



PARENTING WITH A DISABILITY BULLETIN

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PDN UPDATE

By Nancy Barry



November Family Luncheon: Cancelled

Due to a low response, we unfortunately had to cancel this year's Family Luncheon. However, next year we are thinking about bringing back the Holiday Celebration. Years ago, in the early days of the PDN, we used to host an annual Holiday Gathering, with Santa, entertainment, refreshments and caroling. Somehow, throughout the changing coordinators of the PDN, budget changes and other shifts in the PDN, the Annual Holiday Gathering got lost, and therefore, we created the November Family Luncheon. I would very much like to bring back the Annual Holiday Celebration/Gathering.

Although the children who have been part of the network since the beginning have grown, we are always welcoming new members into the PDN. Next year, I am proposing that we bring back

the Holiday Celebration. If anyone has any objections, please feel free to let us know. Our wish and hope is to find a way to make all of our PDN members happy and satisfied. After all, YOU are the true reason for the success of the PDN. For that, I sincerely thank you all.

Course for Prospective Parents With a Disability

The PDN has been working diligently on putting together a 6-week course for people with disabilities who are considering becoming parents. Each week, a different topic will be covered, beginning from making the decision to have a child right through to choosing the right health care provider, negotiating your environment and what that means, accessing resources, having the baby and bringing the baby home.

We decided to put a course of this nature together because of the many calls we receive from service providers, social workers and about-to-be

new moms who are unprepared and scared. Most of these mothers-to-be are usually anywhere from two months to two weeks away from giving birth. They are wanting services and supports but have unfortunately waited too long to get in contact with the PDN. This is why I strongly feel that a preparation course for prospective parents is crucial to increasing the number of successful births for parents with disabilities. The more prepared we are for anything in life, the more empowered we feel in handling stressful situations. We were hoping to have this course ready for this fall, but due to unexpected circumstances, that was unable to happen. My goal is now for the spring. Stay tuned for upcoming details.

Gateways II Update:

Currently, in its second phase, Gateways has just wrapped up focus groups with health care providers from three medical establishments: Mount Sinai, Princess Margaret and Women's College Hospitals. The focus groups were facilitated by committee members who do NOT identify as having a disability in order to ensure comfort among the health care providers, comprised of lab technicians, clerical staff and doctors/nurses, in providing non biased answers.

Staff training sessions have occurred

with individuals from all three hospitals. Through the use of simulated scenarios using hospital actors. Three role plays were acted out by the actors and discussion evolved among the health care providers regarding what took place during each role play, providing each participant with the opportunity to engage in meaningful and thoughtful discussion.

We are about to embark upon the most exciting part of the project: the DVD which will be part of the final training module that will be available to all health care professionals about how to interact with a woman with a disability when she comes to access cancer screening.

The DVD will be approximately 10 minutes in length, comprised of short clips to use for widespread dissemination and E-learning. It will be used as an educational tool across the country (possibly internationally), to be shown at trainings, meetings, conferences, etc. as well as being accessible online for anyone who is interested. There will also be an online facilitation guide. The content of the DVD will include visually tracing the morning of a woman with a disability, preparing to go to the hospital for breast screening - from getting up in the morning to being shown into the mammography room. Stay tuned for more details as the next phase of Gateways II unfolds.

Gateways Gets Published Again

The Gateways Team would like to personally announce that the Gateways Project has been published in “The Journal of Cancer Education; Volume 26, Number 4,” entitled *Access to Cancer Screening for Women with Mobility Disabilities*.

The scholarly article outlines the focus group participants identifying the multiple and interacting institutional barriers to cancer screening. Their discussions highlighted the complex work of

- (1) arranging and attending health-related appointments
- (2) confronting normative assumptions about women's bodies and
- (3) securing reliable health care and information.

These meeting, mutually reinforcing issues interact to shape how women with disabilities access and experience cancer screening. The article explores implications for redesign of cancer screening services and education of health providers, providing specific recommendations suggested by Gateways participants and the findings.



Aging With a Disability

Most of us don't like to think about getting older, but it's a fact of life and unfortunately, it is one from which we cannot escape. As people with disabilities face the aging process, we should be asking ourselves questions about the quality of our living and the quality of our aging.

The **“AGING WITH A DISABILITY WORKING GROUP”**, led by the Centre for Independent Living in Toronto (CILT), is comprised of consumers and representatives from the cross-disability community. Through a consumer approach, we want to help you identify what to expect, what preventative steps can be taken to ease the effects of aging on disability, how to translate living longer into living better and actively, how to prevent losing our achieved independence, and what to do to delay new conditions and increasing disability. The Working Group will initially focus their efforts on the Greater Toronto Area for persons with physical disabilities.

We need your help in order to be able to provide you with the appropriate supports as you enter the aging process. In order to do so, we ask that you take the time to fill out the following survey posted on Survey Monkey. Your

answers to these questions will enable us to find ways of easing the effects of the aging process on you in as many ways as possible – physically, emotionally, mentally and socially.

We ask, if you haven't done so already, to please take the time to fill out the survey. To access the survey, please visit the following link: <https://www.surveymonkey.com/s/RWGBWXQ>.

Aging With a Disability Working Group

In the past getting older was not as large of an issue for people with disabilities as it is now. People with disabilities are now living longer and want to be able to do so with dignity. People need to have access to a range of supports including: access to all information and resources; the choice of living at home with appropriate supports and services versus living in long term care facilities; access to educational programs (health, nutrition, wellness, self care, self advocacy); fitness and exercise programs; and programs designed to decrease social isolation.

The Centre for Independent Living in Toronto recognized this need and set

out to work with their partners to address this emerging issue.

The purpose of the Working Group is to produce and promote change in civil society, including government, to integrate improvements and the implementation of supports and services to ease the aging process for persons living with disabilities. The Working Group will initially focus their efforts on the Greater Toronto Area for persons with physical disabilities.

The Working Group is a committee of the Centre for Independent Living in Toronto (CILT) and shall be chaired by a CILT representative. Membership shall consist of a representative from each organization listed here:

- Access Independent Living Services
- ARCH Disability Law Centre
- Canadian Paraplegic Association Ontario
- Huntington's Society
- MS Society
- Muscular Dystrophy Canada
- North Yorkers for Disabled Persons
- Ontario Federation for Cerebral Palsy
- Tobias House Attendant Care Inc.

It's Flu Season Again

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Influenza (the flu), is a virus that comes around each fall (making it seasonal) that causes fever, chills, muscle aches, headache, runny nose, cough, weakness and tiredness. These symptoms usually last two to seven days. The cough and weakness may last for up to six weeks. Elderly persons may have the flu without a fever, and children may have stomach symptoms such as nausea, vomiting and diarrhea.

Who is at risk? Everyone is at risk of getting the flu. Although most people will not get seriously ill, some people may develop flu-related complications such as lung infections (pneumonia), ear infections, dehydration (loss of body fluids) and, in rare cases, death. People most at risk include: children less than two years of age; people 65 years of age and older; residents of long-term care homes or chronic-care facilities; people with chronic health conditions such as diabetes, cancer, lung, heart or kidney disease; pregnant women; aboriginal peoples; and people who are obese.

How is the flu spread? You can get the flu if you are coughed or sneezed on by someone who has the flu. Touching hands, surfaces or objects that someone with the flu has touched and then touching your eyes, nose or

mouth can all lead to getting the flu.

What can I do to prevent the spread of the flu? Get the flu shot each fall.

Also follow these simple steps to protect yourself:

- wash your hands frequently
- cover your cough and sneeze with something other than your hands
- stay home when you are sick
- drink plenty of fluids
- be physically active
- avoid touching your eyes, nose and mouth with unclean hands
- avoid close contact with persons who are sick with the flu
- stay well rested
- eat nutritious food.

What is the influenza vaccine and what does it do? Each year, the influenza vaccine (flu shot) protects against the three types of influenza viruses that are most likely to cause the flu that year. The flu shot cannot give you the flu because it does not contain live influenza viruses. The body needs two weeks to build up protection against influenza after the shot is given. Protection lasts four months or longer. The flu shot does not protect against colds or other illnesses with flu-like symptoms.



When should I get the flu shot?

As the flu shot takes two weeks to provide full protection, the earlier you get the vaccine the better. The flu shot is available starting in October.

I got a flu shot last year. Do I have to get it again this year? Yes. You should get the flu shot each fall. The viruses that cause the flu change frequently. Protection from last year's vaccine has likely worn off. You need to get another shot to be protected this year.

Who should get the influenza vaccine? Everyone who is six months of age or older should get the flu shot, unless there is a medical reason that prevents you from getting the vaccine. If you are at high risk for flu-related complications or live or work with people who are at high risk (e.g. healthcare workers and essential community services staff), getting the flu shot is particularly important.

How many doses of the vaccine do I need? Adults should receive one shot each year. Children between six months and eight years of age who never had a seasonal flu shot should receive two doses the first year they get vaccinated. These two doses should be received at least one month apart, and they need one shot each year after that.

What are the side effects of the flu shot? The flu shot is very safe. The most common side effects are soreness or redness where the shot is given, fever, headache or tiredness and achiness. Side effects usually occur one to two days after vaccination.

Severe side effects and allergic reactions are rare. In past years, a small number of people who received the flu shot developed oculorespiratory syndrome (ORS). ORS can cause red eyes, cough, chest tightness, difficulty breathing, hoarseness, sore throat and swelling of the face. Symptoms occur within 24 hours and resolve within 48 hours.

In very rare instances (about one in one million doses of vaccine), the flu shot has been associated with a temporary neurological condition causing muscle paralysis called Guillain-Barré Syndrome (GBS). Seek medical attention if you believe that you, or someone in your care, had a reaction to the shot.

Who should not get the flu shot?

- People with a severe allergy to eggs or any component of the vaccine (e.g., neomycin, thimerosal) or who had a serious allergic reaction to a previous dose of influenza vaccine;
- Babies younger than six months of age;

- Any person who has had Guillain-Barré Syndrome (GBS) or who has an active neurological disorder should speak with a doctor before getting vaccinated;
- Most people who have had oculorespiratory syndrome (ORS) can be safely re-immunized with the flu shot but should discuss this with a doctor first; and
- Anyone who is ill with a fever should delay receiving the flu shot until they feel better.

What should I do if I get the flu?

Get plenty of rest and drink lots of fluids. Wash your hands often. Stay at home and away from children, the elderly and anyone with a serious illness until you are feeling better. Ask your doctor about medication to reduce aches, pain and fever. Also ask about anti-influenza drugs that may ease your discomfort and shorten the length of your illness. Children should not be given medication that contains acetylsalicylic acid (e.g. aspirin) because it can cause Reye's Syndrome, a sickness that can lead to brain and liver damage.

Where can I find more information? Talk to your doctor or call Toronto Public Health at 416-338-7600.



Taking care of yourself and your children if you do get the flu

© Toronto Public Health

http://www.toronto.ca/health/flu/pdf/fs_flu_selfcare.pdf

Flu-like symptoms include fever, chills, cough, sore throat, headache, muscle aches, fatigue, and possibly nausea, vomiting, or diarrhea. If you have any of these symptoms, you may have the flu. If you live alone, ask a friend, family member or neighbour to check in on you, and follow these simple steps to help reduce your symptoms.

What can I do to reduce flu-like symptoms? Most healthy people recover from the flu without complications. If you get the flu:

- stay home
- increase the amount of **fluids** you drink (water, flat ginger ale, diluted apple juice, broth, sports drinks)
- get plenty of **rest** and avoid alcohol and tobacco
- when necessary, use over-the-counter medications such as acetaminophen or ibuprofen to reduce fever and aches -always follow manufacturers' instructions.

Never give aspirin/Acetylsalicylic Acid (ASA) to children or teenagers who have flu-like symptoms, particularly fever. This can cause a rare but serious illness called Reye's Syndrome.

Who is most at risk of severe illness?

Some people are at higher risk for severe flu complications. Call your health care provider or TeleHealth Ontario if you (or someone you are caring for) have flu-like symptoms, and are in any of the following categories:

- pregnant
- elderly (over 65 years)
- young (under age 5)
- have a chronic medical condition such as diabetes, asthma, cancer, heart disease or HIV/AIDS.

When should I seek emergency medical care? If you have flu-like symptoms, and are unable to get to your doctor, or see a health care provider, go to a hospital emergency room if you have any of the symptoms listed below.

Infants and Children

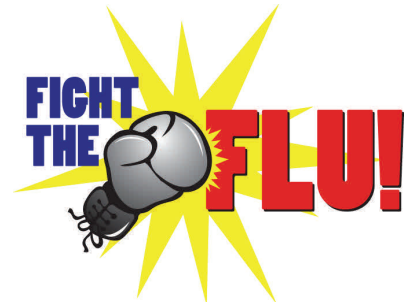
- fever in infants less than 3 months
- fever with rash
- fast or troubled breathing
- purple or blue discoloration of the lips or skin

- drinking very little fluid and urinating less than usual
- difficulty waking up or confusion
- irritability - child does not want to be held
- seizures (convulsion/fit) or stiff neck
- flu-like symptoms improve then return with fever
- and/or worsening cough
- underlying health condition that worsens.

Adults

- difficulty breathing or shortness of breath
- chest pain
- severe or persistent vomiting
- fever that lasts for more than 2 days
- confusion or difficulty waking up
- sudden dizziness
- flu-like symptoms improve then return with fever and/or worsening cough
- underlying health condition that worsens.

This information must not take the place of medical advice, diagnosis or treatment. Always talk to a health care provider before you make any changes to your diet, lifestyle or treatment.



Where can I get more information?

- Toronto Public Health **toronto.ca/health** or 416-338-7600
- TeleHealth Ontario 1-866-797-0000
- Ontario Ministry of Health and Long-Term Care **health.gov.on.ca**
- Public Health Agency of Canada **phac-aspc.gc.ca** or 1-800-454-8302
- Fight flu **fightflu.ca/**

IMPORTANT BULLETIN:

Tax Filing, Tax Credits and Tax Refunds

© Income Security Advocacy Centre;
November 2011.

The way that tax credits are paid to low-income people in Ontario is changing. This information bulletin is to tell you about these changes and what you should know before you file your tax return.

If you have a low income – from work or from OW or ODSP – you may have had your taxes done early in the past to get a tax refund before Christmas.

The way this worked is that you could “sell” your lump-sum tax refund to companies that do people’s taxes in

order to get the money up front. The company would do your taxes, estimate how much your refund was going to be, and give you that amount – minus their fee. Then, when your refund came back from the government, the company would get repaid.

Mostly, the refund was for tax credits, like the Ontario Sales Tax Credit, the Energy and Property Tax Credit, and the Northern Ontario Energy Credit.

You no longer get these tax credits as a lump-sum refund at the end of the year. This means these companies will no longer give you any money up-front when they do your taxes.

That’s because the provincial government has gradually changed the way that these tax credits are being paid.

Since July 2010, the government has been paying these tax credits in smaller amounts every three months instead of as a lump-sum at the end of the year.

The goal is to give people with low incomes a more stable and steady source of income throughout the year. You would have received the tax credits in cheques or by direct deposit to your bank account. This money is exempt as income from OW and ODSP.

Starting in July 2012, the tax credit money will be sent out every month.

This will be called the Ontario Trillium Benefit. Every month, you will either get a cheque or the money will be direct deposited into your bank account. All of this means that there are no more lump-sum refunds for these tax credits and no up-front money for a company to give you now.

The problem right now is that some people still think they can get a lump-sum refund for these tax credits and are going to a company to have their taxes done. Or, they think that going to a company is the only way to get their taxes done.

Some of these companies are telling people that even though they can't get a lump-sum refund, the company will still do their taxes for them. But people have to agree to:

- pay a fee for the company to prepare and file their taxes;
- open a "bank account" – which in this instance is owned by a cheque cashing company;
- change their direct deposit with the Canada Revenue Agency so that future tax credits and tax-delivered benefits go into this "bank account";
- sign up for a prepaid debit card that they can use to get the money that will go into the "bank account";

- agree to pay the company's fee, and another fee for the debit card, by letting the company take out money from this "bank account" once the tax credits start going in.

In at least one community, one company has been offering a \$25 store gift card as a way to persuade people to agree to this arrangement.

Getting your taxes done this way could cause problems and could cost you a lot of money over the long term:

- All your future tax credits and tax-delivered benefits will be deposited into the "bank account". This includes the provincial tax credits listed on the first page and the HST credit. But it also includes the Ontario Child Benefit (OCB). And it includes your federal tax credits and tax-delivered benefits, like the Canada Child Tax Benefit (the CCTB) and the National Child Benefit Supplement (the NCBS).
- The company that did your taxes will be paid their fee first, as soon as your tax credits or benefits get put into this "bank account". You might need this money to pay for rent or food – but the company will get paid first.



In order to access your money, you will have to use the debit card you got from the company. But this debit card will charge you a fee of \$2 for:

- every time you buy something with it;
- every time you use it to take out cash from a bank machine;
- every time you try to use it to buy something but are denied (for example, if there isn't enough money on the card);
- every time you try to find out how much money is left on the card.

There is also a \$2 monthly fee for the "bank account" itself. You'll have to pay all the charges listed above to get access to all your tax-delivered payments for as long as the agreement with the company is in force.

You may have to pay other fees, depending on what it says in the contract.

You don't have to agree to this in order to get your taxes done.



There are ways to get your taxes done that won't cost you anything:

- Contact your provincial MPP (see below) or a local community agency, or ask your OW or ODSP case-worker where you can get your taxes done for free.
- Contact your federal MP for a referral to the Canada Revenue Agency's Community Volunteer Income Tax Program, or check this website for the location of a free tax clinic near you: <http://www.cra-arc.gc.ca/tx/ndvdl/vlntr/nd-eng.html>. Tax clinics run from February to April. Find your federal MP at this website: <http://canada.gc.ca/directories-repertoires/direct-eng.html#mp>.
- You don't have to get your taxes done now. It is important to get them done, but you have until April 30th.

If you have already signed the papers to agree to this arrangement:

- The Consumer Protection Act says that you have the right to cancel any contract within 10 days of receiving a copy of the papers that you signed.
- If it's more than 10 days since you got these papers, you should immediately contact your local MPP to get help with cancelling the agreement.

You can find your MPP by doing the following:

- Type in your postal code at this website http://fyed.elections.on.ca/fyed/en/form_page_en.jsp.
- When it takes you to a new page, look for the name of your Electoral District. It might be hard to see – you might have to click on the map to see the name.
- On that same page, click on “Information on your Member of Provincial Parliament”.
- You’ll be sent to a long list of all the MPPs in the Ontario Legislature.
- Look down the list for the name of the person beside the name of your Electoral District – that’s your MPP.
- Click on their name to get their contact information.

While you’re talking to your MPP, push for more free tax clinics:

- Tell them that the government has to take more responsibility for helping people get their taxes done. The more the government puts people’s incomes into the tax-delivery system, the more important it will be that people file their taxes.



- Tell them you want the government to fund more free tax clinics for people on low incomes – and that you want funding for this to be announced in next year’s budget.

ISAC is preparing another fact sheet on what tax credits you can expect to receive and how they will be paid. We will circulate that fact sheet as soon as possible.

- Information about the Ontario Trillium Benefit is at: www.rev.gov.on.ca/en/credit/otb/index.html.
- A schedule of when tax credits get paid is at: www.rev.gov.on.ca/en/credit/benefitpayments.html

Pushed Out of Hospital While Still Acutely Ill?

http://ochu.on.ca/senior_care.html

Call the hotline: 888-599-0770

Patients who are acutely ill are being forced out of hospital. Some are pushed into unregulated for-profit retirement homes which have no standards of care. A man discharged from a Toronto hospital unable to feed himself starved to death in such a home last year. A dying Windsor woman was told care in a for-profit retirement home would be better than

the care in hospital. Some patients are pushed out with the promise of homecare, much of which proves to be non-existent.

This hotline is for family members and former patients to call in to talk about their experience. We plan to hold a series of media conferences with the people who call, if they are willing to step forward. We plan to issue a report after the provincial election which will challenge the ongoing hospital bed cuts which are driving this phenomenon. We will also support a legal challenge alleging discrimination in the provision of care based on age.

Ontario Hospitals: Bed Cuts and Hospital Overcapacity

Over the last twenty years 18,581 hospital beds have been cut in Ontario. That is over 37% of total hospital bed capacity.

- Since 1980, over 30,000 hospital beds have been cut – a cut of 50%.
- In 2010, 610 hospital beds were cut, about 2% of hospital bed capacity.

Far Fewer Beds Per Capita

A new health care report from the Organization for Economic Cooperation and Development (OECD) indicates that the average number of hospital beds per capita of its 34 member countries was 5.14 beds per 1,000

population in 2008. Canada has an average well below the OECD rate: 3.3 beds per thousand population in 2008. That's about 64% of the 2008 OECD average. The OECD represents the most economically advanced countries in the world.

Ontario Lower Still: Ontario, however, is in a different league. In 2009, Ontario had a rate of 2.41 beds per 1,000 population, well less than half the OECD average and less than three-quarters of the Canada-wide average. In fact, Ontario has fewer hospital beds per capita than any other province.

Of all OECD countries, Ontario only managed to edge out Mexico and (possibly) Chile (pending final 2009 figures for Chile). Turkey increased its beds in 2009 pulling a little ahead of Ontario to 2.5 beds per thousand. In 2010, Ontario's beds per thousand fell further to 2.33 per thousand. The announced health care funding plans will mean more bad news after the provincial election.

The situation is worse for acute care beds. Here, Ontario has a lower number of acute care beds per capita than any developed country, Chile and Mexico included. Indeed at 1.39 beds

per thousand population we are 15% behind the next lowest country (Mexico at 1.6).

We truly are an outlier, well below the Canadian average (of 1.8 in 2008), and far below the OECD average (of 3.6 in 2008). Canada as a whole has 27% more acute care beds per capita than Ontario (using the 2008 data), while the OECD countries have, on average, 154% more. Ontario also has the lowest average length of hospital stay of all provinces and has the fewest acute care hospitalizations per capita of any province.

Lack of Rehabilitation and Complex Continuing Care Beds: There was a total of 853,316 alternative level of care (ALC) days in Ontario hospitals in 2007-8. Mostly, these were for patients waiting for a different sort of bed. The report indicates that 27% of those days are accounted for by patients who were waiting for a complex continuing care or rehabilitation bed.

Rehabilitation and complex continuing care beds are different sorts of hospital beds, so this suggests the resolution of the ALC issue will need improvements in the capacity of Ontario hospitals in those areas. A further 13% of days were accounted for by patients who

died while in an ALC bed: this group was almost always either waiting for a palliative care bed, or waiting for another sort of bed.

Bed Occupancy moves to the stratosphere: Not surprisingly, Ontario has very high bed occupancy rates: currently about 97.9%. The British Medical Association connects high hospital bed occupancy with increases in hospital acquired infections. Britain aims to keep hospital bed capacity at less than 85%. Other countries have lower bed occupancy rates.

Canada has the highest level of acute care bed occupancy in the developed world and has one of the highest rates of health care acquired infections (“HAIs” e.g. C. Difficile or MRSA) in the developed world according to World Health Organization data. The only country reported to have a higher level of health care acquired infections is New Zealand - which also has a very low number of hospital beds per capita. Bed cuts and high hospital bed occupancy has been associated with:

- intense pressure to move patients out of hospitals, often to inappropriate for-profit retirement homes, or by threatening patients with very high fees.

- cancelled surgeries,
- backlogs in emergency rooms,
- ambulance offload delays,
- fewer ambulances available to respond to emergencies
- extra costs for municipal providers of ambulance services,
- delays in treatment and diagnosis,
- a high number of patients waiting in hospital beds for more appropriate hospital services,
- attempts by advocates of privatization to move public hospital services to for-profit provide.





Safe Sleep for Your Baby

© Public Health Canada; 2010.

Creating a **Safe Sleep Environment** for your baby will help him or her sleep safely and reduce the risk of Sudden Infant Death Syndrome (SIDS).

There are four steps you can take to help create a **SAFE SLEEP ENVIRONMENT** for your baby:

- Provide a **smoke free environment** both before and after birth.
- Always place your baby on his or her **back to sleep** night time and nap time.
- Place your baby to sleep in a **crib next to the adult's bed** for the first 6 months.
- Provide a **safe crib environment** that has no toys or loose bedding (use only a fitted sheet).

Smoke Free Environment Before and After Birth

Studies show that exposure to smoke is a health risk for your baby both

before and after birth, and it has been identified as one of the greatest risk factors for SIDS.

Do not let anyone smoke near you when you are pregnant.

Do not let anyone smoke near your baby once he or she is born – not in the house, the car or anywhere your baby sleeps or spends time. If you, your partner, family member or friends smoke, smoke outside and well away from your baby.

Choose a non smoking caregiver for your baby if your baby attends any kind of childcare. Make sure that the facility is always smoke-free, even when your baby is not there.

Back to Sleep – Night Time and Nap Time

Babies who sleep on their back have a reduced risk of SIDS.

Since the launch of the Back to Sleep campaign in Canada in 1999, the number of babies placed to sleep on their back has increased dramatically, and the rate of SIDS has dropped by more than 50 percent.

Newborn babies tend to get in the habit of sleeping the way they are first placed, so start putting your baby on his or her back right from birth. Sleep

positioners or rolled up blankets present a risk of suffocation, and are not needed to help your baby sleep on his or her back.

Reminder: *Supervised tummy time during play time is also important to your baby's healthy muscle development.*

Why every sleep? A baby who usually sleeps on his or her back but is then placed on its stomach to sleep is at a much higher risk of SIDS. For this reason, it is important for everyone who cares for your baby, such as babysitters and grandparents, to also use the back to sleep position your baby.

As your baby gets older, he or she will be able to turn over onto his or her stomach by themselves, usually at about 5 months. When this happens, you DO NOT have to reposition your baby.



The Door that's not Locked: Safety and the Internet

© www.thedoorthatsnotlocked.ca
Canadian Centre for Child Protection

The web is a wonderful place so long as you understand the dangers. ***The Door That's Not Locked*** is committed to helping parents, teachers and anyone else who would like to better understand the good, the bad and the ugly about the web.

In this issue of the PDN Bulletin, we'll explore how to keep 8 to 9 year-olds healthy and safe on the Internet.

As your child gets older, you will notice changes in his/her behaviour and interests. While it's exciting to see your child seek more independence, if they are on the Internet, there are new personal and online safety concerns that you should be aware of as well.

The Growing Personality

- Games are taken very seriously and losing can be taken personally.
- Fantasy play becomes more realistic (Police vs Batman).
- Begins to develop a sense of who they are based on how peers treat them (i.e. if a peer says something hurtful, they may take it as they are not liked by others).

- Starts to feel embarrassed by their parents. Parental limits are tested through negative behaviour.
- Forms more complex peer relationships; interactions are based on rules, and pecking order becomes apparent.
- Starts to compare their body image to others; may make incorrect judgements about their appearance.
- Acquires pride and enjoyment from doing something well (i.e. music, arts, academics).
- Begins to seek privacy (i.e. asks people to knock before entering their room).

Online Activities

- Uses online games
- Uses instant messaging
- Uses email
- Uses the Internet for school work
- Uses search engines (i.e. google, Yahoo, Live Search, etc.)

As a parent, what can you do?

- Balance the amount of time your child spends online.
- Use filtering software (for more information visit www.thedoorthatsnotlocked.ca).
- Restrict your child's use of search engines.
- Explore games your child plays to determine if they are age appropriate. Is the game moderated? Does it contain sexual or violent material?

- Know your child's login information and email addresses. What username or character names has your child given him/herself? It should not provide identifying characteristics about him/her or his/her hobbies (i.e. shygirl, bookworm).
- Assist with the creation of online profiles. When signing up for games, provide a family or parental email account rather than your child's email address.

What should you talk to your child about?

- Let your child know that you will monitor his/her online activities, as the Internet is a public place.
- Create and post regular Internet guidelines that are discussed and reviewed regularly.
- Discuss the difference between public and private information. Personal information is private information, and shouldn't be shared on the Internet without parental permission.
- Teach your child the safety strategy - "If asked to share and your parents aren't aware - **Say No!**" This encourages him/her to practice checking with parents before sharing personal information online. Review with your child where he/she may be asked for personal information online.



- Teach your child to create passwords that others can't easily guess, and that contain a combination of numbers and letters (both upper and lower case).
- Reinforce the idea that not everyone is who they say they are online. People can pretend to be older or younger than they actually are.
- Just as you would explain appropriate behaviour in the offline world, the same should be done for online activities.
- Ensure your child gets permission before chatting with other online gamers. Explain that the Internet isn't a place to make new friends. Talk about what friendship is and isn't.
- Tell your child not to open any email attachments if he/she doesn't know the sender.
- Explain to your child that if they come across something or someone that makes them feel uncomfortable, they can tell you without fear of losing their computer privileges.

Risks to 8-9 year-olds on the Internet

Teaching your child good Internet skills that promote awareness and knowledge will make his/her online experiences safer.

- **Exposure to sexually explicit material:** Kids can be exposed to sexually explicit material online. At this age they are not develop-

mentally ready to handle viewing explicit sexual content. To reduce exposure, use filtering software and child-safe search engines (see "The Impact of Viewing safety sheet at www.kidsintheknow.ca).

- **Search Engines:** Kids use search engines to learn just about anything. While searching, it's easy for them to come across sexually explicit materials. In an effort to reduce their exposure, be sure they are using child-appropriate search engines (i.e. Yahoooligans). The most popular search engines may not be the most effective for filtering adult content. Test a few to decide which one to use.
- **Public nature of the Internet:** The Internet is a public place. Once information is sent online, the sender loses control of what happens to it. Teach your child to be careful about what they share online.
- **Building relationships:** A large portion of kids' social world has moved online. The 8-9 year-old age group typically begins communication through games and email. Relationships can start quickly, and caution should be taken, as kids can easily be tricked. Monitor your child's Internet use closely, and discuss the qualities of healthy and unhealthy friendships (see the Friendship Safety Sheet at www.kidsintheknow.ca).

- **Chat component of games:** The multi-player capability of online games makes them appealing to kids. While it's easy for you to have a false sense of security because your child is playing a game, precautions need to be taken. Most online games have a chat component where children can interact with others in real time.

In the next issue of the PDN Bulletin, we will discuss Internet safety for 10-13 year-olds.

BOOK REVIEW: Who Has What? All About Girls' Bodies and Boys' Bodies By Robie H. Harris, Illustrated by Nadine Bernard Westcott; Candlewick Press, 2011.

Young children are curious about everything. Asking questions is one of the many ways they learn about themselves and the world around them. So now this unique new series for our youngest children provides them with easy-to-understand facts and reassuring answers to their delightful, thoughtful, and often non stop questions.

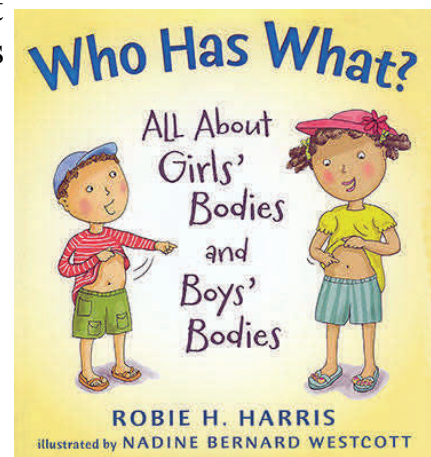
In *Who Has What?* join Nellie and Gus for a family outing to the beach. Accessible, humorous, accurate and

charming illustrations; conversations between the two siblings; and factual text come together in a book that will help young children feel that whether they have a girl's body or a boy's body, their bodies are perfectly normal and healthy, and totally wonderful!

About the Author:

Robie H. Harris is the author of "*It's Perfectly Normal*", a go-to book on sexual health for kids age ten and older. The New Yorker described the book as "endearing and companionable matter-of-factness ... and remarkably thoughtful discussion".

She is also the author of *It's So Amazing!* and *It's NOT the Stork!*, essential guides for younger children on bodies, babies, families and health. While working on *Who Has What?*, Robie H. Harris consulted with parents, educators, librarians, child development specialists, health professionals, and clergy to make sure that the book answers our youngest children's questions about themselves in an age-appropriate and honest manner. Harris lives in Massachusetts.



About the Illustrator:

Nadine Bernard Westcott is the illustrator of more than a hundred books, including *Up, Down and Around* and *Supermarket!* She is best known for her rollicking illustrations for children's songs in books such as *Down by the Bay*, *Miss Mary Mack*, *Skip to My Lou*, and *I Know an Old Lady Who Swallowed a Fly*. She divides her time between illustrating books and designing fabric and lives in Massachusetts.



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