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Connections

This newsletter is published by the CCAS Communications Department. We welcome your comments and story ideas!

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Give Children A Voice

Report suspected child abuse and neglect. As stated in law, you do not have to be certain that a child is being abused. If you have any concern about a child, call 416-395-1500, 24-hours-a-day, seven-days-a-week.

www.torontoccas.org

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Connections

The Quarterly Newsletter of The Catholic Children's Aid Society of Toronto, Summer 2011



JENNIFER
Health Specialist

Finally – A Forever Family for Seven CCAS Children

By Krista Lamb, Communications Specialist

On May 6th CCAS played host to one of our most exciting events yet – the adoption of six of our children by their foster family! The family, who has been fostering with CCAS for sixteen years, was thrilled to have finally adopted the children, four of whom are over age 18. They have now been able to truly complete their family. They have asked not to be identified by name to protect the confidentiality of their children.

The family, who also has three grown biological children and another child who they adopted at birth, didn't plan on having such a large number of children, but they couldn't be happier with how things turned out. "My mom was adopted and I always wanted to foster to repay how good my grandma was to me growing up," says mom, Susan. "We were just going to foster one child," she says with a laugh as she explains the family's original plan. "But then CCAS called and there were three siblings and they wanted to keep them together." The family decided to take the children together and their fostering experience blossomed from there. About a year later, they accepted a fourth child into their family.

Now Susan and her husband, John, have adopted the four children that came to live with them sixteen years ago and have added a lively three-year-old (who they adopted from the Society in 2008) and two-year-old twins. They drive their family around in a 15-seat van and have had to adapt in many ways to accommodate their large family, but they couldn't be happier.

For CCAS staff, the adoption is also a long-time coming. "Five years ago I tried to place the four older kids in the home for adoption," says Child Protection Worker Dina MacPhail,

who is the family's long-time adoption worker. "A tremendous amount of work was done, but in the end there was insufficient financial support. When I spoke with them again last summer I was struck by their continued passion about wanting to be adopted. This time all the pieces fell into place."

Many of CCAS's staff, including some from the Foster Care, Adoption & Kinship department, the Legal Services department and the Child and Youth Services department, as well as community partners, including five pro bono lawyers and representatives from Ontario Student Assistance Program (OSAP), came together to develop a plan that would provide the family with the support they needed to adopt all of the children.



This is the first time that CCAS has completed an adoption with so many adoptees and we couldn't be happier about it,"

— Mary A. McConville,
Executive Director,
CCAS

"This is the first time that CCAS has completed an adoption with so many adoptees and we couldn't be happier about it," says Mary A. McConville, Executive Director of CCAS. "Through adoption subsidies, grants, scholarships and other financial supports, this family is now able to create a forever home for the children they have loved like their own for so many years. Without these supports, it would be impossible for the family to take such a large number of medically sensitive children and to keep these sets of siblings in the same family. Adoption subsidies are crucial for foster parents who are hoping to transition to adoptive parents. Adoption was incredibly important to these children, who inspire us to work ever harder at giving other children the same opportunity."

At a special ceremony for the family on May 6th at the CCAS office on Maitland Street, everyone came together to celebrate. The children received certificates and Mary McConville and Dina MacPhail, spoke about the family's journey and how important it has been to the Society and the children. OSAP representative



The Family's Adoption Team

Noah Morris also spoke and assured the family that OSAP would be there to help the older children as they began the process of applying for post-secondary education.

"The family has provided the children with a loving and nurturing family environment," says Child Protection Worker Felicia Yuen, who works in the Foster Care department at CCAS and is the family's worker. "I am ecstatic for both the parents and all the children. I am happy especially for the older children, who finally legally belong to the family after all these years. I am happy for the family whose goal over many years was to provide a permanent family for the children. It is a testimony to the great team work that included staff from many departments in the Society."

"Our dreams, our prayers came true," said Susan, who was grateful to the Society for helping with the adoption process and providing the needed subsidies to continue to handle the children's special medical needs.

Susan also encouraged others who might be considering fostering or adoption. "Go for it. Seriously. Don't let obstacles stop you, you have to go with your heart."

Streamlining our Services - New Centralized Support Teams

In January of this year, our Social Service Assistance and Parent Support Workers' teams began a transformation that will lead to consistent support for all the children and families we work with, no matter where they live in the city.

Parent Support and Social Services Assistants will work together to incorporate our new Service Principles into the work they do. Our support workers help parents understand their children, assist children in expressing themselves, suggest ways to improve relationships, resolve conflict and help connect families within their community. These include monitoring court ordered visits and providing assistance to child welfare families and child in care clients that is supportive, educative and empowering.

Parent Support Worker Moyra Randev, who has worked for the Society for 18 years, has seen how the Parent Support Program can benefit families in need. Recently, she worked with a mother who was having difficulty with her son's behavior. Because of her use of corporal punishment, her children were taken into care, but the mother continued to work with the Parent Support worker when she came for visits with her children. Through role-modelling and education, the mother was able to learn new coping skills and techniques to help with her son's difficult behavior. "You need to engage in a nurturing, respectful way and give them hope that things will get better," explains Randev.

Two months later, mother and children were ready to be reunited and Parent Support was there to help the family through their reunification transition. "It was a great day when

the children came home. This mother found hope for herself and for her children. She was going to school and working for a better future. And she advocated for herself, which so many of our clients aren't able to do."

This is only one of hundreds of stories where our support team has helped a family through a transition in their lives. Sometimes it can be as dramatic as helping children who were taken from their home and then returned to their permanent families, other times it's about listening to a parent's life experiences and helping them understand the impact these have on how that parent cares for his or her children. The support teams assist in finding common ground between the parents and child welfare and then they support the family in finding the help and resources they need.

CCAS's Health Specialists Help Vulnerable Children Thrive

By Krista Lamb, Communications Specialist

When Christina Gray-Hall undid the baby's clothing she was shocked by what she saw. "She had no body fat at all and was extremely underweight," she recalls. This baby was one of several that Christina, a Health Specialist for the Catholic Children's Aid Society (CCAS), has seen suffering from "failure to thrive" (FTT). FTT is a descriptive term that refers to a failure to gain weight appropriately in children and it can be very serious.

In the case of the baby, Christina was especially concerned because she was under six months old. When FTT is seen in such young children it is important to take an urgent approach. In talking to the parents she realized that the mother was suffering from post-partum psychosis, which had likely contributed to FTT. The baby was seen by the Suspected Child Abuse and Neglect (SCAN) Program at The Hospital for Sick Children (SickKids) and was then referred to the FTT clinic at SickKids.

"I worked with the clinic and the family and found that Mom was breastfeeding exclusively, but that the baby was not getting enough," says Christina. She asked the mother to formula feed and to keep a feeding record. Within four months the baby was gaining weight normally and the mother had been successfully treated for post-partum psychosis. The file was closed.

These are the types of success stories that Christina likes to see. She specializes in FTT and knows how dangerous the condition can be if it's not detected and treated early. FTT is used to describe children whose weight is less than the third percentile, and when a fall in weight is plotted on a standardized growth chart such that two major percentile lines are crossed.

When caught early and treated, FTT can be reversed. But if left for too long or not treated the results can be devastating. The child's weight is affected, then height. They stop growing and, if it continues, head size stops increasing, which can mean that the brain isn't growing properly. This can sometimes cause brain damage. "Often we see developmental delays because of a lack of energy from the child," Christina explains. When the child's nutritional needs aren't met, they can become lethargic and stop meeting their developmental milestones. "There are often speech delays also. We aren't sure why this happens, but it is very common with 'failure to thrive.'"

Sometimes the first call to CCAS will be about FTT in a child and Christina is then sent out to

assess the situation. She will do an initial physical exam and talk to the parents about feeding – how much are they feeding, when and how? She asks the child's doctor to provide a growth chart. "If you have an infant that is below the third percentile and they gain weight and continue to follow the curve, then that is not failure to thrive," she explains.

She will also check to see if there are medical causes for the weight loss. If not, she looks for non-organic reasons. Is this about an inability to purchase food, food choices or because of exclusive breastfeeding that isn't providing enough nutrients? Non-organic FTT is neglect and it's the type she sees most often. In many cases, the neglect is not intentional, but it is imperative that it is dealt with right away.

Christina visits the family to determine the cause and to discuss ways they can increase high calorie and high fat foods into the baby's diet. During feedings, she will observe and role model. "Sometimes I'll take over and feed the child," she says, explaining that it is often helpful for parents to see ways they can feed that may be more successful. FTT can happen for many reasons. Sometimes there are attachment issues and sometimes the age of the parents can be a factor (Christina often sees FTT when the parents are young and don't have the patience to persevere when a child does not want to eat). In other cases, the mental health of the parent or issues of poverty can be at the root of the problem.

She will ask the child's doctor to weigh them weekly or monthly, depending on the case. If there is no change the child is referred to the Failure to Thrive Clinic. Christina attends the family's appointments to make sure that she knows exactly what they have been told. She asks the parents to keep feeding records and helps them to change behaviours that might be causing FTT.

Working with their case worker, CCAS can help the family by linking them up with Toronto Public Health so that a public health nurse and family home visitor meet with them in the home. The Society can also help them make contact with food banks and other resources to receive the help they need.

Christina, who presented on FTT at a branch meeting and at the Current Issues in Child Maltreatment and Suspected Abuse and Neglect Program in 2008, is available to all CCAS staff needing consultation on FTT issues.

“

I worked with the clinic and the family and found that Mom was breastfeeding exclusively, but that the baby was not getting enough.”

— Christina,
Health Specialist,
CCAS

Ensuring Proper Health for the Most Precious Among Us

By Donna Harris, Communications Specialist

Although Jennifer Miles has been working with CCAS for 20 years, every day is different and poses new challenges. As the Health Specialist for children in care, she works primarily with infants and young children in foster care. She provides health and safety assessments and health education, often dealing with high-risk cases.

Jennifer is part of a team of six CCAS health specialists. They provide at-home visits, teaching parents and caregivers about health issues such as; nutrition, infant care, development and use of medication. They also teach and encourage parents and caregivers to follow best practices regarding safe sleep, water safety, and provide health education on the effects of alcohol and domestic abuse in addition to other issues. They provide a vital service as they strive to safeguard the health and well-being of infants and young children.

"This job has given me the confidence to take a stand and advocate for the most vulnerable people. Someone has to speak for these children," says Jennifer.

Over the past year, health specialists saw more than 400 families and nearly 600 children. Of these children, 340 were



Jennifer Miles - Health Specialist

under six months of age. Health Specialists receive referrals for infants under the age of six months living in the community and work with all infants under one year of age who are brought into care. They also receive referrals for other infants in the

community between six months to one year upon referral from Child Protection Workers. Health Specialists work closely with Social Workers to carry out their mandate. Health Specialists are knowledgeable about child protection issues and their impact on the health of children.

Jennifer once worked with a baby that was shaken and suffered from Abusive Head Injuries (Shaken Baby Syndrome). Doctors believed the baby would face developmental challenges or have severe brain damage. Jennifer was able to work with the baby, along with other members of the health-care team and the resource parents, and now the infant is reaching her developmental benchmarks.

"When you see a baby with all these health challenges in her life, it's amazing to see her surpass what anyone thought she could accomplish," says Jennifer.

Health Specialists often work with mothers who are overwhelmed and are sometimes in unsafe environments. They engage with families and are able to foster a deeper understanding of the importance of good parenting skills and promote an emotional connection between parents and their babies and young children.

One Strong Voice for the Well-Being of Children in Care

By Anne Rappé, Manager, Communications

The issue of child safety and well-being was top of mind for members of the Ontario Provincial Legislature during the second annual Child Welfare Information Day, held on May 16, 2011.

CCAS, along with 42 other Ontario CASs and the Ontario Association of Children's Aid Societies met with local MPPs and cabinet ministers to discuss what they – as decision-makers – can do to further improve the lives of our children and youth.

CCAS and two of the three other Toronto CASs led a delegation of their board members, executive directors and two CCAS

youth who met with three individual MPP's.

CASs also attended question period and hosted a luncheon with special guests, The Honourable Laurel Broten, Minister Children and Family Services, two Cabinet Ministers and MPP's from all three political parties.

"Holding an information day for MPPs meant we could have meaningful conversations with our local representatives and offer practical suggestions that can really help our kids," said Mary A. McConville, CCAS Executive Director.

The Toronto CAS delegation came well prepared with helpful information, but according to Mary, it was two CCAS youth

delegates who captured the hearts and minds of the politicians. They shared their personal experiences of growing up in care and the challenges of leaving foster families at age 18 and moving into independence and the pursuit of a post-secondary education with insufficient support.

"The MPP's were clearly moved by the authentic stories of these wonderful young people. Their resilience and passion to succeed in life was an inspiration to our political leaders. All three pledged to advocate for support to improve the lives of our children and youth in four priority areas," said Mary.

Ontario Children's Aid Societies' Advocacy Priorities

Extending the Age of Protection to Age 18

- Currently, Children's Aid Societies are mandated to protect children only until their 16th birthday. CASs are unable to help youth 16 years of age or older even if there are concerns for their safety.
- Youth looking to escape unsafe conditions may run away and become homeless, some turn to drugs and alcohol, end up on social assistance, or become involved in correctional services.
- The government's efforts to remedy the gap for children in care who leave Children's Aid by the age of 16 or 17, is a step in the right direction to helping protect our youth.

Recommendations:

- The age of protection should be raised to the age of 18.

CASs should have the ability to intervene when older children are being abused or neglected. CASs should be able to work with youth and their families and help them make connections in the community to access supports and services.

Supporting Youth to Finish High School:

- Current legislation states that children in care must leave their foster home before the age of 18.
- Youth living on their own struggle to balance going to school, paying for rent, food and utilities, holding down a job or two, and taking care of all household needs.
- Given that 82% of children and youth in care in Ontario have diagnosed special needs and 46% rely on

psychotropic medication to help them manage, attending and succeeding in school is even more challenging.

- Although the government has made great efforts to help youth in care attend post-secondary education, the challenge is helping youth graduate from high school.

Recommendations:

- The system should be changed to allow youth to stay at home until they finish high school, at whatever age that ends up being. They should have the chance to acquire the skills they need to succeed on their own.
- Comprehensive health and dental benefits, including prescriptions, should be extended to youth to the age of 25 to allow them to complete their education and gain employment before coverage ends.

Providing Subsidies for Children With Complex Needs

- All children – including sibling groups, older youth and children with complex life challenges – need permanent families. Many families are willing to provide a permanent home for these children but the lack of support – subsidies and services – often prevents them from making the commitment.
- The cost of supporting permanent families can be far less than the cost of providing long-term foster care and has better outcomes for the child.
- There are several options for finding families for children in care: adoption, legal custody, care by relatives and for

Aboriginal children, traditional customary approaches.

Recommendations:

- Provide subsidies and access to specialized services to those families who want to adopt, provide care by relatives or legal custody to children with complex needs.

Increase Investment in the Health and Well-Being of Aboriginal Children

- Aboriginal children in Ontario do not receive appropriate, comparable, accessible and adequate services.
- The overall life chances of Aboriginal children are compromised compared to non-Aboriginal children. The incidences of poverty, poor health, suicide, depression, addictions and poor educational outcomes indicate that change is needed.
- In the province of Ontario, Aboriginal people represent 2% of the population but 22% of the children in care. Canada's child poverty rate is 18%. The child poverty rate in Aboriginal communities is 36%.

Recommendations:

- Significant investments are needed not only in child welfare, but also in supports for children including mental health, addiction services and justice programs.
- Investments need to be made to achieve the objective of having Aboriginal children served by Aboriginal service providers and governed by Aboriginal communities.

Celebrating Our Volunteers!

- CCAS Volunteer Michelle Shares Her Story in Province-Wide Campaign

It's important that the community we live in wrap itself around our kids and families. A caring community means we will do a better job of protecting and supporting children. At CCAS, our many volunteers help us to carry out our special mission. CCAS volunteers sit on our Board of Directors, they mentor our children, provide respite for our foster parents, create life books to preserve the history and stories of our children in care, drive our children to countless access visits and raise needed funds for our special programming.

As part of National Volunteer Week (April 10-16) celebrations this year, CCAS volunteer Michelle—special friend to a deserving youth in care — was featured prominently in an expanded "I Am Your Children's Aid" provincial public engagement campaign.

The theme for the celebrations was, "Volunteers. Passion. Action. Impact." The Society thanks Michelle for sharing her story of how volunteering has impacted her life and the lives of others – her story truly embodies this theme!

Join the CCAS community as a volunteer! For more information about volunteering, please visit our website:
www.torontoccas.org



MICHELLE
Special Friend
Volunteer

"I Am Your Children's Aid"

I started volunteering as a special friend to 18-year-old Amy in the fall of 2009. Amy had been neglected as a child. She was emotionally scarred and struggled with drugs. When I first met Amy she'd been expelled from school. She never wanted to go back. One day I was picking her up and she got in the car and said, "Guess what? I'm going to school like you!" She was beaming with pride! It's amazing the impact you can have as a volunteer. She started doing really well at school. Each morning she would send me a text update about school. I am so proud of her!

GET INVOLVED WITH YOUR CHILDREN'S AID. GO TO USEYOURVOICE.CA

Ontario Association of
Children's Aid Societies



Think Water Safety

Water Safety Month at CCAS

A

pril was Think Safety Month at CCAS – a time when we focus on raising our employees' awareness about safety issues to help us better support the children and families that we serve. This year, the theme was Water Safety for Children, Youth and Families.

Our awareness campaign included weekly information bulletins and quizzes on water safety, as well as posters for each of our locations. Our Health Specialists, who organized the month, also provided rubber duckies that indicated when bath water is too hot to families with new babies who were referred to the Society during the month of April.

Here are some of the important water safety facts that we circulated to our staff during the month of April. Hopefully, they will help keep you and your family safe this summer!

Pool Safety Rules

Make sure you have the following safety equipment for your backyard pool:

- » Reaching assist and throwing assist with rope attached
- » First aid kit
- » Keep a phone near the pool
- » Pool fencing should surround the perimeter of the pool not just the yard. Gates should be self-latching and self-closing, also consider self-locking mechanisms.

Safe Pool Rules:

- » Completely remove pool cover before swimming
- » No rough playing, don't push or jump on others
- » Walk, don't run, on the pool deck
- » Feet-first entries, water must be at least 10 feet deep for diving
- » Alcohol and pools don't mix
- » Keep pool deck free of debris
- » There should be a designated adult supervising children at all times
- » Young children and those who do not swim should never be more than an arm's length away from an adult who can swim

Beach Safety Rules

- » Watch your children at all times. Never leave them alone in or near water.
- » Ensure that you and your group know how to swim. It's the best way to stay safe in and around water.
- » Swim only in the designated swimming areas.
- » Know your swimming limitations and stay within them. Don't try to keep up with more experienced or stronger swimmers.
- » Don't bring inflatables to the beach. Wind can blow them into the water where children tend to follow, they can be caught in a current and float away or they can deflate.
- » Always check water depth before diving.
- » Never swim alone. Use the buddy system. Always swim with a friend and watch out for each other.
- » Don't consume alcohol before or while swimming. Alcohol impairs your abilities and judgement.
- » Learn lifesaving and first aid skills so you can help yourself and others.
- » Weaker swimmers and young children should wear a properly-sized life jacket or personal floatation device (PFD).
- » Use sunscreen on all parts of your exposed body. Watch out for young children getting burnt even in questionable weather. Use a minimum sunscreen of SPF 15 as well as a hat and shirt when you are not swimming. Sunscreen should be applied at least 15 minutes before swimming and reapplied throughout the day.

Water Safety for Youth

- » The majority of drowning deaths are preventable.
- » Nearly 500 people die every year in water-related incidents (In 2006, 508 people drowned in Canada).
- » Drowning deaths decreased for children from 0-17 years of age, but increased for adults 18-34 and adults 50-64.
- » 61 per cent of drownings occur in lakes, ponds, rivers, streams and waterfalls.
- » 57 per cent of drowning deaths occur while participating in aquatic activities such as swimming or boating (Lifesaving Society, 2010).
- » Everyone should get training and learn proper swimming and safety techniques, with swimming lessons.
- » You should be aware of your limitations and not go beyond your limits, don't let others persuade you to do something you think might be dangerous.
- » You should always swim with a buddy, in a supervised area.

More Water Safety Tips for Children:

- » Supervise Closely. Adults should stay within sight and reach of any child under five years of age, or any older child who does not swim well – when he or she is in the water or playing near water. Studies show that lack of supervision is a major factor in many drowning incidents.
- » Do not use baby bath seats. Babies have drowned in bath seats. Although warning labels recommend that parents or caregivers stay close by, the baby bath products can mistakenly be seen as a safe substitute for supervision. This gives adults the misconception that they can do other activities while the child is in the tub. Surveys in Canada and the United States indicate that almost half of parents use infant bath seats and rings.
- » Wear lifejackets on boats. Approximately 90 per cent of recreational boaters who have drowned in Canada were not wearing lifejackets. Boaters should choose lifejackets that fit children according to their weight, and ensure the straps are buckled. Canada's cold waters make it hard for even a strong adult swimmer to survive until rescue without a lifejacket.
- » It is not recommended that babies travel by boat because there are no Canadian-approved lifejackets for infants who weigh less than 20 pounds (9 kilograms). Parents or caregivers should wait until their child is at least 20 pounds (9 kilograms) and can fit into a Canadian-approved lifejacket, before taking him or her on a boat.

Hot Water Safety Rules:

Children are more at risk for tap water scalds because:

- » A child's skin is thinner and more sensitive than an adult's skin. A child's skin burns more quickly - so even a very short exposure to water that is too hot can cause a serious burn.
- » Young children cannot move away from hot water quickly. Many tap water scalds happen when a child is in the bath or playing at the sink. If the water is too hot, a child will get a deep burn that covers a large portion of his or her body. The child may need repeated surgery and skin grafts over many years.
- » Most Canadian hot water heaters are set to a temperature of 60°C (140° F). Water this hot can severely scald a child's skin in just one second.
- » A scald is a second-degree or third-degree burn caused by hot liquid or steam. Hot coffee, tea, soup and other hot foods are the most common causes of scalds to young children. Hot tap water is a less common cause, but these scalds are often more severe - and they are easy to prevent.
- » To prevent tap water scalds, the hot water at all your taps should be no hotter than 49°C (120°F). At this temperature, it takes about 10 minutes to burn a child's skin.

CCAS Invests in Professional Excellence

By Krista Lamb, Communications Specialist



Dr. Lawrence Shulman



Participants attending Dr. Shulman's Workshop



Child Protection Supervisors, Elaine Forrester (left) and Judith Wharton (right)

Last March, the Society was pleased to welcome child welfare expert Lawrence Shulman, MSW, EdD, who presented workshops to child protection workers (CPWs), supervisory staff and service managers. Dr. Shulman is the former Dean and currently an Emeritus Professor of Social Work at the University of Buffalo in New York. He is a highly-regarded author, teacher, researcher and speaker in the field of Social Work and has written three books, including *The Skills of Helping: Individuals, Families, Groups and Communities*.

The workshop for CPWs addressed the dynamics and skills needed in our work with clients, colleagues and supervisors, and other community service providers. Senior Child Protection Worker, Grace Moturi attended the workshop and found it both enlightening and inspiring. "The workshop provided hands-on, relevant and practical strategies to increase worker effectiveness in engaging with both passive and active resistant clients," she explains.

"The workshop left many workers feeling refreshed, energized and motivated to apply the principles we learned in our work with clients and other professionals. Many workers were affected by the resounding and profound statement from Dr. Shulman that, 'children are better protected when the entire family is supported,'" she continues.

Child Protection Supervisors participated in a separate workshop which addressed essential skills in communication, relationship and group leadership – including role-modelling for staff on how to engage clients.

This training was just one example of CCAS's commitment to professional excellence through on-the-job training and professional development. It is the policy of CCAS to ensure all staff receive professional development to enable them to deliver quality service congruent with our Service Principles. We are committed to investing in people in order to maintain a qualified, competent and stable workforce.



Bidding Farewell to Long-Time Friends



Ann Westlake



Nancy DiNatale



Nancy and Ann cut their cake

CCAS recently bid farewell to two long-time staff, Nancy DiNatale and Ann Westlake. Nancy retired in February with more than 30 years of service to CCAS. She served as Branch Manager at our Scarborough, North West and Etobicoke branches. Nancy has always focussed on service and has kept the child at the centre of her practice.

Ann Westlake, retired from CCAS in March of this year after more than 20 years with the Society and a career spanning 34 years. Ann has been deeply committed to the well-being of our children and youth and the needs and concerns of their caregivers. Ann was a long-time Manager of CCAS Child and Youth Services prior to managing our Foster Care, Adoption and Kinship Services for two years before retiring.



Get involved: find out how your participation benefits our children and youth

Stay informed: sign-up for our E-newsletter

Donate on-line: get your tax receipt instantly through our quick, secure and easy tools

www.hopeforchildren.ca

Hope for Children Team participates in the Scotiabank Toronto Waterfront Marathon

By Patricia Ward, Community Development Officer, Hope for Children

Do you enjoy running or walking? Want to raise money to help our families in need? Why not sign up for Hope for Children's Scotiabank Toronto Waterfront Marathon (STWM) team and help us raise money to help children and families in need. On October 16, 2011 our team will take to the streets of Toronto to raise much-needed funds. Hope for Children supports programs for children and youth served by the Catholic Children's Aid Society by providing grants, scholarships and emergency aid.

Last year, the Hope for Children team laced up their sneakers to walk and run in the STWM, raising more than \$36,000 to support our children and families. Participants included CCAS staff, families, youth, foster parents, donors, board members and many other supporters of this worthy cause. We even surpassed our own record for the number of half marathon and marathon runners on our team with more than 120 participants! Those who could not walk or run provided pledges to our charity for those who could and individuals set their personal goals to walk or run 5k, a half marathon or full marathon.

This year we're doing it again and we hope that YOU will join our team!

On Sunday, October 16, 2011 the Hope for Children team will once again be participating in the Scotiabank Toronto Waterfront Marathon. Sign up to participate or donate to one of our team members – this is a great way to make a difference for our children and families.

Step 1: Join the Hope for Children team today, and help prevent child abuse!

Step 2: Choose your goal: Walk or run 5k, half or full marathon

Register on-line at www.hopeforchildren.ca/marathon

If you are not able to participate, information on how to donate to our team members is also available at www.hopeforchildren.ca/marathon



Another Fantastic Day *fore* the Golf Tournament

Blue skies, a light breeze, bright sunshine and smiles greeted our golfers as they arrived at Eagles Nest Golf Course on Tuesday June 14 for the 21st annual Corporate Golf Tournament in support of the Hope for Children Scholarship Program. This year's major sponsors, Polaris Realty (Canada) Limited and National Bank Financial Markets were instrumental in ensuring the event's success.

After registration, golfers enjoyed a BBQ lunch before warming up on the range with tips and instruction provided by Callaway Golf professionals. The course was set up with a number of contests that were open to all golfers and there was enough variety in the level of challenge to make participating fun for all!

Cocktails were served overlooking the 18th hole, where four lucky winners were invited to demonstrate their driving ability in an effort to win a fabulous prize, generously donated by Tiffany & Co. The silent auction opened and everyone found something to keep them coming back to check their bids!

This event supports the scholarship program and Tia McGregor, a current scholarship recipient, was the guest speaker. She provided first hand information on the benefits of receiving a scholarship. The scholarship program is one of our most valued programs, as post-secondary education plays a huge role in the greater success of our youth in care.

The evening concluded with Dennis Hull facilitating the live auction. The event was a huge success, in large part due to the dedication and effort of founder Pat Byrne and this year's golf tournament committee. Special thanks to Dan Haywood, Peter Barnicke, Michael Meehan, Diane Drotos, Michael Ricci, Luc Marion, Michael Barnicke, Chris Sheridan and Mark Ellis, who have worked tirelessly to ensure this event was a huge success.

For additional information on the Scholarship program and Hope for Children please visit our website at www.hopeforchildren.ca or call 416-395-1634.



CCAS staff member Luc Marion, Donor Tony Ferraro and Foster Parents Rob Watt and Trevor Willock



Golfers Ready to Tee-Off

Upcoming Volunteer Orientations

All Volunteer Training takes place at 26 Maitland Street, Toronto, ON

Wednesday, September 21, 2011
Wednesday, September 28, 2011

Thursday, October 20, 2011
Thursday, October 27, 2011

Tuesday, November 15, 2011
Tuesday, November 22, 2011

Visit: www.torontoccas.org

Famous People Players Dine and Dream Dinner



On Saturday, May 14 the Knights of Columbus hosted a fundraising event for Hope For Children at the Famous People Players in Toronto. Guests first arrived to the restaurant for dinner and after dinner were escorted to the theatre for a performance of black light puppetry. The evening was a huge success and enjoyed by all who attended.

Big Hug Charity Day

On February 18th, CCAS joined the Ontario Association of Children's Aid Societies (OACAS) and PHD Canada to celebrate Big Hug Charity Day. PHD Canada organized the creation of a big human purple ribbon as part of a "Change for a Change" event at Yonge and Dundas Streets in downtown Toronto. PHD, a media buying company, staged the event to raise awareness of the need of children and youth in the care of Ontario's CASs. They also collected donations of change and handed out information cards created by OACAS.



Big Hug Charity Day participants using cardboard to form a purple ribbon outside the Eaton Centre at Yonge and Dundas



Volunteers pose for the camera at the Big Hug Charity Day event.

Building FASD Awareness

CCAS's FASD Committee brings important message to Ryerson University Students

"Alcohol and Pregnancy Don't Mix" was the message members of CCAS's FASD Committee presented to students at Ryerson University on April 6th, 2011. The team hosted a booth on campus where they handed out mocktails (non-alcoholic cocktails), personalized pens and information packages to give students information about Fetal Alcohol Spectrum Disorder (FASD).

FASD is a term used to describe the behavioural and physical developmental effects in infants who have received prenatal exposure to alcohol. This disorder is permanent, irreversible and one hundred percent preventable.

The committee's colourful booth included a spinning wheel, where students could spin to win a pen and receive additional information on this condition. It was a fun and informative day and the team was able to reach a large number of students, many of whom were hearing about FASD for the very first time.

CCAS has three FASD Consultants on staff and an FASD Committee to help our workers provide the support needed to families dealing with this challenge.



Members of CCAS's FASD Committee stand at the booth promoting the "Alcohol and Pregnancy Don't Mix" message.