



NIL/TU,O Child & Family Services  
 Child and Family Services  
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NIL/TU,O Child and  
 Family Services

Spring  
 2006

NEWSLETTER CONTENTS

SUMMER.. SUMMER... SUMMER TIME...

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With soccer season, pow  
 wow season and of  
 course canoe pulling  
 season all upon us, it's  
 a important to remember a  
 few things to help us maintain  
 our beautiful skin coloring that  
 everyone so admires.

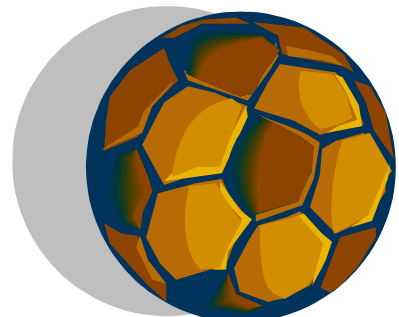
Its only takes a few seconds to apply sun  
 block , for while your running out on the  
 field, or use a waterproof sun block for out on the wa-  
 ter... this will resist burns that may occur if you simply  
 do not put any one at all.

Its also very important to be putting on sun block and  
 hats on children while they are out in the sun for long  
 periods of time. Its also a good idea to get some  
 chap stick with SPF in it to prevent sun burn of the lips.

Its very important to keep well hydrated on those  
 really hot days. Sun stroke is quite common and of-  
 ten overlooked as just feeling tired. So when your  
 strutting your stuff on the circle, pulling as a team on  
 an 11 men or running up and down the field, please  
 remember to hydrate yourself.

Also with Canoe season coming up, children will love  
 to get in the water and splash around, play, swim  
 and simply wade around, its very good that they be  
 reminded that they should be in constant vision if not  
 accompanied by an adult or strong swimmer.

For those like me who  
 are on the sides watch-  
 ing the soccer, watch-  
 ing the dancers and  
 watching the canoes,  
 its just as important to  
 "Block up" and pro-  
 tect your skin.





# NIL/TU,O CHILD AND FAMILY SERVICES SOCIETY

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Cybertip!ca  
www.cybertip.ca  
Online Child Sexual Abuse tips Top 5,700 in first year  
Cybertip.ca credits Canadians for taking action

February 23, 2006 Winnipeg - at the end of the day on January 23, 2006, Cybertip.ca marked its first year as Canada's office tip line by logging its 5,771st report of potential online child sexual abuse, and Executive Director Lianna McDonald is focused on the power of one.

Each of those 5,771 reports represents a member of the public who has taken a few minutes to report, a potential case of online sexual abuse. One Canadian, one report that saves the an abused child. That's the power of one" Ms. McDonald stated.

Ms. McDonald noted that the sobering statistics clearly indicate that Canadians are taking action against online child pornography and are investing the less than 5 minutes it takes to file a report with www.cybertip.ca to help protect children. Cybertip.ca's specially trained analysts follow up on every report and forward to law enforcement across the country to identify abusers and the children they are abusing to stop the abuse.

"To all Canadians who have submitted reports, some of which have been directly responsible for saving a child from further sexual abuse, our heartfelt thanks for helping to make a profound difference in the life of an abused child," said Ms. McDonald.

Cybertip.ca was officially launched with support from the Government of Canada on January 24, 2005 as Canada's national tip line for reporting child sexual exploitation encountered online. Since then, 7013 reports have been fielded from across Canada and around the world, a 430% increase over the year previous when the tip line operated as a pilot project. More than 1,200 requests for information have been received which McDonald attributes to their efforts to raise public awareness and Canadians' growing demand for information to help keep their families safe online.

"I commend the work of Cybertip.ca for helping to make Canada a safer place for our children," said the Honorable Stockwell Day, Minister of Public Safety. "I would also like to thank the thousands of Canadians who took the time to report cases of potential abuse as well as law enforcement and other partners who worked so hard to investigate these reports and bring those responsible to justice."

The Government of Canada has been a strong supporter of Cybertip.ca both as a Manitoba pilot and now as a nations tip line," said Justice Minister Vic Toews, Q.C. "Since its launch in September 2002, Cybertip.ca has demonstrated its importance by encouraging the reporting of online child sexual exploitation and providing support and referral services to assist in protecting children from online predators"

Since the service started as a provincially-based pilot project in 2002, 9,145 public reports have been received by Cybertip.ca resulting in 17 arrests and 972 websites shut down



# NIL/TU,O CHILD AND FAMILY SERVICES SOCIETY

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## **THERE IS A NEED FOR FAMILY CARE HOMES/FOSTER PARENTS**

NIL/TU,O is in need of homes for both short-term and long term care. The need for these homes is even greater as we move into Level 13 Guardianship. We need homes for children of all ages and varying needs.

A Family Care Parents role is to ensure the child/children are provided with excellent care while reinforcing the belief that children and youth have the right to safety, security, continuity, consistency, as well as a loving home. A family care parent will operate as a parent, a behavior management specialist, a mentor, a guide, a protector, a team member, an advocate, a teacher, and as a caregiver. We need community members to step up and fill this need in our communities for our children.

It is vital to have Family Care Homes within our own communities because it ensures that our children in care can be provided with proper care and still be able to remain in their own communities and maintain healthy to extended family and community.

### **Family Care Homes may provide one or more of the following:**

**Short Term or Temporary Care:** Care for a child while a long term solution is sought. Short term or temporary care can be as short as one day but usual not longer then 24 months.

**Long Term Care:** Care for a child who is in continuing care by Court Order or through Family Relations Act.

**Emergency Care:** Care given in emergency circumstances.

**Respite Care:** Short term care for children to prevent burnout, stress, abuse and neglect and to minimize need for out of home placements and removals.

**Relief Care:** Similar to respite, but break is provided for Family Care Parents.

***If you are interested in becoming a Family Care Home, please contact the NIL/TU,O Resource Social Worker for more information and to apply. Phone 250-544-1400, toll free 1-888-744-1422.***



# NIL/TU,O CHILD AND FAMILY SERVICES SOCIETY

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## **E** **x** **e** **c** **u** **t** **i** **v** **e** **D** **i** **r** **e** **c** **t** **o** **r** **s** **R** **e** **p** **o** **r** **t**

Our agency continues to work with all the changes MCFD. MCFD has appointed a new Deputy Minister, Leslie DuToit. As a result of the shift, we have been invited to many events, strategic planning sessions, and training opportunities. We are taking advantage of these opportunities, and I am encouraging our staff to be involved with these initiatives. I look forward to the opportunities for our agency and staff. Hopefully the many changes going on with MCFD will have positive effects on the agencies throughout BC.

Level 13, while this process has been a long time coming, we are very near the transfer. We are now awaiting protocols with the RCMP and VIHA, as stated 2 months ago. These protocols are with their respective lawyers.

These months have been busy with activities from the Family Support team. We are looking at a plan for the summer and programs running through out our communities. These may be 1 event a week per community or may be 1 event per region. We would like to work with other communities and agencies to provide services. We are also planning community appreciation events again for the summer 2006.

Surrounded by Cedar will be hosting a Multi-Agency Initiative called Diversity thru Hip-Hop. Our family support team will be working with this initiative along with some of our children. This initiative is for youth between the ages of 13 - 18.

We hosted a 2 day workshop on FASD in partnership with BCANDS. 21 people were registered in this event including a few of our family support workers and social workers.

Kelly Lucas and Nick Claxton are working on the Roots Project. Nick Claxton will be working on reef net fishing technology project. This will involve teaching the children about the importance of this technology to the Coast Salish people. I will update on when this will happen.

We have posted the Key Worker position now, the deadline for internal applications is June 9th and depending on the response, we will look at an external posting with a deadline of June 16th. We did receive funding to advertise or do promotional work for FASD awareness. I will be working with our team to identify specific projects for this, such as pamphlets, videos, website information etc.

You may recall that we received funding to develop a best practices information kit for the south island. Lee Smith, FSW has been working diligently to complete the first phase which is consultation and research for the project. She put out a call to all chiefs and councils as a part of the consultation process and was given some ideas on how to approach communities. She has also begun contracting schools to get youth input for the project. We are nearing the end of the consultation phase. Lee will be generating anonymous questionnaire to bring to communities for further input.



# NIL/TU,O CHILD AND FAMILY SERVICES SOCIETY

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Greetings everyone  
From Scott Sam, Family Support Worker

Spring has sprung and all the new leaves and frogs are out. The Longhouse season has gone on longer than I can remember, but it is slowly winding down. It has been a long season this year. We have to remember we have to take care of our new dancers. They say that you take care of what you what you get and it will take care of you, so if we take care of our new dancers, then in turn they will take care of us. That's the way it is.

Well I have been very busy here at NIL/TU,O for almost seven years and it has been a lot of fun for me. I really enjoy working with the youth. The Family Support Worker Team has been working hard in all the communities. Michelle and I have been working with the Boys and Girls Club. Every two weeks we do various cultural activities from singing and dancing and arts and crafts.

Toby Joseph and myself went to North Saanich School one day and Toby told this class a story and then after the story we both sang a song. Toby then told another story and then we sang another song. We did this for two classes. It is a lot of fun to go and sing songs for the youth. I will explain the song and how these songs have come to me and then I sing them.

Just today the Day Care at the Tribal School has asked for both Toby and I go to and sing songs for the youth. Toby was in Pacheedaht today and could not make it, I went and sang for the youth. We will be singing once a week at the Tribal School.

There has been some people asking about singing and if we are going to be starting to sing one evening a week, it is a good idea and I am open to it. If anyone is interested, just give me a call here at the office, 544-1400.

You all have a good summer  
Take care  
Scott Sam Family Support Worker  
NIL/TU,O Child and Family Services





## NIL/TU,O CHILD AND FAMILY SERVICES SOCIETY

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BC Aboriginal Network on Disability Society and NIL/TU,O Child and Family Services hosted a Key Workers training on April 25, and 26, 2006.

### The Key Worker Training

- Discussed and learned about Fetal Alcohol Syndrome
- Reviewed and updated knowledge
- Understand how FASD affects communities
- Learned the role of a Key Worker

FASD is largely, an invisible disability, since the majority of people exposed to alcohol in the womb do not necessarily exhibit the physical characteristics of FAS. As a result, many FASD sufferers are at great risk of failing to thrive because their disorder often goes undetected. As with any other life long disability, early identification is crucial to understanding and helping people who may be suffering from it. So what can we see? Behavior. And if behavioral issues are identified and understood as symptoms of FASD, useful interventions may be developed.



# NIL/TU,O CHILD AND FAMILY SERVICES SOCIETY

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## **Community Growth through Cultural Connections**

I would like to extend my greetings to all the communities within NIL/TU,O Child and Family Services Society District. My name is Lee Smith, and I am a First Nations Family Support Worker/Community Mental Health Worker. I presently carry out support services for youth and families within the Westshore communities of Beecher Bay, Songhees, T'Sou-ke, and Pacheedaht.

I am currently undertaking a project with the support of community Leaders in the development of an Aboriginal Toolkit that will focus on prevention and intervention strategies around Substance Abuse and Mental Health issues. In studies I have conducted with reference to our relations both nationally and globally, results have shown that through the efforts of organization and introduction of best practices within First Nation Communities themselves, the outcome has improved initiatives promoting healthier communities.

I will be on a series of visits to the various communities NCFSS services meet the community leaders, elders, health workers, families and youth to discuss what their community needs to be healthy to solve substance and mental illness problems, in theme of "Community Growth through Cultural Connections". The goal of this project will be to get together and share information based on community input to set up a practice Toolkit local Communities can take towards wellness beyond substance abuse and mental illness.

I look forward to my visit in your community and invite you to come out and share your knowledge and views relating to the issues of substance abuse and mental illness. Please look or my announcements of where and when I will be visiting your communities for yourself and your children.

Best Spirits,  
Lee Smith, FSW/CMHW



# NIL/TU,O CHILD AND FAMILY SERVICES SOCIETY

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## What is Family Violence?

### Family Violence takes many forms:

**Physical Abuse:** is any physical act intended to harm, injure or inflict pain on another person, including slapping, punching, burning, kicking, biting, pushing, hair-pulling, choking, shoving, hitting with an object, threatening with an object such as a knife or gun, and any action that causes physical harm to another person.

**Psychological Violence:** involves the abuse of power and control over another person. It includes inducing fear by intimidating, terrorizing or threatening, humiliating, insulting, degrading, destroying property, isolating a person from friends and family and withholding emotions of love or caring.

**Sexual Abuse:** includes all acts of unwanted sexual attention or exploitation, including inappropriate touching or molesting, exposing a victim to pornographic materials. Sexual assault with an object, forced bondage, date rape, gang rape, rape within an intimate relationship and sexual harassment.

**Child Sexual Abuse:** is any sexual contact inflicted on a child and includes all acts described as above under Sexual Abuse.

**Incest:** is any form of sexual contact or attempted sexual contact between relatives, no matter how distant the relationship.

**Financial Abuse:** is any act which involves the deceitful use of another person's money or belongings (for example, the misappropriation of resources, using another person's money or resources to exert power and control over them, taking pension money or other forms of family support, forcing parents to provide free child care, denying one's family of money for food or shelter)

**Spiritual Abuse:** entails the erosion or breakdown of one's cultural or religious belief system

An individual can be subject to various types of abuse by the same abuser.

*"Everyone has a responsibility for eliminating family violence in Aboriginal communities. The first step in the process, whether for an individual, family or community, is to break the silence and acknowledge that there is a problem"*

[http://www.phac-aspc.gc.ca/nfv-cnivf/familyviolence/html,fvabor\\_html](http://www.phac-aspc.gc.ca/nfv-cnivf/familyviolence/html,fvabor_html)



# NIL/TU,O CHILD AND FAMILY SERVICES SOCIETY

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## Crystal Meth awareness

**What is Crystal Meth?** *Crystal Meth is one street form of the drug methamphetamine hydrochloride, which comes in clear, chunky crystals, which are then inhaled or smoke or injected. It is also called "Jib", "Ice", "Crystal", "Crank", "Glass", "Tina", "Chrissy", and by many other names as well.*

**Who uses Crystal Meth?** *According to mental health workers, police and research scientists, the people who use crystal meth include:*

- Large numbers of rural and small town across North America
- Some young people who want to lose weight
- Some young people in the dance scene
- Gay males involved in the dance scene
- Many youth are drawn to meth because it produces a larger high cheaply
- Many native youth and adults find the drug very alluring as it is seen as a cheap escape from the feelings of hopelessness and despair many are experiencing.

**Is there a connection between meth and ecstasy?**

*Police say that in some areas, crystal meth is replacing ecstasy as the drug used by teenagers and young adults in the rave and dance scene. In many areas crystal meth is cheaper at \$10.00 for a point or about one tenth of a gram. An ecstasy hit or tablet can cost twice as much about \$20.00. In some more remote areas it is being sold for as much as \$50.00. Police say that some dealers will give out a "Free Sample" at a party or a dance, which hopes of hooking new customers to their product.*

**How is it taken?** *As with other psychoactives, different routes of administration have different profiles of effects. Oral methamphetamine ingestion tends to lack rushing, has less euphoric effects, and tends to cause far less of a feeling of wanting to do it again than the other methods. Smoking and injecting methamphetamine are associated with stronger, more euphoric effects and these are more associated with compulsive/addictive user patterns*

**Addiction and Withdrawal** - *Users of large amount of amphetamines over a long period of time can develop an amphetamine psychosis, which is a mental disorder similar to paranoid schizophrenia. The psychosis is manifested by hallucinations, delusions and paranoia. Bizarre and sometime violent behavior is exhibited by those with amphetamine psychosis. Symptoms usually disappear within a few weeks after drug use stops.*



# NIL/TU,O CHILD AND FAMILY SERVICES SOCIETY

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## Meth causes long and short term problems

Meth dealers and users will tell a novice how fun it is to use: they'll get a tremendous rush. They'll be able to stay up for hours to work, study or party. They'll lose weight. But there is another side to meth use that they will never talk about. It's the side that can take your looks, your health, your income, your sanity maybe even your life. People who seek the rush of a meth high are also in for a number of other unwanted effects from the drug. They will also experience some or all of the following short-term effects:

- Increased alertness
- Paranoia
- Delusions of Grandeur
- Moodiness
- Heightened sexual activity
- Shortness of breath
- Sleep Deprivation
- Depression
- Hallucinations
- Extreme Weight Loss
- Sores from constantly scratching
- Excessive talking
- Convulsions
- Sense of well being
- Violent behavior
- Increased heart rate
- Uncontrollable movements
- Grinding teeth, clenching jaw

Over the long term, meth can cause:

- Insomnia
- Panic Attacks
- Hyperactive Behavior
- Twitching
- Severe Depression
- Malnutrition
- Seizures
- Lead Poisoning
- Loss of Pleasure
- High Addiction
- Abused/Neglected Children
- Strychnine Poisoning
- Brain Damage
- Uncontrollable Anxiety or Rage
- Stroke
- Impaired Speech
- Death

The effects of meth abuse are devastating, but there is hope for those who use or are addicted to the drug. Meth addiction is different from addiction to alcohol or other drugs and, most often, traditional methods of treatment are not as effective for addicts. For example, while detoxification for alcohol and other drugs may take a few days, meth remains in a persons system for a much longer time. It can take six weeks or longer to detoxify.

Meth abuse not only affects the addicts physical health, but also their emotional, mental and spiritual wellbeing. Results of a new study indicate that people who have recently stopped abusing the powerfully addictive drug, may have brain abnormalities similar to those seen in people with mood disorders.



# NIL/TU,O CHILD AND FAMILY SERVICES SOCIETY

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## How to tell if there is a meth lab in your neighborhood

Have you notice any of the following indicators?

- strong solvent chemical odor (cat urine, ammonia, alcohol, ether, etc)
- blacked out windows, large numbers of Coleman or other fuel cans
- excessive traffic coming and going at odd hours, particularly at night
- unusually large amounts of trash possibly containing odd items in large quantities, such as antifreeze bottles, cold decongestant packages, drain cleaner, Coleman fuel
- Laboratory equipment such as glass tubes, beakers, Bunsen burners, funnels, chemical glassware, plastic tubing, pressurized tanks and cylinders.
- large quantities of glass-ware such as mason jars
- heavily guarded premises for example window bars or guard dogs
- coffee filters with red stains or soaked in alcohol or ether
- excessive amounts of hotplates, pressure cookers, electric skillets
- large quantities of cold medications or weight loss products
- large number of empty blister packaging used for over the counter medication
- plastic bottles with the bottoms cut out
- chemical cans or drums in the yard with blacked out labels
- tenants who pay their landlords in cash (drug involved people often will only do business in cash)
- iodine or chemical stained bathroom and kitchen fixtures
- explosions

What should you do now that you know?

If you suspect a meth lab operation **do not attempt to investigate yourself**, contact local authorities and report what you have noticed. Maintain a safety of yourself and your family. Meth labs are dangerous, generally full of toxic waste and a serious fire hazard. Improper disposal of toxic waste from meth labs are destroying our water systems and causing pollution that may last a lifetime.

Why should you care?

Those living close by a meth lab are in constant danger. Threats include, fire, explosion, and exposure to poisonous gas. As well, meth labs are usually operated by armed criminals and their decision-making is affected by exposure to poisonous gas, a potentially deadly combination. Children are often found living in meth labs, forced to breathe in toxic chemicals suffering irreparable damage to their bodies and brain function.



# NIL/TU,O CHILD AND FAMILY SERVICES SOCIETY

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## How do I know if my teen is using?

If six of these signs (not all in the same category), are present for a period of time, you should talk to your teen and seek some professional help.

### Signs in the home:

- loss of interest in family activities
- withdrawal from responsibilities
- sudden increase or decrease in appetite
- not coming home on time
- constant excuses for behavior
- lies about activities
- finding the following: cigarette rolling papers, pipes, roach clips, small glass vials, plastic baggies, remnants of drugs (seeds etc.)
- disrespect for family rules
- verbally or physically abusive
- disappearance of valuable items/money
- not telling where they are going
- spending a lot of time in their rooms

### Signs at School:

- sudden drop in grades
- loss of interest in learning
- poor work performance
- defiant of authority
- reduced memory and attention span
- truancy
- sleeping in class
- not doing homework
- poor attitude towards sports or activities
- not informing you of teacher meetings etc.

### Physical and Emotional Signs:

- Changes friends
- unexplainable mood swings, paranoid or confused destructive, anxious
- over-reacts to criticism/rebellious
- doesn't seem as happy as before
- drastic weight changes
- cheats and steals
- always needs money, or has excessive amounts of money
- smell of alcohol or marijuana on breath/body
- sharing few if any of their problems
- overly tired or hyperactive
- unhappy and depressed
- sloppiness in appearance

### Can an addict recover?

Experts say that meth is one of the most addictive street drugs and one of the hardest to treat. Addiction counselors say that the relapse rate of 92% is worse than cocaine. Symptoms such as depression and physical agony, are reported by addiction counselors to be worse than heroin or cocaine, and often addicts will drop out of recovery programs.

With increasing use of the drug, there are strong indications that users suffer brain damage, including memory impairment and an increasing inability to grasp abstract thoughts. Those who do manage to recover from addiction and retain memory and the ability to function in society are usually subject to some memory gaps and extreme mood swings.



# NIL/TU,O CHILD AND FAMILY SERVICES SOCIETY

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PRESENCE OF THE FOLLOWING ITEMS COULD ALSO INDICATE  
THE EXISTANCE OF A METH LAB

Alcohol  
Toluen/Paint thinner  
Chloroform  
Anhydrous Amonia  
Phenylacetone  
Red Phosphorous  
Drano  
Sulfuric Acid  
Sodium Metal  
Hot Plates  
Cold Tablets  
Energy Boosters

Ether  
Freon  
camp stove fuel/coleman  
"Heet"  
Phenylpropanolamine  
Black Iodine  
Muriatic/Hydrochloric Acid  
Epsom Salts  
Wooden Matches  
Ephedrine  
Decongestant Tablets  
Rock Salt

Benzene  
Acetone  
Starting fluid  
Phenyl-2-propane  
Iodine Crystals  
Lye (Red Devil)  
Battery Acid  
Lithium Batteries  
Propane Cylinder  
Sudafed Tablets  
Bronchodialators  
Diet Aids

## SIGNS OF DRUG ABUSE

**Marijuana:** Glassy, red eyes, loud talking, inappropriate laughter, followed by sleepiness, a sweet burnt or skunky scent, loss of interest, weight gain or loss, lethargic and unmotivated

**Alcohol:** Clumsiness, difficulty walking, slurred speech, sleepiness, poor judgment, dilated pupils, possession of false ID Card.

**Depressants:** Seems drunk as if from alcohol but without the associated odor of alcohol, difficulty concentrating, clumsiness, poor judgment, slurred speech, sleepiness, and contracted or pinpoint pupils.

**Stimulants:** Hyperactivity, euphoria, irritability, anxiety, excessive talking followed by depression or excessive sleeping at odd times, may go long periods of time without eating or sleeping, dilated pupils, weight loss, dry mouth and nose.

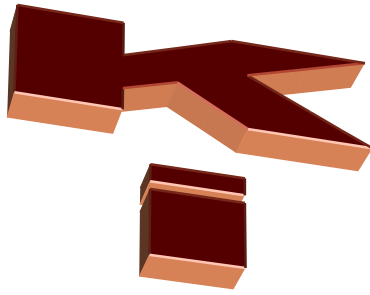
**Inhalants:** (glues, gas, aerosols etc..) Watery eyes, impaired vision, memory and thought problems, secretions from the nose or rashes around the nose and mouth, headaches, nausea, appearance of intoxication, drowsiness, poor muscle control, change in appetite, anxiety, irritability.

**Hallucinogens:** Dilated pupils, bizarre and irrational behavior, paranoia, aggression, hallucinations, mood swings, detachment from people, absorption with self or other objects, slurred speech, confusion.

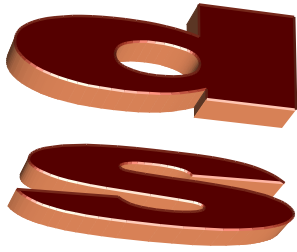
**Heroin:** Needle marks, tin foil burnt on one side and residue on the other indicates smoking heroin, sleeping at unusual times, sweating, vomiting, coughing and sniffing, twitching, loss of appetite, contracted pupils, no response of pupils to light, nodding off, constantly scratching face, hoarse and deeper voice.

**Tobacco:** Smell of tobacco, stained fingers or teeth.

Who says you can't play with your food?



I say different... at least with this recipe. Grab your mom, dad, older sister/brother, grandma or grandpa and drag them into the kitchen and get started.



## EDIBLE PLAY DOUGH

2 Cups of Smooth Peanut Butter  
2 Cups of Rolled Oats  
2 Cups of Dried Milk  
2/3 Cups Honey



Texturize it with one of these optional items!



- Rice Krispies
- Coconut Sprinklies
- Chocolate chips (yummm...)
- Red Hots Candy
- Or M & M's
- Smarties
- Any other candies you can think of



Mix all the ingredients until thoroughly combined.



Store in an airtight container.