



Students visit Manor

Halton Centennial Manor is a popular place with W.I. Dick Grades 6, 7 and 8 students who are waiting in line for a chance to be part of the school's new visiting program. Organizers

hope the program will blossom into an exchange which will encourage Manor residents to visit the school.

Juvenile Delinquents Act

New law could affect CAS

By STEVE ARNOLD
Champion News Editor

Proposals by the federal government to change the law dealing with offences by children could have very major implications for child welfare agencies such as the Halton Children's Aid Society.

That's the opinion of Harry Zwerver, executive director of the Ontario Ministry of Community and Social Services policy management branch.

Mr. Zwerver told the annual meeting of the CAS that federal plans to scrap the Juvenile Delinquents Act in favor of a "Young Offenders Act" is "a complicated issue with very major implications for child welfare agencies."

One of the major moves being contemplated by the new act, he said, is an increase in the age of criminal responsibility, from seven years to 12 years.

There are several other changes in philosophy considered by the new legislation he added.

Mr. Zwerver explained that the Juvenile Delinquents Act was passed 73 years ago "and has served us quite well since then."

The old legislation, he said, viewed the young offender as a "misdirected, misguided child" rather than as a young criminal.

"That was a major step 73 years ago, but our at-

titudes have changed since then. They have gone through several cycles and we're in a position now where there's a real demand for justice for punishments that are appropriate to the crime," Mr. Zwerver said.

"We are thinking now that children should take more responsibility for their behavior, but should not be fully accountable," he said, adding that the new law shows a responsiveness to the idea that children have a right to the full due process of law and society has a right to be protected from bad children.

One major concern raised by Provincial officials, he noted, is that the new Young Offenders Act is concerned only with offences against the Criminal Code of Canada, and does not concern offences against Provincial laws.

Provinces will have to pass legislation dealing with those offences.

"There are several other changes in the new legislation that we should take note of," he said, including the feeling in the act that intervention into family problems should be kept to a minimum.

"The feeling is quite clear that the primary responsibility rests with the parents. That's where the initial response to a problem should come from," he said.

Under the old act, he said, it was entirely possible for a child to be committed to an institution for an offence that would have netted a little more than a fine for an adult.

That situation will be eliminated by the new law, "where we have tried to look at a range of options for handling some problems," Mr. Zwerver said.

One problem being considered, he said, concerned the punishments to be handed out for certain offences.

As an example, he noted, should an offence carry the same penalty for all people or should the penalty be varied by age groups?

"We're trying to find a balance there, but our options are being narrowed by the increase in the age of responsibility," he said.

The involvement of parents in proceedings before the family court, he said, "is being stressed very strongly," by the new act.

Parents will be required to attend court proceedings and can be convicted of contempt of court if they do not appear, Mr. Zwerver said.

The new act also raises the possibility of more children being transferred to adult court for trials and for a victim-offender reconciliation program, "so that the young person is forced to deal with the consequences of his actions in a very direct way."

Parent-Infant Program

The name was changed to reflect the obvious

By JULIE BOURNE
Special to The Champion

A name change in a program may not seem important, but in the case of the Parent-Infant program—formerly the Infant Stimulation Program—the name was changed to reflect the way the program works. "We work with developmentally delayed or at risk for delay infants, up to 24 months in the Region of Halton," says program co-ordinator Marilyn Parsons.

The program uses a parent mediation model, the idea being the parent is the most important person in the child's life.

Certainly program teachers work with the child, she adds, but it is to show the parent what to do. The parent is the one that is going to carry the program on.

Although Mrs. Parsons and the teachers work out of Halton Region's big green administrative building on Bronte Road in Oakville, most of the program takes place in the home.

That's where Parent-Infant program workers go first of all—they visit the home and make an assessment.

"From that assessment we would know what areas the child is delayed in," says Mrs. Parsons. "From the assessment we would plan a program to help the child reach his optimum potential."

The program would be planned with the parent, and then done in the home. The program planned depends on the age of the child, the problem, and what parents would like to see for the child, observes Mrs. Parsons. Babysitters participate, and working parents can be visited in the evenings.

For instance, if a child is having problems in using small muscles and eye-hand co-ordination, activities would be planned to correct this, such as putting the right shapes in holes.

Ordinary everyday toys are also used. Another thing program workers do is to encourage parents to make their own toys, such as taking an ice cream or a yogurt container, and putting a hole in the top so a child can drop chips through.

"A lot of things you can make at home," says Mrs. Parsons.

A physiotherapist is also on staff at the program to work with children on gross motor skills.

It's a preventative program, so that the earlier you start the less you have to catch up on, explains Mrs. Parsons.

There are lots of things happening during the first year of a child's life, she points out. The brain develops extremely fast during this time.

To explain what "developmentally delayed" means, Parsons notes that there are certain milestones in an infant's life, broad general guidelines and the norm is quite varied.

"There can be several reasons why a child gets

behind," she says. In this area, the Parent-Infant program deals with three groups of children.

One group includes those children they know are going to be developmentally behind—such as those who have been born with a physical or mental handicap.

Then there is a second group that's at risk for delay, such as the prematurely born or the ill child.

A third group includes children who are not delayed, but the potential for delay is there. These can be the children of adolescents, or the children of homes where parents don't know how to stimulate a child.

Often, in these cases, it is simply a matter of teaching parenting skills, says Parsons.

The Parent-Infant program, which began in 1979, gets most of its referrals from public health nurses, but they also come from pediatricians, family doctors, self-referrals and community agencies.

Mrs. Parsons says most people see a family doctor after birth, and he checks out a baby's "milestones".

It's an intuitive thing with parents who refer themselves, she says. They may have been reading books, and talking to other parents, and may have a feeling that something is wrong with their baby.

But proportionally few are self-referrals. Most come from public health because of the way the public health system works.

Public health nurses visit all first-time mothers, and they can pick up on whether the baby needs to be referred or not.

In hospitals, there is a public health liaison nurse who is in contact with obstetric and pediatric departments, and who would know if babies need the service, says Mrs. Parsons.

Although the program is administered by the Halton Regional Health Department, funding for the Parent-Infant program comes from the Ministry of Community and Social Services.

To contact the program call the Halton Regional Health Department at 827-2151 or 878-8113.

Budget review

A complete reversal of Halton Region's budgeting process has been approved for next year.

Regional councillors gave their approval last week to a change that would have each of the regular committees go through their own budgets first, before submitting them to a special budget review committee.

Under the system used this year, the budget review committee went through proposals first and then passed them on to the standing committees which will make their recommendations to the administration and finance committee and finally Regional Council.

The new process would have the health and social services, planning and public works and administration and finance committees go through their budget proposals as early as February and then make recommendations to the special review committee.

"Our feeling was that the committee that's responsible should go through its own budget as early in the year as possible," Regional chairman Jack Raftis said.

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Council Planning meeting

The North Halton Social Planning Council will hold its second annual general meeting on Thursday April 15, 1982 at 8 p.m. at Georgetown & District High School. Admission is free.

The highlight of the evening will be a panel discussion on "Housing in the North: Are We Fulfilling the Need?" The panelists are: Mrs. Ann Gabriel who has an interest in public housing, Mrs. Betty Hill from the community at large, Mr. Bert Arnold who is interested in group homes and Mr. Phil Carney who will speak on private housing. Mayor Pete Pomeroy will be the moderator.

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