



**United Way
Centraide**
Canada

2014

All That Kids Can Be



Focus Area Framework

Second Edition

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United Way Centraide's Plan for Impact

Children are born with limitless potential. Yet, too many children lack the supports they need to realize their full potential. Focusing on the physical, emotional and educational development of young people helps improve their life outcomes, enabling them to lead happy lives and achieve their goals. By helping young people grow up strong and healthy, we can prevent the development of problems that can all too easily result from challenges experienced in childhood, such as failing to finish high school, unemployment, poor mental and physical health, and the persistence of poverty.¹ Further, our efforts to help children and youth be all that they can be help to ensure that they will devote their energy to building strong communities and healthier societies throughout their lifetime.

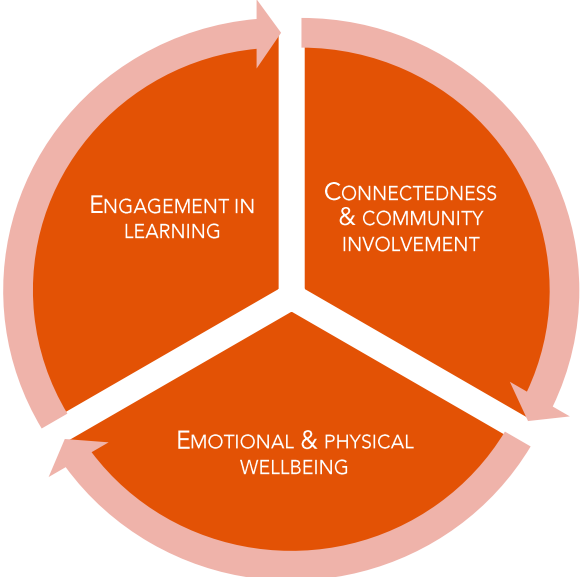


Figure 1: Outcomes for Children and Youth

To help children be all they can be, it is important to address the full spectrum of developmental assets. Developmental assets are defined as “building blocks of healthy development that help young children grow up healthy, caring, and responsible.”² These include assets such as a commitment to learning, positive values, social competencies and a positive identity, among others. We know that supported youth have better outcomes in life, navigating the obstacles that face them with greater success. Further, we know that those who face the most obstacles often have the least supports. As a result, United Ways Centraides (UWCs) work to develop a community of supports that help enable the healthy development of children and youth, from birth to adulthood.

Success in learning is one important way in which children and youth realize their potential, and it is certainly the most visible and most easily measurable dimension. However, alarming trends in areas like social disengagement, mental health, substance use and violence underscore some of the many reasons why children and youth struggle to become engaged in learning and do not succeed in school. As a result, UWCs efforts to help children and youth succeed focus on three types of outcomes: Engagement in Learning; Connectedness and Community Involvement and Emotional and Physical

Wellbeing. In each of these three domains, UWC is pursuing a multifaceted, coordinated and evidence based plan for action that will achieve measurable change against specific, pre-defined outcomes.

Engagement in Learning

The Definition:

Engagement in learning focuses on school success and the development of skills, as well as on fostering commitment, motivation, involvement and enjoyment in one's learning experiences. This commitment to learning helps steer youth through a successful transition to adulthood, which may include post-secondary education, training, and/or meaningful employment. An increasing body of research demonstrates the important influence that school experiences have on social and emotional development, self-esteem, positive identity, and healthy behaviours.³

The Case for Action:

Canadians value education, and are proud of a system that ranks highly in international comparisons. We know that education is critical for youth to find employment and achieve a sustainable standard of living, and Canadian children and youth are among the most educated in the world.⁴ This does not mean, however, that Canadian children are without educational challenges.

The foundation for lifelong success is built in the early years. In particular, the period between birth and age six is the time during which individuals begin to develop competence and coping skills, affecting their ability to learn, their behaviour and their health throughout life.⁵ School readiness, a measure of children's competencies and behaviours that lend themselves to positive social and educational outcomes is the cumulative result of a child's life up to the time of entering kindergarten. In Canada, approximately 74% of children are ready to learn prior to entering Grade 1 – leaving almost 1 in 4 children lacking in one or more of domains of child development.⁶ Readiness is strongly dependent on factors

such as gender, income levels, family structure, and health status.⁷ Only 67% of boys, for example, are school-ready by age five - 14 percentage points lower than girls (81%).⁸ Further, only 65% of children in low-income neighbourhoods are developing well, in comparison with 80% of their high income counterparts.⁹ As childhood is such a critical period in a person's life, narrowing the developmental gaps between populations in the early years is crucial to improving later outcomes.

Key National Statistics

Figures and trends may differ by region

- 1 in 4 Canada children are not school-ready prior to entering Grade 1.⁶
- 7.8% of young adults aged 20-24 are not attending school, nor have graduated from high school.¹⁰
- 23% of Métis, 28% of First Nations people living off reserve, and 58% of Inuit aged 18-44 have not graduated high school (or equivalent) – compared to 11% of the non-Aboriginal population.¹⁶

Despite Canada's high overall education levels, 7.8% of young adults aged 20-24 are not attending, nor have graduated from, high school.¹⁰ Research proves that failing to finish high school is tied to unemployment and poverty, as well as physical and mental health challenges.¹¹ Across the country, young men are more likely to drop out than women – 9.7% of young men drop-out of high school, compared to 5.9% of young women.¹² While progress is being made, vulnerable groups continue to fall through the cracks. The Canadian Index of Wellbeing notes that approximately 9% of the variation in standardized test scores are a result of socio-economic circumstances.¹³ Continuing to improve the educational outcomes of vulnerable populations positions youth to succeed in higher education, the workforce, and society at large.

Of the vulnerable populations in Canada, Aboriginal peoples¹⁴ are facing an educational crisis. This is due to both chronic underfunding of First Nations education (who make up 61% of the overall Aboriginal population¹⁵), systematic discrimination, and the effects of persistent poverty among both on- and off-reserve populations. In 2012, 72% of First Nations people living off reserve, 42% of Inuit and 77% of Métis aged 18-44 had a high school diploma or equivalent – compared to 89% of the non-Aboriginal population.¹⁶ Of the on-reserve First Nations population, 48% of adults under 30 years old have not completed high school, more than double the rate in the rest of the Canadian population.¹⁷ As the Aboriginal population is growing faster than the rest of Canada, and is much younger than the non-Aboriginal population,¹⁸ the struggle to achieve educational success is particularly worrying. Improving educational outcomes is critical for long-term success, helping to end the persistence of poverty, unemployment, addictions, and mental health concerns that are of particular concern in Aboriginal communities.

The Action Plan:

UWCs in Canada are responding to these challenges through a coordinated, multifaceted approach. The specific actions vary across the country, but interventions often focus on the following **common service areas**.



	Strategies Focused on Strengthening Community Action	Strategies Focused on Systems & Underlying Causes
All children & youth		<p>Influencing, through advocacy, the awareness of and response to local inequities in access and achievement in aboriginal education.</p> <p>Understanding, through research and data, school readiness and school success, and raising awareness about the key gaps and vulnerabilities that exist at a local level.</p>
Ages 0-6	<p>Strengthening social interaction and learning opportunities for preschool children</p> <p>Strengthening parenting capacity and parents' access to information, resources and supports</p>	<p>Influencing, through advocacy, around access to early learning supports</p> <p>Influencing, through mobilizing community service providers, access to early childhood services in vulnerable neighbourhoods.</p>
Ages 7-12	<p>Investing in after-school homework completion programs, tutoring programs & skills assessment programs,¹⁹ especially those focused on children and youth at risk.</p>	
Ages 13+	<p>Investing in programs focused on social skills, employment readiness, and leadership skills for the transition to work and/or higher education.²⁰</p>	<p>Influencing, through advocacy, local awareness of and response to youth under-employment.</p>

Figure 2: Engagement in Learning Common Service Areas

The Impact:

Through these efforts, UWCs are working towards measurable change in three key shared outcomes.

- **Children and youth are ready to learn** (e.g. commitment to learning, achievement motivation)
- **Children and youth do well in school** (e.g. mastery of age-appropriate literacy and numeracy skills, grades, on-time graduation)
- **Youth make a healthy transition into adulthood** (e.g. successful transition to post-secondary education, training, or meaningful employment)

Connectedness and Community Involvement

The Definition:

Connectedness and community involvement is the participation and meaningful relationship with organizations and social networks.²¹ It includes positive social interactions and relationships with adults and peers at home, in school, and in the neighbourhood, as well as meaningful participation in and contribution to community. A sense of connectedness – within social relationships and to the broader community – is a fundamental human need and has a critical influence on both the emotional and social development and the academic success of young people.²²

The Case for Action:

Positive social interactions and relationships connect individuals to those around them, helping develop the social support networks that enable long term success. Empathy, compassion and intimacy skills are developed through these relationships, positioning children and youth to develop healthy relationships with their peers, families and communities at large. Negative influences in a child's life, along with the absence of positive role models, limited attachment to community, and poor educational or employment opportunities, place children at risk of developing anti-social behaviours, which in the worst case scenarios can result in crime, violence and gang involvement.²³

In 2013, the UNICEF Report Card on Child Well-Being ranked Canada's rates of childhood bullying in the bottom third of economically advanced countries.²⁴ Bullying is an issue of social relationships that can have serious consequences on the development of children and youth. It is characterized by intentional harm that often

results from an imbalance of power between the aggressor and victim.²⁵ While statistics are limited, studies suggest that approximately 51% of Canadian students in grades 6 through 10 have been victimized by indirect bullying (e.g. exclusion or spreading lies about the victim), while 30% have been victims of direct bullying, such as physical bullying.²⁶ Further, one in five (21%) Canadian teens aged 12-17 have witnessed someone they know being bullied through a social networking site.²⁷ How individuals are bullied is strongly influenced by gender, with males being more likely to physically bully, and females being more inclined to bully indirectly, by teasing or electronic means.²⁸ Electronic bullying, also known as cyberbullying, is a phenomenon in which the aggressors “don't immediately see the reaction of their words or taunts, which might otherwise spark some empathy for the pain they have caused. Not witnessing the reaction of others makes it easier to become more aggressive and vicious.”²⁹ For victims, bullying can have a lasting impact on emotional health. Studies have linked bullying to a number of health issues, including substance abuse, aggression, decreased mental health,

Key National Statistics

Figures and trends may differ by region

- 51% of adolescents have been indirectly bullied, and 30% have been directly bullied.²⁶
- 1 in 5 youth aged 12 to 17 have witnessed someone they know being bullied through a social networking site.²⁷
- 104,000 youth aged 12 to 17 were accused of a Criminal Code offence in 2013.³²

and suicide.³⁰ For both the bully and the victim, bullying can have long-term repercussions that affects their overall wellbeing.

Bullying behaviour during childhood is “closely associated with future anti-social behaviour in adolescence and adulthood,” as well as with criminal behaviour.³¹ By identifying and addressing the roots of youth aggression early, the likelihood of youth committing offences can be mitigated. In 2013, approximately 104,000 youth aged 12 to 17 were accused of a *Criminal Code* offence.³² While the majority of these youths are not formally charged due to the use of extrajudicial measures such as warnings and referrals to community programs,³³ early involvement with the criminal justice system increases the risk of negative life outcomes. The risk of youth becoming involved in criminal acts can be exacerbated by socioeconomic background, as increases in income inequality are linked to more frequent bullying behaviours, particularly by males.³⁴ This suggests that both the social and economic roots of aggression should not be overlooked. Research has established that “inequality has a corrosive effect on social relationships and the availability of social capital in communities,” leading adolescents to feel less connected to and supported by their communities.³⁵ Indeed, the most powerful protective factors against destructive or high risk behaviours is family connectedness, school connectedness and low family stress.³⁶

The Action Plan:

UWCs in Canada play a leadership role in supporting a particular cluster of evidence-based interventions that is consistently powerful in promoting positive youth development. These interventions focus on strengthening relationships with adults, establishing norms and standards for appropriate behaviour, learning social competencies, and linking youth to opportunities involvement and leadership.³⁷ The specific actions vary across the country, but interventions often focus on the following common service areas.



	Strategies Focused on Strengthening Community Action	Strategies Focused on Systems & Underlying Causes
Ages 7-12	<p>Investing in recreation programs focused on building strong peer relationships</p> <p>Strengthening mentoring programs focused on building strong relationships with positive adult role models</p>	<p>Influencing policy through advocating for the creation of integrated youth policy frameworks³⁸</p> <p>Engaging youth through the promotion of youth councils, volunteerism, and youth self-advocacy</p>
Ages 13+	<p>Strengthening leadership development programs</p>	

Figure 3: Connectedness and Community Involvement Common Service Areas

The Impact:

Through these efforts, UWCs are working towards measurable change in three key shared outcomes.

- **Children and youth care about and get along with others** (e.g. empathy, interpersonal skills, sense of belonging, supportive relationships, peaceful conflict resolution skills)
- **Children and youth get involved** (e.g. constructive use of time, meaningful participation in activities, sense of belonging, pro-social behaviours)
- **Children and youth take responsibility and lead** (e.g. self-regulation of behaviour, planning and decision-making, leadership)

Emotional and Physical Wellbeing

The Definition:

Emotional and physical wellbeing are essential components of a successful life. Emotional wellbeing is the result of both an individual's self-esteem and their ability to perceive, understand, regulate, and harness their emotions, allowing them to navigate the demands of everyday life.³⁹ Physical wellbeing is the foundation of physical health (i.e. nutrition, health care, and physical activity) and environment (i.e. stress, socioeconomic status, housing, and neighbourhood) that allows children to actively engage in day to day activities.⁴⁰ Together, emotional and physical wellbeing enable children to be resilient, and positions them for success in all areas of their lives.

It is critical to recognize that emotional and physical wellbeing are strongly correlated.⁴¹ Poor mental health is a risk factor for chronic physical conditions, and people with chronic physical conditions are at risk of developing poor mental health.⁴²

The Case for Action:

The Public Health Agency of Canada reports that we are in the midst of an obesity epidemic. In international comparisons, Canada now has the third highest rate of childhood obesity.⁴³ The number of children and youth who are obese or overweight has tripled over the last 30 years, and 1 in 3 children in Canada aged 5 to 17 is now considered overweight or obese.⁴⁴ Boys are most at risk, with 15.1% of boys being categorized as obese, compared to 8.0% of girls.⁴⁵ Weight issues, such as obesity, place children at risk of developing a range of health problems, are “associated with psychosocial problems such as poor self-esteem and depression,” and are likely to persist into adulthood.⁴⁶ These health concerns are becoming increasingly reported in children of younger ages, setting them up for a lifetime of poor health.

The prevalent sedentary lifestyle is an important contributor to the obesity epidemic, yet physical activity levels among children and youth are at alarmingly low levels. Among school aged children aged 5 to 11, and youth aged 12 to 17, only 7% and 5% meet the recommended 60 minutes daily, respectively.⁴⁷ While Canadian parents excel at encouraging participation in organized physical activities – 79% contribute financially to physical activities, for example - consistent daily activity levels remain low.⁴⁸ The Canadian Sedentary Behaviour Guidelines recommends limiting screen time to help mitigate sedentary behaviours and to encourage active play. The majority of children under age 17, however, exceed the daily sedentary guidelines. In fact, only 18% of children aged 3 and 4 and 31% of 12 to 17 year olds meet the guidelines for daily activity.⁴⁹ This places them at an increased risk of developing health problems, such as obesity, later in life.

Closely tied to physical wellbeing, increasing concern on the mental health and development of children and youth has been building. Mental health issues often begin at a young age, with about 70 per cent of mental health challenges having their onset in childhood and adolescence.⁵⁰ In 2012, 30.7% of youth aged 15 to 24 years old reported having or having met the criteria for a mental disorder or substance abuse over the course of their lifetime.⁵¹ These disorders included major depressive episode, bipolar disorder, generalized anxiety disorder, alcohol dependence, alcohol abuse, cannabis dependence or abuse, and other drug dependence or abuse. Currently less than 1 in 4 children and youth who need mental health support actually receive it, leading these young people to carry the burden of mental health challenges into adulthood.⁵² As mental health challenges can be disruptive to a child’s development, it has the potential to have long term repercussions on relationships, functioning, and life course if not treated. Most mental disorders can be treated successfully when help is sought.⁵³

Key National Statistics

Figures and trends may differ by region

- 1 in 3 children and youth, aged 5 to 17, are considered overweight or obese.⁴⁴
- Only 5.5% of children aged 5 to 17 meet the recommended 60 minutes of physical activity daily.⁴⁷
- 30.7% of youth aged 15 to 24 years old report having, or having met the criteria for, a mental disorder or substance abuse over the course of their lifetime.⁵¹

Mental and physical health are closely connected. The Mental Health Commission of Canada notes that “people with chronic physical conditions are at higher risk of developing mental health problems, while people living with mental illness often have trouble accessing the care they need to maintain good physical health.”⁵⁴ Further, physical activity in young people is associated with improved self-worth and self-image, and helps reduce the symptoms of depression. In addition, sedentary behaviour is associated with violent and aggressive behaviours, body image issues, and poor self-esteem.⁵⁵ Taking action to improve physical or mental health will in turn benefit both, helping to improve the overall wellbeing of our children and youth.



The Action Plan:

UWCs in Canada are responding to these challenges through a coordinated, multifaceted approach. A stable and stimulating home environment helps to ensure children and youth are ready to learn at school. Support and nurturance within the home promote positive development in the early years and build the foundations for healthy social relationships and emotional maturity needed in middle childhood and youth.⁵⁶ We know that youth who have positive relationships with their parents are also more likely to be well-adjusted at school, to feel healthy, to have high self-esteem, and to avoid risky behaviours.⁵⁷

The specific actions vary across the country, but interventions often focus on the following **common service areas**.

	Strategies Focused on Strengthening Community Action	Strategies focused on systems & underlying causes
All children & youth	Investing in individual and family counselling programs focused on coping skills and building self-esteem.	Engaging children and youth, parents and community partners on physical activity and healthy eating through health promotion and awareness raising.
Ages 0-6	Strengthening parenting skills and parent supports.	
Ages 7-12	Investing in mentoring programs for children and youth. Strengthening parenting skills and supports.	Influencing , through advocacy, policy and public attitudes on youth mental health.
Ages 13 +	Strengthening leadership development programs for children and youth.	Engaging youth through outreach and education focused on risk taking and harm reduction.

Figure 4: Emotional and Physical Well Being Common Service Areas

The Impact:

Through these efforts, UWCs are working towards measurable change in three key shared outcomes.

- **Children and youth believe in themselves** (e.g. positive identity, self-esteem, sense of purpose, optimism, psychological wellbeing)
 - **Children and youth can better handle life's challenges** (e.g. self-regulation of emotion, coping in healthy ways)
 - **Children and youth make healthy choices** (e.g. physical activity, nutritious diet, avoidance of risky behaviour)
-

Appendix A

All That Kids Can Be: More Detail

Developmental Asset Theory

Developmental asset theory suggests that changes in the contexts and environments youth experience (external assets) can lead to changes young people experience within themselves – feelings, skills, attitudes, competencies (internal assets).⁵⁸ Armed with these assets, young people are more likely to experience positive outcomes, such as increased engagement in learning, social connectedness and community involvement, and improved emotional and physical wellbeing. Researchers have identified a number of important developmental assets that contribute to positive outcomes for children and youth. These are summarized in the Figure 5 below.

Outcomes at Different Stages of Development

Many UWCs stream their child and youth focused work by developmental stage (e.g. early childhood typically covers ages 0-6, middle childhood, ages 7-12, and youth, ages 13 up to early adulthood). Some UWCs target their investments toward one or two of these age groups based on local needs, strengths, and capacities. We recognize that the broad outcomes identified in this framework are manifest in different, age-appropriate ways across the various stages of development. We know from the literature on child and youth development that there are distinct cognitive, emotional, and social-behavioural developmental milestones in early childhood, middle childhood, and youth.

For example, for the outcomes related to Engagement in Learning, the focus in early childhood (e.g. 0-6 years), is on preparing young children for school - readiness to learn.⁵⁹ In these early years, motivation and interest in learning may be defined through a child's increased engagement or participation in activities that offer opportunities for learning, increased curiosity, eagerness to learn, and pleasure associated with learning new skills and sharing in new experiences.⁶⁰

In middle childhood through adolescence, commitment to learn may be viewed through increased motivation to do well in school, increased attendance and timely completion of homework and assignments. Skills and mastery may be assessed through academic performance and skill assessment in school courses. For older adolescents increased preparation for post-secondary training or employment and on-time high school graduation serve as important markers of school success.

In this framework, the broad outcomes identified are relevant across stages of development. However, the specific strategies and activities employed locally by UWCs will differ based on the age and developmental stage of the target population.

For example, to support early child development (e.g. 0-6 years), many UWCs focus investments on initiatives that prepare young children for school - equipping them with the cognitive, emotional, and social competencies to ensure they are ready to learn. Although the child is the ultimate target for impact, parents, guardians, and child care providers are a critical route to create positive change for

young children. Consequently, parents and caregivers are some of the UWC's most common and promising targets for action to promote early childhood development. Example strategies include:

- Investments in educational and support programs that connect parents and caregivers to resources, skills, and supports to integrate early learning experiences into daily life
- Advocacy and systems-level work to promote accessible, safe, and affordable child care
- Mobilizing community service providers to improve access to early childhood services in vulnerable neighbourhoods

In comparison, middle childhood (e.g. 6-12) is a period when the social world expands for the child. He or she spends more time away from family and out of the home, and interacts more frequently, and more autonomously, with peers in school and in the neighbourhood. Consequently, there may need to be more of a focus on approaches that promote social connections, competencies, and belonging.⁶¹ For example:

- After-school programming, recreational activities with peer groups
 - Mentoring relationships, role modeling, coaching, and supportive adult relationships.
-

Developmental Assets that Contribute to Positive Outcomes for Children and Youth

Developmental Assets			Positive Developmental Outcomes	
When children & youth experience environments reflecting...	When children & youth experience feelings of...	When children & youth develop or acquire...	Children & youth...	
<ul style="list-style-type: none"> • Meaningful participation in program environments • Engagement in creative and stimulating activities • Constructive use of time • Presence of caring relationships • Presence of supportive mentors and role models • Positive peer influences • High expectations • Accessibility of programs 	<ul style="list-style-type: none"> • Safety • Engagement • Fun • Inclusion • Personal discovery • Respect • Belonging • Feelings of being valued • Future connectedness 	<ul style="list-style-type: none"> • Problem solving skills • Empathy • Self-awareness • Self-efficacy • Self-esteem • Self-confidence • Integrity • Goals and aspirations • Desire for civic involvement • Interpersonal competence • Physical competence • Academic competence • Cultural identity and competence 	<p>...are engaged in learning and succeed in school.</p> <ul style="list-style-type: none"> • are ready to learn • do well in school • make a healthy transition to adulthood 	Engagement in Learning
			<p>...are socially connected and involved in their communities.</p> <ul style="list-style-type: none"> • care about and get along with others • get involved • take responsibility and lead 	Connectedness & Community Involvement
			<p>...are healthy and resilient.</p> <ul style="list-style-type: none"> • believe in themselves • make healthy choices • can better handle life's challenges 	Emotional & Physical Wellbeing

Figure 5: Development Assets for Positive Child and Youth Development. Adapted from Love, N., & Newberry, J. 2012.⁶²

Appendix B

Key Resources for All That Kids Can Be

Engagement in Learning

Search Institute. 2007. *List of Developmental Assets*. Accessed: June 10, 2014. Available at: <http://www.search-institute.org/developmental-assets/lists>.

Offord Centre for Child Studies. *School Readiness to Learn (SRL) Project*. Accessed: June 13, 2014. Available at: <http://www.offordcentre.com/readiness/index.html>

Employment and Social Development Canada. 2012. "Learning – School Drop-outs." *Indicators of Well-being in Canada*. Accessed: June 15, 2014. Available at: <http://www4.hrsdc.gc.ca/.3ndic.1t.4r@-eng.jsp?iid=32>.

Connectedness and Community Involvement

Boys and Girls Clubs of Canada. 2008. *Creating Positive Alternatives for Canadian Youth: Strategies to Address the Roots of Youth Violence*. Accessed: June 26, 2014. Available at: http://www.bgccan.com/en/Resources/Research/Documents/roots_of_youth_violence_e.pdf.

Statistics Canada. *Table 252-0051 - Incident-based crime statistics, by detailed violations, annual (number unless otherwise noted)*, CANSIM (database.) Accessed: November 19, 2014. Available at: <http://www5.statcan.gc.ca/cansim/a05?lang=eng&id=2520051&pattern=2520051&s>.

Public Health Agency of Canada. 2011. *The Chief Public Health Officer's Report on the State of Public Health in Canada, 2011: Youth and Young Adults - Life in Transition*. Ottawa, ON: Her Majesty the Queen in Right of Canada. Accessed: June 27, 2014. Available at: <http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2011/cphorsphc-respcacsp-06-eng.php>.

Emotional and Physical Wellbeing

Statistics Canada. *Table 105-1101 - Mental Health Profile, Canadian Community Health Survey - Mental Health (CCHS), by age group and sex, Canada and provinces, occasional (number unless otherwise noted)*, CANSIM (database). Accessed: June 5, 2014. Available at: <http://www5.statcan.gc.ca/cansim/a26?lang=eng&retrLang=eng&id=1051101&pattern=&csid>

Active Healthy Kids Canada. 2014. *2014 Report Card on the Physical Activity of Children and Youth: Is Canada in the Running?* Accessed: June 5, 2014. Available at: <http://www.activehealthykids.ca/ReportCard/2014ReportCard.aspx>.

Roberts, K. C., Shields, M., de Groh, M., Aziz, A., & Gilbert, J. 2012. *Overweight and obesity in children and adolescents: Results from the 2009 to 2011 Canadian Health Measures Survey*. Ottawa, ON: Statistics Canada, Minister of Industry, Catalogue No. 82-003-X. Accessed: June 6, 2014. Available at: <http://www.statcan.gc.ca/pub/82-003-x/2012003/article/11706-eng.pdf>.

Notes

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- ² Search Institute. 2007. *40 Development Assets for Adolescents*. Accessed: June 10, 2014. Available at: <http://www.search-institute.org/content/40-developmental-assets-adolescents-ages-12-18>.
- ³ See: Boyce, W.F., King, M.A., and Roche, J. 2008. *Healthy Settings for Young People in Canada*. Ottawa, ON: Her Majesty the Queen in Right of Canada, Public Health Agency of Canada. Available at: http://publications.gc.ca/collections/collection_2008/phac-aspc/HP35-6-2007E.pdf; Rudd, R.E. and Walsh, D.C. (1993), “Schools as healthful environments: prerequisite to comprehensive school health?” *Preventive Medicine* 22(4), p. 499-506; Resnick M.D., Harris, L.J. and Blum, R.W. 1993. “The Impact of Caring and Connectedness on Adolescent Health and Well-Being.” *Journal of Paediatrics and Child Health* 29(1), S3-S9.
- ⁴ United Nations Development Program. 2014. *Human Development Report 2014 – Sustaining Human Progress: Reducing Vulnerabilities and Building Resilience*. Accessed: October 30, 2014. Available at: <http://hdr.undp.org/sites/default/files/hdr14-report-en-1.pdf> p. 192. See also: UNICEF. 2013. “Child Well-Being in Rich Countries: A Comparative Overview.” Innocenti Report Card 11. Florence: UNICEF Innocenti Research Centre, p.20. Accessed: November 17, 2014. Available at: <http://www.unicef-irc.org/publications/683>.
- ⁵ Public Health Agency of Canada. 2009. *Report: The State of Public Health in Canada 2009*. Accessed: June 10, 2014. Available at: <http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2009/fr-rc/cphorsphc-respcacsp05-eng.php#c2-3>
- ⁶ Whether a child is school-ready “is based on the Early Development Instrument (EDI), a kindergarten teacher-completed checklist that measures five areas of child development: physical health, emotional well-being, language skills, social skills, and communication skills and general knowledge. Children falling in the bottom 10% on any of the five areas are considered vulnerable; children are defined as ready to learn if they have no vulnerabilities on any of the five areas.” Canadian Institute for Health Information. 2014. *Our Health System: Healthy Child Development*. Accessed: June 10, 2014. Available at: <http://ourhealthsystem.ca/#!/indicators/013/healthy-child-development/;overview/>.
- ⁷ Janus, M. & Duku, E. 2007. “The School Entry Gap: Socioeconomic, Family and Health Factors Associated with Children’s School Readiness to Learn.” *Early Education and Development* 18(3), p. 399.
- ⁸ Canadian Institute for Health Information. *Op. Cit.*
- ⁹ Ibid.
- ¹⁰ Employment and Social Development Canada. 2012. “Learning – School Drop-outs.” *Indicators of Well-being in Canada*. Accessed: June 10, 2014. Available at: <http://www4.hrsdc.gc.ca/.3ndic.1t.4r@-eng.jsp?iid=32>. For an international comparison on young people not in education, employment or training, see: UNICEF. 2013. “Child Well-Being in Rich Countries: A Comparative Overview.” *Innocenti Report Card 11*. Florence: UNICEF Innocenti Research Centre, p.19. Accessed: November 17, 2014. Available at: <http://www.unicef-irc.org/publications/683>.
- ¹¹ See: Etherington, N. 2013. “Educational Trajectories and Health over the Life Course: A Role for the DSBN Academy?” *Canadian Graduate Journal of Sociology and Criminology* 2(1), 5-19; Mirowsky, J. and Ross, C.E. 2005. “Education, Learned Effectiveness and Health.” *London Review of Education* 3(3), p. 205-220; Ferguson, H.B., Bovaird, S., Mueller, M.P. 2007. “The Impact of Poverty on Educational Outcomes for Children.” *Paediatrics & Child Health* 12(8), p. 701-706.
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