



Feature

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Youth In Care Present Recommendations



A recent report was presented by youth to representatives from the Ontario government, foster parents and professionals from the Children's Aid Societies and Children's Mental Health Ontario. The **Youth Policy Advisory and Advocacy Group** representing 160 youth at the conference gave detailed recommendations on how to improve the well being of youth in care and prepare them for success in life. The youth acknowledged the successes and achievements over the past two years in the areas of **education and financial supports** but said that much more work is needed to ensure that youth have the **emotional support needed** to help them succeed.

The recommendations included:

- Additional emotional supports and services to youth until age 25;
- Reduce the number of youth per worker to a maximum of 15 so that workers can spend more time with older youth;
- Encourage and nurture positive relationships that will last beyond CAS care;
- Establish a support network where all youth feel secure and confident ;
- Provide accessible and welcoming youth spaces at agencies where they can feel a sense of belonging and connectedness;
- Change the age of protection from 16 to 18 years of age;
- Agencies to provide monthly allowances up to age 25;
- Extend the age of eligibility for children's mental health to age 25;
- Extend full health and dental benefits until the age of 25;
- Ensure safe, appropriate and affordable housing for all youth ;
- Provide help with financial planning;
- Ensure that youth programming is in the core budget of every CAS;
- Help youth find employers and develop future employment opportunities;
- Seek out corporations to collaborate to offer scholarships and student aid programs; and,
- Make educational assessments for these youth a top priority.

Jeanette Lewis, Executive Director of the Ontario Association of Children's Aid Societies stated **"The youth have sent a message that their relationship with their parent should continue and not end abruptly on their 21st birthday. They are right when they say no other relationship begins with an expiry date"**.

More than 5,000 youth aged 16-21 were in the care of Children's Aid Societies last year.

For more information, see www.oacas.org (Ontario Association of Children's Aid Societies).



Children's Mental Health

Hold On To Your Kids

Parenting. A position thought by many as the **single most important job a person can have**. However, it's a job that baffles many of us these days, and with good reason. Parenting is becoming more difficult with the changing times.

I recently attended a workshop by Dr. Gordon Neufeld, author of the book "Hold on to Your Kids". Part of Dr Neufeld's message was about the **need for parents to matter more to their children** than their children's peers. Parents and family were once the central driving force behind the development of morals, values and ethics.

Today it seems that more kids are disengaging their attachments with their parents early on and are looking to their peers for guidance, modeling and instruction. I have talked with many parents who have told me that they feel that their children's friends have more influence over their children than they do. This sets up a dynamic where kids are learning from those who are not yet developmentally capable of managing themselves, let alone molding the development of others. This "peer orientation" competes against the

parent-child relationship, and often has unfortunate results.

This is not to say that our children shouldn't have peers, but that peers should not be in the position of guiding children's development. The key word in all of this is "attachment".

Attachment is the foundation for successful parenting. For a child to accept parenting there must first be a solid relationship between adult and child where the child wants closeness and contact with his/her caregiver.

Neufeld points out that "the secret of parenting is not in what a parent does but rather who the parent is to the child". Parents need to put themselves in the position of a **nurturing trusting available support early on and continuously in children's lives**. If parents aren't available, children will seek out and gravitate to those who will accept them.

So where do we go from here? Well, in the words of Neufeld we need to "hold on" to our kids. First, we need to give and get our children's attention. Often it seems that people are focused on behaviour and want a step by step guide to "fixing" them, while we need to focus on the relationship itself. We need to **connect with them** on an emotional level.

We need to make ourselves available, convey interest and acceptance, and invite them to connect with us. We also need to communicate that we are safe, trustworthy, and someone they can lean on. Once these aspects are achieved we can then act as our children's guide. Children who have a trusted confident guide will continually seek closeness from that person.

I encourage you to take a moment to think about your relationship with your children. If you can find a way to "hold on to your kids" they will naturally find a way to hold on to you.

Jacquie Loerzel
Children's Mental Health Therapist



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We are on the Web!
www.facsrr.ca

Developmental Services

Fetal Alcohol Spectrum Disorder



Fetal Alcohol Spectrum Disorder or FASD as it is commonly referred to, is one of the

few birth defects that is completely preventable. If a mother doesn't drink alcohol during pregnancy, this disorder will not happen to her baby. Currently, FASD is the leading cause of disability in North America. It's a neuro-developmental disorder that is permanent, irreversible, common and complicated.

Formal diagnosis of this disability must come from a doctor and **early identification of this disability and lifespan intervention from professionals is critical.** The earlier it is known that the baby has this disorder, the more effective we can be with environmental supports, which may prevent the development of secondary disabilities such as problems with toileting, language delays, high tactile needs, difficulty with transitions, learning problems, attention problems, impulsivity, sleeping/eating problems, problems with social perceptions, communication (receptive language or understanding what is being said to them), abstraction, memory problems, and many more challenges.

Managing FASD behaviours is difficult for parents and the educational system alike. There are three parts to the management plan that have proven effective; **prevention, teaching skills, and consequences.** Early intervention with these proven strategies is crucial for both parents and children affected by this disorder.

With appropriate support we can ensure that parents are educated on this disability and that mothers are aware of the risks of drinking alcohol while pregnant. For further information on this subject and other developmental disabilities, call the Community Integration Program worker — Lorraine Gauthier-Stromberg in Atikokan at (807) 597-2700 ext. 34, and Debra Bruyere in Fort Frances at (807) 274-7787 ext 229 .



Child Protection Services

Domestic Violence—Referral Information



Evidence is now being presented which indicates that **children** who are **exposed to domestic violence are at risk of both physical and emotional abuse.** This was emphasized by Jeffery L. Edleson in his review of the literature entitled, "Should Childhood Exposure to Adult Domestic Violence be Defined as Child Maltreatment Under the Law". In this publication Mr. Edleson pointed out the following:

- Adult domestic violence and child maltreatment co-occur in families
- Children in homes where domestic violence occurs are at greater risk of being maltreated
- Children exposed to adult domestic violence are sometimes at risk for developing behavioural, emotional, cognitive and attitudinal problems
- Children who both suffer physical abuse and witness domestic violence are impacted more severely
- Many children who are exposed to domestic violence do not develop problems or are abused.

In order to address these concerns, the Ministry of Children and Youth Services of the Province of Ontario in the document, *Child Protection*

Standards in Ontario, states that "all referrals (provided to Children's Aid Societies in the province) **are universally screened for the presence of domestic violence**". This is done by the Intake Worker seeking information related to the degree to which a child is or has been involved in violent events and the level of maltreatment and emotional harm to the child.

This is seen to be a positive step as this information will assist agencies in providing both the child(ren) and the family with services; eg. individual/family counseling, and the supports to ensure the safety and well-being of the child(ren) and the non-offending party in the family.

Garry Billings
Family Service Worker

Community Service & Quality Assurance

A note from the Family Conferencing Coordinator....

Who makes referrals to the Family Centred Conferencing Program?

Referrals generally come from Integrated Services Northwest or Child Protection services. A referral form is completed and consent is signed by the family which is forwarded to the Family Conferencing Coordinator. The Coordinator determines the family's eligibility for Family Centred Conferencing (FCC).

What families are eligible for Family Centred Conferencing?

- The family is involved with Child Protection and another service of FACS.

- There is a high possibility of having Child Protection involved.
- There is a high possibility of the children coming into care.
- The family is involved with Kinship services or Kinship care.
- The children and/or family are trying to reconnect with their kin involved with Child Welfare.
- The court has recommended Alternative Dispute Resolution.
- Child Protection is closing the file and a plan is fundamental for when services are complete.
- Permanency planning is required for children involved with Child protection or for Crown Wards that are 15 to 18 years old with a

developmental disability.

- To assist with the adoption process, such as openness adoptions and for adoption breakdowns.
- When there are multiple services within FACS that do not involve Child Protection.

If you are aware of a family that may be eligible for FCC, please consult with the family and contact Child Protection or Integrated Services Northwest.

Tina Arnold
Family Conferencing Coordinator



Call your local office of Family & Children's Services 24 Hours a day, 7 Days a week Or visit us on the web www.facsrr.ca



There will be no publication of the newsletter for the months of July and August. Publication will resume in September

Children's Services

Summer 2008



The Summer Recreation Committee has been busy planning summer activities

for July and August. The **program will run from June 30th to August 15th** with many fun activities planned. Kaleb Firth will be joining our team to work with the youth this summer.

Registration and consent forms have been sent to the families within our Agency. Activities include: Chippewa Park in Thunder Bay, horseback riding, Bass Lake, the Canadian Lakehead

Exhibition and McDonald's.

For further details please call Christa Little at 274-7787 ext. 226. Participants will be contacted by July 1st to confirm your registration. Alternate plans have been made in case of bad weather.

Becky McClain
Family Service Worker