

Early Identification for Children and Youth in Lambton County

A Reference Guide
For Professionals



2019

DISCLAIMER NOTICE

This Reference Guide is designed to assist Professionals in deciding whether to refer for additional advice, assessment and/or treatment.
It is not a formal screening or diagnostic tool.

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Early Identification

Thanks to Dr. Fraser Mustard and other scientists, most professionals working with young children are aware of the considerable evidence about early brain development and how brief some of the “windows of opportunity” are for optimal development of neural pathways. The early years of development from conception to age six years, particularly for the first three years, set the base for competence and coping skills that will affect learning, behaviour and health throughout life¹.

It follows, then, that children who may need additional services and supports to ensure healthy development must be identified as quickly as possible and referred to appropriate programs and services. Early intervention during the period of the greatest development of neural pathways, when alternative coping pathways are most easily built, is critical to ensure the best outcomes for the child. Time is of the essence!

What is the “Reference Guide”

The Reference Guide is a useful document for Professionals. It can be used in conjunction with a validated screening tool, such as Nipissing District Developmental Screens (the Nipissing Screen²) or Ages and Stages Questionnaire (ASQ). The Reference Guide outlines a range of functional indicators or domains commonly used to monitor healthy child development, as well as potential problem areas for child development. It is intended to assist in the determination of when and where to refer for additional advice, formal assessment and/or treatment.

Links to Validated Screening & Charting Tools

1. Nipissing District Developmental Screens (NDDS) at <http://www.ndds.ca/language.php>
2. Ages and Stages Questionnaire (ASQ) at <http://agesandstages.com/>
3. Rourke Baby Record (RBR) at <http://www.rourkebabyrecord.ca/>

Who Should Use the “Reference Guide”

This Reference Guide is intended to be used by any professional working with children, youth and their families. A basic knowledge of healthy child development is assumed. The Reference Guide will assist professionals in identifying when a child could be at risk of not meeting his/her health and/or developmental milestones, triggering an alert for the need for further investigation by the appropriate discipline.

Special Note

In the “Where to Go for Help” sections, it is often suggested to advise parents to contact their primary care provider. Due to a shortage of primary care providers/physicians in the Sarnia- Lambton area, some parents may not have access to a primary care provider/physician. If available, call the secondary contact under the “Where to Go for Help” sections or Lambton Public Health at 519-383-8331 if you have concerns about a child’s development.

Coordinated Service Planning is a family-centred approach to coordinating multi-sector services for families of children and youth with multiple and/or complex special needs. This service is focused on those individuals with special needs who have service needs across several sectors (Ex. Health, developmental services, rehabilitation, education, child welfare, children’s mental health, etc.). This service also considers the needs of the family. Families can self-refer by contacting Pathways directly at 519-542-3471; or families can be referred by any CSP partner agency in the community.

¹ Early Years Study, Reversing the Real Brain Drain, Hon. Margaret McCain and Fraser Mustard, April, 1999. See report at <https://www.childcarecanada.org/documents/research-policy-practice/02/07/early-years-study-reversing-real-brain-drain>

² Nipissing District Developmental Screens refer to 13 parent checklists available to assist parents to record and monitor development of children from birth to age 6. The screens cover development related to vision, hearing, communication, gross and fine motor, social/emotional and self-help and offers suggestions to parents for age appropriate activities to enhance child development. In Lambton County, copies of Nipissing District Developmental Screens can be obtained from Children Services at 519 383-8331 or 1-800-667-1839. Parents are encouraged to call Children Services if 1 or more items are checked ‘No’. A Public Health Nurse will review the results of the screen and suggest next steps. It is particularly important for a screen to be reviewed by a professional if a ‘No’ is identified.

How to Use this Document

This is a Reference to look at child development by domain, reviewing each domain from birth to 21 years (unlike screening tools that look at a particular child's development across many areas of development at a specific age). It includes other areas that may impact child health, growth and development due to the dynamics of parent-child interaction, such as postpartum depression, abuse, etc.

The "Reference Guide" allow professionals to review and better understand domains on a continuum that are traditionally outside their own area of expertise. This increased awareness will help professionals better understand when and where to refer for further investigation or treatment in Lambton County.

- ❑ Use the "Reference Guide" in conjunction with a screening tool, such as Nipissing District Developmental Screens or Ages Stages Questionnaire (ASQ) to review developmental milestones and problem signs in a particular domain or indicator. Some information is cross-referenced to other domains, such as speech with hearing, to assist the screener in pursuing questions or 'gut feelings'.
- ❑ If children are not exhibiting the milestones for their age, further investigation is needed. If using Nipissing District Developmental Screens, remember that the Screens are age-adjusted; therefore the skills in each screen are expected to be mastered by most children at the age shown. If there are one or more "No" responses, refer to a professional for assessment.
- ❑ Refer for further assessment even if you are uncertain if the flags noted are a reflection of a cultural variation or a real concern.
- ❑ Note that some of the indicators focus on the parent/caregiver, or the interaction between the parent and the child, rather than solely on the child.
- ❑ Contact information is indicated at the end of each heading, and summarized at the end of this document.
- ❑ If a child appears to have multiple domains requiring formal investigation by several disciplines, screeners are encouraged to refer to the appropriate agencies for a collaborative and comprehensive assessment and services.
- ❑ If you have concerns about a child's development and are working in an early learning environment, consider contacting an Early Childhood Education (ECE) Resource Teacher through Pathways Health Centre for Children at 519-542-3471 ext.331, www.pathwayscentre.org. An ECE Resource Teacher is available in every licensed childcare environment throughout Sarnia-Lambton.
- ❑ Children benefit from opportunities to socialize with peers and other adults. The PELP (Preschool Early Learning Program) is available in licensed childcare centres FREE of charge to all families in Lambton County at designated sites. To apply, go to www.LambtonOneHSN.com. For support call 1-888-722-1540 or email support@onehsn.com.
- ❑ The County of Lambton provides subsidy for licensed childcare to children with a variety of needs (must meet criteria for referral). For more information contact 519-344-2062 ext.2201.
- ❑ There is a **"duty to report"** to the Children's Aid Society any suspicions that a child is or may be in need of protection as a result of physical, sexual, emotional abuse and/or neglect having occurred or if there is a risk of physical, sexual, emotional abuse or neglect occurring. (Child & Family Services Act, 1990, amended 2002).

How to Talk to Parents about Sensitive Issues

One of the most difficult parts of recognizing a potential difficulty in a child's development is sharing these concerns with the parents/caregivers. It is important to be sensitive when suggesting that there may be a reason to have further assessment done. You want parents/caregivers to feel capable and to be empowered to make decisions. There is no one way that always works best but there are some things to keep in mind when addressing concerns.

- ❑ Be sensitive to a parent/caregiver's readiness for information. If you give too much information when people aren't ready, they may feel overwhelmed or inadequate. You might start by probing how they feel their child is progressing. Some parents/caregivers have concerns but just have not yet expressed them. Having a parent use a tool such as the Nipissing District Developmental Screen may help open the way for discussion. It may help to specify that the screening tool is something given to many parents to help them look at their child's development more easily and to learn about new activities that encourage growth and development.
- ❑ Be sure to value the parent/caregiver's knowledge. The ultimate decision about what to do is theirs. Express what it is that you have to offer and what they have to offer as well. You may say something like: "I have had training in child development but you know your child. You are the expert on your child." When you try to be more of a resource than an "authority", parents/caregivers feel less threatened. Having the parents/caregivers discover how their child is doing and whether or not extra help would be beneficial is best. You may want to offer information you have by asking parents/caregivers what they would like to know or what they feel they need to know.
- ❑ Have the family participate fully in the final decision about what to do next. The final decision is theirs. You provide only information, support and guidance.
- ❑ Give the family time to talk about how they feel – if they choose. If you have only a limited time to listen, make this clear to them, and offer another appointment if needed.
- ❑ Be genuine and caring. You are raising concerns because you want their child to do the best that he/she can, not because you want to point out "weaknesses" or "faults". Approach the opportunity for extra help positively; "You can get extra help for your child so he/she will be as ready as he/she can be for school." Also, try to balance the concerns you raise with genuine positives about the child (e.g. "Johnny is a real delight. He is so helpful when things need tidying up. I have noticed that he seems to have some trouble . . .").
- ❑ Your body language is important; parents may already be fearful of the information.
- ❑ Don't entertain too many "what if" questions. A helpful response could be "*Those are good questions. The professionals who will assess your child will be able to answer them. This is a first step to indicate if an assessment is needed.*"
- ❑ Finally, it is helpful to offer reasons why it is not appropriate to "wait and see":
 - *Early intervention can dramatically improve a child's development and prevent additional concerns such as behaviour issues.*
 - *The wait and see approach may delay addressing a medical concern that has a specific treatment.*
 - *Early intervention helps parents understand child behaviour and health issues, and will increase confidence that everything possible is being done to ensure that the child reaches his/her full potential.*

Substance Use/Abuse, Alcohol/Tobacco/Gambling

Non-Use: Individual does not use substances at all. One can be affected by other people's use. Experimentation motivated by curiosity is likely.

Use: the individual has made a choice to use substances more than once and often diminishes the risks associated with use, such as legal problems, physical risks and social, emotional and sexual safety. Motivational is recreational and does not necessarily interfere with daily functioning.

Abuse: The individual's interests, friendships and activities may revolve around using substances. Use continues in spite of negative health, academic and legal consequences. May have periods of non-use between periods of heavy use.

Addiction: Substance use is no longer a choice. Addiction is chronic and often a progressive disease and intervention is required. Daily functioning is impacted.

Concurrent Disorders: This term refers to co-occurring addiction and mental health problems. Some mental illnesses may lead to people to be more at risk for substance use.

What to Look for:

Alcohol:

- ☐ Hangover symptoms :headache, thirst, stomach aches, vomiting
- ☐ Unexpected or frequent use of mouthwash, breath mint or spray
- ☐ Smelling of alcohol
- ☐ Poor hygiene/deterioration of physical appearance
- ☐ Memory lapses, poor concentration, lack of coordination, slurred speech
- ☐ Diluted alcohol or alcohol missing from the home
- ☐ Fake ID
- ☐ Money problems
- ☐ Poor school performance/attendance
- ☐ Depression, irritability
- ☐ Sudden changes in friends
- ☐ "Nothing matters" attitude
- ☐ Secretive behaviour, lying, avoiding family
- ☐ Drinking alone, any time of day

Noted Risks:

Alcohol Poisoning - when blood alcohol level in the bloodstream is so high it affects breathing, heart rate and bodily functions. This is not just intoxication and it can be deadly. Vomiting may or may not occur. Person will lack coordination and speech may be slurred. Medical attention is necessary.

Binge Drinking - rapid intake of a quantity of alcohol that causes severe intoxication and possibility of poisoning. This is most common drinking patterns of adolescents. More than 5 drinks at one session are considered binge drinking. (It is dependent on body weight and other individual factors)

Tobacco products

- ☐ Frequent use of breath mints, gum, perfumed products
- ☐ Frequent trips outside, even in cold weather
- ☐ Clothing, breath and hair smelling of smoke
- ☐ Yellowed teeth and fingers
- ☐ Frequent colds and coughs
- ☐ Shortness of breath
- ☐ Unaccounted for spending
- ☐ Denial and secrecy

Drugs:

Marijuana, Ecstasy, Methamphetamine, Cocaine, Heroin, Prescription Drugs, Over the Counter Drugs, Steroids, Inhalants

There are many types of drugs and substances that have particular signs and symptoms.

The following is a general list of risks:

- ☐ Change in study habits, declining grades, difficulty thinking or problem solving
- ☐ Change in friends and social life, frequent comings and goings; sneaking out of the house
- ☐ Loss of interest in usual activities, poor motivation
- ☐ Changing atmosphere of personal space (bedroom)
- ☐ Bloodshot eyes/use of eye drops
- ☐ Use of incense, fragrant candles, room or car fresheners, mouthwash
- ☐ Anxiety, panic attacks
- ☐ Money problems
- ☐ Use of websites associated with substances
- ☐ Mood swings
- ☐ Anger/aggression/withdrawal

Gambling:

Between 2-4% of teens may have a problem with gambling. This can include on- line gambling, at home gambling activities, casinos (if over the age of 19). Lottery products are legal at the age of 18 in Ontario. Problem gambling is any gambling behaviour that causes trouble in one's own life or the lives of people close (brothers, sisters, parents or friends).

The following is a general list of risks:

- ☐ May be secretive or defensive about money
- ☐ May borrow money from family members or friends
- ☐ Puts great deal of hope on the "big win"
- ☐ Promise to cut back on gambling but unable to stop
- ☐ Emotional highs and lows
- ☐ Depression, bad tempered, withdrawn, restless
- ☐ Relives wins and makes light of losses
- ☐ Rather gamble than spend time with friends, may miss special time with family
- ☐ Spends great deal of time on internet(on-line gambling sites)
- ☐ Money/financial issues

WHERE TO GO FOR HELP

Lambton County Addiction Services and Problem Gambling Services – 519-464-4400 ext. 5370, located at Bluewater Health. Offers professional assessment and treatment services to people experiencing negative consequences related to alcohol and/or drug use. Services for family members and/or significant others.

Withdrawal Management Program – 519-332-4673

Day programs and community based services including drugs/alcohol and gambling.

St. Clair Child and Youth Services – 519- 337-3701. The Concurrent Disorders program is a consultation, assessment and treatment program for youth and their families who have been identified with a combined substance abuse and mental health problem. Ages 12-18 yrs.

Canadian Mental Health Association – 519-337-5411, 16 yrs and older, Mental Health First Response, Concurrent Disorder and Case Management support available.

Sarnia Lambton Rebound – 519-344-2841. Choices Jr. is a program aimed at helping youth say no to drugs. We have a Certified Addictions Counsellor on-site to support youth whose substance use is becoming problematic. Also, our Choices Program has been indicated by the Ministry of Health as a promising practice in substance abuse prevention.

The following items are considered from the **parent's perspective**, rather than the child's.

If a parent states that one or more of these statements describes their child, the child may be exhibiting signs of an insecure attachment; **consider making a referral:**

- | | |
|--------------------------|--|
| 0-8 months | <input type="checkbox"/> Is difficult to comfort by physical contact such as rocking or holding |
| 8-18 months | <input type="checkbox"/> Does not seek comfort or proximity to a caregiver at times when he or she is experiencing fear, hurt or wariness
<input type="checkbox"/> Is overly disinhibited with strangers (seeks close physical contact or will "walk off" with a complete stranger)
<input type="checkbox"/> Does not appear to have a clear means of coping with distress (may appear disorganized or rely on self-stimulation or self-harm behaviours when distressed) |
| 18 months–3 years | <input type="checkbox"/> Appears fearful of being separated from parents most of the time or at low stress times (e.g. at home)
<input type="checkbox"/> Does not seek comfort from or proximity to caregivers when distressed
<input type="checkbox"/> Is overly disinhibited with strangers
<input type="checkbox"/> Is overly controlling or aggressive in interactions with caregivers |
| 3–4 years | <input type="checkbox"/> Is overly disinhibited with strangers
<input type="checkbox"/> Has significant difficulties with separation
<input type="checkbox"/> Is too passive or clingy with parent/caregiver
<input type="checkbox"/> Displays regressive "babyish" behaviours
<input type="checkbox"/> Is not interested in reciprocally sharing emotional experiences with caregivers |
| 4–5 years | <input type="checkbox"/> Becomes aggressive for no reason (e.g. with someone who is upset)
<input type="checkbox"/> Is too dependent on adults for attention, encouragement and help
<input type="checkbox"/> Appears chronically angry, controlling or resistant with caregivers |

Problem Signs... if a primary caregiver is frequently displaying any of the following, consider making a referral:

- ☐ Does not experience enjoyment or delight in his/her relationship with the baby
- ☐ Is insensitive to a baby's cues of emotional distress or need
- ☐ Is often withdrawn or unavailable in interactions with the baby
- ☐ Is often unable to recognize baby's cues
- ☐ Provides inconsistent patterns of responses to the baby's cues
- ☐ Frequently ignores or rejects the baby
- ☐ Speaks about the baby in negative terms or has inappropriate attributions for the baby's behavior (E.g. He's trying to hurt me.)
- ☐ Often appears to be angry with the baby
- ☐ Often displays behavior that frightens the baby or child when interacting

WHERE TO GO FOR HELP

If there are concerns, contact **St. Clair Child & Youth Services** at 519-337-3701, www.stclairchild.ca. Contact Lambton Public Health's Family Health Line at 519-383-3817 for a referral to the Healthy Babies Healthy Children Program, or visit www.lambtonhealth.on.ca for parenting information.

Attention Deficit/Hyperactivity Disorder (ADHD)

The key characteristics of ADHD such as peer attention control, impulsiveness, being easily distracted and a high activity level can all be seen in normal children. It is important to consider the child's developmental age and other factors such as stress, boredom and other developmental problems (i.e. speech, hearing, vision, fine motor, behaviour) before considering ADHD as a potential diagnosis.

If a child exhibits several of the following characteristics over a long period of time, consider making a referral:

- ☐ Distracted very easily
- ☐ Difficulty concentrating on tasks for a reasonable length of time
- ☐ Difficulty paying attention to detail (often makes careless mistakes)
- ☐ Problems following instructions and completing activities
- ☐ Difficulty keeping track of personal belongings and materials
- ☐ Struggles to remember routines and organize task/activities
- ☐ Difficulty getting started on activities, particularly those that are challenging
- ☐ Does not seem to be listening when spoken to directly
- ☐ Often fidgets, squirms and turns around in seat constantly
- ☐ Constantly on the go
- ☐ Makes a lot of noise even during play
- ☐ Talks incessantly when not supposed to talk
- ☐ Blurts out answers before hearing the whole question
- ☐ Becomes easily frustrated waiting in line or when asked to take turns
- ☐ Leaves seat when expected to stay in seat
- ☐ Runs or climbs excessively when it is not appropriate

Adapted from Peterborough Red Flags December 2006

School Age

- ☐ Interrupts conversations with others
- ☐ Trouble with social cues like facial expressions, body language, tone of voice
- ☐ Overly self-conscious
- ☐ Social difficulties with peers
- ☐ Trouble starting/finishing tasks (including school work)
- ☐ Avoids written work
- ☐ Difficulties with concentration
- ☐ Often academically capable but may have poor school performance
- ☐ May be prone to injuries due to impulsive behaviors

WHERE TO GO FOR HELP

If there are concerns, advise the parent to contact their Primary Care Provider/Physician and/or Pediatrician. For more information contact St. Clair Child & Youth Services at 519-337-3701, www.stclairchild.ca.

Preschoolers may show signs of learning disabilities through difficulties in a variety of developmental areas. For more information, visit the Learning Disabilities Association of Ontario website at www.ldao.ca/

Refer also to the Speech, Language & Literacy, Fine Motor, Vision and Behaviour sections.

Autism Spectrum Disorder

Autism is a lifelong developmental disorder characterized by impairments in all of the following areas of development: communication, social interaction, restricted repertoire of activities and interests, and associated features, which may or may not be present (e.g. difficulties in eating, sleeping, unusual fears, learning problems, repetitive behaviours, and self-injury and peculiar responses to sensory input).

If you think your child exhibits a number of the following behaviours, consider making a referral:

Social Concerns

- ☐ Rarely makes eye contact when interacting with people
- ☐ Does not point to show things he/she is interested in by 12 months
- ☐ Rarely smiles socially
- ☐ More interested in looking at objects than at people's faces
- ☐ Prefers to play alone
- ☐ Doesn't make attempts to get parent's attention; doesn't follow/look when someone is pointing at something
- ☐ Seems to be "in his/her own world"
- ☐ Doesn't respond to parent's attempts to play
- ☐ Avoids or ignores other children when they approach

Communication Concerns

- ☐ Language is delayed (almost universal)
- ☐ No babbling by 11 months
- ☐ No simple gestures by 12 months (e.g., waving bye-bye)
- ☐ No single words by 16 months
- ☐ No 2-word phrases by 24 months (noun + verb – e.g., "baby sleeping")
- ☐ Inconsistent response or does not respond to his/her name or instructions
- ☐ Unusual language - repeating phrases from movies, echoing other people, repetitive use of phrases, odd intonation (echolalia)
- ☐ Decreased ability to compensate for delayed speech by gesture/pointing
- ☐ Poor comprehension of language (words and gestures)
- ☐ Loss of any language or social skills at any age

Behavioural Concerns

- ☐ Narrow range of interests
- ☐ Lack of interest in toys, or plays with them in an unusual way (e.g., lining up, spinning, opening/closing parts rather than using the toy as a whole)
- ☐ Repetitive hand and/or body movements: finger wiggling, hand and arm flapping, tensing of fingers, complex body movements, spinning, jumping, etc.
- ☐ Unusual sensory interests - squinting or looking at things out of the corner of eye; smelling, licking, mouthing objects; hypersensitive hearing
- ☐ Unusual preoccupation with objects (e.g. light switches, fans, spinning objects, vertical blinds, wheels, balls)
- ☐ Compulsions or rituals (has to perform activities in a special way or certain sequence; is prone to tantrums if rituals are interrupted)
- ☐ Unusual fears

WHERE TO GO FOR HELP

If there are any concerns, arrange a referral to a Pediatrician through their Primary Care Provider/Physician

Once a diagnosis is obtained, families can contact the Ontario Autism Program Central Intake and Registration team to register a child in the program, or for inquiries regarding Childhood Budget, funding agreement, payments to families and service providers and/or reconciliation of a Childhood Budget. Toll free number is 1-888-444-4530, or Email: oap@ontario.ca

Children and youth residing in Lambton with a diagnosis of autism are invited to contact Pathways Health Centre for Children at 519-542-3471 ext. 331 www.pathwayscentre.org. Or Thames Valley Children's Centre at 1-866-590-8822, www.tvcc.on.ca to discuss their options to access publicly funded programs and/or use the funding they are eligible to receive directly from the Government of Ontario.

Bullying is a form of violence in which one child or youth targets another who is weaker, smaller or more vulnerable. It is often repeated behaviour intended to harm or disturb the target. An imbalance of power exists in all bullying situations.

Bullying can be physical, verbal and/or psychological. Verbal bullying includes taunting, name calling, making threats and belittling the target. Physical bullying can include kicking, pushing, biting, hitting and taking personal belongings. Psychological bullying consists of spreading rumors, social exclusion, intimidation, extortion and sexual harassment.

What to look for in children/youth:

Emotional and Behavioural Signs of Being Bullied:

- ☐ Appears unhappy, irritable
- ☐ Afraid to attend school or other activities
- ☐ Appears anxious or fearful
- ☐ Low self-esteem and makes negative comments
- ☐ Lower interest in activities and lower performance in school
- ☐ Loses things, needs money, reports being hungry after school
- ☐ Trouble sleeping, nightmares
- ☐ May appear isolated from peer group
- ☐ School avoidance
- ☐ Eating issues
- ☐ Unexplained bruises, scratches, cuts or torn clothing

Relationships Signs of Being Bullied:

- ☐ Parents may be overprotective, restrictive
- ☐ Siblings may bully child/youth at home
- ☐ Few friends in neighbourhood or at school

Emotional and Behavioural Signs of Bullying Others:

- ☐ Aggressive with parents, siblings, pets and friends
- ☐ Trouble standing up to peer pressure
- ☐ Low concern for others feelings
- ☐ Bossy and manipulative
- ☐ Unexplained objects or money
- ☐ Easily frustrated and quick to anger
- ☐ Does not recognize impact of his/her behaviour
- ☐ Has friends who engage in bullying and are aggressive

Relationship Signs of Bullying Others:

- ☐ Parents/caregivers model use of power and aggression (yelling, hitting or rejecting child)
- ☐ Parents/caregivers model use of power and aggression with each other
- ☐ Siblings may bully child/youth at home

WHERE TO GO FOR HELP

Consult with school staff if occurrences are taking place in school setting. For concerns, advise the parent to contact St. Clair Child & Youth Services at 519-337-3701, www.stclairchild.ca or www.preynet.ca

Sarnia-Lambton Rebound at 519-344-2841. R.LOUNGE is a free drop-in space for youth 12+ in our community. It runs from 3:00-6:00 pm, Monday to Friday, offering food, fun and activities designed by youth for youth.

Youth who find themselves in conflict with the law under the age of 12 would be dealt with by mental, health professionals and/or Children's Aid Society in consultation with police. For Youth, 12-17 years of age who are in conflict with the law and fall under the Youth Offenders Act, may find support through the John Howard Society, Sarnia-Lambton Rebound and Ministry of Children and Youth Services (probation). If there is conflict with the law and presenting mental health needs, illness or disorder, the Youth Mental Health Court Worker can provide support. This program is provided by St. Clair Child and Youth Services. For youth who are over the age of 16 and over, with a mental illness, and are involved in the Justice System, they can receive support through Canadian Mental Health Association – Court Diversion Services. The CMHA can assist by advocating for court diversions and provide guidance in navigating the court system. There is also support for the immediate needs of clients being released from custody suffering from a mental illness to link with services and to integrate back into the community. For youth 18 years of age and over, supports may be available through the Direct Accountability program. There is a community justice worker who, in conjunction with the Crown Attorney's office, offer help with a diversion program and community supports.

Warning signs that a youth may break the law are called risk factors. A young person is more likely to commit a crime when risk factors are not dealt with.

Risk factors for youth in conflict with the law:

- ☐ Drug and alcohol abuse
- ☐ Little concern for others
- ☐ Peer group in conflict
- ☐ Family problems
- ☐ Poor academic performance and low school attendance
- ☐ Little interest in extracurricular activities
- ☐ Poverty, mental health issues and health issues can have an impact

WHERE TO GO FOR HELP

If there are any concerns arrange a referral to:

Sarnia-Lambton Rebound -- 519-344-2841
 John Howard Society -- 519-336-1020
 St. Clair Child and Youth Services -- 519-337-3701
 Canadian Mental Health Association -- 519-337-5411

Risk Factors for Early Childhood Tooth Decay... the presence of one or more of these risk factors should be considered:

Prolonged exposure of teeth to fermentable carbohydrates

(includes formula, juice, milk and breast milk)

- ☐ Through the use of bottle, breast, sippy cups, plastic bottles with straws
- ☐ High sugar consumption in infancy
- ☐ Sweetened pacifiers
- ☐ Long-term sweetened medication
- ☐ Going to sleep with a bottle containing anything but water
- ☐ Prolonged use of a bottle beyond one year
- ☐ Breastfeeding or bottle feeding without cleaning teeth

Physiological Factors

- ☐ Factors associated with poor enamel development, such as prenatal nutritional status of mother and child, poor prenatal health, and malnutrition of the child
- ☐ Possible enamel deficiencies related to prematurity or low birth weight
- ☐ Mother and child's lack of exposure to fluoridated water
- ☐ Window of infectivity: transference of oral bacteria from parent/caregiver to the child between 19-31 months of age, through frequent, intimate contact or sharing of utensils

Other Risk Factors

- ☐ Poor oral hygiene
- ☐ Sibling history of early childhood tooth decay
- ☐ Lack of education of caregivers
- ☐ Lower socioeconomic status
- ☐ Limited access to dental care
- ☐ Deficits in parenting skills and child management

WHERE TO GO FOR HELP

If there are concerns, advise parents to contact their Dentist, or the Oral Health Program at Lambton Public Health at 519-383-8331 ext. 3566, www.lambtonhealth.on.ca, where children 17 or younger may be eligible for **free** dental treatment.

Routine Treatment (Core Program)

Healthy Smiles Ontario (HSO) is for children and youth 17 and under. Children are eligible for the program if they or their family receives government financial assistance (OW), are younger than 17, live in Ontario and come from a household with an income fitting the specific guidelines.

Emergency and Essential Care

Children/youth in need of emergency and essential care (EEC) who are not yet enrolled in the core Program or who are not eligible for the core Program may access this as part of the program. To be eligible you must be 17 years of age or younger, be a resident of Ontario, Demonstrate clinical need (as determined by a Public Health Unit or a fee-for-service provider) and attest to financial hardship.

Preventive Services

Clients who are not eligible for the core Program may still qualify for preventive services. To be eligible, a client must meet the following. Be 17 years old or younger, be a resident of Ontario, attest to financial hardship and demonstrate clinical need (as determined by a Public Health Unit Staff member).

The Ontario Association of Public Health Dentistry recommends that the first visit to a Dentist should occur at one year of age. For more information, visit www.cdho.org.

For nutritional concerns, see Nutrition, or Feeding and Swallowing Sections.

Eating Disorders are complex and require psychological and medical care. These disorders often begin with a desire to lose weight and to feel better about oneself. The most prevalent eating disorders are anorexia nervosa, bulimia nervosa and binge eating disorder (BED). All can have severe long-term effects, including organ damage, weakening of the bones and impaired cognitive functioning. Although eating disorders are seen primarily in females, males also can be afflicted.

An individual suffering from anorexia nervosa is intensely afraid of gaining weight. People with this disorder often say they “feel fat” or that part of their body is “fat” despite obvious signs to the contrary.

Bulimia nervosa is characterized by cycles of binge eating and purging, either by vomiting or abusing laxatives or diuretics, such as water pills. Someone struggling with this disorder may be any weight.

Obesity is also an increasing concern for children and youth. Poor eating habits, eating constantly, weight gain, decrease in physical activity, isolation, lethargy and wearing loose clothes may all be signs.

General concerns:

- ☐ Unexplained weight loss or gain
- ☐ Does not eat a variety of foods
- ☐ Follows a special diet that limits or excludes certain foods or food groups
- ☐ Takes supplements NOT prescribed by a health care provider
- ☐ Frequent constipation, diarrhea and/or abdominal pain
- ☐ Parent/caregiver is unable to provide adequate food due to financial constraints or inadequate food storage/cooking facilities
- ☐ Visiting websites that are “pro” eating disorders
- ☐ Quantities of food missing

What to look for:

- ☐ Preoccupation with food, calories, exercise and/or body weight
- ☐ Use of laxatives, diuretics or diet pills
- ☐ Frequent weighing
- ☐ Under-eating or over-eating
- ☐ Excuses for not coming to meals
- ☐ Social withdrawal
- ☐ Perfectionist attitude, inflexibility
- ☐ Increasing self-criticism and negative self-talk
- ☐ Noticeable weight loss or weight gain, frequent changes in weight
- ☐ Swollen glands under the jaw
- ☐ Development of downy body hair
- ☐ Thinning hair, hair loss
- ☐ Lethargy or excess energy
- ☐ Lack of menstrual periods
- ☐ Making frequent trips to the bathroom immediately after meals
- ☐ Hiding food
- ☐ Dental problems
- ☐ Calorie counting

WHERE TO GO FOR HELP

If there are any concerns, arrange a referral to a Pediatrician through their Primary Care Provider/Family Physician

Eating Disorders Outreach Program, Bluewater Health, 519-464 4400, ext. 5217

BANA: Bulimia Anorexia Nervosa Association, Windsor www.bana.ca

Education

Schools play a primary role in promoting positive mental health, identifying students in need and in supporting those who require specific interventions. School Boards provide universal activities, targeted approaches (mild to moderate issues) and crisis support (including community referrals).

The key responsibility of schools is to recognize the particular needs of individual students, including mental health, learning and behaviour. Students with special needs may demonstrate issues with communication, medical needs, sensory difficulties, academic problems, physical challenges and social/emotional problems.

What to look for:

Communication Disorders:

- ❑ Not following classroom instructions
- ❑ Physically acting out with aggression rather than using words
- ❑ Shutting down and becoming quiet and withdrawn
- ❑ Making inappropriate comments or using inappropriate words because of difficulty with finding words and expressing their thoughts
- ❑ Difficulty with social relationships with other students at school
- ❑ Common communications disorders in children may include articulation, voice problems, stuttering, language difficulties

Cognitive function:

- ❑ Having difficulty moving smoothly and seamlessly from one activity to the next
- ❑ Having difficulty regulating emotions
- ❑ Having difficulty planning, organizing and managing space and time (e.g. messy desk, sloppy work, cluttered desk)
- ❑ Having difficulty initiating actions to solve problems (e.g. waiting for a teacher to “rescue” them)
- ❑ Forgetting directions
- ❑ Showing impulsiveness in responding in social and classroom situations

Mental Health problems may affect a child or youth’s ability to enjoy life and deal with everyday challenges such as making choices and decisions, adapting to coping in difficult situations or talking about one’s needs and desires. Mental health problems range from serious mental illnesses to more common, everyday struggles and problems often arising in response to stress. Mental illness relates to a variety of psychiatric and emotional problems that vary in intensity and duration and may recur from time to time including mood, psychotic and anxiety disorders, it refers to a diagnosable conditions that requires medical attention.

Mental health problems:

- ❑ Problems concentrating, making decisions or remembering things
- ❑ Missed deadlines, delays in completing assignments, poor quality work, poor grades
- ❑ Low morale
- ❑ Disorganization in completing school work
- ❑ Frequent complaints or evidence of fatigue or unexplained pains
- ❑ Decreased interest or involvement in class topics or academic endeavours in general
- ❑ Frequent absences or consistent late arrivals

Common signs of Mental illness:

- ❑ Marked changes in personality
- ❑ Confused thinking
- ❑ Inability to cope with problems and daily activities
- ❑ Strange ideas or delusions
- ❑ Excessive fears, worries and anxiety
- ❑ Prolonged feelings of irritability or sadness
- ❑ Significant changes in eating or sleeping patterns
- ❑ Suicidal thoughts or remarks
- ❑ Extreme highs or lows in mood
- ❑ Abuse of alcohol or drugs
- ❑ Excessive anger or hostility
- ❑ Paranoid behaviour
- ❑ Social withdrawal
- ❑ Irrational fears

WHERE TO GO FOR HELP

The Province of Ontario requires all children in Ontario to attend school from the ages of 6 to 18 years of age. Full time kindergarten programs are also available for all children 4 years of age. Students may continue in a variety of programs until the age of 21 years. Students are eligible for College once they have completed the Ontario Secondary School Diploma.

Schools Boards of Education offer a range of programs to support students. These supports range from direct classroom strategies to programs that are delivered outside the traditional educational setting and may be in partnership with community agencies.

Local School Boards:

Lambton Kent District School Board, 519-336-1500, www.lkdsb.net

St. Clair Catholic District School Board, 519-627-6762, 1-866-336-6139, www.st-clair.net

Conseil scolaire Viamonde, 416-614-0844 or 1-888-583-5383

Conseil scolaire de district catholique Centre-Sud, 519-948-9227, 1-888-768-2219,
<http://CscProvidence.ca>

Lambton College-519-542-7751, The Counselling Centre ext. 3412, www.lambtoncollege.ca

Sarnia Christian School, 519-383-7750, www.sarniachristian.com

Erie St. Clair Local Health Integration Network (LHIN) – Mental Health and Addictions Nurses, referral forms can be found on website at www.eriestclairrhin.on.ca

1-888-447-4468

Mental Health Leaders – School Bds. Provincial School Mental Health ASSIST

Be Safe App – www.mindyourmind.ca Be Safe is meant to help develop make decisions in a crisis (safety plan, resources in surrounding area, options)

Canadian Mental Health Association 16 years and older. Early Detection and Intervention Services (First Episode Psychosis-starting at age 14 years) 519-337-5411

Family and Environmental Stressors

If any one of these stressors is found, this could affect a child's normal development and should be considered:

Parental Factors:

- ☐ History of abuse – parent or child
- ☐ Severe health problems
- ☐ Substance abuse
- ☐ Partner abuse
- ☐ Difficulty controlling anger or aggression
- ☐ Feelings of inadequacy, low self-esteem
- ☐ Lack of knowledge or awareness of child development
- ☐ A young, immature, developmentally delayed parent
- ☐ History of postpartum depression
- ☐ History of crime
- ☐ Lack of parent literacy

Social/Family Factors:

- ☐ Family breakdown
- ☐ Multiple births
- ☐ Several children close in age
- ☐ A special needs child
- ☐ An unwanted child
- ☐ Personality and temperament challenges in child or adult
- ☐ Mental or physical illness, or special needs of a family member
- ☐ Alcohol or drug abuse
- ☐ Lack of a support network or caregiver relief
- ☐ Inadequate social services or supports to meet family's needs
- ☐ Prematurity and low birth weight

Economic Factors:

- ☐ Inadequate income
- ☐ Unemployment
- ☐ Business failure
- ☐ Debt
- ☐ Inadequate housing or eviction
- ☐ Change in economic status related to immigration

Please see section on Housing, Financial supports and Food.

WHERE TO GO FOR HELP

The Primary Care Provider/Physician or Pediatrician is an important contact for all health issues. If concerned, a referral may be warranted to St. Clair Child & Youth Services at 519-337-3701, www.stclairchild.ca, the Family Counselling Centre at 1-800-831-3031, www.familycounsellingctr.com, or **Lambton Public Health** at 519-383-3817, www.lambtonhealth.on.ca for a referral to the Healthy Babies Healthy Children Program

Feeding and Swallowing

Healthy Child Development...if a child is missing one or more of these expected age outcomes, consider making a referral:

- | | |
|---------------------|--|
| 0-3 months | <ul style="list-style-type: none"><input type="checkbox"/> Opens mouth to latch<input type="checkbox"/> Recognizes breast or bottle/organized response<input type="checkbox"/> Sequences two or more sucks before pausing to breathe or swallow<input type="checkbox"/> Uses a sucking pattern and loses some liquid during sucking |
| 4-6 months | <ul style="list-style-type: none"><input type="checkbox"/> Uses a sucking pattern as food approaches or touches the lips<input type="checkbox"/> Uses a suck-swallow pattern to move food to the back of the mouth<input type="checkbox"/> Some food is pushed out of the mouth<input type="checkbox"/> Periodic choking, gagging or vomiting can occur<input type="checkbox"/> Sequences twenty or more sucks from the breast or bottle<input type="checkbox"/> Swallowing follows sucking with no obvious pauses when hungry<input type="checkbox"/> Pauses for breathing are infrequent |
| 6-8 months | <ul style="list-style-type: none"><input type="checkbox"/> No longer loses liquid during sucking<input type="checkbox"/> Uses sucking motion with cup, wide jaw movements with loss of liquid<input type="checkbox"/> Swallows some thicker pureed foods and tiny, soft, slightly noticeable lumps<input type="checkbox"/> Food is not pushed out by the tongue, but minor loss of food will occur<input type="checkbox"/> Tongue moves up and down in a munching pattern, with side to side movements beginning to develop<input type="checkbox"/> Does not yet use teeth and gums to clean food from lips |
| 9-12 months | <ul style="list-style-type: none"><input type="checkbox"/> Usually takes up to three sucks before stopping or pulling away from the cup to breathe<input type="checkbox"/> Holds a soft cookie between the gums or teeth without biting all the way through<input type="checkbox"/> Begins to transfer food from the center of the tongue to the side<input type="checkbox"/> Uses side to side tongue movement with ease when food is placed on the side of the mouth<input type="checkbox"/> Upper lip moves downward and forward to assist in food removal from spoon |
| 12-18 months | <ul style="list-style-type: none"><input type="checkbox"/> Sequences of at least three suck-swallows occurs<input type="checkbox"/> Coughing and choking may rarely occur, however, may be present if the liquid flows too fast<input type="checkbox"/> Able to bite a soft cookie<input type="checkbox"/> May lose food or saliva while chewing |
| 18 months | <ul style="list-style-type: none"><input type="checkbox"/> Tongue does not protrude from the mouth or rest beneath the cup during drinking<input type="checkbox"/> No loss of food or saliva during swallowing, but may still lose some during chewing<input type="checkbox"/> Attempts to keep lips closed during chewing to prevent spillage<input type="checkbox"/> Able to bite through a hard cookie |
| 2 years | <ul style="list-style-type: none"><input type="checkbox"/> Chewing motion is rapid and skillful from side to side without pausing in the center<input type="checkbox"/> No longer loses food or saliva when chewing<input type="checkbox"/> Will use tongue to clean food from the upper and lower lips<input type="checkbox"/> Able to open jaw to bite foods of varying thicknesses |

Problem signs: if a child is experiencing any of the following, consider making a referral:

- ☐ Child appears distressed during feeding
- ☐ Experiences frequent coughing/choking during feeding
- ☐ Shows refusal to eat with no obvious reason
- ☐ Weight gain/loss
- ☐ Ongoing problems with vomiting
- ☐ Repeated incidents of nasal reflux
- ☐ Signs of stress during feeding/mealtimes including melt down, running away
- ☐ Aversion or avoidance of foods and textures
- ☐ Limited food range
- ☐ Parent repeatedly reports that the child is difficult to feed

Adapted from Morris and Klein, Pre-Feeding Skills; 1987 Therapy Skill Builders and from Ernsperger and Stegen-Hanson, Just Take a Bite, 2004.

WHERE TO GO FOR HELP

If there are any concerns about feeding and swallowing, contact Pathways Health Centre for Children at 519-542-3471 ext.331, www.pathwayscentre.org or the Primary Care Provider/Physician.

If there are breastfeeding concerns contact Lambton Public Health to speak with the lactation consultant at 519-383-3817, or for breastfeeding information, visit www.lambtonhealth.on.ca

Breast Feeding Support (North Lambton Community Health Centre). Registered Dietitian available to support parents and children with feeding concerns. 519-786-4545 (North Lambton) or 519-344-3017 (Sarnia)

For self-feeding, see Fine Motor Skills Section. For nutritional concerns, see Nutrition Section.

Fetal Alcohol Spectrum Disorder

Fetal Alcohol Spectrum Disorder (FASD) is an umbrella term for the range of harm that is caused by alcohol use during pregnancy. It includes several medical diagnostic categories including Fetal Alcohol Syndrome (FAS). FASD is preventable, but not curable. Early diagnosis and intervention can make a difference.

The following are characteristics of children with Fetal Alcohol Spectrum Disorder. Children exposed prenatally to alcohol, who do not show the characteristic physical/external or facial characteristics of FAS, may suffer from equally severe central nervous system damage.

Infants

- ☐ Low birth weight; failure to thrive; small size; small head circumference; and ongoing growth retardation
- ☐ Disturbed sleep, irritability, persistent restlessness
- ☐ Failure to develop routine patterns of behaviour
- ☐ Prone to infections
- ☐ May be floppy or too rigid because of poor muscle tone (all or parts of the body)
- ☐ May have one of the following birth defects: congenital heart disease, cleft lip and palate, anomalies of the urethra and genitals, spina bifida
- ☐ Facial dysmorphism – the characteristic facial features include small eye openings, flat mid-face, thin upper lip, flattened ridges between base of nose and upper lip; ear anomalies

Toddlers and Preschoolers

- ☐ Developmental delays
- ☐ Slow to acquire skills
- ☐ Sleep and feeding problems may persist
- ☐ Sensory hyper-sensitivity (irritability, stiffness when held or touched, refusal to brush hair or teeth, over-reaction to injury)
- ☐ Late development of motor skills – clumsy and accident prone
- ☐ Facial dysmorphism as above

JK/SK

- ☐ Learning and neuro-behavioural problems (distractible, poor memory, impaired learning, impulsive)
- ☐ Discrepancy between good expressive and poor receptive language (is less capable than he/she looks)
- ☐ Hyperactivity; extreme tactile and auditory defensiveness
- ☐ Information processing problems
- ☐ Difficulty reading non-verbal cues; unable to relate cause and effect; poor social judgment
- ☐ Facial dysmorphism – as above

WHERE TO GO FOR HELP

If there are concerns, contact the Primary Care Provider/Physician for referral to the appropriate specialist.

For supports, contact the Pathways Health Centre for Children FASD Resource Hub.

<https://www.facebook.com/PathwaysFASDResourceHub/> or 519 542 3471

For FASD concerns related to specific characteristics, refer to Sensory, Behaviour, Gross Motor and Fine Motor sections.

Literacy issues may also be the result of difficulties with speech, vision, or hearing; refer to the Speech, Language & Literacy, Vision, and Hearing sections.

For more information on FASD, see Best Start: www.beststart.org or the Public Health Agency of Canada: <http://www.phac-aspc.gc.ca/fasd-etcaf/faq-eng.php>

Healthy Child Development...if a child is missing one or more of these expected age outcomes, consider making a referral:

- | | |
|---------------------|--|
| By 2 months | <input type="checkbox"/> Sucks well on a nipple
<input type="checkbox"/> Holds an object momentarily if placed in hand |
| By 4 months | <input type="checkbox"/> Sucks well on a nipple
<input type="checkbox"/> Brings hands or toy to mouth
<input type="checkbox"/> Turns head side to side to follow a toy or an adult face
<input type="checkbox"/> Brings hands to midline while lying on back |
| By 6 months | <input type="checkbox"/> Eats from a spoon (e.g. infant cereal)
<input type="checkbox"/> Reaches for a toy when lying on back
<input type="checkbox"/> Uses hands to reach and grasp toys |
| By 9 months | <input type="checkbox"/> Picks up small items using thumb and first finger
<input type="checkbox"/> Passes an object from one hand to the other
<input type="checkbox"/> Releases objects voluntarily |
| By 12 months | <input type="checkbox"/> Holds, bites and chews foods (e.g. crackers)
<input type="checkbox"/> Takes things out of a container
<input type="checkbox"/> Points with index finger
<input type="checkbox"/> Plays games like peek-a-boo
<input type="checkbox"/> Holds a cup to drink using two hands
<input type="checkbox"/> Picks up and eats finger foods |
| By 18 months | <input type="checkbox"/> Helps with dressing by pulling out arms and legs
<input type="checkbox"/> Stacks two or more blocks
<input type="checkbox"/> Scribbles with crayons
<input type="checkbox"/> Eats foods without coughing or choking |
| By 2 years | <input type="checkbox"/> Takes off own shoes, socks or hat
<input type="checkbox"/> Stacks five or more blocks
<input type="checkbox"/> Eats with a spoon with little spilling |
| By 3 years | <input type="checkbox"/> Turns the pages of a book
<input type="checkbox"/> Dresses or undresses with help
<input type="checkbox"/> Unscrews a jar lid
<input type="checkbox"/> Holds a crayon with fingers
<input type="checkbox"/> Draws vertical and horizontal lines in imitation
<input type="checkbox"/> Copies a circle already drawn |
| By 4 years | <input type="checkbox"/> Holds a crayon correctly
<input type="checkbox"/> Undoes buttons or zippers
<input type="checkbox"/> Cuts with scissors
<input type="checkbox"/> Dresses and undresses with minimal help |
| By 5 years | <input type="checkbox"/> Draws diagonal lines and simple shapes
<input type="checkbox"/> Uses scissors to cut along a thick line drawn on paper
<input type="checkbox"/> Dresses and undresses without help except for small buttons, zippers, snaps
<input type="checkbox"/> Draws a stick person |

Beyond 5 years

- ☐ Use of one hand more frequently
- ☐ Print letters, numbers and words
- ☐ Print and colour with-in lines
- ☐ Draw recognizable figures
- ☐ Open packages
- ☐ Dressing skills
- ☐ Use eating utensils with minimal mess

Problem signs: if a child/youth is experiencing any of the following, consider making a referral:

- ☐ Infants who are unable to hold or grasp an adult finger or a toy/object for a short period of time
- ☐ Unable to play appropriately with a variety of toys; or avoids crafts and manipulatives
- ☐ Consistently ignores or has difficulty using one side of body; or uses one hand exclusively
- ☐ Shaky movements
- ☐ Stiffness
- ☐ Weakness

WHERE TO GO FOR HELP

If there are concerns, contact Pathways Health Centre for Children at 519-542-3471 ext.331, www.pathwayscentre.org or the Primary Care Provider/Physician.

If a child attends a licensed early learning program, an ECE Resource Teacher may be available for further screening/assessment and support through Pathways Health Centre for Children at the above number.

Help Specific for First Nations Children in Lambton County

There are four First Nations communities in Lambton County: The Aamjiwnaang Chippewas of Sarnia First Nation, the Chippewas of Kettle Point, Stony Point First Nations, Bkejwanong First Nations (Walpole Island).

A range of services and partnerships provide services for children and youth who are connected to First Nations communities that reflect the First Nations culture, customs, values and beliefs.

Aamjiwnaang First Nation – 519-336-8410, 978 Tashmoo Ave. Sarnia, N7T 7H5

Aamjiwnaang Health Centre – 519-332-6770, 1300 Tashmoo Ave. Sarnia, N7T 8E5

Kettle and Stony Point First Nation – 519-786-2125, 6247 Indian Lane, R.R.2 Forest, Ontario, NON 1J0

Kettle and Stony Point Health Centre – 519-786-5647, 6247 Indian Lane, R.R. 2 Forest, Ontario, NON 1J0

Mnaasged Child and Family Services – 519-692-5603, Children and Youth programs, Helping Families program, Welcome Baby program

Walpole Island First Nation – 519-627-3907, Coordination and delivery of Social Services for Walpole Island First Nation

Enodmaagejig Social Services – 519-627-3907, coordination and manage delivery of Social Services for Walpole Island First Nation. Many programs for children and youth are provided including summer groups, social hub and counselling.

New Directions – 519-627-6072 ext. 258, A diversion Program for Youth at Risk

Community Development Unit- 519-627-6072, ext. 224

Three Fires Ezhignowenmindwaa Women's Shelter – 519-627-3635

Walpole Island Health Centre – 519-627-0765, broad range of health education programs and screening services.

Walpole Island Help Team -24 Hour Crisis Line – 519-627-3635, Trauma debriefing team, school presentations for students of Walpole Island schools.

Every child is different and their grief journey is unique. Each child responds to loss cognitively, emotionally, spiritually and physically in their own way. Different developmental stages do have general characteristics for the grieving process. Infants may sense when something is disrupted in their world. Having a grief stricken caregiver or having people around them who are grieving can affect them. Though they may not verbalize their grief they may react and express their grief through behaviours. Reassurance, routine, participation in rituals (funerals, memorial, and family gatherings) and allowing children to express their grief are all ways of supporting them in their journey.

Infants:

- ☐ Interruptions in sleep and feeding patterns
- ☐ Irritability
- ☐ Crying
- ☐ Increased need for comfort
- ☐ Consideration should be given for any other possible health issue

Children: 0-6yrs

Children in this age range are not able to comprehend the finality, universality or irreversibility of death, yet they still grieve and will have a wide range of reactions:

- ☐ Anger
- ☐ Irritability
- ☐ Fear of abandonment
- ☐ Sadness
- ☐ Regressive behaviours
- ☐ Sense of responsibility for the death
- ☐ Changes in eating and sleeping
- ☐ Difficulty sleeping (may include dreams or nightmares)
- ☐ Magical thinking
- ☐ Repetitive questions about where the loved one is and why they are not there
- ☐ Wondering if the loved one will return (perhaps for a special occasion)

Children: 7-12yrs

- ☐ Greater cognitive ability and logical thinking
- ☐ Begins to understand the finality of death
- ☐ May ask specific questions and for details
- ☐ Ability to mourn
- ☐ Sadness
- ☐ Problems in school may include acting out, withdraw from friends
- ☐ May feel responsible for death
- ☐ Feel ashamed, different from other children
- ☐ Physical complaints (headaches, stomach aches...)
- ☐ Changes in appetite or sleep patterns
- ☐ Concern for personal safety, fear of death

Youth: 12-21yrs

- ☐ Do understand death cognitively (may have a spiritual component)
- ☐ Acting out or withdrawal
- ☐ Sense of unfairness
- ☐ Difficulty concentrating
- ☐ Anger/depression/sadness
- ☐ Search for meaning
- ☐ Regression
- ☐ Increase in high-risk behaviours
- ☐ Possibility of suicidal thoughts
- ☐ Will often seek out peers for support

Many grief reactions are short term (weeks, months). If some of the reactions are prolonged for more than 6 months, it is important to consider seeking professional help.

WHERE TO GO FOR HELP

St. Joseph's Hospice, 475 Christina St. N. Sarnia ON, 519-337-0537. Bereavement groups for children 6-18 yrs. (18+ adult services also offered). Groups are organized based on developmental stage and cognitive understanding. Special events such as summer camp, and holiday events (Mother's Day, Father's Day, etc.) are offered.

Anticipatory Grief support groups are offered on as needed basis to prepare children for the impending death of a loved one. St. Joseph's Hospice provides resources and psycho-education to caregivers, professionals, and the community on Children/Teen grief.

Additional Resources: KidsGrief.ca (www.kidsgrief.ca); Sesame Street "When Families Grieve" (www.sesamestreet.org/parents/topicsandactivities/topics/grief); Virtual Hospice (www.virtualhospice.ca)

Primary Health care provider

St. Clair Child and Youth Services – 519-337-3701

Walpole Island Help Team 24 Hour Crisis Line – 519-627-3635, Trauma Debriefing and Grief Specialists on staff.

Victim Services of Sarnia-Lambton – 519-344-8861, ext. 5238, Support available for children who have experienced a traumatic event.

Healthy Child Development...if a child is missing one or more of these expected age outcomes, consider making a referral:

- | | |
|---------------------|---|
| By 3 months | <ul style="list-style-type: none"><input type="checkbox"/> Lifts head up when held at your shoulder<input type="checkbox"/> Lifts head up when on tummy |
| By 4 months | <ul style="list-style-type: none"><input type="checkbox"/> Keeps head in midline and bring hands to chest when lying on back<input type="checkbox"/> Lifts head and supports self on forearms on tummy<input type="checkbox"/> Holds head steady when supported in sitting position |
| By 6 months | <ul style="list-style-type: none"><input type="checkbox"/> Rolls from back to stomach or stomach to back<input type="checkbox"/> Pushes up on hands when on tummy<input type="checkbox"/> Sits on floor with support |
| By 9 months | <ul style="list-style-type: none"><input type="checkbox"/> Sits on floor without support<input type="checkbox"/> Moves self forward on tummy or rolls continuously to get item<input type="checkbox"/> Stands with support |
| By 12 months | <ul style="list-style-type: none"><input type="checkbox"/> Gets up to a sitting position on own<input type="checkbox"/> Pulls to stand at furniture<input type="checkbox"/> Takes steps holding onto furniture or adult's hands |
| By 18 months | <ul style="list-style-type: none"><input type="checkbox"/> Walks alone<input type="checkbox"/> Crawls up stairs<input type="checkbox"/> Plays in a squat position |
| By 2 years | <ul style="list-style-type: none"><input type="checkbox"/> Walks backwards or sideways pulling a toy<input type="checkbox"/> Kicks a ball<input type="checkbox"/> Attempts to jump with both feet<input type="checkbox"/> Walks up and down stairs with railing or wall for support |
| By 3 years | <ul style="list-style-type: none"><input type="checkbox"/> Stands on one foot briefly<input type="checkbox"/> Climbs stairs with minimal or no support<input type="checkbox"/> Kicks a ball forcefully<input type="checkbox"/> Jumps forwards with both feet together |
| By 4 years | <ul style="list-style-type: none"><input type="checkbox"/> Stands on one foot for one to three seconds without support<input type="checkbox"/> Goes up stairs alternating feet<input type="checkbox"/> Rides a tricycle using foot peddles<input type="checkbox"/> Able to walk along a 4 inch wide line taking typical steps without stepping off (i.e. NOT heel to toe steps) |
| By 5 years | <ul style="list-style-type: none"><input type="checkbox"/> Hops on one foot<input type="checkbox"/> Able to catch a ball with two hands thrown from 5 feet away, throws overhand and underhand successfully<input type="checkbox"/> Plays on playground equipment without difficulty and safely |
| By 5-7 years | <ul style="list-style-type: none"><input type="checkbox"/> Enjoys participation in team games<input type="checkbox"/> Develops ball skills with smaller ball<input type="checkbox"/> Enhance game skills like hopscotch and jump rope<input type="checkbox"/> Rides a two wheeler bike<input type="checkbox"/> Ties shoe laces<input type="checkbox"/> Runs up and down stairs |
| 7-12 years | <ul style="list-style-type: none"><input type="checkbox"/> Weight bearing activities i.e. cartwheels, hand stands<input type="checkbox"/> Scales fences<input type="checkbox"/> Skips<input type="checkbox"/> Uses combination of activities such as jumping and running (with balance)<input type="checkbox"/> Use saw, hammer, garden tools<input type="checkbox"/> Swims, roller skate/ice skate, jump rope<input type="checkbox"/> Variety of sporting, i.e. dodge ball, team relays, kick ball |

Adolescence

- ☐ Maintains balance while moving
- ☐ Increased coordination and motor activity with greater physical strength
- ☐ Develops better distance judgment and hand eye coordination
- ☐ Master skills for adult sport with practice

Problem signs...if a child is experiencing any of the following, consider making a referral:

- ☐ Baby demonstrates a strong preference to hold his or her head turned to only one side (i.e. Left side or right side) and has difficulty turning their head to the opposite side (is unable to hold head in the middle to turn and look left and right)
- ☐ Child walks consistently on their toes and is unable to walk with heels down. (Unable to walk with heels down four months after starting to walk).
- ☐ Asymmetry (i.e. a difference between two side of body; or body too stiff or too floppy)
- ☐ Child is not doing what he/she should do for his age
- ☐ Problems with legs and feet
- ☐ Complains of persistent pain or fatigue
- ☐ Skills regressing
- ☐ General clumsiness

In-toeing

In-toeing (also called “pigeon toed”) describes feet that turn inwards instead of pointing straight ahead. You notice it when a child walks or runs. Children of all ages may have in-toeing for different reasons and some children will trip or fall as they walk and run. It is considered part of normal development. In most cases, in-toeing will correct itself as children grow without the need for casts, braces, surgery or special treatment. If it does not fully resolve, in-toeing does not cause pain or any long term problems.

What Can I Do?

Most children who in-toe will self-correct over time with growth and do not require treatment. If you have concerns as your child is getting older or if your child is unable to complete daily activities due to in-toeing, then contact your child's Doctor to discuss your concerns. If you have spoken to your health care provider and continue to have concerns, please contact Pathways Health Centre for Children to book at appointment at 519-542-3471.

Mobility Issues

Please note: If there are issues with mobility and seating, Pathways has a Seating and Mobility Team that includes a Physiotherapist and/or Occupational Therapist and an Adaptive Equipment Technician. The services include assessments by an Assistive Devices Program authorizer, goal setting and recommendations, prescription for equipment to achieve seating and mobility goals, custom fitting and custom adaption.

WHERE TO GO FOR HELP

If there are concerns, contact a Primary Care Provider/Physician or Pathways Health Centre for Children at 519-542-3471 ext.331, www.pathwayscentre.org.

If a child attends a licensed early learning program, an ECE Resource Teacher may be available for further screening/assessment and support through Pathways Health Centre for Children at the above number.

Healthy Child Development...if a child is missing one or more of these expected age outcomes, consider making a referral:

- | | |
|--------------------------|--|
| Birth-3 months | <input type="checkbox"/> Looks at you while getting fed
<input type="checkbox"/> Quiets when hearing familiar voices and sounds
<input type="checkbox"/> Makes cooing and gurgling sounds
<input type="checkbox"/> Gets startled by loud noises |
| 3-6 months | <input type="checkbox"/> Turns eyes or head toward sound
<input type="checkbox"/> Responds to you by making sounds and /or moving arms and legs
<input type="checkbox"/> Smiles and laughs |
| 6-9 months | <input type="checkbox"/> Responds to hearing own name
<input type="checkbox"/> Understands "No"
<input type="checkbox"/> Looks at some common objects or family members when named
<input type="checkbox"/> Babbles sounds in a series – <i>bababa, dadada, mamama</i> |
| 9-12 months | <input type="checkbox"/> Understands simple requests – "Give it to Mommy", "Don't touch"
<input type="checkbox"/> Understands simple questions – "Where's the ball?"
<input type="checkbox"/> Uses gestures or sounds to let you know what he/she wants or needs
<input type="checkbox"/> Says first words
<input type="checkbox"/> Begins to play <i>pat-a-cake</i> and <i>peek-a-boo</i> |
| 12-18 months | <input type="checkbox"/> Follows simple spoken directions, such as "Get the ball"
<input type="checkbox"/> Points to people, body parts or toys when asked
<input type="checkbox"/> Uses connected sounds that sound like sentences in a different language (gibberish)
<input type="checkbox"/> Uses 10 or more words
<input type="checkbox"/> Uses common expression – " <i>oh no</i> ", " <i>all gone</i> " |
| 18-24 months | <input type="checkbox"/> Uses 20 or more words"
<input type="checkbox"/> Combines two or more words, such as " <i>more juice</i> "
<input type="checkbox"/> Uses many different speech sounds at beginning of words, such as <i>p, b, m, t, d, n</i>
<input type="checkbox"/> Takes turns "talking" back and forth with you
<input type="checkbox"/> Listens to simple stories, rhymes and songs |
| 3-4 years | <input type="checkbox"/> Turns toward you when you call their name from behind
<input type="checkbox"/> Follows simple commands
<input type="checkbox"/> Tries to "talk" by pointing, reaching and making noises
<input type="checkbox"/> Knows sounds like a closing door and a ringing phone |
| 4-5 years | <input type="checkbox"/> Pays attention to a story and answers simple questions
<input type="checkbox"/> Hears and understands most of what is said at home and school
<input type="checkbox"/> Family, teachers, babysitters, and others think he/she hears fine |
| 6 years and older | <input type="checkbox"/> Difficulty following instructions
<input type="checkbox"/> Poor listening skills
<input type="checkbox"/> Academic difficulties
<input type="checkbox"/> Reading difficulties |

Problem Signs...if a child is experiencing any of the following, consider making a referral:

- ☐ Early babbling stops
- ☐ Ear pulling (with fever or crankiness)
- ☐ Does not respond when called
- ☐ Draining ears
- ☐ A lot of colds and ear infections
- ☐ Loud talking

WHERE TO GO FOR HELP

If a permanent childhood hearing loss for ages 4 months to 6 years is suspected, contact the Southwest Regional Infant Hearing Program through Pathways Health Centre for Children – 519-542-3471, www.pathwayscentre.org.

Hearing and Speech go together. A problem with one could mean a problem with the other. For a hearing assessment, advise the parent to contact the Primary Care Provider for a referral to an Audiologist, contact an Audiologist directly, or contact Pathways Health Centre for Children – 519-542-3471 ext.331.

Lambton Audiology (519) 542-0569- offers complimentary hearing screens. *Families can call and book an appointment.

Youth (and families or guardians) may face several issues when seeking housing and meeting basic needs such as food. Poverty related to unemployment rates and low income whether from social assistance, employment insurance or minimum wages contribute to chronic poverty for many individuals and families.

Lack of affordable housing is a major contributor to housing instability and eventual homelessness. Inadequate and unaffordable housing and unsafe conditions are recognized as creating impacts to the individual including poor health and lack of access to community supports.

What to look for:

- ☐ Poor attendance at school/work
- ☐ Poor nutrition/hunger
- ☐ Fatigue
- ☐ Physical illnesses
- ☐ Hygiene may decline/clothing options limited
- ☐ Mental health, addictions and substance abuse
- ☐ Many homeless youth have histories of family instability, conflict and abuse.
- ☐ Youth in Lambton County who need housing may find themselves homeless (living on the streets “couch surfing”, sleeping in cars.)

Youth with disabilities may face special challenges in making the transitions from teen years to young adulthood. An excellent resource is Jump Start –Getting Started-Navigating the Teen to Adult Transition Years. Many helpful resources are listed in this on line resource: www.teentransition-lk.org

Youth with mental health issues may be more at risk for housing/homelessness. The Canadian Mental Health Association provides specific supports in the area of housing.

WHERE TO GO FOR HELP

Emergency housing and other supports:

The Haven (Inn of the Good Shepherd) 442/444 Kathleen St., 519-336-5941. Short term co-ed shelter for young adults between the ages 16-21. Funded by the Ministry of Children and Youth Services and the County of Lambton.

Emergency Housing Program at Canadian Mental Health Association 519-337-5411

Youth in Transition – Sarnia-Lambton Rebound, 519-344-2841. This program helps youth between the ages 16-24 access supports as they transition from the care of the Children's Aid Society.

Community Support Worker of the Housing Advocacy and Trustee program, 519-344-2062 ext. 2174

Food Banks:

The Inn of the Good Shepherd –115 John St. Sarnia, 519-344-1746, Food Bank Soup Kitchen, Housing Assistance, Genesis

St. Vincent De Paul – 228 Davis St. Sarnia, 519-337-3325

Neighborhood Link – 519-336-5465

Petrolia Food Bank – 519-882-3950

Salvation Army -519-337-3011

Financial Supports:

Lambton Shared Services Centre– 150 Christina St. N. Sarnia, County of Lambton Ontario Works Department - 519-344-2057 or toll free 1-800-387-2882. **Service Canada** – 1-800-622-6232, 519-464-5025

Current research indicates that early appropriate intervention can successfully remediate many disabilities, particularly those related to reading. Parents are often the first to notice that “something doesn’t seem right.” The following is a list of characteristics that MAY point to a learning disability. Most people will, from time to time, see one or more of these warning signs in their children. This is normal.

Learning disabilities are related to difficulties in processing information:

- ☐ The reception of information
- ☐ The integration or organization of that information
- ☐ The ability to retrieve information from its storage in the brain
- ☐ The communication of retrieved information to others

If a child exhibits several of the following characteristics over a long period of time, consider making a referral:

Preschool

- ☐ Speaks later than most children
- ☐ Has pronunciation difficulties
- ☐ Slow vocabulary growth, often unable to find the right word
- ☐ Has difficulty rhyming words
- ☐ Has trouble learning colours, shapes, days of the week, numbers and the alphabet
- ☐ Fine motor skills are slow to develop
- ☐ Is extremely restless and easily distracted
- ☐ Has difficulty following directions and/or routines
- ☐ Has trouble interacting appropriately with peers

School Age

- ☐ Student not reading or doing math at grade level
- ☐ General struggles with school (going)
- ☐ Writing difficulties (words to paper, generating ideas)
- ☐ Fine/gross motor concerns
- ☐ Speech/language delays (listening/speaking)
- ☐ Problems with memory/attention and organization
- ☐ Difficulties with social skills (understanding social cues)

WHERE TO GO FOR HELP

Learning Disabilities are diagnosed by a Psychologist, and generally after the child enters school and is learning to read and write.

The Psychologist will assess:

- Auditory and visual perceptual skills (understanding)
- Processing speed
- Organization
- Memory (short and long term storage and retrieval)
- Fine motor skills
- Gross motor skills
- Attention (focus)
- Abstractions (interpreting symbolism)
- Social competence (effective interactions with others)

For more information about learning disabilities, visit the Learning Disabilities Association of Ontario website at www.ldao.ca/

Children with a learning disability may also have difficulties with speech, hearing, or vision. Refer to the sections on Speech, Language & Literacy, Hearing and Vision.

LGBT2SQ – Lesbian, Gay, Bisexual, Transgender, 2 Spirited and Questioning

Adolescence is a time of many transformations in a young person's life, including physical, mental and emotional changes. Exploring sexuality is a natural part of this developmental process. Yet for those youth who have same-sex attractions or who identify as gay, lesbian, bisexual ,transgender, adolescences may be an even more turbulent time than usual as they cope with stigma and social prejudice related to their sexual orientation or gender identity (NAMI, National Alliance on Mental Illness). As a result of stigma, LGBT2SQ youth may be more vulnerable to mental health problems such as depression, anxiety, substance use and thoughts of suicide.

What to look for:

- ☐ Victimization
- ☐ Discrimination/harassment
- ☐ Marginalization by peer groups
- ☐ School Avoidance
- ☐ Social withdrawal
- ☐ Depression
- ☐ Mental Health issues including depression, anxiety, self-harm, PTSD, and suicidality
- ☐ Lack of specialized supports
- ☐ Health issues

WHERE TO GO FOR HELP

Sarnia-Lambton Rebound: Spectrum – ages 14-24, Positive Drop in Space for LGBT2SQ, community outreach and education.
519-344-2841

PFLAG Sarnia Bluewater
Support group for parents, family and friends of. LGBT2SQ
519-344-8246

Lesbian Gay Bi Trans Youth Line
www.youthline.ca
1-800-268-9688
TXT 647-694-4275

Lambton Public Health for Sexual Health Clinics – 519-383-8331 Fax referrals 519-383-6078

WHERE TO GO FOR HELP

Primary Care Health Practitioner

Bluewater Health: 89 Norman St, Sarnia, 519-464-4400

Charlotte Eleanor Englehart Hospital: 450 Blanche St. Petrolia, 519-882-4325

Community Health Care Centres provide primary health care, health promotion and community development services, using multidisciplinary teams of health providers. Physicians, Nurse Practitioners, Registered Nurses, Social Workers, and Dietitians provide assessment diagnosis and treatment and referral to other health care professionals when required.

West Lambton Health Centre –Sarnia, 519-344-3017, fax 519-344-7535

East Lambton Health Centre – Watford, 519-333-2747, fax 519-333-6447

North Lambton Health Centre- Forest, 519-786-4545, fax 519-786-6318

Kettle Point Health Centre – 519-786-2700, fax 519-786-4992

Lambton Public Health – 519-383-8331 Fax referrals 519-383-6078

Sexual Health Clinics provide the following services:

- STI testing/treatment
- Pregnancy testing
- Birth control
- Emergency contraception
- Pregnancy options counselling
- Harm reduction program

Children may engage in one or more problem behaviours from time to time. Some factors should be considered in determining whether the behaviour is truly of concern. These include:

- Injuring themselves or others
- Behaving in a manner that presents immediate risk to themselves or others
- Frequency and severity of the behaviour
- Number of problematic behaviours that are occurring at one time
- Significant change in the child's behaviour

If the child presents any of the following behaviours, consider making a referral:

Self-Injurious Behaviour	<input type="checkbox"/> Bites self; slaps self; grabs at self <input type="checkbox"/> Picks at skin; sucks excessively on skin/bangs head on surfaces <input type="checkbox"/> Eats inedibles <input type="checkbox"/> Intentional vomiting (when not ill) <input type="checkbox"/> Potentially harmful risk taking (e.g. running into traffic, setting fires)
Aggression	<input type="checkbox"/> Temper tantrums; excessive anger, threats <input type="checkbox"/> Hits; kicks; bites; scratches others; pulls hair <input type="checkbox"/> Bangs, slams objects; property damage <input type="checkbox"/> Cruelty to animals <input type="checkbox"/> Hurting those less able/bullies others
Social Behaviour	<input type="checkbox"/> Difficulty paying attention/hyperactive; overly impulsive <input type="checkbox"/> Screams; cries excessively; swears <input type="checkbox"/> Hoarding; stealing <input type="checkbox"/> No friends; socially isolated; will not make eye or other contact; withdrawn <input type="checkbox"/> Anxious; fearful/extreme shyness; agitated <input type="checkbox"/> Compulsive behaviour; obsessive thoughts; bizarre talk <input type="checkbox"/> Embarrassing behaviour in public; undressing in public <input type="checkbox"/> Touches self or others in inappropriate ways; precocious knowledge of a sexual nature <input type="checkbox"/> Flat affect, inappropriate emotions, unpredictable angry outburst, disrespect or striking female teachers are examples of post trauma
Noncompliance	<input type="checkbox"/> Oppositional behaviour <input type="checkbox"/> Running away <input type="checkbox"/> Resisting assistance that is inappropriate to age
Life Skills	<input type="checkbox"/> Deficits in expected functional behaviours (e.g. eating, toileting, dressing, poor play skills) <input type="checkbox"/> Regression; loss of skills; refusal to eat; sleep disturbances <input type="checkbox"/> Difficulty managing transitions/routine changes
Self-Stimulatory Behaviour	<input type="checkbox"/> Hand-flapping; hand wringing; rocking; swaying <input type="checkbox"/> Repetitious twirling; repetitive object manipulation <input type="checkbox"/> Bites self, grabs at self <input type="checkbox"/> Picks at skin, sucks excessively on skin, bangs head on surfaces <input type="checkbox"/> Eats inedible items <input type="checkbox"/> Intentional vomiting (when not ill) (See Eating Disorders) <input type="checkbox"/> Potentially harmful risk taking (running in traffic, setting fires)

WHERE TO GO FOR HELP

For concerns, advise the caregiver to contact St. Clair Child & Youth Services at 519-337-3701, www.stclairchild.ca or consult a Primary Care Provider/Physician or Pediatrician. If there are concerns about behaviour in conjunction with a developmental delay, advise the parent to contact St. Clair Child & Youth Services as above, Pathways Health Centre for Children at 519-542-3471 ext.331, www.pathwayscentre.org, or the Ontario Autism Program 1-866-590-8822, www.tvcc.on.ca

If a child attends a licensed early learning program, an ECE Resource Teacher may be available for further screening/assessment and support through Pathways Health Centre for Children at the above number.

Mild Traumatic Brain Injury

Changes in behaviour may be related to a mild traumatic brain injury (e.g. falls, accidents, medical treatment, sports injuries, shaken baby syndrome).

If the child presents with one or more of the following behaviours that are different from the child's norm, consider making a referral:

Physical

- ☐ Dizziness
- ☐ Headache - recurrent or chronic
- ☐ Blurred vision or double vision
- ☐ Fatigue that is persistent
- ☐ Reduced endurance that is consistent
- ☐ Insomnia/severe problems falling asleep
- ☐ Poor coordination and poor balance
- ☐ Sensory impairment (change in ability to smell, hear, see, taste the same as before)
- ☐ Significantly decreased motor function
- ☐ Dramatic and consistent increase or decrease in appetite
- ☐ Seizures
- ☐ Persistent tinnitus (ringing in the ears)

Cognitive Impairments

- ☐ Decreased attention
- ☐ Gets mixed up about time and place
- ☐ Decreased concentration
- ☐ Reduced perception
- ☐ Memory or reduced learning speed
- ☐ Develops problems finding words or generating sentences consistently
- ☐ Problem solving (planning, organizing and initiating tasks)
- ☐ Learning new information (increased time required for new learning to occur)
- ☐ Abstract thinking
- ☐ Reduced motor speed
- ☐ Inflexible thinking; concrete thinking
- ☐ Decreased processing speed
- ☐ Not developing age-appropriately
- ☐ Difficulties with multi-tasking and sequencing

Behavioural/Emotional (Severe)

- ☐ Irritability; aggression
- ☐ Emotional lability; impulsivity; confusion; distractibility; mind gets stuck on one issue
- ☐ Loss of self-esteem
- ☐ Poor social judgment or socially inappropriate behaviour
- ☐ Decreased initiative or motivation; difficulty handling transitions or routines
- ☐ Personality change; sleep disturbances
- ☐ Withdrawal; depression; frustration
- ☐ Anxiety
- ☐ Decreased ability to empathize; egocentric

What is a Concussion?

A concussion is a brain injury that cannot be seen on routine x-rays, CT scans or MRI's. It affects the way your child may think and remember things, and can cause a variety of symptoms. The child does not need to be knocked out (lose consciousness) to have had a concussion.

Thinking Problems

- ☐ Does not know time, date, place, period of game, opposing team, score of game
- ☐ General confusion
- ☐ Cannot remember things that happened before and after the injury
- ☐ Knocked out

Child/Youth Complaints

- ☐ Headache
- ☐ Dizziness
- ☐ Feels dazed
- ☐ Feels “dinged” or stunned; “having my bell rung”
- ☐ Sees stars, flashing lights
- ☐ Ringing in the ears
- ☐ Sleepiness
- ☐ Loss of vision
- ☐ Sees double or blurry
- ☐ Stomach ache, pain, nausea

Other Problems

- ☐ Poor coordination or balance
- ☐ Blank stare/glassy eyed
- ☐ Vomiting
- ☐ Slurred Speech
- ☐ Slow to answer questions or follow directions
- ☐ Easily distracted
- ☐ Poor concentration
- ☐ Strange or inappropriate emotions (i.e. laughing, crying, getting mad easily)

WHERE TO GO FOR HELP

If a parent reports changes in their child's behaviour, advise them to contact the Primary Care Provider/Physician or Pediatrician for a medical assessment and referral to the appropriate specialist.

ABUSE

Although not conclusive, the presence of one or more the following signs of abuse should alert parents and professionals to the possibility of child abuse. There are four types of child abuse: neglect, physical abuse, emotional abuse and sexual abuse. However, these signs should not be taken out of context or used individually to make unfounded generalizations. Pay special attention to duration, consistency and pervasiveness of each characteristic.

There is a **“duty to report”** to the Children’s Aid Society at 519-336-0623, any suspicions that a child is or may be in need of protection as a result of physical, sexual, emotional abuse and/or neglect having occurred or if there is a risk of physical, sexual, emotional abuse or neglect occurring. (Child & Family Services Act, 1990, amended 2002). Professionals must also report any incidence of a child witnessing family violence.

For related medical issues, contact the Primary Care Provider/Physician or Pediatrician. Acute injuries may require that the child be taken to the closest emergency department at Bluewater Health, at 220 N. Mitton Street, Sarnia, 519-464-4400 or Charlotte Eleanor Englehart, at 450 Blanche Street, Petrolia, and 519-882-4325.

POSSIBLE SIGNS OF NEGLECT

SUBTLE SIGNS OF NEGLECT MAY INCLUDE (BUT ARE NOT LIMITED TO)	BEHAVIOURAL INDICATORS IN CHILDREN	BEHAVIOURS OBSERVED IN ADULTS WHO NEGLECT CHILDREN
<p>An infant or young child may:</p> <ul style="list-style-type: none"> not be growing as expected be losing weight, height and weight significantly below age level have a “wrinkly old face” look pale not be eating well <ul style="list-style-type: none"> not dressed properly for the weather/missing key articles of clothing dirty or unwashed, severely unkempt, body odour bad diaper rash or other skin problems always hungry lack of medical and/or dental care signs of deprivation which improve with a more nurturing environment (e.g. hunger, diaper rash) 	<ul style="list-style-type: none"> does not show skills as expected appears to have little energy cries very little does not play with toys or notice people does not seem to care for anyone in particular may be very demanding of affection or attention from others older children may steal takes care of a lot of their needs on their own has a lot of adult responsibility at home discloses neglect (e.g. says there is no one at home) 	<ul style="list-style-type: none"> does not provide for the child's basic needs has a disorganized home life, with few regular routines (e.g. always brings the child very early, picks up the child very late) does not supervise the child properly (e.g. leaves the child alone, in a dangerous place, or with someone who cannot look after the child safely) may indicate that the child is hard to care for, hard to feed, describes the child as demanding may say that the child was or is unwanted may ignore the child who is trying to be loving has difficulty dealing with personal problems and needs is more concerned with own self than the child is not very interested in the child's life (e.g. fails to use services offered or to keep child's appointments, does not do anything about concerns that are discussed)

Sometimes a subtle sign is nothing. However, when several exist, there could be a problem. There is a **“duty to report”** to the Children’s Aid Society at 519-336-0623, any suspicions that a child is or may be in need of protection as a result of physical, sexual, emotional abuse and/or neglect having occurred or if there is a risk of physical, sexual, emotional abuse or neglect occurring. (Child & Family Services Act, 1990, amended 2002).

POSSIBLE SIGNS OF PHYSICAL ABUSE

SUBTLE SIGNS OF ABUSE MAY INCLUDE (BUT ARE NOT LIMITED TO)	BEHAVIOURAL INDICATORS IN CHILDREN	BEHAVIOURS OBSERVED IN ADULTS WHO ABUSE CHILDREN
<ul style="list-style-type: none"> a lot of bruises in the same area of the body or in the shape of an object (e.g. spoon, hand prints, belt) wears clothes to cover up injury, even in warm weather excessive crying or anxious when other children cry loss of appetite for no apparent reason or excessive appetite recurrent nightmares or disturbed sleep patterns <p>Burns:</p> <ul style="list-style-type: none"> from a cigarette in a pattern that looks like an object (e.g. iron) <p>Signs of possible head injury:</p> <ul style="list-style-type: none"> swelling and pain nausea and vomiting feeling dizzy bleeding from the scalp or nose <p>Signs of possible injury to arms and legs:</p> <ul style="list-style-type: none"> pain sensitive to touch cannot move properly limping breathing causes pain difficulty raising arms human bite marks cuts and scrapes inconsistent with normal play signs of female genital mutilation (e.g. trouble going to the bathroom) reenactment of abuse using dolls, drawings or friends 	<ul style="list-style-type: none"> cannot remember how injuries happened the story of what happened does not match the injury refuses or is afraid to talk about injuries is afraid of adults or of a particular person does not want to be touched <p>May have behaviour extremes:</p> <ul style="list-style-type: none"> aggressive unhappy withdrawn obedient and wanting to please uncooperative <ul style="list-style-type: none"> is afraid to go home runs away is away a lot and when comes back there are signs of healing injury does not show skills as expected does not get along well with other children tries to hurt him/herself (e.g. cutting oneself, suicide) discloses abuse clinging 	<ul style="list-style-type: none"> does not tell the same story as the child about how the injury happened may say that the child seems to have a lot of accidents severely punishes the child cannot control anger and frustration expects too much from the child talks about having problems dealing with the child talks about the child as being bad, different or "the cause of my problems" does not show love toward the child does not go to the doctor right away to have injury checked has little or no help caring for the child

Sometimes a subtle sign is nothing. However, when several exist, there could be a problem. There is a **“duty to report”** to the Children’s Aid Society at 519-336-0623, any suspicions that a child is or may be in need of protection as a result of physical, sexual, emotional abuse and/or neglect having occurred or if there is a risk of physical, sexual, emotional abuse or neglect occurring (Child & Family Services Act, 1990, amended 2002).

POSSIBLE SIGNS OF SEXUAL ABUSE

SUBTLE SIGNS OF ABUSE MAY INCLUDE (BUT ARE NOT LIMITED TO)	BEHAVIOURAL INDICATORS IN CHILDREN	BEHAVIOURS OBSERVED IN ADULTS WHO ABUSE CHILDREN
<ul style="list-style-type: none"> • a lot of itching or pain in the throat, genital or anal area • frequent sore throats or urinary infections • a smell or discharge from the genital area • underwear that is bloody • thumb-sucking • pain when: <ul style="list-style-type: none"> ○ trying to go to the bathroom ○ sitting down ○ walking ○ swallowing • blood in urine or stool • injury to the breasts or genital area: <ul style="list-style-type: none"> ○ redness ○ bruising ○ cuts ○ swelling • constant sadness • reenactment of abuse using dolls, drawings or friends • recurrent nightmares or disturbed sleep patterns 	<ul style="list-style-type: none"> • copying the sexual behaviour of adults • knowing more about sex than expected • details of sex in the child's drawings/writing • sexual actions with other children or adults that are inappropriate • fears or refuses to go to a parent, relative, or friend for no clear reason • does not trust others • changes in personality that do not make sense (e.g. happy child becomes withdrawn) • behaviour extremism - very demanding of affection or attention, or clinging • goes back to behaving like a young child (e.g. bed-wetting, thumb-sucking) • refuses to be undressed, or when undressing shows fear • tries to hurt oneself (e.g. uses drugs or alcohol, eating disorder, suicide) • discloses abuse 	<ul style="list-style-type: none"> • may be very protective of the child • clings to the child for comfort • is often alone with the child • may be jealous of the child's relationships with others • does not like the child to be with friends unless the parent is present • talks about the child being "sexy" • touches the child in a sexual way • may use drugs or alcohol to feel freer to sexually abuse • allows or tries to get the child to participate in sexual behaviour

Sometimes a subtle sign is nothing. However, when several exist, there could be a problem. There is a **“duty to report”** to the Children’s Aid Society at 519-336-0623, any suspicions that a child is or may be in need of protection as a result of physical, sexual, emotional abuse and/or neglect having occurred or if there is a risk of physical, sexual, emotional abuse or neglect occurring.

POSSIBLE SIGNS OF EMOTIONAL ABUSE

SUBTLE SIGNS OF ABUSE MAY INCLUDE (BUT ARE NOT LIMITED TO)	BEHAVIOURAL INDICATORS IN CHILDREN	BEHAVIOURS OBSERVED IN ADULTS WHO ABUSE CHILDREN
<ul style="list-style-type: none"> the child does not develop as expected, failure to gain weight (especially infants) speech disorder (stuttering, stammering) habit disorders (biting, rocking, head banging) abnormal fears, increased nightmares often complains of nausea, headaches, stomach aches without any obvious reason wets or dirties pants is not given food, clothing and care as good as what the other children get may have unusual appearance (e.g. strange haircuts, dress, decorations) 	<ul style="list-style-type: none"> is unhappy, stressed out, withdrawn, aggressive or angry for long periods of time goes back to behaving like a young child (e.g. toileting problems, thumb-sucking) tries too hard to be good and to get adults to approve desperate for affectionate, tries really hard to get attention tries to hurt oneself criticizes oneself a lot does not participate because of fear of failing may expect too much of him/herself so gets frustrated and fails is afraid of what the adult will do if he or she does something the adult does not like runs away has a lot of adult responsibility does not get along well with other children discloses abuse 	<ul style="list-style-type: none"> often rejects, insults or criticizes the child, even in front of others does not touch or speak to the child with love talks about the child as being the cause for problems and things not going as wished talks about or treats the child as being different from other children and family members compares the child to someone who is not liked does not pay attention to the child and refuses to help the child isolates the child, does not allow the child to see others both inside and outside the family (e.g. locks the child in a closet or room) does not provide a good example for children on how to behave with others (e.g. swears all the time, hits others) lets the child be involved in activities that breaks the law uses the child to make money (e.g. child pornography) lets the child see sex and violence on TV, videos and magazines terrorizes the child (e.g. threatens to hurt or kill the child or threatens someone or something that is special to the child) forces the child to watch someone special being hurt asks the child to do more than s/he can do

Sometimes a subtle sign is nothing. However, when several exist, there could be a problem. There is a **“duty to report”** to the Children’s Aid Society at 519-336-0623, any suspicions that a child is or may be in need of protection as a result of physical, sexual, emotional abuse and/or neglect having occurred or if there is a risk of physical, sexual, emotional abuse or neglect occurring.

POSSIBLE SIGNS OF WITNESSING FAMILY VIOLENCE

SUBTLE SIGNS OF ABUSE MAY INCLUDE (BUT ARE NOT LIMITED TO)	BEHAVIOURAL INDICATORS IN CHILDREN	BEHAVIOURS OBSERVED IN ADULTS
<ul style="list-style-type: none"> the child does not develop as expected, failure to gain weight (especially infants) often complains of nausea, headaches, stomach aches without any obvious reason physical harm, whether deliberate or accidental, during or after a violent episode, including: <ul style="list-style-type: none"> while trying to protect others are a result of objects thrown 	<ul style="list-style-type: none"> may be aggressive and have temper tantrums may show withdrawn, depressed, and nervous behaviours (e.g. clinging, whining, a lot of crying) acts out what has been seen or heard between the parents; discloses family violence; may act out sexually tries too hard to be good and to get adults to approve afraid of: <ul style="list-style-type: none"> someone's anger one's own anger (e.g. killing the abuser) self or other loved ones being hurt or killed being left alone and not cared for problems sleeping (e.g. cannot fall asleep, afraid of the dark, does not want to go to bed, nightmares) bed-wetting; food-hoarding tries to hurt oneself; cruel to animals stays around the house to keep watch, or tries not to spend much time at home; runs away from home problems with school expects a lot of oneself and is afraid to fail and so works very hard takes the job of protecting and helping the mother, siblings does not get along well with other children 	<ul style="list-style-type: none"> abuser has trouble controlling self abuser has trouble talking and getting along with others abuser uses threats and violence (e.g. threatens to hurt, kill or destroy someone or something that is special; cruel to animals) forces the child to watch a parent/partner being hurt abuser is always watching what the partner is doing abuser insults, blames, and criticizes partner in front of others jealous of partner talking or being with others abuser does not allow the child or family to talk with or see others the abused person is not able to care properly for the children because of isolation, depression, trying to survive, or because the abuser does not give enough money holds the belief that men have the power and women have to obey uses drugs or alcohol the abused person seems to be frightened discloses family violence, the abuser assaulted or threw objects at someone holding a child

Sometimes a subtle sign is nothing. However, when several exist, there could be a problem. There is a **“duty to report”** to the Children’s Aid Society at 519-336-0623, any suspicions that a child is or may be in need of protection as a result of physical, sexual, emotional abuse and/or neglect having occurred or if there is a risk of physical, sexual, emotional abuse or neglect occurring.

If a child presents one or more of the following risk factors, consider making a referral:

0-3 months

- ☐ Produces less than 6 wet diapers each day (after 5 days of age)
- ☐ Not being fed based on feeding cues
- ☐ Infant formula not prepared and stored properly
- ☐ Water for infant formula not being brought to a rolling boil for 2 minutes or infant formula preparation and feeding equipment is not being properly sanitized
- ☐ Liquids or foods other than breast milk and iron-fortified infant formula are given (e.g. infant formula that is not iron fortified, cow's milk, homemade formula, water, juice, infant cereal or other pureed foods)
- ☐ Uses a propped bottle
- ☐ Honey is given
- ☐ Breastfed or partially breastfed infant drinking <1000 mL (32 oz) formula is not receiving a vitamin D supplement

4-6 months

- ☐ Produces less than 6 wet diapers each day
- ☐ Not being fed based on feeding cues
- ☐ Infant formula not prepared and stored properly
- ☐ Liquids other than breast milk and iron-fortified infant formula are given (e.g. infant formula that is not iron fortified, cow's milk, homemade formula, water, juice)
- ☐ Infant cereal or other pureed foods given in a bottle
- ☐ Uses a propped bottle
- ☐ Honey is given
- ☐ Breastfed or partially breastfed infant drinking <1000 mL (32 oz) formula is not receiving a vitamin D supplement

6-9 months

- ☐ Produces less than 6 wet diapers each day
- ☐ Feeding is forced or restricted
- ☐ By 7 months, not eating iron-containing foods such as iron-fortified cereal or pureed meats daily
- ☐ Infant formula not prepared and stored properly
- ☐ Consumes cow's milk or homemade formula, fruit drinks, pop, coffee, tea, hot chocolate, soy beverage, other vegetarian-based beverages (e.g. rice) or herbal teas
- ☐ Consumes juice frequently throughout the day or drinks >125mL (4 oz) juice per day
- ☐ Infant cereal or other pureed foods given in a bottle
- ☐ Uses a propped bottle
- ☐ Honey is given
- ☐ Breastfed or partially breastfed infant drinking <1000 mL (32 oz) formula is not receiving a vitamin D supplement

9-12 months

- ☐ Producing less than 6 wet diapers each day
- ☐ Feeding is forced or restricted
- ☐ By 10 months, not consuming lumpy textures
- ☐ Infant formula not prepared and stored properly
- ☐ Consumes more than 750mL (3 cups) of 3.25% cow's milk daily
- ☐ Skim, 1% or 2% cow's milk or soy beverage is given as main milk source
- ☐ Consumes juice frequently throughout the day or drinks >175mL (6 oz) juice per day
- ☐ Consumes fruit drinks, pop, coffee, tea, hot chocolate, soy beverage, other vegetarian-based beverages (e.g. rice) or herbal teas
- ☐ Honey is given
- ☐ Not supervised during feeding
- ☐ Breastfed or partially breastfed infant drinking <1000 mL (32 oz) formula is not receiving a vitamin D supplement

1- 2 Years

- ☐ Feeding is forced or restricted
- ☐ Child is not allowed to self-feed
- ☐ Not eating a variety of table foods including iron-containing foods daily
- ☐ Lumpy or textured foods are refused
- ☐ Dietary fat intake is restricted
- ☐ Consumes large amounts of fluids and very little food
- ☐ Consumes less than 500mL (2 cups) or more than 750mL (3 cups) of 3.25% cow's milk or breast milk daily
- ☐ Consumes more than 175mL (6 oz) juice daily
- ☐ Skim, 1% or 2% cow's milk is given regularly
- ☐ Consumes fruit drinks, pop, coffee, tea, hot chocolate, soy beverage, other vegetarian-based beverages (e.g. rice) or herbal teas regularly

2-6 Years

- ☐ Feeding is forced or restricted
- ☐ Does not have a regular feeding schedule that offers 3 meals and 2-3 small snacks a day
- ☐ Does not eat a variety of table foods from the 4 food groups of Eating Well with Canada's Food Guide
- ☐ Consumes large amounts of fluids and very little food
- ☐ Consumes less than 500mL (2 cups) or more than 750mL (3 cups) of cow's milk daily
- ☐ Consumes more than 175mL (6 oz) juice daily
- ☐ Consumes fruit drinks, pop, coffee, tea, hot chocolate, vegetarian-based beverages other than soy or herbal teas regularly
- ☐ Drinks from a bottle or is spoon-fed

General Risk Factors:

- ☐ Unexpected and/or unexplained weight loss or gain
- ☐ Follows a special diet that limits or includes certain foods
- ☐ Eats non-food items
- ☐ Problems with sucking, chewing, swallowing, gagging, vomiting or coughing while eating (see "Feeding and Swallowing" section)
- ☐ Suffers from tooth or mouth problems that make it difficult to eat or drink
- ☐ Frequent constipation, diarrhea, and/or abdominal pain
- ☐ Parent or care provider is unable to provide adequate food due to financial constraints or inadequate food storage/cooking facilities

WHERE TO GO FOR HELP

- ☐ Contact Lambton Public Health at 519-344-2062 ext. 2033/2349 (toll free 1-800-387-2882 to speak to a Registered Dietitian or call the Family Health line at 519-383-3817, www.lambtonhealth.on.ca to access help from a Public Health Nurse on infant or child feeding including Breastfeeding support from a Lactation Consultant.
- ☐ Breast Feeding Support (North Lambton Community Health Centre). Registered Dietitian available to support parents and children with feeding concerns. 519-786-4545 (North Lambton) or 519-344-3017 (Sarnia)
- ☐ Parents may prefer to contact their Primary Care Provider.
- ☐ Nutrition concerns may also be the result of feeding and swallowing difficulties; refer to the "Feeding and Swallowing" section.
- ☐ For more information on nutrition, explore these key nutrition resources:
 - o Best Start Resource Centre on breastfeeding, infant and child nutrition - www.beststart.org/resources/breastfeeding/index.html
 - o www.beststart.org/resources/nutrition/index.html
 - o The Canadian Paediatric Society at www.caringforkids.cps.ca/healthybodies/index.htm
 - o EatRight Ontario at www.eatrightontario.ca/en/default.aspx
 - o Health Canada's Eating Well With Canada's Food Guide www.hc-sc.gc.ca/fn-an/food-guide-aliment/order-commander/index-eng.php#1
 - o Health Canada Infant Feeding Guidelines www.hc-sc.gc.ca/fn-an/pubs/infant-nourrisson/nut_infant_nourrisson_term-eng.php

Personal Safety, Internet Safety, Relationships, Sexual Assault, Sexual and Criminal Harassment

Internet Safety

Computer exploration opens a world of possibilities for children and youth. There may be exposure to dangers on line that include sexual exploitation. Children and youth may be victimized by luring through the use of attention, affection and empathetic listening as perpetrators attempt to lower children's inhibitions. Other individuals engage in sexually explicit conversations with children.

Warning signs that a child/youth may be at risk on-line include:

- ☐ Becoming secretive about online activities
- ☐ Spends a great deal of time online
- ☐ Gets angry when denied time on line
- ☐ Receives phone calls from people you (parent/guardian) do not know or child makes calls to numbers that are not recognized
- ☐ Withdraws from family and friends
- ☐ Changes screens or turns off computer when an adult enters a room
- ☐ Begins downloading pornography online
- ☐ Receives mail, gifts or packages from someone you (parent/guardian) don't know.
- ☐ Use of an on-line account belonging to someone else

WHERE TO GO FOR HELP

In Canada, the following areas are deemed criminal offences: Possession, manufacture, distribution and accessing of child pornography, luring, child sex tourism, child trafficking, making sexually explicit material available to a child, agreement or arrangement with another person to commit a sexual offence against a child and non-consensual distribution of intimate images (of an individual under the age of 18). Police should be contacted regarding any previous items that may represent a criminal offense.

Sarnia Police Services – 519-344-8861

Ontario Provincial Police – 519-882-1011 (Wyoming), 519-786-2349 (Lambton Shores)
519-336-8691 (Point Edward)

If warning signs are present, contact:

St. Clair Child and Youth Services – 519-337-3701

Sarnia-Lambton Rebound – 519-344-2841

Relationships

Warning signs that a youth may be in an abusive relationship:

- ☐ Weight, appearance or grades have changed dramatically since relationship started
- ☐ Always worrying about how the person will react to things said or done
- ☐ Reluctance to express thoughts and feelings
- ☐ Family/friends are concerned or giving warnings about this person
- ☐ Fear of person
- ☐ Withdrawal from family, friends and usual activities

Warning signs for potentially abusive relationships:

- ☐ Treats partner disrespectfully including insults, put-downs, general rudeness in front of other people
- ☐ Blaming
- ☐ Controlling-may include financial, planning all activities, not interested in your ideas, tells person how to dress, what to eat and other activities
- ☐ Possessive: calling, texting excessively
- ☐ Jealous when time spent with others
- ☐ Isolation from usual peer groups
- ☐ No accountability for actions by partner
- ☐ Abuse of drugs or alcohol

Warning signs for potentially abusive relationships continued:

- ☐ Pressures to do activities against will
- ☐ Physical intimidation/physical aggression
- ☐ Punches, kicks or throws items
- ☐ Threats to harm/kill themselves if relationship breaks up
- ☐ Moody

WHERE TO GO FOR HELP

Women's Interval Home of Sarnia-Lambton – 519-336-5200

Victim Services of Sarnia-Lambton – 519-344-8861 ext. 5238

Confidential, non-judgmental counselling is provided to residential and non-residential clients at no charge.

Reseau-femmes du sud-ouest del'Ontario – 519-332-8897

Three Fires Ezhignowenmindwaa Women's Shelter, Walpole Island – 519-627-3635

Sexual Assault

Please note: Refer to Section on Abuse and Neglect for signs of Sexual Abuse in Children (under 16, unless child is already a child protection order who is 16/17 years of age). Duty to Report under the Ontario's Child and Family Services Act states all professions who have reasonable grounds to suspect abuse must report their suspicions promptly.

Sexual Assault is any unwanted sexual act done by one person to another. This can mean any unwanted touching of a sexual nature such as kissing, fondling, oral sex and intercourse. Sexual assault is an act of violence committed to make the attacker feel powerful.

Consent is the key factor in sexual assault. Under the Criminal Code of Canada, consent is defined "as voluntary agreement to engage in sexual activity with another person." The consent must be clearly expressed in words or conduct and is determined to not be obtained if:

- ☐ The individual is impaired by alcohol or drugs
- ☐ The individual is unconscious or sleeping
- ☐ The "accused" is in a position of trust or authority (teacher, coach, employer)
- ☐ The "accused" uses intimidation or threats to coerce a person into sexual activity
- ☐ An individual changes his or her mind and says no; no means no

Warning signs for the impact of sexual assault:

- ☐ Anger
- ☐ Depression
- ☐ Fear/anxiety
- ☐ Difficulties sleeping and eating
- ☐ Flashbacks
- ☐ Mood swings

WHERE TO GO FOR HELP

Sexual Assault Survivors' Centre (ages 16 and over) – 519-337-3154; 24-hour Crisis Line 519-337-3320

Sexual/Domestic Assault Treatment Centre -Bluewater Health – 519-464-4400 ext. 4522

Lambton Public Health – 519-383-8331 Fax referrals 519-383-6078

Sexual Health Clinics provide the following services:

- STI testing/treatment
- Pregnancy testing
- Birth control
- Emergency contraception
- Pregnancy options counselling
- Harm reduction program

Sexual Harassment

The Ontario Human Rights Code defines sexual harassment as “engaging in a course of vexatious comment or conduct that is known or ought to be known to be unwelcome.”

What to look for:

- ☐ Anxiety, frustration, depression, shame/guilt
- ☐ Loss of confidence
- ☐ Avoidance of school/workplace
- ☐ Increase in physical illness
- ☐ Stress
- ☐ Relationship issues

The following list helps identify what may be sexual or gender based harassment:

- ☐ Demanding hugs
- ☐ Invading personal space
- ☐ Unnecessary physical contact
- ☐ Derogatory language and/or comments toward women or men
- ☐ Leering
- ☐ Displaying or circulating pornography
- ☐ Sexual humour and vulgar humour or language related to gender
- ☐ Sexual rumours
- ☐ Threats to punish or penalize a person who refuses to comply with sexual advances
- ☐ Demanding dates or sexual favours
- ☐ Gender related verbal abuse, threats or taunting
- ☐ Spreading sexual rumours (including online)

WHERE TO GO FOR HELP

Sexual Assault Survivors' Centre – 519-337-3154

Ontario Human Rights Commission –1-416-973-5527, www.ohrc.on.ca

Criminal Harassment

Stalking refers to:

- ☐ Someone repeatedly follows you or people you know
- ☐ Repeatedly communicates with you or someone you know
- ☐ Repeatedly watches you or lurks around your home, workplace, school or any other place you happen to be
- ☐ Engaging in any threatening conduct directed at you or a member of your family

Cyberbullying is a type of harassment using new technology. It is the use of social media to engage in deliberate, repeated and hostile conduct intended to harm, embarrass, or slander someone. In March of 2015, it has become illegal in Canada to distribute intimate images of a person if you know that they did not consent to that image being distributed. Cyberbullying can also include defamatory libel. Materials are distributed that are likely to injure the reputation of a person by exposing them to hatred, contempt or ridicule.

WHERE TO GO FOR HELP

Call local police for consultation

Check harassment policy in organization/school

Parental mental illness is a significant factor that can place children's development and health at risk and affect the parents' ability to be attentive, attuned and able to respond sensitively to the infant. Early identification and treatment is important.

If the parent states that one or more of these statements are true, consider making a referral:

- ☐ Feelings of profound sadness
- ☐ Extreme irritability, frustration, anger
- ☐ Hopelessness, guilt
- ☐ Ongoing exhaustion
- ☐ Loss of appetite or overeating
- ☐ No interest or pleasure in infant
- ☐ Anxious or panicky feelings
- ☐ Thoughts about hurting self or baby
- ☐ Crying for no reason
- ☐ Scary thoughts (e.g. "I'm scared of knives."; "I see the bath water turn into blood."; "I'm afraid to stand by the window because the baby might fall")
- ☐ Suicidal comments (e.g. "This baby would be better off without me"; "I am not worthy to have this child"; "I am such a burden to my family")
- ☐ Feel confused or out of touch with reality, seeing things that aren't there
- ☐ Believe things or people are going to harm her and her baby

The presence of any one of the following risk factors should alert health professionals that the client may be at risk for postpartum mood disorders (e.g. anxiety, obsessive compulsive disorder, depression etc.).

- ☐ Unrealistic expectations (e.g. "This baby will not change my life, I want to be a perfect mom")
- ☐ Social isolation; very thin support system (e.g. "I have very little contact with my family or friends")
- ☐ Family history of depression or mental illness
- ☐ Perfectionist tendencies (e.g. "I like to have everything in order")
- ☐ Sees asking for help as a weakness (e.g. "I'm not used to asking anyone to help. I like to do things myself in my own way")
- ☐ Personal history of mood disorder (e.g. "I had postpartum depression (anxiety) with my first child")
- ☐ Personal crisis or losses during last 2 years
- ☐ Severe insomnia (e.g. "I can't sleep when the baby sleeps")
- ☐ Obsessive thinking/phobias/unreasonable fears (e.g. "I am afraid to leave the house"; the mother stays home for weeks, or is afraid of being in a crowd or travelling in a bus or car)
- ☐ Substance abuse (e.g. "I drink alcohol or smoke dope, etc. to kill the pain")
- ☐ History of abuse or neglect (e.g. "I would never leave my baby with anyone else. I would not trust anyone")

WHERE TO GO FOR HELP

If there are concerns, encourage the mother to contact her Physician/Primary Healthcare Provider and St. Clair Child & Youth Services for the Postpartum Adjustment Services at 519-337-3701, www.stclairchild.ca.

Contact Lambton Public Health's Family Health Line at 519-383-3817 for a referral to the Healthy Babies Healthy Children Program.

For urgent or crisis intervention, encourage the family to go to the nearest hospital emergency department. Contact Lambton Mental Health Crisis Service at 519-336-3445 or 1-800-307-4319, www.victimservices.on.ca; Distress Line at 519-336-3000 or 1-888-DISTRESS/1-888-347-8737, www.familycounsellingctr.com.

Psychiatric Concerns (Mental Health)

Children can develop the same mental health conditions as adults, but their symptoms may be different. Mental illness in children can be hard to identify. As a result, children who could benefit from treatment may not get the necessary help. Children often lack the vocabulary or developmental ability to explain their concerns. Stigma associated with mental illness also makes it difficult for some people to seek help.

Children can experience a range of mental health conditions:

What to look for:

- ❑ Mood changes-sadness and withdrawal that last two weeks or more, severe mood swings
- ❑ Intense feelings-fear, somatic complaints, interferes with daily life
- ❑ Behaviour changes-drastic changes in behaviour or personality(out of control behaviour)
- ❑ Difficulty concentrating-trouble focusing, sitting still, poor performance
- ❑ Unexplained weight loss (or weight gain)
- ❑ Physical symptoms-headaches, stomach aches
- ❑ Physical harm-self injury-cutting, burning, thoughts of suicide or attempts
- ❑ Substance abuse-use substances to deal with feelings.
- ❑ Frequent/excessive worry (thinking worst of the situation)
- ❑ Overestimating the danger in situations and underestimating ability to cope
- ❑ Spending extensive time periods checking, washing, counting or engaging in other repetitive behaviours
- ❑ An inability to tell reality from non-reality and can impact thought, actions or perceptions of the world (signs may include hallucinations, delusions and disorganized thinking)

These signs may relate to a variety of mental health conditions including anxiety disorders, ADHD, Autism Spectrum Disorder, Eating Disorders, Mood Disorders and Schizophrenia.

WHERE TO GO FOR HELP

Consult with a Pediatrician or Primary Care Physician who may consider also referral for psychiatric referral (Bluewater Health)

St. Clair Child and Youth Services – 519-337-3701 (children and youth- 0-18yrs)

Canadian Mental Health Association – Mental Health First Response – 519-336-3445

Lambton Mental Wellness Centre – 519-344-5602-Peer to peer support and family to family support for people dealing with mental illness. For people over 16 who have or are using the Mental Health system.

Participation in meaningful recreational activities and the ability to enjoy one's free time is an important part of anyone's lifestyle. For some, learning these skills and the ability to access community activities come easily, while for others, it can be more challenging.

If your child or a child you know is having difficulty with:

- ☐ Occupying their free time
- ☐ Participating in programs offered by the community
- ☐ Following instructions
- ☐ Maintaining expected behaviours during activities
- ☐ Interacting with peers and developing friendships
- ☐ Learning specific leisure related skills
- ☐ Accessing adapted equipment in order to participate
- ☐ Discovering what his/her leisure interests are
- ☐ Receiving support to enter a program in the community
- ☐ Wanting to improve their quality of life

What is Therapeutic Recreation?

Therapeutic Recreation is a process that utilizes treatment, education and recreational participation to enable persons with physical, cognitive, emotional, communication and/or social limitations to acquire and/or maintain the skills, knowledge and behaviours that will allow them to enjoy their leisure optimally, function independently with the least amount of assistance and participate as fully as possible in society.

The benefits to Therapeutic Recreation can include the following:

- ☐ Improved physical fitness
- ☐ Increased self-esteem
- ☐ A reduction in stress
- ☐ A decrease in depression and anxiety
- ☐ An improved understanding of leisure
- ☐ An increased ability to make choices and take responsibility
- ☐ An increase ability to make and maintain social networks

Types of Therapy Services:

- ☐ Group and individual programming to develop specific recreational skills
- ☐ Group and individual programming to reach goals set by other services
- ☐ Assessment of recreational interests
- ☐ Information sharing about recreation programs
- ☐ Partnering with community recreation providers to help implement more accessible and inclusive programming

WHERE TO GO FOR HELP

If a child or youth (0-21) has developmental, physical or communication needs, contact Pathways Health Centre for Children – 519-542-3471.

Community Recreations programs:

YMCA of Sarnia-Lambton - Youth Recreation and Sports Program –YRASP: This program provides financial assistance for children and youth to participate in organized sport and recreational activities. (Ages 0-17) and in some type of income support program.

The YMCA also has a large range of youth programs available including Before and After School Programs, Resource Houses and Summer Day Camps. Call 519-336-9622

Boys and Girls Club of Sarnia-Lambton – After School Drop-in Centre Programs – 519-337-3651.

North Lambton Community Health Centre (NLCHC) Afterschool Programs. Free Physical Activity and Healthy Eating Afterschool Program for children Gr.1-8, in Forest, Kettle Point First Nations, Thedford, Watford and Aamjiwnaang First Nations. Please call 519-786-4545 ext. 235 for more information.

Residential and Respite Services

Residential:

Children and Youth may be in need of residential services based on a complex set of needs and circumstances. STARRting Point (Family Counselling Centre) is a single point of access for all children's residential placements in the County of Lambton. It assists anyone wanting to know about available services for children and youth who are experiencing difficulties and it also links families to helping programs, services and organizations in Lambton County. STARRting Point provides a single point of access to the children's residential placements funded by the Ministry of Children and Youth Services (Huron House Boys Home, Child and Parent Resource Institute (CPRI –London) and also to the Family Solutions Program at St. Clair Child and Youth Services.

Respite Services:

Respite care is a family support service that provides temporary relief from the physical and emotional demands involved in caring for a family member who has a disability. At times, families may require respite services for children with a range of needs including intellectual disability, physical disability, mental health needs, and medically fragile and complex multiple needs.

Indicators that Respite Services should be considered:

- ☐ Family is at risk of breakdown
- ☐ Child is in need of social/peer contacts
- ☐ Family relief
- ☐ The child is at risk of harm to self or others
- ☐ Stressors in the family
- ☐ Complex needs that include being medically fragile and/or technologically dependent.

WHERE TO GO FOR HELP

Options for this service can be explored by contacting the STARRting Point Facilitator at Family Counselling Centre – 519-336-0120

Community Living Sarnia-Lambton – 519-332-0560 provides Children's Respite. Programs include out of home respite options, Summer and March Break camps, special events and assistance with connections to one-to-one support workers. Costs range from activity/program fees up to hourly fee for service options. Those who have a developmental or physical disability may self-refer for services directly to CLSL. Children with mental health issues must be referred through STARRting Point at the Family Counselling Centre.

Is this child ready for school?

This child should be able to:

- ☐ Get dressed with help
- ☐ Engage in bathroom hygiene routines
- ☐ Understand the steps to good hand washing
- ☐ Open lunch items
- ☐ Be away from you
- ☐ Ask for help
- ☐ Share and take turns with other children
- ☐ Follow routines
- ☐ Communicate so a teacher and other students can understand
- ☐ Listen and follow directions
- ☐ Understand basic safety rules
- ☐ Feel good about trying new things
- ☐ Take part in group activities

If the child presents with one or more of the following behaviours consider making a referral:

- ☐ Significant attention difficulties
- ☐ Behaviour affecting ability to learn new things
- ☐ Sudden change in behaviour uncharacteristic for the individual
- ☐ Difficulties with pre-academic skills/concepts (e.g. colours, shapes)
- ☐ History of learning disabilities in the family
- ☐ Delay in self-help skills
- ☐ Inconsistent performances (unable to do what he/she could last week)
- ☐ Poorly focused and unorganized

Source: Red Flags, Early Identification in Peterborough County and City, December 2006.

WHERE TO GO FOR HELP

If there is concern, advise the parent to visit any parent drop in program held by Lambton Public Health to receive support, referrals, and screening from a PHN. Alternately, call the Family Health line at Lambton Public Health at 519-383-3817.

KinderSTART should be encouraged. KinderSTART is a collaborative program offered by the Lambton Kent and St. Clair Catholic District School Boards.

If there are literacy concerns, advise the parents to contact an early literacy specialist through the EarlyON Child and Family Centres at 519-542-6100 or 519-786-6161, www.ontarioearlyyears.ca.

Literacy issues may also be the result of difficulties with speech, vision, or learning. Refer to the sections on Speech, Language & Literacy, and Vision.

If a child attends a licensed early learning program, an ECE Resource Teacher may be available for further screening/assessment and support through Pathways Health Centre for Children at 519-542-3471 ext.331, www.pathwayscentre.org.

Sensory integration refers to the ability to receive input through all of the senses - taste, smell, auditory, visual, touch, movement and body position, and the ability to process this sensory information into automatic and appropriate adaptive responses.

Problem signs...if a child's responses are exaggerated, extreme and do not seem typical for the child's age, consider making a referral:

- | | |
|-----------------------------------|--|
| Auditory | <ul style="list-style-type: none"> <input type="checkbox"/> Responds negatively to unexpected or loud noises <input type="checkbox"/> Distracted or has trouble functioning if there is a lot of background noise <input type="checkbox"/> Enjoys strange noises/seeks to make noise for noise sake <input type="checkbox"/> Seems to be "in his/her own world" |
| Visual | <ul style="list-style-type: none"> <input type="checkbox"/> Children over 3 – trouble staying between the lines when colouring <input type="checkbox"/> Avoids eye contact <input type="checkbox"/> Squinting or looking out of the corner of the eye <input type="checkbox"/> Staring at bright, flashing objects |
| Taste/Smell | <ul style="list-style-type: none"> <input type="checkbox"/> Avoids certain tastes/smells that are typically part of a child's diet <input type="checkbox"/> Chews/licks non-food objects <input type="checkbox"/> Gags easily <input type="checkbox"/> Picky eater, especially regarding textures |
| Movement and Body Position | <ul style="list-style-type: none"> <input type="checkbox"/> Continually seeks out all kinds of movement activities (being whirled by adult, playground equipment, moving toys, spinning, rocking) <input type="checkbox"/> Becomes anxious or distressed when feet leave ground <input type="checkbox"/> Poor endurance – tires easily; seems to have weak muscles <input type="checkbox"/> Avoids climbing, jumping, uneven ground or roughhousing <input type="checkbox"/> Moves stiffly or walks on toes; clumsy or awkward, falls frequently <input type="checkbox"/> Does not enjoy a variety of playground equipment <input type="checkbox"/> Enjoys exaggerated positions for long periods (e.g. lies head-upside-down off sofa) |
| Touch | <ul style="list-style-type: none"> <input type="checkbox"/> Becomes upset during grooming (hair cutting, face washing, fingernail cutting, teeth brushing) <input type="checkbox"/> Has difficulty standing in line or close to other people; or stands too close, always touching others <input type="checkbox"/> Is sensitive to certain fabrics <input type="checkbox"/> Fails to notice when face or hands are messy or wet <input type="checkbox"/> Craves lots of touch: heavy pressure, long-sleeved clothing, hats and certain textures |
| Activity Level | <ul style="list-style-type: none"> <input type="checkbox"/> Always on the go; difficulty paying attention <input type="checkbox"/> Very inactive, under-responsive |
| Emotional/Social | <ul style="list-style-type: none"> <input type="checkbox"/> Needs more protection from life than other children <input type="checkbox"/> Has difficulty with changes in routines <input type="checkbox"/> Is stubborn or uncooperative; gets frustrated easily <input type="checkbox"/> Has difficulty making friends <input type="checkbox"/> Has difficulty understanding body language or facial expressions <input type="checkbox"/> Does not feel positive about own accomplishments |

WHERE TO GO FOR HELP

If there are concerns, contact the Primary Care Provider/Physician or Pathways Health Centre for Children at 519-542-3471 ext.331, www.pathwayscentre.org. The Primary Care Provider/Physician can also make a referral to a Pediatrician.

Settlement Services (Immigration, Translation Services)

Approximately, 500,000 children arrive in Canada every year. Currently, 12,345 immigrants live in Sarnia. This includes international students, permanent residents and temporary workers. Children and youth are part of this newcomer group in Sarnia-Lambton. Children and youth may face certain challenges as they adjust to their new environments.

What to look for:

- ❑ Cultural shock – new values and cultural practices
- ❑ Previous trauma (i.e. refugee experience)
- ❑ Loss of social systems
- ❑ Change in economic status for the family
- ❑ Communication may allow children to learn English more readily than parents
- ❑ Adjustment to school system
- ❑ Adolescent identity issues (may be heightened by cultural differences)
- ❑ Discrimination, harassment, bullying
- ❑ Language barriers
- ❑ Unfamiliar food
- ❑ Access to support systems such as health care
- ❑ Written language (filling out forms etc.)
- ❑ Families and their children may need a variety of supports to help in adapting to their new environments.

WHERE TO GO FOR HELP

YMCA Learning and Career Centre – 660 Oakdale Ave., Sarnia, 519-336-5950

The YMCA provides a number of services;

- Orientation and Referral Settlement Services
- LINC – Language Instruction for Newcomers to Canada
- NSP –Newcomer Settlement Services
- Community Connections
- ESL –English as a Second Language

Translation Services:

Across Languages Translation and Interpretation Service- London, 1-866-833-7247

Normal developmental overview of sexuality

Adolescence starts with puberty and extends slightly beyond it. Puberty is the stage when human beings develop the ability to reproduce. Hormones from the ovaries or testes trigger physical and mental changes that make reproduction possible.

Psychologically, a lot of changes happen through adolescence. A young person develops his or her identity as an individual and in relationships with the others of both sexes.

For girls, the onset of puberty occurs between the ages of nine and fourteen; twelve is the average. Female puberty is characterized by developing breasts, broadening hips and the appearance of pubic hair. A year or two later there is a sudden increase in height and menstruation begins.

Boys start to mature physically around the age of eleven. The first sign is the enlargement of the testicles, followed by the appearance of pubic hair, changes in the penis and broadening of the shoulders. A boy's growth spurt usually occurs around the age of fourteen, when his voice deepens and facial hair begins to appear. The ejaculation of semen in "wet dreams" may begin anytime from age eleven to age fifteen.

Problem areas which may occur: Sexually Transmitted Infections (STIs)

STIs are transmitted through unprotected sexual contact with body fluids such as blood, semen and vaginal secretions. Sexual intercourse is not needed to be at risk for STIs.

The highest rate of STIs is in people between the ages of 15 and 25 years of age.

Possible signs and symptoms of an STI:

- ☐ Discharge from vagina or penis
- ☐ Unusual bleeding (females)
- ☐ Itching around the penis, vagina, and anus
- ☐ Burning pain during urination
- ☐ Pain during sex, bumps, blisters, sores in or around the penis, vagina, anus or throat
- ☐ Many STIs may be asymptomatic (have no symptoms)

Minimizing risk of STIs may include education, use of condoms, use of barriers and routine STI testing/screening.

Pregnancy: Risks factors for teen pregnancy:

- ☐ Economic hardship
- ☐ Lack of education/knowledge about sex and contraception
- ☐ Limited maternal education achievement
- ☐ Poor school performance
- ☐ Being a victim of sexual abuse/exploitation
- ☐ Lack of goals for the future
- ☐ Having a mother who gave birth before the age of 20
- ☐ Early sexual activity
- ☐ Use of alcohol and drugs
- ☐ Low self-esteem
- ☐ Frequent family conflict in the home

WHERE TO GO FOR HELP

Primary Health Care Provider (Doctor, Nurse Practitioner)

Lambton Public Health – 519-383-8331 Fax referrals to County of Lambton Family Health Department at 519-383-6078

Sexual Health Clinics provide the following services:

- STI testing/treatment
- Pregnancy testing
- Birth control
- Emergency contraception
- Pregnancy options counselling
- Harm reduction program

Pregnancy Centre – 519-383-7115. The Pregnancy Centre provides pregnant women of any age with emotional and practical/material support. Several moms' support groups are also offered. Support for post abortion recovery is also provided.

Behaviour should not be looked at in isolation, but within the context of the circumstances a child is in. Behaviour should be looked at according to age appropriateness, developmental level, frequency and severity.

Problem signs...if a child is experiencing any of the following, consider making a referral:

0 - 8 months

- ☐ Failure to thrive with no medical reason
- ☐ Parent and child do not engage in smiling and vocalization with each other
- ☐ Parent ignores, punishes or misreads child's signals of distress
- ☐ Parent pulls away from infant or holds infant away from body with stiff arms
- ☐ Parent is overly intrusive when child is not wanting contact
- ☐ Child is not comforted by physical contact with parent

8 - 18 months

- ☐ Parent and child do not engage in playful, intimate interactions with each other
- ☐ Parent ignores or misreads child's cues for contact when distressed
- ☐ Child does not seek proximity to parent when distressed
- ☐ Child shows little wariness towards a new room or stranger
- ☐ Child ignores, avoids or is hostile with parent after separation
- ☐ Child does not move away from parent to explore, while using parent as a secure base
- ☐ Parent has inappropriate expectations of the child for age

18 months - 3 years

- ☐ Child and parent have little or no playful or verbal interaction
- ☐ Child initiates overly friendly or affectionate interactions with strangers
- ☐ Child ignores, avoids or is hostile with parent when distressed or after separation
- ☐ Child is excessively distressed by separation from parent
- ☐ Child freezes or moves toward parent by approaching sideways, backwards or circuitously
- ☐ Child alternates between being hostile and overly affectionate with parent
- ☐ Parent seems to ignore, punish or misunderstand emotional communication of child
- ☐ Parent uses inappropriate or ineffective behaviour management techniques

3 - 5 years

- ☐ Child ignores adult or becomes worse when given positive feedback
- ☐ Child is excessively clingy or attention seeking with adults, or refuses to speak
- ☐ Child is hyper vigilant or aggressive without provocation
- ☐ Child does not seek adult comfort when hurt, or show empathy when peers are distressed
- ☐ Child's play repeatedly portrays abuse, family violence or explicit sexual behaviour
- ☐ Child can rarely be settled from temper tantrums within 5-10 minutes
- ☐ Child cannot become engaged in self-directed play
- ☐ Child is threatening, dominating, humiliating, reassuring or sexually intrusive with adult
- ☐ Parent uses ineffective or abusive behaviour management techniques

Social and Emotional (Mental Health)

6-12 years

- ❑ Cognitive, social and physical development is slow (compared to general peer group)
- ❑ Difficulties connecting to peer groups, may be isolated or withdrawn
- ❑ Lacking confidence/competency with regards to skills learned in early years.
- ❑ Signs of possible difficulties may include: crying, feeling sad, fearful, drop in school performance, social isolation, changes in sleep patterns or eating habits
- ❑ Elevated stress/anxiety – may lead to physical signs: stomach aches, headaches, frequent worry, overestimating danger and underestimating ability to cope, believing others are judging them, need for reassurance that does not actually ease the anxiety, social withdrawal/school avoidance

Adolescence Early Adulthood

- ❑ Lack of increased capacity for thinking and reasoning in age appropriate manner (more independent decision making, accountability and responsibility should be evident during these stages)
- ❑ Their emotional responses become more intense and may result in dramatic mood swings that impair day to day functioning on an ongoing basis.
- ❑ Experiencing emotional and social difficulties in transitions – high school, post-secondary and/or job market.
- ❑ Other possible indicators of difficulties may include: sleeping too much/too little, weight gain or loss, personality shifts (out of character, changes), difficulties in school (absenteeism/poor performance), low self-esteem, socially withdrawn or isolating behaviours
- ❑ Substance use/abuse
- ❑ Anxiety that is ongoing and interferes with ongoing tasks and responsibilities.
- ❑ Depression

WHERE TO GO FOR HELP

If there are concerns, advise the parent to contact St. Clair Child & Youth Services at 519-337-3701, www.stclairchild.ca.

Contact Lambton Public Health's Family Health Line at 519-383-3817 for a referral to the Healthy Babies Healthy Children Program, or visit www.lambtonhealth.on.ca for more information.

For youth over the age of 16, services are available through the Canadian Mental Health Association at 519-336-3445., <https://lambtonkent.cmha.ca/> or the Family Counselling Centre at 519-336-0120.

Also, see sections related to Addictions/Psychiatric Concerns

Family literacy encompasses the ways parents, children and extended family members use literacy at home and in their community. It occurs naturally during the routines of daily living and helps adults and children 'get things done' - from lullabies to shopping lists, from stories to the passing on of skills and traditions. Parents have always been their children's first and most important teachers.

Healthy Child Development...if a child is missing one or more of these expected age outcomes, consider making a referral:

- By 6 months**
 - ☐ Orients to sounds
 - ☐ Startles in response to loud noises
 - ☐ Makes different cries for different needs (i.e. hungry, tired)
 - ☐ Watches your face as you talk
 - ☐ Smiles/laughs in response to your smiles and laughs
 - ☐ Imitates coughs or other sounds (e.g. "ah", "eh", "buh")
- By 9 months**
 - ☐ Responds to his/her name
 - ☐ Responds to the telephone ringing or a knock at the door
 - ☐ Understands being told "no"
 - ☐ Gets what she/he wants through gestures (e.g. reaching to be picked up)
 - ☐ Plays social games with you (e.g. "Peek-A-Boo")
 - ☐ Enjoys being around people
 - ☐ Babbles and repeats sounds such as "babababa" or "duhduhduh"
- By 12 months**
 - ☐ Follows simple one-step directions (e.g. "sit down")
 - ☐ Looks across the room to a toy when adult points at it
 - ☐ Consistently uses three to five words
 - ☐ Uses gestures to communicate (e.g. waves hi/bye, shakes head "no")
 - ☐ Gets your attention using sounds, gestures and pointing while looking at your eyes
 - ☐ Brings toys to show you
 - ☐ "Performs" for social attention and praise
 - ☐ Combines lots of sounds together as though talking (e.g. "abada baduh abee")
 - ☐ Shows an interest in simple picture books
- By 18 months**
 - ☐ Understands the concepts of "in and out", "off and on"
 - ☐ Points to several body parts when asked
 - ☐ Uses at least 20 words consistently
 - ☐ Responds with words or gestures to simple questions (e.g. "Where's teddy?", "What's that?")
 - ☐ Demonstrates some pretend play with toys (e.g. gives teddy a drink, pretends a bowl is a hat)
 - ☐ Makes at least four different consonant sounds (e.g. p, b, m, n, d, g, w, h)
 - ☐ Enjoys being read to and sharing simple books
 - ☐ Points to pictures using one finger
- By 2 years**
 - ☐ Follow two-step directions (e.g. "Go find your teddy bear and show it to Grandma.")
 - ☐ Uses 100-150 words
 - ☐ Uses at least two pronouns (e.g. "you", "me", "mine")
 - ☐ Consistently combines 2-4 words in short phrases (e.g. "Daddy hat", "truck go down")
 - ☐ Enjoys being around other children
 - ☐ Begins to offer toys to peers and imitate other children's actions and words
 - ☐ Uses words that are understood by others 50% to 60% of the time
 - ☐ Forms words/sounds easily and effortlessly
 - ☐ Holds books the right way up and turns pages
 - ☐ "Reads" to stuffed animals or toys
 - ☐ Scribbles with crayons
- By 30 months**
 - ☐ Understands the concepts of size (big/little) and quantity (a little/a lot, more)
 - ☐ Uses some adult grammar (e.g. "two cookies", "bird flying", "I jumped")
 - ☐ Uses over 350 words
 - ☐ Uses action words (e.g. run, spill, fall)

By 30 months continued

- ☐ Begins taking short turns with peers, using both words and toys
- ☐ Demonstrates concern when another child is hurt/sad
- ☐ Combines several actions in play (e.g. feeds doll and then puts her to sleep, puts blocks in train then drives train, drops blocks off)
- ☐ Puts sounds at the start of most words
- ☐ Produces words with two or more syllables or beats (e.g. “ba-na-na”, “com-puter”, “apple”)
- ☐ Recognizes familiar logos and signs involving print (e.g. golden arches of McDonalds, “Stop” sign)
- ☐ Remembers and understands familiar stories

By 3 years

- ☐ Understands “who”, “what”, “where”, and “why” questions
- ☐ Creates long sentences (e.g. using 5-8 words)
- ☐ Talks about past events (e.g. trip to grandparents’ house, day at childcare)
- ☐ Tells simple stories
- ☐ Shows affection for favourite playmates
- ☐ Engages in multi-step pretend play (e.g. pretending to cook a meal, repair a car, etc.)
- ☐ Understood by most people outside of the family most of the time
- ☐ Aware of the function of print (e.g. in menus, lists, signs)
- ☐ Beginning interest in, and awareness of, rhyming

By 4 years

- ☐ Follows directions involving three or more steps (e.g. “First get some paper, then draw a picture, last give it to Mom”)
- ☐ Uses adult-type grammar
- ☐ Tells stories with a clear beginning, middle and end
- ☐ Talks to try to solve problems with adults and other children
- ☐ Demonstrates increasingly complex imaginative play
- ☐ Understood by strangers almost all of the time
- ☐ Able to generate simple rhymes (e.g. “cat-bat”)
- ☐ Matches some letters with their sounds (e.g. “letter T says ‘tuh’)

By 5 years

- ☐ Follows group directions (e.g. “All the boys get a toy”)
- ☐ Understands directions involving “if...then” (e.g. “If you’re wearing runners, then line up for gym”)
- ☐ Describes past, present and future events in detail
- ☐ Seeks to please his/her friends
- ☐ Shows increasing independence in friendships (e.g. may visit neighbour by him/herself)
- ☐ Uses almost all of the sounds of their language with few-to-no errors
- ☐ Knows all the letters of the alphabet
- ☐ Identifies the sounds at the beginning of some words (e.g. “Pop starts with the ‘puh’ sound”)

Problem signs...if a child is experiencing any of the following, consider making a referral:

- ☐ Stumbling or getting stuck on words or sounds (stuttering)
- ☐ Ongoing hoarse voice
- ☐ Excessive drooling
- ☐ Problems with swallowing or chewing, or eating foods with certain textures (gagging). See also Feeding and Swallowing section
- ☐ By age 2½ years, a child’s words are not understood except by family members
- ☐ Lack of eye contact and poor social skills for age
- ☐ Frustrated when verbally communicating

Source: Red Flags, Early Identification in Peterborough County and City, December 2006.

WHERE TO GO FOR HELP

If there are concerns, contact SoundStart - Lambton Preschool Speech and Language Program at 1-8-SPEECH-025, 519-542-2074 or the website at www.soundstart.org. SoundStart is administered through Pathways Health Centre for Children at 519-542-3471 ext.331, www.pathwayscentre.org.

Suicide is a serious issue among youth in Canada as it is the second leading cause of death for adolescents. It is also preventable if people are able to recognize some of the warning signs and get help from trained experts who can intervene. Although mental illness can put youth at higher risk for suicide, the prevalence of suicide is also higher in other populations including LGBT2SQ and First Nations. Some warnings signs that may indicate someone is considering suicide are outlined by the anagram

“IS PATH WARM”

I-Ideation (suicidal thoughts)

S-Substance Abuse

P-Purposelessness

A-Anxiety

T-Trapped

H-Hopelessness

W-Withdrawal

A-Anger

R-Recklessness

M-Mood Changes

Other indicators may be:

- ☐ Making verbal references to ending their lives or no longer being here
- ☐ Giving away prized possessions
- ☐ Previous unresolved or recent suicide attempts
- ☐ Reconnecting with old friends and extended family (as if to say goodbye)
- ☐ Lack of self-care/neglect of self
- ☐ Changes in eating or sleeping habits
- ☐ Aggressive, impulsive and /or violent acts
- ☐ Loss of interest in previously enjoyed activities
- ☐ Recent significant life events including loss of relationships, major move, trauma, illness
- ☐ Overall sense of hopelessness and no future orientation

Talking about suicide can be very difficult for people, but it can be a great relief to the individual with thoughts and could encourage them to seek help. If you are not trained in suicide intervention strategies, you do not have to feel that you must save the person's life. Your role is to ensure immediate safety and connect them with someone who can properly intervene. Asking questions such as “Are you thinking of suicide?” or listing the signs that you have noticed and saying you are concerned is a good way to start the conversation.

WHERE TO GO FOR HELP

If the threat of harm is imminent call 911 immediately or go to Bluewater Health – Emergency Department
Call the Mental Health First Response Team at the Canadian Mental Health Association – 519-336-3445,
1-800-307-4310

Distress Line Sarnia Lambton – 519-336-3000, 1-888-DISTRES

For others supports please contact:

St. Clair Child and Youth Services – 519-337-3701

Be Safe App- www.mindyourmind.ca

Healthy Child Development... if a child is missing one or more of these expected age outcomes, consider making a referral:

- | | |
|----------------------|--|
| By 6 weeks | <input type="checkbox"/> Stares at surroundings when awake
<input type="checkbox"/> Briefly looks at bright lights/objects
<input type="checkbox"/> Blinks in response to light
<input type="checkbox"/> Eyes and head move together |
| By 3 months | <input type="checkbox"/> Eyes glance from one object to another
<input type="checkbox"/> Eyes follow a moving object/person
<input type="checkbox"/> Stares at caregiver's face
<input type="checkbox"/> Begins to look at hands, food and bottle |
| By 6 months | <input type="checkbox"/> Eyes move to inspect surrounding
<input type="checkbox"/> Eyes move to look for source of sounds
<input type="checkbox"/> Swipes at or reaches for objects
<input type="checkbox"/> Looks at more distant objects
<input type="checkbox"/> Smiles and laughs when he/she sees you smile and laugh |
| By 12 months | <input type="checkbox"/> Eyes turn inward as objects move close to the nose
<input type="checkbox"/> Watches activities in surroundings for longer time periods
<input type="checkbox"/> Looks for a dropped toy
<input type="checkbox"/> Visually inspects objects and people
<input type="checkbox"/> Creeps toward favourite toy |
| By 2 years | <input type="checkbox"/> Guides reaching and grasping for objects with the use of their vision
<input type="checkbox"/> Looks at simple pictures in a book
<input type="checkbox"/> Points to objects or people
<input type="checkbox"/> Looks for and points to pictures in books
<input type="checkbox"/> Looks where he or she is going when walking and climbing |
| By 3-4 years | <input type="checkbox"/> Knows people from a distance (across the street)
<input type="checkbox"/> Uses hands and eyes together (e.g. catches a large ball)
<input type="checkbox"/> Builds a tower of blocks, string beads; copies a circle, triangle and square |
| By 4-5 years | <input type="checkbox"/> Knows colors and shadings; picks out detail in objects and pictures
<input type="checkbox"/> Holds a book at a normal distance |
| By 6-18 years | <input type="checkbox"/> Near Vision: the ability to see clearly and comfortably at 1-30 cm.
<input type="checkbox"/> Distance Vision: the ability to see clearly and comfortably beyond arm's length
<input type="checkbox"/> Binocular Coordination: the ability to use both eyes together
<input type="checkbox"/> Eye Movement Skills: the ability to aim the eyes accurately, move them smoothly across a page and shift them quickly and accurately from one object to another
<input type="checkbox"/> Focusing Skills: the ability to keep both eyes accurately focused at the proper distance to see clearly and to change focus quickly
<input type="checkbox"/> Peripheral Awareness: the ability to be aware of the things located to the side while looking straight ahead
<input type="checkbox"/> Eye-Hand Coordination: the ability to use the eyes and hands together |

Problem Signs...if a child is experiencing any of the following, consider making a referral:

- ☐ Swollen or encrusted eyelids
- ☐ Bumps, sores or styes on/around the eyelids
- ☐ Drooping eyelids
- ☐ Excessive tearing when not crying
- ☐ Excessive blinking or squinting
- ☐ Excessive rubbing or touching of the eyes
- ☐ Avoidance of or sensitivity to bright lights
- ☐ Lack of coordinated eye movements
- ☐ Drifting of one eye when looking at objects
- ☐ Does not make eye contact with you by 3 months
- ☐ Does not follow an object with the eyes by 3 months
- ☐ Haziness or whitish appearance inside the pupil
- ☐ Frequent “wiggling”/“drifting”/“jerky” eye movements
- ☐ Misalignment of eyes (eyes turn/cross)
- ☐ Turning/tilting of the head when looking at objects
- ☐ Squinting/closing/covering one eye when looking at objects

Problem Signs...if a youth (6-18 years) is experiencing any of the following, consider making a referral:

- ☐ Does not know colours
- ☐ Holds a book too close or too far away
- ☐ Losing place when reading
- ☐ Frequent eye rubbing or blinking
- ☐ Avoiding reading and other close activities
- ☐ Frequent Headaches
- ☐ Covering one eye
- ☐ Seeing double
- ☐ Tilting head to read
- ☐ Holding reading/visual materials close to face
- ☐ Short attention span

WHERE TO GO FOR HELP

If there are any concerns about a child's vision, advise the parent to arrange for a vision test with an Optometrist, or contact the Primary Care Practitioner/Physician who can refer to an Ophthalmologist. Remember, a visit to an Optometrist is covered by OHIP every 12 months for those less than 20 years of age. It is recommended that all children have a vision screening before they start school by a qualified Optometrist.

For children birth to Grade 1 age that are diagnosed blind or with uncorrectable low vision, supports are available through the Provincial Blind-Low Vision Program. The program provides education and supports. Contact the Southwest Regional Blind-Low Vision Early Intervention Program through Pathways Health Centre for Children – 519-542-3471, www.pathwayscentre.org.

Websites/Resources

EarlyON – www.earlyonlambton.ca

Connex – www.connexontario.ca

211 – www.211ontario.ca

Kids Help Phone 1-800-265-9688, www.kidshelpphone.ca (age 20 and under, free confidential, 24/7/365)

Good2Talk, 1-866-925-5454, www.good2talk.ca (Post-secondary helpline, primary focus 17 yrs to 25 yrs, free, confidential, 24/7/365)

www.mindyourmind.ca Explore wellness tips, interactive tools.

LHIN Local Health Integration Network – Southwest www.southwestlhinc.on.ca Health care options near you.

Telehealth Ontario, 1-866-797-0000, TTY 1-866-797-007, phone only

Mental Health Helpline 1-866-531-2600

Live in Lambton, General community information, www.LiveInLambton.ca

Information on Community Supports and Services – Sarnia Lambton, www.slcas.on.ca

CMHA Lambton Kent website: <http://lambtonkent.cmha.ca/>

Mental Health First Response Line 519-336-3345 or toll free in Lambton County
1-800-307-4319

Big Brothers Big Sisters of Sarnia-Lambton	519-336-0460 www.sarnia.bigbrothersbigsisters.ca	Big Brothers Big Sisters facilitates life-changing relationships that inspire and empower children and youth to reach their potential, both as individuals and citizens.
Bluewater Health	519-464-4400 Addictions ext. 5370 Sexual/Domestic Assault Treatment Centre 519-464-4522 Withdrawal Management 519-332-4673 www.bluewaterhealth.ca	Emergency medical services
Boys and Girls Club	519-337-3651 www.bgcsarnia.com	The Boys & Girls Club is committed to the provision of services for youth which will support their development as individuals, enhance their socialization skills, to promote healthy peer relationships, build a positive self-image, and to ensuring equal access to facilities, programs and opportunities regardless of social, economic, physical or personal development levels. Ages 6+
Children's Aid Society	519-336-0623 www.slcas.on.ca	The Children's Aid Society has the legislated responsibility to protect children from physical, sexual and emotional abuse and neglect as per the Child and Family Services Act. Child protection is the responsibility of the Children's Aid Society and the agency must intervene in any situation where a child under the age of 16 has been, is, or appears to be threatened with or if there is a risk that the child is likely to suffer from physical or emotional harm, sexual abuse and/or neglect.
CMHA-Canadian Mental Health Association	519-337-5411 www.cmhalambtonkent.ca	<p>Canadian Mental Health Association Lambton/Kent promotes the mental health of all people. CMHA provides services and facilitates access to the resources people require in order to maintain and improve mental health. Our fundamental principles and key values include:</p> <ul style="list-style-type: none"> • Embracing the voice of people with mental health issues • Promoting inclusion • Working collaboratively • Influencing the social determinants of health • Promoting mental health throughout one's lifespan • Being transparent and accountable • Using evidence to inform our work <p>Youth Services:</p> <ul style="list-style-type: none"> ○ Early Detection and Intervention Services for youth diagnosed with psychosis from 14-35 ○ Psychotherapy for individuals experiencing Moderate Mental Health Issues from 16-24 ○ Case Management Services for youth diagnosed with a Serious Mental Illness starting at 16 years, including concurrent disorders ○ Supportive Housing Program ○ Emergency Housing Services ○ Mental Health First Response Team available to respond to crisis situations ○ Rapid Assessment Intervention Treatment for individuals experiencing emerging mental health concerns

Community Health Care Centres	<p>Aamjiwnaang 519-332-6770</p> <p>North Lambton-Forest 519-786-4545</p> <p>Kettle Point 519-786-2700</p> <p>West Lambton 519-344-3017</p> <p>East Lambton 519-333-2747</p> <p>www.nlchc.com</p>	<p>Our multidisciplinary team, supported by our administrative team, provides primary health care services for our registered clients.</p> <p>The Community Health Centre offers many health and wellness programs and everyone is welcome to participate. Many of our programs are offered in our neighbouring communities and most programs are FREE of charge.</p> <p>Please call the Centre for times and dates of programs you are interested in!</p> <p>Dietitian Services</p> <p>You can refer yourself to counselling relating to our dietitian for individual, heart health, weight management or any other nutritional information you may require. Any community member can use this service simply by calling the Centre to make an appointment.</p> <p><u>HOUSING INITIATIVE CONNECTOR PROJECT</u></p> <p>Purpose of the Project</p> <p>We connect those in need to the services and agencies that are best suited to their immediate and future needs. Building healthy people and strong communities.</p> <ul style="list-style-type: none"> • Increase navigation and guidance for people accessing services designed to help move people along the housing continuum • Connectors will work with various service organizations to increase service planning, continuity and follow-through for the client <p>Our Services</p> <p>We help with a broad range of services, some of which include:</p> <ul style="list-style-type: none"> • Assistance with apartment searches • Assistance with paperwork • Connecting to financial assistance • Connecting to programs and services available through North Lambton Community Health Centre • Arranging transportation for medical appointments, apartment viewing, food bank and grocery store visits • Referrals to external partners • Advocacy when working with external agencies and organizations
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Community Health Care Centres continued...		<p style="text-align: center;">Target Population</p> <p>Your current living situation is:</p> <ul style="list-style-type: none"> • Unaffordable • Unstable • Unhealthy • Unsafe • Temporary <p style="text-align: center;">Our Team</p> <p>Our team includes Community Connectors and a Social Worker. We are part of a larger community of health care professionals through the North Lambton Community Health Centre and our various sites in Sarnia, Forest, Kettle Point and Watford.</p> <p>We make referrals to external agencies when required such as CMHA (Canadian Mental Health Association), Rebound, CLAS (Community Legal Assistance Sarnia) and a wide range of other partners.</p> <p style="text-align: center;">Contact Us!</p> <p style="text-align: center;">North Lambton CHC - Forest Site 519-786-4545</p> <p style="text-align: center;">West Lambton CHC - Sarnia Site 519-344-3017</p>
Community Living Sarnia-Lambton	519-332-0560 www.communitylivingsarnia.org	Community Living Sarnia-Lambton ensures that persons with developmental disabilities are able to live in a state of dignity, to share in all elements of living in the community and to have the opportunity to participate effectively. Programs and services support the family of the person with the disability and, at the same time, prepare that person for independence.

<p>County of Lambton, Lambton Public Health</p>	<p>1-800-667-1839</p> <p>519-383-8331</p> <p>www.lambtonhealth.on.ca</p>	<p>Healthy Babies Healthy Children (HBHC)</p> <p>A voluntary program that emphasizes prevention and early intervention. Designed to give information and support to families with children (birth to six years), a healthy start and offer more intensive services and supports for high risk families. HBHC include both universal screening and assessment and targeted services (in depth family assessment, nurse and family visitor home visiting and service coordination.)</p> <p>Preconception, prenatal and postnatal education, parent education and workshops.</p> <p>Parent Drop In Program offers early identification developmental screening, and interaction with a Public Health Nurse. Locations at Lambton Public Health and EarlyON Child and Family Centres.</p> <p>Breastfeeding Support – one on one support offered by Lactation Consultants to anyone in the community.</p> <p>Prenatal Education – offered in Sarnia and County of Lambton.</p> <p>Oral Health (Dental) Program If there are concerns, advise parents to contact their Dentist, or Dental Services at Lambton Public Health at 519-383-8331 ext. 3536, www.lambtonhealth.on.ca, where children 17 or younger may be eligible for free dental treatment (must meet specific criteria to qualify) .</p> <p>Nutritional services provide consultation to health professionals and answers inquiries on nutrition topics. Provides nutrition resources to help parents with planning meals for children.</p> <p>Sexual Health Clinics provide the following services:</p> <ul style="list-style-type: none"> • STI testing/treatment • Pregnancy testing • Birth control • Emergency contraception • Pregnancy options counselling • Harm reduction program
<p>Direct Accountability Program</p>	<p>519-330-4794</p> <p>www.ymcaswo.ca</p>	<p>The Direct Accountability Program for Adults 18 years and older is an alternative to formal prosecution for people who have been charged with certain minor criminal offences. The program involves accused persons being held accountable through community-based sanctions. The Crown Attorney's office will determine eligibility. Counsel or Duty Counsel can provide information to an accused person. Agreements can include restitution, volunteer work, charitable donation, attending program/presentation, apology or peace bond.</p>

Family Counselling Centre	519-336-0120 1-800-831-3031 www.familycounsellingctr.com 519-336-3000 or 1-888-DISTRES/1-888-347-8737	<p>STARRting Point is a single point of access for all children's residential placements and a source of information and referral for all other children's services.</p> <p>Special Services At Home provides individualized funding for children with physical and developmental disabilities to purchase in-home supports and/or services not available elsewhere in the community.</p> <p>Autism Spectrum Disorder Respite provides individualized funding for the temporary relief of the emotional and physical demands involved in caring for children with Autism Spectrum Disorder.</p> <p>Bridge The Gap provides immediate short-term counselling to children who have been sexually abused and their families.</p> <p>Distress Line Sarnia is a telephone support service for persons who are in crisis and need information, support and referral.</p>
The Haven (Inn of the Good Shepherd)	519-336-5941 www.theinnsarnia.ca	The Haven provides short-term co-ed shelter for young adults between the ages of 16 to 21. This program is funded by the Ministry of Children & Youth Services in conjunction with the County of Lambton. Our goal is to assist our residents in securing a source of income and find a stable living arrangement.
Huron House Boys Home	519-869-4000 https://hnbh.ca	A non-denominational non-profit charitable organization whose mission is to provide a safe structured residential environment for adolescent boys with complex needs in order that they may have the opportunity to make positive changes in their lives.
John Howard Society	519-336-1020 ext. 26 www.johnhoward.on.ca	Provides for the effective integration into the community of those in conflict with the law and provides, or encourages others to provide, services to those in contact with, or affected by the criminal justice system;
Lambton Kent District School Board	519-336-1500 www.lkdsb.net	Educational Institution.
Lambton Mental Wellness Centre Lambton Family Initiative	519-344-5602 519-344-5602 www.lmwc.ca	Lambton Mental Wellness Centre is a peer support organization that supports individuals with mental illness along with family members. Our agency provides education, support, social recreation to individuals with lived experience and to their family or caregivers. LMWC is a safe and supportive environment where individuals can join to share experience, avoid isolation and can rebuild self-esteem.

LHIN (Erie St. Clair Local Health Integration Network)	1-888-447-4468	The LHIN provides access to in-home and community health and personal support services to help individuals live safely and independently at home and in their communities. Mental Health and Addictions Nurses help educators learn how to recognize students with mental health and addictions issues, offering nursing care and supports. Provides care in homes and schools for rehabilitation services, including Physiotherapist, Occupational Therapists and Speech and Language Pathologists.
EarlyON Child and Family Centres Sarnia-Lambton Lambton/Kent/Middlesex	519-542-6100 519-786-6161 www.earlyonlambton.ca	Programs are designed to help children 0-6 years achieve optimal cognitive, physical, emotional and social development and provide support, education and referral services for their families. Services include: - Early learning and literacy programs for parents and their children - Parenting programs that support parents and caregivers of young children in all aspects of early child development; - Information and training for new parents about parenting.
Ontario Works	519-344-2057 www.lambtononline.ca	Ontario Works provides employment and income assistance to eligible individuals and families. Income support assistance is provided to persons in need to cover the costs of food, shelter, basic needs and prescription drug coverage.
Organization for Literacy	519-332-4876 www.readsarnia.com	Free programs to promote literacy. Reading Activity Packages and Christmas "Give a Book" Program available.
Pathways Health Centre for Children	519-542-3471 1-855-542-3471 www.pathwayscentre.org	Children's Treatment Centre services include audiology, augmentative communication, behaviour therapy, early childhood education resource support services, occupational therapy, physiotherapy, respite services, seating and mobility, social work, speech-language pathology (through SoundStart) and therapeutic recreation. Pathways also provides Family Support Services through the Blind-Low Vision Program, and Family Support and Audiology Services through the Infant Hearing Program.
Rebound	Sarnia - 519-344-2841 Petrolia & North Lambton – 519-466-3396 www.reboundonline.com	As an organization, Rebound is a leader in the field of prevention and early intervention services for youth. A holistic approach to skill development includes life skills facilitation, education and cognitive skills training, combined with holistic supports such as the expressive arts and relaxation techniques. Programs allow youth to practice new coping strategies that fit with real life, offering a variety of programs and services designed to empower youth. From individual support to 10 week group programs to after school drop in sessions, youth can always expect to find a safe, caring and accepting space when they come to Rebound.

Sexual Assault Survivors' Centre Sexual Assault (French Services)	519-337-3154 (office) 519-337-3320 (24 hr. crisis line) www.sexualassaultsarnia.on.ca 519-858-0954 www.carrefourfemmes.ca	The crisis line is a confidential service which is available to all members in our community. During office hours the crisis line calls are handled by counselling staff. After office hours and on weekends, the calls are answered by trained volunteers who carry pagers.
Settlement Services	519-336-5950 ext. 235 www.ymcaswo.ca	YMCA Immigrant Settlement Services provides free information and referral services to help you find everything you need to settle into your new life in Sarnia. These services are supported by Citizenship and Immigration Canada, as well as by the Ministry of Citizenship and Immigration Ontario.
SoundStart - Lambton Preschool Speech & Language Program <ul style="list-style-type: none"> Administered through Pathways Health Centre for Children 	519-542-2074 or 1-855-542-3471 www.soundstart.org	Provides prevention/early identification/assessment and intervention services for children at risk for or identified with communication difficulties. New referrals are accepted until January 31 of the year before a child becomes eligible to attend Grade 1.
Ontario Autism Program through direct funding to families <ul style="list-style-type: none"> Offered through Pathways Health Centre for Children 	519-542-3471 1-855-542-3471 www.pathwayscentre.org	Children and youth residing in Lambton County with a diagnosis of autism are invited to contact Pathways Health Centre for Children to discuss a range of options for local provision of behaviour intervention, respite, social inclusion and other therapeutic supports (speech-language, pathology, occupational therapy and physiotherapy)
Ontario Autism Program <ul style="list-style-type: none"> Administered through Thames Valley Children's Centre 	1-866-590-8822 www.tvcc.on.ca	Funded both publicly and privately, TVCC provides autism services including behavioural intervention, respite, and consultation support for parents and caregivers. Services may occur at a TVCC location, community centre or the client's home. Children and youth eligible for services may include those identified with ASD
St. Clair Catholic District School Board	519-627-6762 1-866-336-6139 www.st-clair.net	Educational Institution
St. Clair Child & Youth Services <ul style="list-style-type: none"> Children's Mental Health Centre 	519-337-3701 www.stclairchild.ca	Children's mental health services including a comprehensive range of programs and services to address emotional, social and behavioural concerns of children & youth (birth-18 years) and their families. Services include early intervention, counselling, parent education, Walk-in Clinic, individual and family therapy, psychiatry, psychology, specialized group counselling, intensive family services (in-home). Programs and services are flexible and designed to meet the needs of each infant, child and family. We also offer the following services: Infant & Child Development Program: children up to 5 years who are at risk of or experiencing developmental delay Postpartum Mood Disorder program EarlyON Child and Family Centre Concurrent Disorders program Dual Diagnosis program

<p>St. Joseph's Hospice Caring Hearts Children's Program</p>	<p>www.stjosephshospice.ca</p> <p>519-337-0537</p>	<p>Support to those in the last stages of life and their families. Bereavement programs for children ages 3-18 years.</p> <p>Anticipatory Grief Support Group for Children Children experiencing the terminal illness of a loved one are provided with information at the end-of-life that is honest, timely, and appropriate to their developmental age and cognitive capacities. This format enables them to work through their feelings and enhances their knowledge and understanding in regards to their loved one's impending death. Children in this group are able to maintain some control in an uncontrollable situation because they are better prepared for what to expect. Children who have been supported prior to their loved one's death are able to manage their grief in a healthier manner. Group support is provided as needed up to six sessions. Special accommodations can be made for children who have a loved one living in our residence.</p> <p>Bereavement Support Group for Children This group supports children in understanding and managing their feelings and behaviours around grief. It allows children to connect with other children who are grieving, and to share feelings and experiences. Groups are organized by developmental age which allows the children to process their grief at their level of understanding with their peers. The groups are facilitated over a six-week period where children use various modalities such as art, play and music to process their grief experience. Additionally, a summer kid's camp and special activities to celebrate major holidays are organized throughout the year.</p> <p>Bereavement Support Group for Teens Teen support groups are run in-house at hospice and in the high school for a period of eight weeks. Teens meet with other teens in a supportive environment whereby they can discuss and work through their thoughts, feelings and behaviours around loss, grief and mourning. Teen bereavement groups may be organized within various high schools when there is a need for support within the school.</p> <p>Drop-In Support Group Drop-in support groups are run in-house at Hospice once per month per developmental age group (6-9, 10-13, high school ages). This provides interim support for children waiting for group, or who have completed group and still need support. This is a new initiative in the Caring Hearts program and is still in the trial phases. In the Drop-in group, a supportive environment is created where children and teens can play, become acquainted with the Children's Program room, be connected with other bereaved children/teens, talk, and work through their thoughts, feelings and behaviours around grief.</p> <p>Psycho-Education/Resource Provision Education sessions and presentations for caregivers, community partners, professionals and the general public can be provided on various topics surrounding children's/teen grief and how adults can support grieving children/teens. Classroom talks on grief can also be provided in both elementary and high schools.</p>
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Victim Services of Sarnia-Lambton	519-344-8861 ext. 5238 www.victimservices.on.ca	Victim Services of Sarnia-Lambton is a non-profit charitable organization working in cooperation with community partners to assist victims of crime and tragic circumstance.
Women's Interval Home	519-336-5200 www.womensintervalhome.com	The Women's Interval Home of Sarnia-Lambton offers: <ul style="list-style-type: none"> • Emergency shelter services to women and children 24 hours a day • 24-hour crisis / support line • Transitional Support and Housing Program • Support Groups • Child Witness – individual and group counseling • W.O.M.E.N. On The Move Employment Program
YMCA	519-336-9622 www.ymcaswo.ca YMCA Learning & Career Centre 519-336-5950 ext. 228	The YMCA of Sarnia-Lambton supports individuals and families, promoting community growth and development through its programs and activities

The Reference Guide Working Group Acknowledgements

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The document has been revised by Lambton Public Health, in collaboration with the EarlyON Centre, Pathways Health Centre for Children, and St. Clair Child & Youth Services.