

openly at school and in the community

- Have presentations in schools about unrealistic images in the media
- Have role models and mentors for youth to build positive relationships and self-esteem
- Identify safe places where youth can go “just to talk” or to receive help **i**

footnotes

1. McCreary Centre Society. (2004). *Healthy youth development: Highlights from the 2003 Adolescent Health Survey III*. Vancouver: author.
2. Saewyc, E., Chittenden, M., & Murphy, A. (2006). *Building Resilience in Vulnerable Youth*. Vancouver: McCreary Centre Society.
3. McCreary Centre Society. (2006). *The Next Steps: BC Youths' Response to the AHS III and Ideas for Action*. Vancouver: author.

for more info

More information on youth health issues, including the latest reports and skill building workshops for youth, is available on the McCreary Centre website at www.mcs.bc.ca.

Quality Child Care = Caring Family Support

When we welcome a child into a high-quality child care setting, we also welcome the child's family. In the close and caring relationships we build with our families, we are sometimes the first community partners to see signs of distress. If a family is dealing with challenges—such as mental illness, addictions, family violence or abuse—trained child care providers can help the family find the supports they need. Sometimes a family arrives at a child care centre already receiving community services. In that case, the child care providers must be ready to work hand-in-hand with these services to properly support the child and family.

In one case, a single father we worked with in our inclusive group daycare centre struggled with his own physical and mental health problems as he tried to raise his young son. He loved his child, but needed help and information to figure out how to parent a very active toddler with developmental delays and emotional and behavioural problems. Every day, at drop-off or pick-up times, he and the centre staff would talk about difficulties that were coming up at home around mealtime, bathing, bedtime, toilet training, behaviour, learning and making friends.

We became partners with this father. We were a part of the team of professionals supporting him. This included a community health nurse and provincial ministry social worker. These professionals worked with him around issues such as his disabilities, housing needs and transportation, while daycare staff focused on providing parenting help and meeting the child's needs. Soon we arranged for the child to receive speech therapy, physiotherapy and help for emotional and behavioural concerns. The Supported Child Development Program,¹ which helps families with children who have special needs, was also involved.

This example shows the importance of quality child care to vulnerable children and families. Child care nurtures and stimulates young children. It supports families in their parenting role. It can provide isolated families with a sense of community. When parents are under a lot of stress, child care offers a much-needed break. For some families, the support of child care—to both children and parents—means being able to maintain the child in the home. Child care providers can support parents by listening, offering parenting suggestions,

making referrals to community resources, and connecting families to other families.

Child care providers are often the first to identify early signs of difficulty in a child. If children need extra support because of developmental delays or disorders, health problems or emotional or behavioural issues, child care staff can make referrals. We often connect families to speech and language pathologists, physiotherapists, occupational therapists and mental health services, as well as the Supported Child Development Program. Child care staff experienced in including children with special needs know how to work in partnership with

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footnote

1. Ministry of Children and Family Development Supported Child Development: see www.mcf.gov.bc.ca/supported_childcare.

Police (and others) Facing Adolescence 'Normal'? Mental illness? Can be hard to tell . . .

Camia Weaver

Camia is Provincial Coordinator of the Canadian Mental Health Association BC Division's ongoing Mental Health and Police Project to improve police and emergency service response to persons with mental illness. After almost 20 years as a practising lawyer, she is actively committed to facilitating community empowerment and restorative practices

Historically, the police perspective has been focused on law enforcement: containment through the use of authority and physical force as the primary objective, with arrest and criminal charges following. Things have changed.

In response to social trends, police organizations these days focus more on community policing—with crime prevention, foot and bicycle patrols, and community education forming a major part of their role in the community—rather than just crime fighting. At the same time, a trend toward integrating people with mental illness into the community has led to a dramatic increase in their interactions with police—hence the term sometimes applied to police: “psychiatrists in blue.”

Many police agencies have developed models of effective response to people with mental illness, especially in crisis situations. Basic education on recognizing symptoms and knowing the best way to respond form the core of most programs. This is a very positive step, and one that most police value for allowing them to provide better service and protection to the community.

Unfortunately, this response information does not address issues that may come up among those in that

stage of life known as “adolescence.”

Adolescence can be hard—both for teens and for those around them. Puberty and adolescence are hormonal and emotional roller coasters. This is complicated by elements of rebellion, risk-taking behaviour, poor judgment and mood swings, including anger, euphoria and depression. It was recently discovered that these elements are partly due to a spurt of brain development in the frontal lobes occurring at puberty and continuing through the early twenties. The frontal lobes—responsible for functions like self-control, judgment, emotional regulation and organization—grow and become refined during this period, developing into the mature brain at about 25 years.¹

If hormones and normal brain development were all there is to it, it would be relatively simple to manage. But there's more. Adolescence is also when most mental disorders—including depression, bipolar disorder and schizophrenia—surface for the first time. Telling the difference between ‘normal’ teen behaviour and mental illness, including fetal alcohol spectrum disorder, is difficult. The behaviours may look the same. Risky behaviour (like car racing, sexual promiscuity, alcohol and drug abuse or extreme physical activity), feelings of invincibility, moodiness, aggression, withdrawal, poor

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parents and therapists to create individual plans for children and then to carry them out.

If children have very complex needs, child care programs can arrange for extra staffing support through the Supported Child Development Program. Every time a new child with extra needs enters a child care program, the staff must learn the specific skills required to support the child.

Child care offers children the security of stable, ongoing care and consistent routines in lives that may, at times, be chaotic. It provides children with caring and supportive adults they can trust. Children make friends with other

children. They learn how to share, solve problems and get along. They learn how to accept differences in themselves and in others. The social lessons of respect, empathy and tolerance that happen at child care can last a lifetime. And while they are busy learning, they are also having fun.

Like families, child care programs also need support. When child care programs have strong, well-trained staff, and when they are properly funded and connected in their communities, they fit naturally into a range of services that can work together to support the families who need them. But the reality is that child care does not

have enough public funding and support. It is a fragmented and fragile system. There is not enough high quality, affordable child care for all the families who need it. It is enormously stressful for families to run into poor quality, lack of space, long wait-lists and high fees when they are looking for child care.

We fail our most vulnerable families when we do not consistently provide a service that brings so many benefits. For all children and families, we must press for a universal, high quality, publicly funded, accessible and affordable child care system. ■