



PARENTING WITH A DISABILITY BULLETIN

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PDN UPDATE

By Nancy Barry



PDN Family Picnic in High Park

The PDN is having their annual family picnic in High Park on Saturday July 13th, 11:00 am to 3:00 pm in Area 3. Please remember to bring shades and sunscreen, a hat and a sweater in case it's a bit breezy. We are looking forward to seeing many of you there. RSVP through the Peer Support Facebook page or by calling (416) 599-2458, ext. 270 or email to peers@cilt.ca. Attendant services, lunch and snacks will be provided.

If the weather plays havoc on our plans, and it decides to rain all day, we will call you on the morning of the picnic to inform you that it has been cancelled. So please pray for good weather. See you soon!

Summer Safety Tips: A Guide to Protecting Kids When Activities Heat Up

By Erin Mantz; Contributor, June 3, 2011
<http://www.care.com/child-care-summer-safety-tips-a-guide-to-protecting-kids-when-activities-heat-up-p1017-q6731064.html>

Longer days, lighter nights and more worrying. Yup, it's summer. And before your kids race out the door, you're doing all you can to protect them from sun, bugs, head injuries, etc.

There's something about this season that makes kids run faster and play harder. And like everything else parents carefully do to protect their kids -- cooking healthy kid food, hiring the right babysitters, buckling them into car seats (or shouting out seat belt reminders) -- summer takes preparation, too.

Here's how you can help keep your kids safe this season -- without feeling like Summer Cop, monitoring the fun right out of their vacation.

Be Sun Savvy: Here's a summer-bummer: a person's sunlight exposure during childhood and adolescence is generally considered to increase the risk of melanoma. We've heard it all before, but make sure your family and caregivers all have the same sun-strategy. Vilma Cokkinides, PhD, strategic director, Risk Factor Surveillance for the American Cancer Society, helped come up with these tips for sun safety:

- **Apply early and repeat.** For kids six months and older (as well as adults), sunscreens with a Sun Protection Factor (SPF) of 15 or greater reduce the intensity of UVRs that cause sunburns. Apply liberally 15 to 30 minutes before sun exposure, so it can absorb into the skin and decrease the likelihood that it will be washed off. Reapply every two hours and after kids swim, sweat or dry off with a towel. For most users, proper application and reapplication are more important factors than using a product with a higher SPF.
- **Cover.** Dress kids in protective clothing and hats. Clothing can be an excellent barrier of ultraviolet rays. Many light-weight sun-protective styles cover the neck, elbows and knees.
- **Keep infants out of the sun.** Keep babies younger than six months out of direct sunlight, dressed in cool, comfortable clothing and wearing hats with brims. The American Academy of Pediatrics (AAP) says sunscreen may be used on infants younger than six months on small areas of skin if adequate clothing and shade are not available.
- **Plan early morning play.** For kids beyond that baby stage, parents should plan outdoor activities to avoid peak-sun hours (10 a.m. to 4 p.m.) as much as possible. Sound impossible for your active kids? Make sure you all can get a break from the sun, when needed.
- **Beware of shade.** Many people think sitting in the shade is a simple sun compromise. Shade does provide relief from the heat, but it offers parents a false sense of security about UVR protection. You can still sunburn in shade, because light is scattered and reflected. A fair-skinned person sitting under a tree can burn in less than an hour.



Check the weather. Look for the ultra-violet (UV) index (on a site like Weather.com) when planning outdoor activities; it predicts the intensity of UV light based on the sun's position, cloud movements, altitude, ozone data and other factors. Higher UV index numbers predict more intense UV light.

Splash Safely (and Other Water Rules). Drowning happens quickly and quietly -- not with a lot of splashing. In fact, drowning is the leading cause of unintentional injury deaths in kids one to four-years-old. Here are some helpful tips to prevent accidents around the water.

- **Stay off cell phones.** Don't allow yourself to get distracted when your kids are in the water. And, yes, chatting with other parents is a common distraction as well.
- **Know your skills.** Adults and caregivers should refresh their Infant Child CPR certification each year, especially before summer, if there is a pool involved. Kids should never swim alone, and having adults or caregivers know water safety skills is smart.



- **Put a guard up.** Even kiddie pools in backyards should be drained after use. For houses that have swimming pools, fencing should be at least four feet high and surround the pool on all sides, with doors that close and lock by themselves. Pool supply companies may offer options for alarms and other safety systems. Remember to never rely solely on an alarm or a fence. Train your kids to never go near the pool without an adult.
- **Educate yourself.** Do your research to find out how to keep kids safer at any pool -- whether it's the community park or your child's camp.
- **Beware of Bugs.** Unfortunately, those blood-sucking critters are a part of summer nights, and, yes, even days. Here are some helpful suggestions on how to stay safe from insects:
- **Spray and repeat.** Parents or caregivers should spray kids' exposed skin and clothing. Re-apply whenever the spray gets washed off or the child starts getting bitten again. For an alternative to sprays, try insect repellent pads that clip on clothes.

- **Check for allergic reactions.** Some kids react to insect bites more than others. If your child gets bitten and seems to have an allergic reaction to the bite, seek medical attention to see if you should give your child an oral antihistamine or other medication.
- **Beware of serious bug-borne illnesses.** Most people who contract Eastern Equine Encephalitis ("Triple E"), a mosquito-transmitted illness, do not show any symptoms. But here's the good news: this illness occurs relatively infrequently and mostly in and around swampy areas where human populations tend to be limited. West Nile is another virus you'll hear about when the heat strikes. Basically, if there are symptoms of either of these illnesses, they are flu-like, so if you hear of instances in your area, and your child has bites and flu-symptoms (and muscle-stiffness for West Nile), go to a doctor. It's better to be safe.
- **Check for ticks.** Ticks thrive in warm, moist, woodsy areas, so ideally kids should wear long clothing to cover their skin, but let's be realistic: in the heat of summer, that's hard to do. To help prevent ticks from attaching

themselves to your kids, check them and shower within two hours of coming indoors. Clothes are a culprit, too; ticks can come in on a t-shirt! If the clothes aren't dirty enough to need washing (dream on), do it anyway. Placing clothes in the dryer on high heat for at least an hour will kill any ticks. Kids six and older can check themselves, with adult guidance, but they must check their entire body, not just forearms and legs: under the arms, in and around the ears, inside the belly button, back of the knees, in and around the hair, between the legs, around the waist, etc. If a child develops any rash or fever after a tick bite, visit the doctor.

Prevent Dehydration. You may be surprised how much -- and when -- kids should drink liquids. To prevent dehydration, kids should drink 12 ounces of fluid 30 minutes before an activity begins and take mandatory fluid breaks (like many day camps require), with kids under 90 pounds drinking five ounces every 20 minutes during activities and kids over 90 pounds drinking nine ounces every 20 minutes. Tip: A child's gulp equals a half-ounce of fluid, so your child should drink about 10 gulps for every 20 minutes of play.

Parents and caregivers are urged to watch for warning signs of dehydration, such as thirst, dry or sticky mouth, headache, muscle cramping, irritability, extreme fatigue, weakness, dizziness or decreased performance.

Head Off Injuries. Helmet safety is extremely important, particularly during the summer when kids spend lots of time outdoors riding bikes. Kids should always wear a properly fitting helmet. Why not take your child with you to pick it out at the shop, so he can have a say in the color and design? And, it may sound silly, but don't forget to fasten the chin strap -- lots of people don't bother. Make it a family rule: no helmet, no wheels. And parents and caregivers, you must serve as an example: wear your own helmet!

Never Wait in a Hot Car. It only takes 10 minutes for a car to heat up by 19 degrees. Every so often, we hear news stories of parents forgetting infants or leaving a sleeping toddler in the car, and tragedies that ensue. Never leave a child alone in a car, even for a minute. Degrees can be deceiving. Fatalities can occur at temperatures as low as the mid 50s because a vehicle heats up so quickly. Children are at a great risk for heat stroke because their

bodies heat up three to five times faster than an adult's does. Cracking a window? Not a solution. Some advanced technologies are still being developed that may help prevent heat stroke deaths in vehicles, but nothing has been proven effective yet.

Create a Summer Survival Kit.

Here is some things that are recommended for parents and caregivers to carry around in a purse, bag or car for summer emergencies:

- Cell phone and water
- Medications for chronic conditions
- Bandages
- Antibiotic cream for cuts and scrapes
- Crushable icepack for bruises
- Benadryl
- An epi-pen for a person with known allergies
- Sun protection and insect repellent
- Hats and sunglasses
- Tweezers



Bicycle Safety

<http://www.eparentingnetwork.ca/pdf/Neighbourhood%20Safety/Bicycle%20Safety%20-%20Fact%20Sheet%203.pdf>

As your children grow older and more independent, there are several additional risk areas for injuries. Pre-school and school-age children spend increasing amounts of time outside the home. Injuries can happen while playing, walking across and beside roads, bicycling and taking the school bus.

Biking is the most popular outdoor activity among young Canadians. Bike riding is a great way to enjoy the fresh air and to get exercise. But cycling is not without its hazards. Bike crashes and falls can cause scrapes and bruises, broken bones and even serious head injuries. Many bike-related injuries can be prevented. As a parent, you can keep your family safe while cycling. Good cycling habits need to be taught to children and practiced by the whole family.

The facts:

- Approximately 60 Canadians die each year from bike injuries; about half of these deaths are children aged 5 to 14. Head injuries cause 80 per cent of all cycling deaths.

- Bike crashes are the leading cause of brain injury to school-aged children. A brain injury is not like a broken bone. A brain injury doesn't fully heal. Brain injuries can lead to death or permanent disability.
- Protect your brain. Wear a helmet. Wearing a helmet can prevent many serious head injuries.

How do bike injuries happen?

- Most serious bike crashes happen close to home.
- The majority of bike crashes DO NOT involve motor vehicles. However, the most serious incidents involve motor vehicles.
- Most injuries happen when a cyclist falls or runs into something like a pothole, a post, a pedestrian or another bike.

Tips for safe cycling:

- Always wear a Canadian Standards Association (CSA) approved bicycle helmet.
- Parents should set a good example by wearing a helmet while cycling.

- Take a bicycle safety course from a trained instructor.
 - Ensure the bicycle is the appropriate size for your child.
 - Supervise children under the age of nine.
 - Stop before riding into traffic from a driveway, sidewalk, alley or parking lot. Look left, right and left again before proceeding.
 - As a cyclist, you are considered a vehicle, too. Obey all traffic signs and signals. Ride on the right side of the road.
 - Young cyclists should walk their bikes across busy intersections.
 - Do a bicycle equipment check. Ensure that your child's bike is in good condition and has all the required safety devices such as reflectors, a bell or horn and lights (if riding after dusk).
 - Teach your child to use the correct arm signals for signaling turns and stops.
 - Children should never make a turn without looking behind them. Teach them to make a shoulder check before they signal and turn.
- Replace your helmet every 5 years. Your helmet weakens over time.
- Using a child carrier:** Child carriers are child seats that are mounted to the bicycle frame in front or in back of the adult rider. The danger is that these seats make the bicycle unstable, affecting steering and braking distances.
- Consider the following guidelines when using a child carrier seat:**
- You and your child should always wear CSA approved bicycle helmets.
 - The person riding the bicycle must be experienced and competent.
 - Only carry children whose necks are strong enough to support a helmet (generally 12 months).
 - Children must be seat-belted in the carrier so they cannot climb or fall out.
 - Ensure the seat is fastened solidly and securely to the bicycle frame so it can withstand swaying.

- Follow the manufacturer's instructions carefully when installing and using the seat.
- Children should avoid riding on busy streets and riding at night.

Bicycle helmets:

- Always wear an approved cycling helmet with a CSA certification. Helmets must fit properly to be safe. Adjust the straps and pads so that there is very little movement. The helmet should sit level on the head, with the front being about two finger widths (3 cm) above the eye-brows. The chin strap must be snug.
- If the helmet has been in a crash, buy another one! Even though the damage may not be visible, the shock absorbing qualities may be gone.
- Cyclists who choose their own helmets are more likely to wear them. Allow your children to choose their own helmet. For children under 5 years, choose a helmet designed specially for this age group.
- Restrict riding to parks, bike paths or quiet streets, avoiding busy thoroughfares. Do not ride on sidewalks.

- In poor weather conditions with slippery roads and reduced visibility, the additional weight of the child can make cycling dangerous.
- Before cycling with your child in the carrier seat, try several practice runs using your child's equal weight in the seat to get the feel of the bicycle.
- Practice smooth stopping and starting to maintain bike control.
- Most important of all, obey all traffic rules and signals!

Using bike trailers

Bicycle trailers are pulled behind a bicycle and ride low to the ground. Manufacturers of bicycle trailers recommend that:

- Children should be able to hold their heads upright on their own while wearing bicycle helmets before they are transported in trailers. This stage of development is normally reached at one year of age.
- Your child must wear a properly fitted and CSA approved bicycle helmet when riding in the trailer.

- Trailers have differing weight restrictions, so check the manufacturer's guidelines to determine the maximum weight that can be safely transported in a trailer.
- These trailers are not intended to accommodate car seats. Car seats should never be placed in the trailer as a means of transporting infants.
- The information contained in this fact sheet is for information purposes only.
- While CILH makes every effort to ensure its accuracy, it is not intended to be a substitute for professional advice. If you feel you need medical advice, please see your health care professional.



Backyard Games for the Kids

By: Leigh Felesky

<http://health.kaboose.com/active-kids/games.html>

We all know kids are little creative geniuses, always busy making up their own games to satisfy their roaming imaginations and busy natures. Still, they could use some ideas once in a while. Here are some backyard games you can set up this summer.

Scavenger Hunt: Hide items in yard and have the kids try to find them. This can be as easy or elaborate as you chose. Rather than encouraging competitiveness, have the children work together to find all the items.

Duck, Duck, Goose: Don't forget this classic although you need at least five friends to make this game a lot of fun. Sit in a circle and have one child walk around patting each child on the head saying, "Duck, duck, duck" and finally "goose." The child deemed "goose" stands up and runs around the circle in the opposite direction from the other child. Whoever gets back to the spot and sits down first wins the spot and the other child starts again with the "Duck, duck, goose."

Freeze Tag: One child is chosen as being "it." The chosen child tags the other children by catching up to them and touching them. Once tagged, the child must remain frozen until another free child goes through their legs. When all the children are frozen (except the one who was chosen as being "it") with no one to set them free the game is over and you can start again.

Balloon Bust Relay: Purchase large balloons, stuff with a prize such as a whistle, then inflate and tie. You will need one balloon for player. Divide children into two teams and place each team behind the start line. At the other end of the room are the balloons. On your mark a child from each team runs to the other end of the room, grabs a balloon and sits on it, bounces on it, lays on it, anything they can do to make it pop.

When the balloon pops they collect their prize and run back to their teammates. The game continues until every child has retrieved their prize. If one team falls behind parents are allowed to help. Make sure you've got the movie camera rolling; you won't want to miss the action or the expressions. If you don't have time for a relay yell, "GO" and let every child grab a balloon at the same time and try to pop it.



Coping With a Finicky Eater

By: Julie Almquist

<http://www.parenting.org/article/coping-picky-or-finicky-eater>

Do you often find yourself suffering from "short-order cook syndrome," preparing two or three different menus at mealtime to appease the desires of a finicky eater? Mealtime should be a pleasant family time and a positive learning environment for all family members. If you find that mealtimes usually end in arguments about how much your child should be eating and how much he or she is not eating, follow these guidelines. They'll help you cope with your picky eater and make family mealtime more enjoyable.

1. The first step is to eliminate possible health problems. Make an appointment with your family pediatrician and share your concerns about your child's appetite and eating habits. Ask the doctor to weigh and measure your child and have him or her show you how to plot out a standard growth chart. Assess

your child's growth and development over time, taking into consideration genetics and family body types. If your physician has no concerns, you can move on to mealtime strategies without worry.

2. Establish rules for a sit-down, family-style meal where everyone sits together to eat. Turn the television off. Focus on conversation that includes all family members, limiting adult-only conversation. Also, don't use mealtime to nag or punish your child for behaviors that aren't related to mealtime.
3. Establish a set of mealtime rules for your child. For example, he or she must stay seated, must eat at the table, must use his or her silverware, cannot throw food, etc.
4. Praise your child for any appropriate behaviors that occur during a meal, especially when he or she samples new food items or ones the child doesn't prefer or like. Praise! Praise! Praise!
5. Don't discuss eating habits or problems at or near mealtime; such discussions or teaching should take place at other times. Do not bribe, threaten, or chide your child over his or her eating habits at the dinner table. You may discuss mealtime rules, but this should be done sometime before the meal begins. Don't let discussions become lectures about the importance or value of a good diet. Always keep any talk about food intake to a minimum.
6. Limit your child's eating time to 20 minutes. If your child is going to eat, he or she will do so in the first 20 minutes of the meal. If your child finishes before that time, give praise and let him or her leave the table. (This decision depends on your mealtime rules.)
7. Give your finicky eater small but reasonable portions of preferred foods along with very small amounts of non-preferred foods. Tell your child that he or she must eat the non-preferred foods in order to have seconds of the preferred foods. Over time, gradually increase the quantity of non-preferred foods you want your child to eat or at least try. Do not force your child to be a member of the "clean plate" club, and do not force him or her to eat the non-preferred foods.
8. Plan your menus in advance. Include your picky eater by letting him or her help plan the family menu, encouraging them to try something new.

Children's cookbooks are available to help with meal planning. Once you have created a menu, stick to your plan. Remember, you are not a short-order cook.

9. Desserts or snacks should be given only if your child finishes the previous meal.
10. Make mealtime a family affair. All family members should follow the same eating and snacking rules you set for your finicky eater.
11. Be sure to limit the amount of beverages your child drinks between meals (do not limit water intake). Children should not drink juice, milk, or other flavored liquids close to mealtime.
12. Make mealtime fun by providing an occasional smorgasbord of favorite foods. The more fun mealtime is, the more invested your finicky eater will be in participating and trying new foods.

Final Step: Provide numerous opportunities for your child to learn to manage inconveniences (like trying new foods!). This can be accomplished by having him or her do new chores, decreasing TV or computer time, and increasing expectations for good behavior.

Talking to your kids about Drugs and Alcohol

http://www.childrennow.org/index.php/learn/twk_drugs

The issue of drugs can be very confusing to young children. If drugs are so dangerous, then why is the family medicine cabinet full of them? And why do TV, movies, music and advertising often make drug and alcohol use look so cool?

We need to help our kids to distinguish fact from fiction. And it's not too soon to begin. National studies show that the average age when a child first tries alcohol is 11; for marijuana, it's 12. And many kids start becoming curious about these substances even sooner. So let's get started!

Role play how to say "no": Role play ways in which your child can refuse to go along with his friends without becoming a social outcast. Try something like this, "Let's play a game. Suppose you and your friends are at Andy's house after school and they find some beer in the refrigerator and ask you to join them in drinking it. The rule in our family is that children are not allowed to drink alcohol. So what could you say?"

If your child comes up with a good response, praise him. If he doesn't, offer a few suggestions like, "No, thanks. Let's play with Sony PlayStation instead," or "No thanks. I don't drink beer. I need to keep in shape for basketball."

Encourage choice: Allow your child plenty of opportunity to become a confident decision-maker. An 8-year-old is capable of deciding if she wants to invite lots of friends to her birthday party or just a close pal or two. A 12-year-old can choose whether she wants to go out for chorus or join the school band. As your child becomes more skilled at making all kinds of good choices, both you and she will feel more secure in her ability to make the right decision concerning alcohol and drugs if and when the time arrives.

Provide age-appropriate information: Make sure the information that you offer fits the child's age and stage. When your 6 or 7-year-old is brushing his teeth, you can say, "There are lots of things we do to keep our bodies healthy, like brushing our teeth. But there are also things we shouldn't do because they hurt our bodies, like smoking or taking medicines when we are not sick."

If you are watching TV with your 8 year-old and marijuana is mentioned on a program, you can say, "Do you know what marijuana is? It's a bad drug that can hurt your body." If your child has more questions, answer them. If not, let it go. Short, simple comments said and repeated often enough will get the message across.

You can offer your older child the same message, but add more drug-specific information. For example, you might explain to your 12-year-old what marijuana and crack look like, their street names and how they can affect his body.

Establish a clear family position on drugs: It's okay to say, "We don't allow any drug use and children in this family are not allowed to drink alcohol. The only time that you can take any drugs is when the doctor or Mom or Dad gives you medicine when you're sick. We made this rule because we love you very much and we know that drugs can hurt your body and make you very sick; some may even kill you. Do you have any questions?"

Be a good example: Children will do what you do much more readily than what you say. So try not to reach for a beer the minute you

come home after a tough day; it sends the message that drinking is the best way to unwind. Offer dinner guests non-alcoholic drinks in addition to wine and spirits. And take care not to pop pills, even over-the-counter remedies, indiscriminately. Your behavior needs to reflect your beliefs.

Discuss what makes a good friend: Since peer pressure is so important when it comes to kids' involvement with drugs and alcohol, it makes good sense to talk with your children about what makes a good friend. To an 8-year-old you might say, "A good friend is someone who enjoys the same games and activities that you do and who is fun to be around." 11 to 12-year-olds can understand that a friend is someone who shares their values and experiences, respects their decisions and listens to their feelings. Once you've gotten these concepts across, your children will understand that "friends" who pressure them to drink or smoke pot aren't friends at all. Additionally, encouraging skills like sharing and cooperation—and strong involvement in fun, healthful activities (such as team sports or scouting)—will help your children make and maintain good friendships as they mature and increase the chance that they'll remain drug-free.

Build self-esteem: Kids who feel good about themselves are much less likely than other kids to turn to illegal substances to get high. As parents, we can do many things to enhance our children's self-image. Here are some pointers:

- Offer lots of praise for any job well done.
- If you need to criticize your child, talk about the action, not the person. If your son gets a math problem wrong, it's better to say, "I think you added wrong. Let's try again."
- Assign do-able chores. A 6-year-old can bring her plate over to the sink after dinner; a 12-year-old can feed and walk the dog after school. Performing such duties and being praised for them helps your child feel good about himself.
- Spend one-on-one time with your youngster. Setting aside at least 15 uninterrupted minutes per child per day to talk, play a game, or take a walk together, lets her know you care.
- Say, "I love you." Nothing will make your child feel better.

Repeat the message: Information and lessons about drugs are important enough to repeat frequently. So be sure to answer your children's questions as often as they ask them to initiate conversation whenever the opportunity arises.

If you suspect a problem, seek help: While kids under age 12 rarely develop a substance problem, it can, and does, happen. If your child becomes withdrawn, loses weight, starts doing poorly in school, turns extremely moody, has glassy eyes—or if the drugs in your medicine cabinet seem to be disappearing too quickly—talk with your child. You'll be helping your youngster to a healthier, happier future.

Questions & Answers:

Why do people take bad or illegal drugs? There are lots of reasons. Maybe they don't know how dangerous they are. Or maybe they feel bad about themselves or don't know how to handle their problems. Or maybe they don't have parents they can talk to. Why do you think they do it?



Why are some drugs good and some drugs bad for you?

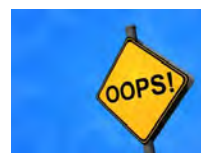
When you get sick, the drugs the doctor gives



you will help you get better. But if you take these drugs when you're healthy, they can make you sick. Also, there are some drugs, like marijuana or crack, that are never good for you. To be safe, never ever take any drugs unless Mom, Dad or the doctor says it's okay.

CORRECTION NOTICE

The previous issue of the *PDN Bulletin* featured an article by Kate Hodson of The Stroke Association in the UK, in which she reviewed **One-handed parenting: a practical guide for new parents**, published by DPPI. We would just like to clarify that this review article was originally published in the Disability, Pregnancy and Parenthood International journal issue 67, Autumn/Winter 2009. To find out how to obtain a copy of the guide, go to www.dppi.org.uk.





In the News

Via Rail is Revising its Policy on Travelling With a Support Person

By: Dianne Wintermute, Staff Lawyer, ARCH; excerpted from "ARCH Alert", April 26, 2013

Via Rail has a policy on travelling with a support person, and not having to buy a ticket for the support person, which they call their "Escort Policy". The current policy requires passengers who travel and request to have a support person travel with them free of the extra charge to demonstrate that they need assistance in at least one of three core areas: eating, personal hygiene and taking medication.

Via Rail is revising its current policy on allowing a support person to travel with a person with disabilities at no additional charge. VIA has targeted the completion and training of the revised policy for May 31, 2014.

Right to Control Trailblazers

Office for Disability Issues;
<http://odi.dwp.gov.uk/odi-projects/right-to-control-trailblazers.ph>

What is the Right to Control?

The Right to Control is a new legal right for disabled people. It gives disabled people more choice and control over the support they need to go about their daily lives. Disabled adults living in seven test areas will be able to combine the support they receive from six different sources and decide how best to spend the funding to meet their needs. Disabled people will be able to choose to:

- continue receiving the same support
- ask a public body to arrange new support
- receive a direct payment and buy their own support
- have a mix of these arrangements.

What are Trailblazers?

Trailblazers are areas where the Right to Control is being tested. Seven Trailblazer areas are working with Jobcentre Plus to test how the Right to Control will work for disabled adults. The Government will evaluate the Trailblazers which will inform a decision about wider roll out.

What publicly funded services are participating in Right to Control? Right to Control includes services funded by Department for Work and Pensions, (DWP), Communities and Local Government (CLG), and Department of Health. Funding streams involved in Right to Control are:

- Access to Work (Department for Work and Pensions)
- Work Choice (Department for Work and Pensions)
- Independent Living Fund (Department for Work and Pensions)
- Disabled Facilities Grant (Department for Communities and Local Government)
- Supporting People -Non-statutory Housing related support (Department for Communities and Local Government)
- Adult Social Care (Department of Health)

Who are the Trailblazers?

Seven Trailblazers are testing the Right to Control. Five Trailblazers started on 13 December 2010.

They are:

- Essex County Council
- Leicester City Council
- London Borough of Barnet
- London Borough of Newham
- Surrey County Council (two parts only: Epsom and Ewell Borough Council and Reigate and Banstead Borough Council).

Barnsley Metropolitan Borough Council and Sheffield City Council started on 1 March 2011.

Manchester Area Partnership (including Manchester City Council, Oldham Council, Bury Council, Stockport Metropolitan Borough Council and Trafford Council) started on 1 April 2011. Oldham Council will not participate in the pilot beyond 12 December 2012.

Trailblazers can share information and support each other online by joining the Right to Control Group on the Knowledge Hub. If you wish to join please e-mail the Right to Control Team at right.control@dwp.gsi.gov.uk for further details.

Extension of Right to Control

There was solid support amongst those who commented, for the extension of Right to Control for a further 12 months. The legislation to effect the extension was laid before Parliament.

All the local authorities delivering the Right to Control were invited to participate in the extension period, and all but Oldham Council agreed.

The legislation to enable the extension of the pilots for a further 12 months was approved by Parliament. Right to Control is therefore available in all participating local authorities until the end of the day on 12 December 2013.

The Community Start Up and Maintenance Benefit May Still Be Available

By: Dianne Wintermute, Staff Lawyer, ARCH; excerpted from "ARCH Alert", April 26, 2013

In its 2012 budget, the Ontario Government announced that it was cutting the Community Start Up and Maintenance Benefit (CSUMB) available to people who receive social assistance. This was a tremendous blow that sparked significant public reaction. For many people, the Community Start Up and Maintenance Benefit essentially made the difference between keeping stable housing or becoming homeless.

The public outcry about the loss of this important benefit had an impact. In December 2012, the Government announced that it would partially restore some money for CSUMB. In total, a one time payment of \$42 million was directed to municipalities to assist with housing issues for low-income people.

The money has been made available effective January 1, 2013, and will end on March 31, 2014. It is expected that municipalities will have developed and started to implement Community Homelessness Prevention Initiatives by March 2014. These Initiatives are part of the Government's "Long Term Affordable Housing Strategy".

However, the news is not all good. Previously, CSUMB was a mandatory benefit under Ontario Works and the Ontario Disability Support Program. There is no longer a guarantee that someone will receive it if they apply for it. First of all, there is a limit on the funds that are available to municipalities to use for the program unlike the previous benefit. Second, there could be more people trying to access a smaller fund of money because it is available to all low-income people, not just those on

social assistance. Another issue is that because CSUMB is no longer a mandatory benefit for people receiving social assistance, there are no appeal rights if it is denied to you, or if you don't get the amount that will help you maintain your housing.

The other difficulty that people could face is that because the money is given to the municipalities, the municipalities can determine the rules for eligibility or what will be covered if someone is granted CSUMB. This means that there can be large differences in what is available, for what purpose and to whom, depending on where you live in the province.

The Income Security Advocacy Centre (ISAC) has provided more detail on their website. To access the CSUMB update, visit <http://goo.gl/Reilo>. As well, ISAC and the Wellesley Institute have developed an on-line tool to track the impact that losing the CSUMB benefit will have on people who receive social assistance. We urge people to keep advocating for the reinstatement of this important benefit before March 31, 2014.

NEW RESOURCE

Tara Geraghty-Ellis: Disability Counseling and Consulting

<http://www.accessempowerment.ca/>

Helping people with disabilities become more Empowered and Empowering agencies and businesses to profit from being more accessible and inclusive.

Tara is a Social Worker with over 20 years specializing in disability. She provides professional therapy and consultation to meet all your disability-related needs. Her services are accessible to all and customized to help you deal with your concerns and discover your ability to have more than you ever thought possible.

Dealing with the realities and struggles of disability can be overwhelming. Sometimes it can be hard just to make it through the day. Society has told us that people with disabilities are needy, not as worthy as others, cost taxpayers, and are not capable of

making a positive impact on society. We are also taught that people with disabilities are not suitable for the work world and are too hard or costly to accommodate.

To discover more about Tara, and about the counselling services she has to offer, visit <http://accessempowerment.ca>.

CILT NEWS

Disability and Rights for Citizens Project DRC

People with disabilities in Toronto need to know about their human rights. The United Nations Convention on the Rights of Persons with Disabilities was signed by Canada in 2007 and ratified in 2010. It remains a very important issue that people with disabilities have full realization about what this means in terms of being a citizen of Toronto. Human rights remains a subject that is very large and complicated. The main issue is that there are no existing strategies to educate people about this subject in an atmosphere that is accessible to participants.

This Disability and Rights for Citizens (DRC) Project will run 6-10 human rights educational workshops and create a series of plain language tools to be distributed to people with disabilities living in Toronto.

The workshops will educate people with disabilities with regards to the Convention on the Rights of Persons with Disabilities (CRPD) and how it affects them as citizens of Toronto. The plain language tools will be available in alternative formats in accordance with the Accessibility for Ontarians with Disabilities Act (AODA) accessibility standards.

Utilizing the Participatory Action Research methodology, the DRC Project will ensure that people with disabilities are represented at every level of the project planning. People with disabilities will be at the helm of workshop design, workshop facilitation, and plain language tool kit development and dissemination.

The project is funded by City of Toronto's Access Equity & Human Rights Fund. The Centre for Independent Living in Toronto (CILT) is the trustee.

For more information on the Disability and Rights for Citizens (DRC) Project, please contact Melanie Moore, Community Development Worker, Centre for Independent Living in Toronto (CILT) at 416-599-2458 ext. 222, TTY: (416) 599-5077 or by email at melanie.moore@cilt.ca.

Ageing With a Disability Initiative

The Ageing With a Disability Initiative that CILT has been working on for a while is in the process of trying to secure funding in hopes that we may be able to host some focus groups around this very important topic.

Meanwhile, Nancy Barry, Peer Program Lead, presented at a conference in Geneva Park. The conference was directed towards caregivers and attendants working with people with disabilities. Nancy talked about how aging consumers will require additional hours of support due to extra challenges that accompany the aging process.

The presentation was well received and we may even have future partners who would like to collaborate further on this topic.



THE CLASSIFIEDS

Please remember to share with us any used childcare equipment that you would like to get rid of and we can advertise it for you right here. To place a free ad call 416-599-2458, ext. 227 or email to peers@cilt.ca.

PARENTING WITH A DISABILITY BULLETIN is a publication of the *Centre for Independent Living in Toronto (CILT) Inc.*

To become a member of the *Parenting with a Disability Network (PDN)* or to submit an article to the PARENTING BULLETIN, contact *CILT* at:

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The PARENTING BULLETIN is also available in large print, on audiotape or in Braille.

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