



Alliance nationale pour les enfants

National Children's Alliance

**Issues Affecting the Well-Being of Canadian
Children in the Middle Years – 6 to 12:
A Discussion Paper**

**A Literature Review prepared for the Middle Childhood
Initiative of the National Children's Alliance**

By: Louise Hanvey

**Funding provided by a grant from Human Resources Social Development
Canada, Community Partnerships Branch**

Issues Affecting the Well-Being of Canadian Children in the Middle Years – 6 to 12: A Discussion Paper

Louise Hanvey

Overview

The well-being of children in the middle years is significantly influenced by their families and by their experiences in school. In addition, they are increasingly reaching out to their communities. We have lots of evidence to show that families and schools are stressed – and their ability to provide optimally for children is challenged. It is critical to support and enhance communities so that they can share in the raising of children in this age group. Their futures depend on it!

Canadian children in their middle years

There is general agreement in Canadian literature now that the middle years are significant. Children in the middle years comprise a large number of our children and youth – there are nearly three million children in Canada between the ages of six and twelve.¹ They represent the diversity of the Canadian population.

Developmentally, this is a time of significant emotional, social, cognitive and physical development. Children in middle childhood learn new skills, make independent decisions, and increasingly control their own behaviour and emotions. This is a time when children move from being young and completely dependent on parents and caregivers, to venturing off to school for the first time, – to a young teen, soon to be headed for high school, spending more and more time away from home, and increasingly relying on the support and wisdom of their peers.

While it well known that the early years are critical to healthy child development, influences in the middle years are also critical and long lasting. Hertzman's models of biological "embedding" along with the importance of "pathways" have shown us that while there are sensitive periods in development, life events are cumulative, and socio-economic/psychosocial conditions are important on an ongoing basis throughout the life cycle.² In fact, Hertzman has emphatically stated that: "We have strong evidence that influences in childhood have lifelong impacts on their health, well-being and success and contributions as adults. It is now well understood that life course factors affect a diverse range of outcomes, from general well-being to physical functioning and chronic diseases."³

Specifically, during this period from 6 to 12 years, the complex development of language skills, cognitive skills and peer social skills emerge. These children are laying down the building blocks for future well-being and participation in society.⁴ Cognitively, they begin to reason, and go on to develop key thinking or conceptual skills. They acquire fundamental skills such as reading and arithmetic. They also develop skills of self-awareness and the ability to reflect on

themselves, and, the ability to take the perspective of others. As they enter early adolescence their ability for abstract thought increases.⁵

Socially, in the middle-childhood years, as children spend less time under the supervision of their parents, they become increasingly influenced by other adults and their peers. Their self-concept develops as they experience both successes and failures in these social milieus, and their successes – or failures – become public.⁶

How are they doing?

It is generally agreed that most of these children are doing well – but that increasing numbers are experiencing, or are at risk of experiencing, significant physical and mental health problems and vulnerability.

Traditionally, children in their middle years have been considered to be among the healthiest group in our population. For example, they have the lowest mortality rates of all children and youth and they have lower physical morbidity rates than most. In the past, death and morbidity as a result of injuries were the major health concerns for this age group – and policy and regulatory actions in Canada and around the world have helped to address these health problems.^{7 8}

But, Canadian literature is consistently observing “new morbidities” among children in this age group. And, there are certain groups of children who do not share equally in life chances.^{9 10}

There are emerging health problems among children in middle childhood that are of particular concern such as: increasing mental health problems; increasing aggressive behaviour and bullying; increasing obesity and type 2 diabetes; and increasing respiratory problems.^{11 12}

One paper observes that while the middle years may have been considered the “calm years” with important developmental milestones but little “drama,” new research is prompting increased concern about the physical, emotional and social health of this significant group of children. Some papers are hypothesizing that this cohort of children will be the first generation to have poorer health status as adults than their parents, if measures are not taken now to address their developmental needs.¹³

Vulnerability

Recent Canadian research has demonstrated that 29% of Canadian children are ‘vulnerable’. These findings are based on an index of vulnerability, using data from the National Longitudinal Survey of Children and Youth. A child is considered to be vulnerable if he or she has poor outcomes in either the cognitive or behavioural domains of the survey. The index was intended to identify children who’s chances of leading healthy and productive lives were

somewhat reduced unless there was a concentrated and prolonged effort to intervene.¹⁴

It is interesting to note that from year to year this 29% is not made up of the same children. Approximately 56% of children are resilient – or not vulnerable – year after year. About 16% of children identified as vulnerable at one point are found to be resilient 2 years later; while, 15% of resilient children encounter sufficient negative conditions to be identified as vulnerable at a second point in time. From year to year, about 13% of Canadian children continue to be vulnerable over the long term.¹⁵

These findings also clearly demonstrate a ‘gradient effect’. While children in the lowest income families were more likely to have difficulties, there were large numbers not doing well in the three highest quartiles of adjusted family income. The research concluded that there is no socioeconomic threshold above which all children do well and that because of the size of the middle class, the largest number of vulnerable children are in middle and upper income families.¹⁶

Disability

Children with disabilities are potentially more vulnerable than other children, and it is reported that they are “falling through the cracks” in the health and social service systems intended to support their healthy development.

In 2001, it was estimated that about 4% of children aged 5 to 14 had disabilities. Boys are more likely than girls to have disabilities. Chronic conditions and learning disabilities are the most common disabilities – accounting for 65% of all children with disabilities in this age group. Over half of these children have mild to moderate disabilities, while approximately 40% have severe or very severe disabilities,¹⁷

About half of school age children with disabilities who require aids or devices to assist them to participate in their families and communities have unmet needs – that is they do not have these supports. One-third of all children with disabilities had difficulties getting the special education services they required.¹⁸

There is a paucity of information in Canada regarding children with disabilities. Furthermore, the framework for collecting information has for the most part been disability or deficit based – rather than focusing on assets. Therefore, the statistical information available today sheds little light on the resilience of children with disabilities.

The context of children’s lives in the middle years

The well-being of children in middle childhood is determined by complex interactions between personal and developmental characteristics, social and economic factors, and physical environments. All strategies to support and

improve the health of children during the middle years must address a range of factors that influence health.

Of the many factors that influence the growth, learning and social development of children in this age group, family continues to be a major influence. In addition, the transition to middle childhood is marked by entry into formal education – so the school now becomes a major influencing factor in their lives. In the literature, family and school have been identified as the major influences on development during this period.

In addition to school, however, these children begin to reach out to other community resources. Participation in recreation, arts, club activities and playing or ‘hanging around’ with their peers, all begin to play an increasingly important role in their lives. Middle childhood is that period in life when the child leaves the security of his or her family and independently enters the external world. Modern Canadian society is dynamic – so the context of children’s lives as they move through the middle years has been changing. There are some very significant examples of these changes over the last few decades.

Increasing diversity

Canadian children in middle childhood are not homogeneous – they are a diverse group, representing the diversity of Canadian society – and have become increasingly more diverse.

Over 5% of children in the middle years are Aboriginal. The proportion of Aboriginal children and youth has been growing – and in 2001 they represented about one-third of all Aboriginal people. The distribution of Aboriginal children is uneven across Canada. The majority live in Central and Western Canada, and a relatively small proportion live in Atlantic Canada. Aboriginal children increasingly live in urban communities.¹⁹

Aboriginal children are not a homogeneous group. They have a variety of backgrounds. In 2001, 27% of Aboriginal children under 15 reported Métis identity; 6% reported Inuit identity; and 67% reported being North American Indian.²⁰

The number of school-aged children who have come to Canada from other countries has increased. Therefore, immigrant children and youth make up an increasing proportion of our Canadian population of children in the middle years. In 2001 they comprised 5.5% of the total population of children in that age group – up from 5% in 1996. More than half of these young people come from Asia, and about 10% are from Eastern Europe. Increasing numbers of our young people belong to visible minority groups – and, increasingly, immigrant children and youth speak neither English nor French upon their arrival in Canada.²¹

These children's cultural backgrounds and experiences have a profound effect on their family life, how they experience the school system and their connections to their communities.

Changes in the labour force

Most families are now working families. The vast majority of mothers of children in middle childhood are in the workforce, and, most mothers work full-time. Among employed women with children under 16, 74% worked full-time in 2003.²²

In fact, one of the most significant changes for families over the last 30 years has been the increased workforce participation of mothers with children at home. This has happened for many reasons – including economic necessity.

As a result, in two-parent families, dual-earners are the norm. In 2003, 15% of two-parent families with children had only one income-earner, down from 21% in 1994 and 30% in 1980. Lone-parent families are also increasingly working families. Sixty-five per cent of female lone-parent families had a working parent in 2003, up from 49% in 1994.²³

The proliferation of media and information technology

Children in the middle years are taking advantage of, and in many cases are extremely savvy with, information technology. They are accessing the Internet in increasing numbers. They use the Internet for a variety of things – for school work and projects, to engage with other young people in chat rooms and with instant messaging, to access traditional media content (music, movies and television shows) and to look for information. Interestingly enough, their favourite online spaces are commercialized environments. While young people tell us their online experiences are generally positive and socially rewarding, mainstream web sites expose young people to inappropriate content and risky situations. For some young people the Net is a vehicle for bullying and sexual harassment. Research has shown that while young people are aware of privacy issues, they often give out personal information on line.²⁴

Children have access to a world of information through this technology – sometimes without the emotional maturity to actually understand it. While technology has opened up the world to children in unprecedented ways, there are a number of unanswered questions about the consequences. For example, what is the impact of this information on their emotional and social well-being and safety? Is their health threatened because they have earlier access to aspects of teen culture? How have technology and media influenced risk-taking behaviour and lifestyle choices in the middle childhood?²⁵

The media is a significant part of children's lives – and has powerful impacts. They watch large amounts of television. According to Active Healthy Kids, less than 20% of children are meeting the Canadian Paediatric Society guideline of two hours or less of 'screen time' daily. More than half are watching two to four

hours of television daily, and approximately a third are spending two hours or more in front of the computer.²⁶

According to the National Longitudinal Survey of Children and youth, in 2000, about one-quarter of Canadian children under 12 watched television shows or movies in which there was a lot of violence. Research over the last decade has shown a clear correlation between watching violence on TV and childhood aggression – establishing a short-term effect of TV violence on children's behaviour. However, recent research has found a correlation between viewing television violence in childhood and aggression in young adulthood. This finding held for boys and girls and for children from all social and economic groups.²⁷

Changes in government commitments

In 1989 Canada signed the United Nations Convention on the Rights of the Child. The Convention, among other things, recognizes the rights of the child to: “the enjoyment of the highest attainable standard of health”; “education, recognizing their development of the child's personality, talents and mental and physical abilities to their fullest potential”; engagement in “play and recreational activities appropriate to their age and to participate freely in cultural life and the arts”; and protection from “all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse”.²⁸

In 2000, the Government of Canada introduced the National Children's Agenda. The National Children's Agenda represented a commitment of the federal, provincial and territorial governments to “act to ensure that all Canada's children have the best possible opportunity to develop to their full potential as healthy, successful and contributing members of society”. The goals of the National Children's Agenda were to have children who were: “healthy-physically and emotionally; safe and secure; successful at learning; and socially engaged and responsible.”²⁹

Since that time, while there have been investments and activities in early childhood, there has been virtually no attention paid to children in middle childhood. Governments and society in general have tended to view the years of middle childhood as the responsibility of schools and family alone, while in fact the community has played a large part in the development of children in this age group.

Children in this age group are defined by their attendance at school – and it is the main service arena in which they are taken into account. Beyond the educational system, there is no coherent policy approach to support school-aged children in Canada. The general trend in social policies has away from universality and towards a targeted approach – focusing on early childhood or children ‘at risk’ for example. This has resulted in a patchwork of public policies and programs for children in the middle years.³⁰

There is ample evidence – nationally and locally – that funding for the not-for-profit, community-based sector is declining. This is the very sector where children in their middle years are supported for the majority of their time. Funding has been reduced, in many situations, to short term, targeted, “project” funding. At a time when research into enhancing resiliency in children in the middle years has concluded that “long term core funding for service provision programs must be provided through a coordinated approach by all levels of government. A coordinated approach to funding will eliminate the continual search for new sources of funding and multiple funders for the same programs freeing up local agencies to work with the community to address assets and needs”^{31 32}.

As a result of these changes, there have been many stresses and strains that have come to play on Canadian families, on the school system and on communities.

Families

Families matter

It is well accepted that parents and families are very important contributors to the health, development and well-being of children in middle childhood. Parenting matters in the middle years. Effective parenting improves the developmental trajectories of children as they continue on through adolescence and into young adulthood – and impacts the emotional, behavioural, social and learning outcomes of children.³³ Furthermore, we know that effective parenting is a protective factor against a number of negative influences – for example, against the negative effects of poverty, living in high-risk neighbourhoods or having a psychological or physical problem.³⁴

However, there are many strains on families.

Working families

How are working families faring? There is evidence of increasing strain.

Before considering the difficulties that working parents are facing, it is critical to understand that research has shown that parental employment in and of itself does not produce negative consequences for children – and in fact, contributes to the economic security of families and the health and well-being of parents.

Given this context, however, there is evidence that parents are experiencing increasing work-family life conflict – and that can influence relationships between parents and children, and ultimately, children's development.

The evidence indicating that work-family stress is increasing has been in the literature for a number of years now. Parents have less time for family, and feel more stressed about balancing their responsibilities at home and at work. Mothers are particularly affected by the difficulties balancing work and family – however, the stress felt by fathers is increasing.³⁵

Furthermore, when asked what suffers more when struggling to balance work and family, parents agree that it is their families. Over half of parents responding to a large national survey said that work had a negative impact on the time they spent with their children – 42% said it had a negative impact on their relationships with their children.³⁶

Changes in the labour force – such as the precarious forms of employment and decreased access to employment insurance – have contributed to this stress. While recent overall job indicators in Canada look positive, they hide a fundamental restructuring of the Canadian economy where full-time jobs are being replaced by more precarious jobs and where parts of the country are experiencing boom times, while in other regions, unemployed workers are unable to find good jobs. There is a growing imbalance in job creation. A large proportion

of jobs being created are part-time.³⁷ Parents find themselves faced with more temporary work, contract work and seasonal jobs. In 2003, non-standard employment made up 37% of all jobs compared to 25% in the mid-1970s.³⁸

Child care

Schools occupy an important part of the day among children in this age group, but not all of it. There is often a significant gap between official school hours and parents' work hours – this has resulted in the phenomenon of 'latch-key' children.³⁹ According to Canadian research parents make many different arrangements for after-school care for their children – including informal arrangements with neighbours, regulated family child care, municipal after-school programs, recreation activities or child care centres in schools.⁴⁰

According to the 1996 NLSCY, over one million children aged 6 to 11 – 43% of them – were in some form of child care. However, higher-income households were more likely to use child care than were lower-income households. Twenty-eight per cent were cared for in a non-relative's home. Of these, about one-in-five was in a licensed arrangement. About one-in-10 children was in a before- or after-school program. Many children – 17% – spent at least some time at home alone. Older children were more likely to do so – almost half of 11 year olds.⁴¹ According to a more recent poll, 26% of parents with children in school say that their children participate in a formal after-school program that includes a range of structured activities supervised by professionals or an organization.⁴²

Cost is a major factor influencing access to quality child care arrangements for school-age children. The federal government's child care funding program is not adequate to cover the cost of most programs. Most provincial programs target children in low income. The only province that has a formal program of child care for children in the middle years is Québec – where schools provide before- and after-school care programs for all children at \$7 per day.

Economic security

In spite of economic recovery and parental employment, not all families and children reap the economic benefits.

A substantial number of children in the middle years live in poverty. While the rate of child poverty in Canada declined during the late 1990s and into the new millennium, largely due to economic growth and social investment, progress has stalled in recent years.⁴³ The depth of poverty remains stubbornly high and in some cases is increasing. For example, in 2003, poor couples with children were, on average, \$9,900 below the low income cut-off level – a marginal improvement from 2000. However, female lone-parent families were an average of \$9,600 below the poverty line in 2003 – 6% worse than in 2000.⁴⁴

The inequality gap is increasing – further marginalizing the poorest children. In addition, this polarization has also affected the middle class – they did not

recover after the last recession. In 2003, the richest 10% of families with children had \$13 for every \$1 of income of the poorest families. Ten years earlier, the ratio had been \$10 for every \$1. This growing income gap and increasing marginalization can threaten the healthy development and life chances of children. Many families in the lowest income group are recent immigrants, visible minorities, Aboriginal people, lone-parent families headed by women, and people with disabilities.⁴⁵

And it is not only poor children who are at risk. Data from the National Longitudinal Study of Children and Youth show that while children in the lowest income families may be more likely to have difficulties, the largest number of children who are vulnerable live in middle income families.⁴⁶

The labour force influences that are surrounding families result in fewer workers being able to obtain jobs with enough pay, hours and benefits to allow families to make ends meet. Almost one-third of all poor children live in families where one person worked full-time all year – and still did not make enough to keep them out of poverty!⁴⁷

There is a great deal of evidence that indicates that children living in low-income households are at increased risk of difficulties with development, and not reaching their potential. The level of family income is always very significant for child well-being outcomes – for children in the middle years as well as for young children. Higher income is almost always associated with better outcomes for children and it is almost never true that beyond the low-income threshold, income is unimportant for children's outcomes.^{48 49}

Housing

In light of the increasing cost of housing in Canada, and the decreasing government commitments to affordable housing, there are a significant number of children who live in unaffordable or inadequate housing.⁵⁰ There is ample evidence on the effects of inadequate and insecure housing on child development. Children that live in inadequate/insecure housing are more at-risk of poor health, asthma, poor school performance, aggressive and other anti-social behaviours.⁵¹

Schools

Schools matter

There is an increasing body of research indicating that experiences at school have a profound influence on the social and emotional development of young people. In particular, their health behaviours and their view of themselves have been shown to be related to their life in school. Students who are unhappy at school because of lower-than-expected achievement, adjustment problems and poor relationships with teachers and other students, tend to disengage from school.^{52 53 54}

Children who are strongly connected to schools have better mental health than those who are not. A high level of school connectedness is characterized by a strong sense of belonging and involvement. Furthermore, students with strong connections with school are more likely to be better students and to plan to complete post-secondary education.⁵⁵

We now have accumulated evidence regarding what elements within the school promote school attachment. They are: setting high, achievable goals; enabling children to be successful; providing educational supports; mentoring and modeling; attitudes and values – warm, being supportive, non-judgmental, respectful; safety; and enabling parental involvement.⁵⁶

Schools with a positive climate are empowering, create a sense of ownership, belonging and cooperation for school-age children and the community.⁵⁷ Teachers who are engaged in the school and show an interest in the students will positively influence student academic achievement and engagement.^{58 59}

Engagement in learning

Research shows that children and youth who are engaged in learning tend to learn more and are more willing to pursue knowledge. It affects their education and career goals. They are more likely to identify with their school and participate in school activities.⁶⁰ A supportive and positive learning environment at school will enable children and youth to explore and test their abilities, improve their skill level and experience success.⁶¹

There are a number of factors that support engagement in learning – parental involvement in school life, homework, etc.; mentoring programs; supportive, positive school environments; learning supports; and recreation programs in schools.^{62 63}

However, there are many strains on schools.

Resources are stretched

Recent opinion polls have demonstrated that a significant proportion – 40% – of parents are not satisfied with the quality of education that their children are receiving and that education is their greatest concern in relation to their children's well-being. Enrollment in private schools is increasing – and the increase far surpasses enrollment in public school.

Between 1995 and 2000, enrollment in public schools grew by less than 1% and in private schools that increase was 15%. In an Ontario poll, fully one-third of parents said they would transfer their children from the public to the private school system if they could. Clearly, not all children have access to private school.⁶⁴

Recent surveys in Ontario have indicated that school resources have declined – particularly with regard to funding/resources for basic needs like text books; specialist teachers; ESL programs; special education services; professional services; and library services. Many school jurisdictions have adapted a “back to basics” approach. This combined with declining resources has resulted in lack of access to other important components of education. There have been decreases in opportunities for physical education/activity in schools. There have been decreases in arts, culture, health and sexuality education. There are insufficient computers for children to use at school and inadequate training for teachers in information technology.⁶⁵

In spite of this, expenditures on education have grown at a rate greater than inflation in recent years – except in Ontario. However, the proportion of our GDP that we spend on education has declined.⁶⁶

Children with disabilities are particularly affected. While the vast majority of children in the middle years with disabilities are in school, about one-third have problems getting the special education services they require. The main reasons are insufficient staffing or services and lack of opportunities for testing.⁶⁷

The trends in education continue to be towards a more sophisticated curriculum – but not necessarily with the resources needed to support it. In several provinces, school boards are in the process of closing smaller community schools and moving students into existing larger facilities to save money. Teachers are being asked to deliver new and more comprehensive courses, but often with less money to buy teaching aids.

In light of this situation, it is critical to ensure that communities are able to support children.

Communities

While schools are important, children in the middle years spend a great deal of their time outside of the school system. Recent research from the Lower Mainland of BC showed that children age 6 to 12 spend on average 67 hours a week in unstructured activities – more time than they spend in school. The study found that after school 15% were in self care and 40% were with friends. The rest were with adults. Seventy-six per cent watched TV; 51% listened to music; 40% played sports for fun; 38% hung out with friends for an hour to more than two hours. When asked what they wanted to do, 67% wanted to be involved in physical activity.⁶⁸

Communities matter

Children and youth need to have the opportunity to participate in their communities and schools. They need to have a voice and input into the way programs, services and supports that are intended for them are organized. In order to participate effectively, young people need to be respected and listened

to. Programs need to be organized with them and in a way that accommodates their lives. There are strong messages from young people in Canada regarding what helps them engage.⁶⁹

Research demonstrates that communities do matter for children.^{70 71} Children and youth who are engaged in their communities benefit – engagement has been linked to positive behavioural outcomes, self-esteem and confidence. It provides young people with the opportunity to develop competence and leadership skills.⁷²

Community-based strengths have been demonstrated to be a significant protective factor contributing to resiliency in children. The specific community factors that are important are a caring neighbourhood, positive adult relationships, a community that values and respects children, and neighbours who have clear expectations and boundaries for children.⁷⁵ Often, the community service sectors are more flexible to responding to the needs of children through various services and programs.

A recent evaluation of Boys and Girls Clubs of America demonstrated the importance of community programming in the lives of children. The study found several outcomes linked to participation in discrete Boys and Girls Clubs programs, including: reduction in delinquent behaviors; increased academic achievement; increased access to and safe utilization of technology; and increased career goals and improved attitudes toward school.⁷⁶

Quality matters

It is critical that the community resources be of high quality, consistent and persistent, and respond to the needs of the youth. A recent Canadian study has shown that children, aged 8 to 12, in disadvantaged neighbourhoods had very strong resiliency, and were well-connected with their families and schools. The factors that supported this resiliency were family support and high expectations, positive peer relations, school engagement, and positive school culture. Strong, supportive community factors did not rank as high with the children, therefore the study underlies the importance of assessing whether a community-based program builds and strengthens relationships within the community. The researchers concluded that “more resources need to be committed to the middle years (children 6-12) in order to support the enhancement of protective factors crucial to children and youth experiencing healthy developmental outcomes” and that “funders should focus more on longer process outcome indicators essential to the development of healthier development trajectories instead of short-term interventions. The nurturing of protective factors is a process and takes time.”⁷⁷

Communities do not just happen; they require an intentional community infrastructure.

Recent research by the Canadian Policy Research Networks and the Canadian Council on Social Development has indicated that there is a “patchwork” of

policies and services for children in the middle years and that many communities lack adequate infrastructures to support healthy child development. Building and sustaining a comprehensive community infrastructure that supports all children is therefore critical.^{78 79 80}

What do we need in Communities?

Stable and nurturing relationships

The relationships that young people form with adults in their families and communities are critical for their well-being. A close and sustained personal relationship with a caring adult has a very positive impact upon young people. Families and schools are important sources of such a relationship. Community- or school-based mentoring programs can play a significant role in providing that relationship for some children – particularly those who are at-risk.

Having at least one loving adult influences development in the middle years in a number of ways – particularly emotionally and behaviourally. It also helps vulnerable children become more resilient.

A nurturing adult influences children through mentoring, modeling positive behaviours and being supportive.⁸¹ There is good evidence that indicates mentoring programs positively influence children's school performance, behaviour and self-esteem.⁸² A review of experimentally-designed evaluations of mentoring programs in the US concluded that mentoring programs can be effective tools for enhancing the positive development of youth.⁸³ An evaluation of Big Brothers, Big Sisters (US)⁸⁴ provided the most conclusive and wide-ranging evidence that one-on-one mentoring alone can make a difference in the lives of youth. Three important characteristics of successful mentoring relationships are longevity of the relationship; frequency of contact; and the perceptions of the relationships by the youth.⁸⁵

After school programs

The research on after-school programs is still developing and much remains to be learned. Evaluating the effects of these programs is complex. However, researchers have concluded that “there is sufficient evidence from both small and large evaluations—from developmental research studies and studies of children of different ages in different types of programs—that after school programs can and do make a positive difference in the lives of young people.”^{86 87}

It is of no surprise that the effects are greatest for those children who are in greatest need and who have the least number of options. Evidence for beneficial effects is strongest for low-income children, children in urban or high-crime neighbourhoods, younger children and boys. As well, the available studies offer evidence of program benefits for many children, especially in contrast to the risk associated with self-care.^{88 89}

As one would expect, the quality of the programs will determine their benefits. It appears that dosage matters—those who attend the most hours over the most years benefit more than participants who come less often or over a short period of time.⁹⁰ Program features such as opportunities for children to make choices and a positive emotional climate are important. These aspects of program quality can, in turn, be linked to structural factors such as child-staff ratios and staff qualifications. It is important for all programs to foster a positive climate in which children know that they are valued, respected, and liked.⁹¹ Service learning must include both the community experience and links to academic skills in an intentional manner; mentors must be carefully screened, matched and trained; arts education must include opportunities for facilitated group reflection. Keys to successful programming include supervision and training of mentors or staff, structure for the activities or program and a voice for young people.⁹²

Access to recreation, leisure, arts and culture

There is good evidence that participation in recreation is important for children's development. Participation by young people in structured recreation plays an important role in fostering active citizenship, social inclusion, improving physical and mental health, increasing self-esteem and encouraging better academic performance. Those activities that involve elements of instruction, choice and skill development are particularly important.^{93 94} Recreation is particularly protective for those children who are most vulnerable. For example, recreation contributes to maintaining the competence of children with emotional and behavioural disorders.⁹⁵

Participation in organized recreational activity affects many important child outcomes.

Youth participation is linked to more positive relationships with ones peers and friends, higher self-esteem, a greater likelihood of performing better in school, increased future educational expectations, better health, decreased participation in negative behaviours such as drinking and smoking and lower levels of television viewing.⁹⁶

A recent study based on the National Longitudinal Survey of Children and Youth found that children between 4 and 9 who participated in activities, particularly sports, tended to have fewer difficulties in reading or math than those who rarely or never participated. According to their parents, younger children who had little or no involvement in activities were less likely to exhibit pro-social behaviour. Among children aged 12 to 15, those who rarely or never participated in organized sports were more likely to report having lower self-esteem and difficulties with friends. They were also more likely to smoke.⁹⁷

There are groups of children who do not access arts and recreation programs – and often they are those who would benefit the most. The Canadian Council on

Social Development, in the Progress of Canada's Children, have consistently reported that poor children are less likely to participate in all forms of recreation than are those who are well off.^{98 99} Children with disabilities are less likely to participate in recreation than are those who do not have disabilities.^{100 101} Active Healthy Kids found that nearly half of children participate in organized sport two to three times a week, but girls and those from low income families report lower participation.¹⁰²

Furthermore, many Canadian children are not participating in physical activity. Less than half of Canada's children meet the minimum daily physical activity requirements to support basic healthy growth and development.¹⁰³

The quality of recreation programs is important. Five elements for quality recreation for school-aged children have been identified which are based on healthy child development.¹⁰⁴ These elements are: participation – where children make choices, have a voice and do things by and for themselves; play that stresses fun, creativity and cooperation; providing the opportunity for mastery, that is activities and tasks that make children feel they are important and succeeding; developing friends; and having caring, positive and supportive relationships with adults.

Recreation and arts programs need to be universal and financially accessible. They need to be structured for full participation. There also need to be targeted programs for those who have difficulty accessing. There have been a number of barriers to participation in recreation identified recently in Canada. These include costs of programs – often due to increasing user fees; limited programming; and lack of transportation.^{105 106}

Safe play spaces and community family places

Children and youth need safe places to play in their communities. Families need community places where they can comfortably and safely participate with their children. The ecological model of human development emphasizes the importance of taking into account the rich and inter-connected influences of parent, family, neighbourhood, community, public services and public policies. Inclusion of all children, irrespective of ability, cultural group, socio-economic status or geography, is dependent upon vibrant communities that ensure that each child has the opportunity to participate as an active member of society. Only then can each and every child reach her or his developmental potential.¹⁰⁷

Research indicates that “children are more likely to increase their participation in activities that lead to healthy development, higher school achievement and pro-

social behaviour when access to safe neighbourhoods, parks, playgrounds and places to play are present”.¹⁰⁸

Canadian research, (while focusing on the early years, but with relevance to all children), is demonstrating that the quality and safety of communities is important – but social factors also play a role. The degree of social support available to parents, and the extent to which parents have access to information and support through a strong network of friends and colleagues – elements of the social capital of the community – is critical. Furthermore, families’ access to educational, cultural and recreational resources, is key.¹⁰⁹

Public parks and community centres are good for cities and communities. They revitalize urban cores and attract residents, helping to limit urban sprawl. On the other hand, neighbourhoods which are considered unsafe for children to play in by themselves and neighbourhoods with high crime rates, environmental risks and other unsafe situations put children at risk of cognitive, behavioural and emotional problems.¹¹⁰

Support is needed for social infrastructure that includes not only “bricks and mortar” but inclusive programs, services and network-building. Local leadership with citizen involvement in identifying and addressing solutions to community needs is a key component for success. Partnerships and multi-sectoral approaches are most effective.

Conclusions

Children in the middle years in Canada are at increasing risks of less than optimal developmental outcomes. It is indisputable that families and schools have a major influence on their development. However, there is a great deal of evidence that families and schools are strained. There is good evidence that communities are also critically important for children's healthy development. While targeted, specific interventions tend to focus on individual child, family, or school related issues; the community has a critical influence on healthy child development. Therefore, it is important to support communities so that they can participate in supporting children.

The time for action is now. It has been suggested that community-based programming and community supports often receive the least attention when considering what supports healthy development in the middle years. Therefore, there is no time to wait.

Endnotes

- ¹ Statistics Canada. Annual Demographic Statistics. 2005.
- ² Hertzman C and Power C. (2006). A Life Course Approach to Health and Human Development. In Heymann J, Hertzman C, Barer ML and Evans MG. (Eds). *Healthier Societies: From Analysis to Action*. (Chapter 4, p 83-106). New York: Oxford University Press. 2006.
- ³ Hertzman C and Power C. (2006). A Life Course Approach to Health and Human Development. In Heymann J, Hertzman C, Barer ML and Evans MG. (Eds). *Healthier Societies: From Analysis to Action*. (Chapter 4, p 83-106). New York: Oxford University Press. 2006.
- ⁴ Hertzman C. (2006). From the Early Years to Middle Childhood: Laying the Foundations for Citizenship. PowerPoint Presentation: Lower Mainland United Way.
- ⁵ Keating DP. Adolescent thinking. In SS Feldman and GR Elliott, Eds. *At the Threshold: The Developing Adolescent*, pp. 54-89. Cambridge, MA: Harvard University Press. 1990.
- ⁶ Eccles JS. The development of children ages 6 to 14. *The Future of Children*, 9(2):30-44, 1999.
- ⁷ Canadian Institute of Child Health. (2000). The Health of Canada's Children: A CICH Profile. 3rd Edition. Ottawa: Canadian Institute of Child Health.
- ⁸ Health Council of Canada. (2006). Their Future is Now: Healthy Choices for Canada's Children & Youth. Toronto: The Health Council of Canada.
- ⁹ Canadian Institute of Child Health. (2000). The Health of Canada's Children: A CICH Profile. 3rd Edition. Ottawa: Canadian Institute of Child Health.
- ¹⁰ Health Council of Canada. (2006). Their Future is Now: Healthy Choices for Canada's Children & Youth. Toronto: The Health Council of Canada.
- ¹¹ Canadian Institute of Child Health. (2000). The Health of Canada's Children: A CICH Profile. 3rd Edition. Ottawa: Canadian Institute of Child Health.
- ¹² Health Council of Canada. (2006). Their Future is Now: Healthy Choices for Canada's Children & Youth. Toronto: The Health Council of Canada.
- ¹³ The Child and Adolescent Task Group of the F/P/T Advisory Committee on Population Health and Health Security. (2004). Middle Childhood: Taking Action Together. Ottawa: Health Canada.
- ¹⁴ Willms JD. (Ed.) (2002). Vulnerable Children. Edmonton: The University of Alberta Press and Human Resources Development Canada.
- ¹⁵ The Child and Adolescent Task Group of the F/P/T Advisory Committee on Population Health and Health Security. (2004). Middle Childhood: Taking Action Together. Ottawa: Health Canada.
- ¹⁶ Willms JD. (Ed.) (2002). Vulnerable Children. Edmonton: The University of Alberta Press and Human Resources Development Canada.
- ¹⁷ Canadian Council on Social Development. (2006). The Progress of Canada's Children: 2006. Ottawa: The Canadian Council on Social Development.
- ¹⁸ Canadian Council on Social Development. (2006). The Progress of Canada's Children: 2006. Ottawa: The Canadian Council on Social Development.
- ¹⁹ Canadian Council on Social Development. (2006). The Progress of Canada's Children: 2006. Ottawa: The Canadian Council on Social Development.
- ²⁰ Canadian Council on Social Development. (2006). The Progress of Canada's Children: 2006. Ottawa: The Canadian Council on Social Development.
- ²¹ Canadian Council on Social Development. (2006). The Progress of Canada's Children: 2006. Ottawa: The Canadian Council on Social Development.
- ²² Canadian Council on Social Development. (2006). The Progress of Canada's Children: 2006. Ottawa: The Canadian Council on Social Development.
- ²³ Canadian Council on Social Development. (2006). The Progress of Canada's Children: 2006. Ottawa: The Canadian Council on Social Development.
- ²⁴ Media Awareness Network of Canada. (2006). Young Canadians in a Wired World. Toronto: Media Awareness Network.
- ²⁵ The Child and Adolescent Task Group of the F/P/T Advisory Committee on Population Health and Health Security. (2004). Middle Childhood: Taking Action Together. Ottawa: Health Canada.
- ²⁶ Active Healthy Kids Canada. (2006). Canada's Report Card on Physical Activity for Children and Youth – 2006. Toronto: Active Healthy Kids Canada.

-
- ²⁷ Canadian Council on Social Development. (2002). *The Progress of Canada's Children: 2002*. Ottawa: The Canadian Council on Social Development.
- ²⁸ United Nations. (1989). *The Convention on the Rights of the Child*. Ottawa: Minister of Supply and Services Canada.
- ²⁹ Government of Canada. (1999). *A National Children's Agenda: Developing a Shared Vision*. http://www.socialunion.ca/nca/June21-2000/english/sharedvision_e.html
- ³⁰ Mahon R. (2001). *Public Policies for School-aged Children: A Patchwork*. Ottawa: Canadian Policy Research Networks.
- ³¹ Scott K. (2003). *Funding Matters: The Impact of Canada's New Funding Regime on Nonprofit and Voluntary Organizations*. Ottawa: Canadian Council on Social Development.
- ³² Scott K, Tsoukalas S, Roberts P, Lasby D. (2006). *The Nonprofit and Voluntary Sector in Ontario Regional Highlights from the National Survey of Nonprofit and Voluntary Organizations*. Ottawa: Canadian Council on Social Development.
- ³³ Chao R and Willms JD. (2002). *The Effects of Parenting Practices on Children's Outcomes*. In Willms JD. (Ed.) *Vulnerable Children*. Edmonton: The University of Alberta Press and Human Resources Development Canada.
- ³⁴ Hanvey L. (2002). *Middle Childhood: Building on the Early Years: A Discussion Paper*. Ottawa: National Children's Alliance.
- ³⁵ Duxbury L and Higgins C. (2003). *Work-Life Conflict in Canada in the New Millennium: A Status Report*. Ottawa: Health Canada.
- ³⁶ Duxbury L and Higgins C. (2003). *Work-Life Conflict in Canada in the New Millennium: A Status Report*. Ottawa: Health Canada.
- ³⁷ Laliberté P. (2006). *Jobs: Numbers Hide Imbalance and Distress*. Media Release: March 10th. Ottawa: Canadian Labour Congress. http://canadianlabour.ca/index.php/march_2006/Jobs_Numbers_Hide_Im
- ³⁸ Canadian Council on Social Development. (2006). *The Progress of Canada's Children: 2006*. Ottawa: The Canadian Council on Social Development.
- ³⁹ Mahon R. (2001). *Public Policies for School-aged Children: A Patchwork*. Ottawa: Canadian Policy Research Networks.
- ⁴⁰ Jacobs, EV et al. (2000). *Directions for Further Research in Canadian School Age Child Care*, Manitoba Child Care Association, for Child Care Visions. Ottawa: Human Resources Development Canada.
- ⁴¹ Canadian Council on Social Development. (2001). *The Progress of Canada's Children: 2001*. Ottawa: The Canadian Council on Social Development.
- ⁴² Ipsos-Reid/RBC Financial Group. (2002). *So, What Are the Kids Doing After School?* Ipsos News Center. www.ipsos-na.com/news/pressrelease.cfm?id=1687.
- ⁴³ Canadian Council on Social Development. (2006). *The Progress of Canada's Children: 2006*. Ottawa: The Canadian Council on Social Development.
- ⁴⁴ Canadian Council on Social Development. (2006). *The Progress of Canada's Children: 2006*. Ottawa: The Canadian Council on Social Development.
- ⁴⁵ Canadian Council on Social Development. (2006). *The Progress of Canada's Children: 2006*. Ottawa: The Canadian Council on Social Development.
- ⁴⁶ Willms JD. (Ed.) (2002). *Vulnerable Children*. Edmonton: The University of Alberta Press and Human Resources Development Canada.
- ⁴⁷ Canadian Council on Social Development. (2006). *The Progress of Canada's Children: 2006*. Ottawa: The Canadian Council on Social Development.
- ⁴⁸ Phipps S and Lethbridge L. (2006). *Income and the Outcomes of Children*. Ottawa: Statistics Canada.
- ⁴⁹ Ross D and Roberts Paul. (1999). *Income and Child Well-Being*. Ottawa: Canadian Council on Social Development.
- ⁵⁰ Campaign 2000. (2005). *Decision Time for Canada: Let's Make Poverty History: 2005 Report Card on Child Poverty in Canada*. Toronto: Campaign 2000.
- ⁵¹ Canadian Council on Social Development. (2001). *Housing Conditions and Child Development*. Ottawa: Canadian Council on Social Development.
- ⁵² King AJC, Boyce WR, King MA. *Trends in the Health of Canadian Youth: Health Behaviour in School-aged Children, 1999*.
- ⁵³ Canadian Institute of Child Health. (2000). *The Health of Canada's Children: A CICH Profile*. 3rd Edition. Ottawa: Canadian Institute of Child Health.

-
- ⁵⁴ Canadian Population Health Initiative. Canadian Institute for Health Information. (2005). *Improving the Health of Young Canadians*. Ottawa: CIHI.
- ⁵⁵ Audas R and Willms JD. (2001). *Engagement and dropping out of school: a life-course perspective*. Applied Research Branch, Strategic Policy. Hull: Human Resources Development Canada.
- ⁵⁶ Canadian Population Health Initiative. Canadian Institute for Health Information. (2005). *Improving the Health of Young Canadians*. Ottawa: CIHI.
- ⁵⁷ Watt J, Dickey M and Grakist D. *Middle Childhood Matters: A Framework to Promote Healthy Development for Children 6 to 12*. Ottawa: Child and Youth Health Network for Eastern Ontario.
- ⁵⁸ Watt J, Dickey M and Grakist D. *Middle Childhood Matters: A Framework to Promote Healthy Development for Children 6 to 12*. Ottawa: Child and Youth Health Network for Eastern Ontario.
- ⁵⁹ Willms JD and Somers MA. (2001). *Family, classroom, and school effects on children's educational outcomes*
- ⁶⁰ Bussiere P, Cartwright F and Knighton T. (2004). *Measuring UP: Canadian Results of the OECD PISA Study – The Performance of Canada's Youth in Mathematics, Reading, Science and Problem Solving*. Ottawa: Ministry of Industry.
- ⁶¹ Watt J, Dickey M and Grakist D. *Middle Childhood Matters: A Framework to Promote Healthy Development for Children 6 to 12*. Ottawa: Child and Youth Health Network for Eastern Ontario.
- ⁶² Watt J, Dickey M and Grakist D. *Middle Childhood Matters: A Framework to Promote Healthy Development for Children 6 to 12*. Ottawa: Child and Youth Health Network for Eastern Ontario.
- ⁶³ The Child and Adolescent Task Group of the F/P/T Advisory Committee on Population Health and Health Security. (2004). *Middle Childhood: Taking Action Together*. Ottawa: Health Canada.
- ⁶⁴ Canadian Council on Social Development. (2006). *The Progress of Canada's Children: 2006*. Ottawa: The Canadian Council on Social Development.
- ⁶⁵ Canadian Council on Social Development. (2002). *The Progress of Canada's Children: 2002*. Ottawa: The Canadian Council on Social Development.
- ⁶⁶ Canadian Council on Social Development. (2006). *The Progress of Canada's Children: 2006*. Ottawa: The Canadian Council on Social Development.
- ⁶⁷ Canadian Council on Social Development. (2006). *The Progress of Canada's Children: 2006*. Ottawa: The Canadian Council on Social Development.
- ⁶⁸ United Way of the Lower Mainland. (2006). *United Way/UBC research findings shine light on out-of-school time for children*.
<http://www.uwlm.ca/Media+and+Events/Events/Middle+Childhood+Conference.htm>
- ⁶⁹ Canadian Mental Health Association. (1993). *Getting Together: Towards a Partnership with Youth*. Toronto: Canadian Mental Health Association.
- ⁷⁰ Boyle MH and Lipman EL. *Do Places Matter: A Multilevel Analysis of Geographic Variations in Child Behaviour in Canada*. Hull: Applied Research Branch of Strategic Policy, Human Resources Development Canada, 1998.
- ⁷¹ Beauvais C and Jenson J. (2003). *The Well-being of Children : Are there « Neighbourhood Effects»?* Ottawa: Canadian Policy Research Networks.
- ⁷² Hertzman C, McLean S, Kohen D, Dunn J and Evans T. *Early Development in Vancouver: Report of the Community Asset Mapping Project*. Vancouver: Human Early Learning Partnership, 2002.
- ⁷³ Offord D, Lipman E and Duku E. *Sports, the Arts and Community Programs: Rates and Correlates of Participation*. Ottawa: Human Resources Development Canada, 1998.
- ⁷⁴ The Child and Adolescent Task Group of the F/P/T Advisory Committee on Population Health and Health Security. (2004). *Middle Childhood: Taking Action Together*. Ottawa: Health Canada.
- ⁷⁵ United Way of Greater Toronto. (2006). *A Community Fit for Children: Enhancing Resiliency in Children living in Disadvantaged Neighbourhoods*. Toronto: United Way of Greater Toronto.
- ⁷⁶ Arbretton AJA, Sheldon A and Herrera C. (2006). *Beyond Safe Havens: A Synthesis of 20 Years of Research on the Boys & Girls Clubs. Public/Private Ventures & the Boys and Girls Clubs of America*.
- ⁷⁷ United Way of Greater Toronto. (2006). *A Community Fit for Children: Enhancing Resiliency in Children living in Disadvantaged Neighbourhoods*. Toronto: United Way of Greater Toronto.
- ⁷⁸ The Child and Adolescent Task Group of the F/P/T Advisory Committee on Population Health and Health Security. (2004). *Middle Childhood: Taking Action Together*. Ottawa: Health Canada.
- ⁷⁹ Mahon R. (2001). *Public Policies for School-aged Children: A Patchwork*. Ottawa: Canadian Policy Research Networks.

-
- ⁸⁰ Canadian Council on Social Development. (2001). *The Progress of Canada's Children: 2001*. Ottawa: The Canadian Council on Social Development.
- ⁸¹ Watt J, Dickey M and Grakist D. *Middle Childhood Matters: A Framework to Promote Healthy Development for Children 6 to 12*. Ottawa: Child and Youth Health Network for Eastern Ontario.
- ⁸² Golombek H and Kline S. The incongruous achiever in adolescence. *Journal of Youth and Adolescence*, 3(2):153-160, 1974.
- ⁸³ Public/Private Ventures. *Mentoring: A synthesis of P/PV's Research*. Philadelphia: P/PV, 1996.
- ⁸⁴ Tierney JP, Grossman JB and Resch NL. *Making a Difference: An Impact Study of Big Brothers Big Sisters*. Public/Private Ventures, 2000.
- ⁸⁵ Tierney JP, Grossman JB and Resch NL. *Making a Difference: An Impact Study of Big Brothers Big Sisters*. Public/Private Ventures, 2000.
- ⁸⁶ Miller BM. (2003). *Critical Hours: After School Programs and Educational Success*. Brookline MA: Nellie May Education Foundation. p. 59.
- ⁸⁷ Vandell DL and Shumow L. (1999). After-school child care programs. *The Future of Children*, 9(2):64-80.
- ⁸⁸ Vandell DL and Shumow L. (1999). After-school child care programs. *The Future of Children*, 9(2):64-80.
- ⁸⁹ Miller BM. (2003). *Critical Hours: After School Programs and Educational Success*. Brookline MA: Nellie May Education Foundation.
- ⁹⁰ Miller BM. (2003). *Critical Hours: After School Programs and Educational Success*. Brookline MA: Nellie May Education Foundation. p. 59.
- ⁹¹ Vandell DL and Shumow L. (1999). After-school child care programs. *The Future of Children*, 9(2):64-80.
- ⁹² Miller BM. (2003). *Critical Hours: After School Programs and Educational Success*. Brookline MA: Nellie May Education Foundation. p. 67.
- ⁹³ Hanvey L. (2002). *Middle Childhood: Building on the Early Years: A Discussion Paper*. Ottawa: National Children's Alliance.
- ⁹⁴ Offord DR, Lipman E and Duku, E. *Sports, the Arts and Community Programs: Rates and Correlates of Participation*. Workshop Paper for: Investing in Children: A National Research Conference, 1998.
- ⁹⁵ Offord DR, Lipman E and Duku, E. *Sports, the Arts and Community Programs: Rates and Correlates of Participation*. Workshop Paper for: Investing in Children: A National Research Conference, 1998.
- ⁹⁶ Jackson A, Roberts R and Harman S. (2001). *Learning Through Recreation (Data Analysis and Review)*. Ottawa: Canadian Council on Social Development.
- ⁹⁷ Statistics Canada. (2001). National Longitudinal Survey of Children and Youth: Participation in activities. *The Daily*, May 30, 2001.
- ⁹⁸ Canadian Council on Social Development. (2006). *The Progress of Canada's Children: 2006*. Ottawa: The Canadian Council on Social Development.
- ⁹⁹ Jackson A, Roberts R and Harman S. (2001). *Learning Through Recreation (Data Analysis and Review)*. Ottawa: Canadian Council on Social Development.
- ¹⁰⁰ Canadian Council on Social Development. (2006). *The Progress of Canada's Children: 2006*. Ottawa: The Canadian Council on Social Development.
- ¹⁰¹ Hanvey L. (2001). *Children and Youth with Special Needs*. Ottawa: Canadian Council on Social Development.
- ¹⁰² Active Healthy Kids Canada. (2006). *Canada's Report Card on Physical Activity for Children and Youth – 2006*. Toronto: Active Healthy Kids Canada.
- ¹⁰³ Active Healthy Kids Canada. (2006). *Canada's Report Card on Physical Activity for Children and Youth – 2006*. Toronto: Active Healthy Kids Canada.
- ¹⁰⁴ HIGH FIVE®: Making a Difference. (2006). Summary of Research Related to the Development and Implementation of HIGH FIVE®. Cited in Brownrigg M. (2006). *Recreation in Middle Childhood: An Overview*. Ottawa: National Children's Alliance.
- ¹⁰⁵ Brownrigg M. (2006). *Recreation in Middle Childhood: An Overview*. Ottawa: National Children's Alliance.
- ¹⁰⁶ Canadian Council on Social Development. (2001). *The Progress of Canada's Children: 2001*. Ottawa: The Canadian Council on Social Development.

¹⁰⁷ Hanvey L. (2004). Investing in Social Infrastructure in Canadian Communities to Benefit Children and Families. Ottawa: The National Children's Alliance

¹⁰⁸ Federal/Provincial/Territorial Advisory Committee on Population Health. (1999). Toward a Healthy Future: Second Report on the Health of Canadians. Ottawa: Health Canada. cited in Watt J, Dickey M and Grakist D. Middle Childhood Matters: A Framework to Promote Healthy Development for Children 6 to 12. Ottawa: Child and Youth Health Network for Eastern Ontario. P. 27.

¹⁰⁹ KSI Research International Inc. (2003). Understanding the Early Years: Early Childhood Development in Hampton/Sussex, New Brunswick. Ottawa: Applied Research Branch, Strategic Policy, Human Resources Development Canada.

¹¹⁰ Hanvey L. (2004). Investing in Social Infrastructure in Canadian Communities to Benefit Children and Families. Ottawa: The National Children's Alliance