



Expanding Our Reach

Annual
Report 2017-18

Expanding Our Reach

The demand for mental health services continues to grow. Child Development Institute (CDI) is expanding its reach to make a positive impact on more children and their families than ever before.

Values

- Service excellence
- Research and evaluation
- Innovation
- Collaboration
- Continuous learning and sharing knowledge
- A family-centred approach
- Diversity
- Social justice
- Accountability
- Responsiveness

Mission Statement

We transform the lives of children, youth and their families by developing and delivering world-class, innovative, evidence-informed mental health programs.

Vision Statement

To make measurable lifelong impact on the mental health and well-being of children, youth and their families.

Sharing Responsibility

“We live in a world in which we need to share responsibility. It’s easy to say, ‘it’s not my child, not my community, not my world, not my problem.’ Then there are those who see the need and respond. I consider those people my heroes.”

— FRED ROGERS, HOST OF MR. ROGER’S NEIGHBORHOOD



We live in a time of change. We are influenced by changes in technology, economy and society. There are also changes in children’s mental health. Canadian research shows a devastating increase in the prevalence of mental health issues in children and youth. Statistics show that over 70% of mental health problems start in childhood or adolescence. Canada’s youth suicide rate is reported as the third highest in the entire industrialized world. These figures not only substantiate the urgent need for high-quality early identification and intervention programs but also highlight the growing importance for more children’s mental health funding. Investing in children’s mental health early in life leads to positive changes in adulthood.

Childhood experiences are the foundation for which long-term physical and mental health and emotional resiliency are built, impacting social, economic, physical and mental outcomes. The memories formed during these critical years of development are often the blueprint, which influence navigation through life. Conversely, the effects of a traumatic childhood can negatively affect a child’s life, leading to damaging consequences for the individual, system and society.

With an over 100 years of legacy, Child Development Institute (CDI) continues to be a leading, accredited children’s mental health agency, which has served hundreds of thousands of children and families since inception. CDI offers a range of highly successful programs and services in children’s mental health. Its mission is to transform the lives of children, youth and their families by developing and delivering world-class, innovative, evidence-informed mental health programs.

The investments we make during these early years produce dividends for generations to come.

1.2 million
Canadian children and youth are affected by mental illness.

By age 25, approximately
20%
of Canadians will have developed a mental illness.

Over 70%
of mental health problems start in childhood or adolescence.

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Message From Our Board Presidents

The theme of this year's annual report, Expanding our Reach speaks to the efforts all our partners are making every day to positively impact the lives of children and their caregivers.

Families

Our families and caregivers have the most important role to play. They are their children's strongest advocates and their biggest supporters. They are committed to bringing their children to their counselling sessions and ensuring an ongoing schedule (including practising methods learned in CDI programs) at home. Expanding our reach to these families means making it easier to access CDI programs and services.

Our Team

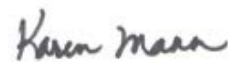
The CDI team provides programs and services with heart. Expanding our reach means doing more with what resources are available. Every day, staff, volunteers, social workers, early childhood workers and early childhood assistants maximize every tool at their disposal (i.e. volunteer hours, donations, research, education) to ensure every program and service is the most beneficial it can be and is tailored to every child's individual need.

Our Donors

Every not-for-profit relies on the generosity of its donors. CDI is grateful to have supporters who not only donate funds, but also volunteer hours so our programs and services can reach as many children and families as possible. The extent to which CDI expands its reach is evident in the thousands of children, youth and families impacted by our evidence-informed, mental health programs. Our donors have played a large role in improving the mental health of our clients and communities we serve.



Susan Paterson
President
Child Development Institute
Foundation



Karen Mann
President
Child Development Institute



Message From the CEO

I am pleased to report another strong year for CDI with continued growth to our services in accord with our strategic plan. Overall, we have grown by 5% this year in a time of flat government spending. In moving with our strategy of scaling 'model' programs to expand our reach, we have met our goal of adding 12 new SNAP affiliate sites in Canada this year and have invested in community relations and networking to support future growth in the Atlantic Provinces, in British Columbia and with Indigenous communities. SNAP growth is also underway in the Cayman Islands and in the State of Florida. Other CDI model programs — Mothers in Mind and CDI's Mindfulness Programs — Mindfulness Martial Arts and Young Warriors — have also started on our scaling plans.

All this work means that many more kids and their families are receiving evidence-informed services in their local community. The above work is transformational and through this strategy, CDI is transforming from a local children's mental health centre instead to a centre with services provided in Toronto but with national reach.

This Annual Report will also highlight the strides made in major programs and service areas over the past year. We asked our program leaders in Early Intervention Services, Integra Program and Family Violence Services to tell us in their words the progress made, their ideas for expanding reach in their areas, and how our strategy will benefit their areas.

In addition, in an effort to prepare for what lies ahead, CDI has re-structured and introduced a new Department of Program Development, Evaluation and Quality Improvement. This department — led by Dr. Samantha Yamada — will play a central role in boosting our capacity to use data that can transform clinical innovations into evidence-based practices. By benchmarking and analyzing how CDI's programs lead to improved mental health for children, we will be even more prepared to expand our reach to more children and families. Through restructuring we also now have all clinical programs managed by Clinical Director Laurie Marsan to achieve greater



synergy, and better client pathways without reducing the areas of specialization that clinical programs have.

This is my final annual report to you in my role as CEO. As I approach my departure from CDI later this year, I want to take this opportunity to give my thanks to all of you who have helped make CDI a leader in transforming mental health care for children. In my 28 years at CDI, I have seen this organization flourish and take its place at the forefront of positive change. Knowledge, partnering, clinical skill and implementation science, commitment and innovation have been the core skills of the agency. It has been both a pleasure and an honour to serve. I have loved every single minute. The organization is strong and full of amazing people and I have full faith CDI will continue to be a high-performing leader and make a high impact.

A handwritten signature in black ink, appearing to read 'Tony Diniz'. The signature is stylized and fluid.

Tony Diniz
CEO

Expanding Our Reach

In 2016, when CDI completed its Strategic Plan, we also changed our mission statement to the following: “we transform the lives of children, youth and their families by developing and delivering world-class, innovative and evidence-informed mental health programs.” This was both a bold statement and a major shift from an agency not only delivering services but also developing and implementing evidence-based services.

The underlying reason for this has essentially been to exponentially increase impact and reach for children, families and communities in need. Scaling programs presents unique challenges that involve developing effective fidelity protocols and processes, so that the model programs work not only at CDI but also in replication by partner affiliate agencies. This involves social finance and fund development, outreach, training, ongoing support and where required co-creation/development to ensure the programs are meeting the needs of the various communities while building capacity.



With the support of LEAP|Pecaut: Centre for Social Impact, CDI's lead program, SNAP,® is on track to scale to 100 communities in every Canadian province and territory by 2021/22. This is being achieved by also partnering with provincial/territorial regional champions to advance our strategy. In 2017, we reached our specific goal of bringing on stream 12 new sites.

Notably this year, we have provided three SNAP service delivery options to best fit local needs and engaged in a SNAP Cultural Adaptation Project under the Black Youth Action Plan, spearheaded and funded by the Ministry of Children and Youth Services. When our vision is fully realized, SNAP may well be not only a 'best-in-class' program for children with disruptive behaviour and their families,

it will also be Canada's first 'home grown' national child and youth mental health program. There also continues to be international interest in SNAP because of its robust outcomes and this past year we achieved SNAP growth in the Cayman Islands and major implementations in the State of Florida. Not surprisingly, SNAP's leader, Dr. Leena Augimeri, was named this year by CAMH as one of Canada's top 150 Difference Maker's in mental health and one of the few recipients working in children's mental health.



Dr. Leena Augimeri, co-founder/developer of the highly acclaimed SNAP® program was a recipient of CAMH Difference Maker's Award and was honoured at the awards ceremony hosted on November 28, 2017.



While SNAP is at the forefront of scaling and implementation science, other CDI model programs are also following suit and expanding our reach.

We are committed to continuous learning as we move forward with expanding our reach. The result is significant — many more children and families helped. Through this process, Child Development Institute is transforming to a local Toronto children’s mental health centre with recognized national and international reach and impact.



CDI’s Mothers in Mind is a promising program that provides the unique parenting support for parents who themselves have trauma histories. We are deepening the research basis for Mothers in Mind (MIM®) through a federally funded research project called ‘Safe and Understood’ which uses a randomized controlled strategy. MIM is now provided by 16 affiliate sites in Ontario, Alberta and Quebec. In addition, we have now also partnered to open up four (and soon to be six) new MIM sites in Australia.



int-gra Young Warriors
POWERED BY CHILD DEVELOPMENT INSTITUTE

Mindfulness Martial Arts and Young Warriors are other promising CDI programs focused on self-regulation and that we have started to scale. Both are now being implemented in 16 sites across the Trillium Lakelands District School Board in Ontario. Replication has also taken place in partnership with the Cree Nation in Quebec.

Expanding Our Reach in Program Areas

Early Intervention Services

Our Early Intervention Services programs help children and families struggling with social, emotional and behavioural issues. Our individual, group and school-based programs help them get back on track. Programs serve children ages 0-12 in the south quadrant of the city.

Stop Now and Plan (SNAP®)

Developed over 32 years ago for children under 12 with disruptive behaviours and/or in conflict with the law, SNAP has evolved into an internationally recognized evidence-based children's mental health model. The focus is to teach children and their families effective emotion-regulation, self-control and problem-solving skills. Gender-specific SNAP Boys and SNAP Girls programs are offered at CDI in Toronto, and at licensed SNAP Affiliates across Canada and around the world. The primary goal of SNAP is to keep children in school and out of trouble by teaching them to stop and think before they act, helping them to make better choices 'in the moment.'



POWERED BY THE MINDS AT CHILD DEVELOPMENT INSTITUTE

Accomplishments in the Past Year:

The SNAP Implementation and Research Team had an incredibly exciting and busy 2017. The SNAP National Expansion Campaign reached its initial \$12M campaign goal. This extraordinary achievement allowed us to expand our reach to 13 new licensed SNAP Affiliates across Canada, for a total of 41 across Canada and 57 worldwide — well on our way to our goal of 100 new SNAP licenses reaching approximately 120 Canadian communities by 2021/22.

Expanding Our Reach through:

- Engaging and mobilizing provincial/territorial government support for SNAP, to reach children in the middle years and their families.
- Working with Indigenous communities in culturally responsive/safe ways to better meet the needs of Indigenous children and families.
- Partnering with the Ministry of Children and Youth Services and Turner Consulting Group in the Ontario Black Youth Action Plan to develop a guide that promotes cultural awareness when implementing SNAP for Black and African Canadian children, families and communities.
- Knowledge dissemination activities that included 13 presentations, reaching more than 1,700 people, training more than 465 professionals and engaging over 40 communities to determine how SNAP could be utilized to meet the needs of at-risk children and families.
- Media exposure that resulted in SNAP being covered by eight Canadian, four American and five international print, online articles and television and being the focus of three publications (one peer reviewed journal and two book chapters).

Priority

TIME IS OF THE ESSENCE: Research has established that there are 7 years of warning, from age 7 to 14, before things become chronic (e.g., violent offending, debilitating mental health issues). Our priority is to provide evidence-based early detection and intervention services to help support children with serious disruptive behaviours and their families gain important self-regulation and problem-solving skills.

We do this by working with the individual child, family, teacher and community using a trauma-informed cognitive-behavioural lens. Core service components include structured/manualized children's and parent concurrent groups with other services delivered based on level of risk and need. These include: individual child and family counselling sessions, teacher consultations, connecting children to mentors/community activities, parents to community resources and supports and continued engagement throughout. As a result, SNAP children and families are able to:

- Better understand their emotions and impulses
- Stop and think before they act out
- Increase self-control including emotion regulation and problem-solving skills
- Make better choices in the moment
- Use effective behaviour management strategies

Publications:

- Augimeri, L. K., Walsh, M., Donato, A., Blackman, A., & Piquero, A. R. (2017). *SNAP (Stop Now And Plan): Helping children improve their self-control and externalizing behavior problems*. Special Issue - Advances in Research on Self-Control, Journal of Criminal Justice. [Printed online, November 2017, DOI: 10.1016/j.jcrimjus.2017.08.010]
- Augimeri, L. K., Walsh, M., Enebrink, P., Jiang, D., Blackman, A., & Kanter, D. (2017). *Gender-specific childhood risk assessment tools: Early Assessment Risk Lists for Boys (EARL-20B) and Girls (EARL-21G)*. In R. K. Otto & K. S. Douglas (Eds.), *Handbook of violence risk assessment*, 2nd edition. Oxford, UK: Routledge, Taylor & Francis.
- Augimeri, L.K., Pepler, D., Walsh, M., & Kivlenieks, M. (2017). *Addressing Children's Disruptive Behavior Problems: A Thirty-Year Journey with SNAP (Stop Now And Plan)*. In P. Sturmey (Ed.), *Handbook of Violence and Aggression, Volume 2: Assessment, Prevention, and Treatment of Individuals*. U.S.: Wiley-Blackwell.



Facilitated 13 presentations
reaching more than

1,700 People

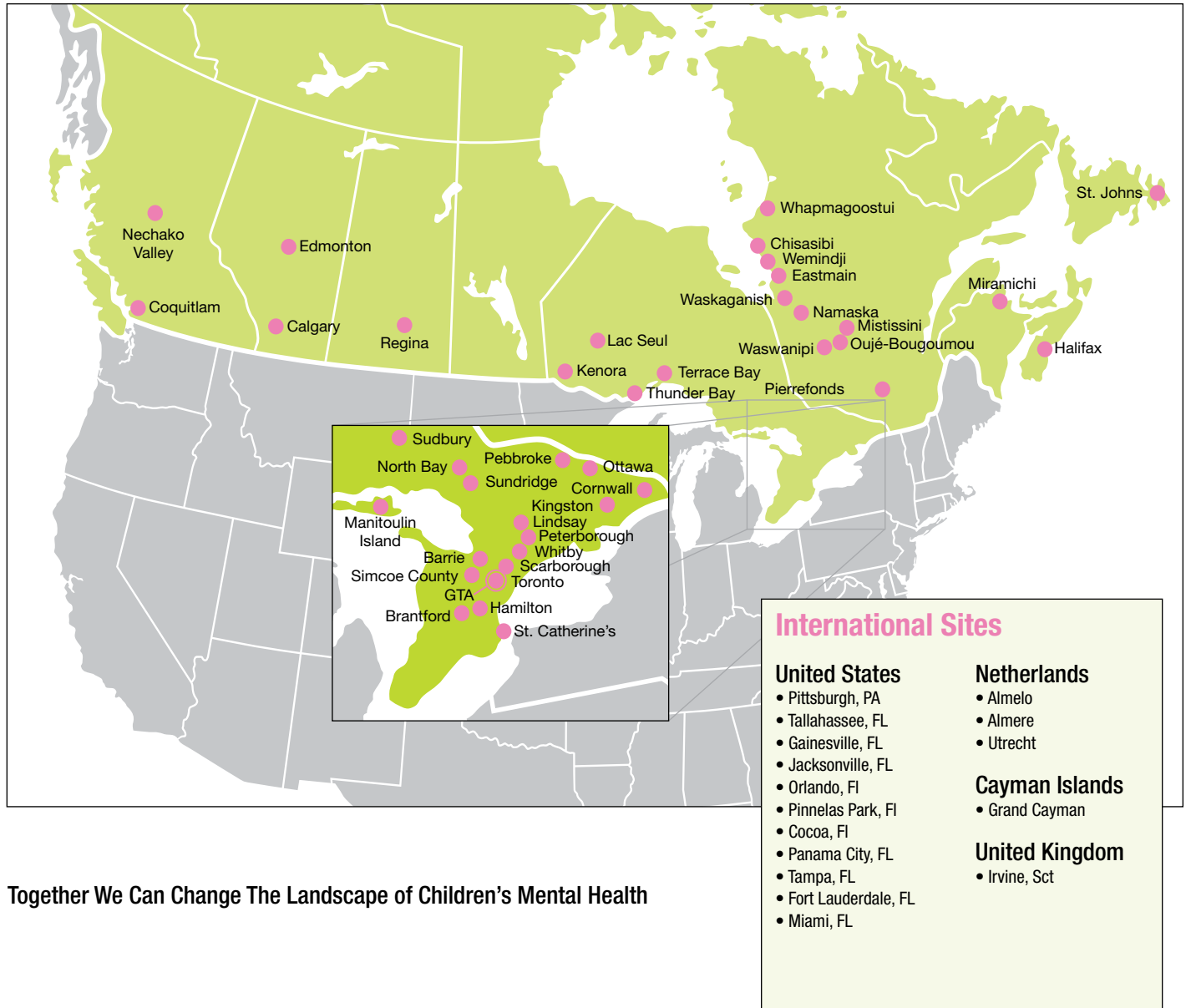
trained more than

465 Professionals

and engaged over

40 Communities

Locations that SNAP has been implemented to-date on a National and International scale



Together We Can Change The Landscape of Children's Mental Health

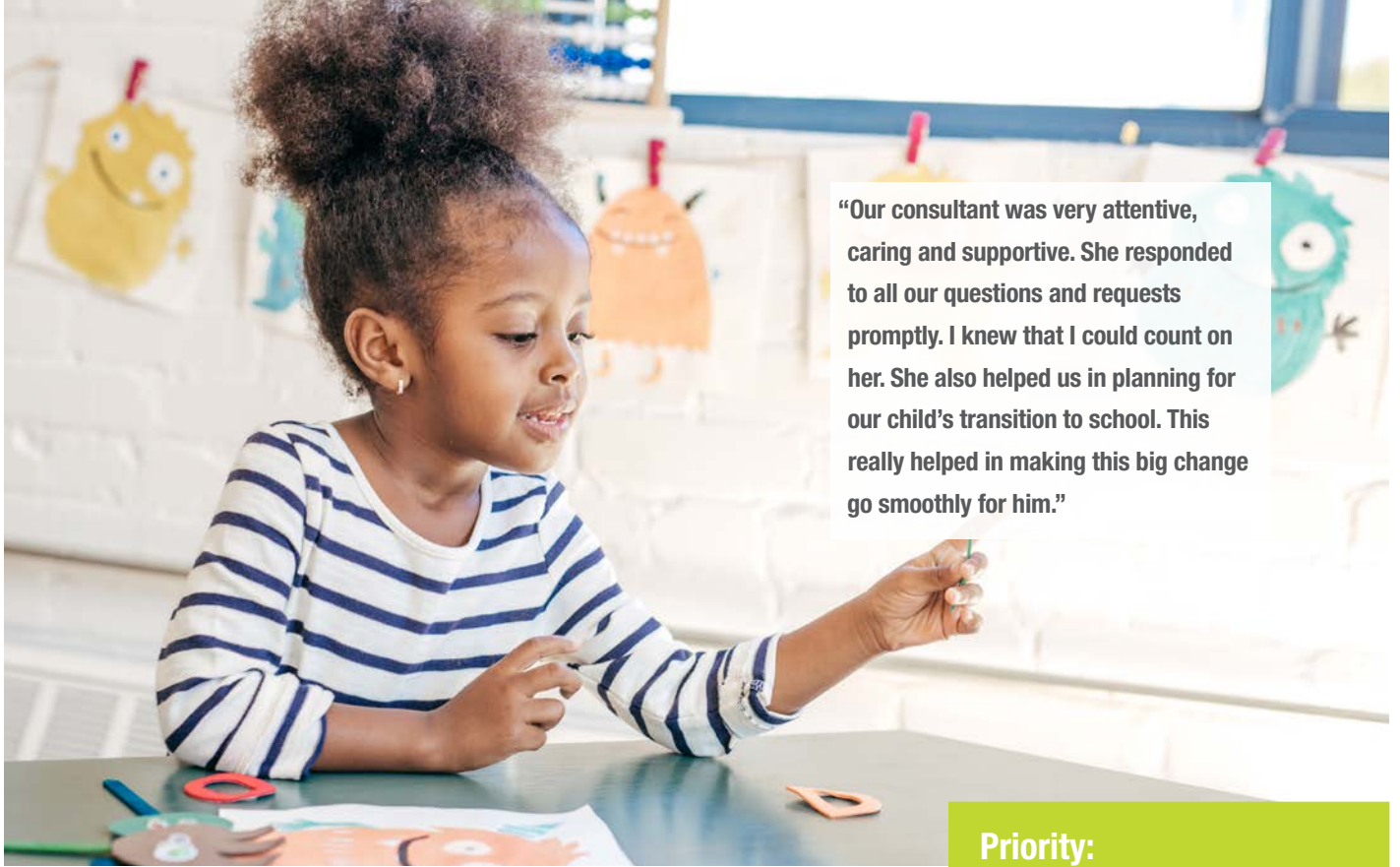


We are extremely
Excited to
 deepen our learning and expand
 our impact and our reach

“Anything that’s human is mentionable, and anything that is mentionable can be more manageable. When we can talk about our feelings, they become less overwhelming, less upsetting, and less scary. The people we trust with that important talk can help us know that we are not alone.”

— Fred Rogers





“Our consultant was very attentive, caring and supportive. She responded to all our questions and requests promptly. I knew that I could count on her. She also helped us in planning for our child’s transition to school. This really helped in making this big change go smoothly for him.”

Priority:
Ensuring consistent, high-quality service and a smooth transition process to the new service guidelines, forms and online data entry system.

Child Care Consultation Services

CDI’s Child Care Consultation services provide support for staff caring for children under the age of 12 who have extra support needs and are attending a licensed childcare program. In supporting these children, child care consultants collaborate with child care staff and parents to identify the child’s strengths and needs and develop individualized plans and strategies to support the child’s optimal development and participation within the centre.

Accomplishments in the Past Year:

- Successful in application for funding for additional positions. CDI now has three more Child Care Consultants – this was a significant growth. The team has now grown from 9 to 12 Child Care Consultants.



The team has now grown from
9 to 12
Child Care Consultants.

Expanding Our Reach through – A parent stated - “The service was above expectations in all domains. We appreciate the professionalism, attention, patience and calm that our Child Care Consultant brought to the work. It was so reassuring to feel that my baby’s needs were being closely monitored, a plan was in place and that the child care staff were aware of how to intervene to help our child. It made all the difference to us!”

“Our Child Care Consultant was very knowledgeable with many years experience. She listens and empathizes well. She really understands what is going on and offers meaningful suggestions. This support helped my son have a more positive experience in childcare.”

Family and Community Counselling Program

The Family and Community Counselling team provides counselling services for families with children from birth to six years old. Counselling is available for parents concerned about their relationship with their child and/or have children who are exhibiting social, emotional and behavioural or adjustment difficulties.

Accomplishments in the Past Year:

Program Manager, Cynthia Alutis, was a member of the 0-6 working group for Moving on Mental Health (Toronto) and contributed to the report with recommendations for this age group to lead agency East Metro Youth Service (EMYS).

Priority:

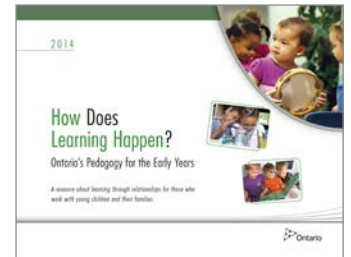
Maintain high quality, responsive service that respects each child and family's particular strengths and needs. Also, collaborate with our Research team in updating our Program Logic model which articulates program objectives and interventions.

Jenny had been struggling with her six-year old son's behaviour since he was two and a half. Taking attachment parenting classes and reading multiple books on setting boundaries and positive reinforcement were not helping. After waiting for a Clinician, Jenny was connected with one through the Family and Community Counselling program at CDI. Her Clinician provided Jenny with valuable insights, emotional support, and an intensive level of counselling to assist the family with the significant challenges they were experiencing. The Clinician was also instrumental in helping her identify and transition to another program for her son and family, when needed. Today, Jenny and her son are still participating in services at CDI and are reporting many positive changes. School and their home life have improved.



Healthy Child Development Program

CDI's Healthy Child Development programs provide a safe, nurturing, learning environment where children thrive and families are welcome. We value diversity, equity and inclusion and see this an asset that enrich our children's learning experiences. Our early childhood teachers are knowledgeable about child development and use 'How Does Learning Happen,' Ontario Pedagogy for the Early Years, to guide and support children's different learning styles.



Parkdale-High Park Ontario Early Years Centre (CFC) is a free-of-charge program for parents and caregivers with preschool age children. EarlyON CFC programs are designed and delivered to meet the unique needs of parents, caregivers and children to support their developmental health and well-being.

Core services include:

- **Engaging parents and caregivers** by offering programs to enhance parent and caregiver well-being, enrich adult child interaction and support them in their role(s).
- **Supporting early learning and development** and
- **Making community services connections for families** that support families' abilities to raise healthy children.

Accomplishment in the Past Year:

Over the past year, the relationships with parents and families have strengthened. The early learning team has worked to establish, maintain and build these positive relationships with parents and families. There is a heightened awareness

of the clients and communities we serve in terms of diversity, demographical differences and the geographic location(s) of our centres. We pay close attention to the intersection of these aspects and customize our approach to each centre, child and family.



We have begun training on using a parent communication software named HiMama. This will provide the opportunity to communicate with parents regarding their children's daily experiences, and also assist the teachers with program planning.

Expanding Our Reach through supporting the curriculum to ensure the quality of the programming. This

includes positioning the pedagogical leader as the person who will be working for program development and implementation. We will draw on the expertise of this professional who will be focussed on enhancing the quality of the program for kids and families. Strengthening and adapting the program at the centres will ensure professional development and continuous learning are priorities, which will provide CDI clinical research partnership opportunities in early development. In our Early Learning Centres we are working to maximize child development and family support. We are hiring a new position — a Pedagogical Leader — who will provide training and support for our early childhood educators to support curriculum and best practice. In addition, we are implementing the HiMama program, which is software intended to support educators in planning and documentation, and also provides better parent engagement through daily knowledge of a child's progress.

Priority

The best care and child development that we can provide and a meaningful partnership with parents. Continue to draw public focus to the importance of this service and the importance of quality.

From Natasha Moledina, Registered Early Childhood Educator:

As an Early Childhood Educator I witness the benefits of our Early Learning Centre's programs on a regular basis. Many people question the importance of quality childcare and the roles we play in children's lives. In a nutshell, children are spending a lot of their day in our care. It is crucial to have staff that is caring, nurturing, sensitive, flexible and most of all, support not only the children, but the families that are in our care. We work extremely hard to ensure that the children are safe and are given the appropriate opportunities and stimuli to reach their full potential.

Through play and exploration, children are able to learn and experience the world in a safe environment that is nurturing all areas of development. In the early years of a child's life, building up their social and emotional well-being is a primary goal. We, as Educators, help provide children with the tools to deal with various situations in life and become critical thinkers with problem-solving skills. Children learn how to interact and negotiate with their peers. They learn to express their ideas, cultures and values, but also listen to others with an open mind and heart. Quality care helps children continue their future educational experiences in a positive light, reducing stress and anxiety when faced with challenges. Children learn structure and self-help skills, allowing them to be independent. Being exposed to various people allows them to become accepting and empathetic towards people we may cross in our communities.

During my time at Fraser Mustard Early Learning Centre, I have seen many children excel beyond their parents' expectations. Families have been forever grateful for the work we do with their children. There was a family who immigrated here not too long ago. They had multiple children with various special needs. They encountered many difficulties manoeuvring the system to get the supports they needed. In a brief conversation with the dad, I was moved to tears. He expressed how much our centre helped change his family's life. The children were now eating well, sleeping well, listening to the parents and developing the necessary skills they needed to have a successful life. He went on to explain that the consistency and routines, along with the supportive staff, who were always working closely together, is the reason why he and his wife have a part of their life back. It gave them faith and hope for a better future for their children. This is exactly why we do what we do!



Start Right Social Skills (SRSS)

Start Right Social Skills is an early intervention program for children in kindergarten who are having difficulty adjusting to the everyday demands of their regular classroom. The program is offered in partnership with the Toronto District School Board and Toronto Catholic District School Board and is available in over 20 schools across Toronto. The program is supported by the Ministry of Children and Youth Services and United Way Toronto “Success by 6” funding. The 10-week program provides special “play and learn” sessions during school hours in groups of three to five children.

Accomplishments in the Past Year:

- Delivered the Start Right Social Skills (SRSS) groups in 24 Toronto schools. During this school year we offered 48 groups. The program was offered to junior and senior kindergarten students for 10 weeks. Some grade one students were also enrolled in the program, if deemed necessary due to the child’s developmental level.
- Children showed demonstrated improvements on their communications, cooperation, assertion, responsibility, empathy, engagement, self-control and overall social skills.

Expanding Our Reach by working with high-priority model schools, we are providing families from lower economic backgrounds an opportunity to build a strong foundation for the future. The children attending these schools are predominately from families in a lower socio-economic bracket, a large number are immigrants new to Canada, who have a lower level of employment and, in many cases, a lower education level. We will begin looking at ways to broaden this program by addressing the growing school waitlist, who is requesting this SRSS program for the kindergarten students, who is struggling to adapt to the expectations of school and academic learning. By directly targeting

foundational skills in social competence and self-regulation, the SRSS enhances readiness for school success, which in turn is associated with positive longer-term outcomes, including staying in school.

One little girl attended the SRSS group at her new school. She was enrolled in the French immersion program and her teacher reported that she did not speak a word, in either French or English, at school. After a few sessions in the small group setting, she began using words, though few, to respond to questions. By about the fifth group session, she was able to initiate conversation and even share a bit about her home and family in the group. She developed confidence and comfort in the group, and could begin to approach peers for play. She completed the group in the fall winter term and then due to family circumstances, had to move away. Her family then reached out to our agency for more services and is currently being seen within CDI. It seems that her experiences in the SRSS was seen as a positive experience, which allowed the family to continue to seek support.

Priority:

Our plan is to continue to offer the SRSS program in the community schools, especially the model schools in high needs area. We are planning to work with our current SRSS manual and continue the development of this tool.

Currently, the program is wait listed for 65 schools but the long-term goal is to one day reach all 600 schools in Toronto.



A kindergarten teacher referred one student to the Start Right Social Skills (SRSS) 10-week program. This student immigrated to Canada with her parents as a young toddler. The family lives in a neighbourhood where many immigrants reside.

This student was anxious in the classroom, often refusing to participate. It was difficult for her to make eye contact; she was inhibited to make friends and was almost non-verbal, resulting in academic issues. While attending the group with four of her peers, she was a quiet participant but came to group happily. As the weeks progressed and topics such as feelings and making friends were discussed by mid-cycle (week 5), she was participating in all the activities and started to share stories about herself. At week 7, this student made significant gains and showed signs of great success for her future. She had made a friend and was completely engaged in play. The teacher observed ongoing conversation and visible pleasure to have a friend and be learning in class. Once this student began to feel more confident, the teacher continued to report that the SRSS program had been a significant program in the life of her young student. This developed confidence has allowed her to “blossom” and “grow her wings” in the class and the entire school environment. She is currently following the routines in the class and choosing activities freely, on her own, with little support from the classroom teacher.



Integra Program

CDI is an accredited children's mental health agency specializing in evidence-informed, therapeutic programs and services to children, youth and their families who are dealing with mental health issues complicated by learning disabilities (LDMH). Integra Program provides a range of family-centred, evidence-informed, direct clinical services to children and youth ages 8 to 18. One of the innovative programs offered is:

Mindfulness Martial Arts (MMA)

Integra Mindfulness Martial Arts™ (Integra MMA™) is a manualized group treatment program designed to address the attention, inhibition, and self-regulation difficulties experienced by youth ages 12-18 with learning disabilities and mental health challenges in a health-promoting and non-stigmatizing environment. It has been successfully replicated outside of Toronto and has over a decade of research outcomes to support its efficacy.

The program incorporates mindfulness meditation instruction and practice with yoga, cognitive behavioural therapy (CBT) and martial arts. Sessions are centred on various forms of mindful meditation and the central concepts emphasized during sessions include being non-judgemental, being accepting, non-striving, being aware and learning to let go. Yoga and martial arts are also integrated into the therapeutic components to provide an opportunity to practice coping with a physical and

mental challenge. This includes practising control, self-monitoring, non-judgement, softening into discomfort, and self-talk.

The clinical team for MMA has also developed a beginners MMA program with a single gender focus (girls and boys), an advanced co-ed class, a role model program with girls who have achieved a high level in the program, and a yoga-only program (non-combative alternative).

Accomplishments in the Past Year

Dr. Karen Milligan at Ryerson University has partnered with MMA and demonstrated through her research that MMA improves focus and self-regulation, decreases anxiety, and results in brain-based changes.

In addition to the recent positive results published in partnership with Dr. Karen Milligan, MMA and another one of Integra's martial arts programs (Young Warriors) received a \$50K grant from the Ontario Centre of Excellence for Child and Youth Mental Health allowing both programs to pilot expansion to a school board and mental health partners in the Trillium Lakes District.

For Children and
Youth Ages 8 to 18



Priority:

Continuing to engage in rigorous research in partnership with academic partners to help better understand the processes and impacts of MMA.

Focussing on capacity building that will support both ongoing in-house clinical excellence and refine the process of program implementation in our pilot sites.



Interview with Jackson Saran

“When I think of martial arts I think of gentle arts. An analogy that is frequently used by the grand masters is that the practice is similar to ‘folding laundry.’ It is very disciplinary and allows me to channel my emotions properly — MMA teaches me to be humble and throw away my ego at all times. I’ve learned how to apply the knowledge I’ve gained from the program to real-life situations.”

Starting in the program

An elementary school teacher recommended the Integra program for me. At the time, I was prone to getting angry and frustrated very quickly and the teacher thought this program would help me, so she suggested it to my parents. I started the Integra social group program when I was in grade 6. I was 11 years old when I started and transitioned to the MMA program one year after. I have been consistently pursuing the MMA program ever since — for the past five or six years now.

I have made a lot of friends in the program and it has improved my social skills dramatically. The MMA program has also taught me coping skills by teaching me how to be comfortable during uncomfortable situations. It has improved my self-esteem greatly, allowing me to be more outgoing in social settings. Not to mention, martial arts has taught me how to respond to physically, emotionally and mentally stressful moments. I have developed a lot of trust and rapport with my instructors and seek counsel/guidance when needed. We have a very positive relationship.

Self-improvement

I’ve noticed a huge improvement in my overall athleticism, first and foremost. I wasn’t ever an athletic child but after joining the MMA program, I have developed new physical strength, which shows in my fitness abilities. The meditation aspect has also helped me with my concentration and has given me the focus and clarity I needed.

I used to be very a sensitive child and would get picked on by others because of this. I would frequently get angry and frustrated as a result. Now when I get stressed out I revisit my practice and the lessons that I have been taught, which calms me down immediately. I feel like I’ve overcome those emotional obstacles altogether after being in MMA.

Greatest accomplishment

Getting my black belt in June of 2017. It took me years of practice to achieve this goal. The black belt test is meant to test my combined mindfulness and physical capabilities. The test is usually in front of the entire class and tests how I can combine my skills, respond in the moment and react to get out of uncomfortable situations/poses.

The future

I am currently completing my last year of high school. I plan to take firefighting in college, which is the profession my father and grandfather both pursued. More than the monetary and financial gains, the reason why I am choosing firefighting is because I want to contribute to the greater good of society. Mindfulness has helped me preview my job as a firefighter realistically. I believe it has prepared me for the challenges that will come on the job and understand how to cope during those times. I feel confident that I can apply my teachings to my future profession.

Young Warriors™ (YW)

The Integra Young Warriors™ program is a manualized group program for children ages 9 to 11 with Learning Disabilities (LDs) and co-occurring mental health challenges such as anxiety, attention-deficit/hyperactivity disorder (ADHD), and autism spectrum disorders.

Integra YW integrates martial arts (Aikido), mindfulness practice, and evidence-informed therapeutic practices (CBT, DBT, and drama therapy) within a “dojo” milieu to foster improvements in self-regulation. Mindfulness helps children to become aware of their

distress and remain present with difficult emotions instead of demonstrating avoidance. Martial arts and elements of drama therapy help children to engage and practice skills in a concrete and developmentally adapted context.



int-gra Young Warriors
POWERED BY CHILD DEVELOPMENT INSTITUTE

For Children Ages 9 to 11



“I found my son really grew in the area of relationships and situations beyond his control. This course was extremely helpful in how we relate and communicate and especially in helping us to learn to listen to him.”

Accomplishments in the Past Year

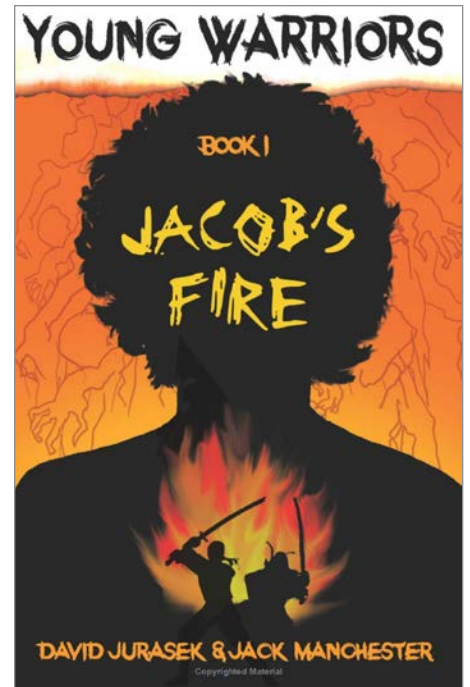


Pilot Implementation of Integra Young Warriors™ within the Trillium Lakelands District School Board (TLDSB) continued into its second year for 2017/18. Led and coordinated by the TLDSB, this pilot implementation represents a collaborative partnership between five community mental health agencies and the school board to provide innovative mental health programming for at-risk students. The project includes training and certification in Integra Young Warriors™; completion of the 20-week program with students in grades four to six; and outcome evaluation. Twenty-five new “sensei” instructors have been trained and 14 groups are being offered in 13 TLDSB schools. Together with another one of CDI’s martial arts programs (Mindfulness Martial Arts), we received a \$50K grant from the Ontario Centre of Excellence for Child & Youth Mental Health, allowing both pilot programs to expand.



A Young Warriors™ Program implementation pilot has begun in a Cree Nation elementary school in Mistissini, Quebec, in collaboration with the Cree justice department.

A young adult novel that is companion to the Integra Young Warriors™ Program was published in January 2018 to deepen empathy and compassion around LD, Mental Health, and bullying in schools. The novel is available at www.amazon.com/YOUNG-WARRIORS-Jacobs-Fire-1/dp/1775214818/



Priority:

Continue to engage in rigorous research in partnership with academic partners to help better understand the processes and impacts of the Young Warriors™ Program.

Focussing on capacity building that will support both ongoing in-house clinical excellence and refine the process of program implementation in our pilot sites.

Family Violence Services (FVS)

CDI provides programs to help women and children who have experienced family violence or other trauma. We also help children, youth and families who have been affected by childhood sexual abuse.

Studies have shown that exposure to violence can negatively affect children's brain development, their ability to learn, their social development, and can lead to a wide range of behavioural and emotional issues such as anxiety, aggression, bullying and phobias, to name a few. Children and youth who have been exposed and impacted by family violence

are also at an increased risk of repeating cycles of trauma and abuse in their own lives.

CDI is one of the few agencies in Toronto delivering children's mental health services specifically focused on supporting children exposed to family violence. Our programs offer critical parenting support to women

who experience domestic violence while simultaneously attending to the developmental and psycho-social needs of exposed children. Our comprehensive service delivery model includes programming that supports families at every stage of healing post-abuse, through our group service, counselling and shelter streams.

Mothers in Mind (MIM)

Mothers in Mind (MIM) is a trauma-informed, therapeutic mother-child group program designed to meet the needs of mothers who have experienced interpersonal trauma and are parenting children under the age of four.

Mothers in Mind is distinctive in its structure as it blends mother-child therapeutic work and places it within a group context. Essentially, mothers and their children get the best of both worlds: time and attention for the unique needs and challenges of their specific mother-child relationship, while at the same time gaining support and building connections with others related to the shared experience of parenting through and after abuse.

MIM was developed at CDI in response to a recognized gap in service for infants and toddlers whose mothers have experienced trauma and abuse and over the past six years has grown to include an affiliate program with sites in Ontario, Quebec and Australia.

FVS Accomplishments in the Past Year

- In partnership with the Children's Aid Society of Toronto (CAST), MIM has been embedded as a service within CAST to ensure that MIM is reaching infants and toddlers whose mothers are working towards managing significant complexities between experiences of trauma,

parenting and ongoing child welfare involvement.

- Here to Help has taken on a trauma-informed framework and is currently enhancing the program through the integration of mindfulness and expressive arts.
- CASAT (Child and Adolescent Services for Abuse and Trauma) in partnership with BOOST, piloted a music therapy program for children six and under and their parents to support self-regulation and strengthen parent-child communication and connection through music.



A recent study revealed that on any given night in Canada,
3,491 women
and their
2,724 children
sleep in shelters to escape abuse.

48% of these mothers
reported they were protecting their children from witnessing or from being directly harmed by the abuse.

Interview with Alison Robinette: Child and Family Clinician in the Family Violence Program, 15 years at CDI, FVS is partnered with 8 Violence Against Women (VAW) shelters in Toronto.

My most triumphant achievement/success

I have worked with many families over the years that have come out of some of the most violent home situations. It is so rewarding to witness the strength and resilience that exists in both the children and their mothers. This strength and resilience is what keeps them pushing forward despite the challenges along the way. I feel lucky to be able to be a part of their support network even if it's for a limited time. I've had several families call me years after they have moved out of the shelter to update and to thank me for the support that I provided at such a critical time of their lives.

Biggest accomplishment of FVS team/program last year

FVS offers so many amazing trauma-informed programs that help moms and kids who have experienced domestic violence. There are huge accomplishments every day that come out of each FVS program so it's hard to name just one.

Social values that CDI and FVS bring to women and mothers affected by trauma

Some of the social values include: recognizing strength and resilience through adversity, human dignity, acceptance, diversity, advocacy, social justice, collaboration, focusing on the healing of family relationships following the experience of violence and trauma, working towards ensuring safety in the shelter and the community, supporting positive change.

The impact that the Shelter Program makes on the lives of clients

The Shelter Program provides woman and children living in VAW shelters with the opportunity to receive supportive trauma-informed counselling around their thoughts, feelings, and experiences related to women and child abuse, often for

the first time since leaving the abusive environment. This counselling can include building on positive parenting strategies after violence, helping mothers understand the impact of the abuse, building on positive coping strategies, brief trauma counselling,

advocating for safety for both mothers and their children, and collaboration with the shelter, CAS/CCAS, lawyers, and any other agencies involved in order to meet the families' needs in the best way possible. I also provide psychoeducational workshops at the shelters for the mothers around the challenges of parenting after violence and how they can better support their children around this.



Response of children and youth to the Shelter Program

The response has been very positive over the many years. Children and youth have discussed feeling relieved to talk about their experiences at home and the impact this has had on them. Quite often, mothers feel triggered by their children's questions or comments about the violence, thus it can be very helpful for these children to have another safe person to talk to. Mothers have reported that their children have benefited from learning coping strategies to deal with their feelings. Mothers have also reported that parent/child work has helped foster a closer relationship between them and their children.



According to the Canadian Women's Foundation:

- Approximately every six days a woman is killed in Canada by her intimate partner;
- Children who witness violence in the home have twice the rate of psychiatric disorders as children from non-violent homes.

Priority

Building on families' existing strengths and resilience, FVS' overarching goals are to help families heal from the impact of abuse and trauma, and strengthen mother-child relationships through enhancing a mother's responsiveness to her children in an effort to break the cycle of violence.



Expanding Our Reach Beyond 2018

Last year, CDI introduced a new department — one that will constructively measure and predict the impact our programs and services make on the families and children in our care. The Department of Research, Evaluation and Quality will play a central role in boosting the organization’s capacity to use data in ways that actually transform clinical innovations into evidence-informed practices. Through partnerships with top academics, access to increasingly sophisticated technology, and a commitment to ongoing measurement and learning, the department is positioned to create an understanding about how CDI’s programs lead to improved mental health for children and to generate knowledge about creative and effective models for increasing the impact of these programs. CDI continues to touch the lives of so many families — almost 3,000 in 2017-2018 alone — and we are extremely excited to be increasingly able to harness the power of data to deepen our learning and expand our impact and our reach.



Financials

Child Development Institute Statement Of Operations: Year ended March 31, 2018

	Operating Fund	Special Fund	Capital Fund	2018 Total	2017 Total
Revenue					
Government grants	\$12,702,649	-	-	\$12,702,649	\$11,100,600
Childcare	5,303,308	-	-	5,303,308	5,446,185
Earned Income	908,747	-	-	908,747	1,260,287
Donations from CDI Foundation	241,334	-	-	241,334	898,190
United Way	389,145	-	-	389,145	389,137
Donations and other	840,582	3,315	6,180	850,077	371,131
	20,385,765	3,315	6,180	20,395,260	19,465,530
Expenses					
Salaries	13,786,454	-	-	13,786,454	13,293,338
Program	2,233,720	-	-	2,233,720	2,063,169
Employee benefits	2,018,183	-	-	2,018,183	1,975,252
Building occupancy	1,170,172	-	-	1,170,172	1,152,354
Administration	621,793	-	-	621,793	635,955
Staff training & travel	391,773	-	-	391,773	253,672
Amortization	11,600	-	12,180	23,780	23,780
	20,233,695	-	12,180	20,245,875	19,397,520
Excess (deficiency) of revenue over expenses for the year	\$152,070	\$3,315	\$(6,000)	\$149,385	\$68,010

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Expanding Our Reach

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Thank You





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197 Euclid Avenue
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T: 416-603-1827
E: info@childdevelop.ca
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