

MIDDLE CHILDHOOD MATTERS



**A Framework to Promote Healthy
Development of Children 6 to 12.**

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- Eileen Dooley (co-chair),
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- Youth Services Bureau of Ottawa

We would also like to thank the community organizations, agencies and individuals who gave input and insight into the project. The result of this process is an action-oriented framework that will be useful in addressing the issues faced in middle childhood and raising the profile of children 6 to 12 years old.

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A Framework to Promote Healthy Development of Children 6 to 12

Middle childhood is a time of exploration and activity. Children ages 6 to 12 are entering school, making new friends and beginning to engage with the community as an individual. Developmental tasks and stages for this age group include increasing intellectual, emotional, social, physical and spiritual abilities and capacities. With the appropriate services and initiatives in place to help support these tasks and accomplishments, children 6 to 12 years are able to reach their optimal potential and are better prepared to meet opportunities and challenges in later years.

However, communities across Eastern Ontario have identified a critical gap in services, programs and policies directed towards middle childhood. With a great deal of focus on the 0 to 6 years age category and a renewed interest in youth issues, children 6 to 12 years are often caught in the middle – too old for early years programming and too young to get services from adolescent-based agencies. As such, middle childhood is often overlooked as a period where significant developmental milestones are achieved and many Eastern Ontario children in this age group lack services, resources and programs designed to meet their developmental needs.

Recognizing this dilemma, the Child and Youth Health Network for Eastern Ontario and United Way/Centraide Ottawa have developed a framework that helps to identify developmental assets and needs for middle childhood. This project is a preliminary look at the developmental assets and needs of children 6 to 12 years and identifies the strengths in the community, where gaps may exist, and where there are opportunities for greater collaboration. Grounded in evidence-based research, the framework focuses on four key elements of healthy development and their corresponding influencing factors that enhance children's lives and contribute to their overall well-being.

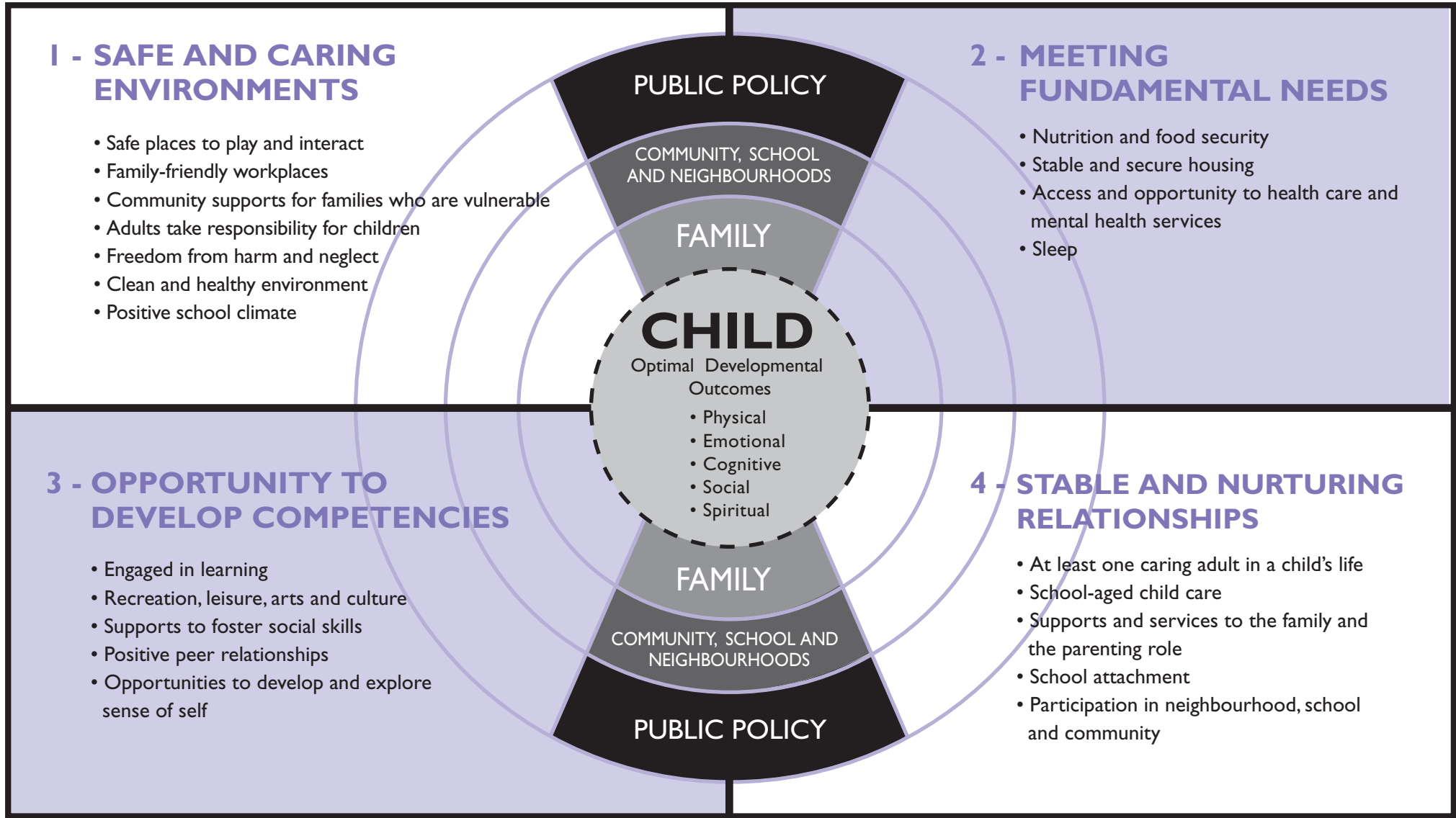
The research outlines why each of the key elements is important and how each one contributes to the healthy development of middle childhood. Programs and policies that help promote each factor are also included. While each element is valuable and can be viewed in isolation, the approach is holistic and integrative. As such, it is encouraged that the reader **look outside a single element which may be of interest or related to work and explore all four elements.**

We acknowledge this is a living document, a starting point for investigating the major elements for healthy development for children ages 6 to 12 years. We hope that communities use this action-oriented document to build on existing partnerships and make Eastern Ontario a place where no child is caught in the middle.

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A Framework to Promote Healthy Development of Children 6 to 12

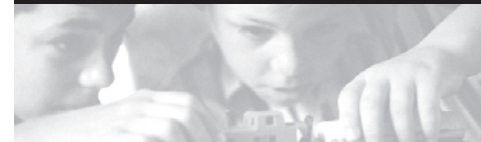


Policy; Community, School and Neighbourhoods; and Families are all responsible for the healthy development of children age 6 to 12 years.

INFLUENCING FACTORS FOR MEETING FUNDAMENTAL NEEDS



KEY ELEMENT ONE



Meeting Fundamental Needs

What does this Mean? How is it Influenced?

Meeting fundamental needs refers to basic necessities people require in order to survive. This includes food, clothing, shelter and safety.

Why was it Chosen?

Meeting fundamental needs is essential to the healthy development of children 6 to 12 years. The healthy development and well-being of children is threatened when adequate resources and supports are not available.¹ Research indicates that physical, emotional, cognitive and social capabilities of children 6 to 12 years old are decreased when they are malnourished, live in poor housing, have limited access to medicine or are exposed to environmental hazards.²

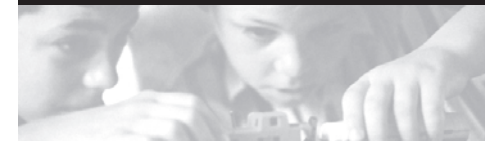
Research indicates that the ability to meet fundamental needs is influenced through a variety of factors.

For the purposes of this framework, we have selected four influencing factors to further investigate.

Factors:

- a) **Nutrition and Food Security**
- b) **Stable and Secure Housing**
- c) **Access and Opportunity to Health Care and Mental Health Services**
- d) **Sleep**

Children living in poverty are more likely not to have their fundamental needs met. 1 in 6 children in Canada currently live in poverty.³ This jeopardizes the healthy development of approximately 1,071,000 children.



a Nutrition and Food Security

Why is nutrition and food security important?

Nutrition and food security are essential influences to the healthy development of children ages 6 to 12. Proper diets with the required nutrients contribute to a child's overall well-being. When children experience food insecurity or do not have access to nutritionally balanced and appropriate diets, they are more susceptible to illness, obesity, type 2 diabetes and increased health problems.

Food insecurity not only affects physical health, but mental, social and emotional development is also jeopardized when food and proper nutrition are not readily available.⁷ School-age children's ability to learn, succeed in school, and make friends are also at risk when they are hungry.⁸

When children live in poverty they are more likely to experience food insecurity, and are therefore more likely to experience malnutrition.¹¹

How can nutrition and food security for children be promoted?

Research indicates that the following activities and policies can promote nutrition and food security for children and their families.

i) School and Community-Based Activities

- Nutrition and healthy eating programs
- Breakfast/Lunch programs
- School-based nutrition programs and active living education/curriculum¹³
- Community programs such as food banks, gardens and community kitchens
- School food and nutrition policies that support classroom education¹⁴

ii) Policy

- Staple food-pricing policies¹⁵ that protect the price of food staples like milk and bread
- Increase minimum wage and social assistance to reflect cost of living¹⁶
- Income security and emergency support policies
- Policies that address the key barriers to food security, for example, legislation to ensure adequate and equitable income¹⁷
- Accessible, affordable and quality housing and child care¹⁸

In 2002 in Eastern Ontario, approximately 1 in 10 households with children under 12 years of age reported that at least once that year they had run out of money to buy food.⁴

Key Barriers to Food Security^{5/6}

- Low income
- Poor health
- Disability
- Transportation & access to grocery stores
- Employment insecurity

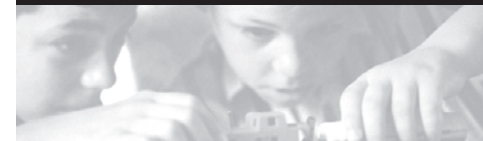
Poor nutrition can contribute to childhood obesity. In a Canadian study, 22% and 15% of grade 6 boys and girls respectively, reported eating potato chips once a day.⁹

Food Security in Ottawa¹⁰

The number of children who use Ottawa food banks in one month (15,840)

The population of Pembroke, Ontario (14,700)

A Canadian study found that 54% of households experiencing hunger reported that their main source of income was from employment.¹²



b Stable and Secure Housing

Why is stable and secure housing important?

Poor housing conditions, overcrowding and unaffordable pricing have been linked to negative outcomes for children. Children are at increased risk of disease, injury, malnutrition, sleep deprivation, behavioural problems, and lower school performance when they are living in housing that is compromised.^{20 21}

Low income and unaffordable rent are major contributing factors to unstable housing and place families at risk of homelessness. Parents are often forced to choose between paying the rent and feeding their children because of high shelter costs.

When families live in unaffordable housing, they are at greater risk of being forced to move multiple times. This can have detrimental effects on child development. Research indicates that children who move more than three times in their lifetime are more likely to have problem behaviours, repeat

a grade and have lower math scores than children who have not moved. Social supports are also affected when families frequently move. Without stable and secure housing, children can lose important connections with family, friends and their community.²⁴

How can stable and secure housing be promoted?

Research indicates that the following activities and policies can promote stable and secure housing for children and their families.

i) School and Community-Based Activities

- Transitional housing programs for families
- Eviction prevention programs
- Home ownership assistance programs
- Housing co-operatives
- Subsidized housing for low income families
- Housing help services

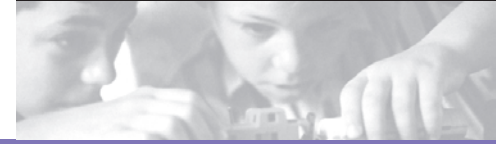
ii) Policy

- National housing strategy with adequate funding from all levels of government
- Affordable and accessible quality child care
- Increase the amount of affordable housing being built
- Income security policies (e.g. social assistance, disability) that reflect the cost of living

In 2001, there was an estimated 65,000 households living in unaffordable housing and 21,000 households living in housing that was considered to be in need of major repair in Ottawa.¹⁹

According to the United Nations, stable, affordable housing in child-friendly neighbourhoods is essential for healthy child development.²²

One out of every five households renting in Ontario is paying more than 50% of their income on rent.²⁵



c Access and Opportunity to Health Care and Mental Health Services

Why is access and opportunity to health care and mental health services important?

The extent to which children have access to health care providers and services (including dentists, optometrists, physicians, psychologists and other health professionals) is dependent on the resources available to the family and the community. One of the strongest predictors of access to services and health professionals is a household's income level and whether the family has health care insurance.²⁸

Families who are living in poverty are more likely to experience difficulties accessing health care and mental health services. In a recent study, it was found that 25% of parents using food banks identified accessing services as difficult, especially services that require service fees.²⁹

At the same time, access to mental health services is critically important for children in this age group. Children's mental health issues have been referred to as the "new morbidity."³³ Parent reports suggest that over 10% of children 4 to 11 years behave

in a way consistent with hyperactivity or an emotional disorder.³⁴ However, because of inaccessibility and a lack of appropriate services, children are often unable to access the health and social service systems needed to address these issues.³⁵

How can access and opportunity to health care and mental health services be promoted?

Research indicates that the following activities and policies can promote access and opportunity to health care and mental health services for children.

i) School and Community-Based Activities

- School-based clinics and services³⁷
- Professional development and training for staff and front-line workers who work with children to identify mental health needs and issues³⁸
- Multi-disciplinary, collaborative health care and mental health services and programs between the education sector and mental health services^{39 40}

- Population-based mental health promotion⁴¹
- Services and programs that consider cultural and linguistic barriers⁴²
- Strengths-based interventions and treatment that build on familial assets⁴³

ii) Policy

- Centralized intake systems for service
- Policies to support mental health and primary health services and clinics within the school system and community⁴⁴
- Fee assistance for uninsured services
- Early intervention and prevention programs⁴⁵
- Medical and dental benefits for low-income working families

"Successful early prevention programs [for children's mental health] have not just concentrated on helping families with parenting... As a society we can put in place those structural supports that make family life easier, an intervention that would reduce the likelihood that children would be exposed to high levels of risk in their lives."⁴⁶

Poor oral hygiene in children can lead to:²⁶

pain, poor concentration, sleep disturbances, behavioural problems, low self-esteem, difficulty eating, fewer friends.

Generally, children who are living in families with low-income are less likely to use health care services and to have a regular medical doctor.²⁷

Approximately 20% of children in Ontario have at least one psychiatric disorder³⁰ while only 1 in 6 Canadian children with mental health problems receive mental health services.^{31 32}

There is a strong association between childhood depression and risk factors such as poverty, homelessness, stress and family disruption. Children who are depressed have different symptoms of depression than adults. Some of the symptoms of depression in childhood include: anxiety, irritability and frustration, lack of cooperation, withdrawal from family and friends, and physical complaints such as headaches and stomachaches.³⁶

d Sleep

Why is sleep important?

Sleep is an important influence on the healthy development and growth of children 6 to 12 years old.

Sleep rejuvenates the body, promotes growth and healing and is essential to both physical development and psychological health.⁴⁸

School-age children who do not get enough sleep or have disruptive sleep patterns have a tendency of being hyperactive and can find it difficult to concentrate and retain information.⁴⁹ Lack of sleep also increases the risk of accidents and injury and can have a negative effect on performance in school, on the playground and in social relationships. It has been found that a primary cause of sleep disturbance for middle childhood is school-related stress.⁵⁰ A child's sleep quality and quantity can also be affected through household routines, overcrowding in the home, homelessness and emotional issues.

How can sleep be promoted?

Research indicates that the following activities and policies can promote sleep for children.

i) School and Community-Based Activities

- Community education campaigns on the importance of sleep
- Parent education on strategies and routines that encourage sleep
- Stress management and anxiety-reducing activities
- School-based programs and curriculum that enhance student's ability and coping skills to deal with anxiety and stress
- School policies on start times that allow for adequate sleep

ii) Policy

- Accessible, safe and secure housing
- School-based programs and curriculum that enhance student's ability and coping skills to deal with anxiety and stress
- School policies on start times that allow for adequate sleep



Photo provided by Health Canada

“Sleep disruptions have often been implicated in attention deficit hyperactivity disorder (ADHD) in children, because sleep deprivation and the resultant sleepiness could lead to ADHD-like symptoms.”⁴⁷

There is a link between children not being tired in the morning and feeling happy.⁵¹

In a 1998 study of Grade 6 students, 12% of boys and 10% of girls reported that they felt a lot of pressure because of school work.⁵² This pressure can affect sleep quality and quantity.

INFLUENCING FACTORS FOR STABLE AND NUTURING RELATIONSHIPS



Photo provided by Health Canada

KEY ELEMENT TWO



Stable and Nurturing Relationships

What does this Mean? How is it Influenced?

Stable and nurturing relationships refer to loving, consistent connections, interactions and settings where a child is supported, stimulated and feels a sense of belonging and cohesion.

Research indicates that stable and nurturing relationships are influenced through a variety of factors. For the purposes of this framework, we have selected five factors to further investigate.

Why was it Chosen?

Stable and nurturing relationships are essential to the healthy development of children ages 6 to 12 years. Research indicates that positive, stable and caring relationships with family members, peers and other adults in the community are a fundamental aspect of middle childhood. Relationships can act as a protective factor which leads to greater opportunities for children to reach their optimum potential. When children are able to relate, interact and depend on others, they feel more supported and secure with their world and are more likely to act in a prosocial manner.

Factors:

- a) At least one caring adult in a child's life
- b) School-aged child care
- c) Supports and services to the family and the parenting role
- d) School attachment
- e) Participation in neighbourhood, school and community

The presence of good relationships in middle childhood is important to healthy development.⁵³

Positive parenting, nurturing neighbourhoods and high-quality child care can decrease the risk of children developing social and emotional problems.⁵⁴

a At least one caring adult in a child's life

Why is at least one caring adult important?

Being cared for by at least one loving adult can have a profound influence on a child's life. Children who have a caring adult in their lives feel more worthwhile, have increased self-esteem and are less likely to engage in risk behaviours. They are also more resilient towards some of the risk factors that can put child development in jeopardy, such as negative parenting or a learning disability. Through mentoring, modeling positive behaviours and being supportive, a caring adult can make a tremendous difference in a child's life.^{55 / 56}

A mentor can provide the attachment and care that a child needs. When children are able to form positive and supportive attachments with adults, they are more likely to gain the supports they need to have feelings of autonomy and altruism. This support can enhance possibilities for further attachments with others later in life.⁵⁷

What promotes a caring adult in a child's life?

Research indicates that the following activities and policies can promote children to have at least one caring adult in his or her life.

i) School and Community-Based Activities

- Programs targeted to children who are at-risk of poor development
- School-based intervention programs that deal with problem-solving and social skills like conflict resolution, sense of cooperation, interdependence and trust.⁵⁹
- Adult-led recreation and sports programs
- Mentoring programs

ii) Policy

- Support to teaching staff in order for teachers to have time to build relationships with children⁶⁰



Supportive, caring adults in schools and communities act as protective factors for children.

Encouraging positive relationships and attachments between children and adults can help children build trust in their world and can lead to a sense of achievement.

Children who are involved in mentoring programs are:⁵⁸

- 53% less likely to skip school
- 46% less likely to begin to use illegal drugs
- 27% less likely to begin to use alcohol

b School-aged child care

Why is school-aged child care important?

As more parents (both lone-parent and two-parent families) are employed and work outside the home, there is an increased need for before- and after-school child care services.⁶³ Children who have access to quality, affordable school-aged child care have a greater opportunity to reach their optimum potential and experience environments that are conducive to learning.

Children who are in quality child care are more likely to have increased self-esteem, positive social skills and improved academic performance than those who are home alone. Increased supervision also encourages age-appropriate positive behaviour, and children are at a decreased risk of injury, missing meals and experimenting with drugs and alcohol.⁶⁴

What promotes school-aged child care?

Research has indicated that the following activities and policies can promote school-aged child care.

i) School and Community-Based Activities

- Homework clubs and after-school activities
- Before and after school programs⁶⁸
- Arts, sports, culture and recreational activities
- Child care registries
- National child care strategy

ii) Policy

- Universal access to child care programs which reach out across the community⁶⁹
- Subsidized and fee assistance



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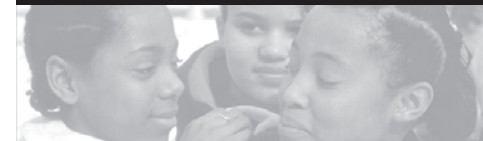
For every public \$1 spent on child care, there is a \$2 return through increased tax revenue and reduced social service costs.⁶¹

It is estimated that as many as 60% of children under 12 years are at home without supervision.⁶²

Approximately 45% of lone-parents in Canada work outside the home.⁶⁵ In Ottawa, there was a 14% increase in the number of lone-parent families from 1996-2001.⁶⁶

Only 12 % of children aged 0 to 12 years have access to a regulated child care space and of those children who are in regulated child care – only 22% have fee subsidies.⁶⁷

Canada has one of the highest rates of labour participation of mothers in the industrialized world.⁷⁰



c Supports and services to the family and the parenting role

Why are supports and services to the family and the parenting role important?

Parenting is one of the most important influences to the healthy development of children. How parents interact and care for their children profoundly impacts physical, mental, emotional, spiritual and social well-being of both children and the family.

Positive parenting can be a protective factor for children against the negative effects of poverty, living in high-risk neighbourhoods or having a psychological or physical problem.⁷³

When children are exposed to positive parenting, they are less likely to develop problems, repeat a grade or have an emotional or conduct disorder.⁷⁶

Positive, effective and engaged parenting, cohesive families and parents who are mentally healthy can increase school-age children's resources and coping skills.⁷⁷ Given the importance of this role, it is reasonable to assume that all parents, at some point, need some degree of support.

What promotes supports and services to the family and the parenting role?

Research indicates that the following activities and policies can promote supports and services to the family and the parenting role.

i) School and Community-Based Activities

- Parent education
- Child development education and awareness
- Community awareness campaigns on positive parenting practices
- Parenting support groups
- Proactive, comprehensive and holistic programs for families and individuals⁷⁸
- Building support networks for families^{79 80}
- Respite care⁸¹

ii) Policy

- Accessible community resources
- Family-friendly workplace policies

Characteristics of the Family that Affect Children's Mental Health and Well-being⁷⁴

- Parenting style
- Parental education
- Parental income
- Number of siblings
- Family structure
- Level of supervision

Contributing Family Factors Related to Bullying⁷⁵

- Several family stressors
- Lack of social support
- Parental conflict
- Failure to monitor children's activities
- Poor/low communication
- Inconsistent or harsh punishment

Parental warmth and nurturance are associated with positive child outcomes.⁷¹

Positive parenting can reduce the chance of children:

- Repeating a Grade by 50%
- Having an emotional disorder by 40%
- Having a conduct disorder by 25%

It is estimated that 60% of children of parents with major depressive disorder will develop a psychiatric disorder during childhood or adolescence. Early identification and intervention can reduce the risk of children experiencing depressed episodes.⁷²

d School Attachment

Why is school attachment important?

School attachment refers to the sense of cohesion and support children feel from their school. School is a major component for children in their middle years, as they are increasingly spending more time at school. Teachers, staff and students become increasingly more important in a child's life and can help build self-esteem and self-worth.

Children who are attached and connected to their school tend to do better academically than those children who are not.⁸² School attachment gives children 6 to 12 years old a sense of belonging, connectedness and allows them to feel a part of the greater community. School-age children who feel they belong and are a part of school life are more likely to experience successes within the school, enjoy school, continue their education into high school and engage in positive prosocial behaviour.

What promotes school attachment?

Research indicates that the following activities and policies can promote school attachment.

i) School and Community-Based Activities

- Setting high, achievable goals and expectations for children
- Setting children up to experience success
- Education supports for children
- Mentoring and modeling the importance and belonging to school life
- Anti-bullying strategies and programs
- School-based recreational, sports, arts and cultural programs⁸³
- An inviting, warm, supportive and child-friendly school environment
- Creating safe environments for children to feel confident, and take safe-risks
- Environments respectful of children and adults
- Parental involvement and interaction with the school and the child's education

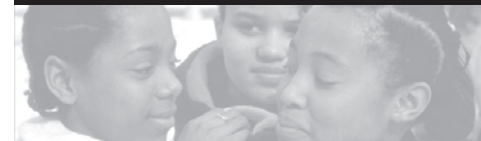
ii) Policy

- Schools being open for community use
- Engaging and challenging curriculum



Photo provided by Health Canada

Research has linked positive school attachment to protective factors such as higher academic achievement, high self-esteem and self-identity, a sense of belonging and being motivated.



e Participation in neighbourhood, school and community

Why is participation in neighbourhood, school and community important?

During middle childhood, children need the opportunity to be contributing and participating members of their community. When children are shown that their input and opinions are listened to and respected, they are more likely to be engaged with their school and community. Community engagement and civic participation have been linked to prosocial behaviour and give children a greater sense of confidence and self-worth. School-age children are also more likely to seek out positive challenges when they feel respected and are involved in their neighbourhood.⁸⁴ Through school and community participation, children often can improve their sense of confidence and are able to see themselves as future leaders.⁸⁵

One predictor of community participation is a family's economic status.⁸⁶ When families have adequate income to support themselves, they are better able to promote their children's social development by nurturing children's talents and ensuring they can participate with their peers in healthy and stimulating activities.

Families can encourage community involvement through modeling this behaviour and participating in school, neighbourhood and the overall community. Families who model this interaction allow the child to see the difference they can make within their community, which can lead to an improved sense of confidence.

What promotes participation in neighbourhood, school and community?

Research indicates that the following activities and policies can promote children's participation in family, neighbourhood and community.

i) School and Community-Based Activities

- Neighbourhood supports
- Safe, clean and inclusive communities
- Increased opportunities for families and children to participate and volunteer in community and service club events
- Encouraging participation in community and neighbourhood associations
- After hours access to schools by community groups and clubs

ii) Policy

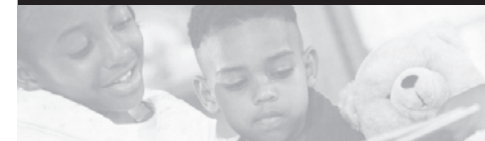
- Adequate household income⁸⁸
- Legislation and policies that address barriers which affect children in participating and being an active member of the community⁸⁹

Active involvement in decision-making allows children to gain a greater capacity for responsible citizenship.⁸⁷

INFLUENCING FACTORS FOR OPPORTUNITY TO DEVELOP COMPETENCIES



KEY ELEMENT **THREE**



Opportunity to develop competencies

What does this Mean? Why was it Chosen?

Opportunity to develop competencies refers to stimulating environments, experiences and interactions that support, enhance and promote competencies for children 6 to 12. Some of the examples of competencies for children 6 to 12 are:

Social Competencies - ability to effectively get along with others, increase social roles within the family, peers and within the broader community

Cognitive Competencies - beginning to reason in more abstract terms, academic achievement, sense of accomplishment, school adjustment

Emotional Competencies - ability to monitor behaviour and emotions and to make independent decisions

Physical Competencies - further development of gross and fine motor skills, increased physical abilities

Opportunities to develop competencies are an essential element in the healthy development of children 6 to 12 years. All children are unique and have different abilities and strengths. Opportunities to develop and enhance these abilities and strengths will not only improve their overall development but also make them more resilient to risk factors they may encounter. Children have a greater chance of reaching their optimal potential when they have access and opportunity to engage in stimulating environments, experiences and interactions that support and promote their individual capacities and capabilities.

Building on a child's competencies requires the promotion of positive relationships with family, peers and the community. It is essential to consider both the child and the environment when looking at programs, services and policies to increase competency levels.⁹¹

How is it Influenced?

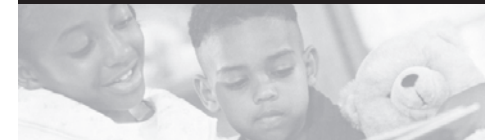
Research indicates that opportunities to develop competencies are influenced through a variety of factors. For the purposes of this project, we have selected five factors to further investigate.

Factors:

- a) Engaged in learning
- b) Access to recreation, leisure, arts and culture
- c) Supports to foster social skills
- d) Positive peer relationships
- e) Opportunities to develop and explore sense of self

Children who have opportunities to develop competencies are more likely to gain a sense of mastery and feel a sense of control over their environment.⁹⁰

It is estimated that 30-40% of children and families experience poverty, family breakdown, violence, child neglect, abuse (physical, sexual) or substance abuse. These experiences can act as risk factors for healthy development and make it difficult for children to develop into caring, competent adults.⁹²



a Engaged in learning

Why is engagement in learning important?

School-aged children who are engaged in learning are more likely to identify with school, participate in school activities, join clubs and athletic teams, succeed academically, have a better sense of belonging and are less likely to participate in risk behaviours.^{94 / 95} Engagement in learning is an essential determinant to success academically and socially.

Children 6 to 12 years old are developing their skills and their sense of accomplishment and achievement. If they are not engaged in the learning process, they are less likely to see themselves as competent or succeed in school and therefore are more likely to be discouraged. This in turn can lead to children disengaging even further from learning and school.⁹⁶

A supportive and positive learning environment (both at home and at school) will allow children to explore and test their abilities, improve their

skill level and enhance prosocial behaviour.⁹⁷ Children 6 to 12 years old are more likely to succeed in school when their parents help with homework, are involved in the classroom and place realistic but high expectations on academic performance.^{98 / 99}

How is engaged in learning promoted?

Research indicates that the following activities and policies can promote engagement in learning for children.

i) School and Community-Based Activities

- Mentoring programs¹⁰⁰
- Encouraging parents and families to become involved in school life and their child's education.
- Supportive school environments¹⁰¹
- Learning supports
- Recreation programs in the school

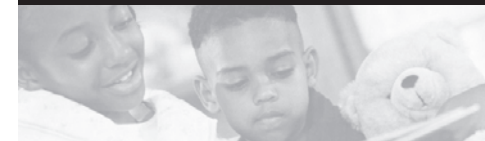
ii) Policy

- Cultural and gender-sensitive programming and curriculum¹⁰²



Twenty-five percent of children in Canada are considered vulnerable when they enter school.⁹³

When children are engaged in learning, it becomes more meaningful, active and relevant to their lives. There is a sense of belonging and attachment to their success and they are motivated to attempt new activities and feel confident and a sense of worth.



b Access to recreation, leisure, arts and culture

Why are recreation, leisure, arts and culture important?

Recreation, leisure, arts and culture are essential to psychological, social, physical and spiritual well-being. Through these activities, school-age children are able to gain new skills, build relationships, gain confidence and a sense of self-worth and learn social norms and values.¹⁰⁴ Recreation, leisure, arts and cultural activities provide children 6 to 12 years old with the opportunity to branch out and discover their place in the community.

Recreation activities for children age 6 to 12 years are particularly important, as they are a vital method of learning. Through play and participation in recreational activities, children are able to gain a sense of mastery, develop positive self-esteem, further develop their creativity, enhance their social skills and explore and manipulate their environment.^{106 / 107} Competence in sports and arts can act as a protective factor for children against emotional and behavioural problems.¹⁰⁸

In 2000, it was estimated that over half of children age 5 to 17 years did not meet the recommended levels of physical activity.¹⁰⁹

Despite the knowledge that recreation is a vital component of a child's life, there is a divide in Canada between those who participate in recreational programs and those who do not.^{110 / 111} Poverty, language, and accessibility are just a few of the barriers children face in attempting to gain access to these programs and activities.

How are recreation, leisure, arts and culture promoted?

Research indicates that the following activities and policies can promote recreation, leisure, arts and culture for children.

i) School and Community-Based Activities

- Social support for physical activity by teachers, parents and other students¹²⁰
- Parental support and encouragement¹²¹

- Fee assistance programs for participation and equipment
- Programs which take into account the economic, living, working and transportation conditions of families¹²²
- Structuring programs for full participation
- Targeted programs for subgroups with low participation rates¹²³
- Availability of culturally appropriate activities
- Teachers, parents and students acting as role models encouraging participation¹²⁴

ii) Policy

- Policies which support municipalities' access to resources and revenue (property tax, payments from higher levels of government) to support recreation, arts and culture at the local level¹²⁵
- Universal recreation programs¹²⁶
- Open schools for community use¹²⁷
- School-based curriculum and educational materials promoting physical activity¹²⁸
- Education curriculum which supports physical education¹²⁹
- Policies addressing equity, violence and harassment¹³⁰

For every dollar that is invested in physical activity, there is a long-term savings of \$11 in health care costs.¹⁰³

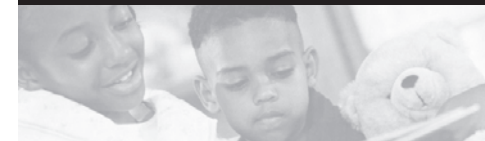
During middle childhood, a majority of children report that they “almost never” participated in an arts or cultural program.¹⁰⁵

Barriers to Recreation, Arts and Cultural Activities^{112 / 113 / 114 / 115}

- High costs of supervised sports/equipment
- Poverty
- Lack of parent support
- Transportation
- Lack of role models for girls
- Neighbourhood safety
- Language

Benefits of Recreation, Arts and Cultural Activities^{116 / 117 / 118 / 119}

- Increased interactions with adults and peers
- Decreased stress & anxiety
- Increased self-esteem
- Enhanced social and life skills
- Enhanced familial relationships
- Improved school performance
- Protective factors fostered



c Supports to foster social skills

Why are supports to foster social skills important?

Positive social skills can increase school-age children's self-esteem and help to give them the ability to make healthy choices.¹³² Without adequate and appropriate social skills, children are often without friends and struggle in school and social settings. Children who lack the age-appropriate social skills to express themselves and get along with others, often feel isolated. A lack of these skills has been linked to anxiety and distress in children.¹³³

Key social skills are being formed during middle childhood. Positive supports such as encouragement and role modeling help foster skills that are necessary to ensure children learn how to effectively deal with their surroundings. Social skills allow children 6 to 12 years old to be confident, explore their own personality, develop empathy and feel a sense of worth and self-esteem.

How are supports to foster social skills promoted?

Research indicates that the following activities and policies can promote supports that help foster social skills.

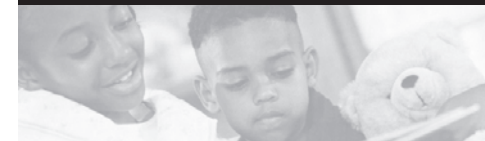
i) School and Community-Based Activities

- School-based education and prevention programs¹⁴² with parental involvement
- Mentoring programs
- Early lifestyle education
- Interventions geared to enhance coping strategies¹⁴³
- Programs which deal with empathy, problem-solving, social-skills and self-regulation¹⁴⁴
- Supports for positive family interaction¹³⁵
- Parent education programs on developmentally appropriate social skills and positive parenting practices¹³⁶
- Academic tutoring¹³⁷
- Recreation and sport programs^{138 139}
- Opportunities for free play with peers to reduce anxiety and promote a feeling of a sense of control over activities¹⁴⁰
- Student-mediated conflict resolution programs¹⁴¹
- School-based counselling

Thirty-eight percent of children reported being bullied at least “once or twice” during the school year.¹³¹

An Ottawa-based program reported that 47% of the children involved in their mentoring program had “improved” or “much improved” social skills after only 4 months of the program.¹³⁴

Caring, positive and supportive relationships with siblings, friends and teachers can help children 6 to 12 years develop positive social skills.



d Positive peer relationships

Why are positive peer relationships important?

Peers provide opportunities for school-aged children to feel capable, to belong, to be respected and have fun.¹⁴⁷ Positive friendships can act as a protective factor for children at risk of behavioural and emotional problems.¹⁴⁸

When children have a group of friends in whom they can confide, they are more likely to have confidence, feel good about school, get along with their parents and feel healthy.¹⁴⁹ Friends can help influence positive decision-making skills and lend support through play and intimacy.¹⁵⁰

However, just as peers can positively influence behaviour and beliefs, they can also have a negative effect. Studies have indicated that children who disengage from school or engage in risk behaviours often have friends who participate in similar activities.¹⁵¹

How are positive peer relationships promoted?

Research indicates that the following activities and policies can promote positive peer relationships.

i) School and Community-Based Activities

- Structured and unstructured recreation activities with peers¹⁵³
- Activities such as recreation, arts and after school programs¹⁵⁴ that are accessible through fee assistance, location and are inviting to children and families
- Mentoring programs¹⁵⁵
- School-based education and awareness programs
- Pro-social behaviour education programs
- Before- and after-school programs

ii) Policy

- Child and family-friendly policies that provide opportunities to participate in the community¹⁵⁶



Photo provided by Health Canada

Consequences of Bullying¹⁴⁵

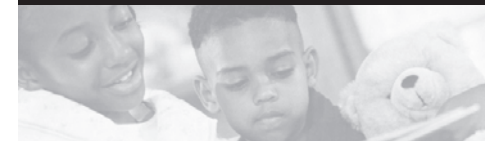
- Externalizing problems
- Aggression
- Academic Problems
- Negative peer relationships

Consequences of Victimization

- Internalizing problems
- Anxiety
- Withdrawal
- Depression
- Low self-esteem
- Aggression
- School problems such as poor concentration and refusing to attend

When children are lacking social skills at the beginning of the school year, there is a greater likelihood that they will be rejected or less accepted by their peers during the school-year.¹⁴⁶

In middle childhood, the majority of children claim to have positive relationships with their peers and siblings.¹⁵²



e Opportunities to develop and explore sense of self

Why are opportunities to develop and explore sense of self important?

Middle childhood is an essential period when children should have opportunities to explore and experiment with their sense of self in a safe environment. Children who have these opportunities have enhanced decision-making skills, positive coping strategies and a positive self-image.¹⁵⁸

Children 6 to 12 years are increasingly faced with heavy demands and issues. Issues, such as sexuality, body image, eating disorders, depression and substance abuse/use confront children at increasingly earlier ages.¹⁵⁹ If they do not have a developed sense of self, they are less likely to successfully cope with these heavy demands, and therefore more likely to participate in risk behaviours.

How are opportunities to develop and explore sense of self promoted?

Research indicates that the following activities and policies can promote opportunities to develop and explore sense of self.

i) School and Community-Based Activities

- Physical recreation, arts and culture programs¹⁶²
- Broad-based sexual health education¹⁶³
- Parent involvement in school and community-based programs
- Supports for positive family interaction
- School-based social skills programs and services (empathy building, presentations, theme weeks/days, activities and role plays)

ii) Policy

- School policy which reflects anti-bullying strategies and practices



Body image can affect a child's sense of self. In one study, 29% of 11-year-old girls reported that they wanted to lose weight. This desire increases as children get older.¹⁵⁷

Media and television can have a great influence on children. The media can affect children's behaviour, attitudes and self-image and can encourage inactivity, stereotypes, dieting and eating disorders, desensitization to violence and substance abuse and use.¹⁶⁰ It is estimated that Canadian children watch television about 23 hours a week.¹⁶¹ This does not include time spent on computers and playing video games.

INFLUENCING FACTORS FOR SAFE AND CARING ENVIRONMENTS



KEY ELEMENT **FOUR**

Safe and caring environments

What does this Mean? Why was it Chosen?

A safe and caring environment refers to secure homes, schools, neighbourhoods, and communities that are respectful, supportive and engaging. When environments have these characteristics, child outcomes are more likely to be positive.¹⁶⁴ Some of the characteristics of a safe and caring environment are: trust, open communication, social cohesion, opportunities for participation, and play and ability to express oneself freely.

Children 6 to 12 years old spend a large part of their day outside of the home, interacting with their friends, neighbourhood and school. They are beginning to explore the world around them with less adult supervision. It is essential that these environments be safe, reduce risks and are conducive to positive child development. Research indicates that children who live in safe and caring environments are more likely to be resilient to risk factors that can negatively impact child development.

How is it Influenced?

Research indicates that safe and caring neighbourhoods and communities are influenced through a variety of factors. For the purposes of this project, we have selected seven factors to further investigate.

Factors:

- a) Safe places to play and interact
- b) Family-friendly workplaces
- c) Community supports for families who are vulnerable
- d) Adults take responsibility for children
- e) Freedom from harm and neglect
- f) Clean and healthy environment
- g) Positive school climate

“Failure to protect the physical, mental and emotional development of children is the principal means by which humanity’s difficulties are compounded and its problems perpetuated.”

UNICEF
State of the World’s Children 1990

a Safe places to play and interact

Why are safe places to play and interact important?

Children are more likely to increase their participation in activities that lead to healthy development, higher school achievement and pro-social behaviour when access to safe neighbourhoods, parks, playgrounds and places to play are present.¹⁶⁶ Parks and playgrounds that have safety-approved equipment, are supervised and regularly maintained improve a child's ability to explore and play in an age-appropriate manner with fewer risks of injury and harm.

Neighbourhoods where criminal activity, alcohol and drug abuse, unsafe situations or toxic environments are present can place children at risk of lower cognitive abilities and behavioural issues such as hyperactivity, aggression or withdrawal.

How are safe places to play and interact promoted?

Research indicates that the following activities and policies can promote safe places to play and interact.

i) School and Community-Based Activities

- Neighbourhood safety projects and programs
- Community police services
- Multi-disciplinary programs that involve community groups and police and safety officers
- Active community groups
- Public education and awareness on the use of safety equipment
- Parent education on child development and parent skill development¹⁶⁸
- School-based education programs for injury prevention
- Improving parent-child interaction¹⁶⁹
- Accessible recreational facilities

- Community-based programs that provide safe, supervised environments¹⁷⁰
- Resources that help plan for leisure and recreation facilities, green space and libraries
- Community involvement and cooperation¹⁷¹

ii) Policy

- Policies and legislation to enforce use of safety equipment for children
- Legislation, policies and practices that support the modification of playground equipment to reduce falls and injuries
- Government supports for neighbourhood revitalization and organization

Falls were the leading causes of injury hospitalization for children age 5 to 14 years. These falls were most likely from playground equipment or slips and falls.¹⁶⁵

Risk of injury is linked to a child's age, neighbourhood characteristics, disorganized home settings, parent's knowledge of child development and family stress levels.¹⁶⁷

b Family-friendly workplaces

Why are family-friendly workplaces important?

There has been a significant increase in the number of parents working outside of the home. This has caused increasing strain on the family, as parents are pulled between work and home life.¹⁷³ This dual role can create additional challenges to the parent-child relationship.¹⁷⁴

There is a growing need for employers to acknowledge and respond to the strain their employees experience if they feel torn between work and family life. Many parents report high levels of role overload and this overload can deeply impact parent-child relationships. Work-family conflict can lead to stress, burnout, depression and a sense of time constraint. When a parent experiences work-family conflict, their children are more likely to be unhappy, have low self-esteem and have difficulty concentrating.¹⁷⁷

The benefits of family-friendly workplaces are far-reaching. As employees feel less stress, burnout, depression and an increased sense of calmness, the conflict felt between work and home-life can decrease. This can create a positive family relationship and increase a child's ability to reach his or her optimal potential. It also improves the parent's performance both at home and at work.

How are family-friendly workplaces promoted?

Research indicates that the following activities and policies can promote family-friendly workplaces.

i) School and Community-Based Activities

- Access to quality child care programs, services and supports (this includes subsidies and emergency/temporary care)¹⁷⁹
- Stress management programs
- Nutrition, recreation, fitness and personal development programs at work

ii) Policy

- Extended maternity/parental leaves
- Supplementary employment insurance plans
- Adaptable work schedules and environments such as flextime, compressed work weeks, reduced hours, job sharing and telecommuting
- Employee and family assistance programs

Fifty-six percent of parents have reported feeling high levels of role overload between work and family life.¹⁷²

Of women with children who work outside the home:^{175/176}

- 74% reported having too much to do
- 50% reported high levels of stress
- 40% reported work/family conflict
- 40% reported high levels of depressed mood.

The average family in Canada needs to work 77 hours of paid employment per week just to pay bills.¹⁷⁸

Families who work just above minimum wage need to work almost 84 hours per week to pay bills.

c Community supports for families who are vulnerable

Why are community supports for families who are vulnerable important?

Many families face situations that make them feel vulnerable and unprotected. How a community supports families during these times impacts how the family is able to stabilize itself. When a community empowers the family, while offering supports, a family is able to gain its balance and begin to function at a more healthy degree. An array of informal and formal support systems allows a family to deal with unexpected events in a more positive manner.

When positive community supports are not available, the family has less opportunity to overcome challenges.

How are community supports for families who are vulnerable promoted?

Research indicates that the following activities and policies can promote community supports for families who are vulnerable.

i) School and Community-Based Activities

- Access to medication, preventive dental and health services¹⁸⁴
- Access and availability of family and crisis counselling
- Endowment programs for children¹⁸⁵
- Accessible and affordable respite care programs for families
- Community-based parenting and after-school programs
- Availability of social networks which promote and sustain social cohesion¹⁸⁶

ii) Policy

- Access to affordable and subsidized housing¹⁸⁷
- Increase accessibility and affordability to quality child care¹⁸⁸
- Income supports such as social assistance, working wages that reflect the cost of living
- Holistic, preventative, continuous policies that are culturally sensitive

Poverty is a major risk factor that threatens the health status, cognitive abilities and educational attainment of children.¹⁸⁰

Families with children are the fastest growing segment of the population using food banks and shelters.¹⁸¹

Characteristics of a Community that Affect the Mental Health and Well-Being of Children¹⁸²

- Opportunities for children and youth
- School structures and processes
- Civic participation
- Safety
- Acceptance and tolerance

Twenty percent of children in Eastern Ontario live in poverty.¹⁸³

d Adults take responsibility for children

Why is it important for adults to take responsibility for children?

When adults take responsibility for all children, all children are better cared for. School-aged children who are under the caring eyes of a neighbourhood learn that they are valuable members of the community. This leads to feelings of pride and self-esteem, which can positively influence a child's actions and behaviour within the community.

At the same time, children recognize that they have multiple positive adult role models to whom to turn. This increased community support allows for the parenting role to be shared and supported, which also leads to increased community cohesion and an enhanced and healthier environment for all. The absence of community cohesion and social support networks can isolate families and neighbourhoods.¹⁹¹

How are adults who take responsibility for children promoted?

Research indicates that the following activities and policies can promote adults taking responsibility for children.

i) School and Community-Based Activities

- Community block programs
- Neighbourhood watch
- Localized community events and activities geared towards children and families
- Accessible recreation and cultural areas

ii) Policy

- Child rights' policies and legislation
- Accessible and affordable quality school-age child care
- Government and community support for neighbourhood revitalization



"It takes a family to raise a child, but most families will, periodically, need the help of the village."¹⁸⁹

"Every day one thousand children are born in Canada. Making sure that they grow up healthy, happy, successful and safe is a key responsibility for parents, communities and society as a whole."

Federal, Provincial and Territorial Council of Ministers on Social Policy Renewal¹⁹⁰

Gestures like calling children by their name, acknowledging their presence and saying hello are important in creating a positive, nurturing environments for children where they feel a part of the community and worthy.¹⁹²

e Freedom from harm and neglect

Why is freedom from harm and neglect important?

Abuse and neglect can have lasting effects on the health of children in both the long- and short-term.¹⁹⁶

When children grow up in a violence-free environment, with healthy relationships, they are more likely to reach their optimal potential.

Children who witness family violence generally display higher rates of withdrawal, low self-esteem, depression and emotional problems. They also tend to have lower school achievement.¹⁹⁸

Physical, mental and emotional punishment can often escalate into abusive situations that can place children at risk of physical injury, poorer mental health, impaired relationships with parents and anti-social behaviour.¹⁹⁹

How is freedom from harm and neglect promoted?

Research indicates that the following activities and policies can promote freedom from harm and neglect.

i) School and Community-Based Activities

- Education programs for parents including modeling positive behaviour and educational materials and training on raising and interacting with children²⁰⁰
- Follow up programs to ensure family has support²⁰¹
- Parent and child support groups
- Recreational activities for children and families
- School-based anti-violence programs²⁰²
- Respite care for families
- Parent training and family therapy programs targeted to preventing abuse²⁰³
- Increased community involvement and support for the family²⁰⁴

ii) Policy

- Legislation to promote and protect child rights

Consequences of Child Abuse^{193 / 194 / 195}

- **Psychological/Emotional effects such as:** anxiety, shame, fearfulness, depression, withdrawal
- **Physical effects such as:** injury, neurological damage, sleep disturbances, headaches, stomachaches and poor overall health
- **Behavioural effects such as:** developmental delays, behavioural problems, risk-taking behaviours, aggressiveness, eating disorders and suicide attempts
- **Academic effects such as:** lower school achievement and Grade repetitions

Between 1994-1999, approximately half a million children in Canada, heard or witnessed a parent being assaulted.¹⁹⁷

When a child grows up with the absence of family hostility, he or she is more likely to be well-adjusted than a child exposed to family hostility.

f Clean and healthy environment

Why is a clean and healthy environment important?

Children are at greater risk from the negative effects of exposure to unhealthy environments because their organs and bodies have not fully developed. They are also smaller in size than adults, which can result in a greater concentration of toxins in their bodies. A child's behaviour at play and in social interactions is also more likely to result in greater exposure to toxins (e.g. playing close to the ground, placing hands and objects in their mouths, etc).

Exposure to toxins and environmental hazards has been linked to childhood leukemia and brain cancer as well as neurological and developmental disorders.²⁰⁵ Indoor air pollution (presence of chemicals, pesticides, tobacco smoke, mould, dust and poor air circulation) can affect the health of children and has been linked to throat irritation, nosebleeds, headaches, asthma, coughs, wheezing and nausea.²⁰⁶

How is a clean and healthy environment promoted?

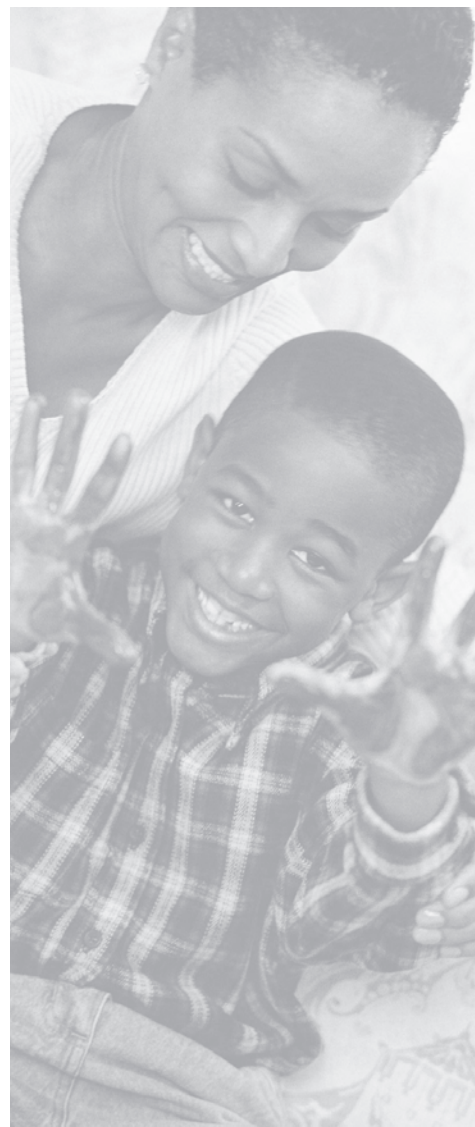
Research indicates that the following activities and policies can promote a clean and healthy environment.

i) School and Community-Based Activities

- Research and testing the effects chemicals have on children and their development
- Recycling and composting programs
- Public education of the effects of toxins on children
- Avoid using toxins and chemicals on children's equipment and around areas children frequent
- Community-based clean up initiatives

ii) Policy

- Develop school policies and practices which model education campaigns and curriculum
- Environmental and health policies and legislation such as pesticide-free cities and lead-free play structures, that consider the toxic effects chemicals have on children



Environmental toxins can affect children's ability to learn and their behaviour. When children are exposed to pesticides or low levels of lead, they are at greater risk of neurological effects such as lower IQ scores and auditory and verbal processing problems and attention difficulties.²⁰⁷

g Positive school climate

Why is positive school climate important?

Positive school climate or environment promotes learning and cohesiveness for students. Schools with a positive climate are empowering, create a sense of ownership, belonging and cooperation for school-age children and the community. When a school becomes a part of the center of a community, it acts as a “hub” and promotes the overall health of that community and its members.

Teachers, as well as school climate, have a major impact on student outcome. Teachers and staff who are engaged in the school and are interested in their students are more likely to positively influence student academic achievement and engagement.²⁰⁹

How is positive school climate promoted?

Research indicates that the following activities and policies can promote positive school climate.

i) School and Community-Based Activities

- Opportunities for teachers and staff to participate and be a part of the decision-making process
- Individual schools tailoring programs to suit needs of staff and students²¹¹
- Promoting positive peer and teacher interaction
- Parent and teacher involvement²¹²
- Students have an active voice in identifying and finding solutions

ii) Policy

- Policies that promote community access and use of school property for neighbourhood activities and services
- Policies and programs that promote high academic expectations



Neighbourhood resources can help shape and influence school climate and the quality of education.²⁰⁸

Factors at schools that are associated with lower risk of emotional disorders in children are:²¹⁰

- Teachers who set and monitor work
- Teachers who give children opportunities to behave responsibly and then commend children for this
- Positive climates within the classroom and school

MOVING IT FORWARD AND MAKING IT WORK

COMMUNITY IDEAS AND STORIES ON HOW TO USE THE FRAMEWORK



Community dialogue, information and feedback sessions were held throughout Eastern Ontario to ensure that the framework is reflective of community experience and that it will be useful to diverse groups of service providers and planners.

We asked participants for their ideas on how the framework could be used or how they plan to use the framework, as well as their stories on asset-building in their local communities. This section is a reflection of those community dialogues and stories to help give you ideas for action.

Photo provided by Health Canada

Spreading the news: Public education and raising awareness

The framework and accompanying research are only useful if the community uses it. The following are some suggestions people in Eastern Ontario have thought of to help you share and promote the framework and raise awareness of the issues faced by children 6 to 12 years.

- Develop posters and pamphlets
- Hold workshops for parents that are linked with open houses, information sessions, “meet the teacher” nights and other family/children events
- Create “report cards” on how we are doing to meet the developmental needs of children 6 to 12 years
- Design an interactive website for parents that includes practical parenting tips (catchy names and easy language), chat rooms, online courses and information sessions
- Include informative bits on developmental assets and needs in school/principal and community newsletters
- Partner with schools and school boards in developing and offering parent education programmes
- Hold a lunch-and-learn at your work place
- Host community association presentations and action planning meetings
- Present the information to recreation councils and service clubs
- Businesses contribute a great deal to the overall sense of community through volunteer hours, in-kind donations as well as support and financial resources. Offer a presentation or information session to businesses in your neighbourhood, or invite them to work in partnership. This will help business leaders to become more knowledgeable about the assets and needs of middle childhood and help move the agenda forward
- Hold presentations and feedback sessions for parent councils and teacher groups
- Hold information sessions and presentations for students in Child and Youth Worker and other related discipline programs

Taking Action on Housing and Child Health: Hammering Home the Message

Housing is an issue for many families. The majority of a household’s income goes towards housing and shelter costs. Over the last decade, due to increasing rent costs and inadequate income, many families have found themselves facing a crisis. Too many families are unable to pay housing costs without sacrificing other basic necessities such as food, phone service, heating and child care.

Looking for a way to contribute, to raise awareness and promote commitment to support housing for families, we developed a resource kit that outlines the link between poor housing conditions and child and youth health outcomes.

After stuffing countless envelopes, the report was sent to community health centres, organizations and individuals interested in housing as a health issue. Overall, we have distributed more than 500 copies of the report and have presented the information and research to community groups, policy makers and committees in an effort to raise awareness that housing is not only a human rights issue but it also affects the development and well-being of children and their families. Although we can not directly link any change with our project, we do know that through the report and public presentations and speeches, we have helped to raise public and government awareness around the issue of housing and hope that people in decision-making positions consider the impact their choices and decisions will have on the health of children and their families.

Jama Watt
Child and Youth Health Network for Eastern Ontario

Mobilizing the community: Advocating for children 6 to 12 years

As we raise awareness and the profile of children's issues in Eastern Ontario, we begin to see the need for integrated systems of service and the need for collaboration to meet the needs of all children in our community. This holistic framework and research will help you to advocate for services, programs and policies concerning children 6 to 12 years. Below are some specific advocacy and mobilization strategies and activities that have been suggested by community members.

- Recreation councils, associations and service clubs tend to have policies that attempt to ensure activities are “affordable for all.” This framework can help ensure that the programs and policies are: family-friendly, accessible and known to community members. Policies should also attempt to eliminate barriers and break down stereotypes and stigmas. If you find councils that do not have policies to address barriers and stigmas, consider approaching them and offering your help to develop them.

- Offer your time to help review policies and programs to ensure that they are accessible, free of barriers and stigma, culturally appropriate and competent and promote a broad healthy development of children
- Bring community partners, families and schools closer to work to further collaboration on common goals
- Meet with your local politicians and share the framework and research
- Invite your city councillor to your next community meeting (if you haven't had a meeting, now is a great time to start)
- Write letters to municipal, provincial and federal politicians outlining the needs and gaps children 6 to 12 years are experiencing in your region, backed up by the framework and research
- Use the framework to identify new partners for advocacy and collaboration building
- Encourage your local school board to make schools available and accessible to community groups for after-school use
- Direct information and education sessions towards Boards of Directors in order to help them build strategic directions and plans that take into consideration the developmental needs of children
- Invite planners and funders to adopt the framework as a lens to view the effects of decisions on the community
- Overlay the framework on current community plans, such as Ottawa 20/20 or Success By 6, to see how we measure up
- Partner with the media for promotion of the framework—for example, developing weekly reminders about what children need to grow up healthy.



Photo provided by Health Canada

Mobilizing the community: Advocating for children 6 to 12 years

“Every Kid in Our Communities...”

An exciting community development project in Leeds and Grenville counties.

“Every Kid in Our Communities...” is an active coalition of agencies, school boards, social services, public service groups, public health, police and fire department representatives, community individuals, and parents, who meet regularly to develop plans to build assets for all babies, children and youth within our twin counties. We have grown from an original group of six to more than twenty participating groups. We believe that every child and youth from conception to young adulthood is a healthy, integral, and valued member of society and have tried to shape the work of the coalition to reflect this value.

We are moving into the second year of our project and are very proud of the progress that we have made. Our coalition is constantly growing as more community members are invited to join us. During our first year, we began to educate the community about the Search Institute’s 40 Developmental Assets*. The major catalyst for learning was a two-day conference held in the Fall of 2003 where more than 150 people from our two counties came and learned about asset development as a means of working with babies, children and youth in positive and effective ways. Those who attended the conference took the ideas back to their individual homes and workplaces to continue to nurture asset development. “Every Kid in Our Communities...” has gained recognition across Ontario and Canada as a place where community and assets development is being practiced!!

Our hopes are very high for this second year as we will continue to work to develop a community commitment to making a difference for all babies, children, and youth. We will provide training opportunities for more people to learn about asset development. As well, we will be trying to determine how asset building is making a difference to our communities locally through an evaluation process. We believe that communities have a collective responsibility for their youth. We have a challenge to work with everyone to ensure a strong positive community commitment to all children. We believe in the power of one person to make a difference. Once you are introduced to asset development, nothing will be quite the same!!

David Huether, Coordinator

** The Search Institute in Minneapolis, Minnesota, has been doing research on community development and assets since the late 1950’s and the trademark name developmental assets belongs to this research team.*

Services and Programs: Using the Framework

Communities across Eastern Ontario have identified the need to address the gaps and lack of services for children 6 to 12 years old. While the framework looks at generalized programs and policies that have been identified to help promote and encourage healthy development, it does not specifically name programs. The following are actions that have been suggested on how the framework can be applied to services and programs.

- Develop an evaluation tool to determine if programs are meeting the developmental needs of children 6 to 12 years and their families
- Develop a tool for families who are in crisis that can be used as a reference point to help determine what intervention strategies could be used
- Use the framework as a holistic family assessment template, to augment and enhance tools that service providers already use

Families and Schools Together (F&ST) is a parent-empowerment program based on child development and family systems research. It aims to develop links between parents, children and schools, and the community. Trained parent partners work side-by-side with community professionals and teachers to support children who are experiencing school or behavioural difficulties. In this program, whole families gather at school and take part in specific, fun activities that help to strengthen family links, help parents build parenting skills, and build communities.

Children feel privileged to have supper with their family and the school. They are proud to welcome their parents. They appreciate being able to eat, sing, draw and speak in French with their family. They can then witness their parents' involvement which leads inevitably to positive changes in their behaviour. As far as the parents are concerned, they are always surprised to enjoy the experience, to feel like going back and exchanging with team members (including school team members). Several parents at the time of the assessment thought that this program should be introduced in all schools.

Judi Varga-Toth
Family Services Canada

"It is hard to explain just how important such a special relationship can be for a boy who has no one in his life, other than his mother. Matt's Big Brother has introduced him not only to a whole other world of fun activities, social and cultural events, but also to the world of true friendship, and true camaraderie. Matt's been given the opportunity to get to know some of Andrew's friends, to hang out 'with the guys', to generally feel connected to a healthy male world, with healthy models of mutual respect and mutual trust. That kind of friendship and kinship is SO important, and has made a clear difference in Matthew's self-esteem and self-confidence. How precious it is to watch him develop, and to see him gain in social interaction skills, as he looks up to his Big Brother and watches and observes how Andrew relates to the world.

It has been, and continues to be, a gift beyond measure for Matthew to have a Big Brother. Big Brothers are as good as gold. They are my heroes. And they are my son's heroes, too."

*- Letter from a parent whose child is in the program
Big Brothers Big Sisters Ottawa*

Looking forward

Middle Childhood Matters is a living document and we consider it to be a launching point for addressing the broad developmental needs of children 6 to 12 years old. Service providers, communities and individuals should use this action-oriented framework and document to build on existing partnerships and make Eastern Ontario a place where no child is caught in the middle. The following are some suggestions for future initiatives:

- Talk to children about what they need and how they think issues should be resolved.
- Expand the framework to encompass children and youth 0 to 18 years.
- Make the framework and research available on a website that is interactive and directed to various audiences including parents, children, policy-makers and service providers.

Reaching Children and Youth Culture Shock Hip Hop

Culture Shock Hip Hop has been operating for four successful years in Ottawa. This program appeals to children and youth from all cultures and communicates a racial tolerance and anti-violence message. Culture Shock Hip Hop dance emphasizes physical activity, making healthier lifestyle choices and promotes leadership skills.

The program appears to attract youth and children who would not normally participate in after-school programming. The participants eventually perform at Ottawa hospital benefits, local festivals and the Exhibition – their performances foster teamwork, pride and self-esteem. There are also future employment opportunities as instructors of this program. The Youth Outreach Instructors and performers of the professional Culture Shock Hip Hop dance troupe are former participants of the outreach programs.

We heard about the Culture Shock program and how well it worked in other communities, and we decided we really wanted to bring it to Hintonburg, where there's been a lack of services for youth ages 6 to 12. After more than a year of concerted fundraising and help from local businesses, the community association, and local agencies, we're pleased to be launching Culture Shock at the Hintonburg Community Centre in October of 2004!

Lorrie Marlow
Member of the Hintonburg Community Association

Appendix A

Optimal Health of Children 6 to 12 years

Key Elements

Influencing Factors

Physical well-being Emotional well-being Cognitive well-being Social well-being Spiritual well-being	<p><i>Meeting fundamental needs</i></p> <p>Basic necessities people require in order to survive.</p>	<ul style="list-style-type: none"> • Nutrition and food security • Stable and secure housing • Access and opportunity to health care and mental health services • Sleep
	<p><i>Stable and Nurturing Relationships</i></p> <p>Loving, consistent relationships, interactions and settings where a child is supported, stimulated and feels a sense of belonging and cohesion.</p>	<ul style="list-style-type: none"> • At least one caring adult in a child's life • School-aged child care • Supports and services to the family and the parenting role • School attachment • Participation in neighbourhood, school and community
	<p><i>Opportunity to develop competencies</i></p> <p>Stimulating environments, experiences and interactions that support, enhance and promote competencies for children 6 to 12.</p>	<ul style="list-style-type: none"> • Engaged in learning • Recreation, leisure, arts and culture • Supports to foster social skills • Positive peer relationships • Opportunities to develop and explore sense of self
	<p><i>Safe and caring environments</i></p> <p>Secure homes, schools, neighbourhoods, and communities that are respectful, supportive and engaging.</p>	<ul style="list-style-type: none"> • Safe places to play and interact • Family-friendly workplaces • Community supports for families who are vulnerable • Adults take responsibility for children • Freedom from harm and neglect • Clean and healthy environment • Positive school climate

Glossary of terms

Competency:

The ability to function adequately in a given situation.

Developmental Assets:

Positive experiences and qualities essential to healthy child development. These assets are usually classified in two categories- internal or external assets.

Food Insecurity:

The inability to acquire or consume an adequate diet quality or sufficient quantity of food in socially acceptable ways, or the uncertainty of being able to do so.

Health:

A positive concept emphasizing social and personal resources as well as physical capabilities. It is a state of complete physical, social and mental well-being, and not merely the absence of disease.²¹³

Prosocial Behaviour:

Behaviours intended to help or benefit others, understand the needs or perspectives of others, or the willingness to engage in positive social interaction.

Recreation:

A broad concept relating to physical activities, sport, fitness, social activities, arts and culture. It is a fundamental human need and essential to psychological, social and physical well-being.

Resiliency:

The capacity of an individual to “bounce back” from or cope successfully with adversity or risk. Resiliency contributes to a person’s overall health and can be enhanced through protective factors (individual and environmental).

Protective Factors:

Internal and external characteristics that contribute to healthy outcomes and help mitigate risk. Factors include cognitive and social skills, personality as well as family and community characteristics.

Risk Factors:

Influences that can reduce the likelihood of healthy development for a child and are linked with later maladjustment.

Risk Behaviour:

Specific forms of behaviour that are associated with increased susceptibility to detrimental conditions.

Social Cohesion:

Connection and trust among people that result in a sense of belonging and acceptance of diversity.

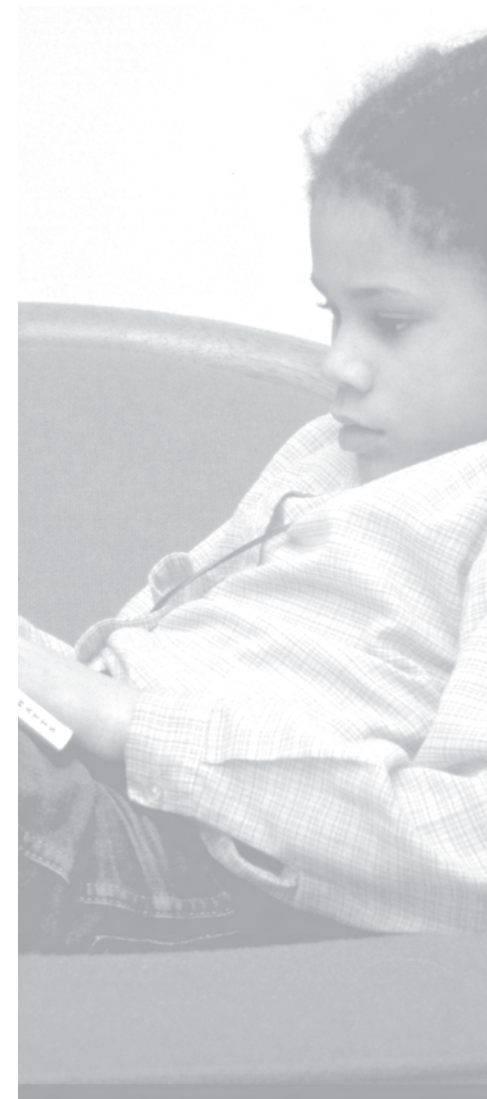


Photo provided by Health Canada

References

- 1 Couchman, B. (March 2002). From precious resource to societal accessory: Canada's children six to twelve years of age. National Children's Agenda. [On-line]. Available: <http://www.nationalchildrensalliance.com/nca/2002/symposium/612.pdf>
- 2 Singer, R. (April 2003). The Impact of poverty on the health of children and youth. Campaign 2000. [On-line]. Available: http://www.campaign2000.ca/res/Poverty_healthbackgrounder.pdf.
- 3 Campaign 2000 (November, 2003). Honouring our promises: meeting the challenge to end child and family poverty. Author: [On-line]. Available: <http://www.campaign2000.ca/rc/rc03/NOV03ReportCard.pdf>.
- 4 Health Information Partnership- Eastern Ontario Region. (March 2002). The Health Status of Child and Youth in Eastern Ontario. Kingston: Author.
- 5 Rainville, B. & Brink, S. (May 2001). Food Insecurity in Canada, 1998-1999. Applied Research Branch, Strategic Policy, Ottawa: Human Resources Development Canada.
- 6 Gottlieb, R. & Fisher, A. (1996). Homeward Bound: Food-Related Transportation Strategies for Low Income and Transit Dependent Communities. [On-line]. Available: <http://www.foodsecurity.org/homewardbound.pdf>.
- 7 McIntyre, L. (March 2003). Food Security: More than a determinant of health. Policy Options, 46-51.
- 8 Valteau, L., Almeida, S., Deane, M., Froats-Emond, C., Henderson, D., Prange, M. & Wai, C. (March 2004). Call to action: creating a healthy school nutrition environment. [On-line]. Available: <http://www.osnpvh.on.ca>.
- 9 King, A., Boyce, W. & King, M. (1999). Trends in the health of Canadian youth. Ottawa: Health Canada.
- 10 Orchard, L., Penfold, R. & Sage, D. (October 2003). HungerCount 2003. Toronto: Canadian Association of Food Banks.
- 11 McIntyre, L. Walsh, G. & Connor, S. (June 2001). A follow up study on child hunger in Canada. Working Paper W-01-1-2E, Applied Research Branch, Strategic Policy, Ottawa: Human Resources Development Canada.
- 12 Ibid.
- 13 Federal/Provincial/Territorial Advisory Committee on Population Health (October 2000). The opportunity of adolescence: the health sector contribution. Health Canada. [On-line]. Available: http://www.hc-sc.gc.ca/dca-dea/publications/pdf/acph_adolescents_e.pdf.
- 14 Valteau, L., Almeida, S., Deane, M., Froats-Emond, C., Henderson, D., Prange, M. & Wai, C. (March 2004). Call to action: creating a healthy school nutrition environment. [On-line]. Available: <http://www.osnpvh.on.ca>.
- 15 McIntyre, L. (March 2003). Food Security: More than a determinant of health. Policy Options, 46-51.
- 16 Ibid.
- 17 Hay, D. (July 2000). School-based Feeding Programs: a good choice for children?. Ottawa: Health Canada.
- 18 McIntyre, L. (March 2003). Food Security: More than a determinant of health. Policy Options, 46-51.
- 19 Social Planning Council of Ottawa (October 2003). Ottawa's families and households: A profile 1996-2001. Ottawa: Author.
- 20 Shillington, R. (September 2001). The role of housing in the social inclusion/exclusion of children. Ottawa: Canadian Housing and Renewal Association. [On-line]. Available: <http://www.chra-achru.ca/CHRAWeb.nsf>.
- 21 Canadian Institute of Child Health [CICH] (2000). The Health of Canada's children: a CICH profile (3rd ed.). Ottawa: Author.
- 22 Singer, R. (April 2003). The Impact of poverty on the health of children and youth. Campaign 2000. [On-line]. Available: http://www.campaign2000.ca/res/Poverty_healthbackgrounder.pdf.
- 23 Kohen, D., Hertzman, C. & Wiens, M. (October 1998). Environmental changes and children's competencies. Ottawa: Applied Research Branch, Human Resources Development Canada.
- 24 Beauvais, C. & Jenson, J. (March 2003). The well-being of children: are there "neighbourhood effects"? Ottawa: Canadian Policy Research Networks Inc.
- 25 Canadian Centre for Policy Alternatives. Behind the issues: Ontario 2003. Investing in affordable homes. [On-line]. Available: <http://www.policyalternatives.ca>.
- 26 Singer, R. (April 2003). The Impact of poverty on the health of children and youth. Campaign 2000. [On-line]. Available: http://www.campaign2000.ca/res/Poverty_healthbackgrounder.pdf.
- 27 Health Information Partnership- Eastern Ontario Region. (March 2002). The Health Status of Child and Youth in Eastern Ontario. Kingston: Author.
- 28 Federal/Provincial/Territorial Advisory Committee on Population Health (1999). Toward a Healthy Future: Second Report on the Health of Canadians. Ottawa: Health Canada.
- 29 Singer, R. (April 2003). The impact of poverty on the health of children and youth. Campaign 2000. [On-line]. Available: http://www.campaign2000.ca/res/Poverty_healthbackgrounder.pdf.
- 30 Offord, D., Boyle, M. (1989). Ontario child health study: children at risk. Ottawa: Queen's Printer for Ontario.

- 31 Federal/Provincial/Territorial Advisory Committee on Population Health (October 2000). The opportunity of adolescence: the health sector contribution. Health Canada. [On-line]. Available: http://www.hc-sc.gc.ca/dca-dea/publications/pdf/acph_adolescents_e.pdf.
- 32 Pancer, M. & Nelson, G., Dearing, B., Hayward, K. & Peters R. DeV. (in press). Promoting wellness in children and families through community-based interventions: The Highfield Community Enrichment Project (Better Beginnings, Better Futures). In Kufeldt, K., & McKenzie, B. (Eds.), Child Welfare: Connecting research, policy and practice. Waterloo, Ontario: Wilfred Laurier University Press.
- 33 Canadian Institute of Child Health [CICH] (2000). The Health of Canada's children: a CICH profile (3rd ed.). Ottawa: Author.
- 34 Hanvey, Louise (June 2002). Middle childhood: building on the early years: a discussion paper. Ottawa: [On-line]. National Children's Alliance. Available: <http://www.nationalchildrensalliance.com/nca/pubs/2002/hanvey.pdf>.
- 35 Health Canada. (December 1999). Healthy development of children and youth: the role of the determinants of health. [On-line]. Available: <http://www.hc-sc.gc.ca/hppb/childhood-youth/spsc.html>
- 36 Children's Mental Health Ontario (May 2001). Evidence based practices for depression in children and adolescents. Toronto: [On-line]. Available: http://www.cmho.org/pdf_files/MDD_W3_Full_Document.pdf.
- 37 Armbruster, P., Gerstein, S. & Fallon, T. (June 1997). Bridging the gap between service need and service utilization: a school-based mental health program. *Community Mental Health Journal*, 33 (3), 199-211.
- 38 Browne, G., Byrne, C., Roberts, J., Gafni, A., Majurndar, B. & Kertyzia, J. (October 2001). Why Ontario should develop community-based models of integrated service of school-aged children. Hamilton: [On-line]. McMaster University. Available: http://www.fhs.mcmaster.ca/slru/paper/convergence_01.pdf.
- 39 Armbruster, P., Gerstein, S. & Fallon, T. (June 1997). Bridging the gap between service need and service utilization: a school-based mental health program. *Community Mental Health Journal*, 33 (3), 199-211
- 40 McLennan, J., Caza, M., Boyle, M., McWilliam, R., Offord, D., Rondeau, K., Sheehan, D. & Deveau, E. (December 2003). The integration of health and social services for young children and their families. Ottawa: [On-line]. Canadian Health Services Research Foundation. Available: http://www.chsrf.ca/final_research/ogc/pdf/mclennan_e.pdf.
- 41 Steinhauer, P. & Browne G. (1999). What do we know that works in children's mental health services? Sparrow Lake Alliance. [On-line] Available: <http://sparrowlake.org/publications/papers.htm#MentalHealthServices>.
- 42 Singer, R. (April 2003). The Impact of poverty on the health of children and youth. Campaign 2000. [On-line]. Available: http://www.campaign2000.ca/res/Poverty_healthbackgrounder.pdf.
- 43 Steinhauer, P. & Browne G. (1999). What do we know that works in children's mental health services? Sparrow Lake Alliance. [On-line]. Available: <http://sparrowlake.org/publications/papers.htm#MentalHealthServices>.
- 44 Armbruster, P., Gerstein, S. & Fallon, T. (June 1997). Bridging the gap between service need and service utilization: a school-based mental health program. *Community Mental Health Journal*, 33 (3), 199-211
- 45 Greenberg, M., Domitrovich, C. & Bumbarger, B. (June 2000). Preventing mental disorders in school-age children: a review of the effectiveness of prevention programs. Center for Mental Health Services. [On-line]. Available: <http://www.prevention.psu.edu/pubs/docs/CMHS.pdf>.
- 46 Jenkins, J. & Keating D. (October 1998). Risk and resilience in six – and ten-year-old children. Applied Research Branch Strategic Policy, Ottawa: [On-line]. Human Resources Development Canada. Available: <http://www11.sdc.gc.ca/en/cs/sp/arb/publications/research/1998-000136/w-98-23-e.pdf>.
- 47 Sadeh, A., Raviv, A. & Gruber, R. (2000). Sleep patterns and sleep distributions in school-age children. *Developmental Psychology* 36 (3), 291-301.
- 48 Mahon, N. (April 1995). The contributions of sleep to perceived health status during adolescence. *Public Health Nursing*, 12 (2), 127-133.
- 49 National Sleep Foundation. (2000). Adolescent sleep needs and patterns: research report and resource guide. [On-line]. Available: http://www.sleepfoundation.org/publications/sleep_and_teens_report1.pdf.
- 50 Golbin, A. (1994). The world of children's sleep. Chicago: Michaelis Medical Publishing Corp.
- 51 King, A., Boyce, W. & King, M. (1999). Trends in the health of Canadian youth. Ottawa: Health Canada.
- 52 Ibid.
- 53 Jenkins, J. & Keating D. (October 1998). Risk and resilience in six – and ten-year-old children. Applied Research Branch Strategic Policy, Ottawa: [On-line]. Human Resources Development Canada. Available: <http://www11.sdc.gc.ca/en/cs/sp/arb/publications/research/1998-000136/w-98-23-e.pdf>.
- 54 Federal/Provincial/Territorial Advisory Committee on Population Health (1999). Toward a Healthy Future: Second Report on the Health of Canadians. Ottawa: Health Canada.
- 55 Department of Health. (2000). Assessing children in need and their families: practice guidance. [On-line]. London, United Kingdom. Available: www.open.gov.uk/doh/quality.htm
- 56 Jenkins, J. & Keating D. (October 1998). Risk and resilience in six – and ten-year-old children. Applied Research Branch Strategic Policy, Ottawa: [On-line]. Human Resources Development Canada. Available: <http://www11.sdc.gc.ca/en/cs/sp/arb/publications/research/1998-000136/w-98-23-e.pdf>.

- 57 Big Brothers Big Sisters of Canada. (1997). Big Brothers Big Sisters Information Tool Kit: Resilience and Mentoring. Toronto: Big Brothers Big Sisters of Canada.
- 58 Big Sisters Big Brothers Ottawa (2004). Big Sisters Big Brothers Ottawa fact sheet. [On-line]. Available: http://www.bigsistersbigbrothersottawa.ca/about/agency_facts_e.htm.
- 59 Jenkins, J. & Keating D. (October 1998). Risk and resilience in six – and ten-year-old children. Applied Research Branch Strategic Policy, Ottawa: [On-line]. Human Resources Development Canada. Available: <http://www11.sdc.gc.ca/en/cs/sp/arb/publications/research/1998-000136/w-98-23-e.pdf>.
- 60 Ibid.
- 61 Child Care Advocacy Association of Canada (October 2003). Seeing and solving the child care crisis: options for progress. Ottawa: [On-line]. Author. Available: http://www.child_careadvocacy.ca/SOS/sos_cc.pdf.
- 62 Hanvey, Louise (June 2002). Middle childhood: building on the early years: a discussion paper Ottawa: [On-line]. National Children's Alliance. Available: <http://www.nationalchildrensalliance.com/nca/pubs/2002/hanvey.pdf>.
- 63 Connor, S. & Brink, S. (August 1999). The Impacts of Non-Parental Care on Child Development. Applied Research Branch Strategic Policy, Ottawa: Human Resources Development Canada.
- 64 Canadian Institute of Child Health [CICH] (2000). The Health of Canada's children: a CICH profile (3rd ed.). Ottawa: Author.
- 65 Health Canada. (December 1999). Healthy development of children and youth: the role of the determinants of health. [On-line]. Available: <http://www.hc-sc.gc.ca/hppb/childhood-youth/spsc.html>
- 66 Social Planning Council of Ottawa (October 2003). Ottawa's families and households: a profile 1996-2001. Ottawa: Author.
- 67 Campaign 2000 (November, 2003). Honouring our promises: meeting the challenge to end child and family poverty. Author: [On-line]. Available: <http://www.campaign2000.ca/rc/rc03/NOV03ReportCard.pdf>.
- 68 Doherty, G. (January 1994). Rural child care in Ontario. Orillia: Ontario, [On-line]. Ontario Ministry of Agriculture and Food and Ontario Ministry of Community and Social Services. Available: http://www.child_carecanada.org/pubs/op4/op4.pdf.
- 69 Hertzman, C. (May 2004). Making early childhood development a priority: lessons from Vancouver. Vancouver: Canadian Centre for Policy Alternatives.
- 70 Child Care Advocacy Association of Canada (October 2003). Seeing and solving the child care crisis: options for progress. Ottawa: [On-line]. Author. Available: http://www.child_careadvocacy.ca/SOS/sos_cc.pdf.
- 71 Peters, R., Arnold, R., Stewart, J., Crooks, C. & Bouchard, C. (June 1998). Fathers of Canadian Children and Youth: Measures of Paternal Characteristics and Influences of Child Development for the NLSCY. Hull: Applied Research Branch, Strategic Policy, Human Resources Development Canada.
- 72 Children's Mental Health Ontario (May 2001). Evidence based practices for depression in children and adolescents. Toronto: [On-line]. Available: http://www.cmho.org/pdf_files/MDD_W3_Full_Document.pdf.
- 73 Hanvey, Louise (June 2002). Middle childhood: building on the early years: a discussion paper Ottawa: National Children's Alliance [On-line]. Available: <http://www.nationalchildrensalliance.com/nca/pubs/2002/hanvey.pdf>.
- 74 Canadian Institute of Child Health [CICH] (2000). The Health of Canada's children: a CICH profile (3rd ed.). Ottawa: Author.
- 75 Pepler, D. & Craig, W. (April 2000). Making a difference in bullying. Toronto: LaMarsh Centre for Research on Violence and Conflict Resolution.
- 76 Federal/Provincial/Territorial Advisory Committee on Population Health (1999). Toward a Healthy Future: Second Report on the Health of Canadians. Ottawa: Health Canada.
- 77 Stroick, S. & Jenson, J. (1999). What is the best policy mix for Canada's young children? Canadian Policy Research Networks Inc. [On-line]. Available: <http://www.cprn.com/en/doc.cfm?doc=178>.
- 78 Browne, G., Roulston, J., Ewart, B., Schulster, M., Edwarth, J. & Bioly, L. (2000). Investments in comprehensive programming: services for children and single-parent mothers on welfare pay for themselves within one year. In G. Cleveland & M. Krashinsky (Eds.), Our children's future: child care policy in Canada. Chapter 21. Toronto: University of Toronto Press.
- 79 Benson, P. (1997). All kids are our kids: What communities must do to raise caring and responsible children and adolescents. San Francisco: Jossey-Bass.
- 80 Canadian Council on Social Development (March 1999). Health implications of the work-family challenge: a literature review of Canadian research. Childhood and Youth Division, Health Canada. [On-line]. Available: http://www.hc-sc.gc.ca/dca-dea/publications/pdf/workfamilychallenge_e.pdf.
- 81 Child and Family Canada. (September 1996). Best practices in respite services for children. [On-line]. Available: http://www.cfc-efc.ca/docs/cacc/00001_en.htm.
- 82 Walker, D. (Spring 2001). Child's play: a vital ingredient for health. Perception, 24 (4). Ottawa: Canadian Council on Social Development, 3-5.
- 83 National Crime Prevention Council of Canada (May 1997). Preventing crime by investing in families: promoting positive outcomes in children six to twelve years old. Author.
- 84 Health Canada. (December 1999). Healthy development of children and youth: the role of the determinants of health. [On-line]. Available: <http://www.hc-sc.gc.ca/hppb/childhood-youth/spsc.html>
- 85 Mahon, R. (2001). School-aged children across Canada: a patchwork of public policies. Ottawa: Canadian Policy Research Networks Inc.
- 86 Federal, Provincial and Territorial Advisory Committee on Population Health (March 2000). Toward a healthy future. Ottawa: Author.
- 87 Government of Canada (April 2004). A Canada fit for children. Ottawa: Author.

- 88 Federal/Provincial/Territorial Advisory Committee on Population Health (1999). Toward a Healthy Future: Second Report on the Health of Canadians. Ottawa: Health Canada.
- 89 Government of Canada (April 2004). A Canada fit for children. Ottawa: Author.
- 90 Child and Family Canada. (September 2000). Sport for the Child. [On-line]. Available: <http://www.cfc-efc.ca/docs/vocfc/00000806.htm>.
- 91 Amato, P. & Ochiltree, G. (Feb 1986). Family resources and the development of child competence. Journal of Marriage and the Family, 48, 47-56.
- 92 Mahon, R. (2001). School-aged children across Canada: a patchwork of public policies. Ottawa: Canadian Policy Research Networks Inc.
- 93 Hertzman, C. (May 2002). Leave no child behind! Social exclusion and child development. Toronto: Laidlaw Foundation.
- 94 Benson, P. (1997). All kids are our kids: What communities must do to raise caring and responsible children and adolescents. San Francisco: Jossey-Bass.
- 95 Audas, R. & Willms, J.D. (February 2001). Engagement and dropping out of school: a life-course perspective. Applied Research Branch, Strategic Policy. Hull: Human Resources Development Canada.
- 96 Kowaleski-Jones, L. & Duncan, G. (July/August 1999). The structure of achievement and behaviour across middle-childhood. Child Development 70 (4), 930-943.
- 97 Health Canada. (December 1999). Healthy development of children and youth: the role of the determinants of health. [On-line]. Available: <http://www.hc-sc.gc.ca/hppb/childhood-youth/spsc.html>
- 98 Audas, R. & Willms, J.D. (February 2001). Engagement and dropping out of school: a life-course perspective. Applied Research Branch, Strategic Policy. Hull: Human Resources Development Canada.
- 99 Masten, A. & Coatsworth, J. (February 1998). The development of competence in favorable and unfavorable environments. American Psychologist, 53 (2), 205-220.
- 100 Edwards, P. Growing healthy Canadians: a guide for positive child development. [On-line]. Available: <http://www.growinghealthykids.com/sheets/snythesis.pdf>.
- 101 Benard, B. (August 1991). Fostering resiliency in kids: protective factors in the family, school and community. Portland, Ore: Western Center for Drug-free Schools and Communities.
- 102 Mahon, R. (2001). School-aged children across Canada: a patchwork of public policies. Ottawa: Canadian Policy Research Networks Inc.
- 103 Donnelly, P. & Coakley, J. (December 2002). The Role of Recreation in Promoting Social Inclusion. Toronto: Laidlaw Foundation.
- 104 Mahon, R. (2001). School-aged children across Canada: a patchwork of public policies. Ottawa: Canadian Policy Research Networks Inc.
- 105 Walker, D. (Spring 2001). Child's play: a vital ingredient for health. Perception, 24 (4). 3-5 Canadian Council on Social Development: Ottawa.
- 106 Offord, D., Lipman, E. & Duku, E. (1998). Which children don't participate in sports, the arts and community programs? Human Resources Development Canada.
- 107 Couchman, B. (March 2002). From precious resource to societal accessory: Canada's children six to twelve years of age. National Children's Agenda. [On-line]. Available: <http://www.nationalchildrensalliance.com/nca/2002/symposium/612.pdf>
- 108 Offord, D., Lipman, E. & Duku, E. (1998). Which children don't participate in sports, the arts and community programs? Human Resources Development Canada.
- 109 Singer, R. (April 2003). The impact of poverty on the health of children and youth. Campaign 2000. [On-line]. Available: http://www.campaign2000.ca/res/Poverty_healthbackgrounder.pdf.
- 110 Donnelly, P. & Coakley, J. (December 2002). The Role of Recreation in Promoting Social Inclusion. Toronto: Laidlaw Foundation.
- 111 Couchman, B. (March 2002). From precious resource to societal accessory: Canada's children six to twelve years of age. National Children's Agenda. [On-line]. Available: <http://www.nationalchildrensalliance.com/nca/2002/symposium/612.pdf>
- 112 Benson, P. (1997). All kids are our kids: What communities must do to raise caring and responsible children and adolescents. San Francisco: Jossey-Bass.
- 113 Walker, D. (Spring 2001). Child's play: a vital ingredient for health. Perception, 24, (4) Ottawa: Canadian Council on Social Development, 3-5.
- 114 Hanvey, L. (2001). Access to recreation programs in Canada. Perception 24, (4) Canadian Council on Social Development.
- 115 Canadian Parks and Recreation Association. Impact and benefits of physical activity and recreation on Canadian youth-at-risk. [On-line]. Available: <http://www.lin.ca/lin/resource/html/impact.htm>
- 116 Donnelly, P. & Coakley, J. (December 2002). The Role of Recreation in Promoting Social Inclusion. Toronto: Laidlaw Foundation.
- 117 Barnett, L. (1990). Developmental benefits of play for children. Journal of Leisure Research, 22 (2), 138-153.
- 118 Government of Canada (April 2004). A Canada fit for children. Ottawa: Author.
- 119 Nieman, P. (May/June 2002). Psychosocial aspects of physical activity. Paediatric Child Health, 7(5) 309-311.
- 120 Cameron, C., Craig, C.L., Coles, C. & Craig, S. (2003). Increasing physical activity: encouraging physical activity through school. Ottawa: Canadian Fitness and Lifestyle Research Institute.
- 121 Torjman, S. (April 2004). Culture and recreation: links to well-being. Ottawa: Caledon Institute of Social Policy.
- 122 Donnelly, P. & Coakley, J. (December 2002). The Role of Recreation in Promoting Social Inclusion. Toronto: Laidlaw Foundation.
- 123 Offord, D., Lipman, E. & Duku E. (October 1998). Sports, the arts and community programs: rates and correlates of participation. Applied Research Branch, Strategic Policy, Hull: Human Resources Development Canada.

- 124 Dobbins, M., Lockett, D., Michel, I., Beyers, J., Feldman, L., Vohra, J. & Micucci, S. (September 2001). The effectiveness of school-based interventions in promoting physical activity and fitness among children and youth: a systematic review. Hamilton: [On-line]. Public Health Research, Education and Development Program. Available: www.city.hamilton.on.ca/PHCS/EPHPP/Research/Full-Reviews/Physical-Activity-Review.pdf
- 125 Torjman, S. (April 2004). Culture and recreation: links to well-being. Ottawa: Caledon Institute of Social Policy.
- 126 Offord, D., Lipman, E. & Duku, E. (1998). Which children don't participate in sports, the arts and community programs? Human Resources Development Canada.
- 127 Cameron, C., Craig, C.L., Coles, C. & Craig, S. (2003). Increasing physical activity: encouraging physical activity through school. Ottawa: Canadian Fitness and Lifestyle Research Institute.
- 128 Dobbins, M., Lockett, D., Michel, I., Beyers, J., Feldman, L., Vohra, J. & Micucci, S. (September 2001). The effectiveness of school-based interventions in promoting physical activity and fitness among children and youth: a systematic review. Hamilton: [On-line]. Public Health Research, Education and Development Program. Available: www.city.hamilton.on.ca/PHCS/EPHPP/Research/Full-Reviews/Physical-Activity-Review.pdf
- 129 Statistics Canada. (December 2003). Health Reports: Special Issue. Supplement to Volume 14. Ottawa.
- 130 Donnelly, P. & Coakley, J. (December 2002). The Role of Recreation in Promoting Social Inclusion. Toronto: Laidlaw Foundation.
- 131 Hanvey, Louise (June 2002). Middle childhood: building on the early years: a discussion paper Ottawa: [On-line]. National Children's Alliance. Available: <http://www.nationalchildrensalliance.com/nca/pubs/2002/hanvey.pdf>.
- 132 Edwards, P. Growing healthy Canadians: a guide for positive child development. [On-line]. Available: <http://www.growinghealthykids.com/sheets/snythesis.pdf>.
- 133 Masten, A. & Coatsworth, J. (February 1998). The development of competence in favorable and unfavorable environments. *American Psychologist*, 53 (2), 205-220.
- 134 Big Sisters Big Brother Ottawa (2004). Post-program evaluation of mentee. Ottawa: Big Sisters Big Brother Ottawa.
- 135 Franco, N., Levitt, M. (October 1998). The Social Ecology of Middle Childhood: Family Support, Friendship Quality and Self-Esteem, *Family Relations* 47 (4), 315-321.
- 136 Craig, W., Peters, R. & Konarski, R. (October 1998). Bullying and Victimization among Canadian School Children. Applied Research Branch, Strategic Policy. Hull: Human Resources Development Canada.
- 137 Boyle, M., Cunningham, C., Heale, J., Hundert, J., McDonald, J., Offord, D. & Racine, Y. (1999). Helping children adjust- a tri-ministry study: II program effects. *Journal of Child Psychology and Psychiatry*, 40 (7) 1051-1060.
- 138 Offord, D., Lipman, E. & Duku, E. (1998). Which children don't participate in sports, the arts and community programs? Human Resources Development Canada.
- 139 Hanvey, L. (2001). Access to recreation programs in Canada. *Perception* 24, (4) Canadian Council on Social Development.
- 140 Barnett, L. (1990). Developmental benefits of play for children. *Journal of Leisure Research*, 22 (2), 138-153.
- 141 Hundert, J., Boyle, M., Cunningham, C., Duku, E., Heale, J., McDonald, J., Offord, D. & Racine, Y. (1999). Helping children adjust- a tri-ministry study: II program effects. *Journal of Child Psychology and Psychiatry*, 40 (7) 1061-1073.
- 142 Steinhauer, P. (September 1999). The national children's agenda- what should it look like? Sparrow Lake Alliance. [On-line]. Available: <http://www.sparrowlake.org/publications/papers.htm>.
- 143 Stroick, S. & Jenson, J. (1999). What is the best policy mix for Canada's young children? Canadian Policy Research Networks Inc. [On-line]. Available: <http://www.cprn.com/en/doc.cfm?doc=178>.
- 144 Craig, W., Peters, R. & Konarski, R. (October 1998). Bullying and Victimization among Canadian School Children. Applied Research Branch, Strategic Policy. Hull: Human Resources Development Canada.
- 145 Pepler, D. & Craig, W. (April 2000). Making a difference in bullying. Toronto: LaMarsh Centre for Research on Violence and Conflict Resolution.
- 146 Parrila, R., Ma, X., Fleming, D. & Rinaldi, C. (October 2002). Development of prosocial skills. Applied Research Branch, Strategic Policy, Hull: Human Resources Development Canada.
- 147 Bornstein, M. (Ed). (1995). Handbook of parenting (Vol. 1). New Jersey: Lawrence Erlbaum Associates.
- 148 Schwartz, D., Dodge, K., Pettit, G. & Bates, J. (2000). Friendship as a moderating factor in the pathway between early harsh home environment and later victimization in the peer group. *Developmental Psychology*, 36 (5), 646-662.
- 149 Masten, A. & Coatsworth, J. (February 1998). The development of competence in favorable and unfavorable environments. *American Psychologist*, 53 (2), 205-220.
- 150 Schwartz, D., Dodge, K., Pettit, G. & Bates, J. (2000). Friendship as a moderating factor in the pathway between early harsh home environment and later victimization in the peer group. *Developmental Psychology*, 36 (5), 646-662.
- 151 Hanvey, Louise (June 2002). Middle childhood: building on the early years: a discussion paper. Ottawa: [On-line]. National Children's Alliance. Available: <http://www.nationalchildrensalliance.com/nca/pubs/2002/hanvey.pdf>.
- 152 Federal/Provincial/Territorial Advisory Committee on Population Health (1999). Toward a Healthy Future: Second Report on the Health of Canadians. Ottawa: Health Canada.
- 153 Donnelly, P. & Coakley, J. (December 2002). The Role of Recreation in Promoting Social Inclusion. Toronto: Laidlaw Foundation.
- 154 Canadian Parks/Recreation Association (1997). The Benefits catalogue. Gloucester: Author.

- 155 Big Sisters Big Brother Ottawa (2004). Post-program evaluation of mentee. Ottawa: Big Sisters Big Brother Ottawa.
- 156 Government of Canada (April 2004). A Canada fit for children. Ottawa: Author.
- 157 Health Canada. (December 1999). Healthy development of children and youth: the role of the determinants of health. [On-line]. Available: <http://www.hc-sc.gc.ca/hppb/childhood-youth/spsc.html>
- 158 Edwards, P. Growing healthy Canadians: a guide for positive child development. [On-line]. Available: <http://www.growinghealthykids.com/sheets/synthesis.pdf>.
- 159 Singer, R. (April 2003). The impact of poverty on the health of children and youth. Campaign 2000. [On-line]. Available: http://www.campaign2000.ca/res/Poverty_healthbackgroundunder.pdf.
- 160 Davidson, S., Lefebvre, A., Morris, P., Nieman, P. & Swift, C. (May/June 2003). Putting media under the microscope: understanding and challenging media's influence on the health and well-being of children and youth. Paediatric Child Health, 8 (5), 265-266.
- 161 Hanvey, Louise (June 2002). Middle childhood: building on the early years: a discussion paper. Ottawa: [On-line]. National Children's Alliance. Available: <http://www.nationalchildrensalliance.com/nca/pubs/2002/hanvey.pdf>.
- 162 Federal/Provincial/Territorial Advisory Committee on Population Health (1999). Toward a Healthy Future: Second Report on the Health of Canadians. Ottawa: Health Canada.
- 163 The Society of Obstetricians and Gynecologists of Canada. Late Childhood (9-12). [On-line]. Available: <http://www.sexualityandu.ca/eng/health/SCD/latechildhood.cfm>.
- 164 Stroick, S. & Jenson, J. (1999). What is the best policy mix for Canada's young children? Canadian Policy Research Networks Inc. [On-line] Available: <http://www.cprn.com/en/doc.cfm?doc=178>.
- 165 Canadian Institute for Health Information (CIHI). Ontario Trauma Registry Analytic Bulletin: Injury Hospitalizations among children and youth in Ontario, 2001-2002. Toronto: CIHI, 2003.
- 166 Federal/Provincial/Territorial Advisory Committee on Population Health (1999). Toward a Healthy Future: Second Report on the Health of Canadians. Ottawa: Health Canada.
- 167 Soubhi, H., Raina, P. & Kohen, D. (March 2001). Effects of neighbourhood, family and child behaviour on childhood injury in Canada. Human Resources Development Canada. Ottawa.
- 168 Soubhi, H., Raina, P. & Kohen, D. (March 2001). Effects of neighbourhood, family and child behaviour on childhood injury in Canada. Human Resources Development Canada. Ottawa.
- 169 Ibid.
- 170 National Crime Prevention Council of Canada (May 1997). Preventing crime by investing in families: promoting positive outcomes in children six to twelve years old. Author
- 171 Soubhi, H., Raina, P. & Kohen, D. (March 2001). Effects of neighbourhood, family and child behaviour on childhood injury in Canada. Human Resources Development Canada. Ottawa.
- 172 McNaughton, A.M. (September 2001). Family-friendly workplaces: the case for supporting work-life balance. The Calgary Children's Initiative.
- 173 Ibid.
- 174 Glass, J. & Estes, S. (1997). The family responsive workplace. Annual Review of Sociology: 23 289-313.
- 175 Health Canada. (December 1999). Healthy development of children and youth: the role of the determinants of health. [On-line]. Available: <http://www.hc-sc.gc.ca/hppb/childhood-youth/spsc.html>
- 176 Canadian Council on Social Development. (2002). The Progress of Canada's Children: 2002 Highlights. [On-line]. Available: <http://www.ccsd.ca/pubs/2002/pcc02/>
- 177 Ibid.
- 178 Steinhauer, P. (September 1999). The national children's agenda- what should it look like? Sparrow Lake Alliance.
- 179 McNaughton, A.M. (September 2001). Family-friendly workplaces: the case for supporting work-life balance. The Calgary Children's Initiative.
- 180 Beiser, M., Hou, F., Kaspar, V. & Noh, S. (August 2000). Changes in poverty status and developmental behaviours: a comparison of immigrant and non-immigrant children in Canada. Applied Research Branch, Strategic Policy, Hull: Human Resources Development Canada.
- 181 The Ottawa Food Bank (2003). [On-line]. Available: <http://www.theottawafoodbank.ca>.
- 182 Canadian Institute of Child Health [CICH] (2000). The Health of Canada's Children: a CICH profile (3rd ed.). Ottawa: Author.
- 183 Health Information Partnership Eastern Ontario Region (March 2002). The health status of children and youth in Eastern Ontario. Kingston: Author.
- 184 Singer, R. (April 2003). The impact of poverty on the health of children and youth. Campaign 2000. [On-line]. Available: http://www.campaign2000.ca/res/Poverty_healthbackgroundunder.pdf.
- 185 Hay, David (1997) Campaign 2000: Child and family poverty in Canada. In J. Pulkingham & G. Ternowetsky (Eds.), Child and family policies: struggles, strategies and options (116- 133.) Halifax: Fernwood Publishing
- 186 Benard, B. (August 1991). Fostering resiliency in kids: protective factors in the family, school and community. Portland, Ore: Western Center for Drug-free Schools and Communities.
- 187 Singer, R. (April 2003). The impact of poverty on the health of children and youth. Campaign 2000. [On-line]. Available: http://www.campaign2000.ca/res/Poverty_healthbackgroundunder.pdf.
- 188 Ibid.
- 189 Steinhauer, P. (September 1999). The national children's agenda- what should it look like? Sparrow Lake Alliance.
- 190 Federal/Provincial/Territorial Advisory Committee on Population Health (1999). Toward a Healthy Future: Second Report on the Health of Canadians. Ottawa: Health Canada.
- 191 Jones, C., Clark, L., Grusec, J., Hart, R., Plickert, G. & Tepperman, L. (March 2002). Poverty, social capital, parenting and child outcomes in Canada. Applied Research Branch, Strategic Policy. Gatineau: Human Resources Development Canada.

- 192 Benson, P. (1997). All kids are our kids: What communities must do to raise caring and responsible children and adolescents. San Francisco: Jossey-Bass.
- 193 Federal/Provincial/Territorial Advisory Committee on Population Health (1999). Toward a Healthy Future: Second Report on the Health of Canadians. Ottawa: Health Canada.
- 194 Hildyard, K & Wolfe, D. (2002). Child neglect: developmental issues and outcomes. Child Abuse and Neglect, 26 679-695.
- 195 Health Canada (1998). The consequences of child maltreatment. Ottawa.
- 196 Federal/Provincial/Territorial Advisory Committee on Population Health (1999). Toward a Healthy Future: Second Report on the Health of Canadians. Ottawa: Health Canada.
- 197 Canadian Centre for Justice Statistics (July 2000). Family violence in Canada: a statistical profile. Ottawa: [On-line]. Statistics Canada.
Available: <http://www.hc-sc.gc.ca/hppb/familyviolence/pdfs/0000085-224-XIE.pdf>.
- 198 Federal/Provincial/Territorial Advisory Committee on Population Health (1999). Toward a Healthy Future: Second Report on the Health of Canadians. Ottawa: Health Canada..
- 199 Durrant, J.E., Ensom, R. & the Coalition on Physical Punishment of Children and Youth (in press). Joint statement on physical punishment of children and youth. Ottawa: Coalition of Physical Punishment of Children and Youth.
- 200 Eisner, K. (1996). Child abuse and neglect: what Canadians are doing about it. Child and Family Canada. [On-line]. Available: <http://www.cfc-efc.ca/docs/vanif/00000070/htm>.
- 201 Chamberland, C., Laporte, L., Lavergne, C. & Baraldi, R. (2003). Psychological abuse: children's invisible suffering. Centre of Excellence for Child Welfare Information Sheet #5E. Montreal: [On-line]. Available: <http://cecw-cepb.ca/DocsEng/PsychAbuse5E.pdf>.
- 202 The Family Violence Initiative. (December 2002). Family Violence Initiative: Year five report. Health Canada.
- 203 Emery, R. & Laumann-Billings L. (February 1998). An overview of the nature, causes, and consequences of abusive family relationships. American Psychologist, 53 (2) 121-135.
- 204 Eisner, K. (1996). Child abuse and neglect: what Canadians are doing about it. Child and Family Canada. [On-line]. Available: <http://www.cfc-efc.ca/docs/vanif/00000070/htm>.
- 205 Canadian Council on Social Development. (2002). The Progress of Canada's Children.
- 206 McDowell, J. Healthy schools-healthy children: improving the indoor environment in Ontario schools. Pollution Probe [On-line].
Available: <http://www.pollutionprobe.org/Reports/schools%20main%20-%20pdf.pdf>
- 207 Health Canada. (1997). Canada's food guide to healthy eating: focus on children six to twelve years. Minister of Public Works and Government Services Canada.
- 208 Fraser, J. (September 2002). Where children grow up: understanding how neighborhoods effect child outcomes. Special Report. University of Pittsburgh Office of Child Development.
- 209 Hanvey, Louise (June 2002). Middle childhood: building on the early years: a discussion paper Ottawa: [On-line]. National Children's Alliance.
Available: <http://www.nationalchildrensalliance.com/nca/pubs/2002/hanvey.pdf>.
- 210 Jenkins, J. & Keating D. (October 1998). Risk and resilience in six – and ten-year-old children. Applied Research Branch Strategic Policy, Ottawa: [On-line]. Human Resources Development Canada. Available: <http://www11.sdc.gc.ca/en/cs/sp/arb/publications/research/1998-000136/w-98-23-e.pdf>.
- 211 Hundert, J., Boyle, M., Cunningham, C., Duku, E., Heale, J., McDonald, J., Offord, D. & Racine, Y. (1999). Helping children adjust- a tri-ministry study: II program effects. Journal of Child Psychology and Psychiatry, 40 (7) 1061-1073.
- 212 DeWit, D., McKee, C., Fjeld, J. & Karioja, K. (December 2003). The critical role of school culture in student success. [On-line]. Centre for addiction and mental health
Available: <http://www.voicesforchildren.org>.
- 213 Ottawa Charter for Health Promotion. WHO, 1986