CHILD & FAMILY SERVICES
2016 ANNUAL REPORT

ONE MISSION

abundant TRIUMPHS

“...to heal & strengthen the lives of children and families.”
Dear Friends:

Child & Family Services is diverse in programs and staff, and our geographic reach wide. We continue to need your support in order to provide the highest quality of care our clients deserve. More often than not our funding sources fall short of meeting our program expenses. Although we pride ourselves on making the dollars we have stretch and operate on a very lean budget, we must ask for the community’s help to continue our work to help those less fortunate.

Our Mission:
“…to heal and strengthen the lives of children and families.”

Our community report illustrates that, whether we are helping a family successfully parent a child with mental illness, matching a child with a positive role model, identifying a permanent family for a child in foster care, or assisting an adult through a debilitating emotional crisis, Child & Family Services’ commitment is to treat and serve all our clients with dignity and respect. Our 2016 fiscal year saw continued progress in improving the lives of children and families across the Commonwealth of Massachusetts.

We are very excited to announce the public release of a remarkable, short documentary film written and produced by fathers in our Adoption Journeys community called We Are The Lucky Ones: Voices of Fathers in Adoptive Families.

In collaboration with Press Pass TV, seven committed dads devoted many weekends to share their ideas about fatherhood, and design an important 6 minute message for the wider world about adoption. The men who created this film represent a variety of communities, have varied strengths, and are parenting in different kinds of family structures. Each shares his experience and perspectives on fatherhood, adoption, and connection to family. Please take a minute to view it on our website: https://child-familyservices.org/12915-2/

Often, we ask our staff to “think outside of the box” when serving their clients. One of our therapeutic mentors did just that when he organized a community garden. In his own words, “The Therapeutic Mentoring program alone services approximately 250 clients, many of which struggle with severe social and emotional issues. We’ve seen how therapeutic and positive the experience of growing can be and we look forward to sharing this experience with our clients. Some of the qualities we hope to help cultivate through this project include increased self-esteem, self-assuredness, cooperation, patience and the experience of taking care of something and producing a positive result. In short, we feel that this project can benefit and strengthen the community on many levels.”

Thank you for your continued support and generous gifts. We will continue to work diligently on behalf of those less fortunate in our communities across the state.

Please consider a gift to help us to continue to fulfill our mission.

Anne G. Sampaio
Executive Director
STRENGTH IS POSSIBLE WITH YOUR SUPPORT.

The stories in this report highlight a very small fraction of the lives that were changed by the work we do on a daily basis. Work we do, thanks to your generosity.

Together, with your support, we restored hope to the lives of children. We helped young adults realize their potential for a better future. We gave people the tools they needed to overcome obstacles and recognize their strengths. We provided support to people who were desolate.

Our work is not done. There are more children and families who need us. Together we can continue to fulfill our mission “…to heal and strengthen the lives of children and families.”

We ask that you continue to invest in us as we work in the community to provide our services to those in need to be the best parents to their children, best students in their schools, and productive members of their community.

You are making a difference. Thank you!

SINCE 1843

Child & Family Services is one of the oldest nonprofit organizations in Southeastern Massachusetts. We began as the New Bedford Orphans’ Home in 1843 to help children left homeless and without families during the whaling era. There were children without parents, orphaned by mothers who died and by fathers lost at sea.

By 1999, our geographic footprint extended well beyond the borders of New Bedford. To signify this fact, the board voted to officially change the agency’s name from New Bedford Child & Family Service to simply Child & Family Services.

Today, Child & Family Services is the largest and most comprehensive social service provider in Southeastern Massachusetts and the largest provider of adoption services in Massachusetts.

Demand for our services has grown and we are expanding to meet that need. We offer 20 specialized programs, counseling, and psychiatry to thousands of people each year throughout the State. At the same time, we continue to work both internally and with community partners to find new and better ways to help people overcome problems and find strength within their family circle.

LEARN MORE ABOUT CHILD & FAMILY’S HISTORY OVER THE PAST 173 YEARS ONLINE AT: WWW.CHILD-FAMILYSERVICES.ORG/HISTORY
When Meghan and Mario adopted their 5-year-old son Richie out of foster care in 2013, steps had to be taken to get their son continuous medical assistance. Richie was born legally blind, has cerebral palsy, a seizure disorder, is fed through a gastrostomy tube, and is wheelchair bound.

Meghan and Mario knew of all his medical conditions because they worked at the pediatric rehab hospital that Richie lived in for most his life. One day, when Mario could no longer go home after work without constantly thinking about this little boy, he asked his wife if they could adopt Richie. This little boy, who had no family that could care for him, who was turned down by several adoptive families due to his medical conditions.

At the time, they had a 2 year old son at home and desperately wanted more children and were unsure that they could have any more. It was during the process of inquiring about the necessary steps to adopt Richie that they found out Meghan was pregnant. They were asked by the social worker if they would still like to proceed with the adoption and they said “of course”. Richie was already a part of their family as far as they were concerned.

Their daughter Juliana was born with Apert Syndrome, a very rare disorder, which would require lots of medical care. Again, they were asked if they would like to continue with the adoption process, and again, they said without hesitation, “of course”. It was more than a yearlong process to adopt Richie.

“The adoption took time,” stated Mario. “The love for Richie arrived instantly.”

Meghan and Mario knew they would need support to navigate the system and get services in place for Richie, who could not fully live at home with them due to his 24 hour medical needs, but would be spending weekends at their home. Neil, the family’s adoption worker, advised Mario to contact Valerie at Adoption Journeys, a post-adoption program that assists families in acquiring the proper referrals and addresses the specific needs of each family member. In a short time, Meghan and Mario had access to intensive-care-coordination services, medical teams that could come to the house, referrals, and the support they needed for their family.

Their family continued to grow. They now have a total of 4 children: Richie 7, Ashton 4, Juliana 21 months, and Kaylana 10 months and are expecting another. Richie spends each and every weekend with his siblings and even though Ashton is too young to understand why Richie is not with them every day, he looks forward to his time with his “big brother”.

FACT: Our Adoption Journeys Program assisted 465 families last year.

FACT: Adoption Journeys is the only service of its kind in Massachusetts. A statewide post adoption support program dedicated to providing families with the necessary assistance after a child has been adopted into the home. It is designed to support adoptive families in exploring and understanding their strengths, resources, and needs.
BECAUSE OF YOU,
OUR FAMILY IS MUCH STRONGER.

Rose, age 7, came to our attention late last year when she was referred by an outpatient clinician who believed her client’s angry, impulsive, sometimes explosive behaviors might benefit from another set of eyes and ears. Why does a child this young get so very mad so often – swearing, shouting, refusing to follow rules at home and at school?

Our team watched, listened and looked for what was going right first of all. Mom and dad clearly loved their kids. They truly wanted a peaceful home and closer family relationships. But they were at a loss to understand why their home was filled with yelling, slamming, stomping and demands.

“Rose was one of the saddest-looking kids I’ve ever seen,” stated her therapist. Mom and dad were asked to change their way of speaking to each other and to their kids, from the volume to the actual words: Ask politely. Use positive language. Praise even the slightest appropriate response or act (“Thanks for playing with your sister while I make dinner. It’s really helpful.”) And above all, let the kids see you, the parents, talking to each other that way too.

Art and play therapy exercises gave Rose a way to express herself. Instead of her voice, her pictures screamed isolation, fear, worry. One parent struggled with recovery from substance abuse and relapsed several times during our time together. Rose drew that too.

After just a few months, it seemed to come together. Mom & dad showed a more “united front”. The kids knew there were rules that would be enforced no matter how out of control they were. There was a lot less yelling and a lot more laughing. And Rose had found her words:

“I feel scared that (parent) is gone again… I’m sad that a boy at school made fun of me.”

When we celebrated with the family at our last visit, we knew the family still had some things to work out, but it was their work now. They had found the tools and used them well.

It’s all anyone could have hoped for.

FACT: Our In-Home Therapy program helped 437 clients last year in Greater New Bedford, Greater Fall River and Cape Cod.

FACT: In-Home Therapy is a strength-based program aimed at treating an adolescent’s emotional and behavioral health needs, improve a family’s ability to provide effective support, and promote healthy family function. It emphasizes behavioral techniques and encourages development of natural supports to strengthen the family.
When Jenny, a 15 year old girl first entered the CSA program, she had gotten into trouble in the community and was involved with the legal system. Jenny was referred to our program by the Family Resource Center after she was involved in a physical fight with her mother. She and her mother were not communicating well and their relationship was strained. This was the first time that the mother was trying to parent a teenager. She was very cautious about allowing Jenny to do certain activities and be with certain peers. Jenny did not understand the reasoning behind her mother’s decisions.

The wraparound process was able to shift the focus on their strengths. Both Jenny and her mom were able to identify strengths in each other instead of focusing on their problems. The family was enrolled in our program for about 7 months and slowly, over time, their relationship began to improve. Through the care planning process they were able to prioritize needs, establish goals and objectives and began to have successes. As a result, Jenny was able to complete her youth court program and stopped getting into trouble in the community. She was able to bring up her grades and was no longer getting detention at school. She and her mom began spending more quality time with each other. She stopped engaging in risky behavior.

Jenny and her mom engaged well with IHT and developed a very strong relationship with one another and were able to spend time together, when before, they could barely stay in the same room together. They started to also spend more time with their “natural supports” in the community, which in this case, was family who lived close by but out of state. The Intensive Care Coordinator also made referrals to other services on behalf of the family.

At the time of their graduation from the program, Jenny was also seeing an individual therapist and was actively engaging in weekly sessions with a Therapeutic Mentor. The team was also able to connect mom with her own therapist for additional support. Mom achieved her final goal the day before graduation when she was able to obtain a full-time job.

“...We don’t ‘fix’ families, we empower them.”
Paula entered the Young Parent Support program when she was a 17 year old Junior in high school. She had recently been excused from school from her doctor for bed rest and was to receive home schooling for the next 3 months until her baby was born. Paula was very quiet and had low self-esteem. Her mother was demanding of her and Paula was expected to help with her 3 younger siblings since she was the oldest. Her mother would tell her that she was to accept responsibility for her child and would learn from this mistake.

Paula’s service plan focused on prenatal care, building her self-esteem, completing high school, and connecting her to community resources. She gave birth to a healthy baby boy and returned to complete high school while her mother watched her son. Paula’s mother cared for her although she did not show it through nurturing and support. When Paula would disagree with her, she was told to move out if she did not like it. She was having a difficult time trying to parent her son as her mother would constantly go against her.

Two years later, Paula became pregnant while she was using the IUD as her form of birth control. She was devastated and almost fell apart feeling as though she had taken responsible actions by using birth control to prevent having another child this early in her life. She could not come to terms with this and questioned whether she could continue with the pregnancy. She was torn in her relationship with her boyfriend as he had become verbally abusive towards her. I counseled her on her options, and in the end, Paula knew she could not give up nor abort her child. She would not accept the assistance of a therapist at my urging.

When Paula’s son was 2 years old, she began working as a dental hygienist and moved into her own apartment. It was then that she began questioning her pediatrician about her son’s delayed speech and the quirky things he was doing. She began to feel that something was wrong, and by the age of 4, he was screened for autism. Her fears became true when she was given a positive diagnosis. She was overcome with guilt and sadness, thinking somehow it must be her fault. She would look so tired during our visits, but would manage to take care of her family and put her needs aside. I stressed the need for self care and developed a plan with her that would help her devote some time each day to taking care of her needs.

It’s been a long road. Paula is now married and is looking to purchase her own home. She continues to be a great advocate for her children and appears to be at a happy place in her life. She is now 27 years old.
When Bobby first entered the Caring Network program he was in the 4th grade at a local elementary school. He was extremely disrespectful and combative and was referred to our group because of his disruptions in school.

Through group work and discussions about families, bullying, anger management, self-esteem, safety, and abuse, it was clear that Bobby’s aggression resulted from witnessing domestic violence in the home.

After consistent feedback and direction from our Caring Network counselors, he finally put his guard down and was compliant with each session. The continuous positive influences made such a difference in his attitude. His school work improved and his outlook is now bright.

Bobby now looks forward to coming to group and talking about his feelings. At the last group session he asked, "Don’t you see the change in me?"

**FACT:**
Our Caring Network program helped 210 children last year in the Greater New Bedford area.

**FACT:**
Caring network helps children between the ages of 4 and 14 who witness violence in their homes, schools, and communities. Counselors help children through the initial trauma, help them develop safety plans in case of future violence, and show them ways to settle conflict and tension without violence.
FISCAL YEAR 2016

DISTRIBUTION OF FUNDS

Fiscal Year 2016

Uses of Funds

- Adoption & Child Focused Services: 38%
- Emergency Services: 10%
- Acute Residential Services For Children: 5%
- Fund Raising: 1%

Sources of Operating Revenue & Support

Fiscal Year 2016

- Fee-For-Service: 72%
- Contributions/Foundations: 3%
- Contracts: 25%

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Fiscal Year 2016

Sources of Operating Revenue and Support

- Fee-For-Service: 72%
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Out - Patient Mental Health Services: 40%

Intensive Family Services: 6%

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Address Service Requested