



**Durham Children's Aid Society  
Building Bridges for the Success of our Children and Youth  
Second Community Round Table  
April 14, 2016**

**Question and Answer Period**

The information shown below is not a verbatim account, but rather a summary of the questions and answers. Questions were directed to the Society's Executive Director, Wanda Secord, who responded directly or called upon other staff members to respond. The names of community members, families/youth involved with the Society, and some staff have been removed to protect confidentiality.

*Moderator:* Akilah Haneef-Jabari, Community Member serving on Building Bridges Working Group.

**Question: What is DCAS doing to provide de-briefing or any sort of de-escalation scales for their teammates? What is DCAS doing to support their teammates?**

- **(Wanda Secord)** I was trying to demonstrate how we are integrating our AO practice work as we ensure we are embracing and supporting that work. Our Anti-Oppressive expert is our leader in this initiative, but over the years our Leadership/Management team and our staff have embraced anti-oppressive work and through our committee structure we are supporting our staff.
- **(Community member)** It's the same answer I got in November. I wasn't there, but this was available online. But I know that CAS has its structure, I know there are community partners especially in Durham region that provide the structure to support the people on the ground doing the work.
- **(Respondent: DCAS staff)** I am the Training Supervisor at the agency and I have come from 15 years of front line work. And as you saw with our AOP committee structure we have our Mental Health subcommittee. We have been trying to help reduce stigma in the workplace. It's a slow process trying to build a community/environment where we can have people speak about their own mental health. We are integrating different models and research to promote psychological health and safety in the workplace. I feel we have the full support of management. It is always reinforced that we have EAP/Peer support.

**Question: It was mentioned earlier that the AOP staff is on medical leave. This is a very important role. In her absence, how does this work?**

- **(Wanda Secord)** Some of the Chairs of the Anti-Oppressive Practice Committees are here tonight. They provide support around issues and have been working on this during the last few years including supporting staff. We are all responsible for embracing and learning AO practice.

- **(Community member)** Is there a team of individuals trained to deal with it? If the AOPIL is away, does the team know how to operate? What is the timeframe for her return?
- **(Respondent: DCAS staff)** The Anti-Oppressive Practice Integration Leader helps marshal the work but this work does not solely rest with that position. The committee work continues and we have our AO Roadmap that charts our process of integration and is based on an external AO needs assessment. We have identified the work we are looking to accomplish in the coming year and it will continue. We need to rely on external help sometimes regarding consultations and referrals for specific services.

**Question: Has DCAS implemented all of the recommendations which came as a result of the inquest into the death of a Black youth?**

- **(Respondent: DCAS staff)** I am the Director of Residential Services. I was at the youth's funeral and it was a terrible tragedy. He was murdered and the person was charged. There was no inquest.
- **(Community member)** Were all the recommendations implemented?
- **(DCAS staff)** I can't speak for all of them, I know we did talk about it on the diversity committee. I do know there were 1 or 2 referred to the diversity committee for discussion and we did work on those.
- **(Moderator)** Can we look at what were the recommendations that came out of the file review and what is outstanding that needs to be implemented?
- **(Wanda Secord)** We will commit to going back and reviewing.
- **(Moderator)** That's going to be a number 1 agenda item for homework.

**Question: There is a disproportional representation of Blacks in the room, does it mean equivalency of the lack of concern by others not in the room? I would have thought more DCAS would be here in mass to hear the community, there is sparse attendance.**

- **(Community member)** I don't think that's a fair assessment, this is our issue, we need to take it seriously. I wouldn't see it as a lack of their concern.
- **(Moderator)** One feedback piece received from the initial meeting in November was there was low attendance of white DCAS staff who are responding to community concerns. If we are responding to the concerns that the community raised I think that it should have been responded to by attendance this time.
- **(Community member)** I think that it is an issue about the decision makers in DCAS and the decision makers and people of leadership are here tonight. So you have the CEO, the chair of the board, board members, leadership - they are the ones at the end of the day that have to put that into practice and they are here in critical mass and that's important. I think that is something to be proud of. They are the decision makers.
- **(Community member)** If the community perceives that there is a lack of interest among those who are in a position of authority. To see a handful of people around here and the majority of us here expressing concerns about what's happening, I think it would have been a better imagery to see more people to say 'this is a problem of concern to the community, and we are all a part of it, let's see how we can take in their concern and address it'.
- **(DCAS staff responded)** We are here
- **(Community member)** My concern is as we move forward with this is that the AO representation does not reflect the community. Instead of apprehending our children, what

work is being done within the family unit as is being recommended when we meet with the Indigenous community and their children? We are stolen people, so when they come in and take our children, it feels as if they are being stolen also. Until we address the issue on how all the CAS's choose to work with our children, we are going to consistently come to these meetings, as a bunch of Black people sit down and talk amongst ourselves with very few people in the room that can actually address the issues and concerns. The only way we are going to deal with anti-oppression work and/or diversity or Black racist work is when we address our own biases, prejudices and stereotyping that exist. Are we looking at culture? That hasn't been addressed at all. Within the Black community there is an ecliptic view of who you are based on where you come from. What is DCAS attempting to do to resolve this problem?

- **(Respondent Dawn Walcott Parris, DCAS staff)** DCAS, and all CAS's, have in recent years experienced a real shift in the way we are trying to work with families. There is no doubt that CAS work is difficult, it is work fraught with power and we know that. We have made a real attempt to shift since changes in the standards in 2007, to move away from a power base. In June 2016 standards are changing again to have more opportunities to engage, and new ways to engage families vs. a very legislated type of response, for example Signs of Safety (SOS) and differential response. SOS encourages more engagement with families, less policing, more listening and understanding, asking what supports are available to address the issues at hand. CAS's are trying to move away from having all answers to turning to families and saying 'what do you want to do about this?'. We have engaged with ACLC Child Welfare Intervention Services. The idea is to have available to us professional services that are afro-centric focused to help address specific needs of the community to achieve positive outcomes. This is the direction we are moving in, and there are numerous steps to be taken. In addition, we will continue with our movement using SOS, giving staff tools to help listen, engage and involve family networks for solutions.

**Question: What is the structure and number of people that sit on the committee? Will we be in a position to have clear visibility of who is accountable and what are the rules and responsibilities of the committee? The second aspect is you said there is a multilayer plan – most multilayer plans have milestones. What are the milestones and are they are occurring at the right time?**

- **(Moderator)** Is it fair to say that this something that should be placed on the Building Bridges website?
- **(Wanda Secord)** You are quite right, we have multifaceted work plans for AO that are marked out in years and we have many accomplishments. I just showed some of them in that presentation. We have made priority selections based on a number of things including the feedback from the community for one. I will consider your comment about having updates at future meetings or putting it up on the Building Bridges website.

**Question: In terms of culture, what kinds of cultural services are in place for our young Black youth in the system? Are there sensitivity/cultural services? Are there appropriate cultural services in place for them?**

- **(Dawn Walcott Parris)** The AO committee structure has Collective Hands; the prime focus is around culturally specific services for Black youth in the system. The Chair of Collective Hands is here. The committee is doing a tremendous amount of work regarding Black youth in care.
- **(Community member)** Dates and milestones were not fully addressed in the previous question; Is it every 6 months, 9 months, so when you say cultural services are in place, I would like specifics.
- **(DCAS staff: Chair of Collective Hands committee)** As staff we are making inroads regarding Black youth in care. We ascertain from youth what they feel they want and address gaps. We run a group program for Black youth in care that focuses on things such as skin care, hair care. Black professionals come in to discuss. We also have cooking programs (Caribbean, African food) to ensure Black youth are still in touch with diets that they are used to. There are trips (e.g. Buxton, underground railway), youth are educated on slavery. We have a main event in February for Black History Month for the youth. We have had someone in for spoken word. Shadism was discussed with the youth. We recognize Emancipation Day in August – booths are set up (i.e. Jamaican, Trinidad, etc.) for all youth in care to educate them on the differences, we include samples of food, and have quizzes to understand better the practices, different histories and different beliefs. AO is a journey and doesn't happen overnight.
- **(Community member)** Just to tack on to what (the staff member) said in regards to Collective Hands, I just want to affirm that I know (her) from working at DCAS and she is one of the best people to be in this role. In addition to affirming that, I want to say that I was the first Chair of the Collective Hands committee when it started. Dawn said that they are trying to move away from having all the answers. One of the things that we did is a needs assessment so that children spoke for themselves about what they needed. What I would like to ask is, is there not an opportunity for you to work in tandem with the community so that the voices of the children that we are trying to serve is actually represented.
- **(Dawn Walcott Parris)** Thank you for raising the question. This is an ongoing process. While it was done many years ago, we continue to do it. Voices are being heard and implemented, shaping work of the Collective Hands committee.
- **(Community member)** Why are we not implementing all the recommendations that came out of the needs assessment, not just some that we are comfortable with?
- **(Moderator)** This will be another homework piece to be noted. Follow up with that recommendation. Obviously it was an important piece of work that is valuable.

**Question: Dawn mentioned moving away from having all the answers, providing staff with tools. Wondering how are you going to prepare staff? Is AO training mandatory for all staff?**

- **(Wanda Secord)** Yes, AO is mandatory for all staff. The AO learning series is part of our structure. There is extensive training ongoing regarding the SOS model.
- **(Community member)** What about staff who are not supportive of journey? Are there consequences?
- **(Wanda Secord)** It is very important to be informed when an identified staff is not on board, and it is important to address it because it is our expectation that we all embrace it.

- **(Community member)** I am concerned that the AOPIL is not here and how it's going to continue in her absence. Is she supported in her role? If staff are not happy with the AOPIL, would they come to you to complain? How does she get support?
- **(Wanda Secord)** AO work is very difficult; the leadership team is supportive of the AOPIL, as are the subcommittees. If staff or a manager doesn't agree, a discussion has to happen.
- **(Community member)** In November, I raised the issue how do you support the AO framework, and found it highly problematic that she reports to the HR Director. How do you report to a white female?
- **(Moderator)** This is something to consider.

**Question: Question (from the sheet): What is DCAS's plan to provide services to the Afro-Canadian community in a manner that is holistic, comprehensive and utilizes the over 25 years of built expertise in the community?**

- **(Wanda Secord)** I think we have addressed some of these issues and Dawn has addressed many of the issues of how we are working in our new system of trying to be more involved and engaged with families. We are looking to them to help with the solutions. We rely on community service providers and will continue to do that. As Dawn spoke about the working relationship with the African Canadian Legal Clinic, we are looking forward to this coming to fruition and being able to have augmented services in this area.
- **(Community member)** We are a wide community with many years of expertise, over 25 years collectively. The problem with CAS's is that they have not addressed our needs with our children in a comprehensive, inclusive manner with the community that includes the effective use of all our services including Foster Care. You have not done comprehensive research with regards to what's in the community and to utilize it best for our children.
- **(Wanda Secord)** I think you have a valid point. We are working towards developing a resource list. If we have missed anyone or services we would want to know about that.
- **(Community member)** It's not about developing the resource list; it's about using the practices and framework that have demonstrated to be effective in reducing the disproportionality. Research has been demonstrated from the Child Welfare Institute, York University, and Ryerson University, but DCAS is not using those resources. We have many services that can manage the disproportionality in our community that Durham CAS is not utilizing. So my question is why?
- **(Wanda Secord)** I cannot answer that directly but if we don't know about these services for whatever reason, we definitely want to.

*Final questions were read, but there was not sufficient time to answer them. Questions and answers will be posted on the Building Bridges website.*

*Closing remarks from DCAS Board President*

Further Questions and Recommendations from Q&A Sessions and World Café

There were a number of questions submitted in writing which were not asked/answered due to time limitations. These questions with the corresponding answers are provided below. Questions are presented verbatim as originally written.

**Written Question #1:**

*When will this data collection commence? Milestones?*

**Answer:**

Durham CAS has developed a comprehensive Anti-Oppressive Practice Road Map. This Map is based on AO recommendations by an external AO consultant. The work plan for 2016/17 has identified three main priorities: a) internal and external data collection; b) staff training specific to demographic data collection, and; c) black community resource list development.

We are consistently working with staff to improve the data collection on the demographics of service users, and ensuring alignment with the new provincial Child Protection Information Network (CPIN). In addition, the Ontario Human Rights Commission has requested service user demographics from all CASs across the province. We will be working with other CASs and the Ontario Association of Children's Aid Societies on data collection in order to ensure that child welfare services across the province are moving forward on this in a consistent manner. We will be providing training to all staff to assist in ensuring accuracy and consistency of data collection. This work has already begun and we will continue to improve in this area.

Internally we have a wide range of staff-related demographics and statistical information that we wish to collect. Through a procurement process, an external company was retained in June of 2016 to facilitate our internal staff data collection. We anticipate this work will be completed by the end of the calendar year.

**Written Question #2:**

*Will we be able to go through a draft of the data to be collected?*

**Answer:**

Recently the Province announced a *Call to Action*; a sector-wide initiative that contains eight priority areas for collective change toward improved and culturally responsive child welfare services with renewed commitment for greater transparency between CASs and with the public. One of the priority areas is a commitment to common data reporting.

Work is currently underway to prioritize data collection provincially, and move forward with agreements on data sharing and analysis. Some of this data can already be found on our external website under "Performance Indicators". Although we are not able to provide any draft

or raw data, we can and will continue to commit to frequent Durham CAS specific data reporting.

We will also continue to provide regular updates to the community on stats related to our Black youth in-care population via our website, and ongoing community consultations.

**Written Question #3:**

*What is DCAS doing with children of war-torn Africa coming from refugee camps, etc.? They are being taken into care at faster rates than Black Canadian children and put into white homes.*

**Answer:**

This has not been our experience and our data review does not support this statement. However, when a child is brought into care, it is a priority to connect children with available supports depending on their needs, which may include cultural, behavioural and educational needs, as well as many other considerations. We also have staff available with considerable knowledge and experience working with children and families from Africa, when/if required.

**Written Question #4:**

*How will the DCAS increase transparency to the Board in the AO framework?*

**Answer:**

The Durham CAS Board of Directors are fully supportive of our AO work and have been a part of the journey since the very beginning. They have received AO training and continue to receive updates on AO progress and initiatives, as well as statistical reports on our youth in-care including race-based data.

Furthermore, the Board has participated in discussions on the new Community Advisory Committee (coming out of the Building Bridges consultations), which is in the early stages of development.

As we continue to roll out the AO Road Map, the Board will always be an integral part of our AO journey.

**Written Question #5:**

*What is the DCAS plan to provide services to the African community in a manner that is holistic, comprehensive and utilizes the over 25 years of built experience in the community?*

**Answer:**

Durham CAS is currently in the process of developing a formal partnership with the African Canadian Legal Clinic (ACLC) Child Welfare Intervention Services. The ACLC has an outstanding reputation and over 25 years' experience in championing African Canadian issues in the province and across Canada. This partnership will include the development of intervention services for African Canadian families in a responsive, holistic and comprehensive manner.

We are eagerly anticipating Ministry approval and are planning for implementation by the end of this fiscal year.

**Written Question #6:**

*Why has the DCAS not used the African owned and operated foster care services more effectively?*

**Answer:**

When a child or youth is brought into care, we first look to kin (family members) or kith (friends and other close relations) to provide temporary care. Every effort is made to keep children connected to their own communities and families are invited to participate in the planning for their children. When kin/kith services are not available or appropriate for the child's needs, the child may be placed in a foster home or group care. As we reported at the November 2015 consultation, 25% of all Durham CAS foster homes have a primary caregiver who is Black/Black mix. As such, in most situations we are able to utilize our own fostering resources to provide professional and culturally appropriate care. In addition, we have a group of Black staff who provide awareness on the needs of Black children, such as Black hair and skin care sessions, understanding of emotional/mental health issues, and opportunities for community connectedness and social/cultural exposure.

The primary focus is to match the needs of the child with the expertise and skills of the caregiver, including the availability of adequate programming. The needs of the child may be cultural, behavioural, educational, and/or developmental in nature. We are always interested in exploring what additional resources are available in our community that will help meet the needs of our children and youth, and provide the best care possible. We encourage the community to assist us in identifying culturally specific services, inclusive of those for the African Caribbean community.

**Written Question #7:**

*Who is grading the DCAS on the implementation of addressing disproportionality and anti-Black racism, and how will the Board be included in this process?*

**Answer:**

The agency has continually graded itself on how it is addressing disproportionality, while remaining transparent and accountable to the families we work with, the community, and the Board of Directors. Durham CAS has a significant role to play in addressing its own policies and practices, however the issue of over representation of any particular culture or ethnic group must also be the responsibility of the community and carried out in collaboration, not isolation.

As we reported at the November 2015 consultation, 13% of the children and youth in care identify as Black or Black mix. We will not know how this compares to the population of Durham Region until the 2016 census results are made public.

The Board has always been, and continue to be a part of the AO journey.

In addition, all of our internal policies have undergone an AO Equity Lens review. This is now a permanent part of policy review for us and as we progress in our awareness of AO, our policies will continue to reflect that.

**Written Statement:**

*Need to know what DCAS does well, what they need to improve upon, and what we are missing*

**Statement Response:**

As mentioned above, Durham CAS has developed a comprehensive Anti-Oppressive Practice Road Map. This Map is based on AO recommendations by an external AO consultant. The work plan for 2016/17 has identified three main priorities: a) internal and external data collection; b) staff training specific to demographic data collection, and; c) black community resource list development. Moving forward, the Map will indicate what has been accomplished and what is in progress, and will assist us in ensuring we are on track with our AO commitments.