Hewitt

Alexander Hunter

Edwin Johnson

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Jane Kappelé

Carolyn Kinsley

Josephine Knott

Andreas Krizanic

Hendrica Lebeau

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Dr. Glenn Alan Mallory

Lorraine Marshall

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Gerald & Donna Lee Murray

Jeffrey Noble

Josephine Palango

Kirk Purdy

Joseph Quinn

Marion Radigan

June Salter

Elizabeth Scarlett



A PROFILE OF GIVING

| | | | |
|-------------------------------------|--|------------------------------------|--|
| Linda Shelton | BMW Gregg, Budds BMW Hamilton | Anne Dwyer & Andrea Phair | Karen Hudecki |
| Melanie Silvestro | Deborah Boyd | Ada Escano | Darrell & Terri Hughes |
| Douglas & Beverley Smith | Shannon Brown | The Express Italian Eatery | Hunter Business Forms |
| Peppy Tew | BruX House Craft Beer & Kitchen | Family of Valerie Potter | HWDSB - Psychology Service Department |
| Robert Trickey | James & Janet Burnside | Liam & Logan Farre | Ken & Cindy l'Anson, Loyalist B&B |
| United Way of Peel Region | Heather Butler | Andrew Fetter | Image Honda |
| Daniel Warren | Floyd & Ida Calzonetti & Family | First Ontario Credit Union | Impulse Printing |
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| Sharon White | Carmen's Banquet Centre | Brittany Fralick | John Deere Financial |
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| Bartosz Wojcik | Caroline Cayuga and Associates | Erin Freeburn | Joseph's Coiffures |
| Gifts in Kind | Carpenters Union Hall Local 18 | Gentek Building Products | Mike & Sue Jurashtchuk |
| 4th Course Bistro at Copetown Woods | CAS - Intake Team 3 | David Gentleman | Christine Juszcak |
| 860 Dental | Cavallo Nero | Robert & Ann Glass | Kathy Dierchant Photography |
| A-1 Delivery | Elaine Charal | Mary Ann Goddard | Rubina Khitab |
| Neda Abedian | Lynda Chittley | Peggy Goodacre | Kobo Inc. |
| Aberdeen Tavern | CHML / Y108 Children's Fund | Sukhi Gosal & Friends | KPMG |
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| Air Solutions | Mary Clarke | Grand River Dinner Cruises | Laurentide Kitchens & Bath/ Cabinets Direct DIY |
| Alche Design Co. | Douglas Clifford | Grand River Enterprises | Tim & Tara Lawrence |
| David & Carol Alder | Coles, Eastgate Square | Lauren Grant | Little Hats That Grew |
| Aligned Capital Partners | Collective Arts Brewing | Randy Grant | T. Litzen Sports Ltd. |
| Ancaster Community Services | Cumis Group Ltd | Linda Gray | Richard & Carol Loreto |
| Tom & Debbie Anderson | Cumis Group Ltd - New Business Underwriting | GFL - Green for Life Environmental | Dr. Michael Loreto |
| William & Marianne Anderson | Constellation Brands | Christine Gudas-Murphy | Elise Loreto |
| Stephanie Archer | Corby Distilleries | Halton Family Medicine Residents | Diane Love |
| Frank & Michelle Arrowsmith | Corby Distilleries | Hamilton Street Railway (HSR) | Derek & Marnie Lynn |
| Melissa Babel | Lisa Crapsi | Hamilton Tiger-Cats | MABE |
| Baci Ristorante | Jennifer Danso | Anita Hayes | Linda MacDonald |
| Anne Bain | Day Care on Delaware | Mary Hayes | Lauren Malcolmson |
| Rebecca Bakker | Lynda Dean | Matt Hayes | Patrick Maloney |
| Jeanne Barbadoro | Ron Demers | HEC Group | Emily Mancinelli |
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| Jennifer Belanger | Diono Canada | Kelly Holubeshen | Master Lock Canada Inc. |
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| | Dr. John Seaton Elementary School | Hotti Biscotti | |
| | Dreams Take Flight | | |

A PROFILE OF GIVING

McMaster University, BHSc
(Honors) Program

McMaster University - Foundation for
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Theresa McNally

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Mico Systems Inc.

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Johnathan & Laura Miles

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Lonnie Morris

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Alessandra Muia

Lynn Munroe

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Petz-DiFelice Holdings

Veronica Phillips

Lucien Pinet

PJ's Pets

Pondview Estate Winery

Emma Pulley (PINK Christmas)

Quatrefoil Restaurant

Radius Child & Youth Services

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St. Luke's Roman Catholic Parish
& Community

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Vytas & Jacqueline Svedas

Sweet Paradise Bakery

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May-Swiergosz

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Stacy Voke

Pat Ward

Joan Ward

Wellington Printworks

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Wrapped in Graphics

Colleen Wray & April Hoyt

Brian & Susan Zwicker

Marlene Zywinia

Tribute Gifts

Nello Celotto

Rose Jones

John McAdam

David & Irene Palango

David Worrall

Bequests

The Estate of Douglas Lamb



STATEMENT OF OPERATIONS & CHANGES IN FUND BALANCES

for the year ending March 31, 2016

Revenue

| | |
|-------------------------------------|--------------|
| Province of Ontario..... | \$46,456,864 |
| Children's Special Allowance..... | 1,734,677 |
| Other Children's Aid Societies..... | 312,748 |
| Special Purpose Grants..... | 441,719 |
| Donations and Fundraising..... | 468,008 |
| Investment Income..... | 73,424 |
| Miscellaneous..... | 578,038 |
| | <hr/> |
| | \$50,065,478 |

Expenses

| | |
|-----------------------------|--------------|
| Client Services..... | \$38,745,268 |
| Legal Services..... | 2,395,682 |
| Administration..... | 7,121,527 |
| Special Purpose Grants..... | 441,719 |
| | <hr/> |
| | \$48,704,196 |

| | |
|--|-------------|
| Excess of Revenue over Expenses before the following: | \$1,361,282 |
| Due to Province of Ontario..... | |
| Balanced Budget Fund..... | (632,723) |

| | |
|--|-----------------------|
| Excess of Revenue over Expenses | <hr/> <hr/> \$728,559 |
|--|-----------------------|

Fund Balance

| | |
|--------------------------------------|-------------|
| Fund Balance April 1, 2015..... | \$9,711,545 |
| Excess of Revenue over Expenses..... | 728,559 |

| | |
|--|--------------------------|
| Fund Balance March 31, 2016 | <hr/> <hr/> \$10,440,104 |
|--|--------------------------|

Individual Fund Balances

as at March 31, 2016

| | |
|---------------------------------|--------------|
| Child Welfare Fund..... | \$(433,028) |
| Ontario Child Benefit Fund..... | 422,850 |
| Capital Fund..... | 7,718,705 |
| Private Funds..... | 2,731,577 |
| | <hr/> |
| | \$10,440,104 |

Auditors: Deloitte LLP

The audited financial statements for the year ending March 31, 2016 are available at the Society's offices upon request.

BOARD OF DIRECTORS 2015 - 2016

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Past President - Marg Bowman

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*Produced by the
Communications & Development Unit of
The Children's Aid Society of Hamilton*

Editor: Stacey Birett

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The Children's Aid Society
OF HAMILTON



The Children's Aid Society
OF HAMILTON

The Children's Aid Society of Hamilton
Poscor Centre for Children & Families
26 Arrowsmith Road, P.O. Box 1170, Depot 1
Hamilton, Ontario L8N 4B9 • 905-522-1121
www.hamiltoncas.com
Charitable Business No. 11885 2136 RR0001

A French version of the Annual Report is available upon request.