

**FROM PRECIOUS RESOURCE TO
SOCIETAL ACCESSORY:
CANADA'S CHILDREN SIX TO
TWELVE YEARS OF AGE**

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1. INTRODUCTION:

The seven-year-old girl sat there in the coziness of the beanbag chair listening to her teacher Ms. Jones, read a wonderful story. It was snowing outside and it was well after school hours. The child is now a young woman, doing extremely well in grade ten of secondary school. She can still recall the scent Ms. Jones was wearing, the softness of her voice, and cold wind rattling the windows of the classroom. One other feature she remembers is the blind pulled down across the small window in the door. After all it was 4:45 p.m. and all students “*must be out of the classroom by 4:00.*” At that moment in time the young woman vividly recalls, “When I grow up, I want to be like Ms. Jones.

The context of this story is an interview with a multi problem family in central Hamilton. The researcher conducting the interview was Cyril Greenland, now Professor Emeritus, at McMaster University. As Cyril told the story to me in the comfort of his Brunswick Avenue kitchen, he said that he was jolted by the girl’s refinement and her academic success.

“It was if she’d been parachuted into this totally dysfunctional family,” said Cyril. *“Her mother and father were both alcoholics and were on and of welfare throughout their lives. An older sister had gone into street prostitution and her brother was in a juvenile detention centre. I was so struck by the anomaly of this child coming from such a disastrous family, that I decided to keep her after the family interview to find out more about her success and adjustment.”*

Alas, there are few other significant details to be added to this story, aside from a compassionate and caring teacher breaking a few rules. The teacher did not want any of her children having to stand outside in the cold, waiting for parents to return home. In the young woman’s situation, the parents’ return usually occurred about 6:30 p.m., after a late afternoon spent at the local bar.

Ms. Jones had become a role model for the child, simply by reaching out with warmth and concern. Sadly such situations are too rare these days. Life for children has become increasingly complex, and the roles of teachers more restricted. However, there's an important lesson to be learned from this story. Disadvantaged children, children with learning disabilities, children who live in dysfunctional families, in fact every child, whether normal or having a special need, benefits from having concerned and caring adults in their lives. It's between the ages of six and twelve years that adults, external to the family, become increasingly important adjuncts in the lives of our children. In many instances, as illustrated by the story of Ms. Jones and her young student, the relationship can be highly therapeutic. I'm sure many readers can recall the difference such an adult(s) made to their own lives.

A number of developmental and environmental factors influence the growth, learning, and social development of children ages six to twelve years, a population that numbers approximately 2.7 million citizens of Canada. Probably the main change, however, is external to the child. The transition to middle childhood is marked by entry into formal education, whether it is at school or through home schooling. For the next twelve years of the child's life, most waking hours of the day will be spent in a classroom setting. Of course, if the child continues to develop according to the norms, there could well be another four to six years of formal education, beyond the years spent in elementary and secondary school.

In addition to school, six-year-old children begin to reach out to other community resources. Recreational pursuits, music lessons, and club activities, as examples, begin to play an increasingly important role in the life of the child. Thus children become gradually less dependent on family, as they begin to encounter the world beyond the home. The age period, six to twelve years, is when formal sports are undertaken, when performing art lessons are begun, summer camp becomes available, and the child joins groups such as cubs and brownies, the local YM/YWCA, or becomes a member of a Boy's and Girl's club.

Society has marked the middle childhood or latency years as that period in life when the child leaves the security of his or her family and truly enters the external world as a free agent, so to speak. Of course, there's no formal age when all of this occurs. It's a gradual process taking the entire six years of middle childhood. Aside from entering school on a specific date, the transition from early childhood to the child's middle years is relatively seamless process.

What strikes one about this transition, however, is the fact that the family is suddenly entrusting the welfare of their child to community institutions and organizations. And, of course, these institutions and organizations are represented in the child's life by adult professionals and volunteers. The family has little say as to the quality of the experiences their child will receive. A good teacher, recreation leader, or social worker can have positive impact on the child, as illustrated above in the account of a very fine grade two teacher in Hamilton Ontario. Sadly, the experience can also be terribly negative and disrupt the child's development and progress.

The remainder of this paper will be dedicated to exploring the current issues and conditions affecting Canadian children in their middle years. This is no simple task as one can appreciate. The social and educational development of children is affected by three distinct influences. These are, in order of importance, the family, the community, and governments.

As adults, of course, we have some influence in all three of these arenas. We can commit ourselves to doing our best as parents, we can influence community institutions by volunteering and serving on school councils, and we can vote for governments, which place a high priority on the health, safety, and well being of our children. The child, on the other hand, has still little power and influence. As indicated earlier, society entrusts this important responsibility to families, community institutions and organizations, and governments. Of all the responsibilities entrusted to Canadian society, the rearing of our children is the most important. Children are thus due highest priority in our social, health, and educational programming, as well as in social policy consideration. They have no effective political voice to compete with demands from more aggressive sectors. We must, therefore, insure that their voices are heard. If ever there was a "sacred trust" it's in the nurturing and rearing of Canada's children.

2. THE ISSUES AND QUESTIONS:

The remainder of this paper will focus on key questions, which must be considered carefully as we develop a common alliance between family, community, and government with respect to the rearing of children. If we don't get our coordination right, when it comes to working on behalf of children six to twelve, than we will most certainly foul things up. Here then are some questions and issues to be addressed:

- What are the key determinants of health and well being for children in the age group six to twelve?
- What are some of the major current trends and issues affecting the health and well being of our children?
- What external services and programs address the needs of children and enable them to realize their full potential?
- What is the overall policy and required behaviour (on the part of the community and government) which most impacts upon services for our children?
- How might the National Children's Alliance address areas of policy development and practice to insure that they "system" works for children, rather than simply for the professionals, government bureaucrats, and organizations, which oversee the delivery of services?

These questions will be carefully examined in the remaining sections of the paper. As several of the questions are overlapping they will be combined for sake of easier reading. In addition to addressing the above question, more complementary questions will be raised and a few possible solutions offered for further consideration. This is the purpose of an issue's paper. The paper is, therefore, only the beginning of a much more analytic enquiry of the situation affecting the lives of our children. That enquiry will, hopefully lead to an action plan and strategies to implement that plan. The paper is not, however, just an identification of issues. I attempt to provide both an historical and a professional perspective on the developmental and social scenes, utilizing some proven research so as to kick-start and focus the dialogue and planning which is to follow. I start from the assumption that the entire purpose of the exercise is to utilize and support those determinants of health and well being,

which will improve the lives of all Canadian children and youth, and specifically children in middle childhood.

3. DETERMINANTS OF HEALTH AND WELL BEING:

While many people assume that health includes well-being, too many people do not integrate the two concepts in their minds. Given the current fragmentation of our professions organizations, and government departments into semi autonomous silos or disciplines, the point needs to be underscored that health and well-being are used here in their broadest sense.

If we were to identify the most critical element in the raising of healthy and well-adjusted children, we could do no better than to take the words of the noted American child psychologist, Uri Bronfenbrenner. Bronfenbrenner makes the statement to the effect that, “*Every child requires someone is his or her life who is absolutely crazy about them.*” In my graduate class in family life education at the Ontario Institute for Studies in Education, I introduced the course with this simple yet very profound observation. Of course, there are many other variables, which affect the health and well being of children. However, if a child is not loved and cherished, it is difficult to compensate for this basic loss.

It is for this reason, perhaps, which the majority of children raised in poverty, single parent families, or experiencing some other disadvantage, turn out to be happy, productive, and reasonably well adjusted teens. However, it is critical to note that poor, single parent and struggling lower middle income families have to cope with additional challenges and stress, well beyond the norm. That so many children should prosper under extremely difficult circumstances is testimony to the love and resilience of families.

Once the basic element of love is present as a platform for healthy child development, a number of other important factors serve to increase a child’s chances for health and well-being. Principal among these are, a healthy environmental, nutritious food, cultural and recreational enrichment, literacy support, a stimulating education, positive external social support, good health care, safety, and, most important of all, a sense of empowerment.

It is no coincidence with respect to empowerment that Modcai Richler's novel, Jacob Two Two and the Hooded Fang, should be so popular among children. However, empowerment extends well beyond children's love for a good story. The Canadian Institute for Advanced Research in its work on health determinants concluded, based on an examination of international research, that individuals, who feel more control over their lives, live longer and healthier lives than those whose lives are largely under the control of external forces. This discovery became evident in Marmot's famous Whitehall Study (1978) but received little attention by health and child development authorities until more recently.

It stands to reason that that empowerment is not something one suddenly discovers in adulthood. It is a personality factor, which begins very early in life and matures as we grow. Thus, it behooves the family, as well as community organizations and institutions to help children attain a sense of their own self worth by fostering independence on an appropriate incremental basis. This can only occur, however, when our attention is focused upon eliminating barriers and creating opportunities for healthy empowerment. Lest the reader interpret this as regression to the era of so-called "progressive parenting," a period when many believed that children should be allowed to express themselves without normal consequences, this is not my interpretation of empowerment.

Before addressing the practical aspect on how to assist children to feel empowered, it is important to be mindful of the environmental barriers, which stifle this confident energy trait in children. A child, for example, whose parents cannot afford sports' equipment or music lessons, which is refused opportunity to attend summer camp, and is raised in a family environment where his or her parents radiate a lack of hope and control over their physical circumstances, cannot feel empowered. Sadly, I conclude that our current social policies and practices seem oblivious to these simple, but essential, needs of children.

I began this section by identifying the principal variables, which contribute to the health and well being of children. Nutrition, health care, social support, education, safety, and culture/recreation were the principal factors, though there are more. Each child is influenced by the presence of these variables, or the lack, thereof. What is important to note, therefore, is that

these influences are complementary. Thus, we don't make things better by simply providing a breakfast program for children from low-income families, providing inoculations, or taking children to the ballet, theatre or concerts. We must attend to the provision of these determinants in a relatively seamless manner, as the wholeness of our approach is far greater than the limited impact of individual elements. As we seem determined to be governed in our efforts by a project or narrow program approach to funding, services and programs are badly fragmented and allow far too many critical gaps. This is due to policies, which are not integrated and foster a lack of collaboration between service delivery partners. Thus, project and carefully prescribed program funding may allow for easier financial accountability, but the approach is flawed, as it detracts from the more holistic program approaches to service provision.

If such conditions exist, it does little good to expand upon the importance of each of the above determinants. We know that health care; education, social experiences, nutrition etc. are of fundamental importance to the development of healthy well-adjusted children. What we have failed to recognize is that no single element, or constellation of two or three elements in isolation, is going to make much of a difference. If, for example, children do not feel safe at school and in their communities, or they come to school hungry, it does little good to long-term health outcomes if we inoculate them against contagious diseases, lower class sizes, or send them to summer camp. If hunger and a failed sense of security exist, the positive impact of other worthwhile interventions is significantly reduced. We must, therefore, be conscious of all proven determinants and recognize the importance of moving forward in an integrated manner on as many fronts as possible. To do so, significantly increases potential for a child's health and well-being. There is valuable research to prove the case for a holistic approach. In my opinion, ignoring this research in our program planning either reflects stupidity or constitutes gross professional negligence. The current project approach to the provision of services and programs must be reformed.

4. SERVICES AND PROGRAMS THAT ADDRESS THE NEEDS OF CHILDREN:

It was mentioned earlier that children, six to twelve years of age, now find themselves participating in the community to a greater degree than they did prior to age six. While the

transition is gradual, entry to elementary school is a very clear demarcation point in each child's development. Prior to formal school entry, the institution of the family largely played the principal nurturing role in the child's life. This is not to say that nursery school and day care do not participate with the family in the developing lives of young children. They are obviously beneficial and influential. Entry into school, however, is the first time children officially enter the larger community arena. Within a very short period, they become involved in sports, cultural activities, social groupings, and an assortment of other activities, which make children truly part of the broader community. More to the point they participate with wonderful enthusiasm, Children in their middle years are particularly curious and eager in their approach to life as they have the confidence, which comes with being experienced children. Good teachers and other program professionals build on this natural enthusiasm, taking care not to crush the child's spirit.

Obviously of all the institutions they encounter, the school, (for children other than those who are home-schooled), is the major institutional influence in their lives. It's here that they learn mature socialization. They may also have their first encounter with cultural activities in the form of art, music, and drama. Many children will also join sport teams as well as social/recreational clubs such as joining a Boys and Girls Club, a YM/YWCA, enter Sparks or Beavers and attend overnight summer camp. While most children will have been to the zoo, museum, or theatre by the time they enter school, a surprising number of children will experience these pleasures for the first time. Likewise, their presence in school may be their introduction to such physical skills as swimming and organized sports.

Given the importance of other organizations in the life of children an emphasis upon cultural and recreational opportunities may seem secondary to what are deemed to be more critical services for children. These services and programs are contained within a category I will henceforth describe as secondary and tertiary treatment and support programs. The most common of these specialized services for children include children's mental health programs, child welfare services, mentoring programs, children's health care, programs for the mentally and physically challenged and family services. Each of these latter programs is essential, of course, but each is targeted at specific category of children and families with special needs.

It would be a mistake to think that we could improve the general health and well being of Canadian children, ages six to twelve years, by simply creating additional programs in each of these areas. Child welfare, family service, mental health and special education services are intended for children and families who are already encountering personal distress and/or collective discord. Thus, the presence of these programs is critical to the population of children with special needs. If they are to have half a chance at overcoming their problems or adjusting to their special circumstances, a solid range of secondary and tertiary treatment and support programs must be available.

It is currently estimated that the number of special needs youngsters is approximately 18.5% of the Canadian child population. This percentage is up from about 10% in 1960. We should, therefore, conceptualize in our minds that there is a group of children's programs or experiences that should be experienced by all children, whether they have special needs or not. These we will henceforth call normative services or programs. Then there's a group of secondary prevention services, which must be created for children who have identified needs. Finally, society must create programs for children who require more intensive help, tertiary programs. This latter category of children may require some form of residential assistance, though dependency on residential solutions should be avoided when at all possible

What is basically important for the general health and well being of all children, including those with special needs, is a range of fundamental social, recreation, cultural and education programs. These normative programs, which are far less intrusive, must be accessible to all children. For those children and families with special needs a full range of services in the area of secondary prevention and tertiary treatment programs is critical. While it's an old concept, the principle of parsimony continues to be highly relevant when considering the role of normative and secondary tertiary treatment and support programs. Parsimony is defined as, "*things usually connected in the simplest and most economical way.*" Thus, as we commonly say, "*an ounce of prevention is worth and pound of cure.*" In our approach to service provision for children, the principle of parsimony requires us to use the simplest and least intrusive intervention to get the job done effectively. In the opening example of this paper, Ms. Jones could have referred her disadvantaged student to mental health services. She recognized,

however, that the family already had a number of treatment folks involved, so she did what she was trained to do and inspired to do, put her student first before petty rules of 4:00 p.m. dismissal.

Because of serious fragmentation in program planning for Canadian children, we generally overlook the therapeutic and developmental benefits of recreation and social programs. Anecdotal evidence has existed for years showing that participation in such sports as hockey, soccer, baseball, and basketball can redirect a child's negative energy and correct a fragile self-image. It is only recently, however, that evaluative studies, such as those conducted by Dr. Dan Offord and Dr. Gina Browne, in their research at McMaster University, have provided irrefutable evidence of the benefits of recreation for all children, including many with special needs. We can extrapolate from this evidence that participation in cultural activities, such as a school choir or school band can be equally effective in ameliorating negative influences on children.

Of course, middle and higher income families do not question the importance of social, cultural, and recreation programs to the lives of children. It goes without saying, that the lives of children from these social classes will be enriched as much as possible. In fact, the danger exists that some children will be dangerously stressed, as a result of too many lessons, clubs, and team activities. A common mental health problem, not experienced fifty years ago, is what is called the *hurried child syndrome*. For those readers thinking outside the normal child development framework, it is evident that we are inflicting our fast track lifestyle on many of our children. And with this driven-attitude towards life comes increased chronic stress in the lives of many children. This is not, however, a problem for those many children from lower middle income families and poor families, together accounting for approximately 53.2 % of all Canadian families, the median family income in 1997 being \$48,862. The average family income in 1997, by the way, was \$55,628. Participation rates in sports and cultural activities, by children six to twelve years, from families below the median income drop off quickly and disappear when families fall into the bottom two-income quintiles.

Under such circumstances it should trouble us that current social and educational policies seem bent on reducing opportunities for the participation of these children even further. I'll

speak more about this problem later. Thus, I must conclude that we are engaged deliberately, though probably unconsciously, in a policy promoting social deprivation for Canada's most needy children. When you add to this, decisions and policies, which effectively reduce secondary prevention and tertiary treatment services, Canada could said to be thumbing its collective nose at the UN's Declaration on the Rights of Children.

In considering the therapeutic benefits gained by children participating in cultural, social, and physical enrichment, I am struck by the intuitive awareness by Canada's aboriginal people of the positive correlation between recreation and cultural activities, and the health and well being of children. In 1992 I attended the first Assembly of First Nations' Child Welfare Conferences in Winnipeg. Over and over again, aboriginal communities across Canada testified to the value of recreation and cultural activities for their young people. They spoke passionately at times about creating recreational and cultural opportunities for children beginning in early childhood and gaining strength during the age six to twelve period. As I listened attentively to the traditional wisdom of the chiefs and elders, it became abundantly clear to me, that First Nation's communities with organized sports, music, dance, and drumming programs, experience improved rates of health and well being among their children. Communities which provide only formal professional child welfare and mental health services, encounter higher incidence of child welfare problems, mental illness, substance abuse, and delinquency problems among their children, and youth.

Dr. Peter Steele, a local friend of mine in Whitehorse, once provided medical services to the now infamous community of Davis Inlet. He did this as part of the Grenfell Mission outreach services, prior to the government's decision to relocate the community onto an island, so that it could have readier shipping access. At the time of his visits by dog team in winter and by sea in summer, he found a largely healthy thriving community. Children were engaged in the traditional activities of the hunt as well as a number of cultural and recreational pursuits. There was little if any substance abuse.

We were not conscious of the negative impact we would have on the community by changing the rhythm of traditional life and family relationships. However, the sociological and

economic ignorance manifest in our decisions proved extremely disruptive to the entire culture of Davis Inlet. Once the media disclosed the serious substance abuse problems, we, of course, responded in our set manner. By this time the situation was well beyond the curative influence of normative programs. We were forced to rush child welfare and mental health resources into the community. We even had to resort to tertiary therapeutic interventions, sending a large percentage of the children to external substance abuse and mental health treatment centres. Were these intensive and expensive interventions successful? According to those who watched children get off the planes and head to the closest snow machine, so that they could siphon out the gasoline, we have to conclude that our interventions failed to meet expectations. I use this specific illustration to demonstrate the point that we too often fail to respect the principle of parsimony. Worse still, our decisions often do harm, rather than improve situations for our children. I'm sure the reader will have little trouble in identifying similar examples.

Our first priority in respecting the influence of health determinants must be the promotion of healthy family and community life. Then you direct your specialized resources to those children and families in serious need. However, in taking this approach, don't discount the underlying value of recreational and cultural programs for even the most vulnerable children and families.

It is not my intent to dismiss the importance of secondary prevention and treatment services for children, ages six to twelve. For those who require such services, there is simply no substitute. While I will later argue that our delivery of these specialized services can be significantly improved, we are ill served by allowing the current specialized resources to further deteriorate. It has taken decades to develop the highly refined expertise of our professionals, whether they are social workers, special education teachers, psychologists, or childcare specialists. In highlighting the underlying value of more normative approaches, I wish to respect and acknowledge the expertise, compassion, and Herculean effort being made by professionals working in treatment and support agencies and institutions. Their efforts are critical. They cannot, however, be expected to repair the significant social and economic damage, which has occurred to families and communities. There are much larger forces behind the scene and

these must be addressed collectively, but again, more on that later when we move into the policy arena of this paper.

One of the major state interventions of value to children in need is a program targeted at poor families. It's called welfare or social assistance. Too often we lose sight of the fact that poor children come from poor families. We must, therefore, not segregate programs aimed at families with children, from programs specifically focused on children. Six to twelve year old children are influenced heavily by the external world and its institutions. If children come from lower income families, and here I consider any family with children below the national family income median of \$48,862, they are at considerable disadvantage with respect to ready access to available community programs. There are some programs specifically targeted at these children, of course, but availability to these resources is not the norm. I am thinking here of such programs as community centres, Boys and Girls Clubs, settlement houses, and Big Brothers and Big Sisters.

For children from higher income families, resource access is not an issue. As stated earlier, if children from middle to high income families wish to go to camp, take music lessons, join a sports team, or engage in any sort of cultural, educational, or recreational opportunity, families can usually cover the expense. The enrichment of their children's lives is generally considered a priority.

5. ISSUES AND TRENDS AFFECTING CHILDREN:

We have now spent some time looking at programs and resources available to children from six to twelve years of age. In looking at the issues of availability and access to programs, I've noted that there are two critical levels of service and programs. First there are normative programs, (i.e. programs which should be available for all children, such as education and recreational, cultural, and social programs). Secondly there are critical care and therapeutic

programs at, at least, two levels. First we will identify those normative issues and trends, which enhance and further the lives of all children. Secondly we will look at issues and trends affecting children six to twelve with special needs.

It must be appreciated that normative and special therapeutic/care programs overlap. One principle, to be recognized throughout this paper, is that issues and trends cannot be segregated. Thus, the presence of a stimulating environment, nutritious food, good educational resources etc. applies to all children. Special needs children require very specific support, but they also require the same base of opportunities and normative resources which all children should enjoy. Likewise, it should be remembered that children cannot be categorized according to their basic needs or problems, no matter how hard professionals and governments attempt to achieve this differentiation for ease of accountability. The lives of dependent children are the responsibility of families, governments, and the communities in which they live. It's, therefore, only when we have true collaboration between child care organizations and institutions, the resources of local communities and neighbourhoods, and families that we can insure the health and well being of all children. Thus, all three of the above sectors, which play such critical roles in children's lives, must become child friendly. To do this effectively the agencies and institutions of the community, government policies, and local communities must also become family friendly.

To start with families must have adequate financial resources to feed, clothe, house, and enrich their children's lives. Maslow's famous hierarchy of need is no empty theory. If the basic needs of families and children are not being met, we handicap healthy child development from the outset. Try as they might, programs addressing higher-level child development needs, and cannot compensate for the grinding effects of family poverty. Poverty limits the growth and development of children and diminishes the resilient spirit, which all parents must possess.

In the last section of this paper, on specific programs and services, reference was made to social assistance/welfare programs for very poor families with children. To underscore the critical importance of this issue, let us start this section of the paper considering the paramount issue of a family's financial sustainability. Too often in our planning we see children from welfare families as a small but special category. In terms of access to community normative

resources, with the exception of the universal public education and health services, working poor and lower middle income families are, I would argue, as deprived as those families completely dependent on some form of social assistance. We are, therefore, not talking about a small group of children.

Financial deprivation affects a very significant number of Canadian children. It is estimated, in fact, that the basic life needs of approximately 1,296,000 of Canada's 2.7 million children are significantly deprived due to poverty. When fundamental needs, such as nutritious food, adequate clothing and shelter, loving nurturing, and basic life enrichment, such as cultural, recreational, and social programs, are withheld from children, they do not thrive. The numbers of poor Canadian families struggling to raise their children is significant, so much so, in fact, that we are limiting the full achievement of our country's human potential. Sadly to say, current government policy decisions are further aggravating the problem. This issue is so important that it deserves much closer analysis.

To gain some perspective on the extent of the problem of poverty, we start by identifying the median family income in Canada as \$48,862 (1997). It is estimated that approximately 53.2% of all Canadian families with children fall below this average. Of these 3% of families live on incomes below \$10,000 per year, 9.4% between \$10,000 and \$20,000, 13.2% between \$20,000 and \$30,000, 13.8% of families between \$30,000 and \$40,000, and finally 12% between \$40,000 and \$50,000. The average family income for a couple without children, by the way, is most recently set at \$56,317. For two parent families with children the average is \$63,235. But then you come to single parent families. Here the average family income for male-headed single parent families is \$38,100, and for single parent female-headed families the average income is \$24,837. Considering the fact that, professionals with good incomes head many single parent families, it follows that the majority of single parent families live well below the above averages.

As a specific illustration of intricate workings of family poverty let me briefly refer to a program launched by my territorial Yukon government. Recognizing that children living in poor families do not have ready access to normative recreation and cultural opportunities, the government established a fund to help lower income families purchase equipment and

memberships for their children. This seemed a wonderful policy idea in terms of eliminating the access problem, altogether. Parents could go out and purchase hockey equipment, required sports outfits, and even pay expensive dues, so that their children could participate in activities available to the general Yukon child and youth population. In discussing the results of this program with one inner city principal, I was informed that only one child from a low-income family in his school was able to take advantage of the opportunities provided by this grant program. In delving into the matter, he discovered that parents were still unable to access the programs, because of lack of transportation and child-care for younger children in their families. Access, as we see from this example, is a complex issue. It's sufficient to note, however, that low family income acts as a major deterrent in the provision of normative activities for children outside school, and in too many instances, inside the school. Even when we intervene to compensate for the hardships caused by poverty, we often do little to reduce the negative impact that poverty has on children's lives. It follows, therefore, that strengthening the family's basic economic position is the simplest way to attain family sustainability and increase the family's normal resilience.

In the above illustration from the Yukon it is important to note the simple fact that as family income improves, the participation rates of children in such activities as music lessons, dance, sports' participation, and other recreational/cultural activities outside the home, also improve. There is a direct correlation between participation in normative programs and family income. Hence of all the issues and trends to be dealt with in this section of the paper, adequate family income is the most important. Poverty restricts children, ages six to twelve, from moving outside their families to experience the social enrichment that is so important a developmental task during the middle childhood years.

When we look at the issue of access to programs and services for children and families with special needs, the story is equally disturbing, though the source of the problem is different. In terms of justice (courts, probation, and police services) and child welfare services, the poor receive an inordinate supply of these more expensive resources. One can't help miss the irony of the situation. As a society we spend too little supporting families to attain economic sustainability and too much addressing the behavioural consequences irritated by poverty.

Of course, developmental problems and disabilities in children occur to families at every income level. Wealth in families does not insulate children from having learning disabilities, physical infirmities, and certain serious emotional problems. Thus we recognize that environment and genetic predisposition are discreet factors in the origins of special needs. Lest we consider family financial status, however, to be a secondary variable in the origins of special need, it should be recognized that children from poor families are over represented in the special needs category. As the most blatant example of this reality, the unhappy incidence of the serious problem of Fetal Alcohol Syndrome and Fetal Alcohol Effect occurs overwhelmingly in children from low-income families. When it comes to the protection of children who have been abused and seriously neglected, family income is also a significant correlate.

Over the years the state has played an importantly critical role in developing and supporting programs for children with special needs. I am old enough to remember the pioneering efforts of parents with mentally challenged children to provide appropriate educational services for their children. In the 1950's, for example, most schools for mentally challenged children were charitable endeavours supported largely by charitable donations. Likewise, early programs for children with learning disabilities predate the creation of special classes or services now offered by most boards of education across Canada. While, much to their credit, the voluntary sector may have developed the programs, government now operates most such programs, even though in too many instances they do so with considerable reluctance.

Whether children are six to twelve years, younger or older society has a responsibility to help meet the needs of special needs children and youth. To insure equity and access we have charged our governments with insuring the availability and effectiveness of programs and support services to special needs children and their families. While thankfully most programs can be offered in conjunction with close family and community support, we also spend a significant portion of our children's service's budgets (provincial and territorial programs), on the institutional care of those few children at the high end of need.

Given the critical responsibility government has assumed in the provision of services and programs for children with special needs, the issue is how well we are doing in this arena? Alas, I observe that, we have largely slowed the developing momentum of new programs. In fact in frequent instances these essential programs are in retreat.

Lest the reader succumb to the myth that we cannot afford to continue spending more public funds on secondary and tertiary treatment and support programs, let's consider spending the money we do have in far more effective ways. In the mid 90's, for example, I was asked to address the resource issue of children's mental health services in the rapidly expanding region north of Toronto. At the time of the study most government children's mental health funding was dedicated to a major tertiary institution which had historically provided residential care to the region. While a considerable amount of public dollars was being expended on children's mental health care in the region, local community based services were being starved. In examining the situation carefully, I discovered during my review that, one very specialized residential program area for severely autistic young people within the institution was spending annually in excess of \$265,000 per child in 1995 dollars. Meanwhile, as stated earlier, most children with treatable problems were not even receiving the most rudimentary mental health care. Clearly there were efficiencies to be considered, in order to achieve greater equity and accessibility. My report, like so many others, was graciously shelved.

This is but one example of the failure of governments to address the issue of basic care for special needs children. As I say, many of those people reading this paper who work in the sector of services for special needs children, will not be surprised by the conclusion. As a nation we are allowing our care systems for children to deteriorate. This was certainly not the intent or expectation of those volunteers who initiated special needs programs. They and society in general, turned the mandate of providing expert care and treatment over to governments. The transfer was executed as a "sacred trust," if I'm allowed to use the term. By reducing already inadequate child welfare, mental health, and support programs for other categories of special needs children, most governments are certainly not living up to the trust bestowed upon them.

Whether we're looking at secondary prevention services or tertiary treatment programs, the current access situation in Canada is abysmal. Agencies are chronically overstressed, due to increasing service demands and program accountability requirements. Professionals working within the agencies and systems often can't provide even a minimal level of care. In agencies, which have control over intake, the waiting lists are often beyond imagination. It is reported, for example, that the Children's Mental Health Services of Ontario have experienced an actual reduction of 8% in their budgets since 1993. Needless to say, their long waiting lists have simply increased, as they struggle to provide help to troubled children and youth.

Over the years I've been involved in a number of government sponsored studies and inquiries into organizational and systemic performance, such as the above. My conclusion is that almost all service systems for children across Canada, aside from a very limited number of highly innovative pilot projects, are being pushed well beyond their capacity. As confirmation of this fact, I have only to steer the reader towards the many inquest reports, which continually document the weaknesses and shortfalls in Canadian children's services. For example, since the Grove Report was tabled in British Columbia some year's ago, child welfare services have generally weakened.

With respect to providing for the child welfare and mental health services for children, Roy Romanow, Commissioner for the Commission on Future of Health Care in Canada makes a relevant observation. In his interim report, Shape the Future of Health Care (February 2002, page 10), Rowmanow notes that Canadians share common values with respect to the provision of health care. Citizens of the country unanimously agree that accessibility, timeliness, and portability are essential ingredients of the Canadian health care system. Thus, any person in need of health care for serious illness, injury, or mental health problem should be able to receive the required help in a timely manner no matter where they reside. Oddly, these principles do not seem to apply to Canadian children who require mental health services.

Recently I conducted a child welfare study on protection and mental health resources in a remote rural region in the far north west of British Columbia. For the Sake of Our Children, (1997) observes that the region was and continues to be grossly under-resourced. To respond

promptly to child welfare emergencies, the few workers in the region, an area larger than the entire United Kingdom, have to drive from a central office in the community of Dease Lake to some locations, equivalent in distance to a drive from Toronto to New York City, or from Vancouver to just north of San Francisco. The government informed the Big Water Society of Atlin B.C., that they were not interested in such a study being conducted. As a result the local community undertook study using their own limited resources. Sometimes, it appears, we don't want to know the extent of the problems, which confront our children and their families.

It's not my intent to devote space in this all too brief issues paper to specific organizational or systemic shortfalls. It's essential, however, to emphasize the serious nature of the organizational and systemic problems, which all too often occur when parents seek help for their children, or when we feel in our wisdom, that help is a requirement. Thus, the occasional anecdote in this paper is simply to underscore the issue. These are not simply statistics. We're dealing here with actual children and families affected by debilitating problems.

Occasionally, of course, the media grabs a personal story and gives it profile. Too seldom is the media able to pursue the story to uncover the more generalized problems. Naturally, the situation is immediately sorted out and the right words of concern and compassion are articulated. The concern and compassion does seem to penetrate the conscience of society. Earlier, I mentioned that society bestowed its trust upon government to insure that the needs of special needs children and their families are adequately met. As a society we must share the blame for the erosion of treatment and support services for our children. A caring public would never have allowed the situation to deteriorate so badly. In his recent book, The Ingenuity Gap, Thomas Homer Dixon writes, "*What we complacently identify as a lack of political will is often, in reality, a lack of social will: we are part of the problem and our societies as a whole, not just our leaders, are ineffective in providing the solutions to the challenges we face.*" No more needs to be said.

It's relatively easy to identify weaknesses in organizations and systems, which provide treatment and support for children with special need. It is more difficult, however, to identify trends and issues, which affect the normative development of children. This section of the paper,

on issues and trends, began with some observations on the effects of family poverty upon the healthy development of children. There is evidence, however, of unhealthy trends, which affect the lives of all our children, no matter what their families' financial status. They may appear less deserving of our attention than the more obvious pressing needs dealt with above. On the other hand, they are symptomatic of potential problems, which may have enormous negative consequences for children.

We need to ask ourselves, for example, about the impact of computers and television on the developing minds and bodies of children. *The Economist*, (February 23, 2002) notes that 10% of North American children are overweight to the point of being classified as obese. While this is below the 27% obesity norm for American adults, there is little doubt that seriously overweight and inactive children, contribute to the rapid rise of obesity in the general population. Some experts are now indicating that obesity will be the single most critical factor in determining the health of future generations. What effect do passive computer games and television activities have upon the physical condition of children? What effect is the violence portrayed in many of these games and in films having upon the emotional development of children? In light of these damaging trends, why are so many departments of education in Canada making physical education an option?

Likewise, we must ponder the fact that most children residing in urban Canada no longer have the freedom to go outside to play without close adult supervision. The safety and security of our children, particularly in the age six to twelve year cohort, is a concern, which has dramatically altered patterns of normal play. In fact we might say that families have developed a fortress mentality towards the protection of their children, and for good reason. Jane Jacobs, the noted urban sociologist and planner, records street life patterns from the 1930's to 1960's. Jacobs's notes that in her native New York most children played safely outdoors, under the watchful eye of adults who sat on their fire escapes and porches. In our wisdom the decision was made to move inner city families into apartment housing developments, where parents and neighbours couldn't readily oversee the comings and goings of their children.

We also find in recent years that the number of mothers in the work force has increased to over 75% (Vanier Institute of the Family, 2000), the majority of whom have full time jobs. When Jane Jacobs made her 1961 observations fewer than 20% of married Canadian women with children, and less than 50% of single parent mother led families were employed. Thus the “latch key” child was not a major problem. What are we doing to ameliorate the difficulties faced by families where both parents are employed? And before jumping to the ready conclusion that mothers should be encouraged to stay home with their children, as the majority did in 1961, consider that it now takes two parents to earn the same relative level of income, than it did when one parent was able to support the family. In fact, since 1990 family income has actually declined in constant dollars, despite ever more mothers entering the work force. For the majority of families struggling to keep their heads above water, therefore, staying home to care for their children is not an option.

This situation places considerable additional stress on families 37% of women with children age six to twelve years put in over 30 hours of housework a week, while 8% of fathers in the family put in over 30 hours household labour per week. This situation places enormous additional stress on families. In fact, the Vanier Institute reports that 26% of fathers who are employed and 38% of mothers with full time jobs report extreme levels of stress. These figures represent a 16% to 21% increase in stress levels reported by work force mothers in the past seven years. The increase in stress levels of fathers is between 12% and 16% during the same period. Having established that increased female employment rates have altered the social landscape for Canadian children, we must also ask ourselves what impact such chronic stress is having upon the parenting of our children?

We could go on with this litany of sociological and cultural changes affecting the lives of the majority of Canadian children and their families. Bullying, organized recreation vs. casual play, influence of commercial media, nutrition, increasing ethnic diversity, increased academic competitiveness etc. the list goes on. These are all normative changes affecting the lives of most Canadian children. For children with special needs the existence of these social and cultural influences simply compounds each child’s difficulties.

There is no ready answer to ameliorating the negative impact of this cluster of changes. Government programs, for example, will not significantly improve the social/cultural climate in which we raise our children. Likewise, parents can do little to shield their children from the changes. Even family-friendly communities must struggle with what seems to be insurmountable forces affecting the healthy development of their children. When we step back and consider the problem, however, patterns begin to emerge and positive approaches become more evident. The one thing, which is clear as we study the issues and trends, is that it is a collective problem requiring the active involvement of all parties. Under such circumstance collaboration is a must! Currently we are ill equipped to work together as each of the parties is hide-bound by narrowly prescribed program and project requirements, professional roles, irrational accountability measures, and the fundamental fear of risk taking.

Responding to children and families with special needs is a separate issue, but also bound by many of the above factors. We are looking here at organizational and systemic change. With creative program planning and flexible social policy guidelines, we are capable of improving the situation. In fact, answers are already in evidence. They are contained and restricted, however, by the boundaries placed around demonstration or pilot projects and political will. Under such circumstances, as soon as these embers of reformation are fanned, they are quickly doused by traditional bureaucratic thinking. The manta seems to be “*financial accountability at all costs,*” even though program effectiveness must be sacrificed. Little will happen, therefore, until we recognize that accountability is a balanced equation. Quite simply put we should demand effectiveness for the dollars we spend.

6. HOW WE MIGHT GO ABOUT ADDRESSING THE PROBLEM:

The need to address the problems cited above is urgent. Clearly the environmental climate and public attitudes required for the healthy development and social well being of Canadian children is deteriorating. In this regard we cannot differentiate children six to twelve from younger children as well as adolescents. Problems such as poverty, lack of

social/recreational opportunities, the overwhelming inadequacy support and treatment programs, the chronically stressed state of Canadian families, etc. cross all age ranges of childhood. We also must appreciate that our interventions have to be a societal response. Schools, recreational/social organizations, child welfare and treatment programs, in fact the entire organizational infrastructure of our nation cannot turn the situation around. Not even sound government policy and funding can alter the deteriorating course, which is limiting the developmental potential and health of Canadian children. Under such circumstances even loving families with financial resources have an extremely difficult time rearing children. Thus, public and political will is required to positively shift the course of child-care in Canada.

We must consider returning to the edict I recall from my childhood when our community and political leaders looked upon Canadian children as our country's, "*most precious resource.*" I'm sure it's been a long time since many of us have heard this utterance from one of our leaders. When some leader does refer to this value, the words seldom as believable as they once were. Too often such references are rhetorical statements inserted by a speechwriter to engender political approval. With few exceptions the rhetoric is seldom backed with solid action. One of the few exceptions recently is the \$2.2 billion Early Childhood Development Agreement between the federal government and the provinces and territories. This program appears to possess substance. It will not be until we see it unfold, however, that we can applaud the program.

Wanting to return to an apparent golden age of child policy may seem like a Pollyanna ambition. First of all, having lived through the age, it was far from golden. What the citizens of Canada, and the country's political leadership unanimously agreed upon, however, was a firm belief that the nation's children were a very precious resource. In more recent years the overarching public and political attitude is that children are more a societal accessory. When issues are framed personally, however, (i.e. one's children, grandchildren etc.), there is a resurrection of positive feeling and determination among most people in our society. Children's programs continue to enjoy strong public support, as confirmed by donations to children's charities and volunteer participation. The challenge is to broaden this emotional spirit to encompass not only one's own children and the children of friends but also children who may be less visible to the

public eye, due to patterns of housing and regional location. Nevertheless, there are still some huge barriers to surmount.

A closer look at how these attitudes manifest themselves is often quite obvious. For example, few communities or governments make reference to children as “*our children.*” Rather the common public and political attitude refers to children as being the sole property of their families. How often we’ve heard the sentiment expressed that, “*If you want to have children they’re your responsibility. You look after them. Don’t expect me to contribute to their upbringing.*” When you hear such a sentiment expressed, you can be sure there are a dozen more folks who quietly share the same attitude. If this were not the case, society would be moving heaven and earth to support families in the rearing of our country’s children. Thus, we would be strongly supporting programs in the normative arena (i.e. education, recreation, cultural activities etc.), as well as in the arena of specialized care for children in need or at risk.

I indicate that the lack of public will tolerates a lack of political will. In fact, in some instances public attitudes encourage governments to reduce services to children. Altering a culture, in which public attitudes towards children are less than enthusiastic, is a major challenge, to say the very least. On the other hand, we must be impressed with those informal communities, which do value children as their most precious resource. Many immigrant communities, for example, greatly value children. Likewise, child and family friendly attitudes exists in many aboriginal communities, so long as their traditional ways have not been completely destroyed by contemporary enculturation. Certainly, among the aboriginal communities, which I have encountered in Canada’s north, it is the tradition that children be valued, as well as enjoyed. Interestingly, in child friendly and family supportive communities, children are not seen as biological accessories. They are viewed as the hope and future of the community. Many highly capable immigrants know full well, that their vocational opportunities are limited. They are willing, however, to labour at tasks below their intellectual station and skills, simply to insure that their children have the opportunity to advance through school and achieve better lives for themselves, and their communities. It is a sacrifice quite foreign to all but a few second and third generation Canadian born families.

How then do we see altering current public attitudes towards our children and resurrecting our public systems of normative care, as well as care for special needs children? For children between the formative years of six and twelve, the question is a crucial one. In the introduction to this paper reference was made to the six to twelve year age period as the one in which children are introduced to school and social organizations outside the family. While children in the zero to five-year category also benefit from external programs and services, they are, to a large degree, still receiving primary nurturing and care from their families. At age six years, this situation suddenly shifts and child development systems and specialized agencies begin to share in the education and socialization of our children. Thus, we must carefully consider the creation of external systems, which encourage children's formal learning, social development, and healthy physical growth. We must also seriously consider maintaining and strengthening programs for children who require additional help and/or protection. Sadly, we often don't become aware of children with special needs until they enter school, though every effort is being made to alter this shortfall.

Now that a brief picture of the situation has been mapped out, let us not feel overwhelmed by the complexity and the seeming difficulty of addressing the situation. Remember, the organizations, which are members of the National Children's Alliance have a critical role to play, but so also do governments, communities, and families. We need to keep before us that this is a societal issue. For purposes of considering a strategy for change and improvement, it is best to divide the course of action into four parts. The primary players are the public or community, the normative care system, organizations and institutions involved in secondary and tertiary treatment and care, and last but not least, the role of governments. In making this division, however, it must be recognized that all three participant sectors have critical and highly complementary roles to play. As a societal issue, no one sector can expect the other two sectors to carry the load on its own.

At this point, some readers may be concerned that the country doesn't have the required resources to address the issue. Certainly the mantra common to all governments and charitable fund raising organizations is, "*We don't have the money to do all that's required.*" To this concern let me interject another brief illustrative anecdote. In the 1960's I was on a visit to Cuba

and took the opportunity to visit a couple of day care centres in impoverished villages. During the visit I was informed that every town over a population of 5,000 residents had fully supported day care centres. Two days after this visit I sat in the chamber of the City of Toronto Council with a lobby group of day care advocates. Our elected representatives informed us, that the City of Toronto certainly couldn't afford to provide fully subsidized day care places for children from low-income families. The difference, of course, was that both the state and families in Cuba, at that time, valued children as a resource, while some communities in urban Canada were already succumbing to the devaluation of children.

Once again let me reiterate that I am not suggesting massive increases in budgets to solve the problems we face. Be assured that current systemic problems do not require radically increased funding. Some additional funding is required, of course, but certain efficiencies can be made to both increase effectiveness and limit cost increases. As far as our current systems of care are concerned, they are handicapped by unreasonable accountability requirements imposed by governments and penalties, which discourage flexibility and innovation. But more detail on these weaknesses later. I just want to put the reader at ease, once again, that I am not proposing massive spending increases. The problems we face are not ones, which can be solved by throwing money at them.

The best framework to be used in understanding directions in all three arenas (i.e. community/government, organizations and institutions, and families) is one, which carefully considers the determinants of health and well-being. Research from the Canadian Institute of Advanced Research and other highly respected bodies, confirms what we have known for some time now. There is little correlation between health and social well-being outcomes and the amount of money we invest in treatment and recovery programs. As a case in point consider that Canada spends 9.2% of GDP on health care, the US spends 13.9% of GDP on American health care and the Japanese spend 7.1% of their GDP on health care. In the United States there are 2.6 doctors per 1,000 people. In Canada there are 2.1 doctors per 1,000 and in Japan only 1.8 doctors per 1,000 people. By any rational standard, which correlates health care costs with outcomes the U.S. should have the highest longevity, Canada second highest, and Japan should be in third place. Japanese males live to 77 years and females 83 years. Canadians live on average to 76

years for men and 83 years for women. The United States brings up third place with longevity rates of only 73 years of age for males and 80 years for females. (The Economist, World in Figures, 2001).

Similar findings can be found in other indicators of health and well being for children and youth. Spending money on treatment is not the answer to insuring health and well being of any age group. Take, for example, the devastating problem of Fetal Alcohol Syndrome and FAE, which affects far too many aboriginal children and children from lower income circumstances. It is far more effective in this case to eliminate or reduce alcohol consumption among pregnant women, than to provide treatment and support programs, before a child succumbs to this truly dreadful impairment. Likewise, as a cost saving measure, normative education and recreation/social interventions save incredible costs for treatment and support.

This does not suggest, of course, that treatment is not required or does not benefit adults and children. Quite the contrary. When treatment is required it is often absolutely essential for recovery. What the above illustration demonstrates, however, is that there are determinants of health and social well-being, which have far more to do with lifestyle, social support, and education than they do with the availability of specialized therapeutic interventions. When people feel secure and empowered to look after themselves, whether they be adults or children, they thrive. When they are discounted by society and impoverished they have more problems requiring specialized care.

a) SOCIETAL SUPPORT AND PUBLIC WILL: Using the perspective offered to us by the determinants of health literature, it can be argued that a positive public attitude towards families and children is essential. Unless, we view Canada's children as our children, consider them an asset rather than a deficit, and joyfully celebrate their presence in our midst, little real progress can be made. By considering the positive example set for us by so many immigrant and aboriginal groups and communities, as well as by select neighbourhoods of family friendly people, we could restore the normal positive attitudes we once had as a society towards our children. Simple things like allowing breast feeding in public places, allowing children into restaurants, serving the child in turn in the store lineup, keeping a

watch out for children playing in the neighbourhood or park, choosing to sit beside children on airplanes, buses, and trains, and simply taking joy in talking with wee ones; such behaviour would gradually begin to alter the anti child values discreetly embraced by so many adult Canadians.

Such a response to children and their families must become the norm, rather than an exception. Public will must be displayed in such actions as insisting that swimming pools and playgrounds be kept open, that modest family income not restrict children from participation in normal recreational and cultural activities. Likewise we want to insure that our neighbourhood is part of a family friendly community. We must begin to talk about children as the special people they are.

Once public will is altered, political will rapidly follows. While our political leaders should be leading the nation, they have actually become followers. Seldom is a policy or program implemented these days without first polling the electorate. Thus, political leaders are prone to do the right thing once they are told what the right thing is. Frankly, we must be hard on ourselves as well as our leaders. Blame for what is occurring rests on our collective shoulders. While we would like to point the finger elsewhere for the sorry state of our services and programs for children and families, we are the ones responsible for the deterioration we witness around us. Thankfully we can change.

b) NORMATIVE PROGRAMS: In terms of specific services and programs for children, ages six to twelve years, I have reluctantly separated normative from treatment and support services. I say “reluctantly,” because there should be no segregation of the two areas, if we are to be guided by determinants of health and well being principles. All research evidence shows that many normative services are very therapeutic, even with children with quite serious problems. Certainly the five-year study conducted by McMaster University’s Gina Browne and her associates provides irrefutable evidence of an observation made for many years. Children who participate in any combination of sports, recreation, social, and cultural programming, tend to be more mentally healthy and achieve greater academic success than children who do not participate in such programs. This work is so important that I

recommend those interested in pursuing the matter to read, When the Bough Breaks, Social Science and Medicine 53 (2001), 1697 to 1710, as well as her related paper, Benefiting All Beneficiaries of Social Assistance: The 2 – Year Effects and Expense of Subsidized Quality Child Care and Recreation, published in the National Academies of Practice Forum, Vol.1, No. 2, April 1999, pages 131 to 142. Browne and associates build on the groundbreaking work of Dan Offord in confirming the therapeutic benefits of what I call normative programs. I also refer the reader back to the opening anecdote in this paper, the story of a child who was affected by the nurturing care of her grade two teacher. In tackling the problems being faced by children, whether they be six to twelve, zero to five, or adolescents, it is crucial to keep in mind that normative programs are very therapeutic for both normal children as well as children with special needs. Of course, children with special needs usually require formal support and treatment programs, in addition to good recreation, social/cultural programming, and education that inspires the child.

As purely a resource issue, consider for a moment that Canada has 2.7 million children in the age range six to twelve years. Of these children approximately 18.5% have some sort of serious special need. This means that approximately 499,500 Canadian children in our age range require some form of special help. Of course, in considering the impact of special needs demands on our systems of support and care, we must add to this those special needs children zero to five years and our nation's youth. When we take into account children zero to fourteen years of age, a cohort, who makes up 10.4% of Canada's 28,846,780 population (1996 census), we come up with a rough estimate of 1,088,677 children with special needs. Of course there's no way we can really determine how many of these children, which require special support and care, are currently being served by child welfare, children's mental health, family counselling, programs for learning disabilities, and services for children who are in some way physically or mentally challenged. An informal study I conducted a number of years ago in Etobicoke Ontario suggested that approximately 10% of children with special needs were involved in some form of support and care. As my inventory was conducted several decades ago, let's be generous and say that our systems of treatment, care, and support can now bring professional help to 20% of the population, which is doubtful. This still leaves approximately 870,942 special needs children without the care they require.

The response of many social policy bureaucrats to this analysis is that the argument is fallacious. After all they say, the agencies and institutions treat children and place them back into regular programs. This is using the worn metaphor that children are like vehicles. A psychologist, social worker, or psychiatrist assesses the problem, a team provides treatment for a few months, and, voila, the child and his or her family are repaired. Tell this to a family with a physically and mentally challenged child, an autistic child, a child with a serious learning disability etc. The critic will soon discover that on going specialized support is required. It may vary in intensity, of course, but specialized support remains a constant in the lives of special needs children and their families.

Teachers and other community professionals will quickly point out that the above assessment of supply side theory doesn't deal whatsoever, with the on going needs of normal children. What about the special needs of children living in poverty or suffering from some acute problem, such as family separation, serious illness, or children who are just entering our Canadian culture? Quite simply stated, we lack sufficient specialized services for the protection of children and for children with special needs.

It is in this context that I return to the theme of this section of the paper, normative care. If we recognize that special services and programs are totally inadequate to meet demand, we are forced to look at such findings as those of Gina Browne and her McMaster colleagues. As noted above, they've proven that recreation, cultural, and social programs for children can have a very therapeutic affect upon children with special needs. Add to this the excellent therapeutic benefits of a significant other person in a troubled child's life. The caring teacher, a big brother or big sister, a peer helping program, a sport's coach, or any other person all play a critical role in supporting both normal children and children with special needs. Over and over again we encounter highly successful adults who once suffered from serious deprivation or some special problem. If you ask them how the course of their lives was turned around, they will inevitably tell you about the significant other person who redirected their lives.

Perhaps it can now be appreciated why I reluctantly separated normative services from services for children with special needs. Though governments and even professions seem determined to segregate their systems and roles, the division is not helpful when it comes to supporting the healthy growth and development of children. This does not mean that we should blend everything together. That would be ludicrous. We will always need an education system, discreet recreation and cultural programs, and systems of social services, health, and justice. Appreciating how important all these programs and systems are in maximizing the determinants of health and social well being for children, there systemic and professional boundaries must be made much more porous. The recent Minister of Health and Social services for the Yukon, Don Roberts a retired school principal, made the observation that the boundaries are made of heavily armored plate. I would suggest this is true of almost every system and department in every province and territory in Canada, not to forget departments of our federal government.

Once you define the problem with respect to the importance of normative services and the vital role they play for hundreds of thousands of Canadian children with special needs, as well as children with no particular special need, one objective of the National Children's Alliance is to restore the strength of normative services and programs. Governments tend to think in terms of essential services and those, which simply enhance the quality of children's lives, as separate and distinct entities. This is a role division, which originated in the now defunct Canada Assistance Plan. Education and child welfare programs were deemed as essential services, while recreation, family counselling, social and cultural programs, in fact any program associated with primary prevention, were considered non essential. Though they might receive some funding from CAP if the provinces chose to access the funds on a matching basis, there was no guarantee offered to Canadians that they could have equitable access to non-essential programs.

It's important to note in this division of essential and non-essential services that children's mental health services were quietly removed, as essential health services, to become services provided by various provincial children, family, and social service ministries. Thus, there is no longer a requirement for governments to fund children's mental health as a priority program. It's worth pointing out that mental health services for adults remain part in the domain

of provincial health care systems. This placement assures adults of accessible, equitable, and timely mental health care when required.

But back to the issues affecting normative care. The Alliance must question, in light of the clinical and research evidence, why such programs as recreation, social programs, and cultural activities are now being considered as frill programs. Likewise, we should ask why ministries of education and school boards have lost their will to provide high quality education? Aside from teacher's federations and a few concerned parents, no one is challenging the loss of school-based sports, music and drama programs. Authorities in their fiscal wisdom are also allowing class sizes to increase, in spite of evidence that personal attention can make a significant difference in a troubled child's life chances.

In another life I work for a foundation, which provides funding to performing arts groups so that they can invite children and families from schools in low income neighbourhoods to attend live performances of the ballet, symphony, or theatre. This program has given me the opportunity to attend a number of these performances for school children. Increasingly I note that audiences are becoming whiter and better dressed. When I ask school personnel why children from lower income and immigrant families are diminishing as a percentage of the children and youth attending these performances, I am told about that many schools must now cover busing costs, obtain substitute teachers, and subsidizing seats for the children. In schools in higher income neighbourhoods, this is no problem as parents are only too happy to raise the funds to insure that their children have access to culture. In neighbourhoods where family incomes are modest, parents are unable to subsidize their children's attendance at the symphony or theatre.

Likewise, we see the hours of swimming pool operations shortened, community school programs dumped, playgrounds allowed to fall apart, summer camps for low-income children close, and other, so called, non-essential programs decimated. The literature speaks of the folly of such policies and practices. More to the point the lives of many thousands of successful Canadian adults, which were shaped by the above programs, illustrate the foolish short sightedness of allowing normative programs to be eliminated or significantly reduced.

The National Children's Alliance possesses the expertise and credibility to challenge these directions. The Alliance can also point out the financial folly of not investing heavily in normative programs such as, Boy's and Girl's Clubs, the YM/YWCA'S, community recreation and cultural activities, after school programs, Big Brothers and Sisters, Scouts and Guides, and extra curricular school activities in each of the above program areas. Given the potential numbers of children, whose troubled and difficult lives can be redirected by normative programs, I repeat, investing in the above programs makes excruciatingly compelling fiscal sense. Here is an instance where short-term financial savings spells overwhelming long term financial and human loss. Or in the words of the 17th century writer, Robert Burton, "Penny wise, pound foolish." It seems to take humankind a long time for certain truths to seep through.

c) **SERVICES AND PROGRAMS FOR SPECIAL NEED CHILDREN:** In the section on normative care the point was made that normative and secondary and tertiary treatment and support programs for children represent a flowing continuum of supportive interventions on behalf of the healthy development of children. Because of this, as has been explained several times over, we should not segregate the normative programs from secondary and tertiary treatment and care programs. If we are to be guided by the principles set forth within the framework of determinants of health and well being, we should recall that expenditures in advanced levels of care and treatment do not correlate with the state of children's health and well being. On the other hand, when a child requires specialized treatment or care, that child cannot be helped without professional intervention.

A parallel to this line of reasoning can be found in medicine. Much effort is spent by such organizations as the Heart and Stroke Foundation and general practitioners promoting proper diet, exercise, and lifestyle to reduce the incidence of heart disease. This is effort well spent. However, when a person requires specialized drug treatment or surgery for a heart problem, whether it is due to genetic precondition or not having stopped smoking or eaten too many fatty foods, education and preventive measures cannot be utilized with any hope that recovery can be effected. In fact exercise at this point in the condition could kill the individual.

We must, therefore, see specialized treatment and support programs for children as being an extremely vital part of the continuum. Sadly, on the basis of overwhelming anecdotal evidence secondary and tertiary treatment and care are suffering from the same funding malaise as normative programming. Though perhaps more subtle, funding reductions have been no less devastating. This situation is evidenced in the findings of far too many inquests into the death of children due to serious neglect and abuse.

In 1979 Toronto Hospital for Sick Children psychiatrists H. Golombek, A Froese, and D. Garfinkle completed a study entitled, Suicidal Behaviour in Pediatric Population. Their findings showed that 52.6% of young people who made serious suicide attempts came either from single parent families or group homes. They also uncovered the fact that 53% of suicide attempts were made by children who were functioning well below grade level. In the control group of pediatric patients only 16.2% of children came from single parent families and group homes and the vast majority were functioning at or above grade level.

I cite this study as a query. In all likelihood more children die at their own hands than are dramatically killed by parents and care givers. We don't conduct the same scrupulous enquiry into the deaths of children who take their own lives. Yet the little information we have also speaks volumes on organizations and systems, which are overtaxed and under funded. This is not the place, of course, to determine just how burdened organizations providing secondary and tertiary level treatment and care must be. We know from inquests, workers descriptions, and occasional media stories that unreasonable waiting list exist and short cuts are often taken in the provision of treatment and care. In talking to one child welfare director, I was informed that their provincial government's response to criticism was to place an even heavier burden of record keeping on staff. He estimated that each child protection worker now spends about 50% of his or her time maintaining records. In another province a local director chose to utilize the time to see children and families. When a program auditor was sent to this municipal government run agency, she could find no records for two years. The only paper trail was the notebooks kept by the child protection workers. Is this a sign of professional incompetence or evidence of unachievable expectations? I suspect the latter.

Whether it's a special education classes, a children's mental health agency, a child welfare organization, or programs for physically and mentally challenged children the story of unreasonably frugal expectations is much the same. If such stress existed in the adult health system, the public would be mounting the ramparts. In the arena of specialized children's services silence reigns. Can this have something to do with the fact that, government directly operates so many children's treatment and care programs, whereas hospitals possess semi autonomous boards of directors? Might we require some whistle blowing legislation, which protects professionals from undue harassment?

Clearly there is considerable work for the National Children's Alliance to do, just to restore children's services across Canada to some reasonable semblance of competency and integrity. Having conducted more than a few inquiries into the functioning of child serving agencies and organizations, I am struck by the silence of the various systems. Those who do have Boards of Directors shielding them from direct government edict too frequently find that directors are selected, who share complementary attitudes about government efficiencies. You have only to examine the minutes of board meetings and government performance reports to realize that far more attention is given to efficiency than is devoted to effectiveness of programs and services. We are keen on how dollars are spent, but spend much less time considering whether they are spent to maximize effectiveness.

I suspect the reader will find this commentary a little harsh. I make the comments on the basis of observations. I could simply be seeing too many situations where problems exist, rather than situations where things are running smoothly. It will be up to the Alliance to pursue my assessment. It is certainly a task deserving of further investigation.

Raising the relationship between efficiency and effectiveness is an appropriate launching point for the final section of this section of the paper, the role of government.

d) GOVERNMENTS AS PARTNERS: The interesting and challenging thing about systems is their complementary complexity. As we have outlined earlier public values and attitudes

greatly influence government policies and choices. In like manner the normative and secondary treatment and care systems must be in balance. Both of these systems are largely beholden to the public and more specifically to the primary funding sources, the federal government, provincial and territorial governments, and to municipal governments. Provincial and municipal governments have been the primary source of funding education since 1871 when the School Act was enacted in the young province of Ontario, thanks to the stalwart efforts of a fiery Methodist Minister, Egerton Ryerson. Other services for children followed later. The first Child Protection Act, for example, was introduced in Ontario in 1893, following the creation of the first child welfare agency in Toronto in 1891. The founder of this agency was, J.J. Kelso, a young reporter for the Toronto Telegram. Over the next twenty years the remaining provinces of Canada enacted legislation to protect children and to care for orphans. Other than these two services and mental health, however, almost all the remaining child serving organizations in the present system did not receive government support until after 1950. Up until then, these organizations were purely charitable in nature. It should also be noted that even some of the government funded services still raised significant amounts of money from charitable sources

What's important to appreciate, is that over a period of a couple of decades, in the mid twentieth century, Canadians expressed their collective will in requiring their governments to undertake the delivery of children's services. They did this as an expression of collective faith that the best way to insure adequate care for all children was to require governments to serve as the agent of the people. This was not passing the buck. Canadians truly believed that their respective governments would guarantee timely and equitable access to required services. Certainly political leaders at the time also believed that this trust was well founded. The transfer occurred after the Second World War, a time in Canadian history when we truly believed that our children were our most precious resource. After all, thousands of young Canadians had laid down their lives for their younger brothers and sisters and for children of the future.

Sadly the assumption of our parents and grandparents, that government would honour the social trust, which was given to them, began to fade by the late 1960's and the 1970's. New

attitudes and values gradually emerged to displace the founder's sense of collective social responsibility towards the welfare of the nation's children. The concept of social obligation, so strong in Canada during the Great Depression and World II, gave way to the more traditional liberal attitudes. Untethering the rights and freedoms of the individual became a more important political priority. Governments, always sensitive to where they are being led, thus turned their attention to social programs of individual entitlement and allowed programs, dependent on collective responsibility, to wither.

In developing a strategy of action, it is important to place the current situation with respect to the status of children's services and programs in an historic context. As a footnote to this wee bit of social history, it is important to emphasize the point that governments have usually been reluctant participants in social reform. Also governments seldom, if ever, lead the way when it comes to creative service innovation. As far as I can determine, from reading the history on the subject of social reform, governments have never initiated a service or program, which was not first conceived and piloted by the voluntary sector. The first social welfare programs, the abolition of slavery, the child welfare and family service movements, even the introduction of socialized medicine were locally initiated programs. In Saskatchewan, for example, just before WW I some municipalities began to offer local subsidized hospital care to their citizens, thanks to the lobbying efforts of the public and a few courageous doctors. Tommy Douglas stumbled upon this program in the mid 1930's, and so the concept of medicare became a subject for heated political debate. And of course, the myriad of children service programs which exist today in Canada, owe their origins to local volunteers and the expression of the social will of the people. Federal and provincial/territorial governments only assume collective obligations, when the will of the people is expressed. This is a critical understanding when it comes to the National Children's Alliance efforts to address the needs of children six to twelve years.

Another important characteristic of government should also be noted in developing a plan of action. Governments are averse to taking risks, as has been noted earlier. Solutions to the current problems in children's services and programs, demand highly creative innovation. Those who undertake the challenge of reform must, therefore, be serious social

entrepreneurs. And being a social entrepreneur requires risk taking. It also, by the way, means unfettering a great deal of professional baggage. Sadly, many of the helping professions also have a stake in protecting the status quo. This manifests itself in the strategy of demanding more financial support for doing things the way they are currently being done. The solution, however, rests in the creative domain of breaking down operational and professional silos. As described earlier a far more effective way to meet the service needs of children is the creation of more porous relationships between sectors, professions, normative and secondary and tertiary treatment programs, and government departments. Thankfully, we are now recognizing that collaboration between organizations, organizations and communities and between professions is essential. It must be pointed out, however, that a great deal of rhetoric surrounds current collaboration efforts, and nowhere is this more pronounced than in intergovernmental department relationships.

We must not be overwhelmed by the political complexity of the situation. The common rallying point is agreement on the true determinants of child health and well-being. Whenever an obstacle is placed in the way, and there will be many obstacles created to block reform efforts, the yardstick of the determinants of health will be required. We must ask one another, *“In what way is this seeming important consideration, going to be a benefit to quality of life of our children?”*, and *“Does this proposed measure result in more effective programming for children?”* Ask those questions up front and the policies, regulations, and practices are suddenly placed into proper perspective.

I suspect you might well be asking for common examples of the barriers and other protective mechanisms currently being used to deter reform. Alas, governments tend to have cornered the most sophisticated of the systemic defence mechanisms. Among the most commonly used defence is that of accountability. It goes without saying that accountability is an important criterion in the support of all social programming. The public demands that organizations and institutions account for the money given to them by government. Accountability, however, must be seen as an equation. Public funds are used to provide effective services and programs. Effective services produce positive outcomes for children. As a result, accountability does not stop at the organization’s accounting office or a

government's auditing department. The equation must be balanced to be valid. Thus, it is required that we see healthier and happier children and their families for the dollars invested in children's services and programs. After all, the primary role of children's services and programs, both normative as well as treatment/care, is to support and enhance the real determinants of children's health and well being. If children are not becoming healthier and happier as a result of our interventions, the investment is not achieving its fundamental goal. Poor outcomes suggest bad accountability.

A further example of why government retards the process of social reform is due to "resistance to change." In this area there is a great deal of complicity on the part of many professions and organizations. Resistance to change is due to two factors. Number one is the territorial imperative enjoyed by most government departments. Bureaucrats enjoy power and function best within hierarchical structures. As a result, they are reluctant to sacrifice any of their hard-earned authority. There is as much politics in the bureaucratic system as there is in the Political system, which governs it. In the Political system, however, the game is much more visible. Within government departments the game is subtle and less evident. It is no less influential, however, in preserving the status quo.

The second factor, which fosters resistance to change, is the tendency for government to be followers, rather than leaders. There is little internal reward for risk taking in civil service culture, as performance is based upon modest successes and following the rules. Innovation requires risk and encourages change, despite its downstream rewards. Thus, only the bravest civil servants challenge the status quo. Unlike the private sector, which encourages creative risk taking to achieve downstream success, government culture has only penalties for those who take risks and fail.

I appreciate that I am speaking here in generalities. Thankfully, there are many creative bureaucrats and professionals who seek personal satisfaction in successful innovation. Generally, they do so in spite of the cultural values within which they work, rather than because of direct support for their efforts. The same can be said of professional and volunteers working in the front lines of the children's services movement. Though these

workers generally have a little more latitude for creative experimentation, they are constantly reminded of William Congreve's sentiment, "*He who pays the piper calls the tune.*" Thus, government's value systems dominate the working culture of the agencies and organizations they support. One would hope that board members of voluntary sector organizations and public school systems might buffer their workers from undue external influences. In far too many instances, however, directors are simply apologists for government policies and regulations. Under such circumstances the guiding determinants of health and well-being are filed under miscellaneous.

7. SUMMARY AND CONCLUSIONS:

I have attempted in this issues-paper to describe the major developmental needs Canadian children from six to twelve years. In this regard some time is rightly given to the social, economic, and cultural climate in which Canadian families now rear their children. Secondly I have identified major service needs, as well as operational concerns, which affect the current systems of care and support for our children. Finally, I have attempted to highlight in more detail some of the intricate and interactive forces, which challenge our reform efforts. I have undertaken this latter task by addressing four essential areas, which determine success or failure. The first is public values and will. The second is the critical importance of normative programs, which should be readily accessible to all children. The third area is one that members of the National Children's Alliance will be most familiar, that of secondary and tertiary systems of support and treatment for children with special needs. Finally I make some comments on the role and relationship governments play in supporting the effectiveness of front line efforts to help our children.

There is an underlying hypothesis, which underlies the entire paper. It is assumed that the principal goal of social reform is to improve the health and social well being of Canadian children. In order to do this we must be cognizant of the determinants, which foster health and well-being. Alas, current public values and political attitudes are not always consistent with the goal of improving the health and social well being of our children and their families. Self-interest and far too many other public priorities serve as barriers to any effort to enact positive change for children. Thus, I take time to describe and analyze the socio/political landscape in which we are

attempting to improve the life situations of children six to twelve years. To begin with I provide a brief historical outline of how we got to where we are. I also go out on a limb and theorize on a few of the major systemic failings, which stand in the way of achieving our goal.

The reader will appreciate that the undertaking of such a paper is a formidable task. I provide limited detail on some of the research, the inventory of needs, action steps, and I run risk of being challenged on my theoretical and historic premises. If this were a book, rather than a paper, many of the gaps could be closed. However, the purpose of this initial issues' paper is to stimulate dialogue, raise questions, and to jar the public, governments, and our children's service systems into finding solutions. The best way to achieve these ends is to be deliberately provocative. My, provocativeness, however, is surgically honed by many years of observation and experience. Thus, this is not a rant against organizations and institutions, governments, or public attitudes. There's more than sufficient protest literature and sermons, surrounding the subject of children's services, public attitudes, and government performance. Any criticisms I suggest are intended to get people thinking, not to make them defensive, though I appreciate some readers will be irate with my interpretations of their attitudes and behaviour. I do not apologize for making these folks upset. I do ask them, however, that they look a little more closely at themselves and the sector in which they function.

My conclusion? The situation for our children is worsening, despite the evolution of social policies and social practices. There are, of course a few successes, the most notable being The Early Childhood Development Agreement between the federal and provincial/territorial governments. This agreement reflects a reasonably good understanding of the importance of addressing the determinants of children's health and social development during the formative first five years of life. \$2.2 billion also suggests more than a token commitment to remedying weaknesses in early childhood service systems. But, and there's always a "but," I suspect that current cutbacks in education, child care, family welfare rates, and recreation and social programs, more than offset the injection of the \$2.2 billion which has been recently committed to remedy problems. In any event, the answer rests with whether the lives of Canadian children are improving or worsening. The observations, offered in the text of this paper, suggest the latter outcome is the case.

It bears repeating that governments are generally followers of public opinion rather than leaders. Thus, we get the government we deserve. Therefore, before significant gains can be made on behalf of Canadian children, the public must begin to feel passionately about their welfare. Likewise, our children's services systems must shake off their lethargy and become as focused on effectiveness as they currently are on efficiency. Thus, the next big scandal, which should occur in government chambers, is not whether a minister's department did adhere to rigorous financial accountability. Rather, political leaders should be asking themselves whether their investments are achieving real success. They should be challenging the silos of their domain and demanding comprehensive collaboration among their departments. They should be urging their bureaucrats to engage in calculated risk taking, by promoting innovative cross-sectoral programs.

So long as governments set the pace, according to the current political ethos, there will be little improvement in children's services and programs. The potential for neighbourhood agencies, local schools, and community recreational and social programs, as well as local communities, to improve community capacity on behalf of children, must be reinforced. This will require policies and relationships quite foreign to current government performance standards.

We have a considerable ways to go to reverse the erosion of public values, government behaviour, and organizational priorities. Until we see children as our most precious resource, our hope for the future, and members of our community, we can make little real progress. Our forefathers bestowed their collective trust upon governments to insure that society's obligations to its children were met on an equitable, accessible, and timely basis. We must now hold governments accountable for how they are administering this trust.

8. NEXT STEPS:

The National Alliance for Children is one of the few national voices that speak out on behalf of Canadian children and their families. It, therefore, falls upon the Alliance to get the ball rolling. Alas, it is relatively easy to analyze the problems and to vision the ultimate goals of such

an exercise. The difficult task is determining how to move from problem identification to comprehensive solutions. One strategy has already been chosen, of course, and that is to look at children and family needs according to age group. This paper specifically looks at children six to twelve years of age, as well as their families.

The development of an action plan, and associated strategies, will only come after thoughtful analysis of the issues and the political environment in which one is working to create the plan. This paper is intended to foster internal dialogue among the partner organizations within the National Children's Alliance. A process to encourage this thoughtful dialogue is essential before any consideration can be given to systemic remedies, even though some, like reducing poverty among families with children, are self-evident.

One thing, which slightly complicates strategic planning, is the fact that the systems affecting Canadian children are fluid. Even as I write, for example, I witness news stories, which speak to further erosion of already overtaxed children's service systems. These choices, largely being made by governments, are time sensitive and should not be neglected while the larger planning process gets under way. The National Children's Alliance and its partner organizations must speak out to prevent further deterioration of the resources and programs, which serve children.

It is anticipated that the complexity of the situation, one in which the public must be re energized, governments' behaviour altered, internal systemic politics addressed, and innovation inspired, will require multiple tracks in any action plan which is developed. In the end the partner organizations within the Alliance must take ownership of the action plan, if its implementation is to be successful. This demands full and active participation on the part of all member organizations.

Given these principles of planning, I'm reluctant to offer more direction than I've already provided. In fact I found myself drawn to conclusions in several sections of the paper. It would be an error, however, to accept any conclusion, which I may have drawn. Consider such

pronouncements as fodder for debate. Conclusions are the sole prerogative of those who participate in the strategic planning process.

Finally, keep in mind that this is a lengthy process. It took Canadian's years to discount children in our society. Restoring the value and joy Canadians should feel toward their children, will take time and a good deal of work, to say the least. Of course, short cuts will be discovered and these should be executed to achieve the goal as quickly as possible. One such short cut I learned from my experience with the UN International Year of the Family (1994) was to enlist businesses, religious communities, service clubs, parent councils, municipalities, etc. as participants in building a more family friendly society. There is much to be said for expanding participation, at some point in the planning. This should, however, be part of the action planning process. To insure ultimate success, the National Children's Alliance should direct the process, so that it does not become unnecessarily complicated.

I hope my small contribution to the effort is of some help. Best wishes for the success of your important venture. There's none as important as the one you are about to undertake on behalf of Canadian children and their families.

