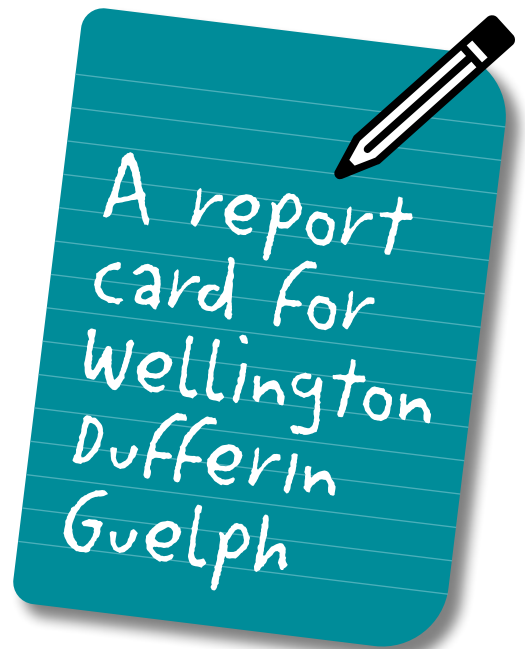


THE WELL-BEING OF CHILDREN AGES 7 TO 13

A report
card for
Wellington
Dufferin
Guelph



THE WELL-BEING OF CHILDREN AGES 7 TO 13



*All children deserve the right of full participation
in community life.*

— Dr. Dan Offord, Offord Centre for Child Studies

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The Data Analysis Working Group (DAWG) is a sub-committee of the Coalition. The DAWG was responsible for preparing the data for the Report Card. Preparation included determining the most appropriate data sources for each indicator included in the Report Card, followed by gathering, analyzing and, in some cases, graphing and mapping the data.

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Wellington-Dufferin-Guelph Children's Charter of Rights



All children deserve basic rights and freedoms. A fair share of society's resources must be devoted to ensuring this. While families are responsible for raising their children, all levels of government, in partnership with communities, have a duty to support families by putting the health and well-being of children first.

All children in Wellington-Dufferin-Guelph have a right to:

- ✓ a quality of life that meets their physical, intellectual, emotional, spiritual and social needs.
- ✓ have basic needs met including nutritious food, a healthy environment and a safe and comfortable place to live.
- ✓ access quality and affordable child care, early education programs and/or parenting support.
- ✓ safe places and time to play, and access to affordable recreational activities.
- ✓ quality education to enable them to reach their full potential.
- ✓ quality time with their families and/or other nurturing and positive role models throughout their childhood.
- ✓ protection from neglect, abuse and exposure to family violence.
- ✓ be accepted for who they are, and believe what they want without being discriminated against.



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Introduction

The importance of middle childhood

Middle childhood describes the years between the ages of 7 to 13. Our mission in this Report Card is to encourage service providers to consider the importance of middle childhood. We want service providers to look beyond the toothless grins of early childhood and peer into the next stage of life which is every bit as dynamic as any Robert Munsch story, as interesting as dinner with a pre-teen, and as remarkable as the early years.

Middle childhood is the time of development during which we begin to see how the events in children's early years have provided a scaffold for their healthy growth and well-being as they continue to grow into adolescence and adulthood.

Middle childhood has been described as a period of little drama. It is during middle childhood that children achieve several important milestones – almost as many as they do in their early years. As a population, they are the least vulnerable group of children around the world, experiencing the lowest mortality and morbidity rates of all other children and youth.¹

Perhaps it is because middle childhood is a time of little drama in terms of basic survival that makes children in this period of development so interesting. In middle childhood, children begin to think about and understand life beyond their families and their homes. Their sense of justice and fairness is strengthening too.² It is also during middle childhood that children develop a deeper sense of themselves. They are better able to reflect upon themselves as a part of a group – and as part of society. They begin to empathize with others. During middle childhood, children's capacity for understanding humour is also becoming more sophisticated.³

In their early years, children need constant supervision. In middle childhood, children begin experiencing their independence in ways they never could in their early years and their development seems to happen even when we are not watching. Stability in their home environment is still just as important for children in middle childhood as it is for their early years (and for adolescents, as well).⁴ However, the changing levels of supervision that naturally occur at this phase of childhood, allows children to expand their caring relationships from an attachment-oriented relationship with their families, to include peer groups and friends.⁵ Time without constant parental supervision gives children the opportunities needed to practice relying on their own judgments about people, activities, and their environments.

Children's development at the bookends of middle childhood, 7 and 13 years of age, is in many ways, as different as the development of 1-year-olds and 6-year-olds. A 7-year-old may be just developing skills in identifying words by sight,⁶ and a 13-year-old may be beginning to think about their possible career options;⁷ a 7-year-old may be aware that gender remains constant, not changing with the style of clothes that one wears from one day to the next,⁸ while a 13-year-old may be more concretely aware of their sexual orientation, beginning to identify themselves and others as heterosexual, gay, lesbian, bisexual or transgender.⁹

The huge growth in children's physical, emotional, social and cognitive capacities also means that this is a particularly important time for service planners and providers to take interest in children during this phase of development. When children in middle childhood

miss out on individual, relationship-based and/or environmental protective factors that support their healthy growth and development, they are less able to reach their optimal potential.¹⁰

Dr. Jean Clinton, of the Offord Centre for Child Studies, calls the process of the developing brain in middle childhood, “brain bonsai.” Brain cells are growing prolifically and actively forming new connections through early and middle childhood. Around age 11 for girls and 12 for boys, the cell connections that are used and reinforced remain, and the cell connections that are left unused “just fade away:” they are pruned like the branches on a bonsai tree. Dr. Clinton uses this metaphor of brain cell connection strengthening and pruning to emphasize the importance of brain development in middle childhood. She calls it the “use it or lose it” principle. If kids are participating in music, sports, academics, etc, those are the brain cells that are hard-wired; and if kids are lying on the couch, playing video games and watching MTV, those are the brain cells that are hard-wired.¹¹

In middle childhood, children’s difficulties associated with their mental health often become more apparent.¹² This may be, in part, because the vast majority of children in middle childhood spend a great deal of their time in school, and it is in school where many of the first opportunities for risk-based and universal screenings for children’s health and development occur. It may also be that children in middle childhood are more noticeable when they “disrupt” their environments than smaller, younger children. Challenging behaviours and heightened levels of aggression in middle childhood, as well as in early childhood and adolescence, are important signals to adults that attention needs to be paid. Extreme behaviour often encourages us to take a deeper look. This can be beneficial since persistent and challenging behaviours can be a flag signaling that the child is dealing with other mental health challenges.¹³ The earlier children and families gain access to the appropriate mental health supports, the better everyone is able to cope.

A unique characteristic in middle childhood is that, with encouragement, children tend to believe that they are able to make a difference in their own lives. Research shows that although a child’s belief in their own abilities tends to decline during middle childhood, “a little encouragement goes a long way.” There is still a window of optimism and opportunity with children in middle childhood, and it is part of our responsibility as adults to ensure that they know we believe in them so that they can continue to believe in themselves.¹⁴

Why is middle childhood not getting much attention?

In research, policy, and service provision, middle childhood does not always receive as much attention as it deserves. The recent and extremely exciting focus on the early years emerging from early brain development research demonstrating the critical interactions of infants’ environments on their neural pathways, which influence their future health and well-being,¹⁵ may be partially responsible for the inattention to the middle years of childhood. Given limited funding and resources, research, policy, and programming decisions have focused on allocations where the impact can be greatest, and hence the attention given to the birth to six years population.

The same argument that rationalizes an intensive policy and service delivery approach that supports health promotion and prevention of risk factors in the early years could

provide an equally strong rationale for the middle years. This is particularly important for children who did not fare as well in their early years. Middle childhood is often viewed in research and policy as a time for “taking stock” regarding the prevention and intervention efforts made in early childhood.¹⁶

In this Report Card, we will be taking stock regarding the efforts we are making in supporting children in early childhood. As a focus, we will also examine why it is important to make efforts to support children in middle childhood. Here are some of the reasons why middle childhood is such a critical time:

- Reading rates among boys drop dramatically in middle childhood.¹⁷
- Research shows that less than 40% of children with mild developmental delays are still in fully inclusive learning environments three years after they have left inclusive early learning and child care settings.¹⁸
- For many youth, the first substances that they use are tobacco, alcohol and cannabis starting at 12 or 13 years of age and younger. This makes the delivery of prevention activities and education important for children younger than 12 years of age (the recommended ages to begin such education programs are nine and 10 years of age).¹⁹
- American research shows that by grade five, children who are living in poverty are as much as two times more likely to lack proficiency in math and reading skills than children who are not living in poverty²⁰ – there is little to show that this would not be the case in Canada as well.
- While children in middle childhood are more likely to understand situations and behaviours of others that may be considered abusive, they are also more reticent to disclose abusive situations. Contributing factors identified in research are that children in this age group are less able to find a situation of privacy to disclose to a person they trust; they are sensitive to others’ reactions; and they are often worried about misinterpretation.²¹

What is the Report Card on the well-being of children?

The Well-Being of Children Ages 7 to 13: A Report Card for Wellington-Dufferin-Guelph is a comprehensive review of the many factors that have an impact on our children’s well-being: their health, learning, and development. This Report Card focuses on children ages 7 to 13 years and their families, who are living in Wellington County, Dufferin County, and the City of Guelph. In 2009, *The Well-Being of Children Ages Birth to Six: A Report Card for Wellington-Dufferin-Guelph* was released. The next report card to be released will focus on children ages 14 to 18 years.

What is the purpose of the Report Card on the well-being of children?

The purpose of the Report Card is to raise the profile of children in our communities by examining and reporting on the state of their health, development, and overall well-being.

The Report Card does not include recommendations or identify service delivery priorities that could be informed by the data that are included. Service planning using the information provided in the Report Card is contextual, and considerations for how services are delivered in our communities often depend upon a spectrum of information that goes beyond the scope of data provided in this Report Card, such as service delivery mandates and priorities, and availability of resources.

In the last decade, we have experienced an increase in collaborative service planning in Ontario, which has resulted in an increasing number of local planning tables for activities, programs and services for children and families in our communities. This movement has increased our local capacity for understanding the value of high quality data and is increasing our capacity to develop supports for children and families in a more effective way. Collaboration is more than sharing funding and capital resources; collaboration is also knowledge exchange. In the process of service planning, whether it is within a single organization, or alongside others in the community who are working to meet broader goals greater than those which a single organization can achieve on its own, our hope is that:

- Service providers will use this Report Card at the *beginning* of the service planning process to stimulate conversations to develop more effective services for children and their families.
- Service providers will use this Report Card to answer questions that they may have about children and families in our community when they are in the *middle* of service planning – such as, “What is the percentage of families in Mapleton who are vulnerable to poverty?” or “Are there differences in the rates or the kinds of injuries for which children are treated for in Dufferin, compared to Wellington and Guelph?”
- Service providers will, *over time*, be able to use this Report Card to examine how effective their programs have been in supporting children and their families in our communities. Many of the sources of data presented in the Report Card are likely to remain stable as we continue to publish versions of the Report Card throughout the coming years, making us more able to determine how children’s health, development, and well-being have changed. With the development and provision of effective activities and programs for children and their families, we should see that there are positive changes in children’s health, development, and well-being.

What is the children’s charter of rights?

The Children’s Charter of Rights is a document that outlines a vision to make Wellington, Dufferin, and Guelph better places for children and families. It includes a series of statements that outline the responsibilities that our communities have for ensuring healthy development and bright futures for all of our children.

Based on the United Nations Convention on the Rights of the Child, the Charter was made unique to our community through the leadership of the Wellington Children's Services Council and the Wellington-Dufferin-Guelph Coalition for Report Cards on the Well-Being of Children. It was refined using a process of consensus among service agencies and committees with a focus on children. The Charter was launched on June 21, 2007.

The Wellington-Dufferin-Guelph Children's Charter of Rights has been endorsed by 58 organizations in Wellington County, Dufferin County, and Guelph, including political councils, community organizations, and local businesses. Endorsement of the Children's Charter signifies the intent to act in accordance with the values and principles of the Charter.

The overwhelmingly positive response to our request for endorsements of the Children's Charter of Rights makes a compelling statement about our collective intent to support and advocate for the rights of children, and a recognition that we have a duty to support families and children by putting their health and well-being first. Organizations will continue to use the Children's Charter to guide and direct their commitment to children.

The selection of information and statistics included in this Report Card was guided by each of the rights in the Children's Charter, and these data can be useful to all of us in examining whether the current health and well-being of children in our communities reflect a realization of their rights.

What are determinants of health?

Determinants of health are factors or conditions that determine the health of groups of people. They are the circumstances, behaviours, and the biological, genetic, and environmental factors that make people healthy or unhealthy. Biological and genetic determinants of health are the characteristics that are inherited from our parents which play a role in determining our lifespan. Behavioural determinants of health include habits and behaviours that affect our health status, such as levels of physical activity. Social and environmental determinants of health are a list of social, economic, and contextual circumstances, which research has shown are the "best predictors" of individual and population health.²²

In this Report Card, we refer to a range of determinants of health which have particular impact on child and family health and well-being, with a strong emphasis on social and economic determinants of health. As was the process for the development of the first Report Card, focusing on children ages birth to six years, the Children's Charter was used as a guide for the selection of determinants of health that are most relevant for children in middle childhood.

The determinants of health used for this Report Card are very similar to those used in the first Report Card, with the exceptions that "readiness to learn" has been replaced with a new determinant, "education." Each of the following determinants of health can also be described as a category, under which there are many variables or indicators.

The determinants of health included in this Report Card:

- income and social status
- food security and housing
- healthy child development
- education

- physical environment
- personal health, practices and coping skills
- social exclusion
- social support and services
- culture
- access to health care
- employment and working conditions

Why use a determinants of health framework?

DISTRIBUTION OF WEALTH

Canadians are largely unaware that our health is shaped by how income and wealth is distributed, whether or not we are employed, and if so, the working conditions we experience. Furthermore, our well-being is also determined by the health and social services we receive, and our ability to obtain quality education, food and housing, among other factors.

And contrary to the assumption that Canadians have personal control over these factors, in most cases these living conditions are – for better or worse – imposed upon us by the quality of the communities, housing situations, our work settings, health and social service agencies, and educational institutions with which we interact.²⁴

There is a great deal of research on the determinants of health framework. Each determinant of health has undergone extensive analysis and peer review in order to be considered a “predictor” of health.

In the past several years, particularly among international children’s foundations and agencies, more interest has been placed on our improved understanding of the lives of groups of people and the conditions in which they live. Several well known organizations, such as the United Nations Children’s Fund (UNICEF) and the Organization for Economic Cooperation and Development (OECD), published international report cards describing the health and well-being of children and their families around the world using a determinants of health framework.²³ These reports help to raise the profile of children in all countries and are used to determine where progress is being made in supporting children’s health and well-being. They are also used to identify areas where there is great need for aid and supports around the world.

What is well-being?

Defining “well-being” is more complex than one might think. For children in middle childhood, most evidence-based references to well-being are linked to their sense of competence, self esteem, and to the levels of support they receive from their families and other significant people. Child development theorists (including Bronfenbrenner, 1979) have described well-being in terms of the ecological contexts in which children live, and maintain that well-being and optimal development occur when children are supported through the many individual and environmental transitions that they experience throughout their young lives.²⁵

More than 10 years ago, a Developmental Assets framework was identified by researchers interested in personal attributes and environmental factors contributing to children’s well-being. The main assumption of a Developmental Assets approach is that there is a set of interrelated experiences, relationships, skills and values that enhance child outcomes. Assets are categorized as internal when they are qualities within the child, and external when they are aspects of the child’s environment (ecologies).²⁶ The premise is that children who have access to more positive experiences have a greater chance of thriving, and that facilitating children’s access to positive experiences is a community-wide responsibility.²⁷ The Search Institute is an organization that provides free

lists of Developmental Assets, and they are easily accessible to service planners.²⁸ These Developmental Assets are one part of the Search Institute's complex model for children and youth that is both theoretically-driven and empirically-tested.²⁹ Developmental theorists, service planners, and service providers tend to agree that a profound contribution of the Developmental Assets approach is that it has the potential to move our considerations of children and youth away from being deficit-based to strength-based, which is achieved by a specific focus on the importance of intentional and meaningful relationships with children.³⁰

How were the reporting areas for the children's Report Card selected?

Wherever possible, data in this Report Card are reported based on geographic area, such as municipalities and neighbourhoods. The goal is to describe differences in children's healthy development and well-being based on where they live.

In 2005, with the first implementation of the Early Development Instrument and the Kindergarten Parent Survey in our communities, and the flurry of local planning activities of the provincial Best Start initiative, we were becoming increasingly aware of the need to describe demographic and healthy development characteristics of our populations in a whole new way-mapping.

For rural communities, we were able to use the municipal boundaries already established by both Wellington and Dufferin Counties' political structures. For the City of Guelph, establishing the neighbourhood boundaries was more complex.

Guelph neighbourhoods were developed using print maps of the City of Guelph Community Neighbourhood Project (circa 2005). Neighbourhood boundaries were reconciled against Statistics Canada 2001 Dissemination Area (DA) Boundary Files. The boundaries of Guelph neighborhoods that are used in all Report Card publications are therefore collinear with 2001 DA boundaries. Semi-custom census-profiles, by 2001 DA boundaries, have been produced by Statistics Canada for the 1996, 2001, and 2006 census periods. The census DA information can be aggregated (summed) within each neighborhood in the City of Guelph to produce indicators that are stable over time and place. This facilitates appropriate comparisons. In certain cases, where address or six digit postal codes (PC) are available, it is also possible to convert/translate the PC into a specific neighbourhood. Computer software, available from Statistics Canada (PCCF+), is used to do the "geocoding."

Report Card data sources

In order to provide a comprehensive picture of the health and well-being of children ages 7 to 13 years in our communities, data for the Report Card were obtained from a spectrum of sources, ranging from broad population data to service specific, agency-based information and data. The Data Analysis Working Group (DAWG) established a set of protocols for the collection of information from community agencies and organizations, which helped to

preserve the validity, reliability, and confidentiality of the information cited in this Report Card. Three key protocols are:

- Only data with no identifying information about families or individuals was requested or accepted for use in the Report Card.
- Agency-specific information, such as numbers of clients served, would only be used if we were confident that we were able to access the data of all agencies that provided similar services. Our intent is that all data presented in the Report Card should provide a picture of the community, rather than agency-specific activities. This was especially important when population denominators were unknown.
- Whenever possible, comparable information for Wellington, Dufferin, and Guelph was presented. Exceptions were made for data specific to a certain geographic area that would provide valuable information for service planning.

Each time data are referenced in this Report Card, there is a specific corresponding source. The main sources of data for the Report Card are:

- Statistics Canada Census Data
- Provincial Health Planning Database (PHPDB)
- Child Welfare Information System (CWIS)
- Early Years Community Services Inventory

Statistics Canada Census Data

Whenever possible, the Data Analysis Working Group (DAWG) used 2009 intercensal estimates, which Statistics Canada releases to provide estimates of the population between official census dates. Intercensal data is available for all levels of geography used in the Report Card, including Dufferin and Wellington Municipalities, with the exception of the Guelph Neighbourhoods. The most recent census was taken in May of 2006. In some cases, data from the 2001 Census were used for comparisons and trend analyses in the Report Card. Please take note of the source, as it is specified whether 2009 intercensal, 2006 or 2001 census data was used. In addition to publicly available data from Statistics Canada, the Report Card also benefited from “semi-custom run” datasets that allowed us to explore more specific demographic characteristics of our unique communities.

Provincial Health Planning Database (PHPDB) - Hospitalization Separation Data

Hospital separation records are historically the most comprehensive and accessible source of morbidity information. “Morbidity” is the relative incidence of a particular disease. Other components, or measures, of morbidity include visits to emergency rooms and physicians. A “separation” generally refers to the death, discharge home, or transfer to another facility of a patient. “External cause of injury codes” are used to classify the events, circumstances, and conditions that cause an injury, such as a motor vehicle traffic injury. Since a person may not be hospitalized, or may be hospitalized several times for the same disease or injury event, or may be released from more than one hospital (when transferred) for the same injury event, hospitalization data provide only a crude measure of the incidence of a cause. These data can also be influenced by factors that are unrelated to health status, such as availability and accessibility of care and administrative policies and procedures. This may have an impact on comparisons of statistics between geographic areas and over time. These data have been compiled by calendar year and residence of the patient. Ontario residents treated outside of the province are excluded from the datasets.

Although less than 0.5% of all procedures performed for Ontario residents are out-of-province, areas bordering other provinces may be more affected.

Provincial Health Planning Database (PHPDB) - Emergency Room Visit Data

Emergency Room (ER) visit data can provide a crude measure of the prevalence of a cause of injury and disease. A person may visit the ER several times for the same disease or injury event, or may visit more than one hospital for the same disease or injury event. The Ontario-wide data have been compiled by the residence of the patient and data are analyzed by calendar year.

Child Welfare Information System

The Child Welfare Information System (CWIS) is a database program that is used by a number of Children's Aid Societies across Ontario. The program was first implemented in 1997 and is used to record information pertaining to cases served by Children's Aid Societies under the mandate of the Child and Family Services Act (CFSA) (R.S.O. 1990, Chapter C.11). Children's Aid Societies are responsible for collecting and managing CWIS data, and routinely provide the Ministry of Child and Youth Services with information from this system. The information is also used internally by Children's Aid Societies to assist with planning and implementation of services.

Early Years Community Services Inventory

The Early Years Community Services Inventory is a fairly comprehensive list of programs and services offered by local agencies to the birth to six population and their families. Although the services inventory largely focuses on services for the birth to six age range, many of the services also serve school age children. The purpose of the Inventory is to obtain information on the types of services available and locate programs and services within Wellington, Dufferin, and Guelph for children and their families. This information can then be mapped by neighbourhood and community, along with other socio-demographic information to help service providers plan where services should be located in relation to where need is greatest.

Community Information Guelph (CIG) collects service organization data on an ongoing basis in Wellington, Dufferin, and Guelph and makes it available online for the public through their community links website (www.communitylinks.ca). They updated all service organization records in 2010. These data were used to create the service inventory maps that are included in this Report Card.

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A portrait of children and families in Wellington, Dufferin and Guelph

A portrait of children and families in Wellington, Dufferin, and Guelph

The portrait provides a brief demographic overview of the populations in Wellington County, Dufferin County, and the City of Guelph according to Census from 2001, 2006, and Intercensal Data from 2009.¹ Unless otherwise indicated, the data reported in the portrait are from Census 2006.

The information included in this section provides a snapshot of each of the three communities, and includes summary statistics on population, culture and ethnicity, and work and family characteristics. Whenever possible, population statistics specific to ages 7 to 13 are reported. This information is available to service providers to tailor their activities, promotion efforts and interventions, to address the unique needs of specific populations and geographic areas. For example, understanding the rate of population growth is very valuable for strategic planning, service and program planning, and policy development. Of equal importance is the need to understand the changing nature of the population. For example, Census information can tell us where there may be higher concentrations of new immigrants, which helps organizations develop programming that is more accessible to this population.

City of Guelph^{2 3}

Population Snapshot

- Overall, the City of Guelph's population grew by 8.3% from 2001 to 2006, while Ontario's growth rate was 6.7%. This is a somewhat slower growth rate than that from 1996 to 2001, when Guelph grew by 11%. Growth is mainly due to in-migration of families from other parts of the province and country, as well as immigration of families from outside of Canada.⁴
- Since 2005, there has been a 4% decrease in the number of children ages 7 to 13 years in Guelph.⁵
- As of 2009, there were 9,786 children ages 7 to 13 years living in Guelph; in a total population of 123,099, this represents 8% of the total population (see Map I and Map II).⁶

Culture and Ethnicity

- Guelph has 1,290 people who identify themselves as Aboriginal; this is 1.1% of the Guelph population.
- Twenty-one percent (21%) of Guelph's population is made up of people who have immigrated to Canada. This is a slight rise from 20% in 2001. In Ontario, 28% of the population consists of immigrants to Canada.⁷
- Guelph has 1,630 people who report French as their mother tongue. This is 1.4% of the population.
- Ten percent (10%) of the Guelph population speaks languages other than English or French at home. The most prominent non-official languages are Chinese and Italian.

Work and Family

- Twenty-four percent (24%) of Guelph's working population commutes to a municipality outside of Guelph.
- Sixteen percent (16%) of families are led by lone parents. This percentage is comparable to the rate in Ontario.

Wellington County^{8 9}

Population Snapshot

- Overall, Wellington County's population grew by 5.1% from 2001 to 2006, compared to 6.7% for Ontario. This is a somewhat slower growth rate than that from 1996 to 2001, when the County grew by 7%. Growth is mainly due to in-migration from other parts of the province and country.¹⁰
- Since 2005, there has been a 6% decrease in the number of children ages 7 to 13 years in Wellington County.¹¹
- As of 2009, there were 8,636 children ages 7 to 13 years living in Wellington County; in a total population of 91,290, this represents 9% of the total population (see Map I and Map II).

Culture and Ethnicity

- Wellington County has 520 people who identify themselves as Aboriginal – which is below 1% of the County's population.
- Eleven percent (11%) of Wellington County's population is made up of people who have immigrated to Canada. This is the same percentage as in 2001. In Ontario, 28% of the population consists of immigrants to Canada.¹²
- Wellington County has 705 people who report French as their mother tongue. This is just under 1% of the population.
- Six percent (6%) of the County's population speaks languages other than English or French at home. The most prominent non-official languages are German and Dutch.

Work and Family

- Fifty-one percent (51%) of Wellington's working population commutes to a municipality outside their municipality of residence.
- Nine percent (9%) of families are led by lone parents. This percentage is much lower than the rate in Ontario, which is 16%.

Dufferin County^{13 14}

Population Snapshot

- Overall, Dufferin County's population grew by 6.7% from 2001 to 2006. This is the same as Ontario's growth rate, but less than that from 1996 to 2001 when Dufferin grew by 11.7%. However, the Town of Shelburne showed dramatic growth from 2001 to 2006 when it grew by 22%. Most of Dufferin's growth is due to in-migration from other parts of the province and country.¹⁵

- Since 2005 there has been an 8% decrease in the number of children ages 7 to 13 years.¹⁶
- As of 2009, there were 5,765 children ages 7 to 13 years living in Dufferin County; in a total population of 58,014, this represents 10% of the total population (see Map I and Map II).¹⁷

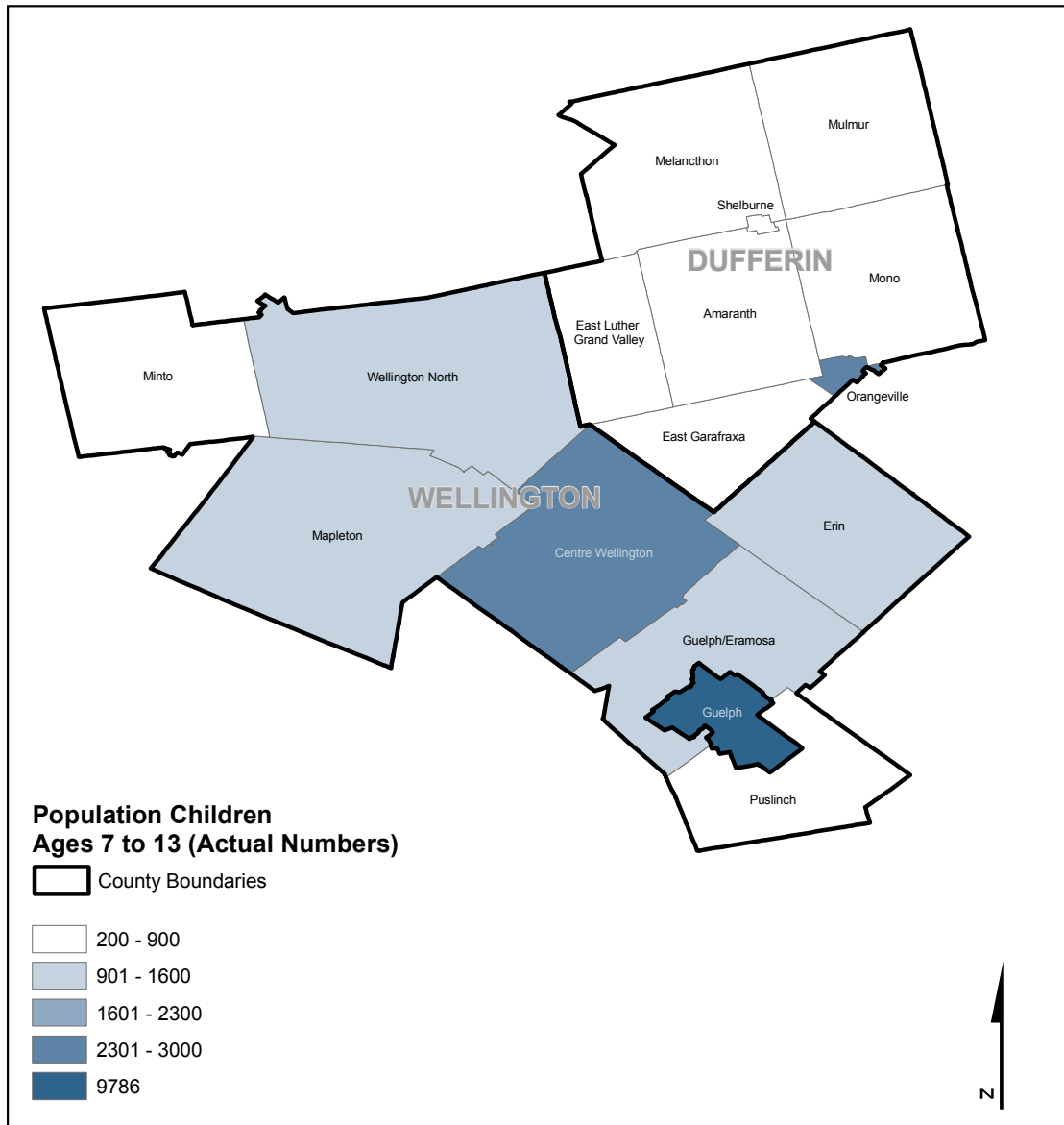
Culture and Ethnicity

- Dufferin County has 525 people who identify themselves as Aboriginal; this is 1% of the County's population.
- Thirteen percent (13%) of Dufferin's population is made up of people who have immigrated to Canada. This represents a slight increase since 2001 when immigrants accounted for 12.2% of the population. In Ontario, 28% of the population consists of immigrants to Canada.¹⁸
- Dufferin has 595 people who report French as their mother tongue. This is about 1% of the population.
- Two percent (2%) of Dufferin's population speaks languages other than English or French at home. The most prominent non-official languages are German and Portuguese.

Work and Family

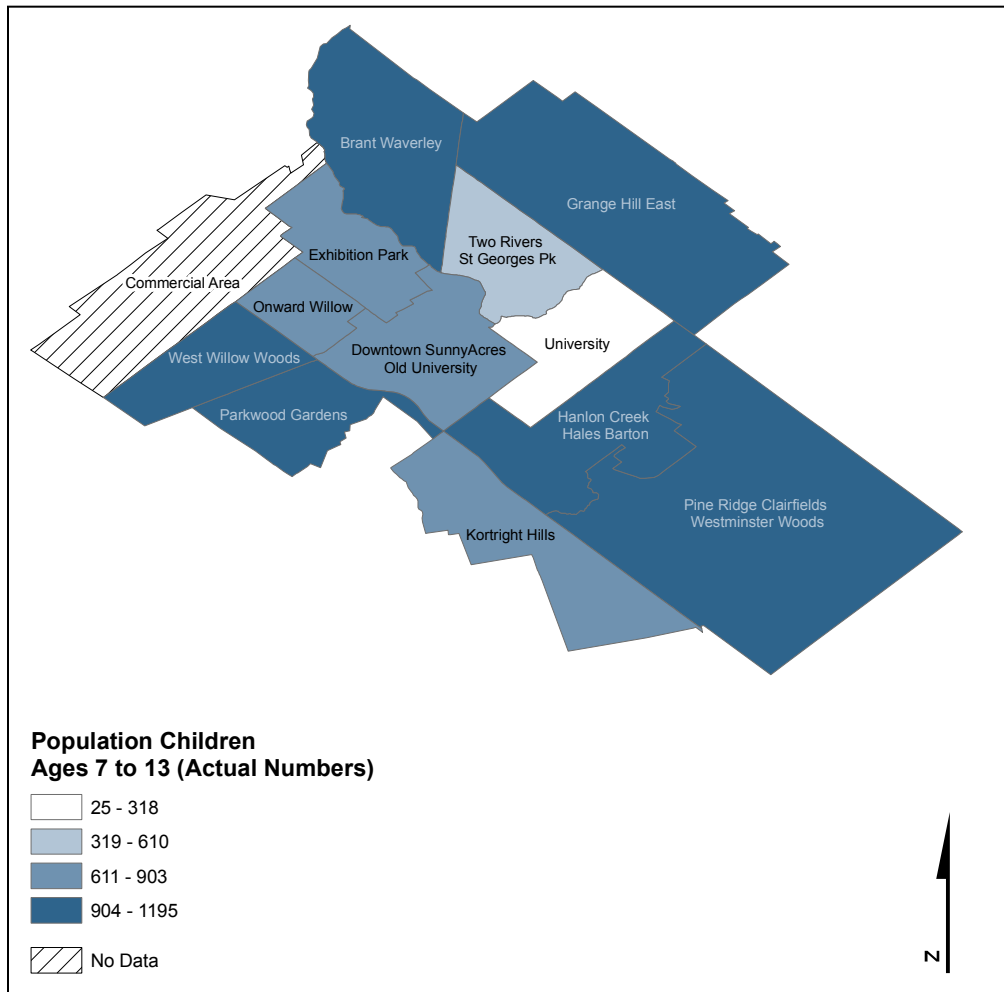
- Fifty-three percent (53%) of Dufferin's working population commutes to a municipality outside their municipality of residence.
- About 14% of families in Dufferin County are led by lone parents. This percentage is slightly lower than the rate in Ontario, which is 16%.

Map I. 2009 Population Distribution of Children Ages 7 to 13 in Wellington, Dufferin, and Guelph



Source: Population of Children Ages 7 to 13: Statistics Canada Intercensal Estimates, 2009

Map II. 2006 Population Distribution of Children Ages 7 to 13 in Guelph Neighbourhoods



Source: Population of Children Ages 7 to 13: Statistics Canada, 2006

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1. Children's right to a quality of life that meets their physical, intellectual, emotional, spiritual and social needs

1. Children's right to a quality of life that meets their physical, intellectual, emotional, spiritual and social needs

Introduction

The link to children's well-being

A child's overall well-being is strongly influenced by a complex and dynamic interplay of their physical, intellectual, emotional, spiritual, and social health. These needs represent important developmental domains for children of all ages. Canadian research has recently identified emerging health issues in middle childhood related to physical, emotional, and social health.¹ For example, there is evidence of increasing mental health problems and aggressive behaviour, respiratory health concerns and obesity, and type 2 diabetes among this age group.^{2,3}

Physical health is important to well-being, as there is increased attention and self-awareness towards various aspects of physical growth, skill, and activity patterns during middle childhood. Illness or disease can have a significant impact on a child's overall physical health and all other developmental domains.⁴ Intellectual health is necessary for children to develop a sense of self-confidence and conceptual thought. Middle childhood represents a period of critical growth and refinement of the brain, despite the importance of the early years in brain development.⁵

Emotional health allows children to identify their emotions, the emotions of others, and the ability to articulate them.⁶ Emotional health also fosters the necessary coping skills to manage stress or trauma.⁷ There is a complex interaction among bio-psycho-social-spiritual needs that influences a child's susceptibility to depression and other mental health issues.⁸ Spiritual health has many different meanings to each individual, based on their culture and background. A child's ability to fulfill their own spiritual needs can be affected by their development and previous experiences. It is important to acknowledge and be aware of these needs when considering the well-being of children.⁹

Finally, the social needs of children in middle childhood are particularly important, due to increasing peer interaction and the need to develop individual identity. Peer interactions during middle childhood foster social competence necessary for positive, sustained, and reciprocal relationships. Both individual friends and peer groups play an important role in a child's well-being. Friends foster feelings of trust and intimacy, whereas peer groups encourage cooperation and leadership. Acceptance into social groups is a strong predictor of psychological adjustment and has a notable influence on personal identity development.

The importance of this charter right for children in middle childhood

While these developmental domains are critical for children of all ages, there is an increasing focus on intellectual, emotional, social, physical, and spiritual capacities in middle childhood.¹⁰ This period of development marks a significant transition from

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pre-pubescence to pubescence. Middle childhood is a critical time for many of these developmental domains. For example:

- many physical health issues such as asthma and obesity either improve or become severe during middle childhood;
- middle childhood marks a time of rapid gains in intellectual processes and memory;¹¹
- research has found that school-age children are particularly vulnerable to emotional and mental health issues;
- identification and diagnosis of special needs, such as Attention Deficit Hyperactivity Disorder and Autism Spectrum Disorder, usually peaks during middle childhood;
- a sense of competence, awareness of group norms, desire for group belonging, and increasing influence of peers occurs during these years.¹²

Indicators of children's health and well-being in this chapter

Much of the available local data that are reported in this chapter are reflective of the physical and emotional well-being of children in middle childhood. This chapter therefore contains the following indicators:

- Mental health
- Hospitalizations
- Chronic disease and long-term illness
- Obesity
- Dental health
- Immunizations
- Communicable diseases
- Health and wellness services
- Alcohol, drugs, and tobacco use

The value of this information to service providers

Middle childhood signals a critical time for service providers to initiate appropriate strategies and services that positively support healthy development and overall child well-being.^{13 14} These interventions should be responsive to the unique developmental needs of this age group and include prevention strategies, promotion of positive emotional and developmental outcomes, and provision of ongoing positive and diverse learning opportunities and social interactions.^{15 16}

Compared to the early years and youth, there are not as many programs, services and policies specific to the needs of middle childhood. Research has demonstrated the effectiveness of several local activities and policies that result in greater access to services for children in middle childhood. Some of these examples include school and community-based mental health and primary health services; integration of mental health into overall health care services and programs; population-level mental health promotion; cultural considerations; an increased focus on reinforcing family-based strengths and assets; focus on prevention and early intervention; fee assistance programs for low-income families; and system integration that supports centralized intake for community-based services.¹⁷ Many of these are currently implemented in our community, or have been given increasing attention.

This chapter provides some of the information necessary to assess both local strengths and possible gaps, and to help inform where there may be opportunities for greater collaboration by building on existing partnerships.

Mental health

Increasing attention has been given to the importance of mental health to children's overall health, well-being and development. In 2009, the Provincial government acknowledged the important role of mental health and developed a new strategy for mental health in Ontario.¹⁸ Access to mental health services is critically important during middle childhood.¹⁹ "Approximately 20% (or 1 in 5) of children aged 19 and under struggle with a diagnosable emotional, mental or behavioural disorder."^{20 21} Children's Mental Health Ontario (CMHO) reports that the seven most common mental health problems experienced by children and youth include: Anxiety Disorder; Depression; Conduct Disorder (bullying, vandalism, etc.); Attention Deficit Hyperactivity Disorder (ADHD); eating disorders; Schizophrenia; and Bipolar Disorder (Manic-Depression).²²

Due to issues related to accessibility and lack of appropriate services, children may be unable to access the necessary service systems required to address mental health concerns.²³ Research has demonstrated that early intervention is critical in supporting healthy child development and positive outcomes for children who struggle with mental health.²⁴ Mental health disorders that go untreated can result in negative outcomes for children, including drug and alcohol misuse, suicidal tendencies, difficulties in school or school dropout, violence, and withdrawal.²⁵

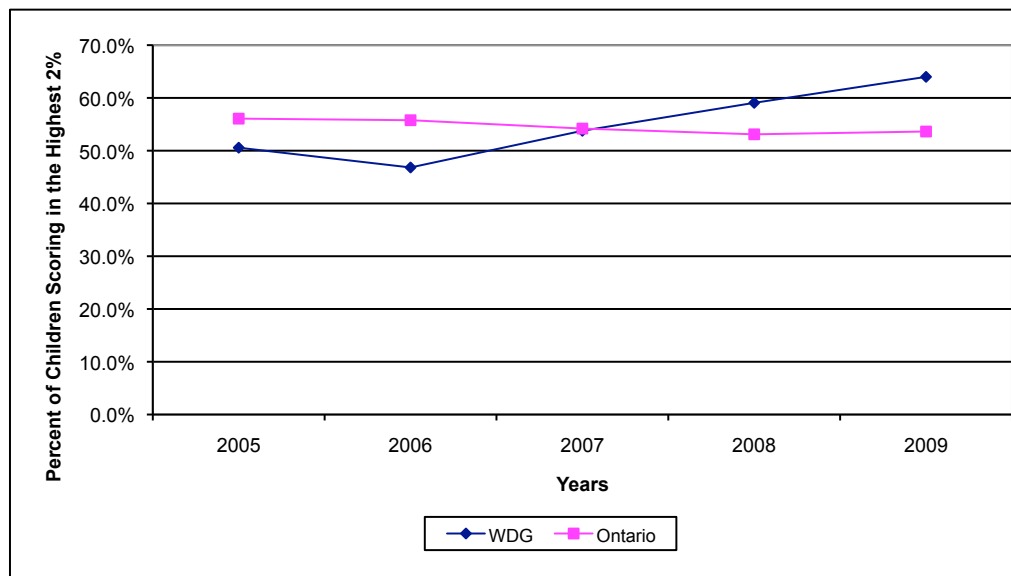
CMHO supports community-based providers of child and youth mental health treatment services across Ontario. To be a member of CMHO, organizations must support and contribute to their goal of a sustainable system of mental health services for Ontario's youth. CMHO supports two community-based children's mental health centres in Wellington, Dufferin, and Guelph. These organizations are Trellis Mental Health and Developmental Services (Trellis) in Guelph and Wellington County, and Dufferin Child and Family Services (DCAFS) in Dufferin County.

Trellis and DCAFS use the Brief Child and Family Phone Interview (BCFPI), which is a standardized children's mental health intake and outcome assessment tool. Research supports the use of the BCFPI as an acceptable tool for assessing emotional-behavioural problems of children six to 18 years of age referred to children's mental health services.²⁶ Parents, youth or teachers are able to complete the interview, which asks about common behavioural and emotional problems. The interview helps the clinician understand the nature of the concerns related to the child, the impact it has on the family, and readiness to participate in services.

The BCFPI asks questions specific to several Mental Health and Functional Indicators (e.g., Attention Deficit Disorder (ADD), Anxiety or Depression). Outcomes of these questions are compared to an Ontario norm. If a child or youth receives a high score, specifically within the top 2%, when compared to the Ontario norm, it is likely that they have a diagnosable problem for that indicator. It is important to note that the BCFPI is not a diagnostic tool. Those children and youth in the top 2% for any indicator are flagged and further examined. Aggregate BCFPI data from Trellis and DCAFS are presented in the following figures for children ages 7 to 13 in Wellington, Dufferin, and Guelph. These figures

represent the Mental Health and Functional Indicators with the highest frequencies for our area, including Overall Family Situation, Overall Child Functioning, Social Participation, Overall Mental Health, and Self Harm. Figures 1.1 to 1.5 display the percent of children ages 7 to 13 in Wellington, Dufferin, and Guelph and Ontario who were referred for mental health services and scored in the top 2% for the respective indicators on the BCFPI. In other words, the figures show the percent of children where there was a strong likelihood that they had a diagnosable problem with that specific indicator.

Figure 1.1. **Percent of Children Ages 7 to 13 Who are Referred or Self-Referred for Mental Health Services that Score in the Highest 2% (indicating a strong likelihood of a diagnosable condition) for Overall Family Situation, Wellington, Dufferin, and Guelph and Ontario, 2005 to 2009**

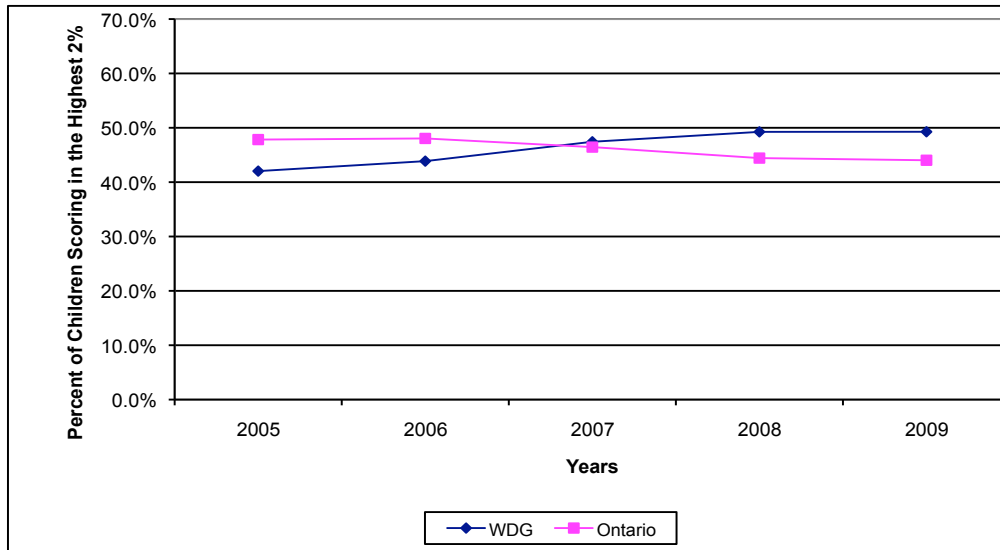


Source: Brief Child and Family Phone Interview (BCFPI) for Trellis Mental Health and Developmental Services and Dufferin Child and Family Services, personal correspondence with Project Manager, BCFPI Implementation Project, Children's Mental Health Ontario

Note: Overall Family Situation describes the impact of children with mental health concerns on their families' ability to take part in typical activities, such as visiting friends and relatives, using child care, or going shopping. It also reflects the degree to which these children are perceived to be a source of conflict within the family.

The number of interviews completed for the section of the BCFPI that provides a score on Overall Family Situation are as follows, 2005: n=315; 2006: n=302; 2007: n=295; 2008: n=405; 2009: n=362. The number of interviews completed varies across the Mental Health and Functional Indicators within a year, because not every section is completed in every interview.

Figure 1.2. **Percent of Children Ages 7 to 13 Who are Referred or Self-Referred for Mental Health Services that Score in the Highest 2% (indicating a strong likelihood of a diagnosable condition) for Overall Child Functioning, Wellington, Dufferin, and Guelph and Ontario, 2005 to 2009**

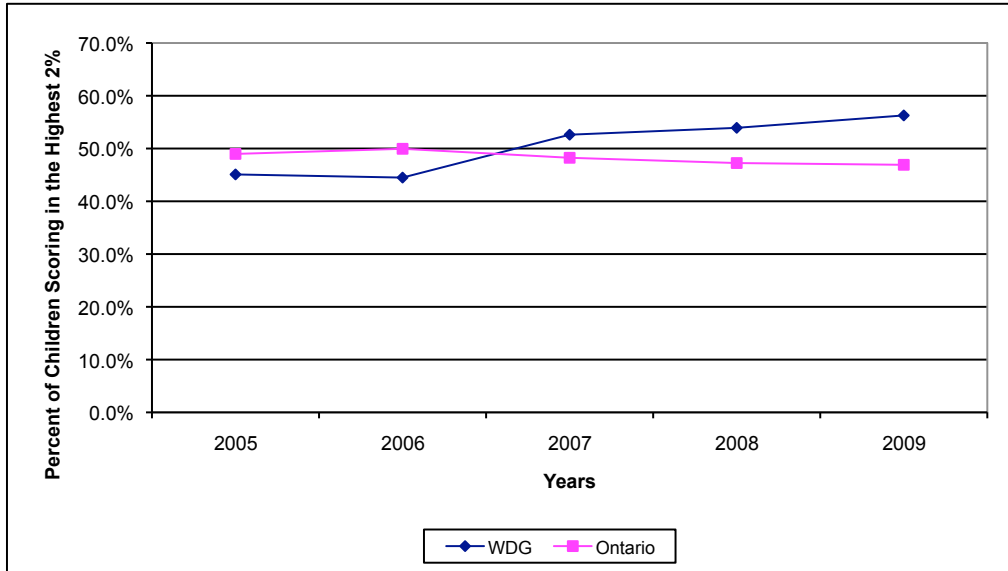


Source: Brief Child and Family Phone Interview (BCFPI) for Trellis Mental Health and Developmental Services and Dufferin Child and Family Services, personal correspondence with Project Manager, BCFPI Implementation Project, Children's Mental Health Ontario

Note: Overall Child Functioning describes the extent to which children with mental health concerns adversely affect their participation in social activities: the quality of their relationships with parents, teachers, and peers; and school participation and achievement.

The number of interviews completed for the section of the BCFPI that provides a score on Overall Child Functioning are as follows, 2005: n=330; 2006: n=326; 2007: n=295; 2008: n=404; 2009: n=360. The number of interviews completed varies across the Mental Health and Functional Indicators within a year, because not every section is completed in every interview.

Figure 1.3. **Percent of Children Ages 7 to 13 Who are Referred or Self-Referred for Mental Health Services that Score in the Highest 2% (indicating a strong likelihood of a diagnosable condition) for Social Participation, Wellington, Dufferin, and Guelph and Ontario, 2005 to 2009**

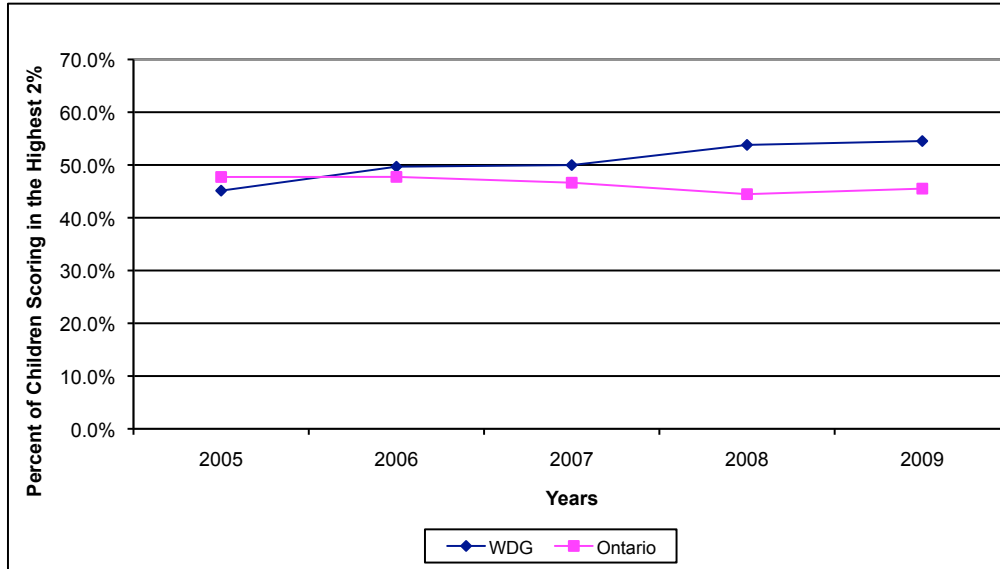


Source: Brief Child and Family Phone Interview (BCFPI) for Trellis Mental Health and Developmental Services and Dufferin Child and Family Services, personal correspondence with Project Manager, BCFPI Implementation Project, Children’s Mental Health Ontario

Note: Social Participation describes the extent to which children with mental health concerns participate in versus withdrawal from social activities. High scores indicate that the child may be withdrawing or spending less time with other children.

The number of interviews completed for the section of the BCFPI that provides a score on Social Participation are as follows, 2005: n=326; 2006: n=323; 2007: n=295; 2008: n=405; 2009: n=363. The number of interviews completed varies across the Mental Health and Functional Indicators within a year, because not every section is completed in every interview.

Figure 1.4. **Percent of Children Ages 7 to 13 Who are Referred or Self-Referred for Mental Health Services that Score in the Highest 2% (indicating a strong likelihood of a diagnosable condition) for Overall Mental Health, Wellington, Dufferin, and Guelph and Ontario, 2005 to 2009**

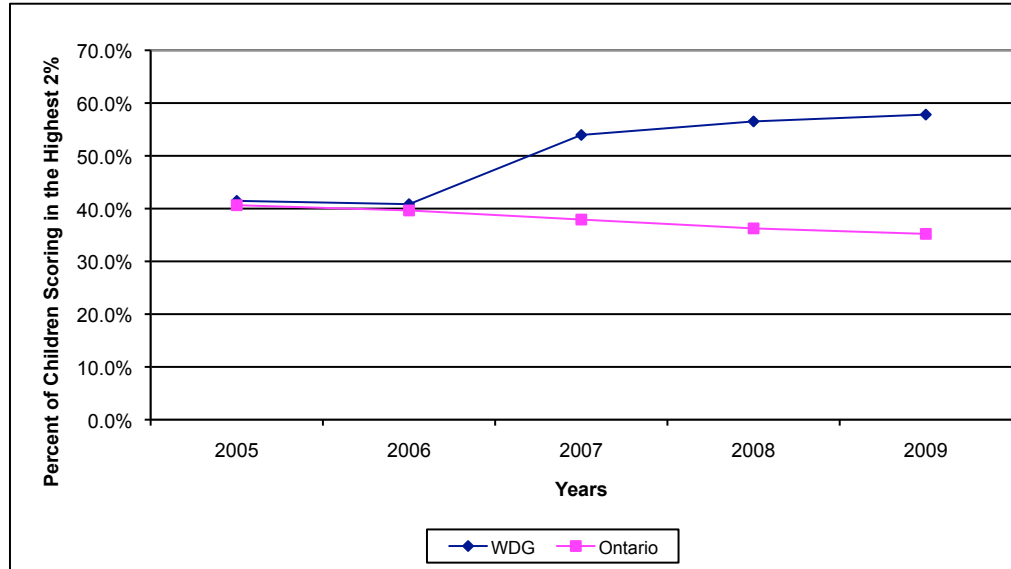


Source: Brief Child and Family Phone Interview (BCFPI) for Trellis Mental Health and Developmental Services and Dufferin Child and Family Services, personal correspondence with Project Manager, BCFPI Implementation Project, Children’s Mental Health Ontario

Note: Overall Mental Health describes externalizing behaviours, such as regulating attention, impulsiveness, and activity level. As well as internalizing behaviours: such as problems separating from parents; managing anxiety or worries about past, present and future events; interest and enjoyment of life; and general mood.

The number of interviews completed for the section of the BCFPI that provides a score on Overall Mental Health are as follows, 2005: n=332; 2006: n=325; 2007: n=298; 2008: n=407; 2009: n=363. The number of interviews completed varies across the Mental Health and Functional Indicators within a year, because not every section is completed in every interview.

Figure 1.5. **Percent of Children Ages 7 to 13 Who are Referred or Self-Referred for Mental Health Services that Score in the Highest 2% (indicating a strong likelihood of a diagnosable condition) for Self Harm, Wellington, Dufferin, and Guelph and Ontario, 2005 to 2009**



Source: Brief Child and Family Phone Interview (BCFPI) for Trellis Mental Health and Developmental Services and Dufferin Child and Family Services, personal correspondence with Project Manager, BCFPI Implementation Project, Children’s Mental Health Ontario

Note: Self Harm describes concerns such as weight loss, suicidal talk, and suicide attempts. Assesses how well children are managing their mood.

The number of interviews completed for the section of the BCFPI that provides a score on Self Harm are as follows, 2005: n=256; 2006: n=239; 2007: n=184; 2008: n=115; 2009: n=95. The number of interviews completed varies across the Mental Health and Functional Indicators within a year, because not every section is completed in every interview.

For each of the Mental Health and Functional Indicators displayed in Figures 1.1 to 1.5, the percent of children scoring in the highest 2% for Wellington, Dufferin, and Guelph (WDG) in 2006 and 2007 surpasses the Ontario average. In fact, the WDG percentage continues to display an increasing discrepancy with that of the Ontario percentage from 2007 to 2009. In examining these data it is important to note that agency specific prevalence rates may be influenced by factors linked to the group of clients that are interviewed with the BCFPI, or programs that are offered within the community. The programs that are offered can change at any given time, which would then have an impact on the prevalence rates in the data that are collected (e.g., if crisis clinic clients are interviewed, then the likelihood of identifying individuals who likely have a diagnosable problem increases). For example, Trellis Mental Health and Developmental Services was, and still is, offering counseling services, which will have an impact on the number of children completing the BCFPI. Given this, it is not particularly exceptional that the agency prevalence rates for Wellington, Dufferin, and Guelph are higher than the provincial

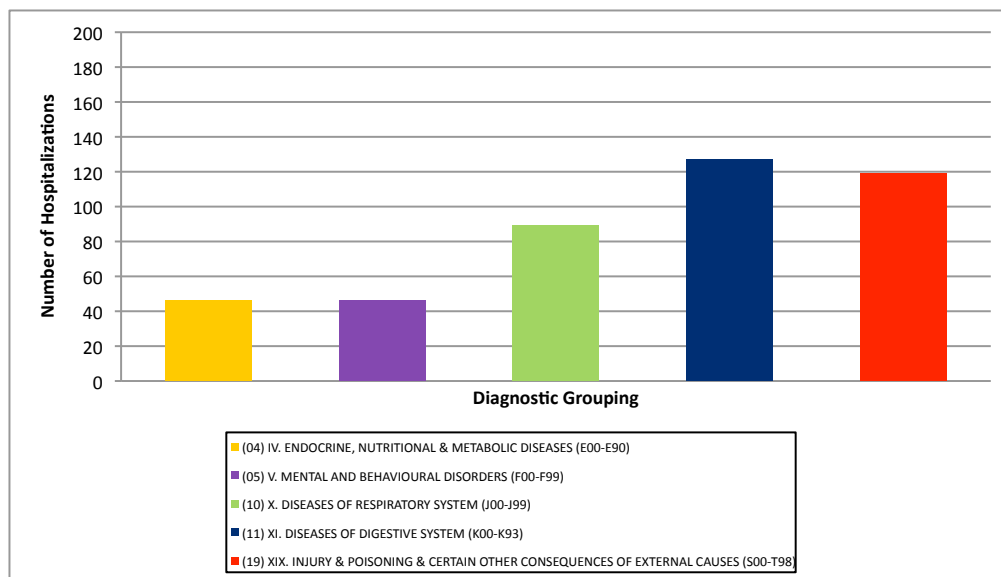
prevalence. The rise in the WDG prevalence may also reflect the increasing presence of Social Workers with the Family Health Teams in the community, who are beginning to work with children at the less severe end of the spectrum.

Further investigation is needed to explain why this trend may have occurred in Wellington, Dufferin, and Guelph, and to rule out the possibility that the data are influenced by a common, and difficult to avoid, data acquisition bias connected to the supports available in the community.

Hospitalizations

Another source of data that provides insight into the overall physical well-being of children is hospitalization data. Wellington-Dufferin-Guelph Public Health has access to Hospitalization Separation data through the Provincial Health Planning Database. This database reports reasons for hospitalization according to Diagnostic Groupings and Diagnostic Criteria. Hospitalization data for Wellington, Dufferin, and Guelph were examined for children ages 7 to 13 by gender from 2005 to 2009. This analysis revealed the top five most prevalent Diagnostic Groupings for hospitalization for both males and females, which are displayed in Figures 1.6 and 1.7.

Figure 1.6. **Number of Hospitalizations by Diagnostic Grouping, Female Children Ages 7 to 13, Wellington, Dufferin, and Guelph, 2005 to 2009**



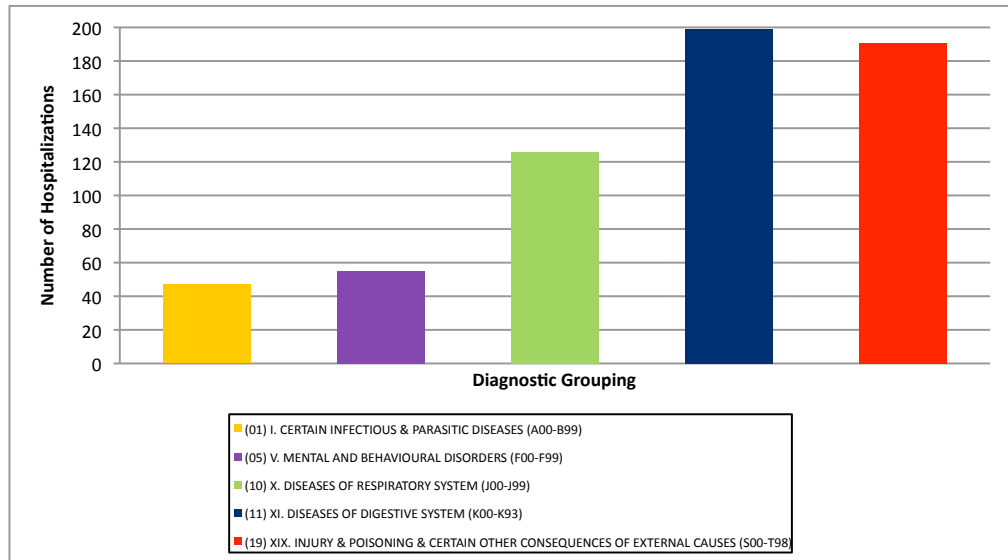
Source: Wellington-Dufferin-Guelph Hospitalization Diagnosis, 2005 to 2009, 7 to 13 Age at Discharge Counts, Provincial Health Planning Database, extracted February 2011.

Note: The top five most prevalent Diagnostic Groups were determined by the largest number of cases of hospitalization based on counts. There may be situations of repeat hospitalization of an individual for

the same cause. Also individuals may be diagnosed according to multiple Diagnostic Groupings, but the information in Figure 1.6 and 1.7 represents the most responsible Diagnostic Groupings for hospitalization.

Hospitalization Separation data captures individuals hospitalized based on residence versus the hospital they were treated in. Therefore, if someone living in Orangeville was treated at the Mc Master Hospital they would be captured in hospitalization counts for Wellington, Dufferin, and Guelph.

Figure 1.7. Number of Hospitalizations by Diagnostic Grouping, Male Children Ages 7 to 13, Wellington, Dufferin, and Guelph, 2005 to 2009

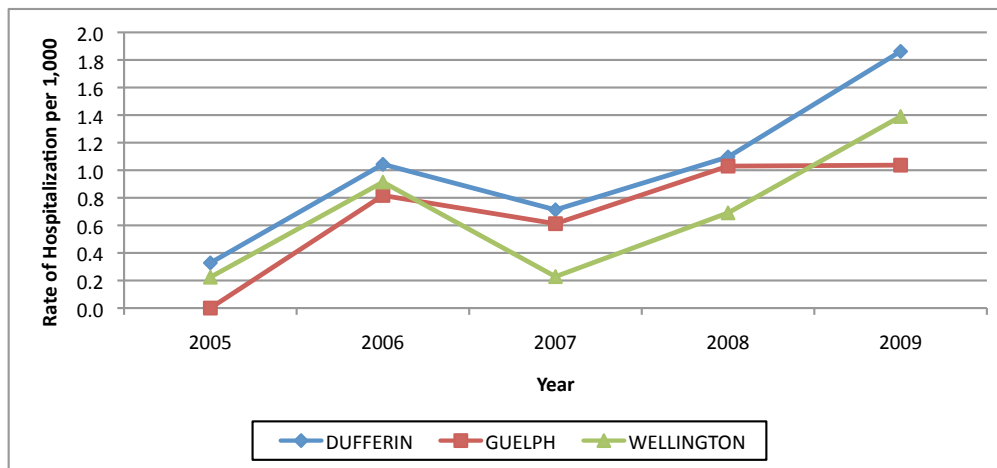


Source: Wellington-Dufferin-Guelph Hospitalization Diagnosis, 2005 to 2009, 7 to 13 Age at Discharge Counts, Provincial Health Planning Database, extracted February 2011.

Once the most prevalent Diagnostic Categories for hospitalization were determined based on counts, this information was converted to a rate (per 1,000) over time (2005 to 2009) and geography (Wellington, Dufferin, and Guelph) for further examination. With the exception of hospitalizations for the Diagnostic Grouping of “mental and behavioural disorders”, there were no clear or consistent time trends.

Figure 1.8 indicates a fairly consistent upward trend in hospitalizations for “mental and behavioural disorders” for Wellington, Dufferin, and Guelph for the period of 2005 to 2009.

Figure 1.8. **Rate of Hospitalization for “Mental and Behavioural Disorders”, Children Ages 7 to 13, Wellington, Dufferin, and Guelph, 2005 to 2009**



Source: Wellington-Dufferin-Guelph Hospitalization Diagnosis, 2005 to 2009, 7 to 13 Age at Discharge Counts, Provincial Health Planning Database, extracted February 2011.

The top five most prevalent Diagnostic Groupings for both males and females were further examined according to the specific Diagnostic Criteria that make up the groupings. The following tables illustrate the outcomes of this analysis for “Diseases of Respiratory System” for male children 7 to 13 years of age.

Table 1.1 indicates that the rate of disease within the respiratory system, for males is 2.4 times lower in Wellington than in Guelph.

Table 1.1. **Rate of Hospitalization for “Diseases of Respiratory System” for Male Children Ages 7 to 13, Wellington, Dufferin, and Guelph, 2005 to 2009**

	Count	Population at Risk	Rate per 1,000 Person Years
Wellington	24	22,468	1.07
Dufferin	37	15,717	2.35
Guelph	65	25,715	2.53

Source: Wellington-Dufferin-Guelph Hospitalization Diagnosis, 2005 to 2009, 7 to 13 Age at Discharge Counts, Provincial Health Planning Database, extracted February 2011.

While the male respiratory disease rate in Dufferin appears similar to that of Guelph (Table 1.1), an examination of the top five leading Diagnostic Criteria for the “Diseases of Respiratory System” Grouping revealed a 3.9 times higher rate of “Chronic Diseases of the Tonsils and Adenoids” in Dufferin, compared to Guelph, as seen in Table 1.2.

Table 1.2. **Rate of Hospitalization for “Chronics Diseases of the Tonsils and Adenoids” for Male Children Ages 7 to 13, Wellington, Dufferin, and Guelph, 2005 to 2009**

	Count	Population at Risk	Rate per 1,000 Person Years
Wellington	5	22,468	0.22
Dufferin	14	15,717	0.89
Guelph	6	25,715	0.23

Source: Wellington-Dufferin-Guelph Hospitalization Diagnosis, 2005 to 2009, 7 to 13 Age at Discharge Counts, Provincial Health Planning Database, extracted February 2011.

Table 1.3 shows that the Diagnostic Criteria “asthma” for “Disease of Respiratory Systems” for males is 3.4 times lower in Wellington than in Guelph.

Table 1.3. **Rate of Hospitalization for “Asthma” for Male Children Ages 7 to 13, Wellington, Dufferin, and Guelph, 2005 to 2009**

	Count	Population at Risk	Rate per 1,000 Person Years
Wellington	5	22,468	0.22
Dufferin	10	15,717	0.64
Guelph	19	25,715	0.74

Source: Wellington-Dufferin-Guelph Hospitalization Diagnosis, 2005 to 2009, 7 to 13 Age at Discharge Counts, Provincial Health Planning Database, extracted February 2011.

Chronic disease and long-term illness

Chronic disease and long-term illness can have implications for the psychosocial well-being of children and their families. Often disease and illness can interfere with many aspects of daily life, such as frequent absences from school and disruptions to social interactions with peers, which can cause feelings of loneliness and isolation.²⁷ Findings from the Ontario Child Health Study found that, compared to healthy peers, children with both chronic illness and associated disability, were at a greater risk for psychiatric disorders and social adjustment problems. These children and their families require support from health care and social services to manage both the conditions of the disease or illness and the many other impacts it can have on their daily lives and family functioning.

The Community Care Access Centres (CCACs) are funded by the Ministry of Health and Long-Term Care to provide this support to families in Ontario by bringing together all of the services needed by the child and family. They connect families with quality care

in the hospital, home and school. CCACs work with children and their families to build on the child's strengths, maximize their ability to attend and participate in school, and support the family in providing the necessary care. Support in the home involves medical supplies, nursing services, and personal support. In the school setting CCACs arrange for the necessary professional services, including physiotherapy, occupational therapy, speech-language therapy, nursing, and nutritional counseling.²⁸

CCACs use the same service boundaries as the Local Health Integration Networks (LHINs). Guelph and Wellington County are served by the Waterloo-Wellington Community Care Access Centre, and Dufferin County is served by the Central West Community Care Access Centre.

Table 1.4 and 1.5 summarize the number of children ages 7 to 13, by diagnosis, in the City of Guelph and County of Wellington that are receiving services through the Waterloo-Wellington CCAC by fiscal year. Dufferin County data were not available at this time.

Table 1.4. Number of Children Ages 7 to 13 Receiving Services from Waterloo-Wellington Community Care Access Centre (CCAC), for Wellington, 2008/09 to 2009/10

	2008/09	2009/10
DIAGNOSIS:		
Mental Health - Clients	234	221
Physical Health - Clients		
Cerebral Palsy	12	14
Developmental Delay	223	216
Diabetes	<10	<10
Down's/Mental Retardation	11	<10
Speech and Language	111	97
Total Clients Mental & Physical Health	344	323
CHRONIC DISEASE & LONG TERM ILLNESS:		
MFTD Clients	<10	<10
Complex Clients	<10	<10

Source: CHRIS Internal Database, personal correspondence with Client Service Manager, Waterloo-Wellington CCAC.

Note: The Total Clients for Mental & Physical Health is a distinct count of client numbers. A client could be listed under more than one diagnostic category, therefore the sum of all categories does not equal the total.

Table 1.5. **Number of Children Ages 7 to 13 Receiving Services from Waterloo-Wellington Community Care Access Centre (CCAC), for Guelph, 2008/09 to 2009/10**

	2008/09	2009/10
DIAGNOSIS:		
Mental Health - Clients	319	310
Physical Health - Clients		
Cerebral Palsy	16	14
Developmental Delay	285	277
Diabetes	<10	<10
Down's/Mental Retardation	25	24
Speech and Language	162	128
Total Clients Mental & Physical Health	511	480
CHRONIC DISEASE & LONG TERM ILLNESS		
MFTD Clients	<10	<10
Complex Clients	<10	<10

Source: CHRIS Internal Database, personal correspondence with Client Service Manager, Waterloo-Wellington CCAC.

Note: The *Total Clients for Mental & Physical Health* is a distinct count of client numbers. A client could be listed under more than one diagnostic category, therefore the sum of all categories does not equal the total.

Definitions of CCAC Diagnosis

Mental Health-Clients: Include children with one or more of the following diagnoses: ADHD, behavioural challenges -Oppositional Defiance Disorder (ODD), Conduct Disorder (CD), mood disorders - depression, Bipolar or Manic Depression, eating disorders, Schizophrenia, and anxiety.

Developmental Delay: Children with specific motor retardation or lack of expected normal physical development, including fine motor delay, gross motor delay, or fine motor/sensory delay.

MFTD Clients: (Medically Fragile Technologically Dependent Children): These children depend on technology for survival, such as ventilators. These children have been made eligible for enhanced respite funding (ERF) through the Ministry of Children and Youth Services.

Complex Clients: Include those children who are receiving nursing in the home but may not be eligible for ERF.

When interpreting Table 1.4 and 1.5 it is important to note that children found eligible for CCAC services can have more than one diagnosis. The "Total Clients Mental & Physical Health" is a distinct client count, which means that the sum of all the sub-diagnoses does not equal this total. While the counts presented in Table 1.4 and 1.5 make it appear that Mental Health disorders are the most common diagnosis among children ages 7 to 13 accessing CCAC services for both Guelph and Wellington, it is important

to note that mental health diagnoses are typically not the primary diagnosis or reason children are referred to CCAC. For the majority of cases, children would have a Physical Health diagnosis in order for CCAC to be involved in the intervention and a Mental Health diagnosis would be identified as a secondary diagnosis for CCAC. There are other community services, including Trellis Mental Health and Developmental Services and Dufferin Child and Family Services (DCAFS), that would likely work with children that only have a mental health diagnosis. In terms of Physical Health, a diagnosis of Developmental Delay represents the most common diagnosis for children that have accessed CCAC services, but often this not the only diagnosis that a child presents.

Obesity

Childhood obesity can have a significant impact on the health and well-being of our children. Obesity has been linked to an increased risk for cardiovascular diseases, type 2 diabetes, hypertension, gallbladder disease, sleep apnea, osteo-arthritis and psychosocial disturbances. While there are insufficient local data to provide an understanding of the rates of childhood obesity in Wellington, Dufferin, and Guelph for children ages 7 to 13, there is substantial research both nationally and globally.

- Thirty-three percent (33%) of children ages 12 and older are considered overweight or obese in Wellington, Dufferin, and Guelph, according to the Canadian Community Health Survey (2004).
- The Kindergarten Parent Survey (KPS) for Wellington and Guelph found that in 2006, 27.2% of children aged 5 were at risk for being overweight or obese in Guelph, and in Wellington, 24.4%. In 2009 these percentages decreased in both Guelph and Wellington to 22.8% and 20.8% respectively.
- According to a Statistics Canada study, 27.5% of Ontario children aged two to 17 are obese or overweight (Canadian Community Health Survey (CCHS), 2004).
- In Canada, obesity in children is increasing substantially. Eight percent (8%) of children ages two to 17 are now considered to be clinically obese, up from 3% in a few short years.

Research has demonstrated the importance of promoting healthy eating and physical activity among children to help prevent obesity. There is limited local data available that describes the physical activity and healthy eating behaviours of children in this age group. In 2007, a study was conducted in Wellington, Dufferin, and Guelph regarding the physical activity levels and fruit and vegetable consumption among children. A random telephone survey of households in Wellington, Dufferin, and Guelph resulted in 142 surveys being completed by parents of children ages five to 12. The number of surveys completed is not sufficient to represent the population, but it does provide a cautious indication of physical activity levels and nutrition among this age group. The measurement used for physical activity was the expenditure of kilocalories per day. Those children physically active enough to expend greater than or equal to 8 kilocalories per kilogram (KKD) per day were considered to be physically active and gaining health benefits.

The survey found that approximately 58% of female children and 57% of male children in this age group were physically active (greater than or equal to 8KKD). Rather than having comparable activity levels between males and females as seen in Wellington, Dufferin, and

BMI CALCULATION

The Kindergarten Parent Survey collected information on current weight, height and birth date, as reported by parents. From this information, a Body Mass Index (BMI) was calculated using the Centre for Disease Control BMI calculator. The numbers reported are useful as an indication of the risk of being overweight or obese in 5-year old children.

Guelph, other studies have found that girls are less active in this age group than boys.³⁰ The survey also asked respondents to report on their children's daily vegetable and fruit consumption. Respondents reported that 53% of male children and 46% of female children eat vegetables and/or fruit four or more times daily.

Dental health

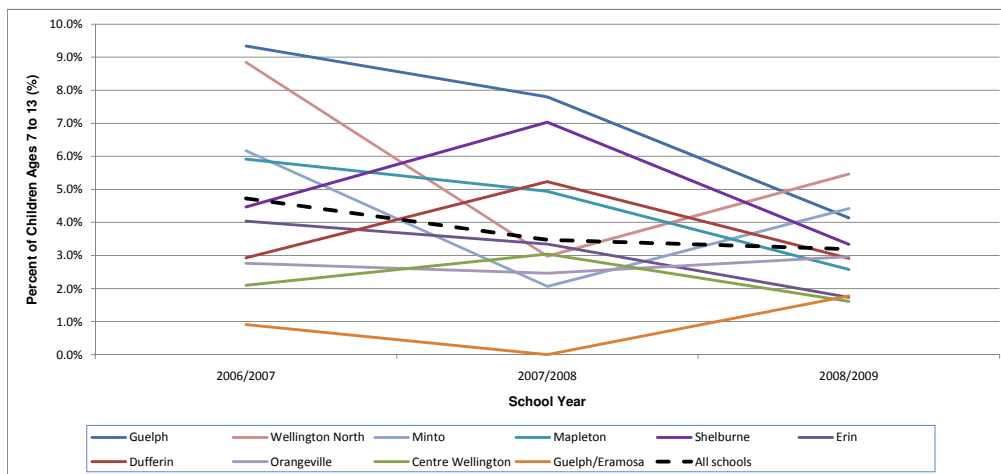
Early childhood dental caries (i.e., cavities) is the most common chronic disease of childhood.³¹ Oral health is an important part of a child's overall health. Research has demonstrated a link between gum disease and other health conditions, including diabetes, pneumonia and other respiratory disease, heart disease, and stroke.³² Children who have poor dental health are likely to experience pain, poor concentration, sleep disturbance, behavioural problems, low self-esteem, and difficulty eating.³³

Dental health is closely tied to many determinants of health, such as socioeconomic status, nutrition, and microbiological factors. Income level and socio-economic status have been found to be the major determinants associated with children who suffer from early childhood caries.³⁴ Families with low income that do not have access to dental insurance are much less likely to bring their children to the dentist on a regular basis to receive ongoing, preventive care. Food insecurity is closely related to this issue, as low-income families often do not have the resources to meet the requirements for a healthy diet necessary for good oral health.³⁵

Wellington-Dufferin-Guelph (WDG) Public Health offers free dental care for children and youth up to and including 17 years of age. Through public health community-based and school-based screening clinics, dental hygienists screen children's teeth to assess their dental health. If urgent dental needs are identified such as pain, infection, cavities, bleeding gums, or mouth injuries, children are referred to the Children in Need of Treatment (CINOT) program. CINOT provides financial assistance to cover the costs of dental treatment for children of families who do not have dental insurance and are experiencing financial hardship.

Figure 1.9 presents the data collected by WDG Public Health from the grade 2, 4, 6 and 8 school screening program offered to all schools in Wellington, Dufferin, and Guelph. This graph shows the percent of children referred to CINOT through the school screening program during the 2006/07 to 2008/09 school years.

Figure 1.9. Percent of Children Referred to the CINOT Program from School Screenings, Wellington, Dufferin, and Guelph, 2006/07 to 2008/09



Source: Oral Health Information Support System (OHISS), Wellington-Dufferin-Guelph Public Health, October 2010.

Note: School screening data provides the percent of children from each school that were referred to the CINOT program. School-level data was aggregated across all schools within their respective municipalities to provide a municipal percentage, with the exception of Dufferin municipalities. Due to confidentiality of schools, Dufferin municipalities were aggregated to provide a County-level percentage.

Not all schools are screened every year and as a result, the total number of children screened each year varies.

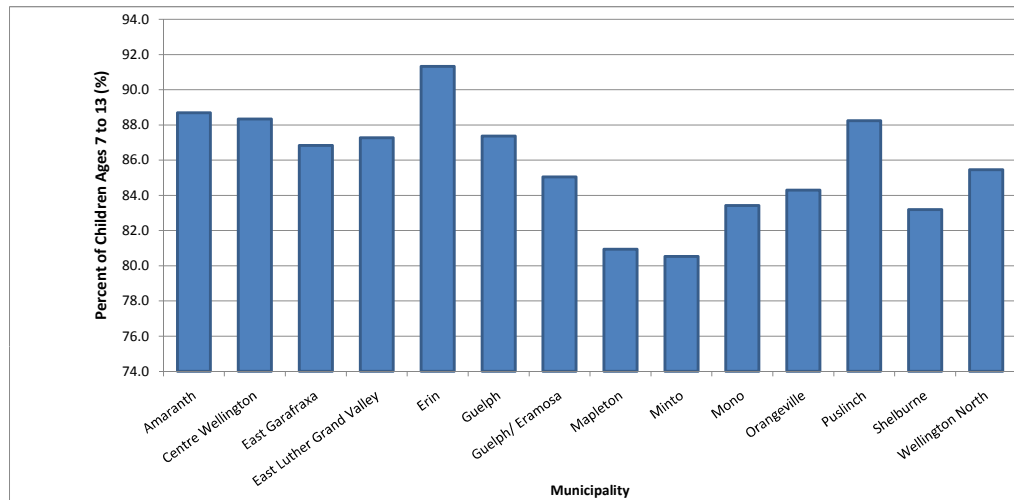
Immunizations

Immunizations are a safe and effective way to prevent illness and death caused by vaccine-preventable diseases. Some of these diseases can have very serious outcomes. Polio, diphtheria, measles, and whooping cough can result in pneumonia, heart problems, brain damage, paralysis and even death in children who are not protected.³⁶

In order to uphold the *Immunization of School Pupils Act (ISPA)*, WDG Public Health must assess and maintain immunization records for all children attending school in our service area. Up-to-date immunization records allow WDG Public Health to identify students who may be at risk of contracting vaccine-preventable disease if there is an outbreak at the school. Parents provide their child’s complete immunization records when they register their child for school. Immunization is not mandatory in Ontario, but if a parent chooses not to immunize their child they must obtain legal exemption according to the ISPA. The ISPA does require that parents or guardians provide information about their child’s immunization records. Incomplete immunization records results in school suspension.

The information presented in Figure 1.10 represents the percent of children born in 1997 to 2003 that have up-to-date immunizations.

Figure 1.10. Percent of Children Ages 7 to 13 with Up-To-Date Immunizations in Wellington, Dufferin, and Guelph



Source: Immunization Registry Information System (IRIS), Wellington-Dufferin-Guelph Public Health, October 2010.

Note: Immunization data is collected at each school in Wellington, Dufferin, and Guelph. The school-level data was aggregated across all schools within their respective municipalities to provide a municipal percentage. There are no schools in the municipalities of Mulmur and Melancthon.

This data is based on where the child attends school, rather than place of residence.

Herd immunity is a concept borrowed from veterinary sciences, and it implies that individuals in a population are protected from vaccine-preventable diseases when a certain proportion of a population has received the necessary vaccination.³⁷ The Centre for Disease Control and the World Health Organization have estimated herd immunity thresholds for vaccine-preventable diseases. For most of these diseases, 75 to 94% of the population must be immunized in order to achieve herd immunity.³⁸ As demonstrated in Figure 1.10, the percent of children ages 7 to 13 who have up-to-date immunization records ranges from approximately 81% to 92%. This would imply that although there is some vulnerability, we are achieving successful protection in schools within all municipalities. Erin has the highest percent of children with up-to-date immunization records, whereas Mapleton and Minto have the lowest percent. Guelph, Orangeville, and Shelburne also have a lower percent of children with up-to-date immunizations.

Communicable diseases

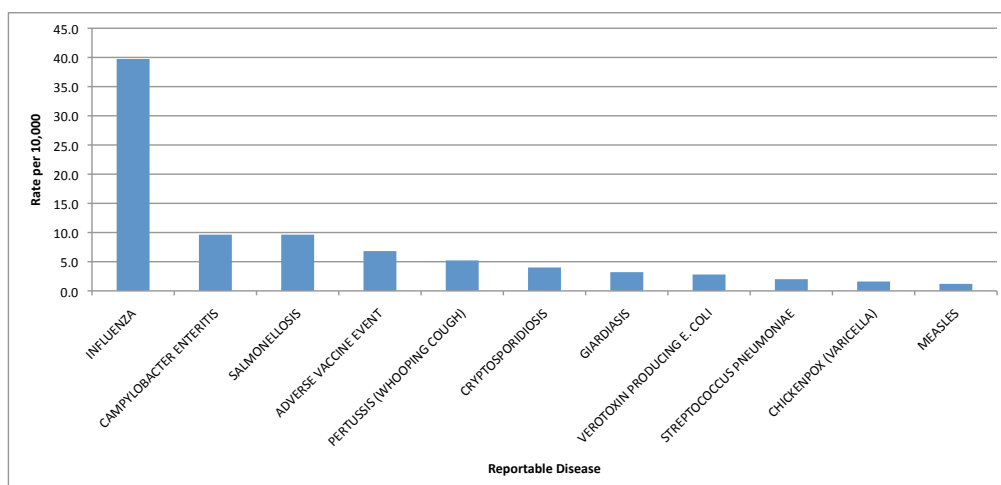
Children are highly susceptible to communicable diseases, simply based on the fact that they spend their days in large groups, where there is increased contact and exposure to the pathogenic agents of infectious diseases. Immunizations are an important way of protecting children from communicable diseases, such as influenza, hepatitis B, and meningitis. With the presence of a new influenza A virus (pandemic H1N1) in 2009, there

was increased public awareness about the importance of public health interventions to prevent the spread of communicable disease.

WDG Public Health provides a variety of services to control communicable diseases, including education, investigation of outbreaks and reportable communicable diseases, and vaccination programs and clinics. WDG Public Health maintains a list of Reportable Diseases. Medical laboratories, health professionals and school principals are required, under the Health Protection and Promotion Act (Section 28), to report suspected or confirmed cases of these Reportable Diseases to the Medical Officer of Health. There are over 70 Reportable Diseases, including influenza, measles, food poisoning, meningitis, and tuberculosis.

Figure 1.11 displays the rates of lab-confirmed cases of Reportable Disease among children ages 7 to 13 living in Wellington, Dufferin, and Guelph from 2005 to 2009.

Figure 1.11. Rates of Lab-Confirmed Cases of Reportable Disease Among Children Ages 7 to 13 for Wellington, Dufferin, and Guelph, 2005 to 2009



Source: Integrated Public Health Information System (iPHIS). Wellington-Dufferin-Guelph Public Health, October 2010.

Note: WDG Public Health provides information about common communicable diseases, including the descriptions below.

Influenza: More commonly known as the flu. The most common symptoms are fever, cough, plus one or more of the following: sore throat, muscle pain, joint pain, or weakness (includes extreme tiredness).

Campylobacter Enteritis: Campylobacter bacteria are common bacteria that cause diarrhea, abdominal pain, malaise and fever. Campylobacter are found most frequently in poultry and pets. The most common cause of infection is through consumption of contaminated food or water.

Salmonellosis: Salmonella is a food-borne bacteria and one of the main causes of food-borne illness. Any raw meats, especially raw or undercooked poultry, may carry Salmonella. Reptiles and pets are also common sources of Salmonella, especially turtles and lizards. Symptoms include sudden onset of cramps, diarrhea, nausea, fever, chills, headache and vomiting.

Adverse Vaccine Event: A severe reaction after receiving a vaccine. The reaction may not have a causal relationship with the administration of the vaccine. Most symptoms are mild, such as swelling or pain at the site of the injection, fever, drowsiness or nausea. Most reactions occur within minutes of receiving the vaccine, up to a couple of days following vaccination.

Pertussis: More commonly known as Whooping Cough. It is caused by bacteria in the lungs or throat and can be prevented through vaccination. The bacteria are spread through aerosolized droplets, which when inhaled, may result in Pertussis, making it a very contagious disease. When an infected individual talks, coughs or sneezes, droplets are released into the air that carries the bacteria.

Cryptosporidiosis: A parasitic infection that causes diarrhea (often watery). Diarrhea can last one to two weeks, which can be accompanied by abdominal cramps, fatigue, nausea, vomiting, and low-grade fever. The *Cryptosporidium* parasite can be found in food, water, soil, or surfaces that have been contaminated with the feces from infected humans or animals.

Giardiasis: A parasitic infection that causes diarrhea. Children are infected more often than adults. Symptoms include stomach cramps, bloating, severe gas, weight loss, dehydration and fatigue. The *Giardia lamblia* parasite can be found in food, water, soil or surfaces that have been contaminated with the feces from infected humans or animals.

Verotoxin Producing E. Coli: Type of E. Coli that causes gastroenteritis. Verotoxin Producing E. coli (VTEC) is found in the gut of cattle. The most common symptom is diarrhea (bloody), which may be accompanied by stomach cramps and vomiting. Symptoms can be severe in children.

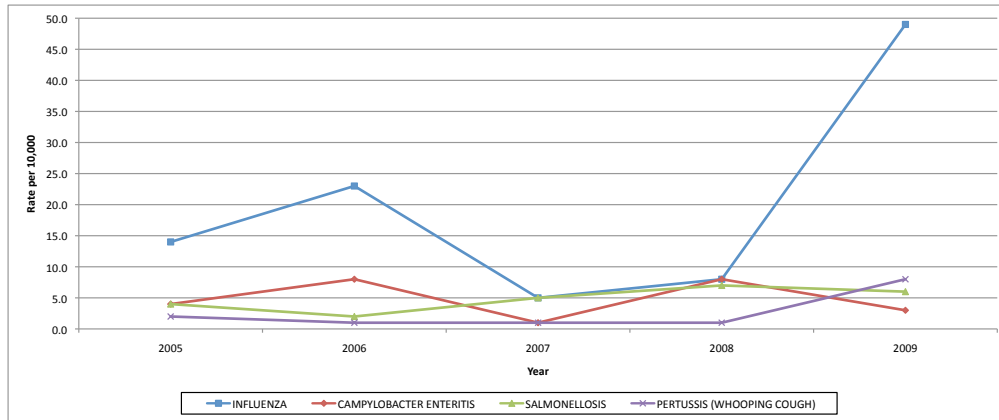
Streptococcus Pneumoniae: *Streptococcus pneumoniae* is the most common cause of bacterial meningitis, called pneumococcal meningitis. Pneumococcal meningitis is an infection that causes inflammation or swelling of the membrane covering the brain and spinal cord. It is vaccine preventable.

Chickenpox (Varicella): Chickenpox is caused by the varicella-zoster virus. It is most common in children. Chickenpox begins with a fever, followed in a day or two by a rash that can be very itchy. Complications may include pneumonia or a superinfection of the skin lesions. More serious complications can occur in adolescents. It is vaccine preventable.

Measles: Also known as Rubeola, measles is a respiratory viral infection that is very easily spread. Measles is an airborne disease that can persist in the air for several hours after an infected person has left. Measles is vaccine preventable and is only occasionally seen in Canada due to high vaccination rates.

Figure 1.12 displays the rates over time of the most prevalent lab-confirmed cases of Reportable Diseases among children ages 7 to 13 living in Wellington, Dufferin, and Guelph. According to the WDG Public Health reportable diseases data, influenza, campylobacter enteritis (the most common cause of food poisoning, due to consumption of contaminated food or water), salmonellosis (one of the most common types of food poisoning), and pertussis (whooping cough) are the most common diseases among children ages 7 to 13.

Figure 1.12. **Most Prevalent Lab-Confirmed Cases of Reportable Disease Among Children Ages 7 to 13 for Wellington, Dufferin, and Guelph, 2005 to 2009**



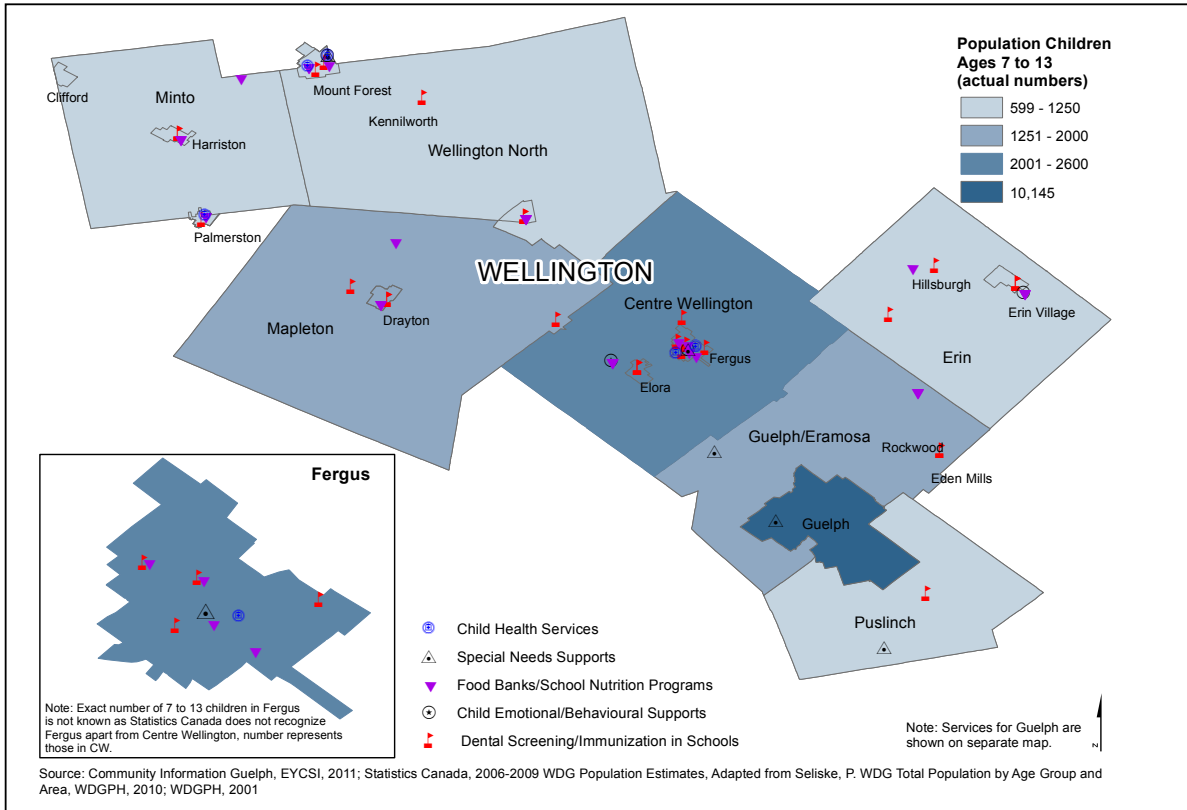
Source: Integrated Public Health Information System (iPHIS). Wellington-Dufferin-Guelph Public Health, October 2010.

During 2009 there was a drastic increase in the rates of influenza, which can be attributed to the presence of H1N1.

Health and wellness services

There are many Health and Wellness Services available in Wellington, Dufferin, and Guelph. Through the Early Years Community Services Inventory (EYCSI) and information collected by the County of Dufferin, it was possible to map the distribution of these services with the population distribution of children ages 7 to 13 for each geographic area, including the Guelph Neighbourhoods. The programs and services captured on the maps may not include all services available, just those found in the Community Information Guelph database and the County of Dufferin listing. While the maps may not be comprehensive, they provide an overall picture of service location distribution. Examples of the specific programs and services are provided for each map.

Map 1.1. Distribution of Health and Wellness Services and Population Distribution of Children Ages 7 to 13, Wellington County



Source: Population of Children Ages 7 to 13: Statistics Canada Intercensal Estimates, 2009; Health and Wellness Services: Community Information Guelph, EYCSI, 2010

Note: The placement of symbols on the map is not guaranteed to be the exact location due to technical limitations of postal code data and software limitations.

Examples of the specific programs and services -

Child Health Services: Wellington-Dufferin-Guelph Public Health and Trellis Mental Health and Developmental Services.

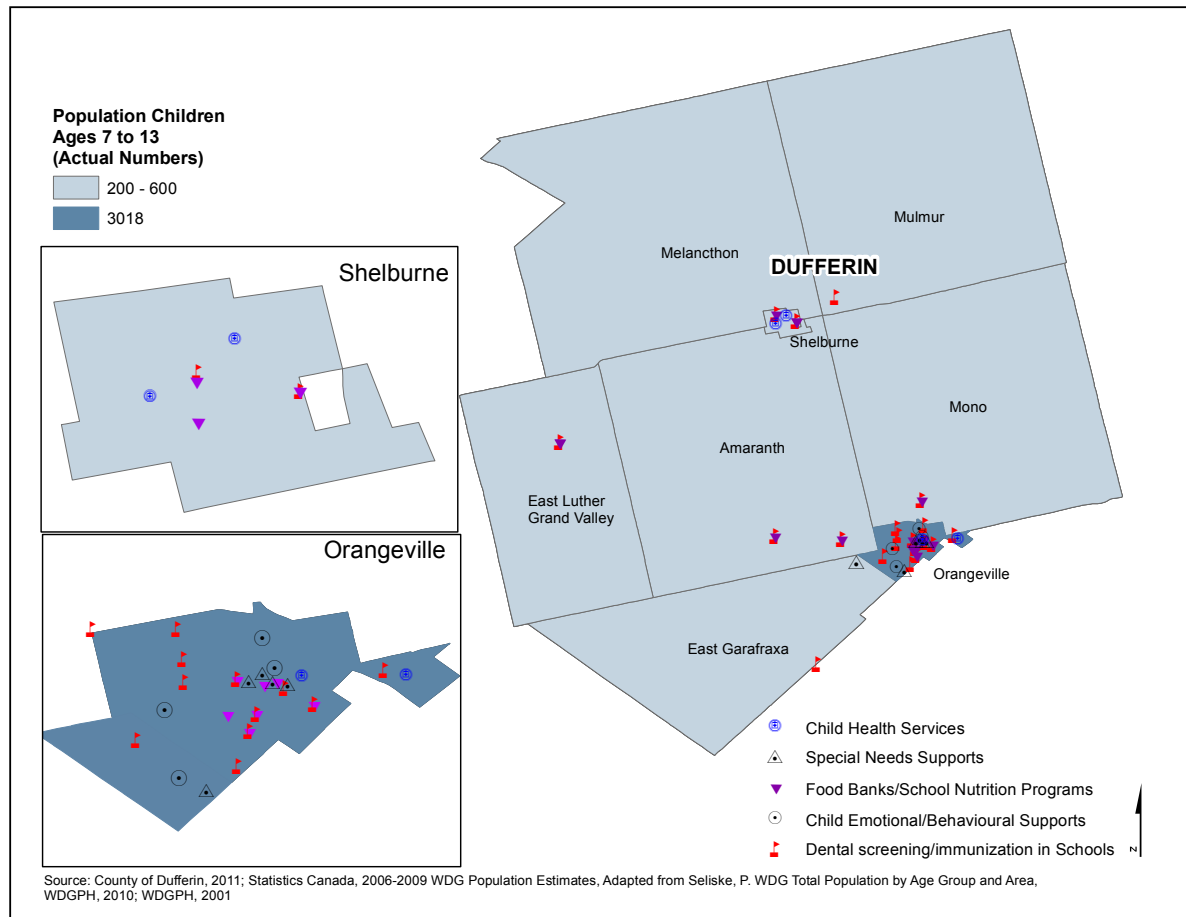
Special Needs Supports: Hopewell Children’s Home, KidsAbility, and Trellis Mental Health and Developmental Services.

Food Banks/School Nutrition Programs: Food banks and food cupboards offered throughout Wellington County. School nutrition programs include Food and Friends breakfast and snack programs offered through some Upper Grand schools and Wellington Catholic District School Board schools.

Child Emotional/Behavioural Supports: Big Brothers Big Sisters of Centre Wellington, Trellis Mental Health and Developmental Services, and Family and Children Services of Guelph-Wellington.

Dental Screening/Immunization in Schools: Wellington-Dufferin-Guelph Public Health offers dental screening to all elementary schools and immunizations to all elementary schools and high schools.

Map 1.2. **Distribution of Health and Wellness Services and Population Distribution of Children Ages 7 to 13, Dufferin County**



Source: Population of Children Ages 7 to 13: Statistics Canada Intercensal Estimates, 2009; Health and Wellness Services: County of Dufferin, 2011

Note: The placement of symbols on the map is not guaranteed to be the exact location due to technical limitations of postal code data and software limitations.

Examples of the specific programs and services –

Child Health Services: Wellington-Dufferin-Guelph Public Health and Headwaters Health Care Centre.

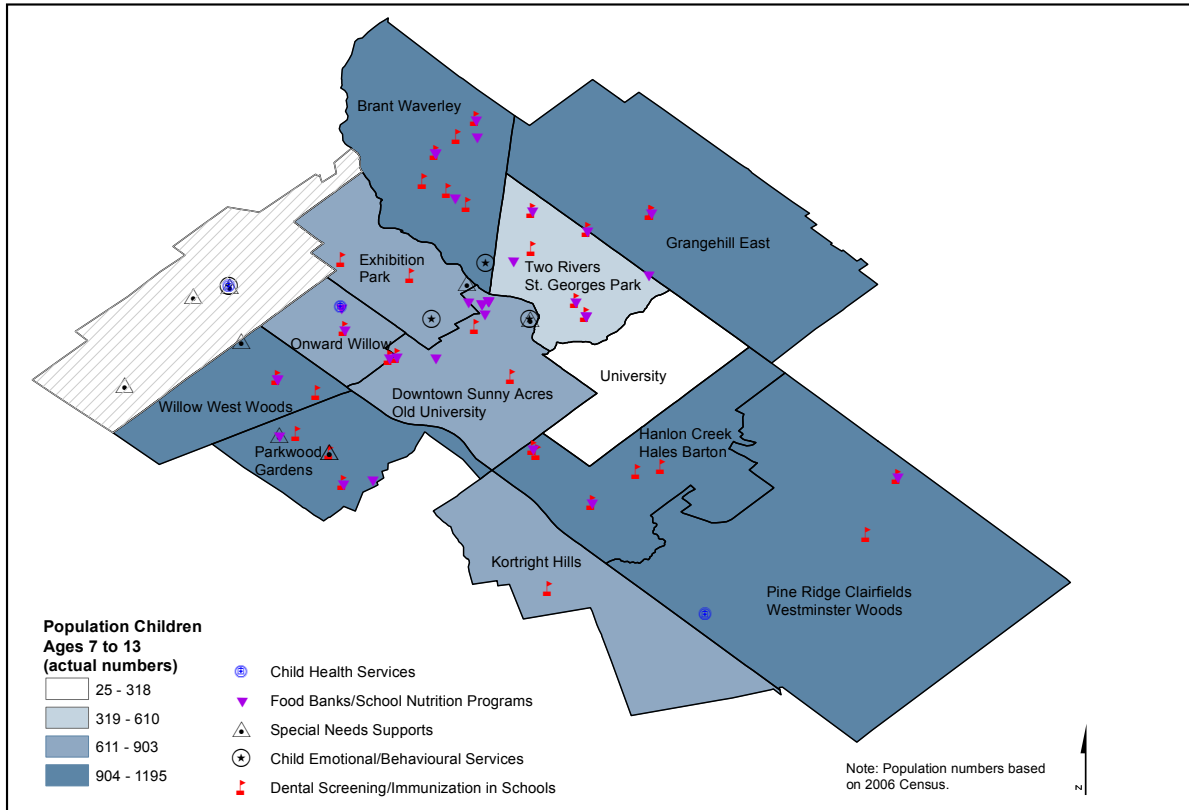
Special Needs Supports: Dufferin Child and Family Services, Trellis Mental Health and Developmental Services, Community Living Dufferin, and County of Dufferin Community Services.

Food Banks/School Nutrition Programs: Food banks and food cupboards offered throughout Dufferin County. School nutrition programs include Food and Friends breakfast and snack programs offered through some Upper Grand schools.

Child Emotional/Behavioural Supports: Dufferin Child and Family Services, Trellis Mental Health and Developmental Services, Family Transition Place, and Big Brothers Big Sisters program.

Dental screening/Immunization in Schools: Wellington-Dufferin-Guelph Public Health offers dental screening to all elementary schools and immunizations to all elementary schools and high schools.

Map 1.3. Distribution of Health and Wellness Services and Population Distribution of Children Ages 7 to 13, City of Guelph



Source: Population of Children Ages 7 to 13: Statistics Canada, 2006; Health and Wellness Services: Community Information Guelph, EYCSI, 2010

Note: The placement of symbols on the map is not guaranteed to be the exact location due to technical limitations of postal code data and software limitations.

Examples of the specific programs and services -

Child Health Services: Wellington-Dufferin-Guelph Public Health and Trellis Mental Health and Developmental Services.

Food Banks/School Nutrition Programs: food banks, food cupboards, and drop-in meal programs throughout Guelph. It also includes nutrition counselling services offered through the Guelph Community Health Centre and the Garden Fresh Box program. New Life Church also offers a variety of collective kitchen and parent-child nutrition programs. School nutrition programs include Food and Friends breakfast and snack programs offered through some Upper Grand schools.

Special Needs Supports: KidsAbility, Access Information and Referral, Waterloo-Wellington Community Care Access Centre, and Hopewell Children's Home, Rainbow Programs for Children.

Child Emotional/Behavioural Services: Trellis Mental Health and Developmental Services, Family and Children's Services, Big Sisters Big Brothers, and Family Counselling and Support Services.

Dental Screening/Immunization in Schools: Wellington-Dufferin-Guelph Public Health offers dental screening to all elementary schools and immunizations to all elementary schools and high schools.

Alcohol, drugs, and tobacco use

By Grade 7 (ages 12 to 13), changes are occurring with the onset of puberty, such as behavioural changes caused by increasing influence from peer groups, moodiness, more anxiety around school work, concern about body image, etc. Some children at this age are beginning to experiment with riskier behaviours, including alcohol, drug, and tobacco use. Research has shown that an early initiation of tobacco, alcohol, cannabis, and other drug use can increase the chances of later substance use problems.³⁹ Given this, prevention strategies for alcohol, drug, and tobacco use is very important for this age group.

Currently there are no local data regarding children in middle childhood and their exposure to second hand smoke, or their use of alcohol, drugs, and tobacco. There are data available for Ontario, however, from the Ontario Student Drug Use and Health Survey (OSDUHS), conducted by the Centre for Addiction and Mental Health (CAMH), which measures substance use among grade 7 students in Ontario. CAMH has conducted school surveys on students between grades 7 to 12 in Ontario since 1977. The survey is administered every two years across the province. The survey asks students about their past year use of tobacco, alcohol, and other illicit drugs. All data are based on self-reports from anonymous questionnaires administered in classrooms from all regions of the province. The latest survey was implemented between November 2008 and June 2009.

Early initiation (before and up to grade 7) of drug use was reported in the study. Grade 7 students were asked in what grade they first smoked a whole cigarette, drank an alcoholic drink, and tried cannabis. There has been a decreasing trend since 1981 in the number of grade 7 students who have reported ever trying any of these three substances. In 1981, 41% of 7th graders reported that they had smoked their first cigarette by grade 6 (ages 11 to 12). By 2009, only 2% had tried tobacco by grade 6. The same trend appears for the first use of alcohol, decreasing from 50% of students in 1981 to 17% in 2009. Reported first use of cannabis (by the end of grade 7) decreased from 9% of grade 7 students in 1981 to approximately 2% in 2009, although the trend has fluctuated over the years.⁴⁰

Among youth, alcohol is the most commonly used drug, which is associated with many negative health outcomes.⁴¹ Research has demonstrated that alcohol use before grade 7 is linked to many health problems, including criminal activity, other substance use,⁴² suicidal ideation and suicide attempts among high school students.⁴³ Research has also demonstrated that alcohol use before 19 years of age is associated with violent behaviours,⁴⁴ ⁴⁵ unintentional injuries,⁴⁶ ⁴⁷ and unplanned and unprotected sex.⁴⁸ D.A.R.E. (Drug Abuse Resistance Education), an educational program designed to empower children and youth to resist drug, alcohol, and tobacco use, was introduced into Ontario schools in the late 1990s. The D.A.R.E. program is a thorough education curriculum taught by trained police officers to grade 6 students, which equips them with skills to recognize and resist social pressures to experiment with tobacco, alcohol, and other drugs. This initiative is important in order to prepare students for entry into high school where they are most likely to encounter pressure to use these substances.

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2. Children's right to have basic needs met including nutritious food, a healthy environment and a safe place to live

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Introduction

The link to children's well-being

Meeting basic needs of our children includes providing healthy food and stable, affordable housing. The ability to meet these basic needs is a vital part of raising healthy and thriving children. Research has found that the physical, emotional, cognitive and social capabilities of children ages 7 to 13 years are negatively affected when they are malnourished, live in poor housing, have limited access to medicine, or are exposed to environmental hazards.¹

The importance of this charter right for children in middle childhood

When families have fewer economic and environmental resources, such as nutritious food and a safe and comfortable place to live, this can have an impact on children's development in a negative way, setting a trajectory that is difficult to alter. Research shows that for children in middle childhood, the impact is considerable, just as it is in early childhood. When children do not have the stability of these basic needs, it tends to manifest in their school performance and in their inability to meet the increasingly complex social demands that come with middle childhood.² In addition, families who do not have the resources they need to provide consistent supports for their families often face even greater challenges due to heightened stress. This can interfere with their ability to engage with their children. Recent difficult economic times have put further stress on some families who may have lost jobs or who have had their work hours reduced.

Indicators of children's health and well-being in this chapter

In order to understand how well basic needs of children ages 7 to 13 in Wellington, Dufferin, and Guelph are being met, this chapter reports on the following indicators:

- Government financial assistance
- Economic security
- Food security
- Housing

The value of this information to service providers

The information presented in this section is very valuable for service planning in our community. When available, provincial data is reported in order to compare local information with the rest of Ontario. Also, some of the information is presented at the neighbourhood level, which allows service providers to consider targeted approaches for areas where the population experiences greater challenges to provide the basic needs, especially when funding is insufficient for universal service delivery. For example, local advocacy groups could use housing wait times to lobby for additional government housing in our community. There are many other valuable uses of this information, and most

more info:

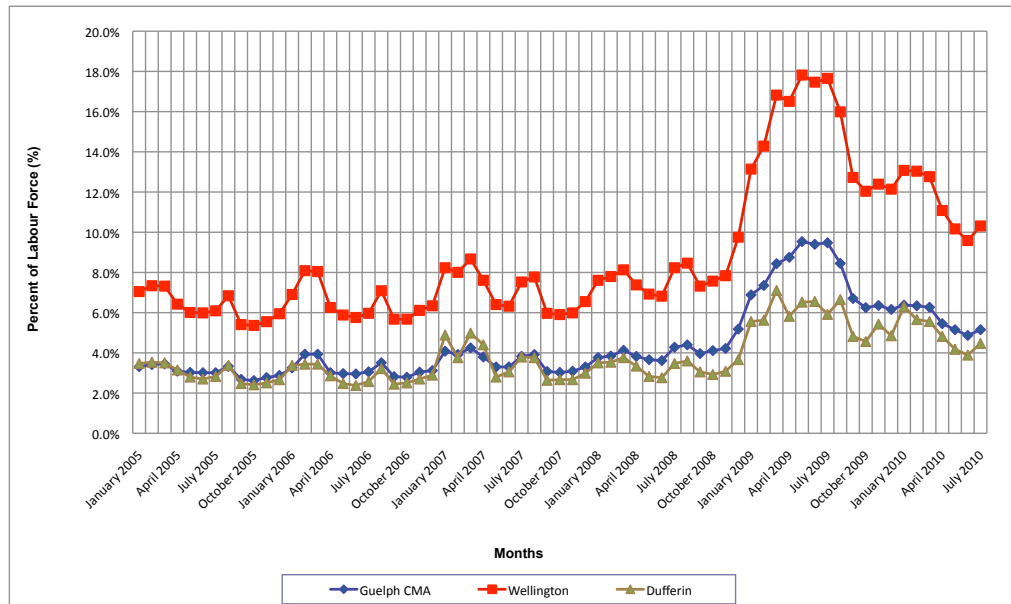
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encouraging is the collaborative work of service partners and agencies that can emerge from discussions about these data and local statistics to better address some of the basic unmet needs of children and families in our community.

Government financial assistance

Economic security is an important factor for the health and social inclusion of children and their families. One means of supporting the economic security of individuals and families is through social assistance programs. With the recent economic decline and many people out of work, there has been an increase in the number of people accessing government financial assistance programs, such as Employment Insurance (EI) and Ontario Works (OW). Since the beginning of 2007, there has been a steady increase in the number of people accessing both EI and OW, particularly after October 2008. Figure 2.1 and Figure 2.2 illustrate this trend:

Figure 2.1. **Wellington, Dufferin, and Guelph Employment Insurance Beneficiaries, January 2005 to July 2010**



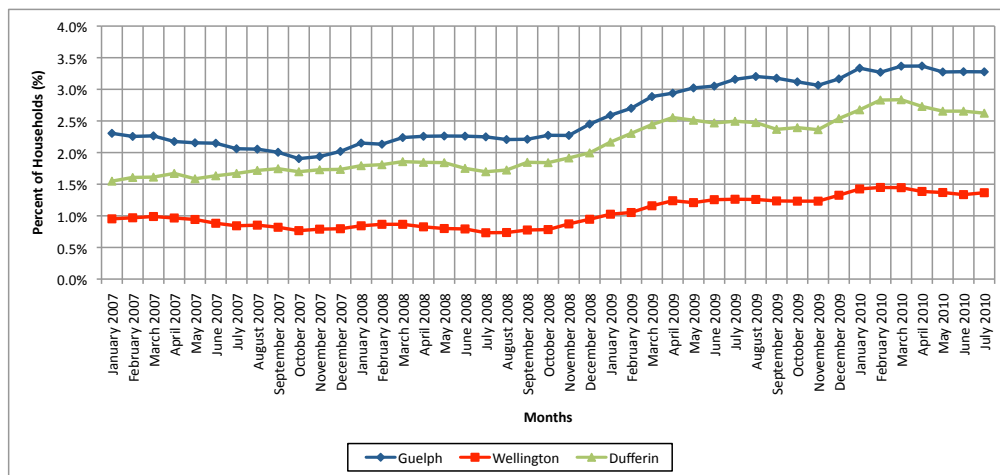
Source: Statistics Canada CANSIM using CHASS.

Note: “Beneficiaries” are individuals receiving employment insurance. In order to calculate EI numbers for Wellington, Dufferin, and Guelph as a percentage of the workforce, Statistics Canada (2006) “In the labour force” information was used. Statistics Canada defines the “Labour Force” as the group of people who are employed or unemployed during the week (Sunday to Saturday) prior to Census Day (May 16, 2006). Although this chart shows EI beneficiaries for the period January 2005 to July 2010, the 2006 labour force numbers were used as the denominator for all of the years, as there is no other more recent measure of labour force activity available for Wellington, Dufferin, and Guelph.

Examining Figure 2.1, an upward trend of EI beneficiaries across Wellington, Dufferin, and Guelph begins in 2007, with the rate increasing drastically in late 2008 and peaking in mid 2009. All three communities experienced a similar pattern. The timing of this increasing trend coincides with the economic downturn. Several factors related to the economy may have impacted this trend, such as the effect of the American subprime mortgage crisis and increases in Canadian mortgage costs. At the same time, many people lost their jobs, with ongoing job losses in manufacturing and challenges related to the restructuring of the automotive sector. This may help to explain the higher EI percentages in Wellington County, as manufacturing is the number one industry, employing the greatest number of people. Compared to other industries, manufacturing experienced the greatest rise in unemployment from 1996 to 2006.³ Figure 2.1 also displays repeated spikes in EI beneficiaries across Wellington, Dufferin, and Guelph around the month of January each year, which may be attributed to seasonal employment. Although the EI beneficiaries as a percent of labour force have decreased since the spike in 2009, the levels have not returned to the level in 2005 to 2008, indicating continuing hardships for families.

Statistics Canada also provides numbers on EI claimants, which follows a similar upward trend as seen in Figure 2.1. "Claimants" are individuals who have filed a claim but may or may not be receiving the benefits. Statistics Canada reports that between March 2008 and March 2009, there was a 154% increase in the number of claimants in the City of Guelph. The numbers rose from 1,490 to 3,790 in one year.⁴ It is not known how many families with young children are included in the numbers of EI claimants, as Statistics Canada does not record this data.

Figure 2.2. **Wellington, Dufferin, and Guelph Ontario Works Caseload, January 2007 to July 2010**



Source: 1. County of Dufferin, Community Services (October 2010); 2. County of Wellington, Social Services (October 2010); 3. Number of Households, Statistics Canada Intercensal Estimates, 2008

Note: The Ontario Works Caseload in Figure 2.2 is presented as a percent of households in Wellington, Dufferin, and Guelph. The "total number private households by household size" from 2008 Statistics Canada Intercensal Estimates was used to calculate the percentage for each month. As defined by Statistics

Canada, households can be a single person, married or common-law couples, families (couples with children, single parents with children, or grandparent(s) with grandchildren), other related individuals, or other unrelated individuals.

Presenting the Ontario Works Caseload as a percent of households allows for comparison between Wellington, Dufferin, and Guelph, within the context of their respective private households. Households were used because, in the majority of cases, only one person can receive OW assistance in a given household when the other residents of the household are financial dependents of this person (e.g., spouse, child, or other dependents). It is important to note that there is a small margin of error in this calculation due to cases where there are other people in the household who are financially independent (e.g., adult child who is not dependent on the parent, or where roommates share a household). In these situations, more than one person can receive OW assistance in a given household.

Figure 2.2 shows an increasing trend in the percentage of households receiving OW financial assistance from 2007 to mid 2010. In particular, these levels rose significantly in 2009 through 2010. This is partially due to the fact that when EI benefits run out, people may need to access OW for a source of income if they continue to be unemployed. Dufferin County and Guelph experienced higher levels of OW assistance than Wellington County. These figures demonstrate the effect of the current economic times on families in our community.

A recent community research project by The Institute for Community Engaged Scholarship (The Research Shop) at the University of Guelph, explored the lived experience of people facing economic hardships in Guelph and Wellington through focus groups with community members who have lived in poverty. Those participants who were receiving assistance through Ontario Works, Employment Insurance and/or the Ontario Disability Support Program had difficulties meeting their basic needs. Other frustrations that emerged were related to difficulties navigating the system. Accessing information about assistance programs was difficult and sometimes hard to understand. The amount of paperwork and ensuring that it was done properly was found to be a significant stressor for the participants in this study. Difficulties finding employment were highlighted by participants. Access to support when looking for a job was described in this project as being very important for finding employment, as were many of the basic needs. This research project provides important context with respect to how people experience economic insecurity in our own communities.⁵

It is also important to be aware of families who may not be eligible for social assistance programs, but still struggle to provide basic needs. The majority of those living in poverty are working poor, not social assistance recipients.⁶ Many families became the working poor during the economic decline, including those who have left social assistance programs.⁷ The “working poor” are individuals and families who are able to maintain regular employment but still experience relative poverty due to low levels of pay and dependent expenses. These individuals receive low salaries, and despite their employment, may be working in jobs that are part time, temporary, contract or self-employed.⁸

In 2008, across Canada one in three (33%) children living in a low income family had at least one parent who worked full time year round, but could not rise out of poverty⁹. Employment of this nature can also begin to undermine health due to additional stress that results from these poor employment opportunities and often limited child care arrangements.¹⁰ Furthermore, when families leave social assistance programs for employment, their publicly funded drug card and limited dental benefits are often

terminated. In the case of OW recipients, when they exit the program due to employment they are eligible for continued health benefits for a transitional period of up to six months or until the employer offers health benefits, whichever comes first. When employment is part time, contract or temporary, these benefits are rarely replaced by the employer. This reality leads to inconsistent access to services necessary to support the health of children and their families. Employment alone does not ensure that families are able to meet their basic needs.

Economic security

Economic security is influenced by factors including employment, income rates, and education level. Economic security impacts an individual's well-being, not only in terms of their ability to provide basic needs, such as clothing, food and shelter, but it also has an impact on an individual's sense of self-worth, citizenship, and social inclusion. Research has demonstrated that economic insecurity impacts children's emotional well-being. Mental health research has found that rates of emotional and behavioural problems are significantly higher among children from disadvantaged circumstances.¹¹

There is further evidence that demonstrates a positive relationship (meaning, they follow the same trajectory on a graph, whether the trajectories are increasing upward, or decreasing downward) between a family's economic security and children's developmental indicators. For example, in neighbourhoods with higher rates of families with low economic security, there are also likely to be higher rates of children who are considered vulnerable based on their developmental and health outcomes. This is consistent with large population studies, which demonstrate that populations with higher rates of low economic security also have a higher incidence of psychosocial difficulties and lower cognitive outcomes among populations of young children up to grade three.¹² Not only do these outcomes impact their short-term well-being, but their future development may continue to be vulnerable. It is important to note that "children's well-being is not solely dependent on their family's financial security, but also the human and social capital that mainly come from within the family."¹³ Families that are nurturing and supportive in other ways are also important.

The following are some statistics regarding LICO and LIM:¹⁵

- In the City of Guelph, 8% of families are below the LICO (before tax). After tax, the rate falls to 6%. Ontario's rates are 12% and 9%, respectively.¹⁶
- In the City of Guelph in 2001, 15.2% of children lived in families where the income was below 50% of the median income for a family of their size (as measured by the LIM). That rate went down slightly to 15.1% in 2006.
- In Wellington County, 5% of families are below the LICO (before tax). After tax, the rate is 3%. Ontario's rates are 12% and 9% respectively.
- In Wellington County in 2006, 8.7% of all persons lived below the LICO (before tax). The percent that lived below the LICO was slightly lower (6.4%) after tax.
- In Dufferin County, 6% of families are below the LICO (before tax). After tax, the rate decreases to 4%. Ontario's rates are 12% and 9%, respectively.
- In Dufferin County in 2006, 10% of children lived in families where the income was below 50% of the median income for a family of their type and size (as measured by the Low Income Measure). That rate declined slightly to 8% after tax.

DEFINING POVERTY

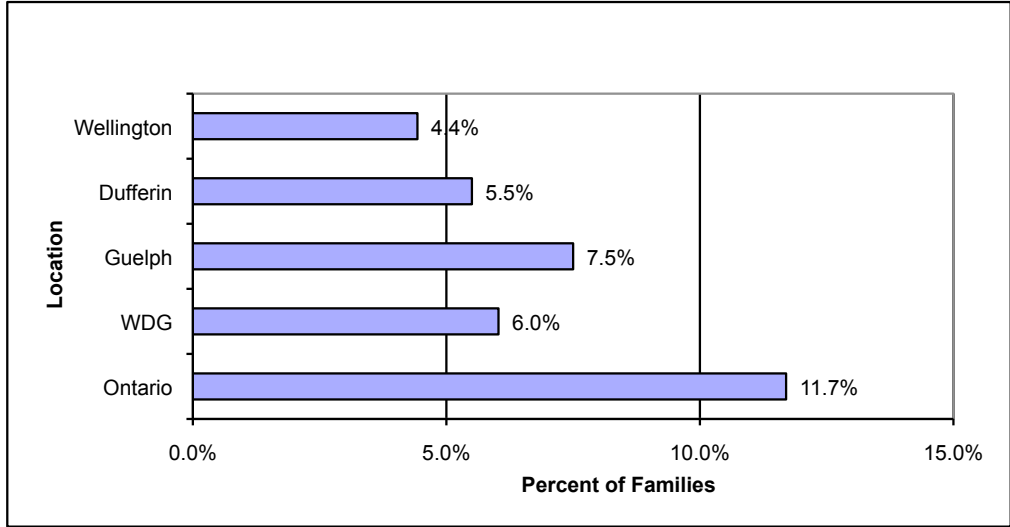
Canada does not have an official poverty line, so defining poverty is not straight forward. Statistics Canada provides measures of low income, which are used in this report, including the Low Income Cut-off (LICO) and Low Income Measure (LIM).

LICO is a statistical calculation that is based on where a family lives, family size and income. It is connected to how much income an average family would spend on the essentials of food, shelter and clothing.

Low-Income Measure (LIM) is a method of defining low-income that is used internationally. It allows for comparisons with other countries and is based on the assumption that being poor is relative to the nation's standard of living. A family is considered low-income when their income is below half the median income for their family size.¹⁴

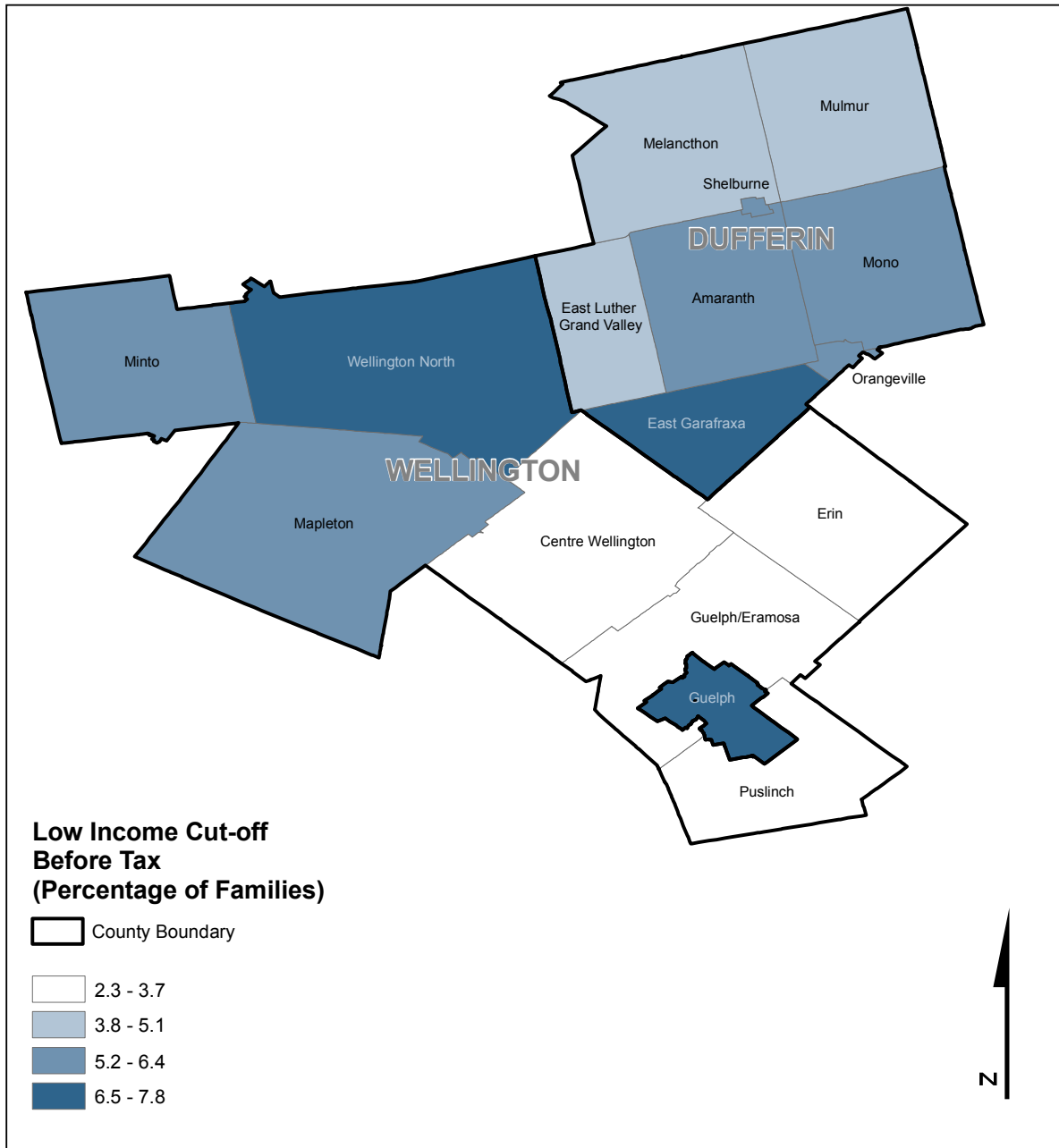
Figure 2.3 shows the percentage of families living below the low-income cut-off before tax in Wellington, Dufferin, and Guelph.

Figure 2.3. **Percentage of Families Living Below the Low Income Cut-off Before Tax in Wellington, Dufferin, and Guelph, 2006**



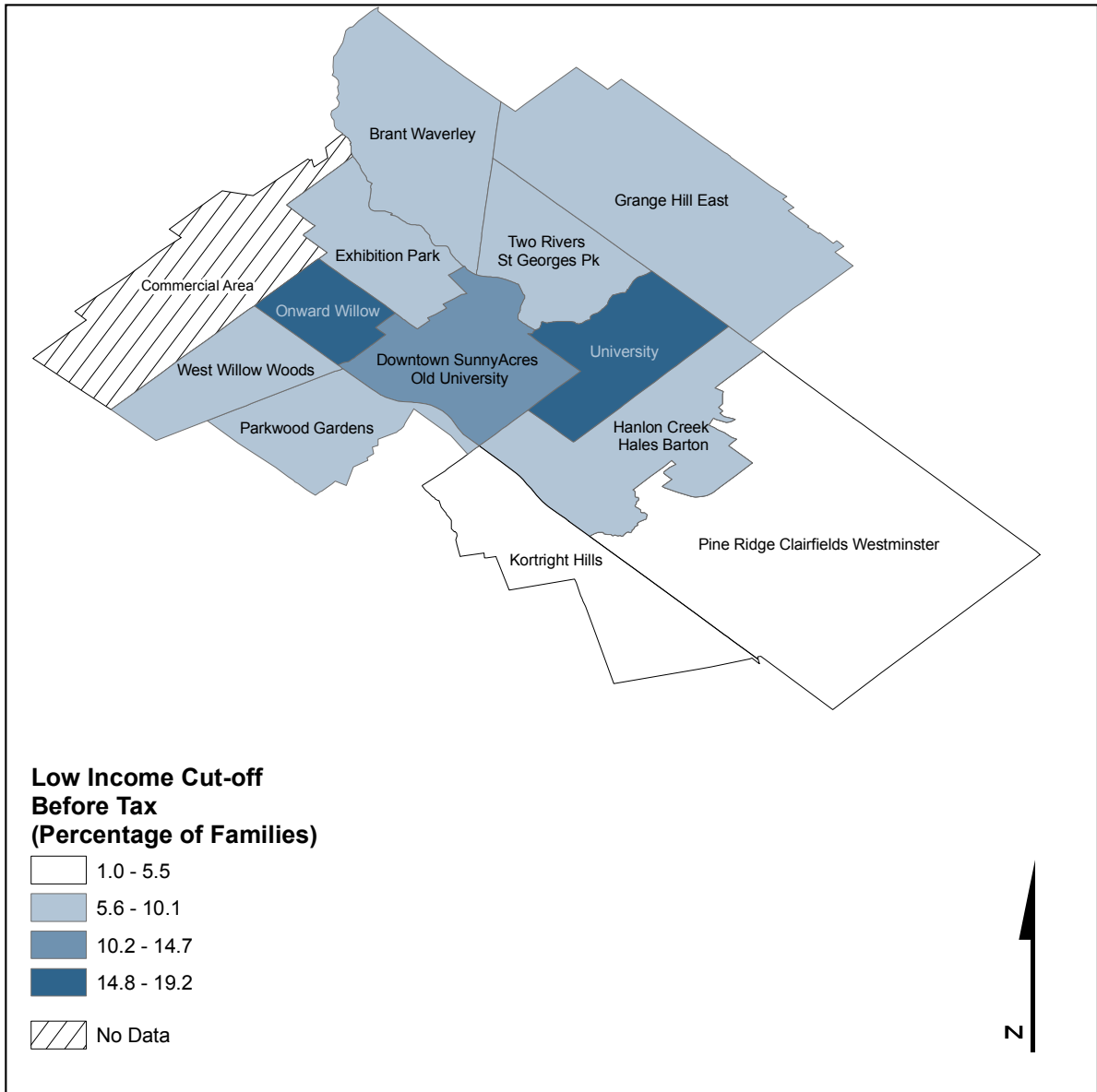
Source: 2006 Census Profile Subscription for Wellington and Dufferin CDs by DA/CSD Data Catalogue # - 94-581-XCB2006002

Map 2.1. Percentage of Families Living Below the Low Income Cut-off Before Tax for Wellington, Dufferin, and Guelph, 2006



Source: Statistics Canada, 2006 Census

Map 2.2. Percentage of Families Living Below the Low Income Cut-off Before Tax in Guelph Neighbourhoods, 2006



Source: Statistics Canada, 2006 Census

Note: University neighbourhood has the lowest percentage of children ages 7 to 13 in Guelph and the highest percentage of families living below the low income cut-off before tax. This is partially explained by the high percentage of university students living in this neighbourhood.

Food security

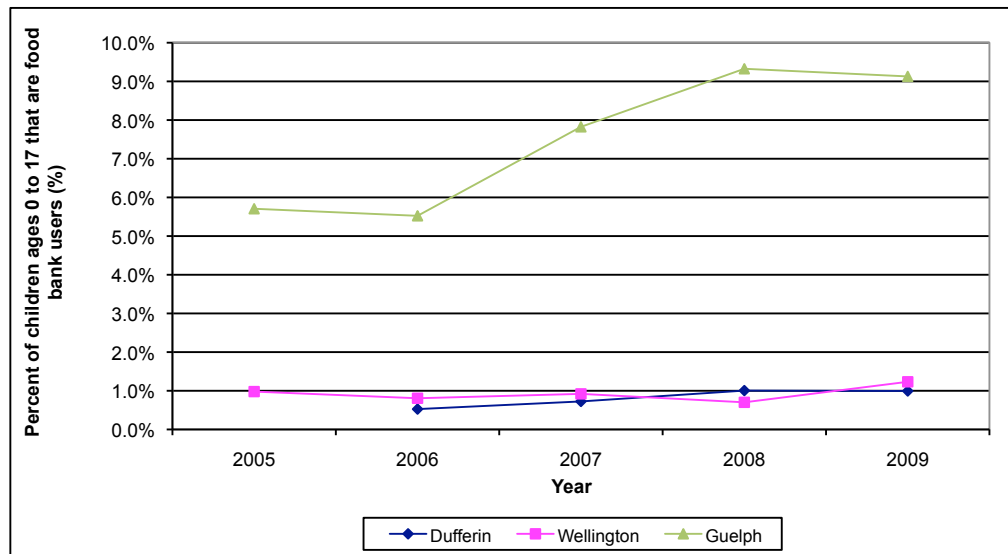
An important part of healthy development and well-being for children ages 7 to 13 is nutrition and food security. Children who do not have access to healthy foods and a balanced diet are increasingly at risk of health problems, including obesity and type 2 diabetes. Children's social, emotional, and mental health is also compromised when they do not have access to healthy or adequate food.¹⁷ Food banks and community pantries are set up to provide food to individuals and families experiencing temporary or longer-term food insecurity. While there are many factors affecting the ability of individuals and families to obtain sufficient and nutritious food, low income is one of the main causes of food insecurity. Health Canada has defined *food insecurity* as "the limited, inadequate, or insecure access of individuals and households to sufficient, safe, nutritious, personally acceptable food, both in quality and quantity, to meet their daily requirements for a healthy and productive life."¹⁸ The Ontario Association of Food Banks states that food security "exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life."¹⁹

- Research in 2007 found that 29% of food bank users were children between the ages of 0 to 14 years. In Ontario, 40% of all food bank users are children.²⁰
- Between 2007 and 2008, there was a 13% increase in food bank use across Ontario. Mid-sized cities across the province experienced the greatest increases.
- The Guelph Food Bank has seen a 35% rise in use between 2005 and 2008.²¹
- Fifty percent (50%) of the Ontarians accessing food banks every month are on social assistance, which means they are likely to be longer-term users of food banks.

NUTRITIOUS FOOD BASKET

Often the cost of a nutritious food basket is reported as a weekly figure for a reference family of four. A reference family of four includes a man and a woman each aged 31 to 50 years, a boy aged 14 to 18 years, and a girl aged 4 to 8 years.

Figure 2.4. **Percent of Children Ages 0 to 17 that are Food Bank Users, Wellington, Dufferin, and Guelph, 2005 to 2009**



Source: Data was collected as part of the National Hunger Count Survey, available at: http://www.foodbankscanada.ca/documents/HungerCount2010_web.pdf. Data for Wellington, Dufferin, and Guelph was retrieved through personal correspondence with the Member Relations Coordinator, Ontario Association of Food Banks.

Note: The data presented in Figure 2.4 represents food bank usages in the month of September for each year.

Food security continues to be a concern throughout Wellington, Dufferin, and Guelph. It is important to note that the information presented in Figure 2.4 includes only those food banks that are members of the Ontario Association for Food Banks (OAFB). There are other resources available that are not captured in these numbers, such as local food pantries, soup kitchens, the CSA Food Bank at the University of Guelph, and food vouchers available through social service agencies, which would provide a clearer picture of food security needs of families. A survey conducted through the OAFB found that between March 2005 and March 2009, the number of individuals served through food banks increased 37.8% in Guelph and Wellington.²² This raises concerns about the access families have to food. Of further concern are the health impacts associated with food bank usage. In Ontario, individuals using food banks tend to have poorer health outcomes, as they frequently do not consume enough food and often the nutritional quality of food is very low. The impacts of insufficient and poor quality food on health are further confounded by families' limited resources and capacities to manage their health concerns.²³

"A Nutritious Food Basket (NFB) is a survey tool that measures the cost of basic healthy eating according to current nutrition recommendations and average food purchasing patterns. Food costing is used to monitor both affordability and accessibility of foods by relating the cost of the food basket to individual/family incomes."²⁴ In 2009 and 2010, the cost of a nutritious food basket for a reference family of four in Wellington, Dufferin, and

Guelph was \$167.02 and \$170.73 respectively. This is comparable to the provincial average, which was \$168.50 in 2009 and \$169.17 in 2010. In Wellington, Dufferin, and Guelph, this represents a 2% increase in the cost of a nutritious food basket from 2009 to 2010, which is consistent with local trends since 2003. It is important to note that the 2009 and 2010 averages should not be compared to preceding years, as the definition of a nutritional food basket changed in 2009 in terms of the food items included, corresponding weights, and the age of family members in a reference family of four.²⁵

School age children who come to school hungry have greater difficulties learning and succeeding in school.²⁶ Children in middle childhood experiencing food insecurity can display changes in their behaviour. An important response to this is nutrition programs in schools.

Breakfast and snack programs for children in school are quite common in Wellington, Dufferin, and Guelph. For instance, approximately 57% of schools in Guelph offer breakfast and/or snack programs in their schools. Fifty percent (50%) of schools in Wellington County offer these programs and 46% offer them in Dufferin County. Many schools also make extra food available for those children who regularly either have no lunch or not enough in their lunch, although this is not a service that is widely publicly funded or universally available. Many schools are supported by Food and Friends, a program run by the Children's Foundation of Guelph and Wellington. Food and Friends supports 76 nutrition programs, including snack, breakfast and lunch programs for students in Wellington, Dufferin, and Guelph. These programs are available due to the great support of students and volunteers that deliver these programs. In the 2010/2011 school year, Food and Friends provided meals to over 12,000 students.

Another important response to food insecurity is through advocacy for funding, resources and policy development that demonstrates that food security is a child's right. The Guelph-Wellington Food Round Table has a presence in the community through advocacy, networking, coordinating, planning and education.

Housing

Affordable and stable housing is another basic need that is central to healthy child development. The United Nations emphasizes not only the importance of stable, affordable housing for the well-being of children, but also housing that is located in child- and family-friendly neighbourhoods. Poor living conditions have been linked to several negative outcomes for children. Some of these outcomes include increased risk for injury, illness and communicable disease (e.g., influenza, upper respiratory infection, viral and bacterial infections), negative impact on parent-child relationships, sleep deprivation, difficulties in school, and behavioural problems.^{27 28}

Unstable housing can result in a very transient lifestyle for children, as families need to move multiple times in order to find adequate housing. This transient lifestyle can have a negative impact on children's development, including their social and emotional well-being. Research has demonstrated that children who move more than three times are at an increased risk for experiencing behavioural problems and poor school performance. Moving also disrupts children's social supports, causing them to lose valuable ties with family, friends, and community.²⁹ This can be particularly detrimental during middle childhood,

as children are beginning to develop a sense of self-identity, and understand themselves within a social environment.

Stable affordable housing is considered to be essential for securing employment and for providing a supportive home for raising healthy children. Stable housing also allows families easier access to essential services such as child care, education, and health care. Housing is considered affordable if it costs less than 30% of a household income.³⁰

- In Ontario, one out of every five rental households pay more than 50% of their household income on rent.³¹ With the money that is left over, it is often a financial struggle to provide other basic needs.
- Based on 2006 Census data, 41.2% of tenant households in Guelph CMA spend 30% or more of their income on rent, and 18.0% spend 50% or more of their income on rent.³²

Table 2.1 and Table 2.2 provide a snapshot of some of the key housing indicators for Wellington, Dufferin, and Guelph. They provide information on the availability of subsidized housing in our community, and subsequent wait times for people to obtain this housing. Availability of subsidized housing can change from month to month.

Caution must be taken when comparing numbers between Table 2.1 and Table 2.2, as these tables include raw numbers rather than proportional references. It is important to consider the difference in population size in the areas shown. Also, the time frame of the reported data varies between Table 2.1 and Table 2.2.

The information presented in Table 2.1 for the wait times in Dufferin County is based on current tenants who moved in between August 2009 and August 2010. Wait times for subsidized housing in Dufferin County can range anywhere from less than one year to nine years, depending on the size of the unit, the number of bedrooms and where it is located. In Dufferin, wait times increase as the number of beds per unit increases. As of October 2010, there were 160 eligible families on the wait list for Dufferin County.

Table 2.1. **Dufferin County Subsidized Housing Units for Families with Wait Time**

Unit Size	Number Subsidized Units	Average Wait Time	Range of Wait Time
2 bed	154	1.9 yrs	0.6 - 9 yrs
3 bed	144	2.2 yrs	0.1 - 4.5 yrs
4 bed	13	4.6 yrs	n/a
5 bed	2	4.5 yrs	n/a

Source: *Housing Access Dufferin. Yardi Software Database. Accessed November 2010. General Waitlist Report, Unit Directory Report by Unit Size, and Average Wait for Housing (days).*

Note: "Average Wait Time" and "Range of Wait Time" is based on wait times of current tenants who moved in between August 2009 and August 2010. (n/a - not applicable during above time frame)

The information presented in Tables 2.1 and 2.2 is based on subsidized housing, which is administered by the County of Wellington and the County of Dufferin. This includes County-owned buildings, non-profit

housing, co-operative housing, and some private housing providers. The rent of subsidized housing is geared to the income level of the tenant (rent-geared-to-income).

As shown in Table 2.2, the average wait time in Guelph varies depending on the size of the unit, from 3.5 years to 6 years. In Wellington County, the average wait time does not vary as much between the different unit sizes, with the average wait time starting at 2 years to 2.5 years. Again, the wait times appear to increase as the number of beds per unit increases.

Table 2.2. **Guelph and Wellington County Subsidized Housing Units for Families with Wait Time**

Unit size	Number of Sbsidized Units		Average Wait Times	
	Guelph	Wellington County	Guelph	Wellington County
2 bedrooms	2,238	516	3.5 years	2 years
3 bedrooms			4 years	2 years
4-5 bedrooms			6 years	2.5 years

Source: County of Wellington Housing Services. Personal Correspondence with Heather Burke, Director of Housing Services, May 2010.

Note: The “Average Wait Times” are based on people who obtained housing between August 31, 2009 and July 31, 2010.

The Guelph and Wellington numbers may include units that would not be appropriate for families, such as seniors units.

Families may need to access emergency shelters for a variety of reasons, such as a lack of adequate supports to maintain housing, family breakdown, or safety concerns. Wellington, Dufferin, and Guelph offer emergency shelters that are accessible for families with children.

- In 2010, 127 individuals (73 males; 54 females) under the age of 18 stayed in emergency shelters that serve Wellington and Guelph. This number includes 92 children that accessed emergency shelters with their parent(s) and 35 youth aged 16 to 18 that accessed shelters independently. It does not include children who accessed shelters due to abusive situations.³³

Shelters that are specifically targeted towards women and children leaving abusive situations are discussed in Chapter 7, Children’s right to protection from neglect, abuse and exposure to family violence.

Table 2.3 outlines the total number of admissions of individuals to shelters in Wellington, Dufferin, and Guelph. The numbers in the table include repeat clients in a year. Again, caution must be taken when comparing numbers between Wellington, Dufferin, and Guelph, as this table includes raw numbers, rather than proportional references. It is important to consider the difference in population size in the areas shown.

HIDDEN HOMELESSNESS

The shelter statistics presented in this chapter do not provide the complete picture of homelessness experienced in Wellington, Dufferin, and Guelph. Many more families experience “hidden homelessness”, living transiently with family or friends, or even in a car. At present, there is no consistent way of measuring hidden homelessness.

Table 2.3. **Emergency Shelter Use in Wellington, Dufferin, and Guelph, 2008 to 2010**

Total Number of Admissions of Individuals to a Shelter		
Year	Guelph & Wellington	Dufferin
2010	1,444	308
2009	1,318	344
2008	1,045	275

Sources: *Guelph & Wellington: County of Wellington, Social Services Agenda, February 2011, retrieved online from: http://wellington.ca/document_info.aspx?id=6244; Dufferin: Personal correspondence with Family Transition Place and Choices Youth Shelter. Salvation Army statistics obtained via monthly reports provided to County of Dufferin Housing Services.*

Note: Above numbers include repeat clients in the year.

Wellington & Guelph Shelters include: Wyndham House Youth Shelter, Michael House (for pregnant women), Elizabeth Place, Ramoth, and Stepping Stone.

Dufferin Shelters include: Family Transition Place (housing crisis), Choices Youth Shelter, and hotel stays through Salvation Army (for Salvation Army, one "individual" is one family, couple or single person).

Local housing priorities have been identified to provide shelter to individuals living in poverty and to assist homeless individuals, families, and those at risk of homelessness to gain and maintain stable housing. The Wellington and Guelph Housing Committee advocates for and encourages the development and retention of adequate housing to meet the needs of the homeless and to provide an adequate supply of stable and affordable rental housing for the residents of Guelph and Wellington County. In Dufferin, there are also a number of agencies that provide emergency, transitional, or long-term housing and support, as well as homelessness prevention services. The County of Dufferin has a Homelessness Prevention Program run by the Community Services department.

Another community initiative that addresses social issues related to individuals and families living in poverty, and their ability to secure basic needs, is the Guelph & Wellington Task Force for Poverty Elimination. This local initiative moves poverty reduction issues forward on many levels through active involvement of the members, which include residents, organizations, local businesses, government, and researchers. This initiative was in response to recommendations from the Poverty Symposium to develop a local strategy for addressing poverty. The Task Force focuses on addressing local needs in the areas of food security, housing security, income security, and access to recreation.

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3. Children's right to access quality and affordable child care and early education programs and parenting support

3. Children's right to access quality and affordable child care and early education programs and parenting support

Introduction

The link to children's well-being

Formal care arrangements for children in middle childhood have been shown to have protective factors for children's development that are not always achieved for children who are cared for by siblings, themselves, or have no access to organized and stable non-parental care when they are not in school. Available and affordable high quality care arrangements (including well-planned recreation programs that are available to the family on a consistent and scheduled basis) have the potential to reinforce individual protective factors, by supporting children's skills development and learning. The continuity of stable non-parental care arrangements can also provide relationship opportunities with caring adults that children in middle childhood require for their healthy development and well-being.¹

The importance of this charter right for children in middle childhood

High quality care arrangements can play a significant role in alleviating pressures that many parents experience in balancing their work and family responsibilities. The evidence-based literature regarding the stressors that parents experience due to work-life balance and the impact on their children's development and well-being is plentiful. In middle childhood in particular, the impact of parental work-life stress has been linked to increased rates of smoking and use of alcohol, and earlier initiation of sexual behaviour among adolescents.²

When child care options for families with school age children are available throughout the year, including the summer months and school vacations, there are advantages for the parents as well as for healthy child development. The evidence-based literature suggests that for children who are at risk for poorer school performance, due to other factors in their lives, there can be even greater risk as a result of the length of time away from the pedagogy, social structure and organized activities of school.³ These issues stimulate the debate of whether school should be year-round.

Children in middle childhood experience many transitions. Within a given day, children often transition between school, home, and other programs. Throughout the year they must transition from being in school to breaks from school. There is a growing body of child development evidence-based literature examining the impact of children's involvement in the many transitions. The findings from such research can help service providers and planners to design programs for children that maintain continuity across their various transitions. This can ease the negative impact of what is sometimes referred to as "border crossing", where children can become more stressed by having to adapt themselves to their changing contexts.⁴ The impact of border crossing between children's main environments can be lessened at many levels. For example, at the system-wide level, the use of a common curriculum framework between schools and after school care settings could ease the

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transition.⁵ In local communities, the impact can be softened by providing accessible and stable care programs that can be attended by children who are also likely to attend school together. Finally, on an individual level, practitioners can also decrease the impact of border crossings in any given day, when they know about what is “going on” for the children in terms of school, child care, and home.⁶

Despite their growing independence, children in middle childhood need stimulating and supervised care programs that offer opportunities to support their developing skills, and keep them engaged and safe. Parents of children in middle childhood are even more likely to be working than are parents of children in their early years, making the provision of child care particularly important to this age group, especially when children are not in school.

School age child care programs are typically available to children from six to 12 years of age, and sometimes to children four and five years of age. These programs are most often offered after school, before school, and some are offered during summer vacation and other school breaks. There tend to be fewer before school programs available than after school programs. Summer camps and other recreation programs can also provide caring and stimulating environments. Families often use summer camps and recreation programs as non-parental care arrangements for their children during school vacations and breaks.

Indicators of children’s health and well-being in this chapter

Given the role of formal child care for school age children and the impact it can have on child development, health, and well-being, it is important for local service providers to have an understanding of school age child care in Wellington, Dufferin, and Guelph. In order to provide a local picture of the accessibility of quality and affordable child care, early education, and parenting supports, the remainder of this chapter reports local data on the following indicators:

- Licensed programs available for school age child care
- Quality of licensed school age child care
- Availability of parenting and family supports

The value of this information to service providers

Similar to early childhood care, available and accessible high quality care options for children in middle childhood has broad social policy and service delivery implications.⁷ *Campaign 2000*, a nation-wide proposition to end child and family poverty in Canada, identifies child care for school age children, as well as younger children, as a foundational support required to help lift families out of poverty and to help families maintain their connection to the labour force.⁸

The information in this chapter is valuable for service providers, as it demonstrates that the availability of licensed child care spaces for school age children is limited and inconsistent across all areas in Wellington, Dufferin, and Guelph. Stable, available, and accessible care is critical for children’s well-being in middle childhood and eases the challenges of families’ work-life balance. Given this, collaborative service planning regarding our communities’ child and family health and well-being needs should consider organized non-parental care programs and activities that are available to children and families regardless of where they live in Wellington, Dufferin, and Guelph. The focus on quality assurance in child care demonstrates that there is a growing understanding that care and education environments for children have an impact on their development and well-being. Information about child care program quality, along with other evidence-based literature,

recommendations for effective practice, and supports for practitioner skill-level and expertise, can help to shape programs and policies. They also inform the development of an integrated system of services to strengthen equitable access to child- and family-centered supports that are inclusive of all children and families.

Programs available for school age child care

There are changes occurring in education and child care policy in Ontario which may have a lasting impact on the delivery of school age child care in Wellington, Dufferin, and Guelph. Currently, licensed school age child care is delivered by independent child care operators who decide on their programs' location, number of spaces, and hours of operation. Licensed school age child care is also offered in home child care by providers who work with a licensed agency. The extent to which the Early Years Policy Framework and the implementation of Full Day Early Learning Kindergarten will have on the provision of licensed care for children ages four years and older has yet to be seen.⁹ Recommendations from Charles Pascal's report, *With Our Best Future in Mind*, include transformative changes to the education system, with more significant involvement of schools in the delivery of affordable care that extends beyond the regular school day for children over the age of four years.¹⁰

Currently school age licensed child care is regulated under the *Ontario Day Nurseries Act*.

- In Wellington and Guelph, school age child care spaces make up 29% of all licensed child care spaces. In Dufferin County, school age child care spaces make up 35% of all licensed child care spaces. Licensed school age child care can be a commercial or not for profit operation.
- In Wellington County, 92% of the school age child care spaces are commercial and 8% are not for profit. In Guelph, 43% of the school age child care spaces are commercial and 57% are not for profit. In Dufferin County, 74% of the school age child care spaces are commercial and 26% are not for profit.
- Licensed home child care is also provided for school age children who are in Wellington, Dufferin, and Guelph (about 8 % of the total number of school age spaces available are licensed home child care spaces).¹¹
- In Wellington and Guelph, about 75% of all licensed school age programs offer subsidized child care spaces. In Dufferin County, 90% of all licensed school age programs offer subsidized child care spaces.
- In Wellington and Guelph, 86% of centre-based school age child care programs are located in schools; and in Dufferin, 60% of centre-based school age child care programs are located in schools.

Table 3.1. **Licensed Centre-Based School Age Child Care in Wellington,¹² Dufferin¹³, and Guelph**

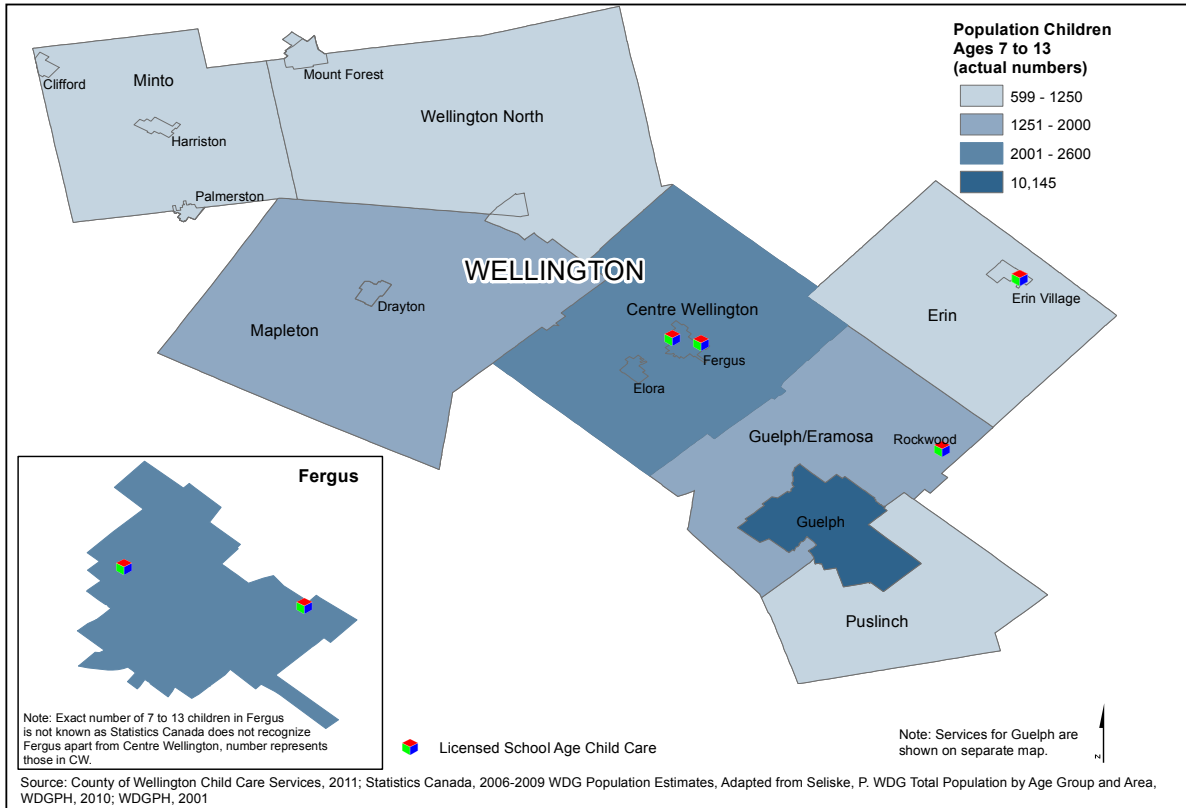
Community	Number of School Age Child Care Programs	Number of School Age Child Care Spaces
Wellington and Guelph (Child Care Service Delivery Area)	29	829
Guelph	21	649
▪ Brant Waverly	1	30
▪ Downtown Sunny Acres Old University	1	30
▪ Exhibition Park	1	45
▪ Grange Hill East	2	52
▪ Hanlon Creek Hales Barton	5	150
▪ Kortright Hills	1	45
▪ Onward Willow	0	0
▪ Parkwood Gardens	1	23
▪ Pine Ridge Clairfields Westminster Woods	5	178
▪ Two Rivers St Georges Park	1	21
▪ West Willow Woods	3	75
Wellington County	8	180
▪ Centre Wellington	3	30
▪ Guelph/Eramosa	1	30
▪ Mapleton	0	0
▪ Minto	0	0
▪ Puslinch	0	0
▪ Town of Erin	4	120
▪ Wellington North	0	0
Dufferin County (Child Care Service Delivery Area)	11	287
▪ Orangeville	7	219
▪ Shelburne	2	38
▪ East Luther Grand Valley	1	7

▪ Amaranth	0	0
▪ Mono	1	23
▪ Mulmur	0	0
▪ Melancthon	0	0
▪ East Garafraxa	0	0

Source: County of Wellington Child Care Services; County of Dufferin Child Care Services, Extracted September 2010.

Table 3.1 provides valuable information regarding licensed child care centres with school age programs and spaces in Wellington, Dufferin, and Guelph. Another way of presenting this information is to map these licensed child care centres with the population of children 7 to 13 years of age. Mapping this information is particularly valuable, as it visually demonstrates the limited and inconsistent access for licensed child care spaces for school age children in Wellington, Dufferin, and Guelph.

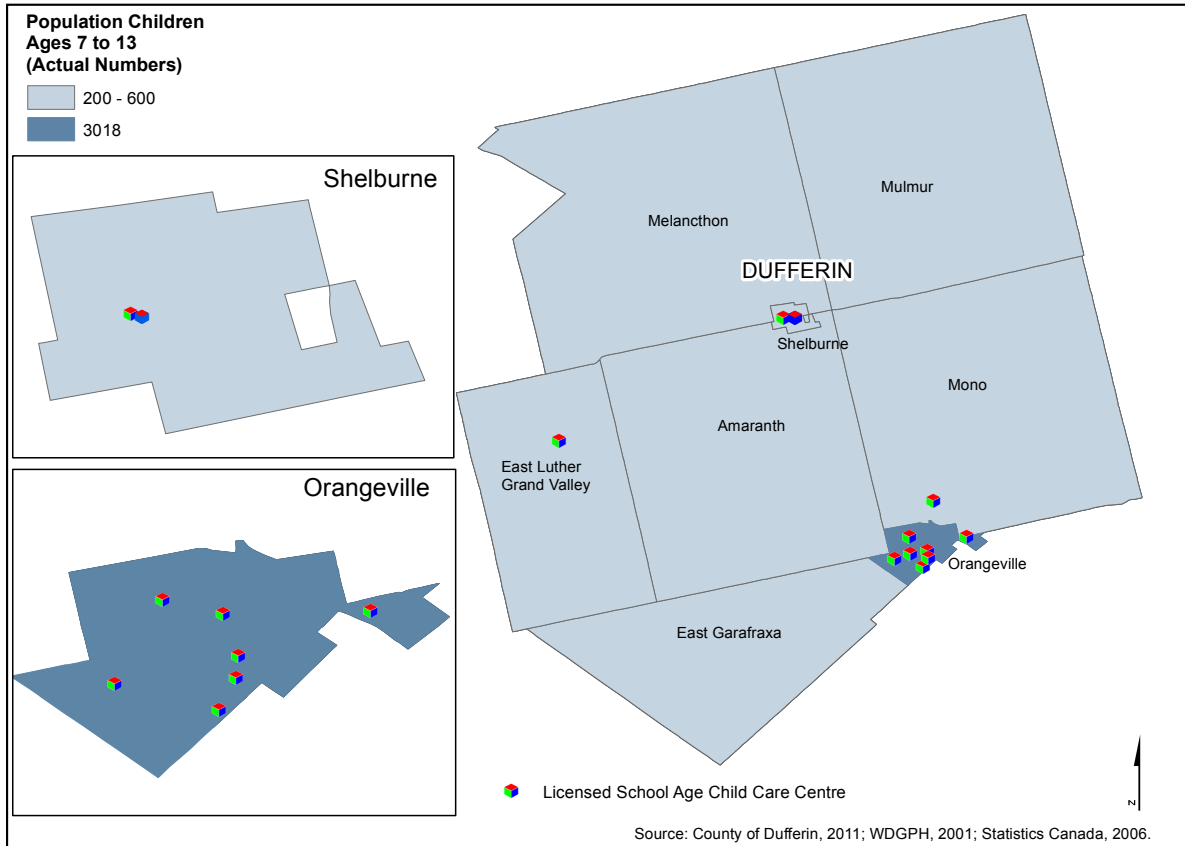
Map 3.1. Distribution of Licensed Child Care Centres with School Age Programs and Population Distribution of Children Ages 7 to 13, Wellington County



Source: Population of Children Ages 7 to 13: Statistics Canada Intercensal Estimates, 2009; Licensed Child Care Centres with School Age Programs: County of Wellington Child Care Services, Extracted September 2010

Note: The placement of symbols on the map is not guaranteed to be the exact location due to technical limitations of postal code data and software limitations.

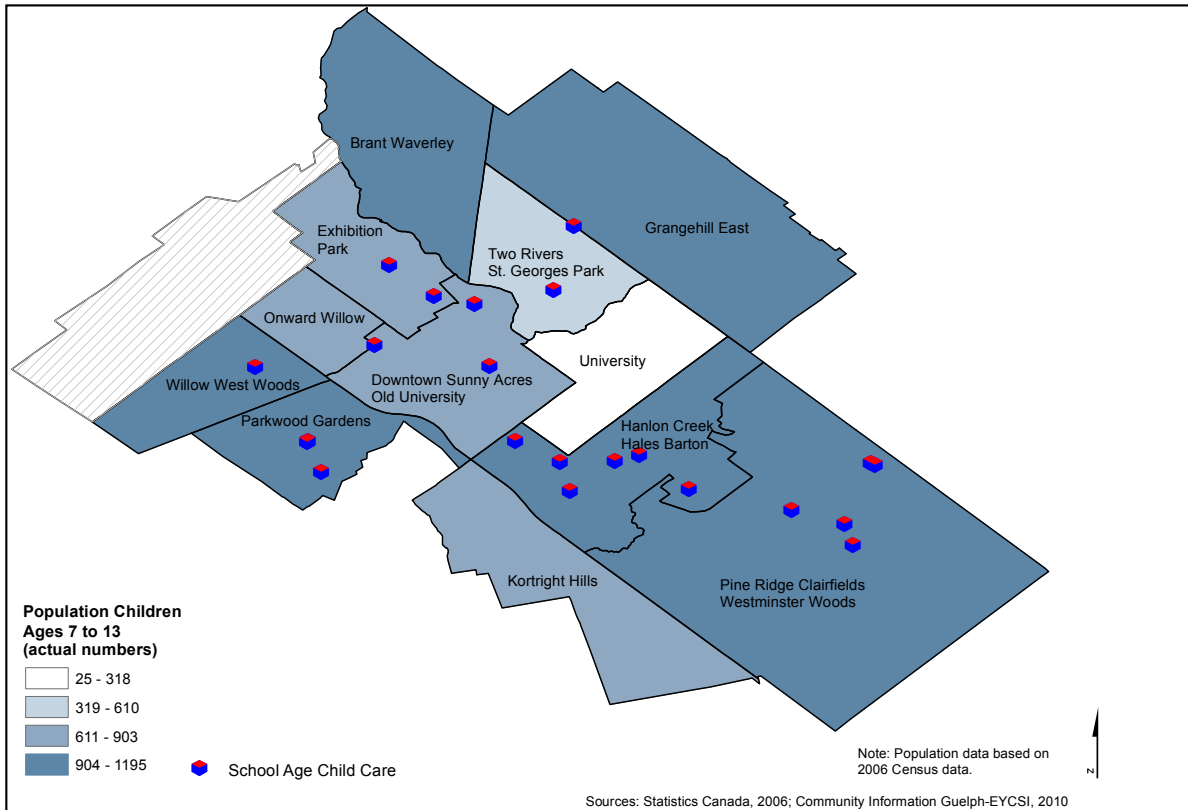
Map 3.2. Distribution of Licensed Child Care Centres with School Age Programs and Population Distribution of Children Ages 7 to 13, Dufferin County



Source: Population of Children Ages 7 to 13: Statistics Canada Intercensal Estimates, 2009; Licensed Child Care Centres with School Age Programs: County of Dufferin Child Care Services, Extracted September 2010

Note: The placement of symbols on the map is not guaranteed to be the exact location due to technical limitations of postal code data and software limitations.

Map 3.3. Distribution of Licensed Child Care Centres with School Age Programs and Population Distribution of Children Ages 7 to 13, City of Guelph



Source: Population of Children Ages 7 to 13: Statistics Canada, 2006; Licensed Child Care Centres with School Age Programs: County of Wellington Child Care Services, Extracted September 2010

Note: The placement of symbols on the map is not guaranteed to be the exact location due to technical limitations of postal code data and software limitations.

It is also important to note that all levels of child care social policy (federal, provincial and local) tend to focus on the development and support of children birth to six years, and not necessarily on children older than six years. This is despite the evidence that shows that two thirds of the working parent population has children in middle childhood. The impact of the limited focus on developing a systematic approach to school age child care shows up in some important ways. For example, given the proportionally fewer school age spaces, many families must rely on unregulated care where the quality is uncertain, or rely on their children to care for themselves.¹⁴

As well, in Wellington, Dufferin, and Guelph, school age children with special needs do not receive the same level of assistance as younger children with special needs to gain access to suitable child care programs. Resource Consultants, who provide expertise and program supports to child care staff, families, and children, are not funded to offer services to children with special needs who are older than six years of age. Within our communities, social development supports are also unavailable for children with social-emotional

challenges (including extreme behaviour) who attend school age child care programs, mainly due to funding that is otherwise prioritized for the birth to six population.

In Wellington, Dufferin, and Guelph, fee subsidy supports to assist families in covering the cost of care are available for families who meet the provincial income eligibility levels. In Wellington and Guelph, there are also a small number of summer camps for which families can access child care fee subsidy supports to help cover fees. Camps are required to meet specific criteria in order to offer subsidized spaces. Provincial legislation requires that camps holding a contract with their local child care service manager, locally, the Corporations of Dufferin County and of Wellington County, must be either HIGH FIVE or Ontario Camps Association¹⁵ accredited to offer subsidized spaces.

In Wellington and Guelph, 21% of all families receiving fee subsidy funding are for licensed school age programs, or camps during the summer months.¹⁶ In Dufferin County, 29% of all families receiving fee subsidy funding are for licensed school age programs. In Dufferin, there are no camps that offer spaces for children who are supported by child care fee subsidy; however, there are camps in the area that are in the process of seeking the accreditation.

Quality of licensed school age child care

Children spend most of their time either at home, in school, and, increasingly, in child care. All of these are important contexts for supporting child development. Discussions of quality in child care are catching the attention of the service planning community. Families and child care service providers have long argued that communities need more child care spaces that are affordable, yet they must also be good spaces for children. Evidence-based literature has identified “quality” characteristics of child care environments that have a statistically significant relationship to children’s social and academic development. Other attributes of child care environments, such as the qualifications, wages and working conditions of early childhood educators (ECEs), are also considered to be strongly connected to child development.^{17 18}

While children in middle childhood require the same level of quality of care as younger children, the kind of programming that best suits their skills and development might look different. For very young children and school age children, a well developed curriculum is an important characteristic of a high quality child care program that supports children’s developing competencies.¹⁹

The County of Wellington, which is the child care service system manager for the geographic area of Wellington and Guelph, has an approach to support high quality child care that is theoretically grounded in an ecological model. Given the ecological approach, the planning and supports for school age child care program quality involve considerations of context (e.g., the operations of the centre, its responsiveness to the specific needs of the community), structure (e.g., the physical environment, the toys, the playground), process (e.g., the pedagogy, the ECE and child relationships) and how these elements work together in providing an environment where children are supported in their healthy development and well-being. The approach to school age child care quality in Wellington and Guelph is two-pronged:²⁰

- The Quality Child Care Initiative (QCCI) is supported by the County of Wellington’s special needs resourcing dollars and municipal funding. The initiative

provides training, professional development, resources, and consultation services for all licensed child care programs in Wellington and Guelph, including licensed school age programs. QCCI services offered to child care programs are not mandatory; child care operators make the choice to use these services.

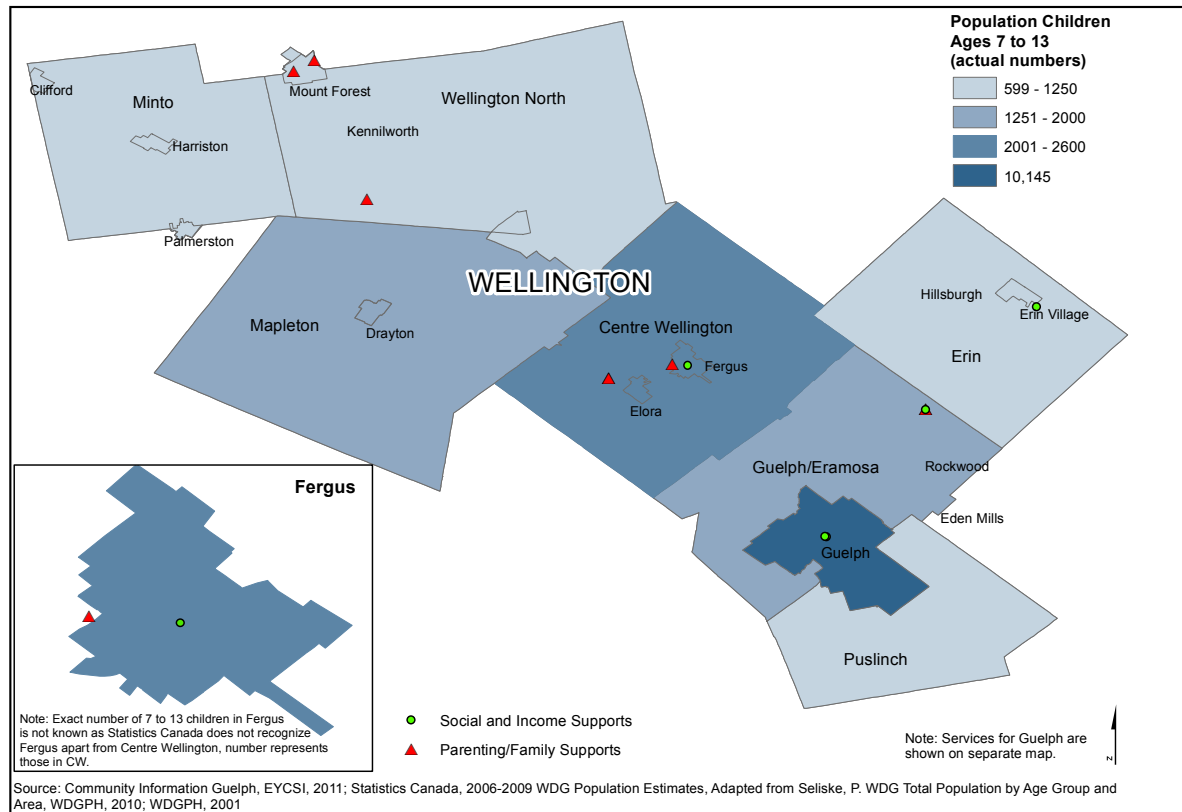
- The County of Wellington Child Care Program Operating Criteria is a mandatory quality assurance measure for licensed school age child care programs that receive public child care funding distributed by the County of Wellington.²¹ There are 316 quality measures in the Operating Criteria, and among them are specific criteria designed to evaluate the delivery of care practices in school age programs. Examples of quality measures include that “there is a plan in place to ensure the safe transition of children from school to the program location and vice versa;” and, that “there is time set aside in the program on a regular basis for children, together with staff, to provide input into activities that are upcoming.”²²

The County of Dufferin child care service system manager supports quality assurance through the Raising the Bar²³ strategy. Raising the Bar is voluntary for child care programs and, therefore, it highlights program operators’ commitment to quality. In Dufferin, 90% of all school age child care programs are participating in Raising the Bar. There are 22 areas of quality that child care programs address when completing their annual profile submission. They include considerations of effective practice in child care management, participation in professional development, and the care and education environment for children.

Availability of parenting and family supports

Parents or guardians of children in middle childhood may face challenges related to child-rearing, work-life balance, finding quality time with their children, and providing the basic needs. They often require additional support beyond formal child care programs and other care arrangements. The programs and services captured on the maps may not include all services available, just those found in the Community Information Guelph database and the County of Dufferin listing. While the maps may not be comprehensive, they provide an overall picture of the distribution of local parenting and family supports and social supports. Some of these programs and services are targeted to low-income families who may face greater challenges securing stable child care and providing many of the basic needs necessary for healthy child development and well-being. These supports and services have been mapped for each geographic area with the population distribution of children ages 7 to 13. Examples of the specific programs and services are provided for each map.

Map 3.4. Distribution of Parenting and Family Supports and Population Distribution of Children Ages 7 to 13, Wellington County



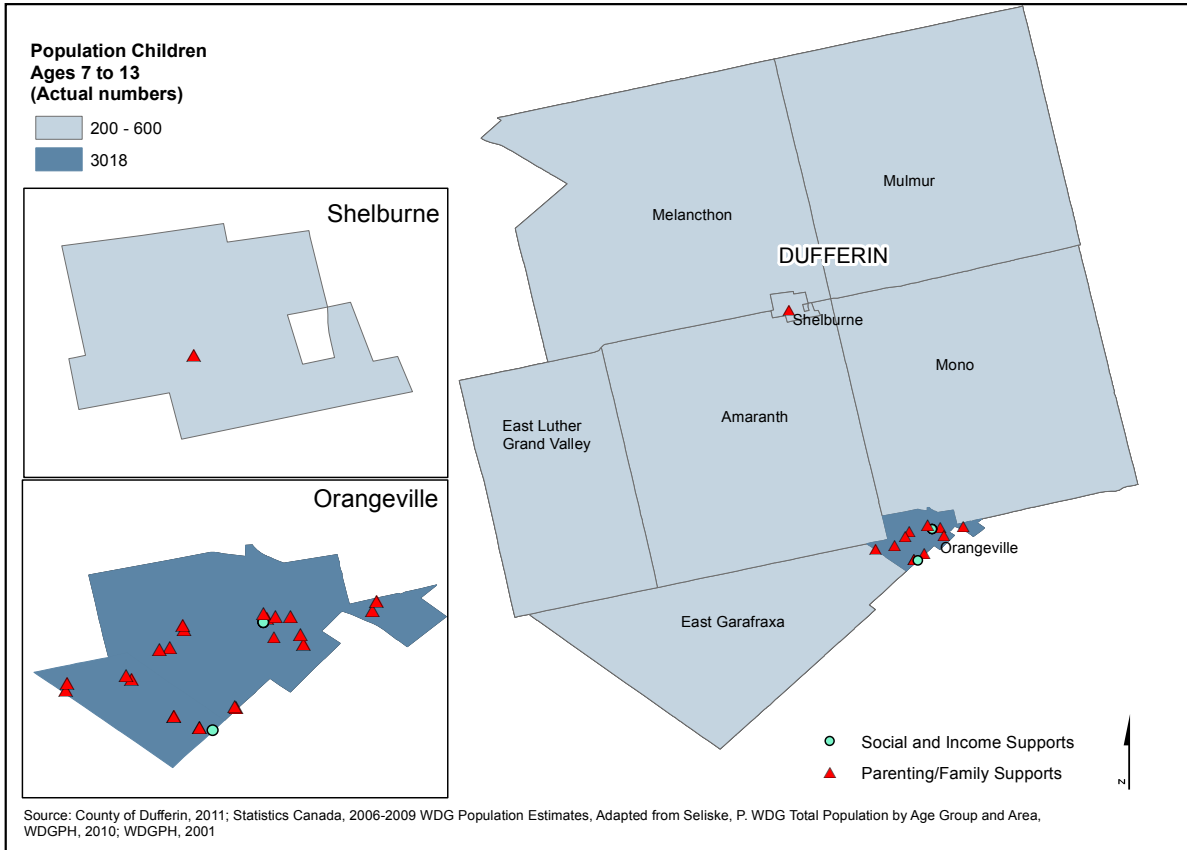
Source: Population of Children Ages 7 to 13: Statistics Canada Intercensal Estimates, 2009; Parenting and Family Supports: Community Information Guelph, EYCSI, 2010

Note: The placement of symbols on the map is not guaranteed to be the exact location due to technical limitations of postal code data and software limitations.

Examples of the specific programs and services:

- *Social and Income Supports:* Social supports offered through the East Wellington Community Services and the Community Resource Centre; Income supports are based in Guelph through the County of Wellington Social Services, Ontario Works and Child Care Services, which are captured in the Guelph map.
- *Parents/Family Supports:* Guelph Wellington Drug Strategy, Strengthening Families, Family and Children's Services, Trellis Mental Health and Developmental Services, and local churches.

Map 3.5. Distribution of Parenting and Family Supports and Population Distribution of Children Ages 7 to 13, Dufferin County



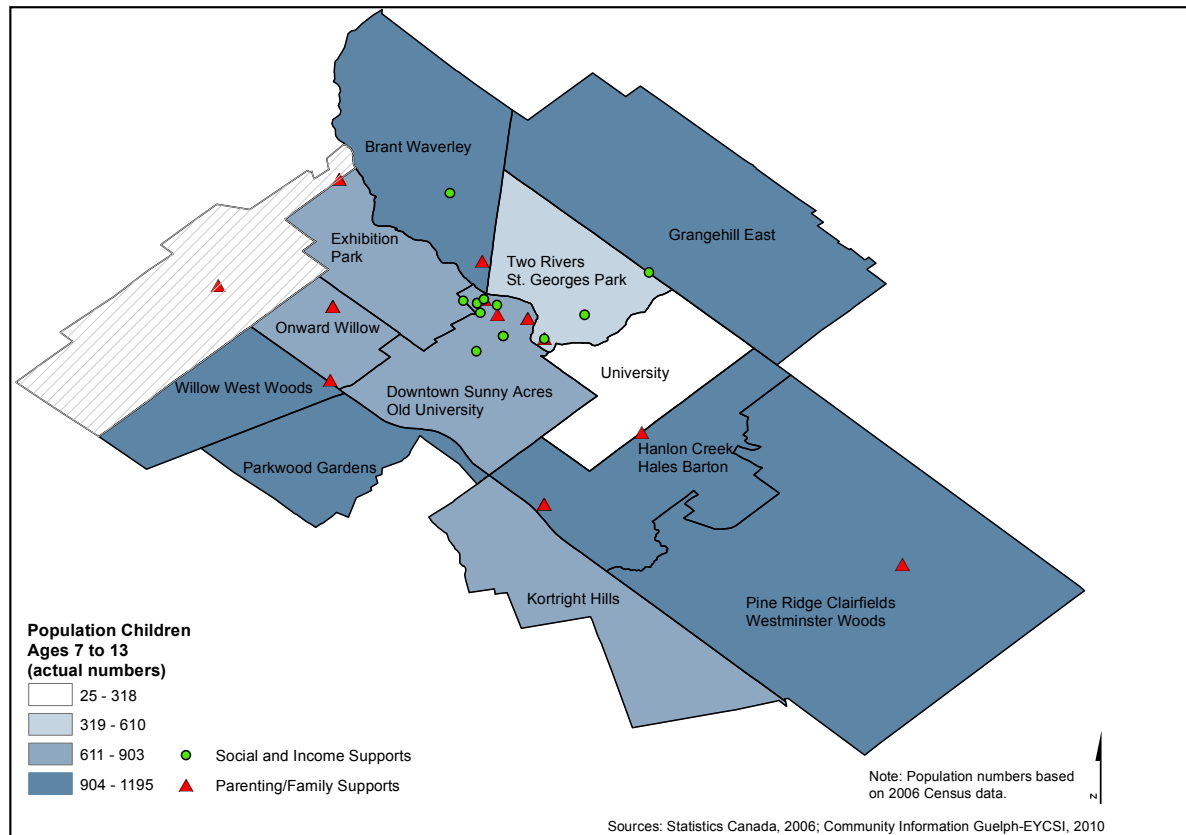
Source: Population of Children Ages 7 to 13: Statistics Canada Intercensal Estimates, 2009; Parenting and Family Supports: County of Dufferin, 2011

Note: The placement of symbols on the map is not guaranteed to be the exact location due to technical limitations of postal code data and software limitations.

Examples of the specific programs and services:

- *Social and Income Supports:* County of Dufferin Community Services – Ontario Works, Employment Resource Centre, Housing Services and Children’s Services.
- *Parenting/Family Supports:* Association of Parent Support Groups in Ontario, Dufferin Child and Family Services, Dufferin Parent Support Network (DPSN), Wellington-Dufferin-Guelph Public Health, Trellis Mental Health and Developmental Services, Headwaters Family Visit Centre, Big Brothers Big Sisters of Dufferin & District, and programs offered at local schools

Map 3.6. Distribution of Parenting and Family Supports and Population Distribution of Children Ages 7 to 13, City of Guelph



Source: Population of Children Ages 7 to 13: Statistics Canada, 2006; Parenting and Family Supports: Community Information Guelph, EYCSI, 2010

Note: The placement of symbols on the map is not guaranteed to be the exact location due to technical limitations of postal code data and software limitations.

Examples of the specific programs and services:

- *Social and Income Supports:* The Guelph Churches Outreach Program, Social assistance and subsidies for child care through the County of Wellington, Salvation Army Community and Family Services, Guelph Community Health Centre, the Drop-in Centre, Chalmers Community Services Centre and the Two Rivers Neighbourhood Group, and the YMCA/YWCA
- *Parenting/Family Supports:* Guelph-Wellington Drug Strategy, Grandparenting Again Canada and Parents without Partners, Family and Children's Services, Family Counselling and Support Services, Stonehenge Therapeutic Community, neighbourhood groups, the YMCA/YWCA Teenage Parents Program, and Lutherwood

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- 2 Han,W., Wadfogel, J. & Miller, D.P. (2010). Parental work schedules and adolescent risky behaviors. *Developmental Psychology*, 46 (5), 1245-1267.
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- 4 Vogler, P. Crivello, G. & Woodhead, M. (2008). Early childhood transitions research: A review of concepts, theory and practice. Working Paper No.48. The Hague, The Netherlands: Bernard van Leer Foundation. Page 20.
- 5 Pascal, C. (2009). With our Best Future in Mind: Implementing Early Learning in Ontario. Toronto: Ontario, Queen’s Printer for Ontario.
- 6 Votuba-Drzal, E., Li-Grining, C.P., Maldonado-Carreño, C. (2008). A developmental perspective on full- versus part-day kindergarten and children’s academic trajectories through fifth grade. *Child Development*, 79 (4): 957-978. Page 958-959.
- 7 Votuba-Drzal, E., Li-Grining, C.P., Maldonado-Carreño, C. (2008). A developmental perspective on full- versus part-day kindergarten and children’s academic trajectories through fifth grade. *Child Development*, 79 (4): 957-978. Page 958-959.
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- 9 Grieve, J. (December 16, 2010). Memorandum to Directors of Education: Regulatory Amendments for Full-Day Junior Kindergarten and Extended Day Programs. Ministry of Education Early Learning Division (EL 12).
- 10 Pascal, C. (2009). With our Best Future in Mind: Implementing Early Learning in Ontario. Toronto: Ontario, Queen’s Printer for Ontario: page 14.
- 11 For the County of Dufferin, Child Care Services estimates that there are approximately 25 home child care spaces, making up 9% of all the school age spaces (including centre-based spaces) in Dufferin. In Wellington and Guelph, the school age home child care spaces (56 as of January, 10, 2011) make up 6% of all the school age spaces (including centre-based spaces) in Guelph and Wellington.
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- 13 County of Dufferin, Community Services, Children’s Services (October 15, 2010). Licensed Capacity of Centre-based School Age Programs; as per the most recent licenses issued by MCYS on file, and found at www.ontario.ca/ONT/protal61/licensedchildcare.
- 14 Canadian Child Care Federation (September 11, 2006). Policy Brief on School-Age Child Care: Policy Brief prepared for the Middle Childhood Initiative of the National Children’s Alliance. Retrieved December 23, 2010: www.nationalchildrensalliance.com/nca/pubs/2006/School-Age%20Child%20Care%20Policy%20Brief.pdf.
- 15 See the High Five and Ontario Camps Association websites for more information on their accreditation processes and quality standards: HIGH FIVE www.highfive.org/on/ OCA www.ontariocamps.ca/

- 16 Child Care Services, Intake and Eligibility Team (December 7, 2010). Ontario Child Care Management System (OCCMS) RO81. "21%" represents 4 sets of data - October 2009 (no-waitlist) = 140 school age children out of a total of 705; October 2010 (during wait-list period) = 131 school age children out of a total of 601; July 2009 (no-waitlist) = 150 school age children out of a total of 725; July 2010 (during wait-list period) = 126 school age children out of a total of 666.
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- 20 County of Wellington, Child Care Services (June 2010). Child Care Service Plan, Update.
- 21 To date, any child care program wishing to have a fee subsidy service agreement, in order to offer spaces to families receiving fee subsidy funding supports must meet the County of Wellington's Child Care Program Operating Criteria (December 2010).
- 22 County of Wellington, Child Care Services (2006, 2009, 2010) County of Wellington Child Care Programme Operating Criteria. http://www.wellington.ca/document_info.aspx?id=3080
- 23 Raising the Bar was first developed in Hamilton Ontario by the Affiliated Services for Children and Youth (ASCY). For an introduction to the strategy see this website for their brochure: http://www.ascy.ca/docs/RTB_Brochure.pdf



4. Children's right to safe places and time to play, and access to affordable recreation activities

4. Children’s right to safe places and time to play, and access to affordable recreation activities

Introduction

The link to children’s well-being

There are consistent links between children’s recreation activity participation and positive outcomes, such as increased self esteem, decreased delinquency, and increased academic achievement.¹ However, children’s access to safe places, time to play, and recreation activities can be varied. This can be based on several factors, including lack of awareness, family resources and support, transportation, safe places to play, and availability of facilities in their community.²

The evidence-based literature that examines the unique impacts that children’s participation in different categories of recreation activities has on both positive and negative developmental outcomes is expanding.³ Increasingly, children’s recreation associations, such as High Five in Canada and the American Camp Association, use a developmental health framework for identifying activities that are supportive for children and youth. Their developmental health framework is based on research evidence that identifies several elements needed within recreation activities for supporting children’s positive development. These elements include physical and psychological safety; emotional and moral support; supportive adult relationships; opportunities to form close human relationships; promotion of belonging and feeling valued; opportunities for skill building; support for personal efficacy; and opportunities to contribute to one’s community.⁴ During this “vulnerable but invincible”⁵ stage of development, there are unique challenges to ensuring that children in middle childhood have safe places to play and engage in recreation activities.⁶

The importance of this charter right for children in middle childhood

Children in middle childhood have limited ability to plan and influence their own daily routines. These limitations might be the result of a number of different factors and can impact particularly upon a child’s ability to access recreation and play activities. For example, children in middle childhood still require supervision for many of the recreation activities. Children in this age group are unlikely to have the resources (e.g., transportation) to independently arrange for participation in formal or informal activities that are outside of their immediate environment. In addition to these challenges, the growth in universally accessible activities for children birth to six years has not been followed by a growth in activities for children in middle childhood.

Health issues related to activity levels are a concern with respect to children’s access to play and recreation. In North America, the concern associated with physical inactivity is mainly linked to childhood obesity rates and poor health outcomes later in life. Medical practitioners caution that children in middle childhood are more vulnerable to sustaining injuries associated with excessive physical activity or training, due to their unique physical growth process.⁷ In middle childhood, unintentional physical injuries change in nature,

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GIRLS CHASE THE BOYS AND OTHER GAMES THAT DRIVE ADULTS 'ROUND THE BEND

Making sure that children in middle childhood have many and varied opportunities to play involves the adults in their lives, including parents and teachers, thinking about their own adult-centric tendencies to dismiss some types of play behaviour, such as young children's preoccupation with boyfriends and girlfriends is solely them practicing and performing 'older' gendered and sexualized behaviours. It may be that such preoccupations are part of their struggle to perform coherent gendered identities as boys and girls; and it also may be that taking up the position of 'boyfriend' or 'girlfriend' is the only way to legitimately hang out and be friends with the opposite sex.¹⁰

yet they are still a major threat to children's well-being. For example, children in middle childhood are more likely to be seriously injured from falls from playground equipment than any other age group.

It is during middle childhood that children are more likely to compare themselves to others and physical differences are often the topic of discussion. This can result in many children worrying about not being "normal."⁸ Others may misinterpret the range of skills, and developmentally appropriate activity patterns of children in middle childhood (and their limitations), which can increase children's vulnerability to risk and potentially dangerous situations. For example, children in middle childhood are in the prepubescent developmental phase, which is accompanied by increased public attention and self awareness towards aspects of personal physical growth. This often involves having to face inappropriate sexual attention from both peers and adults.⁹

The physical environment of a community is an important determinant for children's and youth's participation in play, physical activity, and recreation.¹¹ There is a growing cohort of social ecological research linking healthy child development with recreation and leisure studies. This research has resulted in an increased examination of how a child's environment can influence their activity levels.¹² For example, the influence of parks on child health outcomes, such as obesity rates, offers conflicting results in the research literature. However, there is growing evidence to suggest that specific attributes of park space may have more impact on children's healthy development. For example, while research generally supports that proximity to park space is associated with increased physical activity, a recent study demonstrates that children with a park playground within one kilometer of their home were almost five times more likely to be classified as a healthy weight than children without a playground in their nearby park.¹³ In addition, research shows that children living in rural communities may face more challenges to participation in organized sports and physical activity opportunities compared to their urban peers, which increases their collective likelihood of having higher obesity rates.¹⁴

Article 31 of the United Nations Convention on the Rights of the Child¹⁵ (a child's right to play) is described as intensifying the inherent tension between children's rights to express their views, and the principle of acting in children's best interests.¹⁶ For example, although adults may support children's play, given the impact that it has on healthy child development, they can express many concerns too, such as interpreting children's play as disruptive, threatening, or of little value. This can lead to sanctions and prohibitions by adults on how children go about their play.¹⁷ The ways that children in middle childhood, in particular, engage in play tends to provoke the greatest likelihood that adults will sanction and prohibit their behaviour. For children in middle childhood, extra effort needs to be made by adults, including service planners and providers, to be aware of the importance of play, and to promote and protect the conditions that support it.¹⁸

Indicators of children's health and well-being in this chapter

The indicators for which there was local data for this chapter include:

- Crime rates
- Injuries
- Recreation and organized activities and community-based resources available for children
- Supports for participation in recreation activities

The value of this information to service providers

Safe environments are paramount to children's healthy development. The crime rates that are included in this chapter are valuable for service planners as they provide clear rationale for why children deserve access to safe places that offer important respite from negative environmental impacts. As well, crime rates are useful for planning intervention-focused activities for children in middle childhood. These data reinforce that there is a need for activities that specifically deal with children's self protection and teach children about their individual rights and responsibilities. For example, research demonstrates that programs and schools committed to the safety of their students are those that are proactive and diligent about educating staff and students about issues such as sexual development and sexual abuse.²⁰

The injury data included in this chapter contributes to the understanding among service providers of the risk factors in children's healthy development.²¹ There are connections evident in the research literature that link neighbourhood environments and children's health outcomes. The data collected to inform these links are of such precision that they include details regarding the types of injuries that children are experiencing. Throughout Ontario and across Canada, intentional monitoring of children's injuries, through emergency room visits and other systematic methods of data collection, supports the broader goal of developing strategies for reducing risks to children's health and development.²²

The link between children's positive outcomes and their involvement in recreation activities is connected, but not linear. New approaches to research in this area demonstrate that simple measures of frequency of involvement in activities, or lists of available programs and activities may not fully explain the relationships between children's involvement in recreation and play activities and how those relationships contribute to their thriving development and well-being.²³

Planning for safe and effective environments, programs, and activities that support children's involvement in play is also complex. At the community-level, planning for children's recreation activities tends to be less coordinated than planning for other children's services that are publicly funded. Organized recreation and play-based activities for children in middle childhood are much more likely to be fee-based activities. As a result, these activities are accessible only to cohorts of the population, often dependent on the ability of families to cover costs or meet eligibility criteria for subsidies that may be available.

Despite the knowledge that recreation is a vital component of a child's life, there is a divide in Canada between those who participate in recreation programs and those who do not.²⁴ Children's right to play is more likely to be preserved as service providers further explore and understand the barriers that children and their families experience in accessing safe places and time to play in this community. Many child development and health outcomes that are understood to be connected to coordinated systems of supports and services for children and families are also being connected to children's involvement in recreation and play. Effective service planning for children includes intentional action devoted to considerations of children's access to safe and affordable places for play.

CHILDREN'S RIGHT TO PLAY

Children's play belongs to children; adults should not destroy children's own places for play through insensitive planning or the pursuit of other adult agendas, or by creating places and programs that segregate children and control their play.¹⁹

Crime rates

Community safety and children's positive social development outcomes are connected. Integrated approaches for supporting community development processes that improve safety levels are increasingly recognized as helpful in addressing the multiplicity of risk factors that contribute to child victimization and adolescent criminal behaviour. Each of the detachments for law enforcement in Wellington, Dufferin, and Guelph identifies their commitment to working in partnership with the community as a strategy to prevent and reduce crime, and improve community safety. Wellington, Dufferin, and Guelph are served by the following detachments for law enforcement: Guelph Police Service, County of Wellington Ontario Provincial Police (OPP), Dufferin OPP, Shelburne Police Services and Orangeville Police Services. The City of Guelph was identified as one of the safest cities of its size in Canada, by the Crime Severity Index, which uses a survey-based approach to gather community members' perceptions of the safety of where they live.²⁵

The education and intervention approaches for reinforcing safety for children in middle childhood are multi-faceted. They include emphasis on awareness, prevention and intervention with respect to bullying, drug and alcohol use, discrimination, such as racism and homophobia, and strengthening self-esteem and a sense of social justice. Ontario's *Safe Schools* legislation imposes a framework of a progressive disciplinary approach, a code of conduct and set of penalties, which all Ontario school boards are directed to implement.

The data reported below are rates of crime reflecting the whole population, not rates of crime directly connected to children in middle childhood. These data provide an indication of the safety of the overall environments where children and families live. There are a number of risk factors associated with children's vulnerabilities to the impact of crime, including victimization and the early onset of criminal behaviour. "The interplay of these factors is complex, but community safety, secure family environment, and the positive social development of children and youth are linked in many ways."²⁶

There was limited local data available for crime rates. Data were available for only Guelph and Wellington. Crime rate data do not specify the intensity or severity of the crimes. As a result, the final rates tend to be reported in an exaggerated way, given that less severe crimes occur frequently compared to more serious crimes.²⁷ Crime rates are reported based on a population denominator of 100,000. The actual incidents of crime are typically much smaller numbers than the crime rate suggests, however this formula makes comparisons between regions with wide variations of population more efficient.

The following crime rates are based on 2009 data. The crime rate per 100,000 for Guelph was 5,331. The crime rate per 100,000 for Wellington was 2,961. The property crime rate per 100,000 for Guelph was 3,617 and for Wellington was 2,122. Property crimes include arson, break and enter, theft, fraud, and mischief to property. Violent crime rates are typically much lower than property crime rates. The violent crime rate per 100,000 was 786 for Guelph and 386 for Wellington. Violent crime includes sexual assault, assault with weapons, common assault, criminal harassment, robbery, and threats.

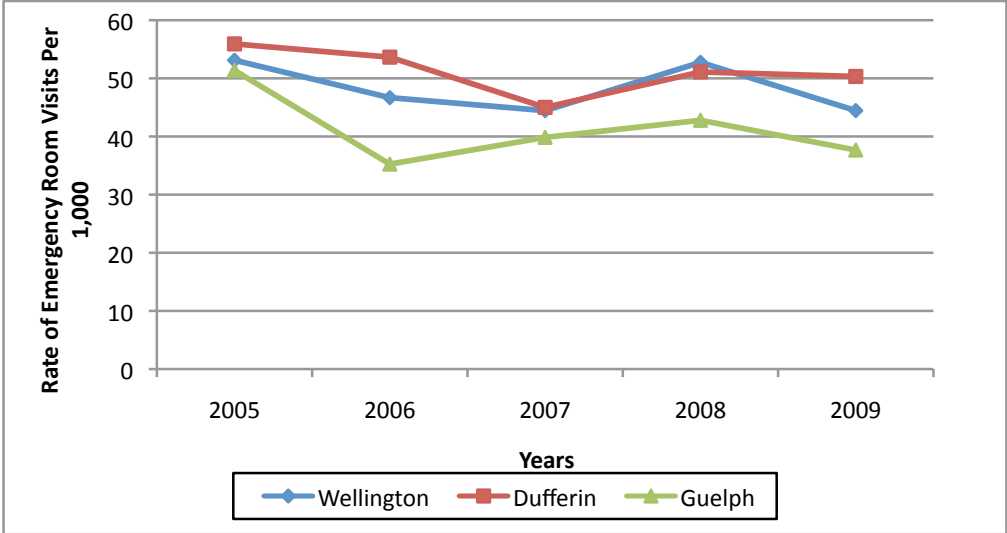
Injuries

The following data show rates of injury for the populations of children in middle childhood in Wellington, Dufferin, and Guelph. The rates of unintentional injuries included in this chapter, (e.g., rates of injuries from falls and rates of injuries from animate and inanimate mechanical force), are based on data collected in hospital emergency rooms across Ontario. They represent the most common injuries experienced by children in this age group. (Other categories of “unintentional injuries” treated in Emergency Rooms are motor vehicle accidents (MVA) and overexertion/travel/privation).

The following injury data are separated by gender because the rates are different for boys and girls. Figure 4.1, below, describes rates of fall injuries treated in Emergency Rooms for boys 7 to 13 years of age and Figure 4.2 describes fall injury rates for girls in this age group.

The data depicted in Figure 4.1 (boys) do not indicate a consistent trend over time for boys treated in Emergency Rooms for injuries from falls in Wellington, Dufferin, and Guelph. In general, rates of boys treated for injuries from falls are highest for Dufferin, followed by Wellington and Guelph. In 2008, there is a noticeable peak across all areas, followed by a 2009 decline, in all areas except Dufferin. The rates that are described in Figure 4.1 are based on actual event counts in the range of 142 to 781.

Figure 4.1. **Rate of Emergency Room Visits for Injuries due to Falls, Boys Ages 7 to 13, 2005 to 2009, Wellington, Dufferin, and Guelph**



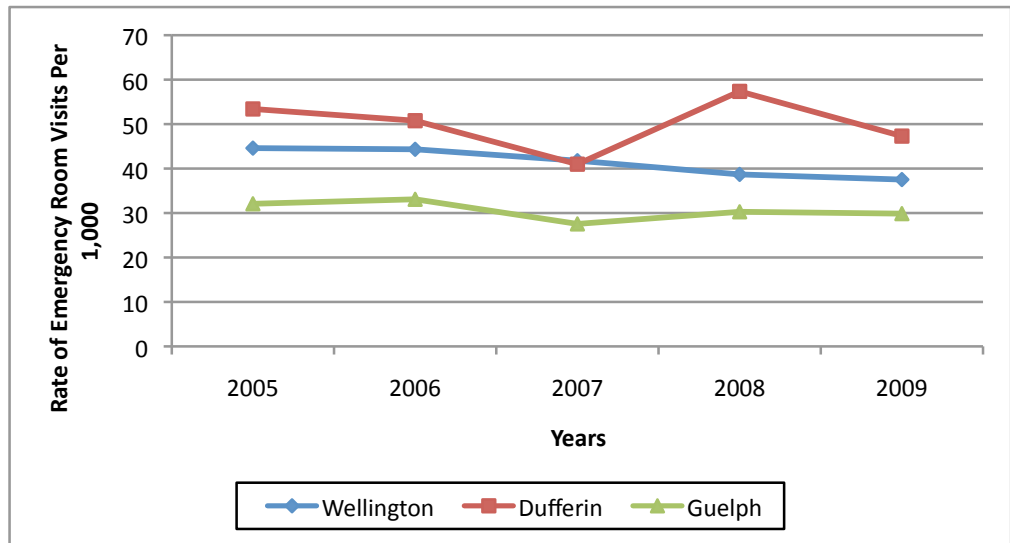
Source: Provincial Health Planning Database (PHPDB) - Emergency Room Visit Data 2005 to 2009, Date Extracted: October 2010.

A further examination of the information in Figure 4.1 for “place of occurrence”, or the location where the injuries happened, indicates that for falls occurring in the home, the percentage ranges from 4.4% in Guelph to 6.0% in Wellington. The highest “percentage of occurrence” for “school, other institution, and public area” is in Guelph at 20%, compared

to 16.6% in Wellington and 12.9% in Dufferin. Interestingly, Guelph has the lowest percentage of occurrence for “sports and athletics areas” at 6.5%, whereas the other areas are similar with percentages approximating 13%. It is important to note that data classified as “missing” and “other” with respect to the “place of occurrence” range between 63% and 69%. “Place of occurrence” counts range between 31 and 530 (excluding “missing” and “other”).

The data depicted in Figure 4.2 (girls) tells a similar story to that of males for rates of falls seen in emergency rooms. The 2008 peak across all areas that was observed in Figure 4.1 (boys) only occurs for girls (Figure 4.2) in Dufferin. The rates that are described in Figure 4.2 are based on actual event counts in the range of 115 to 569.

Figure 4.2. **Rate of Emergency Room Visits for Injuries due to Falls, Girls Ages 7 to 13, 2005 to 2009, Wellington, Dufferin, and Guelph**

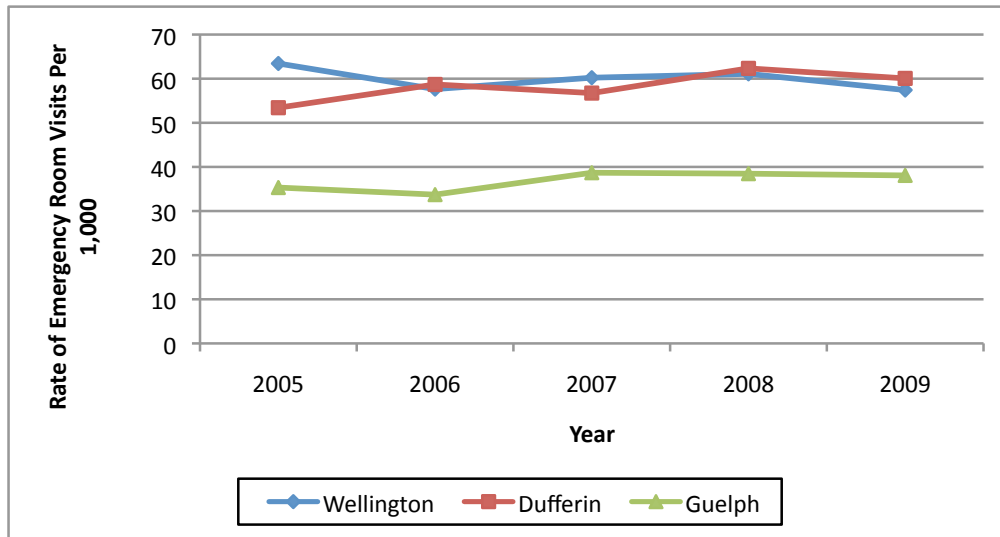


Source: Provincial Health Planning Database (PHPDB) - Emergency Room Visit Data 2005 to 2009, Date Extracted: October 2010.

An examination of the “place of occurrence” information available for falls among girls indicated similar percent magnitudes and patterns to those described for boys.

The data in Figure 4.3 describe injury rates for boys 7 to 13 years of age by exposure to an inanimate mechanical force. In this case, there appears to be a distinction in the data according to the geographic area. In Figure 4.3, Wellington and Dufferin have the highest rates and a common pattern over time that appears flat. Guelph has consistently lower rates. All rates are based on actual event counts in the range of 185 to 755.

Figure 4.3. Rate of Emergency Room Visits for Injuries due to Exposure to Inanimate Mechanical Force, Boys Ages 7 to 13, 2005 to 2009, Wellington, Dufferin, and Guelph



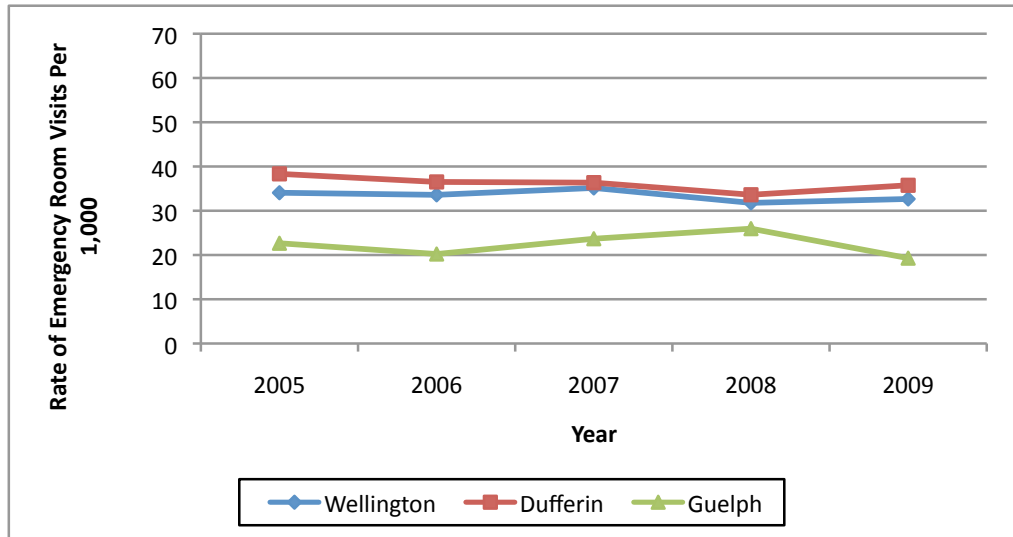
Source: Provincial Health Planning Database (PHPDB) - Emergency Room Visit Data 2005 to 2009, Date Extracted: October 2010.

Note: Exposure to inanimate mechanical force refers to injuries sustained by children who have been struck by a projectile, been crushed or pinched, cut by something such as glass, a knife, a tool; or exposed to a firearm discharge or an explosion.²⁸

The “place of occurrence” for injuries from exposure to inanimate mechanical force is similar to those patterns described for injuries from falls among boys 7 to 13, with one notable exception. While Guelph remains the area with the lowest percentage of injuries in “sports and athletic locations” at 7%, Dufferin has become the highest with 24% compared to Wellington with 19.4%. Data classified as “missing” and “other” range between 58.4% and 75%. “Place of occurrence” counts range between 39 and 675 (excluding “missing” and “other”).

The data presented in Figure 4.4 describe the injury rate trends over time for girls ages 7 to 13 due to exposure to inanimate mechanical force. The trends in these data are similar to those described above for boys. There are also no major differences between boys and girls in this age group with respect to the “place of occurrence” for the injury.

Figure 4.4. **Rate of Emergency Room Visits for Injuries due to Exposure to Inanimate Mechanical Force, Girls Ages 7 to 13, 2005 to 2009, Wellington, Dufferin, and Guelph**

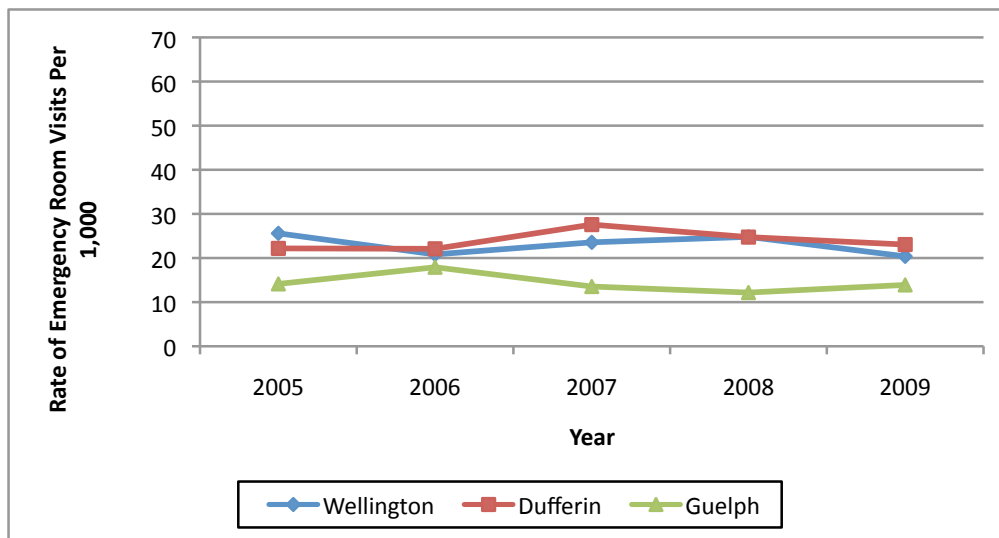


Source: Provincial Health Planning Database (PHPDB) - Emergency Room Visit Data 2005 to 2009, Date Extracted: October 2010.

Figure 4.5 (boys) and Figure 4.6 (girls) show that there are no substantially different trends by geographic area for injuries due to exposure to animate mechanical force.

Examining the “place of occurrence” for injuries due to exposure to animate mechanical force among boys indicates that there is a notable increase across all areas in “sports and athletic areas”. For all areas, except for Guelph at 13.3%, “sports and athletic areas” have the highest percentage of exposure to animate mechanical force injuries among boys ages 7 to 13, with Wellington and Dufferin at 30%. The pattern for girls is similar but less dramatic, with Wellington at 17.7%, Dufferin at 14.5%, and Guelph at 9.7%.

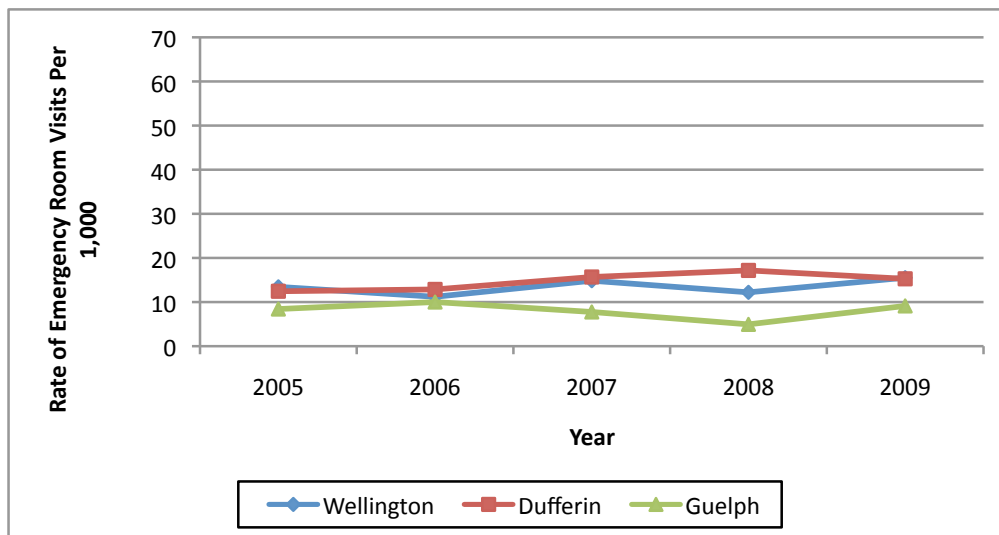
Figure 4.5. Rate of Emergency Room Visits for Injuries due to Exposure to Animate Mechanical Force, Boys Ages 7 to 13, 2005 to 2009, Wellington, Dufferin, and Guelph



Source: Provincial Health Planning Database (PHPDB) - Emergency Room Visit Data 2005 to 2009, Date Extracted: October 2010.

Note: Exposure to animate mechanical force refers to injuries sustained by children who have been hit, struck, kicked, bitten, twisted or scratched by another person; or have been bitten by an animal that is non-venomous or injured by a plant.²⁹

Figure 4.6. Rate of Emergency Room Visits for Injuries due to Exposure to Animate Mechanical Force, Girls Ages 7 to 13, 2005 to 2009, Wellington, Dufferin, and Guelph

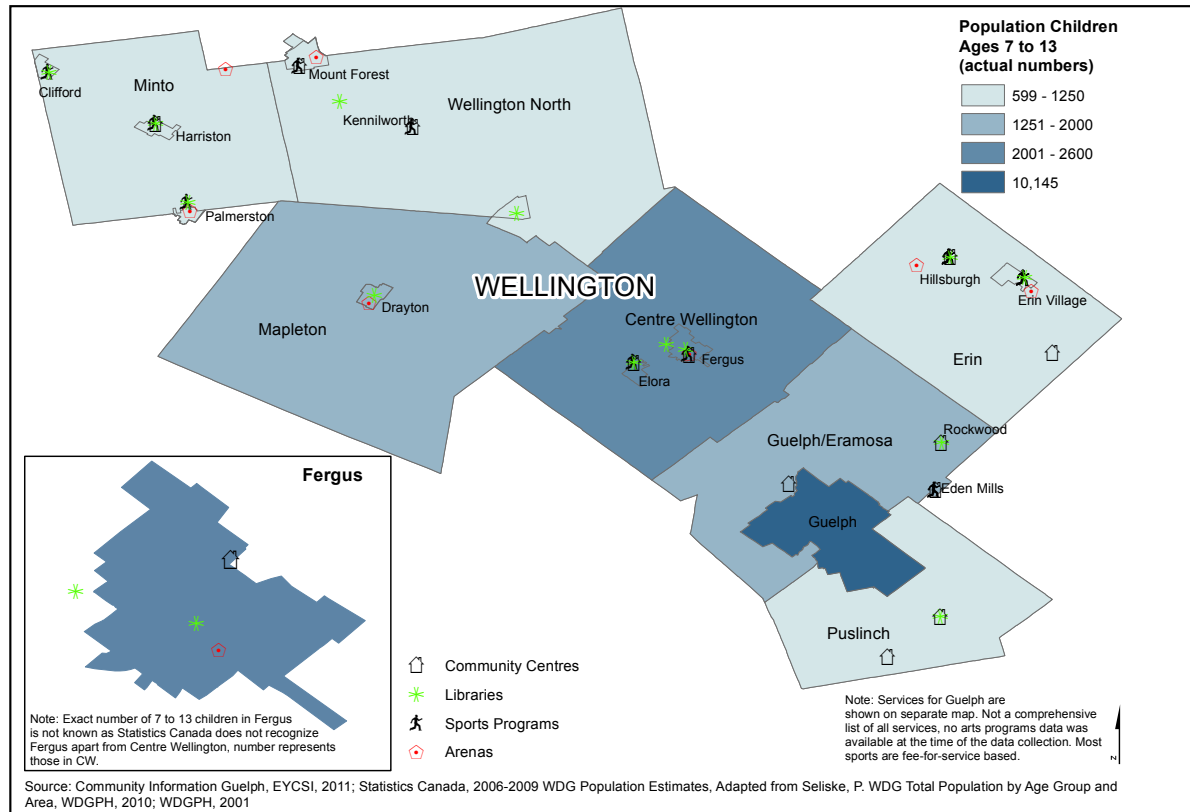


Source: Provincial Health Planning Database (PHPDB) - Emergency Room Visit Data 2005 to 2009, Date Extracted: October 2010.

Recreation and organized activities and community-based resources available for children

Maps 4.1 to 4.3 illustrate the distribution of recreation and organized activities and community-based resources with the population distribution of children ages 7 to 13 for each geographic area, including the Guelph Neighbourhoods. The programs and services captured on the maps may not include all services available, just those found in the Community Information Guelph database and the County of Dufferin listing. While the list may not be comprehensive, it provides a valuable start to understanding access to recreation and organized activities that are valuable to the health and development of children in middle childhood. Careful consideration should be given to each map, as they display different categories of services, programs and resources. For each map, there are examples of specific programs and services. It is also important to note that the category of “Sports Programs” largely consists of fee-for-service opportunities. While these programs may be accessible to children ages 7 to 13 due to their geographic proximity, they may not be accessible with regards to the resources necessary to participate, including financial security, time and transportation.

Map 4.1. **Distribution of Community-Centered Services and Population Distribution of Children Ages 7 to 13, Wellington County**



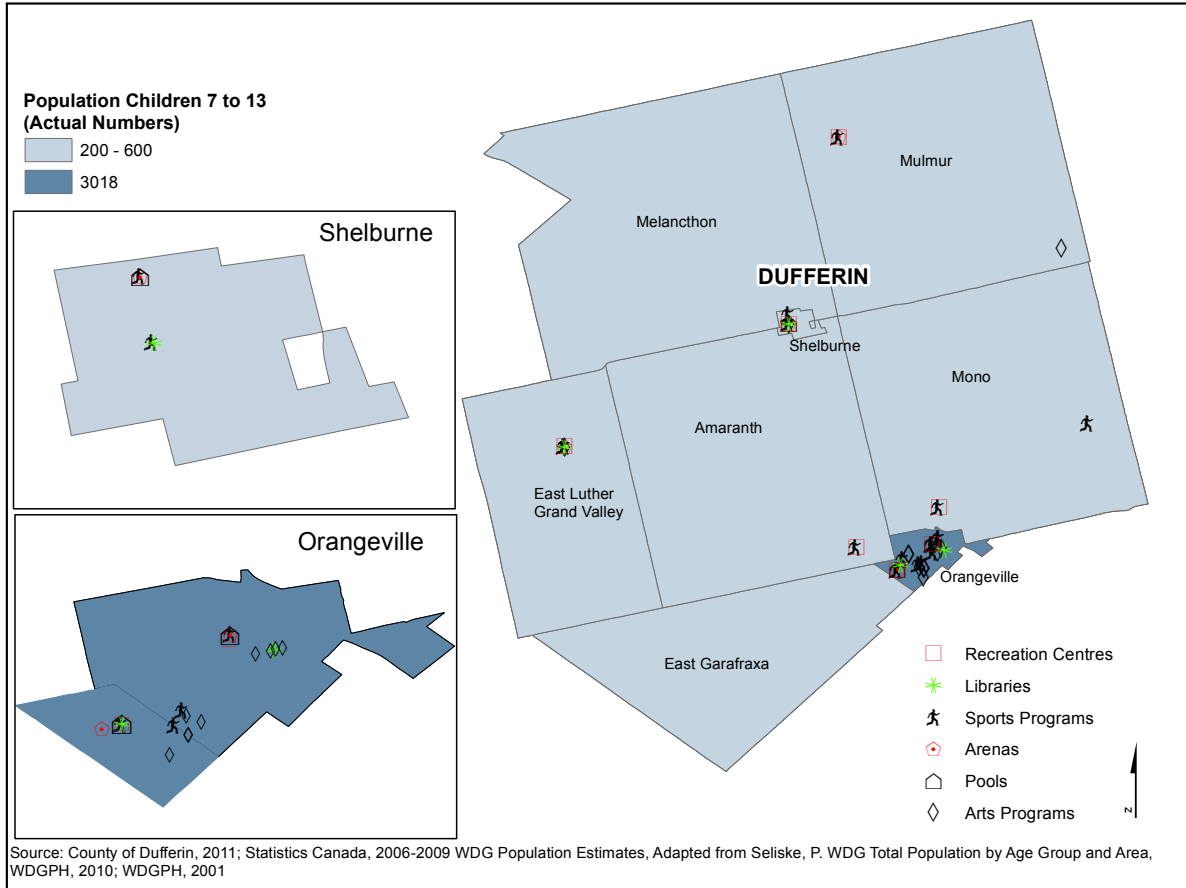
Source: Population of Children Ages 7 to 13: Statistics Canada Intercensal Estimates, 2009; Community-Centered Services: Community Information Guelph, EYCSI, 2010

Note: The placement of symbols on the map is not guaranteed to be the exact location due to technical limitations of postal code data and software limitations.

Examples of the specific programs and service:

- *Sports Programs:* Include hockey, soccer and baseball. All of these programs are fee-for-service. There was not data available for Arts Programs in Wellington County, outside of the City of Guelph.

Map 4.2. Distribution of Community-Centered Services and Population Distribution of Children Ages 7 to 13, Dufferin County



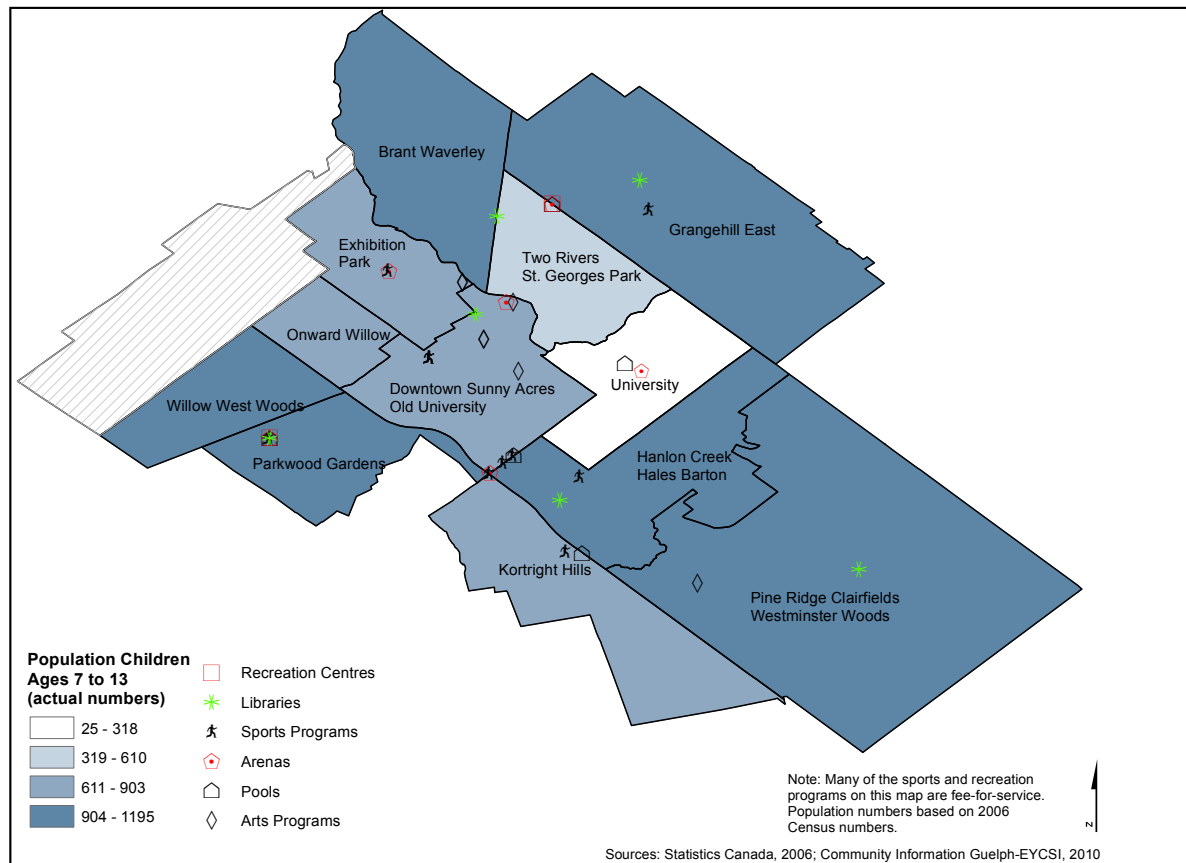
Source: Population of Children Ages 7 to 13: Statistics Canada Intercensal Estimates, 2009; Community-Centered Services: County of Dufferin, 2011

Note: The placement of symbols on the map is not guaranteed to be the exact location due to technical limitations of postal code data and software limitations.

Examples of the specific programs and service:

- In some cases, *Recreation Centres*, *Pools*, and *Arenas* are all available in one complex (e.g., Alder Street Recreation Centre)
- *Art Programs*: Include performing arts and theatre, dance, music and culture.
- *Sports Programs*: Include racquetball, baseball, hockey, lacrosse, soccer, martial arts, dance, and community centres that offer sports programs.

Map 4.3. Distribution of Community-Centered Services and Population Distribution of Children Ages 7 to 13, City of Guelph



Source: Population of Children Ages 7 to 13: Statistics Canada, 2006; Community-Centered Services: Community Information Guelph, EYCSI, 2010

Note: The placement of symbols on the map is not guaranteed to be the exact location due to technical limitations of postal code data and software limitations.

Examples of the specific programs and service:

- In some cases, *Recreation Centres, Pools, and Arenas* are all available in one complex (e.g., West End Recreation Centre and Victoria Road Recreation Centre).
- *Sports Programs* includes hockey, lacrosse, gymnastics, soccer, etc. Many of these activities are fee-for-service. City of Guelph recreation programs and neighbourhood group recreation programs are also included in this category. Some of these programs are free.
- *Arts Programs* include music, dance, and theatre programs, many of which are fee-for-service. This category also includes cultural/language programs such as La Garderie de l'Arc en Ciel (French-speaking child care centre) and International language programs.

Supports for participation in recreation activities

The understanding of the positive impact of children's participation in recreation activities on children's health, development, and well-being is growing and being confirmed in child development, health promotion, recreation studies, and research literature. At the same time, however, access to recreation activities by children and families is more dramatically polarized than other social services. Recreation activities, especially formalized activities, are considered to be optional and are determined by individual or family interest. This perception tends to distance the responsibility of planning recreational activities for all children from the service delivery sector. Instead, the responsibility for planning recreational activities for children tends to be at the family level. Consequently, the social and economic circumstances of families play a greater role in how children participate in organized recreation activities. Research demonstrates that children in families with fewer social and economic resources not only have less access to formal recreation activities, but they also have less access to time and space to play in their local neighbourhoods.³⁰

In an attempt to rectify some of the inconsistencies in children's access to recreation activities, subsidies are sometimes available for families. Subsidies for participation in recreation tend to be offered by independent organizations or by local foundations. They are most often delivered to families based on family income levels or an assessment of need. In some cases, recreation subsidies are made available to families of children with special developmental needs, as well.

Data for Guelph and Wellington were provided by the Children's Foundation of Guelph and Wellington, and the YMCA/YWCA of Guelph. The subsidies provided by the Children's Foundation can be used by families to support a range of community-based activities, including organized-sports, summer camps, and art and music lessons. In 2010, the Children's Foundation of Guelph and Wellington funded 699 children ages birth to 18 years for participation in these activities. Subsidies provided by the YMCA-YWCA support access to Y programs. The YMCA-YWCA of Guelph reports that, in 2010, they experienced a 30% increase in requests for recreation subsidies compared to the previous year. For a 12 month period, from June 2009 to June 2010, 776 children were supported in their access to YMCA-YWCA memberships, and 410 children were supported in their participation in day and resident Y camp programs.

In Dufferin County, there are recreation subsidies available through the JumpStart Program for children 4 to 14 years of age. Each Fall and Spring since 2008, JumpStart has provided subsidies for activities such as soccer, swimming, baseball, hockey, dance, martial arts, gymnastics, guides and scouts. From Spring 2008 to Fall 2010, JumpStart provided, on average, 60 children per year, with an average annual spending of \$8,800.

Endnotes

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- 8 Charlesworth, L., Wood, J. & Viggiani, P. (2008). Middle childhood. In E.D. Hutchinson (Ed). *Dimensions of Human Behavior: The Changing Life Course*. Thousand Oaks, California: Sage Publications: 175-226 (page 186).
- 9 Charlesworth, L., Wood, J. & Viggiani, P. (2008). Middle childhood. In E.D. Hutchinson (Ed). *Dimensions of Human Behavior: The Changing Life Course*. Thousand Oaks, California: Sage Publications: 175-226 (page 186).
- 10 Renold, E. (2006). They won't let us play ... unless you're going out with one of them: Girls, boys and Butler's heterosexual matrix in the primary years. *British Journal of Sociology of Education*, 27 (4): 489-509.
- 11 Moore, J.B., Jilcott, S.B., Shores, K.A., Evenson, K.R., Brownson, R.C., & Novick, L.F. (2010). A qualitative examination of perceived barriers and facilitators of physical activity for urban and rural youth. *Health Education Research*, 25 (2): 335-367.

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- 14 Moore, J.B., Jilcott, S.B., Shores, K.A., Evenson, K.R., Brownson, R.C., & Novick, L.F. (2010). A qualitative examination of perceived barriers and facilitators of physical activity for urban and rural youth. *Health Education Research*, 25 (2): 335-367.
- 15 1. States Parties recognize the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts; 2. States Parties shall respect and promote the right of the child to participate fully in cultural and artistic life and shall encourage the provision of appropriate and equal opportunities for cultural, artistic, recreational and leisure activity.
- 16 Lester, S. & Russell, W. (2010). Children's right to play: An examination of the importance of play in the lives of children worldwide. Working Paper No.57. The Hague, The Netherlands: Bernard van Leer Foundation. Page ix.
- 17 Lester, S. & Russell, W. (2010). Children's right to play: An examination of the importance of play in the lives of children worldwide. Working Paper No.57. The Hague, The Netherlands: Bernard van Leer Foundation. Page viii.
- 18 Lester, S. & Russell, W. (2010). Children's right to play: An examination of the importance of play in the lives of children worldwide. Working Paper No.57. The Hague, The Netherlands: Bernard van Leer Foundation. Page x.
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- 30 Lester, S. & Russell, W. (2010). Children's right to play: An examination of the importance of play in the lives of children worldwide. Working Paper No.57. The Hague, The Netherlands: Bernard van Leer Foundation. Page 34.



5. Children's right to quality education to enable them to reach their full potential

5. Children's right to quality education to enable them to reach their full potential

Introduction

The link to children's well-being

In Canada, all children have the right to primary and secondary school education. Their right to education also means that all children are free from discrimination of any kind in education, irrespective of their (or their parents' or legal guardians') race, colour, sex, language, religion, political or other social opinion, national, ethnic or social origin, property, disability, birth or other status.¹ The quality of education is an ever increasing consideration in our global economy, as governments and education planners are eager to compare the achievement of Canadian students to students in other countries. The Program for International Student Assessment (PISA) is an education assessment strategy, offered by the Organisation for Economic Co-operation and Development (OECD), which is used to measure the reading, mathematics, and science domain performances of 15 year olds in 64 countries around the world.² The ability to compare children's performance across nations helps to establish international priorities for supporting children's health and well-being, particularly for countries where economic, social and political regimes interfere with children's access to education. Increasing efforts to prepare children for school is one of the many indications of the importance of successful school performance to overall health and well-being later in life.

The importance of this charter right for children in middle childhood³

Early childhood development research acknowledges the role of children's self regulation to future successful school performance.⁴ The evidence-based literature in child development and school performance is suggesting that children who have higher ratings of *behavioural* self regulation are more likely to have higher ratings of literacy and math skills in both second and sixth grade.⁵ Within this body of research, there are more specific research findings demonstrating that children's ability to focus on information and ignore distraction in kindergarten are linked with high school graduation rates.⁶ Such findings add to the conclusion that the learning foundations established in early childhood are built upon during middle childhood.

The curriculum in elementary school is designed to support children's development of more abstract ways of thinking. In addition to supporting children's development of the basic literacy, numeracy, and science-related skills, the curriculum progressively expands to include theoretical materials, health education, fine arts, and physical education, reflecting the knowledge-base and developmental needs of children in middle childhood.⁷

Indicators of children's health and well-being in this chapter

There is local information available for the following indicators included in this chapter:

- Education Quality and Accountability Office (EQAO) standardized testing data
- Children with special health support needs in school
- Healthy child development in schools
- Comprehensive School Health approach

THE "STARTING GATE"

"The beginning of elementary school is often referred to as the "starting gate" ... yet this term is something of a misnomer. Although this period signals the beginning of formal schooling, it is not the beginning of the academic process. Instead, children can be engaged in learning, sometimes in quite formal, organized ways, for years leading up to school entry, in their homes, early childhood education environments, and other settings. However, given that these early learning activities are not accessible to all, children hit the official "starting gate" of their educational careers with widely different sets of skills and knowledge."⁸

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- Distribution of elementary schools and recreation/after school programs
- Beyond the EQAO data for Wellington, Dufferin, and Guelph, there is limited local data regarding indicators of quality education necessary for children to reach their optimal potential.

GENDER GAPS IN CHILDREN'S EDUCATION?

Reviews of Toronto EQAO scores show that girls outperform boys in grades 3 and 6 language arts.

Does this mean boys may need different programs and education settings than girls?

The fact is these findings may be as much related to the timing, methodology and cumulative statistical analyses involved in the EQAO as they are to children's skill levels in language arts. Many decades of research into gender, child development and school performance show that once confounding variables, such as the children's socio-economic characteristics and whether they are in private versus public education, are controlled for in these studies and there are no significant gender gaps in children's performance in education.¹⁴

The value of this information to service providers

Children's academic self-perception emerges in middle childhood. How they perceive themselves as a learner within their school environment contributes to their academic attainment in adolescence and into adulthood. As such, children's development of a positive attitude toward school, their own achievement, and their future, can have an impact on their success as adults.⁹

The information provided by the EQAO test results provides a glimpse into the academic performance levels of children in grades three and six. These data, along with other developmental, social, and economic indicators can be useful for supporting the development of programming and activities for children and their families.

There is some evidence to suggest that EQAO findings follow similar trends and trajectories as Early Development Instrument (EDI) findings, in particular, children identified as "at risk" in the EDI, and their future grade three and six EQAO scores in writing.¹⁰ Research linking the EQAO and the EDI is still in progress, given that their methodologies, implementation strategies, analyses, and intended uses are different. Service providers need to be conscious of the limitations in planning activities and services for children based only on these data. In addition to this, there are numerous factors identified in evidence-based literature that can impact children's social and cognitive skill development, including the quality of teacher-child relationships, levels of support and stimulation at home, and the resources available in the school to the teacher.¹¹ Comprehensive data measuring these kinds of factors are not available.

Children's universal access to education means that school is more than just academically relevant. School is also a place where children and families can gain access to broad social and service networks. There are a range of supports and services for children and families that are delivered directly by the education system, such as developmental and academic screening and assessments, and school-based extra-curricular activities for children, and sometimes for their families too. There are also collaborative, community-based programs delivered through the schools, such as public health and police services' school safety and crime prevention programs.

Strengthening collaboration between the education system and children's service providers is a core recommendation of the OECD international review of early childhood education, *Starting Strong II*. The profound base of research evidence shows that well-funded, integrated, socio-educational programs improve the cognitive and social functioning of children at risk.¹² Children's attachment to schools and the outreach that schools can have to the broader community is an asset of universal service delivery that is being used more and more by service delivery agents and organizations whose outreach would otherwise be on a much smaller scale. For example, many child health studies suggest that schools be a fundamental part of any systematic approach to improving children's mental health and their developmental outcomes, by supporting children's access to mental health services, in collaboration with families and communities.¹³

Education Quality and Accountability Office (EQAO) standardized testing data

In Canada, the delivery of education is a provincial responsibility. Ontario's *Education Act* is the legislation which defines that local school boards are responsible for operating publicly funded schools in their area. At the same time, school boards are sometimes described as "creatures of the provincial government," given that all the governing and service delivery organizations, and personnel (e.g., Ministry of Education, school board trustees, and teachers) have legally defined and expected roles set out in provincial legislation.¹⁵ As members of the corporate board, school board trustees are elected to be legally accountable to the public for the decisions of the school board and for the delivery and quality of educational services.

In Guelph and Wellington County, there are schools representing all four of the publicly funded Ontario school boards:

- Upper Grand District School Board (English Public)
- Wellington Catholic District School Board (English Catholic)
- Conseil scolaire de district catholique Centre-Sud (French Catholic)
- Conseil scolaire public de district Centre Sud-Ouest (French Public)

In Dufferin County, there are schools representing three of the four publicly funded Ontario school boards:

- Upper Grand District School Board (English Public)
- Dufferin-Peel Catholic District School Board (English Catholic)
- Conseil scolaire public de district Centre Sud-Ouest (French Public)

In 1998, the *Education Quality Improvement Act (Bill 160)* and the *Education Accountability Act (Bill 74)* were passed in Ontario. These Acts hold school trustees, as a group, accountable to demonstrate that the resources allocated to their local school systems directly contribute to improved learning environments and student achievement.¹⁶ For Ontario, the mechanism for measuring education quality for children in middle childhood is the Education Quality and Accountability Office (EQAO) testing that takes place in grades three and six (testing also takes place in grades nine and ten). The EQAO describes the following as rationale for conducting province-wide tests:

- To identify trends in student learning
- To identify curriculum areas that need more attention
- To target resources where they are needed
- To give an indication of how each child is learning
- To strengthen accountability¹⁷

The EQAO tests are based on the Ontario Curriculum which sets out expectations for children's learning outcomes in each grade.¹⁸ As well, student performance is evaluated by their teachers on an individual basis, according to the Ontario Curriculum.

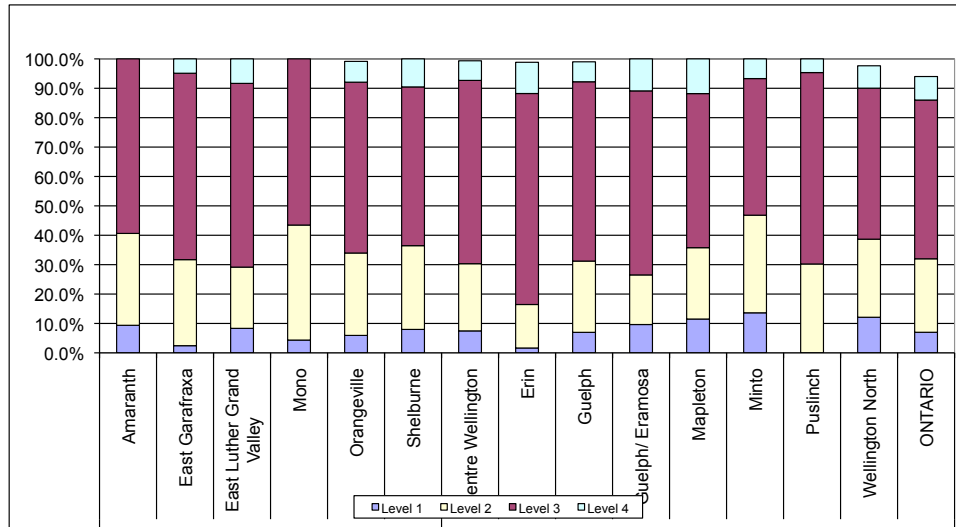
EQAO scoring is on a scale of 1 to 4. Figures 5.1 to 5.6 show the percent of children who have received a score of 1 to 4 in each of the geographic areas where there are schools.

Each level of the EQAO scale is defined as follows:

- **Level 1:** The student has demonstrated some of the required knowledge and skills in limited ways. Achievement falls much below the provincial standard.
- **Level 2:** The student has demonstrated some of the required knowledge and skills. Achievement approaches the provincial standard.

- **Level 3:** The student has demonstrated most of the required knowledge and skills. Achievement meets the provincial standard.
 - **Level 4:** The student has demonstrated the required knowledge and skills. Achievement exceeds the provincial standard.
- The Ontario Percentage is included on each of the figures, as a comparator.

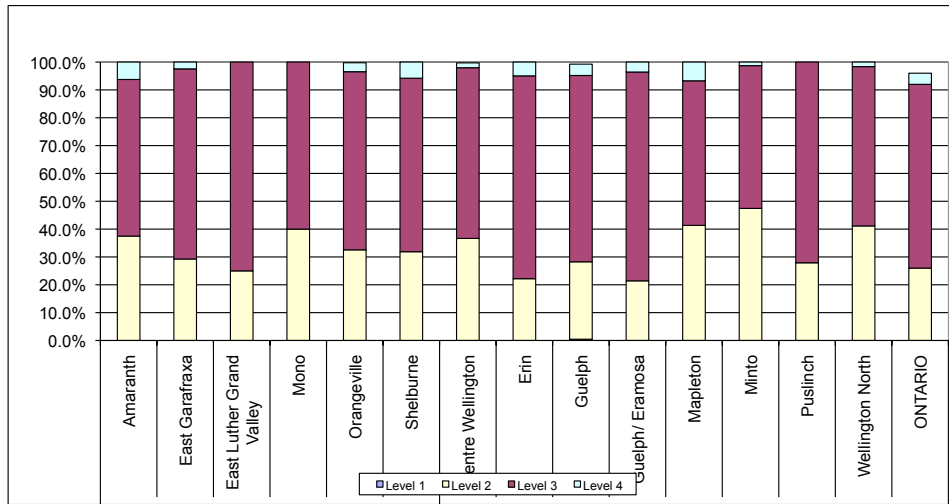
Figure 5.1. **Grade 3 Reading Scores (EQAO) by Municipality for Wellington, Dufferin, and Guelph, 2009/2010 School Year**



Source: EQAO School Reports, Assessments of Reading, Writing and Mathematics, Primary Division (Grades 1-3) and Junior Division (Grade 4-6), 2009-2010, retrieved October 2010 online from: www.eqao.com

Note: Two Dufferin Municipalities, Melancthon and Mulmur, do not have schools and therefore, are not included in figure 5.1

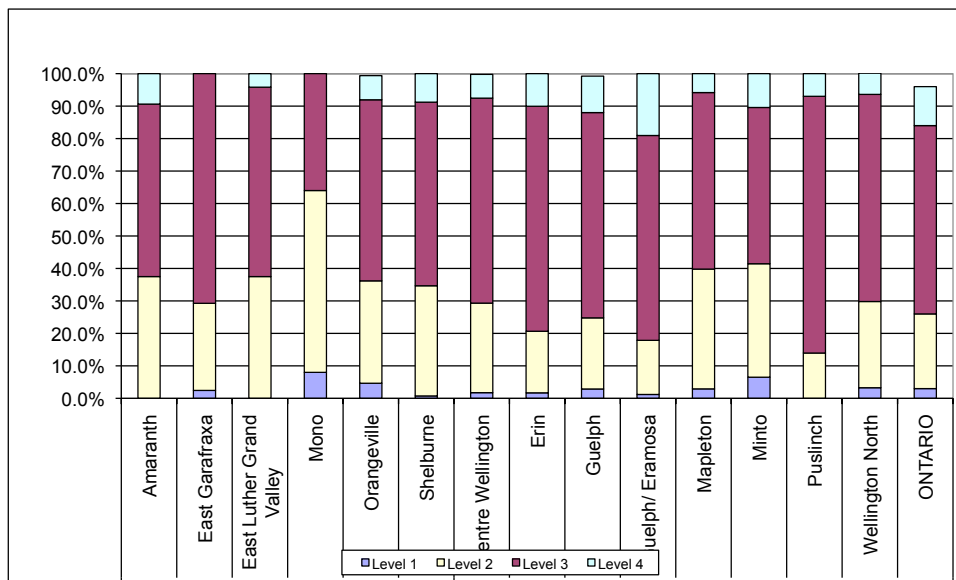
Figure 5.2. Grade 3 Writing Scores (EQAO) by Municipality, for Wellington, Dufferin, and Guelph 2009/2010 School Year



Source: EQAO School Reports, Assessments of Reading, Writing and Mathematics, Primary Division (Grades 1-3) and Junior Division (Grade 4-6), 2009-2010, retrieved October 2010 online from: www.eqao.com

Note: Two Dufferin Municipalities, Melancthon and Mulmur, do not have schools and therefore, are not included in figure 5.2

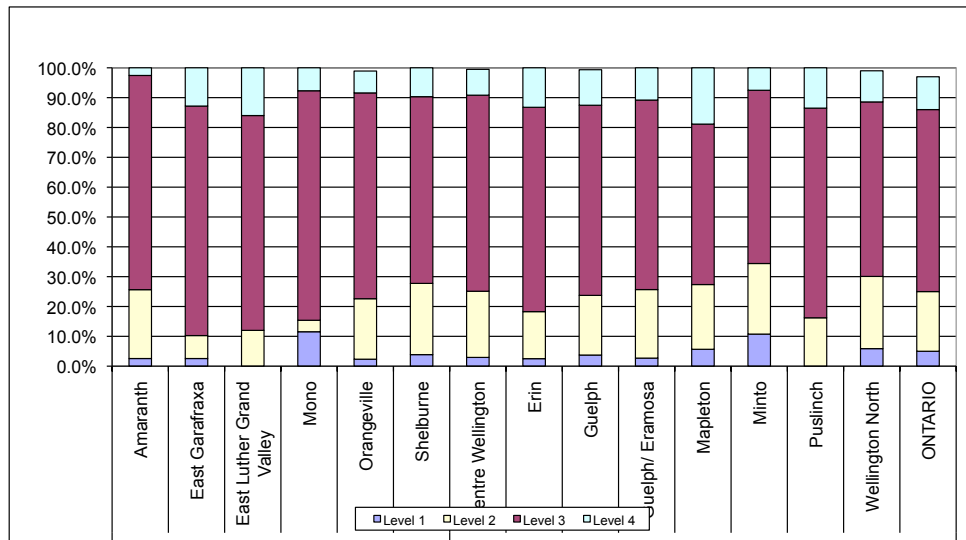
Figure 5.3. Grade 3 Math Scores (EQAO) by Municipality, for Wellington, Dufferin, and Guelph 2009/2010 School Year



Source: EQAO School Reports, Assessments of Reading, Writing and Mathematics, Primary Division (Grades 1-3) and Junior Division (Grade 4-6), 2009-2010, retrieved October 2010 online from: www.eqao.com

Note: Two Dufferin Municipalities, Melancthon and Mulmur, do not have schools and therefore, are not included in figure 5.3

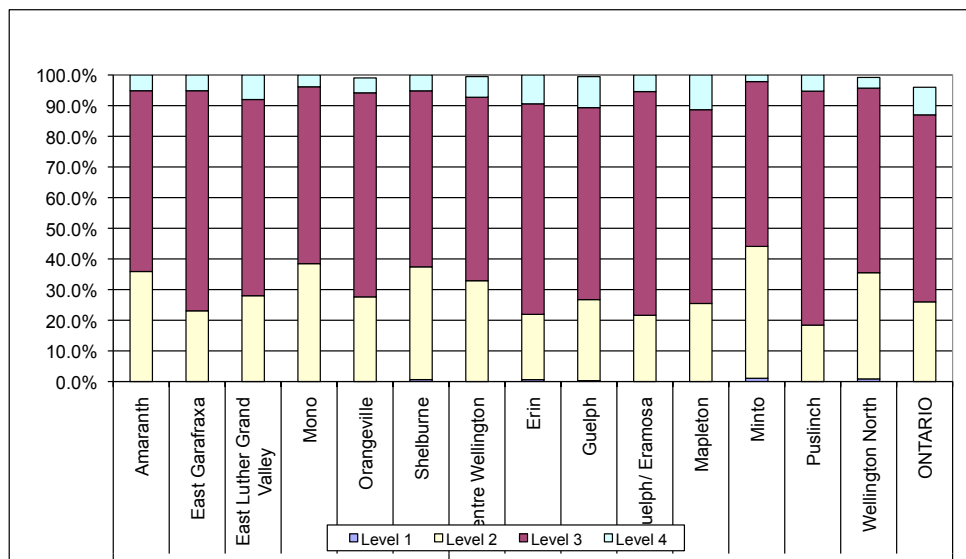
Figure 5.4. **Grade 6 Reading Scores (EQAO) by Municipality, for Wellington, Dufferin, and Guelph, 2009/2010 School Year**



Source: EQAO School Reports, Assessments of Reading, Writing and Mathematics, Primary Division (Grades 1-3) and Junior Division (Grade 4-6), 2009-2010, retrieved October 2010 online from: www.eqao.com

Note: Two Dufferin Municipalities, Melancthon and Mulmur, do not have schools and therefore, are not included in figure 5.4

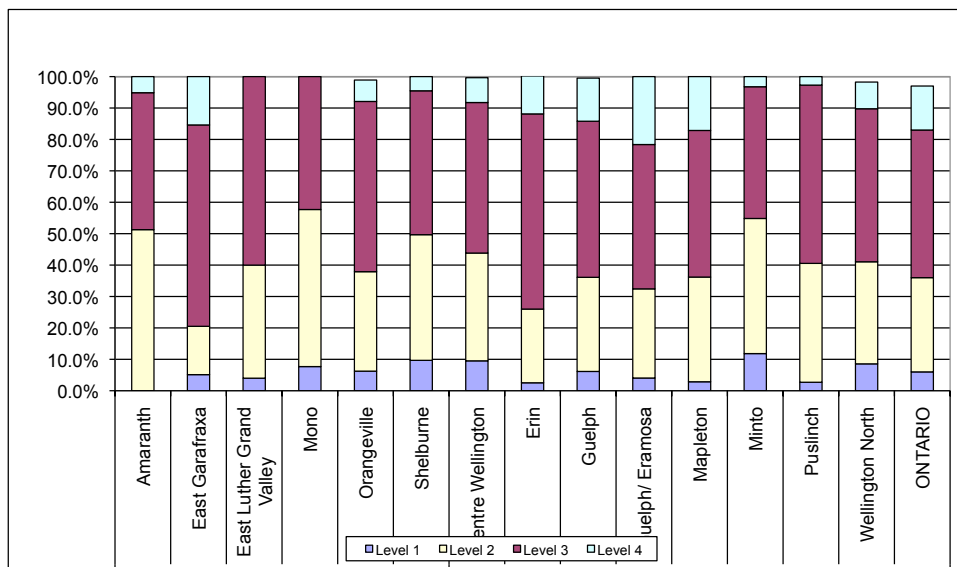
Figure 5.5. **Grade 6 Writing Scores (EQAO) by Municipality, for Wellington, Dufferin, and Guelph 2009/2010 School Year**



Source: EQAO School Reports, Assessments of Reading, Writing and Mathematics, Primary Division (Grades 1-3) and Junior Division (Grade 4-6), 2009-2010, retrieved October 2010 online from: www.eqao.com

Note: Two Dufferin Municipalities, Melancthon and Mulmur, do not have schools and therefore, are not included in figure 5.5

Figure 5.6. **Grade 6 Math Scores (EQAO) by Municipality, for Wellington, Dufferin, and Guelph 2009/2010 School Year**



Source: EQAO School Reports, Assessments of Reading, Writing and Mathematics, Primary Division (Grades 1-3) and Junior Division (Grade 4-6), 2009-2010, retrieved October 2010 online from: www.eqao.com

Note: Two Dufferin Municipalities, Melancthon and Mulmur, do not have schools and therefore, are not included in figure 5.6

Children with special health support needs in school

The School Health Support Services program ensures that all children with special health support needs have access to education. Community Care Access Centres have responsibility for providing these inclusion oriented services, which include nursing, physiotherapy, occupational therapy, speech and language pathology, and dietetics, for children and youth who might otherwise be denied access to education due to their health support needs. A recent review examining aspects of the program, including levels of access and equity, coordination and quality, identified that the number of children using these services in schools is declining. This suggests the need for a more comprehensive understanding of the changing needs of Ontario's children who may benefit from such services. School Health Support Services are coordinated according to Local Health Integration Network (LHIN) boundaries. Dufferin County is within the Central West LHIN, and Guelph and Wellington are within the Waterloo-Wellington LHIN.¹⁹

- In the Central West LHIN (Dufferin), 2.3% of the birth to 19-year-old population receives School Health Support Services.
- In Waterloo Wellington LHIN (Guelph and Wellington), 1.8% of the birth to 19-year-old population receives School Health Support Services.
- Across Ontario, 2.1% of the birth to 19-year-old population receives School Health Support Services.

Healthy child development in schools

The Healthy Schools Recognition program is a voluntary program through the Ministry of Education. To date, there has been a limited response to this program from the schools in our area. In Wellington, Dufferin, and Guelph there were five schools (three Elementary Schools and two High Schools) that participated in the Healthy Schools Recognition program in the 2009/2010 school year. Students in participating schools become involved in a comprehensive project focusing on an aspect of their health and well-being at school. Some examples of health promotion activities at our local schools include: a dance-a-thon fundraiser, as a healthier alternative to selling chocolate bars and cookies; bike safety and internet safety programs; drug awareness and drug resistance education for grade six students; a recycling awareness program; and a student led initiative promoting cooperative and all age inclusive games at recess. The broad topic areas promoted by the Ministry of Education include Healthy Eating, Physical Activity, Bullying Prevention, Mental Health, Substance Use and Abuse, Personal Safety and Injury Prevention, and Healthy Growth and Development.²⁰

Wellington-Dufferin-Guelph ***in motion*** worked with 25 elementary schools during the 2009/2010 school year to increase physical activity rates amongst staff and students. The Active Schools ***in motion*** recognition program encourages and celebrates elementary schools for providing physical activity opportunities, training and knowledge, for all children and staff.²¹

Comprehensive School Health approach

The combination of instruction, health services, and the establishment of a safe and healthy school environment offers the most efficient means for improving academic achievement opportunities and solving behaviour-related problems. The Comprehensive School Health (CSH) model provides the means for addressing many health and safety issues within the school environment, by considering health education, physical education, health services, nutritional services, counseling and psychological services, healthy school environment, health promotion and staff, and family and community involvement.

CHS is based on the Ministry of Education and Ministry of Health Promotion and Sport Foundations for a Healthy School framework. According to the framework a Healthy School has:

- Quality instruction and programs
- A healthy physical environment
- A supportive social environment
- Community Partnerships

CHS involves moving beyond practices that rely mainly on classroom-based health education models, to a more comprehensive, integrated approach of health promotion that focuses both on child-youth attitudes, behaviors, and their environment.

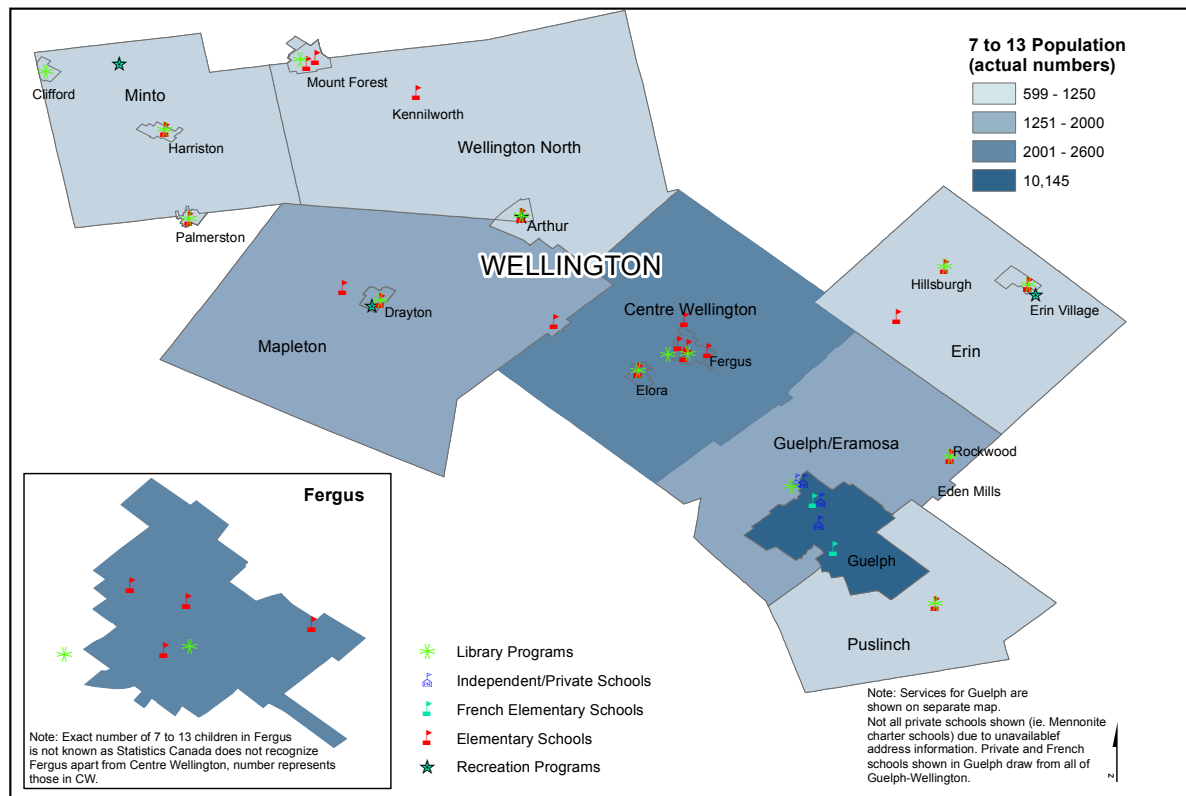
The model is endorsed by the Ontario Physical and Health Education Association (OPHEA), The World Health Organization (WHO), and is mentioned in the Ontario Public Health Standards 2008. The model is being promoted and implemented with the help of Ontario Healthy Schools Coalition (OHSC) through public health and communities all over Ontario. Given the benefits of the CSH model and the endorsement by major organizations

across Ontario, local school boards are beginning to implement the model with the support of Wellington-Dufferin-Guelph Public Health. As of January 2011, Comprehensive School Health is being implemented in elementary schools that expressed interest and readiness for implementation. It will eventually expand to high schools throughout Wellington, Dufferin, and Guelph.

Distribution of elementary schools and recreation/after school programs

Maps 5.1 to 5.3 provide a distribution of all elementary schools, including public, Catholic, French and independent/private schools. The recreation/after school programs and services captured on the maps may not include all services available, just those found in the Community Information Guelph database and the County of Dufferin listing. While the maps may not be comprehensive, they provide an overall picture of service location distribution. They capture recreation/after school programs available through city/municipality/township departments, libraries, schools, licensed child care centres, and recreation/community centres.

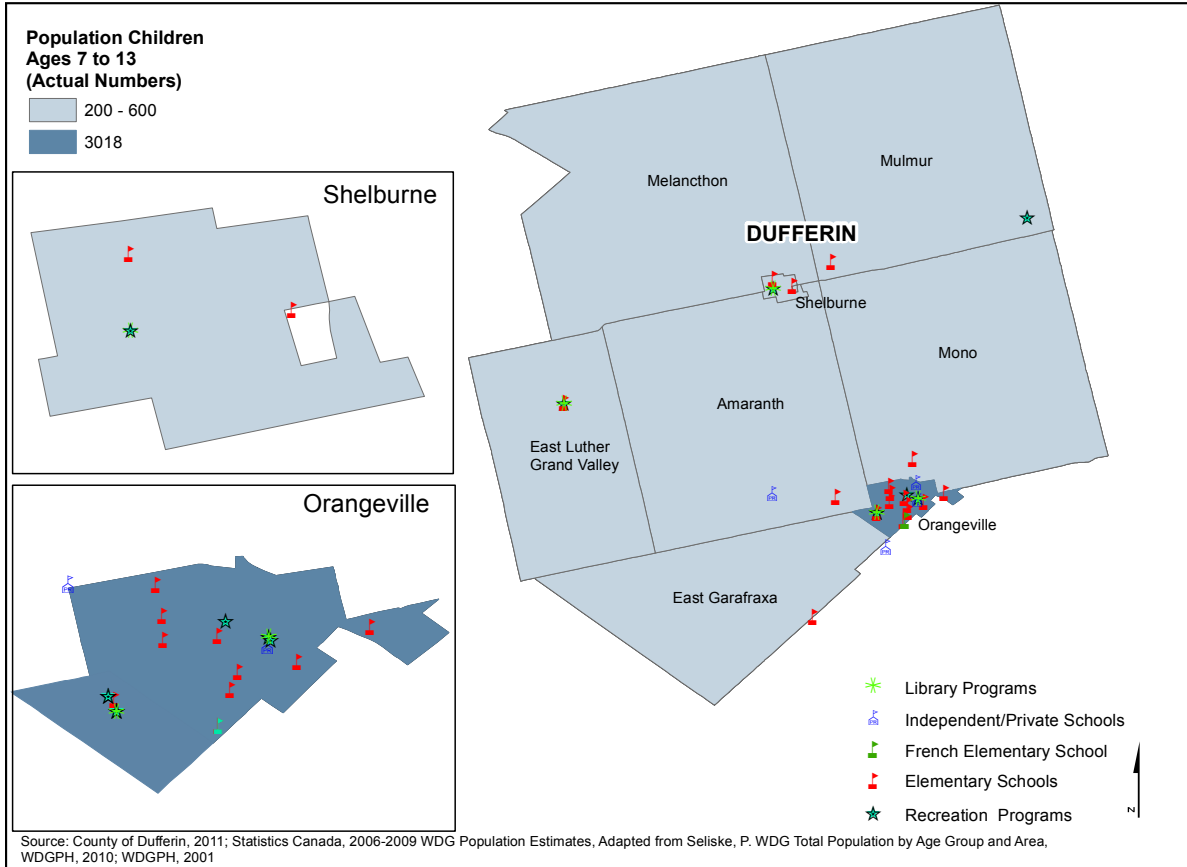
Map 5.1. **Distribution of Elementary Schools and Recreation/After School Programs and Population Distribution of Children Ages 7 to 13, Wellington County**



Source: Population of Children Ages 7 to 13: Statistics Canada Intercensal Estimates, 2009; After School Programs: Community Information Guelph, EYCSI, 2010

Note: The placement of symbols on the map is not guaranteed to be the exact location due to technical limitations of postal code data and software limitations.

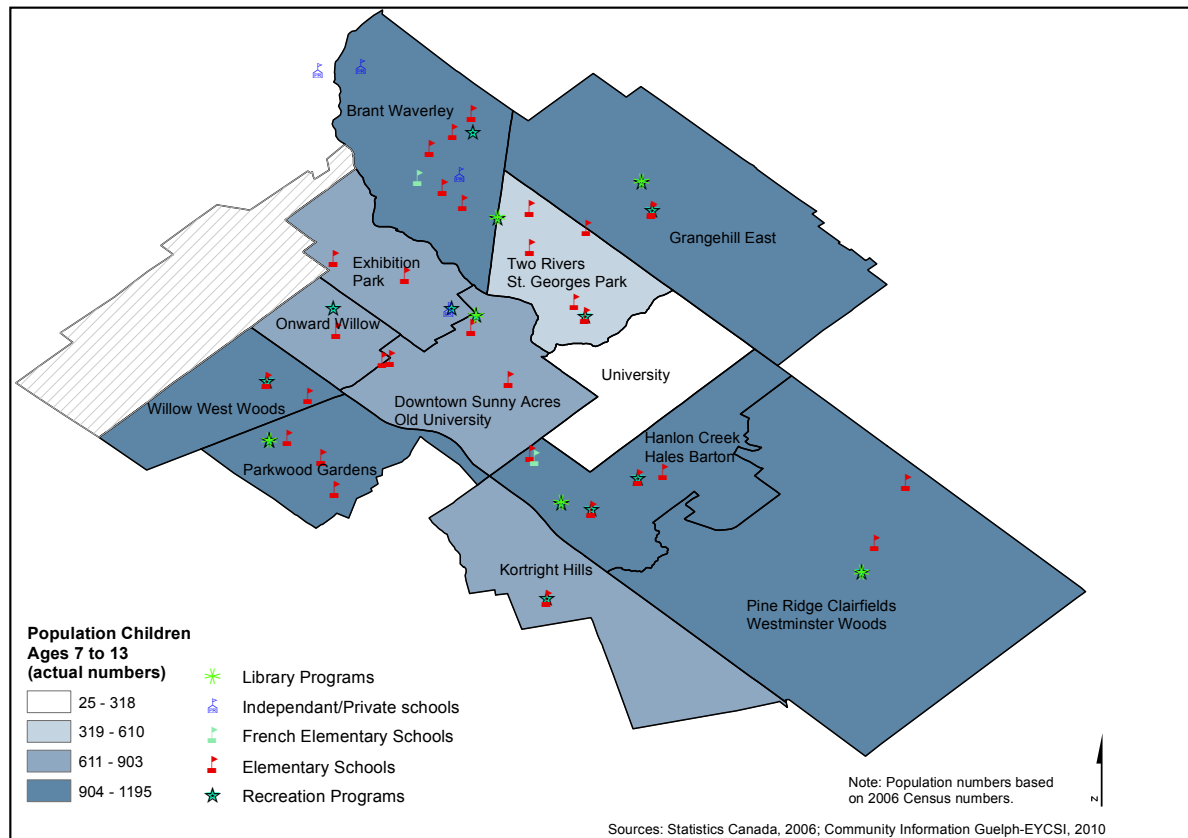
Map 5.2. Distribution of Elementary Schools and Recreation/After School Programs and Population Distribution of Children Ages 7 to 13, Dufferin County



Source: Population of Children Ages 7 to 13: Statistics Canada Intercensal Estimates, 2009; After School Programs: County of Dufferin, 2011

Note: The placement of symbols on the map is not guaranteed to be the exact location due to technical limitations of postal code data and software limitations.

Map 5.3. Distribution of Elementary Schools and Recreation/After School Programs and Population Distribution of Children Ages 7 to 13, City of Guelph



Source: Population of Children Ages 7 to 13: Statistics Canada, 2006; After School Programs: Community Information Guelph, EYCSI, 2010

Note: The placement of symbols on the map is not guaranteed to be the exact location due to technical limitations of postal code data and software limitations.

Endnotes

- 1 Articles 28 and 2 of the United Nations International Convention on the Rights of the Child. For the full Convention on the Rights of the Child see: <http://www2.ohchr.org/english/law/crc.htm>
- 2 McMullen, K. (2003). The quality of public education in Canada: Progress Report, 1. Canadian Policy Research Networks, The Learning Partnership retrieved January 18, 2011: http://www.cprn.org/documents/19561_en.pdf.
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- 4 Self regulation refers to children's behavioural, emotional, and cognitive functioning, and how these different capacities of the brain function together. For example, children's ability to remember, pay attention, remain focused on a task, and regulate their responses to stimuli are all related to the concept of self regulation. See: National Forum on Early Childhood Policy and Programs & National Scientific Council on the Developing Child (2010). The Foundations of Lifelong Health are built in Early Childhood. Centre on the Developing Child at Harvard University. Retrieved January 19, 2011: <http://developingchild.harvard.edu>. The concept of "executive functioning" related to children's brain development, which is also connected to self-regulation, gained wider public interest with the release of *From Neurons to neighbourhoods: The science of early childhood development* (Shankoff & Phillips, 2000); and is foundational to the *Early Years Study Reports in Canada* (McCain & Mustard, 1999; McCain, Mustard & Shanker, 2007).
- 5 McClelland, M.M., Morrison, F.J., & Holmes, D.L. (2000). Children at risk for early academic problems: The role of learning-related social skills. *Early Childhood Research Quarterly*, 15, 307-329.
- 6 Vitaro, F., Brendgen, M., Larose, S., & Tremblay, R.E. (2005). Kindergarten disruptive behaviors, protective factors, and educational achievement by early adulthood. *Journal of Educational Psychology*, 97, 617-629. Cited in Matthews, J.S., Ponitz, C.C., & Morrison, F.J. (2009). Early gender differences in self-regulation and academic achievement. *Journal of Educational Psychology*, 101 (3): 689-704.
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- 8 NICHD Early Childhood Research Network, 2005 cited in Crosnoe et al, 2010.
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- 10 "slightly under 2/3 of those who had 2 or more low EDI domains were below Level 3 or 4, in Grade 3 Writing 2003, with a similar result for Grade 6 Writing in 2006." Yau, M. & Brown, R.S. (January 13, 2010). Part 2: The EDI cohort study: 1999-2000 to 2010 and beyond. (Presentation at the EDI Symposium, Research and Organizational Development, Toronto District School Board). Retrieved February 2, 2011: <http://www.misatoronto.ca/files/MISATOCohortStudyEDI.pdf> (slide 12).

- 11 O'Connor, E. (2010). Teacher-child relationships as dynamic systems. *Journal of School Psychology, 48*: 187-218 (pages 188, 189).
- 12 OECD, Organisation for Economic Co-Operation and Development (2006). *Starting Strong II: Early Childhood Education and Care*. Page 36. Document available for purchase at: http://www.oecd-ilibrary.org/education/starting-strong-ii_9789264035461-en
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- 21 For more information: <http://www.wdginmotion.ca/whowear/>



6. Children's right to quality time with their families and/or other nurturing and positive role models throughout their childhood

6. Children's right to quality time with their families and/or other nurturing and positive role models throughout their childhood

Introduction

The link to children's well-being

Quality time with families and other nurturing and positive role models during middle childhood is important to children's overall health and development.¹ This quality time supports healthy relationships and creates a sense of belonging and cohesion.² Positive parenting, quality child care, and nurturing communities can all reduce the risks for social and emotional problems.³ Relationships that allow for quality time with families and other important role models develop important protective factors that foster pro-social behaviours.

Experiencing and witnessing loving relationships and mutual care can foster a foundation of good mental health in children.⁴ It is important for children to have someone who models positive behaviours and supports them.⁵ Children who have a caring adult in their life are more likely to experience greater self worth and increased self-esteem, and are less likely to engage in risky behaviours.⁶ Mentors can provide attachment and care that a child needs, which allows children to continue forming meaningful attachments with others later in life.⁷ Quality time with family and role models supports continued engagement for children with their school and community.

Several factors can affect a child's opportunity for quality time with families or other role models. One that is often discussed in the literature is stress of parents and/or caregivers, which can have a significant impact on the type of interaction with their children and methods of discipline.⁸ Poverty, work-life balance, having the knowledge and skills necessary to cope with parenting responsibilities, the number of children in a family, and the presence of a caring spouse or partner can all impact a parent's ability to engage in quality time with their children.⁹

While quality time with family and other nurturing adults is very important to the overall health and development of children, it is also important to acknowledge the body of literature that emphasizes the need to balance this with play independent of adults. This literature recognizes the value of spontaneity and personal motivation of play. Adults often impose and regulate how children use *time-space* for play, limiting it to socially approved forms of play.¹⁰ The importance of play without adults provides a hopeful perspective for those children who may not have quality time with adults due to their life circumstances. Unstructured play with other children can establish a sense of order and predictability, through repetitive play patterns, and a way of coping with environmental disturbances.¹¹

The importance of this charter right for children in middle childhood

"Positive, stable and caring relationships with family members, peers, and other adults in the community are fundamental aspects of middle childhood."¹³ Children who can relate to others and who can depend on others are more likely to reach their optimum potential. Play is an important part of middle childhood, and offers the opportunities for parents,

TIME-SPACE

is a construct that is associated with children's play, where they have control over expression of their bodies, sense, feeling, and actions¹².

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caregivers, and role models to engage fully with children. Play contributes to emotional, social, intellectual, and physical well-being of children. Quality time in play allows children to experience shared emotional expressions and language with adults, which can result in an increased sense of attachment.¹⁴ Research has found that quality time for play is often the first thing that is overlooked, given hurried lifestyles, increasing focus on academics and enrichment activities, and changes in family structure.¹⁵

Indicators of children's health and well-being in this chapter

This chapter is unique, as local data are not included. This is because there is no local information available to indicate the extent to which children ages 7 to 13 in Wellington, Dufferin, and Guelph have quality time with families or other nurturing role models. For younger children, the Kindergarten Parent Survey and the Public Health Parenting Survey provide local data on parental/caregiver involvement in their children's lives, such as engagement in volunteering with their child's school activities, child care centre, or other children's organization or teams, parental participation in early learning activities, and various family activities. Both of these sources are specific to children ages birth to six, and therefore, the results from these surveys are summarized in *The Well-Being of Children Ages Birth to Six: A Report Card for Wellington- Dufferin- Guelph*.

While it is not specific to children in Wellington, Dufferin, and Guelph, the research discussed in this chapter provides an understanding of the impact of quality time for children. There is a need to address the gap in local data for quality time with families through future research, as this information is important for service planning and community organizations. Local data could provide an important picture of the needs of children in Wellington, Dufferin, and Guelph and the important role of community services, policies, and activities that support quality time with families or other nurturing role models. This information would greatly enrich existing evidence-based literature to effectively inform service planning and build connections among social work, research, policy and practice to support families and children in Wellington, Dufferin, and Guelph.

The value of this information to service providers

Several factors can affect a child's opportunity for quality time with families or other role models. Providing love, support, and nurturing relationships can be a challenge for families. All parents and/or caregivers, regardless of their education or socioeconomic status, require support from the community in a variety of forms, including family, friends or formal services. Research has demonstrated that knowledge and beliefs about child development directly affect how one interacts with their child.¹⁶ Therefore, local service agencies have a role to play in providing parents with knowledge, skills, tools, and opportunities that support quality time with families or other nurturing role models.

Many local community programs and service provider organizations provide social support, direct parenting instruction, and intensive therapeutic services for high-risk children that may support greater capacity for quality time with families or other nurturing role models. Research has been done on programs that support children and families in this capacity. For example, some programs teach families ways of forming emotional bonds, through various activities, play, and resources in a non-threatening atmosphere.¹⁷ Programs that develop emotional literacy among parents, caregivers and children have a positive influence on family time and interaction. This is based on the understanding that a caring environment is more effective when there is a better knowledge of needs.

By acknowledging the impact of competing demands and life stressors (e.g., poverty), programs that help parents cope with stress more effectively, have been found to improve their interactions with children. Finally, being aware of the influence that cultural beliefs can have on methods of discipline, child-rearing practices, and socialization processes is very important when offering programs and services.¹⁸

Children begin to reach out to community resources during middle childhood. Community or school-based mentoring programs can be extremely valuable, especially for children who may not have the opportunity for quality time with their families, or do not have a positive role model. Many service providers, including those in primary care, education, and child care have a role to play in providing quality time with nurturing adults and time for play. Research has found several positive outcomes of mentoring programs and programs that teach problem-solving and social skills. These programs have been found to support healthy child development by fostering school involvement and decreasing the risk of experimenting with illegal drugs and alcohol.¹⁹

The information presented in this chapter provides a basic understanding of the role of quality time with families and other nurturing role models on the health and well-being of children. Local information on the needs of children with regards to this charter right is needed to better inform the development of future community services, policies, and activities that support children and families and nurture healthy relationships. Local service providers must continue to provide family-centered practices, consider cultural needs, and offer family support.

Endnotes

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7. Children's right to protection from neglect, abuse and exposure to family violence

7. Children's right to protection from neglect, abuse and exposure to family violence

Introduction

The link to children's well-being

Children need a safe place to live to help them thrive and grow up to be healthy, contributing adults. Exposure to neglect, abuse and family violence can have profound short- and long-term effects on a child's healthy development.¹ Children exposed to abuse and neglect can be at an increased risk of physical injury, neurological damage, poorer mental health, developmental delays, impaired relationship with parents, anti-social behaviour, lower school achievement and overall poor health.^{2 3} Similarly, children who are exposed to family violence may experience emotional problems, such as low self-esteem, withdrawal, depression, and have difficulties in school.⁴ Often, children who come into contact with the child welfare system have experienced challenges to their development.⁵ Despite this, many of these children have proven to be very resilient, as a result of both personal capacities and social, cultural and political assets throughout their navigation between service delivery systems and health resources.⁶

The importance of this charter right for children in middle childhood

"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."⁷ Stability in their home environment is still just as important for children in middle childhood as it is for children in their early years.⁸ Developmentally, middle childhood is a time of significant emotional and social development, which can be highly influenced by families and their school environment. Therefore, it is particularly important that children are supported at home and in school. Among school age children, research has found that exposure to inter-parental violence can be linked with bullying and victimization in school.⁹ The complex development of cognitive and social skills during these years lays the foundation for future interaction with family, peers and society.¹⁰ It is particularly important that children in the middle years are exposed to healthy relationships within their family and with other significant people, as this can have a profound impact on their sense of competence and self esteem as they continue developing throughout middle childhood.

Indicators of children's health and well-being in this chapter

This chapter includes indicators that help to inform a preliminary understanding of environmental and societal elements that can have an impact on the safety of children in Wellington, Dufferin, and Guelph and the role of local service providers in the protection of children from neglect, abuse and exposure to partner violence. Local data on the following indicators are reported and discussed in this chapter:

- Protection investigations
- Children in care
- Foster care
- Partner violence
- Volunteer programs
- Shelters

more info:
wdgreportcard.com

These local data provide an important picture of the needs of children in Wellington, Dufferin, and Guelph. The corresponding discussion brings attention to the important role of community services, policies, and activities in the protection of children from harm and neglect.

The value of this information to service providers

Local service agencies have a role to play in preventing, protecting against, and mitigating the effects of child neglect, abuse and partner violence, especially given the impact on the health and well-being of children in middle childhood. Access to the data reported in this chapter will enrich existing evidence-based research, practice-based knowledge, and clinical judgment to effectively build connections among social work, research, policy and practice to serve the families and children in Wellington, Dufferin, and Guelph.

Children begin to reach out to community resources during middle childhood. Research on the importance of community programming in the lives of children demonstrates that participation leads to several positive outcomes. These outcomes include a reduction in delinquent behaviours, increased academic achievement, and improved attitudes toward school.¹¹ There is also research that supports that school and community-based activities and policies can have positive outcomes for children in middle childhood. Given the important influence of the school environment, and the link between partner violence and bullying in schools, educators and adults in community programs can play a role in early detection and supporting children who experience maladjustment.

Interaction of judicial courts, social workers and foster parents remains a core feature of the child protection system. As a community, we are trying to strengthen families, and current research emphasizes the importance of local policies that focus on prevention through the achievement of positive parenting skills.¹² Admitting children into care is a last resort and returning children to their families or other alternative permanent placements is a priority. Most agencies have moved toward an integrated approach to child services and a focus on individual case plans that are developed through collaboration with service providers and support workers who know the child and the child's environment.

The information presented in this chapter provides a basic understanding of the needs of children, which can inform development of future community services, policies, and activities to protect children, support families and nurture healthy relationships. It also emphasizes the important role of Children's Aid Societies in continuing to act as advocates for children in high-risk situations. Local service providers must continue to provide family-centered practices, consider cultural needs, and offer family support. The data presented in this chapter can encourage collaborative service planning around community-based child protection and community-based foster care, which creates broader circles of protection for children and support for families. There is a need for ongoing partnerships to develop new resources, support systems, case management, training, policy, and legislation.

Protection investigations

"Child welfare agencies are a strong voice advocating for the well-being of children and for necessary system improvements and policies."¹³ In Ontario, Children's Aid Societies (CASs) are the only community agencies responsible for investigating child abuse and

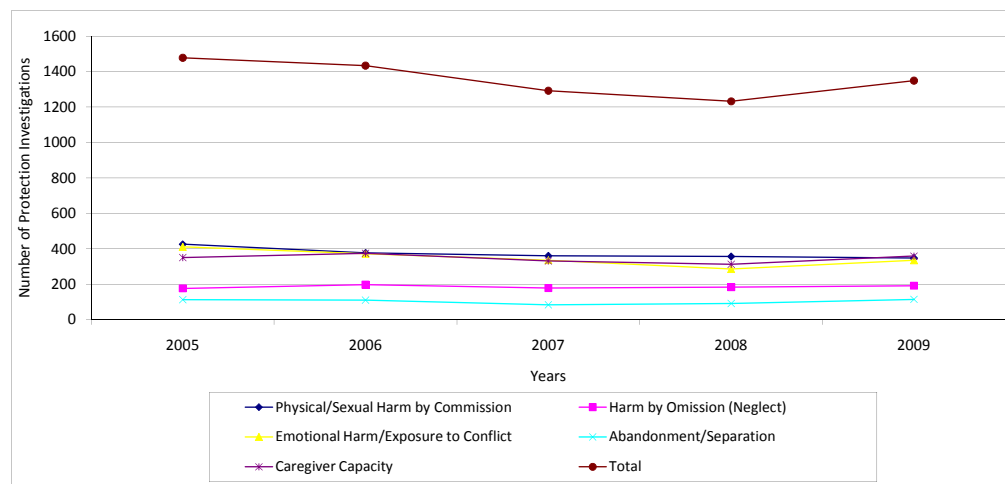
neglect. CASs are funded and mandated by the Ministry of Children and Youth Services (MCYS) to protect children from harm by investigating any reported cases of abuse and/or neglect. CASs operate under the Child and Family Services Act. The CAS serving Guelph and Wellington County is Family & Children’s Services of Guelph and Wellington County (FCSGW), and Dufferin Child and Family Services (DCAFS) for Dufferin County.

In the 1990s, the number of children admitted into the care of CASs increased. The Canadian Council on Social Development stated that this increase reflected the heightened public awareness about the impact of child neglect and abuse, new legislation, and worsening conditions of those living in poverty. “Poverty, economic conditions, domestic violence, substance abuse, mental health all contribute to the need for child protection services.”¹⁴

Throughout the history of CASs in Ontario, there have been several significant changes, including the shift of staffing from volunteers to professionals, and the shift in care from institutional to family- and community-based services. CASs have become increasingly standardized across the province, with each agency guided by a volunteer board of directors elected by the local community. Currently, the role of CASs is clearly defined in legislation. There are more options to meet complex needs of children and families to ensure that more children can be helped while still living with their families. There are more intensive protective prevention services for families where an increased risk has been identified, as well as more time to find, screen, and train extended family as an alternative to foster care.

The following figures and tables include local data from FCSGW and DCAFS. Figure 7.1 and Figure 7.2 illustrate the number of protection investigations opened by FCSGW and DCAFS according to the reason for opening a case, between the years 2005 and 2009 for children up to 16 years of age.

Figure 7.1. Number of Protection Investigations Opened for Children Ages 0 to 16 by Family & Children’s Services of Guelph and Wellington County by Reason for Opening, 2005 to 2009



Source: Family & Children Services of Guelph and Wellington, September 2010.

Note: Caution must be taken when comparing between FCSGW and DCAFS data, as some of the data presented include raw numbers or counts. It is important to consider the difference in population size that is served by each agency. FCSGW services a much larger population than DCAFS.

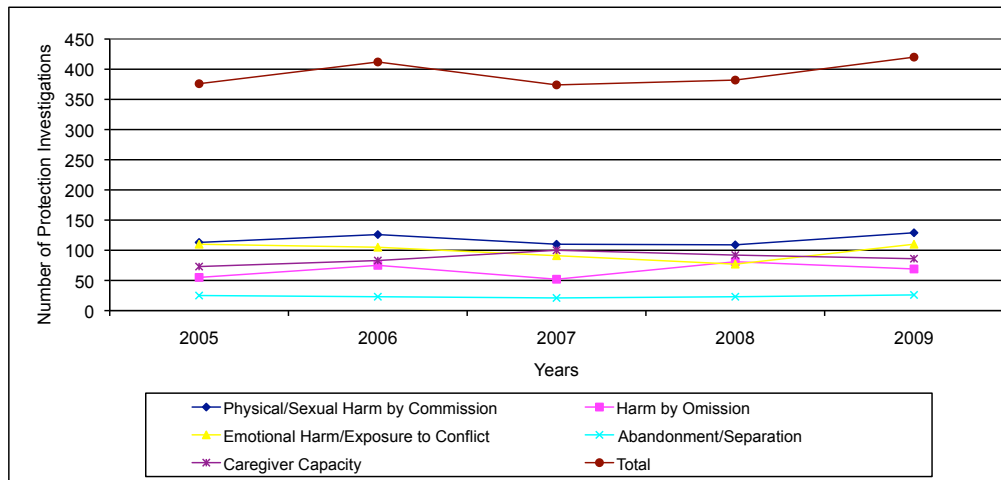
Descriptions of Eligibility Spectrum Codes for Ontario Child Welfare (from Ontario Child Welfare Eligibility Spectrum Revised October 2006, © OACAS)

The Eligibility Spectrum (Spectrum) is a tool designed to assist CASs staff in making consistent and accurate decisions about eligibility for service at the time of referral. Figure 7.1 and 7.2 include Spectrum Codes for which Protection Investigations are opened (when deemed necessary). Referrals can be coded with multiple codes; 1 primary code (most severe) and 2 to 3 secondary codes if necessary. The information submitted for FCSGW and DCAFS for Protection Investigations Opened are for the primary codes. The description of the eligibility spectrum codes are as follows.

- *Physical/Sexual Harm By Commission:* The child has suffered physical or sexual harm or there is a risk that the child is likely to suffer physical or sexual harm as a result of an act or action by a caregiver.
- *Harm By Omission:* The child has been harmed or there is a risk that the child is likely to be harmed as a result of the caregiver's failure to adequately care for, provide for, supervise, or protect the child.
- *Emotional Harm/Exposure to Conflict:* The child has been emotionally harmed or is at risk of emotional harm as a result of specific behaviors or patterns of neglect of the caregiver towards the child or resulting from the caregiver failing to adequately address the emotional condition.
- *Abandonment/Separation:* The child has been abandoned or is at risk of being separated from the caregiver as a result of intentional or unintentional actions of the caregiver.
- *Caregiver Capacity:* No harm has yet come to the child and no evidence is apparent that the child may be in need of intervention for a reason indicated in Sections 1 through 4. The caregiver, however, demonstrates characteristics that indicate that without intervention, the child would be at risk in one of the previous Sections.

In Guelph and Wellington (Figure 7.1), the number of protection investigations opened ranged between 1,200 and 1,500 per year. During 2005 to 2008 there was a slight decrease in the number of cases opened, which increased again from 2008 to 2009.

Figure 7.2. Number of Protection Investigations Opened for Children Ages 0 to 16 by Dufferin Child and Family Services by Reason for Opening, 2005 to 2009



Source: Dufferin Child and Family Services, September 2010

Note: Caution must be taken when comparing between FCSGW and DCAFS data, as some of the data presented include raw numbers or counts. It is important to consider the difference in population size that is served by each agency. FCSGW services a much larger population than DCAFS.

In Dufferin (Figure 7.2), the number of protection investigations opened ranged from approximately 375 to 425. Between 2007 and 2009, there was a slight increase in the number of cases.

In Guelph and Wellington and Dufferin, Physical/Sexual Harm by Commission was the leading reason for opening a protection investigation between 2005 and 2009, whereas Abandonment/Separation was associated with the fewest number of protection investigations.

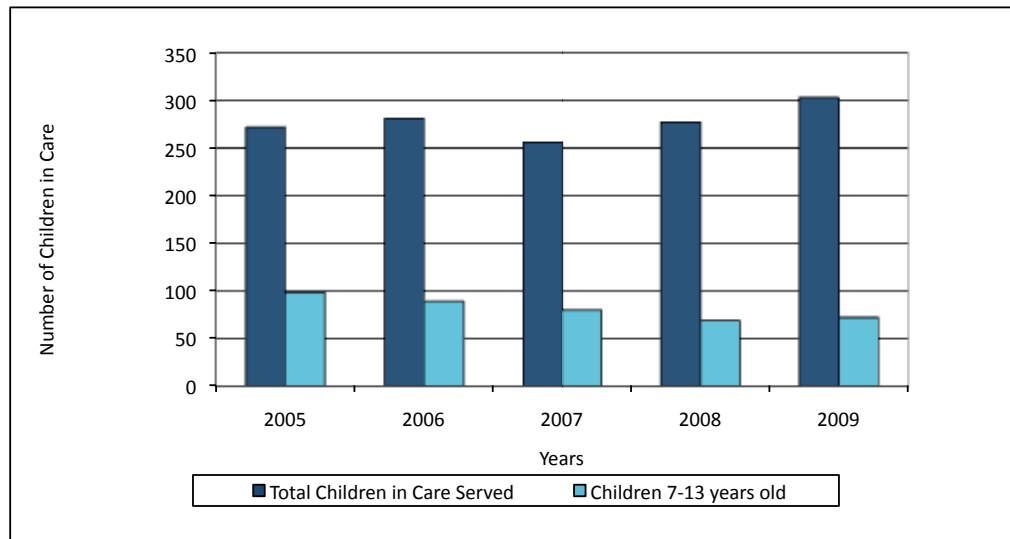
A report on all Ontario Children's Aid Societies notes a modest increase in referrals and investigation since 2008/09, which is similar to that reported in Wellington, Dufferin, and Guelph. Research has demonstrated that the economic downturn has had an impact on families, resulting in increased need for the services of Children's Aid Societies.¹⁵

Once it is determined that an investigation is necessary, the child's safety is immediately assessed. When risk is identified, a CAS employee develops a customized approach, working to keep the child safe in the home whenever possible. When a child can stay in the home, the family often requires other support services and resources in the community, further illustrating the need for collaborative planning and service integration. If risk cannot be managed by keeping the child at home, other options must be explored, including admitting children into care.

Children in care

Figure 7.3 and Figure 7.4 demonstrate the number of children in care at Family and Children Services of Guelph and Wellington (FCSGW) and Dufferin Child and Family Services (DCAFS). There are many reasons why children are placed into alternative care. Parents may require support to identify abusive patterns and acquire parenting approaches that can keep children safe at home. Parents may voluntarily request assistance from a CAS, due to economic and social factors beyond their control.¹⁶ Placement into a stable alternative home may help to ensure that children in middle childhood experience a sense of belonging and self-worth, which is necessary for healthy development. The types of placements available include family-based foster care, kinship care, adoption, group homes, institutions, independent living, or other specific arrangements.

Figure 7.3. **Children in Care Served by Family & Children's Services of Guelph and Wellington County, 2005 to 2009**



Source: Family & Children Services of Guelph and Wellington, September 2010.

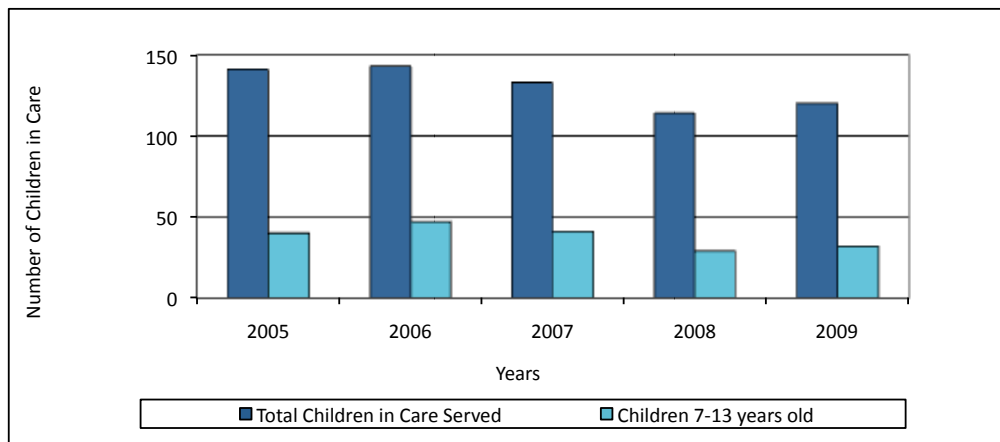
Note: Caution must be taken when comparing between FCSGW and DCAFS data, as some of the data presented include raw numbers or counts. It is important to consider the difference in population size that is served by each agency. FCSGW services a much larger population than DCAFS.

Children in Care Served presented in Figures 7.3 and 7.4 represents the number of children at the start of a year plus the number of admissions to care during the year. The count represents unique children served, not multiple admissions for a child in a single year. Also, these counts do not include other society wards, where another agency is responsible for the child and FCSGW or DCAFS are supervising the child's placement in our jurisdiction. Total Children in Care Served could include children up to the age of 21.

In Guelph and Wellington (Figure 7.3), the number of children ages 7 to 13 in care decreased from 2005 to 2008. This same trend is not seen for the total number of children in care. In fact, there was an increase in the total number of children in care from 2007 to

2009. While there were slight fluctuations, overall the number of children in care was fairly stable from 2005 to 2009.

Figure 7.4. **Children in Care Served by Dufferin Child and Family Services, 2005 to 2009**



Source: Dufferin Child and Family Services, September 2010

Note: Caution must be taken when comparing between FCSGW and DCAFS data, as some of the data presented include raw numbers or counts. It is important to consider the difference in population size that is served by each agency. FCSGW services a much larger population than DCAFS.

In Dufferin (Figure 7.4), the number of children ages 7 to 13 in care decreased from 2006 to 2008. The total number of children served also showed a decrease during 2006 to 2008. Overall, there was a similar trend for both the total number of children in care and the number of children ages 7 to 13 in care.

According to the Ontario Association of Children's Aid Societies, *Child Welfare Report 2009/10*, children in care account for approximately 1 in 10 cases served by CASs. The report also demonstrates that the number of children in care was stable from 2005 to 2009. This is attributed to the increasing efforts of Children's Aid Societies to work with families and extended families, to enhance parenting skills, and referral to other community services and resources.¹⁷

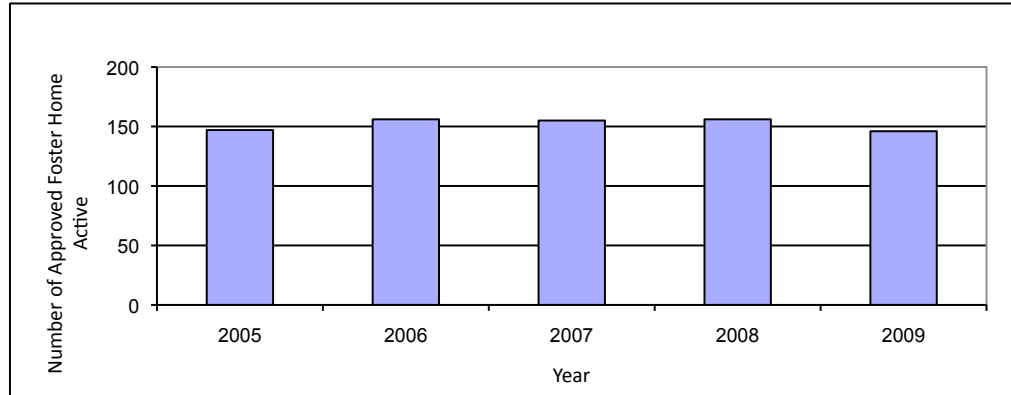
Foster care

When children cannot be cared for in a safe manner by alternative family members or kin (out of care or in care), children are placed into foster care. Children's Aid Societies are responsible for finding an appropriate foster family that will provide a safe, caring, nurturing, and stable environment for the child. Standardized screening tools from the Ministry are used to approve potential foster parents. Foster placements are intended to be a temporary option, with many children returning home within weeks or months. If the family situation remains unsafe for a child to return home to their parents, a long-term

permanency plan may be implemented, including options such as legal guardianship or adoption.¹⁸

Figure 7.5 and 7.6 provide local information on the number of approved foster homes that were active through Family and Children Services of Guelph and Wellington (FCSGW) and Dufferin Child and Family Services (DCAFS) from 2005 to 2009.

Figure 7.5. **Approved Foster Homes Active through Family and Children’s Services of Guelph and Wellington County, 2005 to 2009**

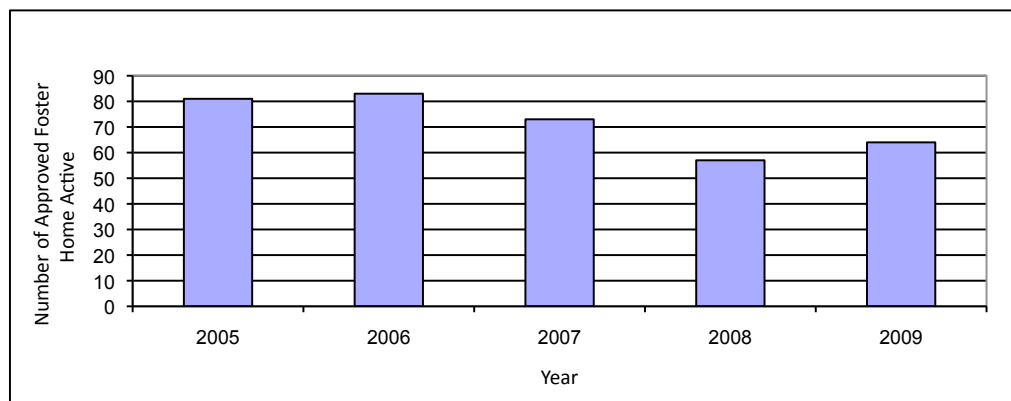


Source: Family & Children Services of Guelph and Wellington, September 2010.

Note: Caution must be taken when comparing between FCSGW and DCAFS data, as some of the data presented include raw numbers or counts. It is important to consider the difference in population size that is served by each agency. FCSGW services a much larger population than DCAFS.

Approved Foster Homes Active presented in Figures 7.5 and 7.6 is the number of approved homes at the start of year plus number of new homes approved during the year.

Figure 7.6. **Approved Foster Homes Active through Dufferin Child and Family Services, 2005 to 2009**



Source: Dufferin Child and Family Services, September 2010

Note: Caution must be taken when comparing between FCSGW and DCAFS data, as some of the data presented include raw numbers or counts. It is important to consider the difference in population size that is served by each agency. FCSGW services a much larger population than DCAFS.

In Guelph and Wellington, the number of approved foster homes remained very stable from 2005 to 2009, whereas, in Dufferin, the numbers declined from 2006 to 2008. The number in Dufferin increased from 2008 to 2009, but is still lower than in 2006.

Partner violence

Children affected by partner violence in their homes are more likely to see the world as scary and unsafe. They may blame themselves for the violence and experience guilt, anxiety, anger, grief, confusion, and other negative emotions. Young children have limited coping strategies and need adults to support them through these circumstances.¹⁹ Family & Children’s Services of Guelph and Wellington County (FCSGW) and Dufferin Child and Family Services (DCAFS) respond to partner violence through partner violence referrals and investigations, reported in Table 7.1 and 7.2.

Table 7.1. **Partner Violence (PV) Referrals and Investigations for Family & Children’s Services of Guelph and Wellington County, 2007 to 2009**

	2007		2008		2009	
	All Referrals	PV	All Referrals	PV	All Referrals	PV
Referrals	3284	317	3640	479	3599	502
Investigations Opened	1292	172	1232	215	1349	252
PV Referrals as % of Total Referrals	9.7%		13.2%		13.9%	
PV Investigations Opened as % of Total Investigations Opened	13.3%		17.5%		18.7%	

Source: Family & Children Services of Guelph and Wellington, September 2010.

Note: Caution must be taken when comparing between FCSGW and DCAFS data, as some of the data presented include raw numbers or counts. It is important to consider the difference in population size that is served by each agency. FCSGW services a much larger population than DCAFS.

Table 7.2. **Partner Violence (PV) Referrals and Investigations for Dufferin Child and Family Services, 2007 to 2009**

	2007		2008		2009	
	All Referrals	PV	All Referrals	PV	All Referrals	PV
Referrals	1006	91	1046	129	1107	147
Investigations Opened	374	38	382	45	420	75
PV Referrals as % of Total Referrals	9.0%		12.3%		13.3%	
PV Investigations Opened as % of Total Investigations Opened	10.2%		11.8%		17.9%	

Source: *Dufferin Child and Family Services, September 2010*

Note: Caution must be taken when comparing between FCSGW and DCAFS data, as some of the data presented include raw numbers or counts. It is important to consider the difference in population size that is served by each agency. FCSGW services a much larger population than DCAFS.

Children’s Aids Societies have noted that when there are major employment layoffs, such as those experienced in recent years due to the economic downturn, a rise in partner violence is predictable.²⁰ This association is seen in the information reported in Table 7.1 for Guelph and Wellington and Table 7.2 for Dufferin. In Guelph and Wellington, there was a 25% (43 cases) increase in the number of Family Violence Investigations between 2007 and 2008, and a 17% (37 cases) increase between 2008 and 2009. In Dufferin, there was an 18% (7 cases) increase in the number of Family Violence Investigations between 2007 and 2008, and a 67% (30 cases) increase between 2008 and 2009.

Guelph Police Services (GPS) also provides a local perspective on family violence, complementary to the data from FCSGW and DCAFS. Table 7.3 reports the number of occurrences of domestic violence and the type of relationship between the victim and the accused. Similar to the trend seen with Partner Violence investigations reported by FCSGW during 2008 and 2009 (17%), the number of domestic violence occurrences reported by GPS increased 14.5% during that time period.

Table 7.3. Domestic Violence Occurrences Reported by Guelph Police Service, 2008 to 2009

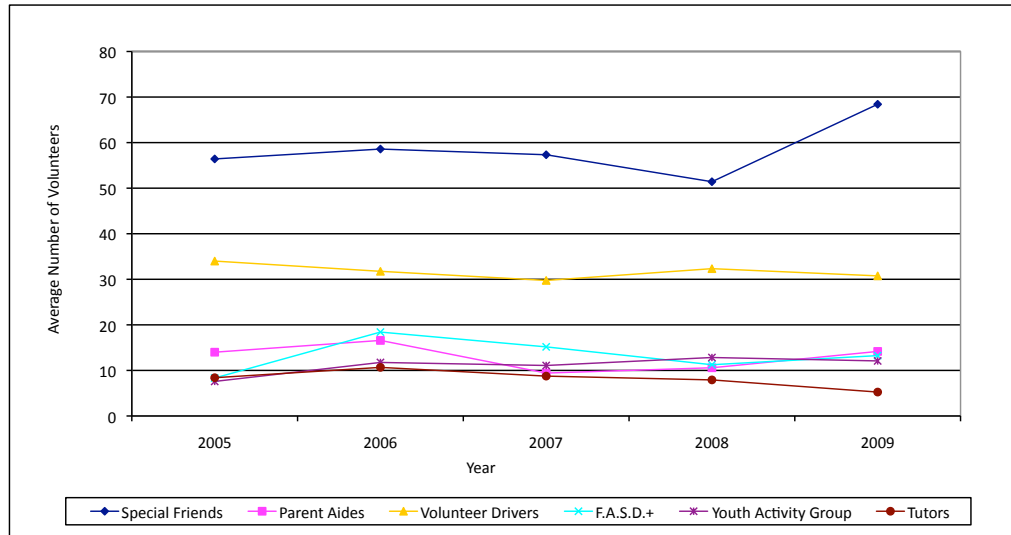
Domestic violence	2008	2009	2008-2009
	# of occurrences	# of occurrences	% variance in rates
Occurrences where charges laid or warrant sought	275	315	14.5
Occurrences where weapon used	31	30	-3.2
Type of relationship between victim and accused			
Female victim - Male accused	236	270	14.4
Male victim - Female accused	61	48	-21.3
Other	5	3	-40.0

Source: Guelph Police Services, October 2010

Volunteer programs

Figure 7.7 summarizes the volunteer data collected by Family and Children Services of Guelph and Wellington (FCSGW). Volunteers play an important role in the lives of children involved with FCSGW and DCAFS. They have a long lasting and positive impact on their future. FCSGW volunteers support parents, children and youth by working in various roles as summarized in Figure 7.7. DCAFS volunteers provide support to the agency and local families through transportation, administration and the Headwaters Family Visit Centre. Volunteers provide support and encouragement to families and children and act as positive role models.

Figure 7.7. Volunteer Programs with Family and Children's Services of Guelph and Wellington County, 2005 to 2009



Source: Family & Children Services of Guelph and Wellington, September 2010.

Note: "Special Friends" are matched with children who need extra support and encouragement and benefit from regular one-on-one time. "Parent Aides" partner with a parent to share on-going, weekly support and advice around the daily logistics of raising children. Many other important roles include program leaders, drivers, tutors and youth group leaders throughout the community.

Special Friends - number of active volunteers and matches at month end

All other programs - number of active volunteers at month end

F.A.S.D.+ - Fetal Alcohol Spectrum Disorder Plus

Shelters

Shelters offer a temporary place to live for individuals who have been impacted by abuse or violence. In Wellington, Dufferin, and Guelph, there are two agencies that provide shelter services to women and children; Guelph-Wellington Women in Crisis (WIC) and Family Transition Place (FTP) in Dufferin. These agencies provide additional support services to help women and children transition from the shelter to independent living through counseling and second stage housing.

On any given day, approximately 2,500 children are in a women's shelter with their mother in Canada. Sixty-seven percent (67%) of these children are under the age of 10 years.²¹ Table 7.4 and 7.5 provide local information on the number of women and children supported by these services in Wellington, Dufferin, and Guelph. It is important to note that WIC and FTP do not offer all of the same programs.

Table 7.4. **Number of Women and Children Served by Guelph-Wellington Women in Crisis, Guelph & Wellington 2007-08 to 2009-10**

	2007-2008	2008-2009	2009-2010
Shelter (women)	166	162	174
Shelter (children)	81	101	99
Crisis line calls	5580	3731	4438
Counselling for transition (women)	592	684	729

Source: *Guelph-Wellington Women In Crisis, personal correspondence with staff, January 2011.*

Note: Shelter is offered for a six week period. Support staff are available to work with a woman and her children to secure housing when they are ready to leave the shelter, or they can be referred to the Transitional Housing and Support program once they leave the shelter.

Table 7.5. **Number of Women and Children Served by Family Transition Place, Dufferin, 2007-08 to 2009-2010**

	2007-2008	2008-2009	2009-2010
Shelter & second stage housing (women)	133	162	113
Shelter & second stage housing (children)	129	103	107
Crisis line calls	2929	3982	3303
Counselling, workshops and legal & transitional support (women)	835	973	883

Source: *Family Transition Place Annual Reports: 2007 to 2010. Retrieved January 2011 online from: www.familytransitionplace.ca*

Note: Second Stage Housing is an option for women and their children who need affordable housing while getting back on their feet. An abused woman and her children can apply for Second Stage Housing regardless of whether or not they stayed in emergency shelter.

There are other emergency shelters available in the community that families may need to access for a variety of reasons, such as a lack of adequate supports to maintain housing. Wellington, Dufferin, and Guelph offer emergency shelters that are accessible for families with children. Information on these shelters are presented in Chapter 2, Children’s right to have basic needs met including nutritious food, a healthy environment and a safe place to live.

Endnotes

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8. Children's right to be accepted for who they are, and believe what they want, without being discriminated against

8. Children's right to be accepted for who they are, and believe what they want, without being discriminated against

Introduction

The link to children's well-being

Affection is a universal need.¹ Children's well-being is connected to their feelings of belonging, care, and acceptance. Affection has been shown to be so important to humans that it is considered to be part of our evolutionary trajectory as a species, while also being important to our individual developmental trajectories.² When children feel that they do not belong, they are more vulnerable to developmental and environmental risk factors compared to other children who do not perceive or experience this form of discrimination. Although families play an important role in children's perception of their belonging, there is a shift towards more social activities outside the family context in middle childhood. In fact, research shows that the pressure some children experience to assimilate to the dominant culture of their school, leisure, and social environments has an impact that can go far beyond them: discrimination and non-acceptance ultimately play a role in limiting a culture's ability to sustain itself.³

The importance of this charter right for children in middle childhood

During middle childhood, children are navigating their own way through societal structures such as school and the community. Through many of these navigations, they are also likely to have their first awareness of or their own direct experiences with exclusion, discrimination, or racism.⁴

Research has found that children who are of non-mainstream cultures or are considered, either by themselves or by others, to be "outsiders", follow different developmental trajectories than the mainstream.⁵ The ways in which society, communities, and organizations work to inhibit or promote discrimination and racism will have an impact on children's cognitive, emotional, and behavioural development. For children who are of "outsider status" in the social stratification of their community, the impact of discrimination and racism is even more profound.

At the same time as they are developing a growing awareness of how others in society may be engaging in discrimination, children in this age group are considered to have "high attitude flexibility". This means that overall; they tend to engage in less rejection of others who are different from them. Developmentally, children in middle childhood are more able to take a third person perspective. This coincides with other growing cognitive capacities during middle childhood (e.g., being able to understand two elements or properties of an object at one time), and contributes to their processes of social understanding and learning. As such, children in middle childhood develop their social awareness by participating in activities which engage them in both co-operation and conflict.⁶

more info:
wdgreportcard.com

Bullying is a phenomenon firmly connected to this stage of middle childhood. It is understandable that the policies of most children's services and educational organizations tend to take the position of protecting only those children who are being victimized by bullying. The body of research literature on bullying continues to demonstrate that bullying is more complex than this. A deeper look into bullying behaviours often uncovers children who, even as perpetrators, are likely to be seeking acceptance, status, and affection.⁷

Indicators of children's health and well-being in this chapter

The indicators in this chapter are intended to provide a brief picture of the diversity of our child and family populations in Wellington, Dufferin, and Guelph. There are also indicators related to organizational responses to meeting the diverse needs of families and children.

- Newcomer and immigration demographics
- Children with special needs and developmental disabilities
- Anti-bullying and anti-discrimination policies of school boards

The value of this information to service providers

The information in this chapter provides a rationale for service providers to support their work in developing multidimensional approaches that are more able to be reflective of the needs of families and children; moving away from a "one size fits all" approach. Society should strive to promote positive pathways through middle childhood for all children, regardless of their background, by ensuring access to critical resources now and in the future.⁸

Multi-leveled and many-pronged supports that emphasize outreach to families and children are much more likely to reduce accessibility barriers because of race, ability, social class, family status, sexual orientation, and culture.⁹ Methods of measuring individual and community developmental health that provide an accurate reflection of culture, race, ethnicity, and variations within these groups, are essential to gaining a full picture of the need for supports and services for the health, development and well-being of children and families.¹⁰

An understanding of our collective inclination for bias is of heightened importance for service providers as our communities become more richly diverse. This is because dominant cultural views can translate into practice without the much needed analyses of potential, yet unintended, risks to child development. "Most social research and policy [in North America] are based on assumptions that attribute negative developmental outcomes among outsider children to either genetic or cultural factors. While cultural factors can pose developmental risks (e.g., a cultural mismatch between service providers and clients), policies based on this assumption generally fail to recognize the real underlying problem."¹¹ Some theorists identify the need for service providers and educators to have had personal experience in "being otherwise", in order to develop empathy, a deeper understanding of others' experiences, and to truly recognize the importance of good communication.¹²

BEING OTHERWISE

is the concept of individuals having professional work experience or living experience in a place where they are not members of the dominant culture.¹³

Newcomer and immigration demographics

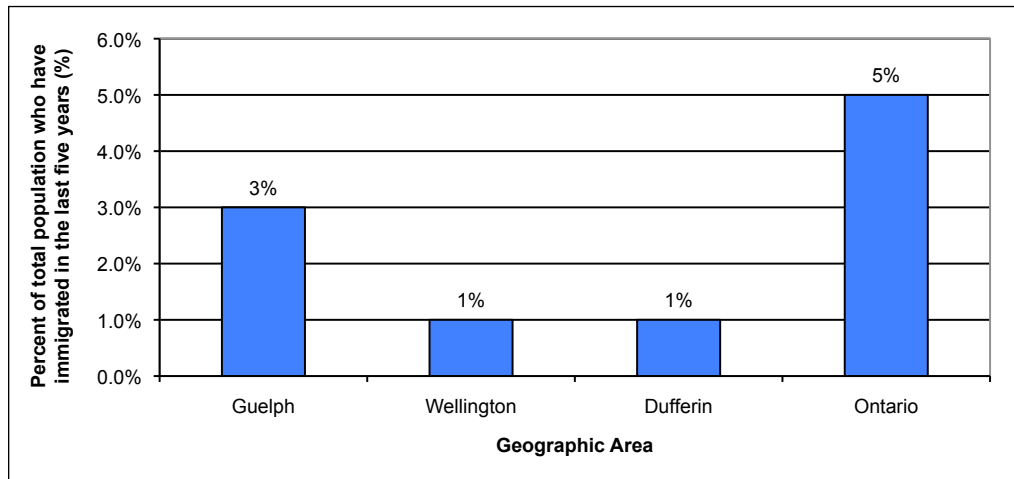
The vision of the Local Immigration Partnership for Guelph and Wellington County - “We envision a caring, equitable community where everyone thrives”¹⁴ - is based on the premise that attraction and retention of new immigrants to smaller urban and rural areas can be achieved when a range of economic opportunities are available to newcomers, and when the communities are welcoming and have the appropriate social supports.¹⁵ A *welcoming community* has been defined in a report prepared for Citizenship and Immigration Canada as a physical location (such as a town, city, or region) in which newcomers feel welcome, and as a place in which there is intentional and strategic involvement in activities that facilitate the integration of newcomers.¹⁶

Newcomers tend to settle first in larger urban centres such as the Greater Toronto Area, Vancouver, Montreal, and other large cities across the country.¹⁷ However, there is evidence to suggest that, in recent years, smaller urban areas that are still close to the large urban centres may also be attracting more new immigrants in general.¹⁸ This is partly because, in theory, a higher economic standard of living can be obtained in areas like Guelph (and Wellington and Dufferin Counties).

- Guelph’s population alone included 3,820 new immigrants (or 3% of the total population) between 2001 and 2006. This represents a 24% increase in the number of new immigrants coming to Guelph compared to the numbers of people who immigrated between 1996 and 2001.
- The 2006 populations for Wellington and Dufferin County do not include as many new immigrants as the City of Guelph’s population. One percent (1%) of each of the County’s populations represent new immigrants between 2001 and 2006. This translates to 870 new immigrants in Wellington County and 665 new immigrants in Dufferin County.
- The majority of new immigrants coming to our communities over the last 30 years have come from Asia and the Middle East.

Figure 8.1 shows the percentage of immigrants in the total populations for Wellington, Dufferin, Guelph, and Ontario, over the last five years.

Figure 8.1. **Percent of Total Population in Wellington, Dufferin, Guelph, and Ontario Who Have Immigrated in the Last Five Years**



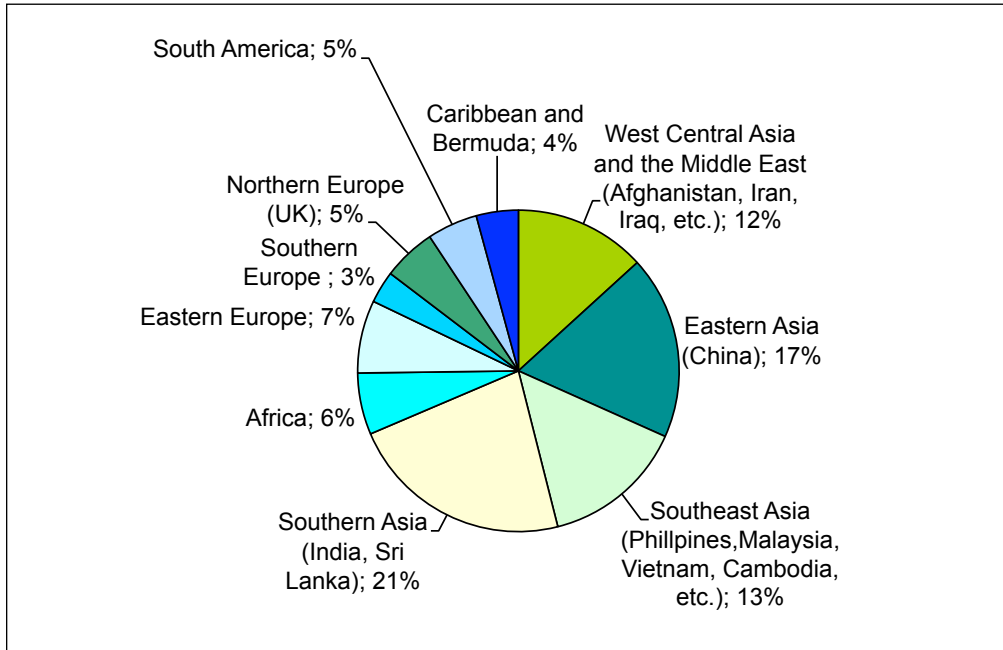
Source: Statistics Canada (2006). *Census Profile Subscription for Wellington and Dufferin (CDs by DA/CSD)*. *Statistics Canada Catalogue no. 94-581-XCB2006002. Subscription Catalogue no. 97C0017.*

There may be other specific characteristics of smaller urban and rural areas which draw new immigrants coming from a particular country or geographic area. For example:

- Twenty-six percent (26%) of the new immigrants coming to Wellington County were from Central America and many have settled in the township of Mapleton. Most of these new immigrants are identified as Low-German speaking Mennonites, from settlements in Mexico.

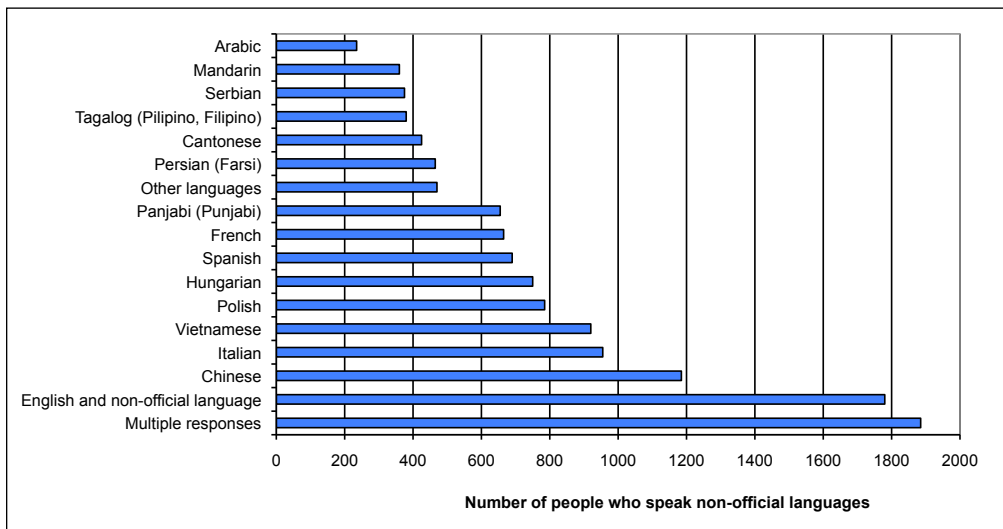
Figure 8.2 shows the regions of origin for the greatest percentages of recent newcomers to Guelph. Most immigrants moving to this area are coming from countries where a language other than English is spoken. As a result, many experience language barriers when they come to our communities. As indicated in Figure 8.3, the most common non-English languages spoken include Chinese, Italian, and Vietnamese, which reflects the diversity of immigrant origin.

Figure 8.2. Percent of Total New Immigrants by Region of Origin, City of Guelph, 2001 to 2006



Source: Statistics Canada (2006). Census Profile Subscription for Wellington and Dufferin (CDs by DA/CSD). Statistics Canada Catalogue no. 94-581-XCB2006002. Subscription Catalogue no. 97C0017.

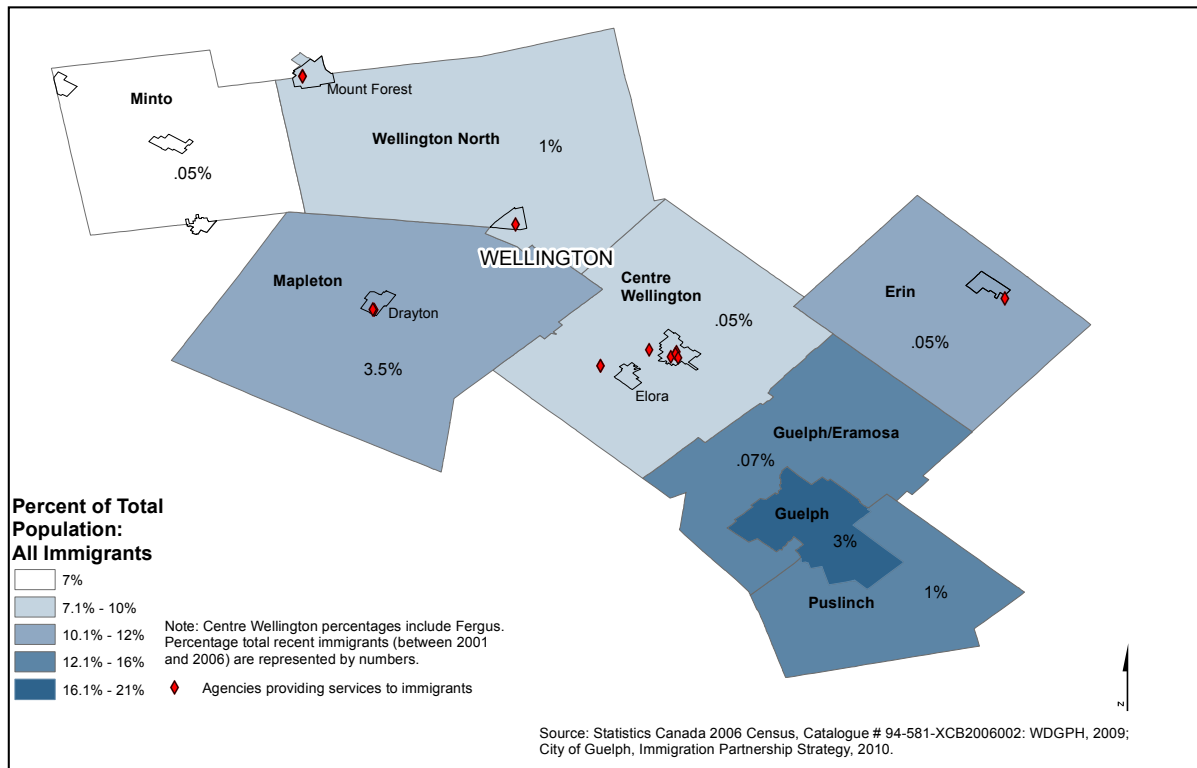
Figure 8.3. Non-Official Languages Spoken, City of Guelph, 2006



Source: Statistics Canada (2006). Census Profile Subscription for Wellington and Dufferin (CDs by DA/CSD). Statistics Canada Catalogue no. 94-581-XCB2006002. Subscription Catalogue no. 97C0017.

As part of the research component of the Local Immigration Project (LIP), an environmental scan of services specific to immigrant population was conducted to identify assets, capacities and opportunities in their strategy development for Guelph and Wellington. The service inventory that resulted as part of this environmental scan has been mapped below with the percentage of new immigrants that came between 2001 and 2006, according to the Census of 2006. The County of Dufferin collected a comparable service inventory for Dufferin County for the purposes of *The Well-Being of Children Ages 7 to 13: A Report Card for Wellington-Dufferin-Guelph*. Maps 8.1 to 8.3 indicate access to agencies providing services to immigrants, compared to where they have settled in Wellington, Dufferin, and Guelph. The programs and services captured on the maps may not include all services available, just those identified through the LIP environmental scan and the County of Dufferin listing. While the maps may not be comprehensive, they provide an overall picture of service location distribution.

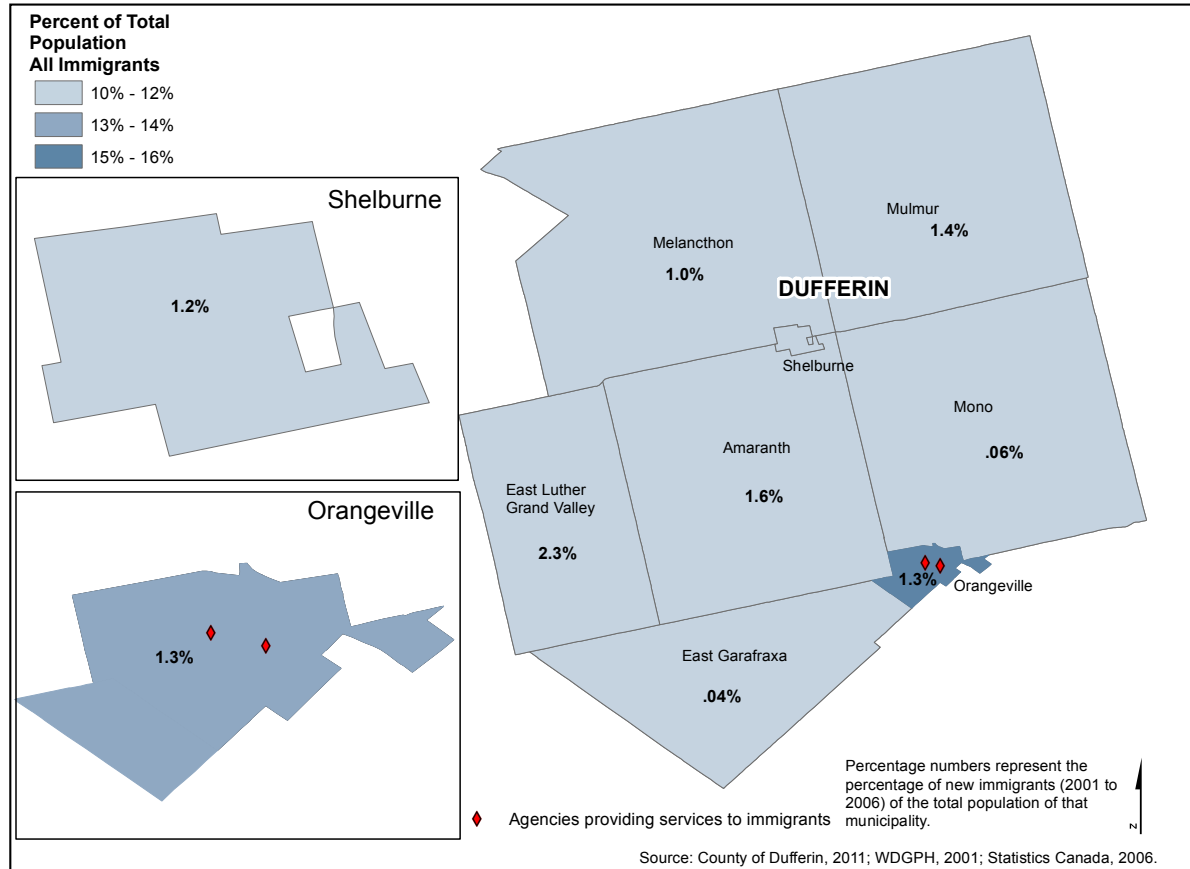
Map 8.1. Availability of Services for Immigrants with the Percentage Total Immigrants and Percentage Total Recent Immigrants, Wellington County



Source: Statistics Canada 2006 Census, Catalogue # 94-581-XCB2006002; List of Services: City of Guelph, Immigration Partnership Strategy, 2010

Note: The placement of symbols on the map is not guaranteed to be the exact location due to technical limitations of postal code data and software limitations.

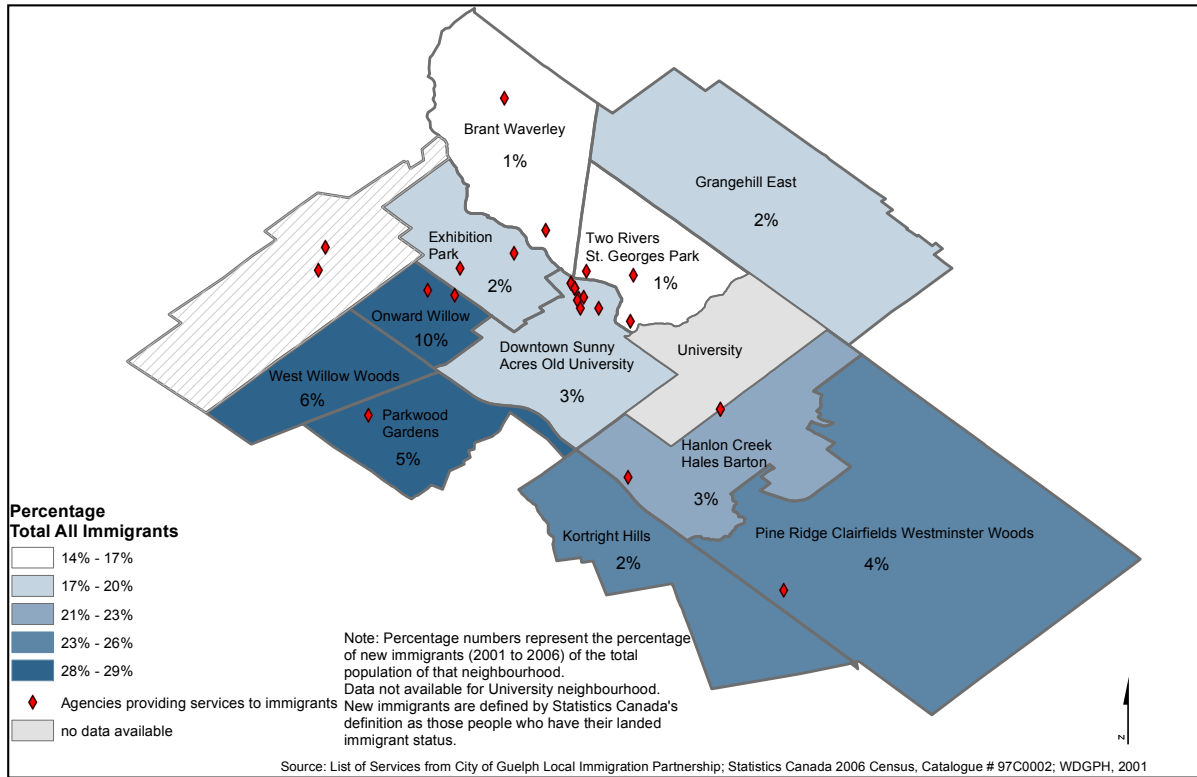
Map 8.2. Availability of Services for Immigrants with the Percentage Total Immigrants and Percentage Total Recent Immigrants, Dufferin County



Source: Statistics Canada 2006 Census, Catalogue # 94-581-XCB2006002; List of Services: County of Dufferin, 2011

Note: The placement of symbols on the map is not guaranteed to be the exact location due to technical limitations of postal code data and software limitations.

Map 8.3. Availability of Services for Immigrants with the Percentage Total Immigrants and Percentage Total Recent Immigrants, City of Guelph



Source: Statistics Canada 2006 Census, Catalogue # 97C0002; List of Services: City of Guelph, Immigration Partnership Strategy, 2010

Note: The placement of symbols on the map is not guaranteed to be the exact location due to technical limitations of postal code data and software limitations.

The LIP environmental scan documents that one of the gaps in services in this community is the lack of data regarding the percentage of immigrants and recent immigrants who are children.¹⁹ The service and community-based priorities that are most frequently identified through consultation with adult newcomers, immigrants, and employment and social service providers, are supports for employment and financial stability; access to education and training; and available, accessible supports to help in their integration process such as ESL programs (schools provide ESL programs for children). Other priorities include access to primary health care practitioners; information on essentials such as legal rights and housing; availability of multicultural centres or community centres where ethnic associations can meet and cultural events can take place; longer term social integration and inclusion supports; and supports for specific populations, such as refugees, who may have experienced trauma prior to their arrival in Canada.²⁰

Furthermore, a study of the experiences of newcomers in Wellington and Guelph communities found that they tend to have more difficulty gaining sufficient employment that matches their qualifications, more difficulty finding affordable and stable housing, and

more difficulty accessing child care.²¹ In 2010, a formal community dialogue process in Guelph and Wellington identified a number of possible activities that would enhance social inclusion, including developing public organizations, such as schools and libraries as focal points for social action and common interests, and the establishment of a local Human Rights Office.²²

Children with special needs and developmental disabilities

While there has been a great deal of interest in Canada over the last decade regarding children who experience special needs and developmental challenges, there still remains a paucity of comprehensive and reliable data available. Without this information, it becomes difficult to answer the many unanswered questions about how well we are meeting the needs of children with special needs and developmental disabilities.²³

Reports and summaries of “current issues” affecting children and youth in Canada tend to focus on higher profile categories annotating children’s vulnerabilities related to broader Canadian and provincial public policies such as poverty, justice, and immigration.²⁴ As such, public policy development related specifically to inclusion and the needs of children with special needs and developmental disabilities is sometimes left behind. Obtaining reliable data regarding children with special needs and developmental disabilities for local service planning is complicated by the fact that the information is service delivery- and agency-based data. There is no single, reliable source of data, nor is there an established single-system approach. As such, the data are likely to be less clear due to duplications in counts of families and children accessing services. Missing information is also a concern, since not all families and children with special needs and developmental disabilities may be accessing those services. A single-system approach is taken in Ontario for coordination of services for school age children in need of occupational and physical therapy, personal care, medical equipment and supports in order to attend school (i.e., Community Care Access Centre (CCAC) coordinates School Health Support Services in this province). Some of these challenges may be connected to weakly developed public policy that could, if strengthened, help to ensure that all children are receiving the supports that they need in order to fully participate in all aspects of school, social activities and recreation programs with their same-aged peers.

The Laidlaw Foundation identified the concept of social inclusion as a useful tool that “turns public policy upside down.” They recommend viewing public policy through this lens of social inclusion, wherein society is charged with the task of providing a meaningful place for everyone; rather than making it incumbent on individuals to “fit the program.”²⁵ Using such a lens for viewing the policies, activities and services for children in middle childhood, it becomes clear that we have many opportunities still ahead of us. Through it, we can see that there is much work to be done to ensure that children with special needs and developmental disabilities are supported in their well-being, so that they can experience the feeling that they belong, are cared for, and are accepted for who they are.

Anti-bullying and anti-discrimination policies of school boards

CYBER-BULLYING

Cyberspace is opening up the world in ways we could not have predicted. For many children (and adults) it means another frontier where they might be vulnerable to bullying. The problem of cyber-bullying is complex – it can be instantaneous, and the perpetrator is often anonymous. To be proactive in approaching cyber-bullying: work with community groups, such as the police who have expertise; involve young people in developing rules and codes of conduct; develop policies and practices that support freedom of expression – while reinforcing responsibility and respect for others (Beatrice Schriever, Ontario College of Teachers, 2007).

Each of the public school boards serving the populations of Wellington, Dufferin, and Guelph have bullying prevention and anti-discrimination policies.²⁶ Many bullying prevention approaches in schools refer to Progressive Discipline, which is defined as a continuum of proactive measures, supports and consequences to promote children's positive behaviours.²⁷ School boards are required by the Government of Ontario to address bullying in schools through policies and codes of conduct in accordance with the *Education Amendment Act (Progressive Discipline and School Safety), 2007*.²⁸

The Upper Grand District school board has an Equity and Inclusive Schools Committee that is responsible for reviewing their student discipline and bullying policies. They also provide support to individual schools in the establishment of school-based Equity and Inclusive Schools Committees. The Catholic school boards' bullying and antidiscrimination policies integrate the Ontario Human Rights Code over all policies and administration documents, while stating their goal of promoting Catholic values in all of their activities.

The Ontario Ministry of Education houses an on-line registry of bullying programs available for schools and other organizations to access. The registry includes a checklist which outlines the various attributes of each program, including information such as who the program is designed for (e.g., young children, teens, parents, teachers, etc.); the type of resources that make up the program (e.g., DVD, workshops, etc.); and evaluation materials related to the effectiveness of the program.²⁹

Bullying policies are often connected with discrimination policies, as the action of bullying can be harassment based on assumptions regarding sex, gender identity, sexual orientation, race, colour, ethnicity, culture, citizenship, ancestry, origin, religion, creed, family status, socio-economic status, disability, which are all areas of protection under the Ontario Human Rights Code.³⁰ A 2007 Ontario-based study on students' experiences of bullying revealed that bullying behaviour and fighting at school peaks in late-middle childhood to early-adolescence (i.e., grade 7) and gradually declines over time (i.e., grade 12). The study also found that about one quarter of children in grades 7 and 8 reported that there was physical fighting occurring at school; and that one third of children in grades 7 and 8 reported being victims of bullying, some of whom reported being bullied on a daily or weekly basis.³¹

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Neighbourhood and Municipality Profiles

Neighbourhood and Municipality Profiles

The neighbourhood profiles presented on the following pages provide a more in depth look at each of the 28 neighbourhoods and communities in Wellington, Dufferin, and Guelph. The indicators and population characteristics included in the profiles are grouped by geographic area, and then divided and reported on in the same sequence as the sections of the Report Card. Some data used for the Report Card could not be effectively reported at the neighbourhood- or municipality-level due to low numbers, or the data were simply not available at this geographic level.

Other communities that prepare reports similar to *The Well-Being of Children Ages 7 to 13: A Report Card for Wellington-Dufferin-Guelph* have sometimes included ranking systems that categorize neighbourhoods in terms of their social or economic risk. For the Wellington, Dufferin, and Guelph Report Cards, it was decided not to rank the neighbourhoods, but to represent them with the data as they are. To support the reader in making comparisons using the data provided, we have included the corresponding statistics for all of Wellington, Dufferin, and Guelph, as well as Ontario.

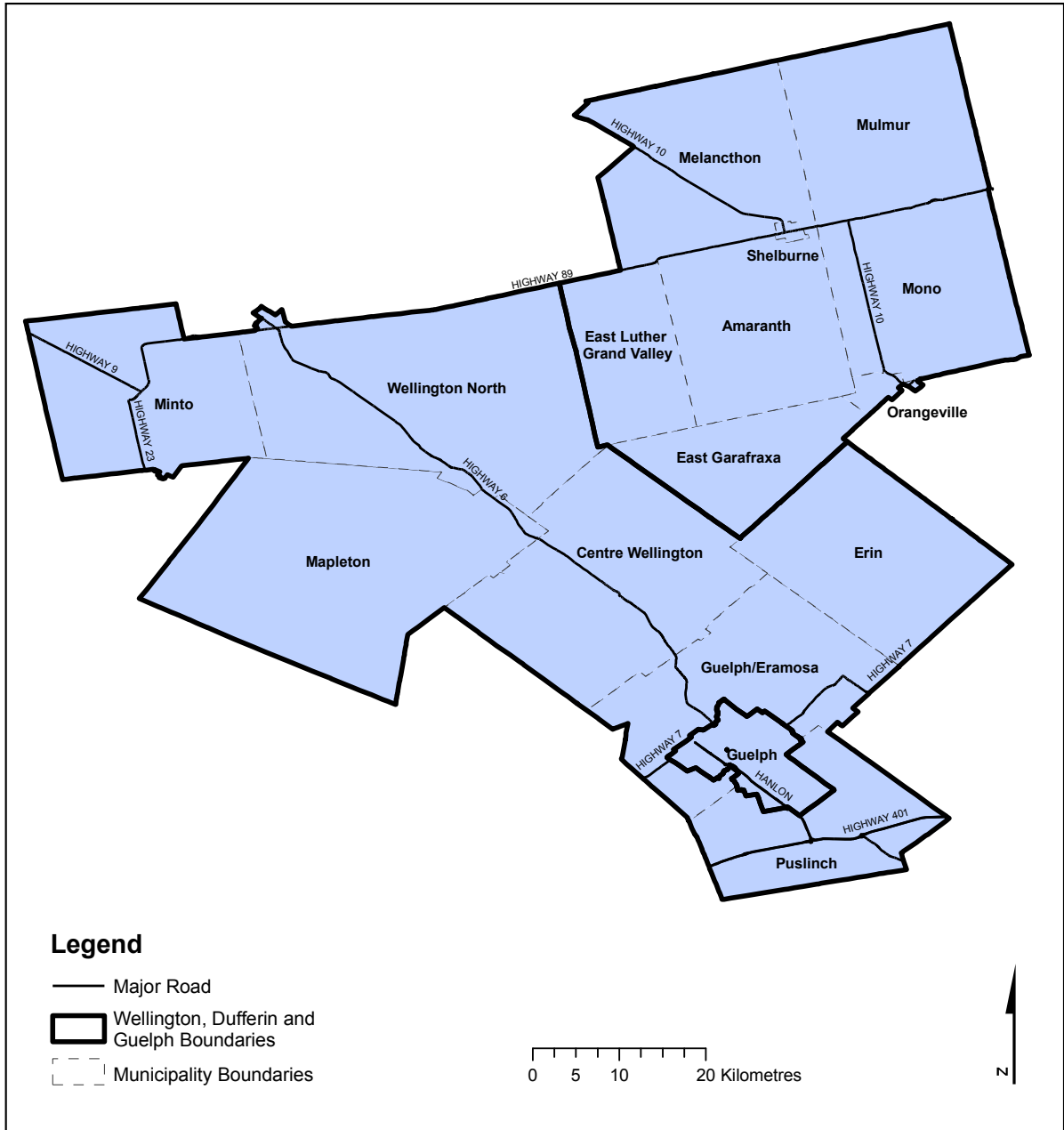
The Guelph neighbourhood and municipality boundaries were determined through consultation with key informants familiar with local neighbourhood and community development and service delivery. Our geographic coding system was also informed by Statistics Canada's Census boundaries (i.e., dissemination areas, census subdivisions), and by Wellington-Dufferin-Guelph Public Health's defined reporting areas for service delivery and data collection. For the City of Guelph, a few neighbourhoods have been combined (for example, Downtown Sunny Acres and Old University, as well as Hanlon Creek and Hales Barton). This was done to ensure that the sample sizes from key data sources are large enough for effective reporting. At the beginning of this section is a Profile Key, which provides visual representation of Wellington, Dufferin, and Guelph and a scale to understand the geographic distance. With each profile, there is an additional map to identify the location of the specific township or neighbourhood within its corresponding County or the City of Guelph.

The Data Analysis Working Group of the Coalition has worked diligently to ensure that only the strongest and most useful data available are presented in these profiles, and as a result, not all of the chapters are represented. To determine neighbourhood-based need for services and supports, it is advisable to look for overall patterns in the data presented rather than to focus on specific findings. As is the case for any statistical output, caution should be used in interpreting and using these results. The sources for the data within each neighbourhood profile can vary from one line of data to the next, making information presented for a single neighbourhood not necessarily comparable or statistically compatible with other information in that particular profile. In addition, the sample sizes for some of the data are small. This means that while the information presented is still useful for identifying potential trends in populations across neighbourhoods, the small sample sizes can interfere with how confidently the information can be generalized to the overall population.

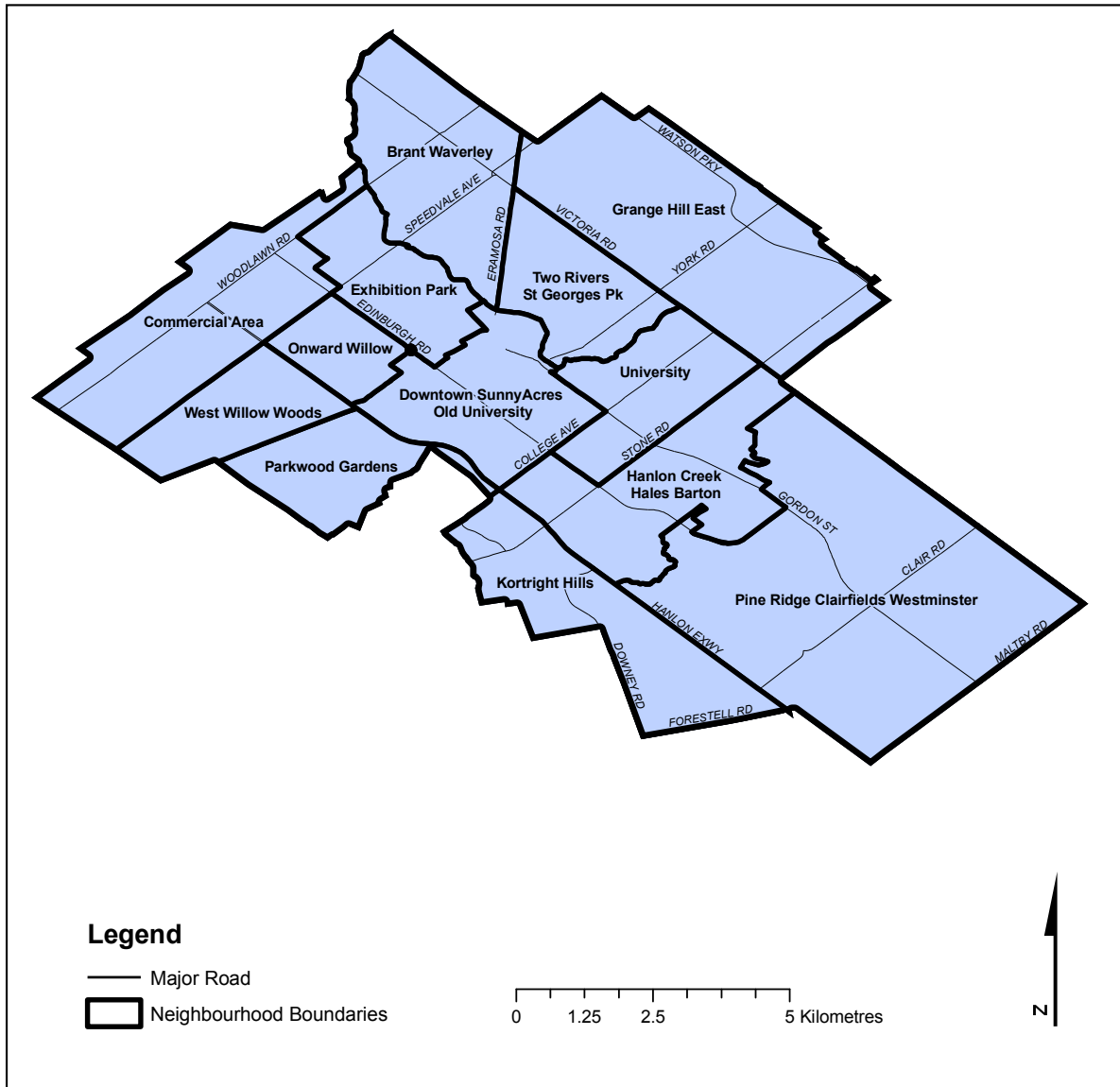
The key data sources for the neighbourhood profiles are the 2006 Census from Statistics Canada and 2009 Statistics Canada Intercensal Estimates.

more info:
wdgreportcard.com

Profile Key: **Wellington, Dufferin, and Guelph**



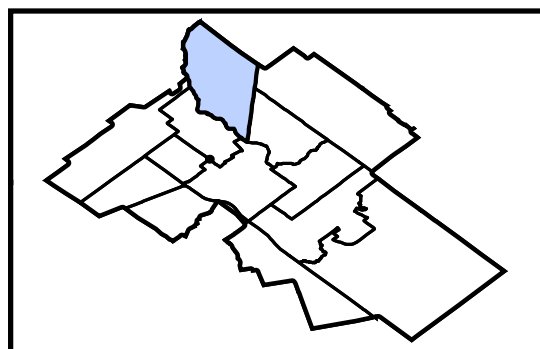
Profile Key: **City of Guelph Neighbourhoods**



Sources:

1. Census 2006 Single Year of Age and Sex TBT for Wellington and Dufferin CDs by DA/CSD-97-551-X2006006
2. Census 2006 Profile Subscription for Wellington and Dufferin CDs by DA/CSD Data Catalogue #-94-581-XCB2006002 Subscription Cat. # 97C0017
3. Population of Children Ages 7 to 13: Statistics Canada, 2006
4. EQAO School Reports, Assessments of Reading, Writing and Mathematics, Primary Division (Grades 1-3) and Junior Division (Grade 4-6), 2009-2010, retrieved October 2010 online from: www.eqao.com
5. Statistics Canada Intercensal Estimates, 2009

Guelph Neighbourhoods



Brant Waverly

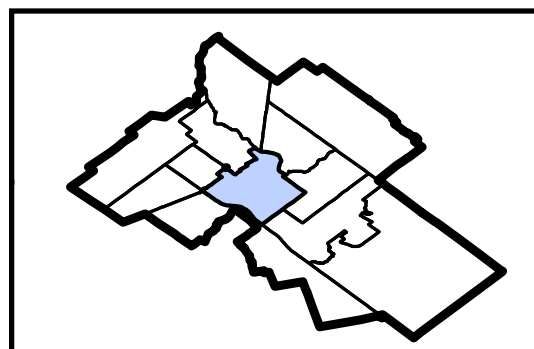
Demographics ^{1,2,3}	Brant Waverly	Guelph	WDG	Ontario
Total population	12,210	123,099	272,403	13,069,182
# of children 7 to 13	930	9,980	24,187	1,053,133
Population growth rate 2001 to 2006	n.d.	8.3%	7.7%	959,401
% of children 7 to 13	7.6%	8.1%	8.9%	8.1%
% lone parent families	17.0%	16%	13%	16%
Children's right to have basic needs met including nutritious food, a healthy environment and a safe and comfortable place to live.^{2,3}				
Unemployment rate for families with children at home under 6	3.4%	5.2%	4.0%	5.2%
% of families falling below LICO before tax	8.1%	7.5%	6%	11.7%
% of families falling below LICO after tax	7.1%	5.5%	4%	8.6%
% families with family income less than \$30,000	13.3%	11.1%	10.3%	14.2%
Government transfer payment % of total income	10.0%	7.6%	7.6%	8.8%
Median family income \$ after tax	\$61,487	\$63,497	\$66,148	\$59,377
Median female lone parent family income \$ after tax	\$33,369	\$35,879	\$37,885	\$34,206
% pop. 25-64 years without high school certificate	17.1%	12.0%	14.7%	13.5%
% of households owner occupied	70.4%	69.0%	78.0%	71.0%
Children's right to access quality and affordable child care, early education programs and/or parenting support.²				
% commuters to work	19.0%	24%	39%	33%
Children's right to safe places and time to play, and access to affordable recreational activities.²				
% of total population who have moved in the last year	14.4%	16.0%	13.0%	13%
Children's right to quality education to enable them to reach their full potential.⁴				
Grade 3 Reading (EQAO)-% of children at Level 3 and 4	n.d.	67.8%	67.1%	62%
Grade 3 Writing (EQAO)-% of children at Level 3 and 4	n.d.	71.0%	68.4%	70%
Grade 3 Math (EQAO)-% of children at Level 3 and 4	n.d.	74.5%	71.0%	70%
Grade 6 Reading (EQAO)-% of children at Level 3 and 4	n.d.	75.6%	75.5%	72%
Grade 6 Writing (EQAO)-% of children at Level 3 and 4	n.d.	72.7%	71.0%	70%
Grade 6 Math (EQAO)-% of children at Level 3 and 4	n.d.	63.4%	61.4%	61%
Children's right to be accepted for who they are, and believe what they want without being discriminated against.²				
% total immigrant population	14.3%	21.0%	16.0%	28%
% of total population immigrated in the last five years	1.0%	3.0%	2.0%	5%
% of total immigrants with no knowledge of English	5.4%	6.0%	5.0%	8%
% speaking other "non-official" languages at home	6.0%	10.0%	7.0%	15%
% total population visible minority	5.1%	14.0%	8.0%	23%

Sources: Footnote numbers correspond to the references cited on page 155 of this report.

Note: n.d. - no data available

Guelph Neighbourhoods

Downtown Sunny Acres / Old University



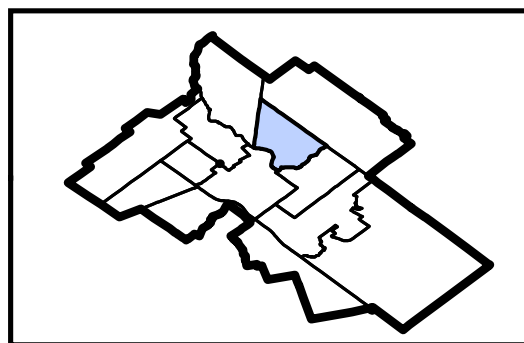
Demographics ^{1,2,3}	Downtown Sunny Acres /Old University	Guelph	WDG	Ontario
Total population	11,615	123,099	272,403	13,069,182
# of children 7 to 13	640	9,980	24,187	1,053,133
Population growth rate 2001 to 2006	n.d.	8.3%	7.7%	9.5%
% of children 7 to 13	5.5%	8.1%	8.9%	8.1%
% lone parent families	16.0%	16%	13%	16%
Children's right to have basic needs met including nutritious food, a healthy environment and a safe and comfortable place to live.^{2,3}				
Unemployment rate for families with children at home under 6	7.5%	5.2%	4.0%	5.2%
% of families falling below LICO before tax	9.2%	7.5%	6%	11.7%
% of families falling below LICO after tax	5.1%	5.5%	4%	8.6%
% families with family income less than \$30,000	14.8%	11.1%	10.3%	14.2%
Government transfer payment % of total income	10.0%	7.6%	7.6%	8.8%
Median family income \$ after tax	\$71,126	\$63,497	\$66,148	\$59,377
Median female lone parent family income \$ after tax	\$38,479	\$35,879	\$37,885	\$34,206
% pop. 25-64 years without high school certificate	11.0%	12.0%	14.7%	13.5%
% of households owner occupied	47.0%	69.0%	78.0%	71.0%
Children's right to access quality and affordable child care, early education programs and/or parenting support.²				
% commuters to work	24.0%	24%	39%	33%
Children's right to safe places and time to play, and access to affordable recreational activities.²				
% of total population who have moved in the last year	22.0%	16.0%	13.0%	13%
Children's right to quality education to enable them to reach their full potential.⁴				
Grade 3 Reading (EQAO)-% of children at Level 3 and 4	n.d.	67.8%	67.1%	62%
Grade 3 Writing (EQAO)-% of children at Level 3 and 4	n.d.	71.0%	68.4%	70%
Grade 3 Math (EQAO)-% of children at Level 3 and 4	n.d.	74.5%	71.0%	70%
Grade 6 Reading (EQAO)-% of children at Level 3 and 4	n.d.	75.6%	75.5%	72%
Grade 6 Writing (EQAO)-% of children at Level 3 and 4	n.d.	72.7%	71.0%	70%
Grade 6 Math (EQAO)-% of children at Level 3 and 4	n.d.	63.4%	61.4%	61%
Children's right to be accepted for who they are, and believe what they want without being discriminated against.²				
% total immigrant population	17.0%	21.0%	16.0%	28%
% of total population immigrated in the last five years	3.0%	3.0%	2.0%	5%
% of total immigrants with no knowledge of English	2.3%	6.0%	5.0%	8%
% speaking other "non-official" languages at home	4.6%	10.0%	7.0%	15%
% total population visible minority	9.0%	14.0%	8.0%	23%

Sources: Footnote numbers correspond to the references cited on page 155 of this report.

Note: n.d.- no data available

Guelph Neighbourhoods

Two Rivers – St. George's Park

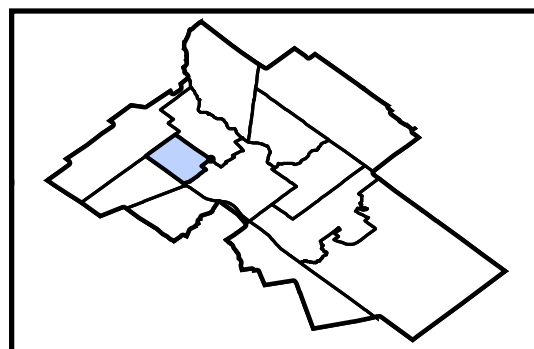


Demographics ^{1,2,3}	Two Rivers - St. George's Pk	Guelph	WDG	Ontario
Total population	8,800	123,099	272,403	13,069,182
# of children 7 to 13	600	9,980	24,187	1,053,133
Population growth rate 2001 to 2006	610	8.3%	7.7%	959,401
% of children 7 to 13	6.8%	8.1%	8.9%	8.1%
% lone parent families	20.0%	16%	13%	16%
Children's right to have basic needs met including nutritious food, a healthy environment and a safe and comfortable place to live.^{2,3}				
Unemployment rate for families with children at home under 6	4.9%	5.2%	4.0%	5.2%
% of families falling below LICO before tax	9.0%	7.5%	6%	11.7%
% of families falling below LICO after tax	5.9%	5.5%	4%	8.6%
% families with family income less than \$30,000	14.7%	11.1%	10.3%	14.2%
Government transfer payment % of total income	11.8%	7.6%	7.6%	8.8%
Median family income \$ after tax	\$54,749	\$63,497	\$66,148	\$59,377
Median female lone parent family income \$ after tax	\$41,848	\$35,879	\$37,885	\$34,206
% pop. 25-64 years without high school certificate	18.0%	12.0%	14.7%	13.5%
% of households owner occupied	64.0%	69.0%	78.0%	71.0%
Children's right to access quality and affordable child care, early education programs and/or parenting support.²				
% commuters to work	21%	24%	39%	33%
Children's right to safe places and time to play, and access to affordable recreational activities.²				
% of total population who have moved in the last year	16.0%	16.0%	13.0%	13%
Children's right to quality education to enable them to reach their full potential.⁴				
Grade 3 Reading (EQAO)-% of children at Level 3 and 4	n.d.	67.8%	67.1%	62%
Grade 3 Writing (EQAO)-% of children at Level 3 and 4	n.d.	71.0%	68.4%	70%
Grade 3 Math (EQAO)-% of children at Level 3 and 4	n.d.	74.5%	71.0%	70%
Grade 6 Reading (EQAO)-% of children at Level 3 and 4	n.d.	75.6%	75.5%	72%
Grade 6 Writing (EQAO)-% of children at Level 3 and 4	n.d.	72.7%	71.0%	70%
Grade 6 Math (EQAO)-% of children at Level 3 and 4	n.d.	63.4%	61.4%	61%
Children's right to be accepted for who they are, and believe what they want without being discriminated against.²				
% total immigrant population	13.6%	21.0%	16.0%	28%
% of total population immigrated in the last five years	0.008%	3.0%	2.0%	5%
% of total immigrants with no knowledge of English	0.0%	6.0%	5.0%	8%
% speaking other "non-official" languages at home	5.0%	10.0%	7.0%	15%
% total population visible minority	4.0%	14.0%	8.0%	23%

Sources: Footnote numbers correspond to the references cited on page 155 of this report.

Note: n.d. - no data available

Guelph Neighbourhoods



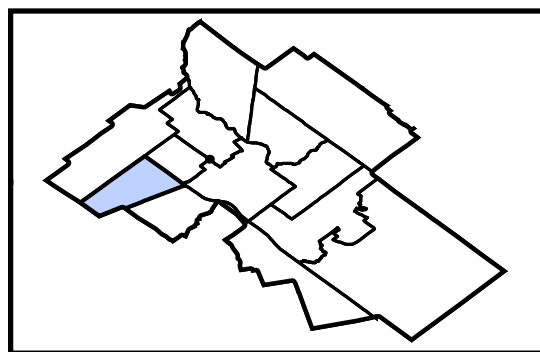
Onward Willow

Demographics ^{1,2,3}	Onward Willow	Guelph	WDG	Ontario
Total population	7285	123,099	272,403	13,069,182
# of children 7 to 13	625	9,980	24,187	1,053,133
Population growth rate 2001 to 2006	n.d.	8.3%	7.7%	959,401
% of children 7 to 13	8.6%	8.1%	8.9%	8.1%
% lone parent families	24.0%	16%	13%	16%
Children's right to have basic needs met including nutritious food, a healthy environment and a safe and comfortable place to live.^{2,3}				
Unemployment rate for families with children at home under 6	6.0%	5.2%	4.0%	5.2%
% of families falling below LICO before tax	16.0%	7.5%	6%	11.7%
% of families falling below LICO after tax	10.7%	5.5%	4%	8.6%
% families with family income less than \$30,000	23.1%	11.1%	10.3%	14.2%
Government transfer payment % of total income	14.3%	7.6%	7.6%	8.8%
Median family income \$ after tax	\$49,113	\$63,497	\$66,148	\$59,377
Median female lone parent family income \$ after tax	\$30,757	\$35,879	\$37,885	\$34,206
% pop. 25-64 years without high school certificate	23.1%	12.0%	14.7%	13.5%
% of households owner occupied	43.0%	69.0%	78.0%	71.0%
Children's right to access quality and affordable child care, early education programs and/or parenting support.²				
% commuters to work	16.7%	24%	39%	33%
Children's right to safe places and time to play, and access to affordable recreational activities.²				
% of total population who have moved in the last year	20.4%	16.0%	13.0%	13%
Children's right to quality education to enable them to reach their full potential.⁴				
Grade 3 Reading (EQAO)-% of children at Level 3 and 4	n.d.	67.8%	67.1%	62%
Grade 3 Writing (EQAO)-% of children at Level 3 and 4	n.d.	71.0%	68.4%	70%
Grade 3 Math (EQAO)-% of children at Level 3 and 4	n.d.	74.5%	71.0%	70%
Grade 6 Reading (EQAO)-% of children at Level 3 and 4	n.d.	75.6%	75.5%	72%
Grade 6 Writing (EQAO)-% of children at Level 3 and 4	n.d.	72.7%	71.0%	70%
Grade 6 Math (EQAO)-% of children at Level 3 and 4	n.d.	63.4%	61.4%	61%
Children's right to be accepted for who they are, and believe what they want without being discriminated against.²				
% total immigrant population	27.5%	21.0%	16.0%	28%
% of total population immigrated in the last five years	10.3%	3.0%	2.0%	5%
% of total immigrants with no knowledge of English	11.5%	6.0%	5.0%	8%
% speaking other "non-official" languages at home	22.0%	10.0%	7.0%	15%
% total population visible minority	23.5%	14.0%	8.0%	23%

Sources: Footnote numbers correspond to the references cited on page 155 of this report.

Note: n.d. - no data available

Guelph Neighbourhoods



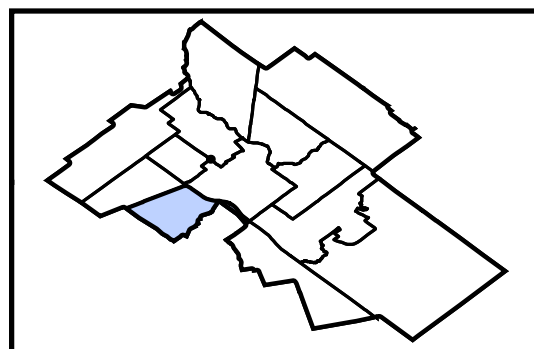
West Willow Woods

Demographics ^{1,2,3}	West Willow Woods	Guelph	WDG	Ontario
Total population	9,730	123,099	272,403	13,069,182
# of children 7 to 13	1,120	9,980	24,187	1,053,133
Population growth rate 2001 to 2006	n.d.	8.3%	7.7%	959,401
% of children 7 to 13	11.5%	8.1%	8.9%	8.1%
% lone parent families	19.4%	16%	13%	16%
Children's right to have basic needs met including nutritious food, a healthy environment and a safe and comfortable place to live.^{2,3}				
Unemployment rate for families with children at home under 6	0.0%	5.2%	4.0%	5.2%
% of families falling below LICO before tax	8.1%	7.5%	6%	11.7%
% of families falling below LICO after tax	6.6%	5.5%	4%	8.6%
% families with family income less than \$30,000	11.0%	11.1%	10.3%	14.2%
Government transfer payment % of total income	7.7%	7.6%	7.6%	8.8%
Median family income \$ after tax	\$60,524	\$63,497	\$66,148	\$59,377
Median female lone parent family income \$ after tax	\$36,160	\$35,879	\$37,885	\$34,206
% pop. 25-64 years without high school certificate	11.0%	12.0%	14.7%	13.5%
% of households owner occupied	70.0%	69.0%	78.0%	71.0%
Children's right to access quality and affordable child care, early education programs and/or parenting support.²				
% commuters to work	24.7%	24%	39%	33%
Children's right to safe places and time to play, and access to affordable recreational activities.²				
% of total population who have moved in the last year	17.3%	16.0%	13.0%	13%
Children's right to quality education to enable them to reach their full potential.⁴				
Grade 3 Reading (EQAO)-% of children at Level 3 and 4	n.d.	67.8%	67.1%	62%
Grade 3 Writing (EQAO)-% of children at Level 3 and 4	n.d.	71.0%	68.4%	70%
Grade 3 Math (EQAO)-% of children at Level 3 and 4	n.d.	74.5%	71.0%	70%
Grade 6 Reading (EQAO)-% of children at Level 3 and 4	n.d.	75.6%	75.5%	72%
Grade 6 Writing (EQAO)-% of children at Level 3 and 4	n.d.	72.7%	71.0%	70%
Grade 6 Math (EQAO)-% of children at Level 3 and 4	n.d.	63.4%	61.4%	61%
Children's right to be accepted for who they are, and believe what they want without being discriminated against.²				
% total immigrant population	28.4%	21.0%	16.0%	28%
% of total population immigrated in the last five years	5.5%	3.0%	2.0%	5%
% of total immigrants with no knowledge of English	7.7%	6.0%	5.0%	8%
% speaking other "non-official" languages at home	16.0%	10.0%	7.0%	15%
% total population visible minority	26.0%	14.0%	8.0%	23%

Sources: Footnote numbers correspond to the references cited on page 155 of this report.

Note: n.d.- no data available

Guelph Neighbourhoods



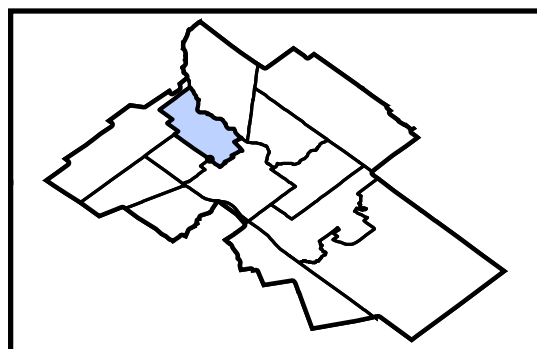
Parkwood Gardens

Demographics ^{1,2,3}	Parkwood Gardens	Guelph	WDG	Ontario
Total population	9,820	123,099	272,403	13,069,182
# of children 7 to 13	1,170	9,980	24,187	1,053,133
Population growth rate 2001 to 2006	n.d.	8.3%	7.7%	959,401
% of children 7 to 13	11.9%	8.1%	8.9%	8.1%
% lone parent families	13.1%	16%	13%	16%
Children's right to have basic needs met including nutritious food, a healthy environment and a safe and comfortable place to live.^{2,3}				
Unemployment rate for families with children at home under 6	4.3%	5.2%	4.0%	5.2%
% of families falling below LICO before tax	6.2%	7.5%	6%	11.7%
% of families falling below LICO after tax	4.4%	5.5%	4%	8.6%
% families with family income less than \$30,000	7.0%	11.1%	10.3%	14.2%
Government transfer payment % of total income	6.3%	7.6%	7.6%	8.8%
Median family income \$ after tax	\$67,252	\$63,497	\$66,148	\$59,377
Median female lone parent family income \$ after tax	\$47,661	\$35,879	\$37,885	\$34,206
% pop. 25-64 years without high school certificate	14.4%	12.0%	14.7%	13.5%
% of households owner occupied	85.2%	69.0%	78.0%	71.0%
Children's right to access quality and affordable child care, early education programs and/or parenting support.²				
% commuters to work	23.1%	24%	39%	33%
Children's right to safe places and time to play, and access to affordable recreational activities.²				
% of total population who have moved in the last year	11.1%	16.0%	13.0%	13%
Children's right to quality education to enable them to reach their full potential.⁴				
Grade 3 Reading (EQAO)-% of children at Level 3 and 4	n.d.	67.8%	67.1%	62%
Grade 3 Writing (EQAO)-% of children at Level 3 and 4	n.d.	71.0%	68.4%	70%
Grade 3 Math (EQAO)-% of children at Level 3 and 4	n.d.	74.5%	71.0%	70%
Grade 6 Reading (EQAO)-% of children at Level 3 and 4	n.d.	75.6%	75.5%	72%
Grade 6 Writing (EQAO)-% of children at Level 3 and 4	n.d.	72.7%	71.0%	70%
Grade 6 Math (EQAO)-% of children at Level 3 and 4	n.d.	63.4%	61.4%	61%
Children's right to be accepted for who they are, and believe what they want without being discriminated against.²				
% total immigrant population	29.2%	21.0%	16.0%	28%
% of total population immigrated in the last five years	4.6%	3.0%	2.0%	5%
% of total immigrants with no knowledge of English	10.1%	6.0%	5.0%	8%
% speaking other "non-official" languages at home	17.4%	10.0%	7.0%	15%
% total population visible minority	27.0%	14.0%	8.0%	23%

Sources: Footnote numbers correspond to the references cited on page 155 of this report.

Note: n.d. - no data available

Guelph Neighbourhoods



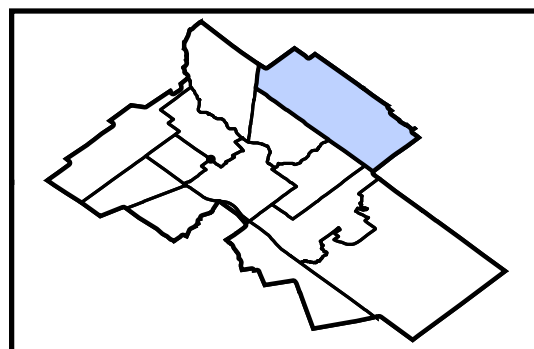
Exhibition Park

Demographics ^{1,2,3}	Exhibition Park	Guelph	WDG	Ontario
Total population	10,645	123,099	272,403	13,069,182
# of children 7 to 13	700	9,980	24,187	1,053,133
Population growth rate 2001 to 2006	n.d.	8.3%	7.7%	959,401
% of children 7 to 13	6.6%	8.1%	8.9%	8.1%
% lone parent families	15.3%	16%	13%	16%
Children's right to have basic needs met including nutritious food, a healthy environment and a safe and comfortable place to live.^{2,3}				
Unemployment rate	5.5%	5.2%	4.0%	5.2%
% of families falling below LICO before tax	7.0%	7.5%	6%	11.7%
% of families falling below LICO after tax	3.8%	5.5%	4%	8.6%
% families with family income less than \$30,000	11.2%	11.1%	10.3%	14.2%
Government transfer payment % of total income	11.5%	7.6%	7.6%	8.8%
Median family income \$ after tax	\$59,234	\$63,497	\$66,148	\$59,377
Median female lone parent family income \$ after tax	\$40,607	\$35,879	\$37,885	\$34,206
% pop. 25-64 years without high school certificate	10.4%	12.0%	14.7%	13.5%
% of households owner occupied	58.3%	69.0%	78.0%	71.0%
Children's right to access quality and affordable child care, early education programs and/or parenting support.²				
% commuters to work	22.0%	24%	39%	33%
Children's right to safe places and time to play, and access to affordable recreational activities.²				
% of total population who have moved in the last year	10.4%	16.0%	13.0%	13%
Children's right to quality education to enable them to reach their full potential.⁴				
Grade 3 Reading (EQAO)-% of children at Level 3 and 4	n.d.	67.8%	67.1%	62%
Grade 3 Writing (EQAO)-% of children at Level 3 and 4	n.d.	71.0%	68.4%	70%
Grade 3 Math (EQAO)-% of children at Level 3 and 4	n.d.	74.5%	71.0%	70%
Grade 6 Reading (EQAO)-% of children at Level 3 and 4	n.d.	75.6%	75.5%	72%
Grade 6 Writing (EQAO)-% of children at Level 3 and 4	n.d.	72.7%	71.0%	70%
Grade 6 Math (EQAO)-% of children at Level 3 and 4	n.d.	63.4%	61.4%	61%
Children's right to be accepted for who they are, and believe what they want without being discriminated against.²				
% total immigrant population	17.2%	21.0%	16.0%	28%
% of total population immigrated in the last five years	2.2%	3.0%	2.0%	5%
% of total immigrants with no knowledge of English	2.2%	6.0%	5.0%	8%
% speaking other "non-official" languages at home	3.6%	10.0%	7.0%	15%
% total population visible minority	5.6%	14.0%	8.0%	23%

Sources: Footnote numbers correspond to the references cited on page 155 of this report.

Note: n.d. - no data available

Guelph Neighbourhoods



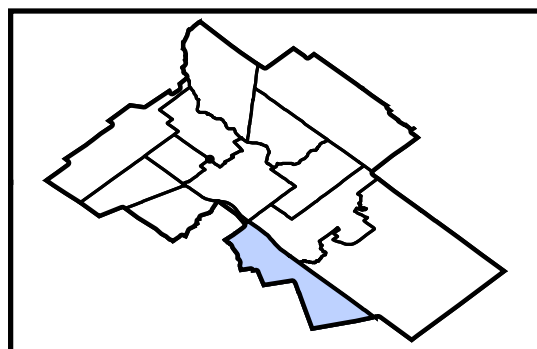
Grange Hill East

Demographics ^{1,2,3}	Grange Hill East	Guelph	WDG	Ontario
Total population	10,880	123,099	272,403	13,069,182
# of children 7 to 13	1,090	9,980	24,187	1,053,133
Population growth rate 2001 to 2006	n.d.	8.3%	7.7%	959,401
% of children 7 to 13	10.0%	8.1%	8.9%	8.1%
% lone parent families	16.5%	16%	13%	16%
Children's right to have basic needs met including nutritious food, a healthy environment and a safe and comfortable place to live.^{2,3}				
Unemployment rate for families with children at home under 6	1.7%	5.2%	4.0%	5.2%
% of families falling below LICO before tax	7.2%	7.5%	6%	11.7%
% of families falling below LICO after tax	5.9%	5.5%	4%	8.6%
% families with family income less than \$30,000	8.6%	11.1%	10.3%	14.2%
Government transfer payment % of total income	8.7%	7.6%	7.6%	8.8%
Median family income \$ after tax	\$65,389	\$63,497	\$66,148	\$59,377
Median female lone parent family income \$ after tax	\$41,372	\$35,879	\$37,885	\$34,206
% pop. 25-64 years without high school certificate	12.3%	12.0%	14.7%	13.5%
% of households owner occupied	88.3%	69.0%	78.0%	71.0%
Children's right to access quality and affordable child care, early education programs and/or parenting support.²				
% commuters to work	25.3%	24%	39%	33%
Children's right to safe places and time to play, and access to affordable recreational activities.²				
% of total population who have moved in the last year	16.3%	16.0%	13.0%	13%
Children's right to quality education to enable them to reach their full potential.⁴				
Grade 3 Reading (EQAO)-% of children at Level 3 and 4	n.d.	67.8%	67.1%	62%
Grade 3 Writing (EQAO)-% of children at Level 3 and 4	n.d.	71.0%	68.4%	70%
Grade 3 Math (EQAO)-% of children at Level 3 and 4	n.d.	74.5%	71.0%	70%
Grade 6 Reading (EQAO)-% of children at Level 3 and 4	n.d.	75.6%	75.5%	72%
Grade 6 Writing (EQAO)-% of children at Level 3 and 4	n.d.	72.7%	71.0%	70%
Grade 6 Math (EQAO)-% of children at Level 3 and 4	n.d.	63.4%	61.4%	61%
Children's right to be accepted for who they are, and believe what they want without being discriminated against.²				
% total immigrant population	18.5%	21.0%	16.0%	28%
% of total population immigrated in the last five years	2.3%	3.0%	2.0%	5%
% of total immigrants with no knowledge of English	4.0%	6.0%	5.0%	8%
% speaking other "non-official" languages at home	9.5%	10.0%	7.0%	15%
% total population visible minority	10.0%	14.0%	8.0%	23%

Sources: Footnote numbers correspond to the references cited on page 155 of this report.

Note: n.d.- no data available

Guelph Neighbourhoods



Kortright Hills

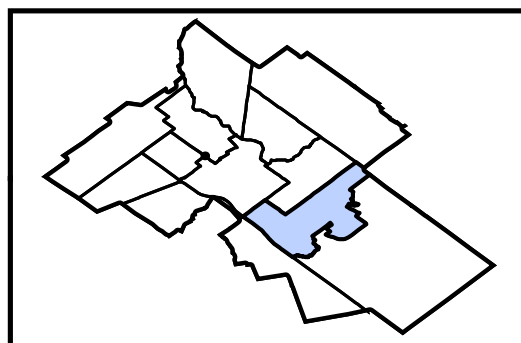
Demographics ^{1,2,3}	Kortright Hills	Guelph	WDG	Ontario
Total population	7060	123,099	272,403	13,069,182
# of children 7 to 13	700	9,980	24,187	1,053,133
Population growth rate 2001 to 2006	n.d.	8.3%	7.7%	959,401
% of children 7 to 13	9.9%	8.1%	8.9%	8.1%
% lone parent families	10.0%	16%	13%	16%
Children's right to have basic needs met including nutritious food, a healthy environment and a safe and comfortable place to live.^{2,3}				
Unemployment rate for families with children at home under 6	5.9%	5.2%	4.0%	5.2%
% of families falling below LICO before tax	0.0%	7.5%	6%	11.7%
% of families falling below LICO after tax	2.0%	5.5%	4%	8.6%
% families with family income less than \$30,000	3.5%	11.1%	10.3%	14.2%
Government transfer payment % of total income	5.9%	7.6%	7.6%	8.8%
Median family income \$ after tax	\$79,636	\$63,497	\$66,148	\$59,377
Median female lone parent family income \$ after tax	\$61,768	\$35,879	\$37,885	\$34,206
% pop. 25-64 years without high school certificate	6.3%	12.0%	14.7%	13.5%
% of households owner occupied	88.3%	69.0%	78.0%	71.0%
Children's right to access quality and affordable child care, early education programs and/or parenting support.²				
% commuters to work	25.0%	24%	39%	33%
Children's right to safe places and time to play, and access to affordable recreational activities.²				
% of total population who have moved in the last year	10.0%	16.0%	13.0%	13%
Children's right to quality education to enable them to reach their full potential.⁴				
Grade 3 Reading (EQAO)-% of children at Level 3 and 4	n.d.	67.8%	67.1%	62%
Grade 3 Writing (EQAO)-% of children at Level 3 and 4	n.d.	71.0%	68.4%	70%
Grade 3 Math (EQAO)-% of children at Level 3 and 4	n.d.	74.5%	71.0%	70%
Grade 6 Reading (EQAO)-% of children at Level 3 and 4	n.d.	75.6%	75.5%	72%
Grade 6 Writing (EQAO)-% of children at Level 3 and 4	n.d.	72.7%	71.0%	70%
Grade 6 Math (EQAO)-% of children at Level 3 and 4	n.d.	63.4%	61.4%	61%
Children's right to be accepted for who they are, and believe what they want without being discriminated against.²				
% total immigrant population	24.0%	21.0%	16.0%	28%
% of total population immigrated in the last five years	2.0%	3.0%	2.0%	5%
% of total immigrants with no knowledge of English	4.1%	6.0%	5.0%	8%
% speaking other "non-official" languages at home	10.0%	10.0%	7.0%	15%
% total population visible minority	14.2%	14.0%	8.0%	23%

Sources: Footnote numbers correspond to the references cited on page 155 of this report.

Note: n.d. - no data available

Guelph Neighbourhoods

Hanlon Creek Hales Barton



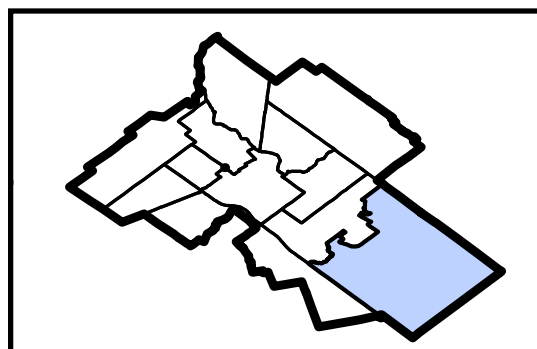
Demographics ^{1,2,3}	Hanlon Creek Hales Barton	Guelph	WDG	Ontario
Total population	14,015	123,099	272,403	13,069,182
# of children 7 to 13	1,185	9,980	24,187	1,053,133
Population growth rate 2001 to 2006	n.d.	8.3%	7.7%	9.5%
% of children 7 to 13	8.5%	8.1%	8.9%	8.1%
% lone parent families	15.1%	16%	13%	16%
Children's right to have basic needs met including nutritious food, a healthy environment and a safe and comfortable place to live.^{2,3}				
Unemployment rate for families with children at home under 6	3.8%	5.2%	4.0%	5.2%
% of families falling below LICO before tax	7.7%	7.5%	6%	11.7%
% of families falling below LICO after tax	8.2%	5.5%	4%	8.6%
% families with family income less than \$30,000	10.5%	11.1%	10.3%	14.2%
Government transfer payment % of total income	7.6%	7.6%	7.6%	8.8%
Median family income \$ after tax	\$75,611	\$63,497	\$66,148	\$59,377
Median female lone parent family income \$ after tax	\$40,757	\$35,879	\$37,885	\$34,206
% pop. 25-64 years without high school certificate	7.0%	12.0%	14.7%	13.5%
% of households owner occupied	75.0%	69.0%	78.0%	71.0%
Children's right to access quality and affordable child care, early education programs and/or parenting support.²				
% commuters to work	26.3%	24%	39%	33%
Children's right to safe places and time to play, and access to affordable recreational activities.²				
% of total population who have moved in the last year	15.0%	16.0%	13.0%	13%
Children's right to quality education to enable them to reach their full potential.⁴				
Grade 3 Reading (EQAO)-% of children at Level 3 and 4	n.d.	67.8%	67.1%	62%
Grade 3 Writing (EQAO)-% of children at Level 3 and 4	n.d.	71.0%	68.4%	70%
Grade 3 Math (EQAO)-% of children at Level 3 and 4	n.d.	74.5%	71.0%	70%
Grade 6 Reading (EQAO)-% of children at Level 3 and 4	n.d.	75.6%	75.5%	72%
Grade 6 Writing (EQAO)-% of children at Level 3 and 4	n.d.	72.7%	71.0%	70%
Grade 6 Math (EQAO)-% of children at Level 3 and 4	n.d.	63.4%	61.4%	61%
Children's right to be accepted for who they are, and believe what they want without being discriminated against.²				
% total immigrant population	21.4%	21.0%	16.0%	28%
% of total population immigrated in the last five years	3.2%	3.0%	2.0%	5%
% of total immigrants with no knowledge of English	3.5%	6.0%	5.0%	8%
% speaking other "non-official" languages at home	9.0%	10.0%	7.0%	15%
% total population visible minority	15.0%	14.0%	8.0%	23%

Sources: Footnote numbers correspond to the references cited on page 155 of this report.

Note: n.d. - no data available

Guelph Neighbourhoods

Pine Ridge Clairfields Westminster Woods



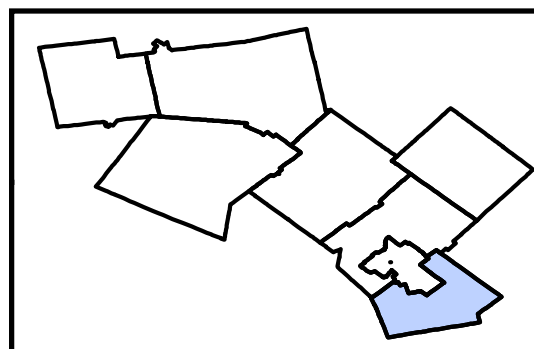
Demographics ^{1,2,3}	Pine Ridge Clairfields Westminster Woods	Guelph	WDG	Ontario
Total population	11,860	123,099	272,403	13,069,182
# of children 7 to 13	1,195	9,980	24,187	1,053,133
Population growth rate 2001 to 2006	n.d.	8.3%	7.7%	9.5%
% of children 7 to 13	10.1%	8.1%	8.9%	8.1%
% lone parent families	8.3%	16%	13%	16%
Children's right to have basic needs met including nutritious food, a healthy environment and a safe and comfortable place to live.²				
Unemployment rate for families with children at home under 6	3.2%	5.2%	4.0%	5.2%
% of families falling below LICO before tax	2.8%	7.5%	6%	11.7%
% of families falling below LICO after tax	2.4%	5.5%	4%	8.6%
% families with family income less than \$30,000	4.0%	11.1%	10.3%	14.2%
Government transfer payment % of total income	4.3%	7.6%	7.6%	8.8%
Median family income \$ after tax	\$83,869	\$63,497	\$66,148	\$59,377
Median female lone parent family income \$ after tax	\$52,430	\$35,879	\$37,885	\$34,206
% pop. 25-64 years without high school certificate	5.6%	12.0%	14.7%	13.5%
% of households owner occupied	94.0%	69.0%	78.0%	71.0%
Children's right to access quality and affordable child care, early education programs and/or parenting support.²				
% commuters to work	36%	24%	39%	33%
Children's right to safe places and time to play, and access to affordable recreational activities.²				
% of total population who have moved in the last year	18.7%	16.0%	13.0%	13%
Children's right to quality education to enable them to reach their full potential.⁴				
Grade 3 Reading (EQAO)-% of children at Level 3 and 4	n.d.	67.8%	67.1%	62%
Grade 3 Writing (EQAO)-% of children at Level 3 and 4	n.d.	71.0%	68.4%	70%
Grade 3 Math (EQAO)-% of children at Level 3 and 4	n.d.	74.5%	71.0%	70%
Grade 6 Reading (EQAO)-% of children at Level 3 and 4	n.d.	75.6%	75.5%	72%
Grade 6 Writing (EQAO)-% of children at Level 3 and 4	n.d.	72.7%	71.0%	70%
Grade 6 Math (EQAO)-% of children at Level 3 and 4	n.d.	63.4%	61.4%	61%
Children's right to be accepted for who they are, and believe what they want without being discriminated against.²				
% total immigrant population	23.0%	21.0%	16.0%	28%
% of total population immigrated in the last five years	3.7%	3.0%	2.0%	5%
% of total immigrants with no knowledge of English	3.0%	6.0%	5.0%	8%
% speaking other "non-official" languages at home	9.1%	10.0%	7.0%	15%
% total population visible minority	17.3%	14.0%	8.0%	23%

Sources: Footnote numbers correspond to the references cited on page 155 of this report.

Note: n.d. - no data available

Wellington County

Puslinch



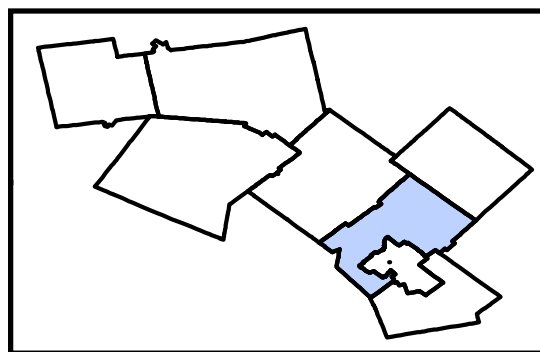
Demographics ^{1,2,5}	Puslinch	Wellington County	WDG	Ontario
Total population	7,190	91,290	272,403	13,069,182
# of children 7 to 13	579	8,636	24,187	1,053,133
Population growth rate 2001 to 2006	13.7%	5.1%	7.7%	959,401
% of children 7 to 13	8.1%	9.5%	8.9%	8.1%
% lone parent families	6.0%	8.8%	13%	16%
Children's right to have basic needs met including nutritious food, a healthy environment and a safe and comfortable place to live.^{2,3}				
Unemployment rate for families with children at home under 6	4.4%	2.8%	4.0%	5.2%
% of families falling below LICO before tax	2.3%	4.6%	6%	11.7%
% of families falling below LICO after tax	2.3%	3.0%	4%	8.6%
% families with family income less than \$30,000	7.4%	9.2%	10.3%	14.2%
Government transfer payment % of total income	4.6%	7.9%	7.6%	8.8%
Median family income \$ after tax	\$81,721	\$67,923	\$66,148	\$59,377
Median female lone parent family income \$ after tax	\$38,245	\$40,128	\$37,885	\$34,206
% pop. 25-64 years without high school certificate	14.4%	18.8%	14.7%	13.5%
% of households owner occupied	91.2%	85.1%	77.5%	71.0%
Children's right to access quality and affordable child care, early education programs and/or parenting support.²				
% commuters to work	67.0%	51.1%	39%	33%
Children's right to safe places and time to play, and access to affordable recreational activities.²				
% of total population who have moved in the last year	10.6%	10.4%	13.0%	13%
Children's right to quality education to enable them to reach their full potential.⁴				
Grade 3 Reading (EQAO)-% of children at Level 3 and 4	69.8%	67.9%	67.1%	62%
Grade 3 Writing (EQAO)-% of children at Level 3 and 4	72.1%	65.1%	68.4%	70%
Grade 3 Math (EQAO)-% of children at Level 3 and 4	86.0%	71.3%	71.0%	70%
Grade 6 Reading (EQAO)-% of children at Level 3 and 4	83.8%	74.2%	75.5%	72%
Grade 6 Writing (EQAO)-% of children at Level 3 and 4	81.6%	70.0%	71.0%	70%
Grade 6 Math (EQAO)-% of children at Level 3 and 4	59.5%	60.6%	61.4%	61%
Children's right to be accepted for who they are, and believe what they want without being discriminated against.²				
% total immigrant population	16.0%	11.4%	16.0%	28%
% of total population immigrated in the last five years	1.0%	1.0%	2.0%	5%
% of total immigrants with no knowledge of English	0.0%	5.6%	5.0%	8%
% speaking other "non-official" languages at home	2.4%	5.5%	7.0%	15%
% total population visible minority	3.5%	1.7%	8.0%	23%

Sources: Footnote numbers correspond to the references cited on page 155 of this report.

Note: n.d. - no data available

Wellington County

Guelph/Eramosa

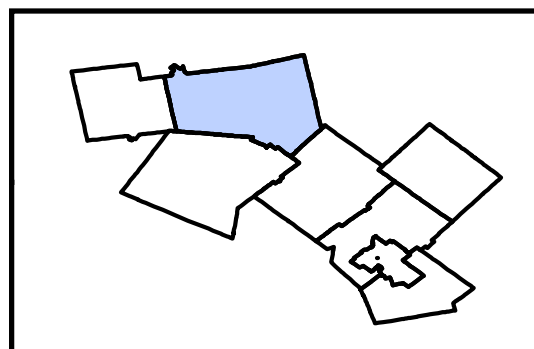


Demographics ^{1,2,5}	Guelph/ Eramosa	Wellington County	WDG	Ontario
Total population	12,867	91,290	272,403	13,069,182
# of children 7 to 13	1,212	8,636	24,187	1,053,133
Population growth rate 2001 to 2006	8.0%	5.1%	7.7%	959,401
% of children 7 to 13	9.4%	9.5%	8.9%	8.1%
% lone parent families	9.4%	8.8%	13%	16%
Children's right to have basic needs met including nutritious food, a healthy environment and a safe and comfortable place to live.^{2,3}				
Unemployment rate for families with children at home under 6	4.8%	2.8%	4.0%	5.2%
% of families falling below LICO before tax	3.6%	4.6%	6%	11.7%
% of families falling below LICO after tax	2.7%	3.0%	4%	8.6%
% families with family income less than \$30,000	7.0%	9.2%	10.3%	14.2%
Government transfer payment % of total income	6.4%	7.9%	7.6%	8.8%
Median family income \$ after tax	\$76,134	\$67,923	\$66,148	\$59,377
Median female lone parent family income \$ after tax	\$48,266	\$40,128	\$37,885	\$34,206
% pop. 25-64 years without high school certificate	11.0%	18.8%	14.7%	13.5%
% of households owner occupied	91.0%	85.1%	77.5%	71.0%
Children's right to access quality and affordable child care, early education programs and/or parenting support.²				
% commuters to work	66.6%	51.1%	39%	33%
Children's right to safe places and time to play, and access to affordable recreational activities.²				
% of total population who have moved in the last year	10.6%	10.4%	13.0%	13%
Children's right to quality education to enable them to reach their full potential.⁴				
Grade 3 Reading (EQAO)-% of children at Level 3 and 4	73.5%	67.9%	67.1%	62%
Grade 3 Writing (EQAO)-% of children at Level 3 and 4	78.6%	65.1%	68.4%	70%
Grade 3 Math (EQAO)-% of children at Level 3 and 4	82.1%	71.3%	71.0%	70%
Grade 6 Reading (EQAO)-% of children at Level 3 and 4	74.3%	74.2%	75.5%	72%
Grade 6 Writing (EQAO)-% of children at Level 3 and 4	78.4%	70.0%	71.0%	70%
Grade 6 Math (EQAO)-% of children at Level 3 and 4	67.6%	60.6%	61.4%	61%
Children's right to be accepted for who they are, and believe what they want without being discriminated against.²				
% total immigrant population	13.8%	11.4%	16.0%	28%
% of total population immigrated in the last five years	1.0%	1.0%	2.0%	5%
% of total immigrants with no knowledge of English	3.0%	5.6%	5.0%	8%
% speaking other "non-official" languages at home	3.0%	5.5%	7.0%	15%
% total population visible minority	2.0%	1.7%	8.0%	23%

Sources: Footnote numbers correspond to the references cited on page 155 of this report.

Note: n.d.- no data available

Wellington County



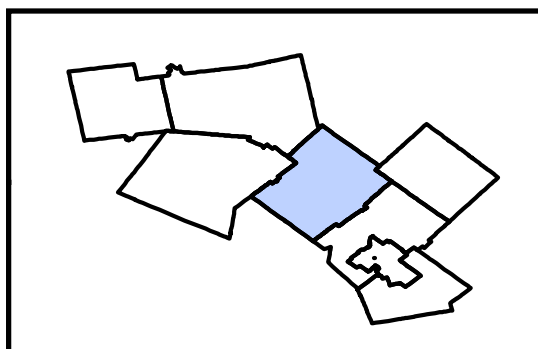
North Wellington

Demographics ^{1,2,5}	North Wellington	Wellington County	WDG	Ontario
Total population	11,974	91,290	272,403	13,069,182
# of children 7 to 13	1,060	8,636	24,187	1,053,133
Population growth rate 2001 to 2006	920	5.1%	7.7%	959,401
% of children 7 to 13	8.9%	9.5%	8.9%	8.1%
% lone parent families	10.3%	8.8%	13%	16%
Children's right to have basic needs met including nutritious food, a healthy environment and a safe and comfortable place to live.^{2,3}				
Unemployment rate for families with children at home under 6	5.0%	2.8%	4.0%	5.2%
% of families falling below LICO before tax	7.8%	4.6%	6%	11.7%
% of families falling below LICO after tax	4.8%	3.0%	4%	8.6%
% families with family income less than \$30,000	13.4%	9.2%	10.3%	14.2%
Government transfer payment % of total income	11.9%	7.9%	7.6%	8.8%
Median family income \$ after tax	\$56,788	\$67,923	\$66,148	\$59,377
Median female lone parent family income \$ after tax	\$33,318	\$40,128	\$37,885	\$34,206
% pop. 25-64 years without high school certificate	26.1%	18.8%	14.7%	13.5%
% of households owner occupied	77.7%	85.1%	77.5%	71.0%
Children's right to access quality and affordable child care, early education programs and/or parenting support.²				
% commuters to work	34.4%	51.1%	39%	33%
Children's right to safe places and time to play, and access to affordable recreational activities.²				
% of total population who have moved in the last year	11.8%	10.4%	13.0%	13%
Children's right to quality education to enable them to reach their full potential.⁴				
Grade 3 Reading (EQAO)-% of children at Level 3 and 4	59.0%	67.9%	67.1%	62%
Grade 3 Writing (EQAO)-% of children at Level 3 and 4	58.8%	65.1%	68.4%	70%
Grade 3 Math (EQAO)-% of children at Level 3 and 4	70.3%	71.3%	71.0%	70%
Grade 6 Reading (EQAO)-% of children at Level 3 and 4	68.9%	74.2%	75.5%	72%
Grade 6 Writing (EQAO)-% of children at Level 3 and 4	63.7%	70.0%	71.0%	70%
Grade 6 Math (EQAO)-% of children at Level 3 and 4	57.2%	60.6%	61.4%	61%
Children's right to be accepted for who they are, and believe what they want without being discriminated against.³				
% total immigrant population	9.4%	11.4%	16.0%	28%
% of total population immigrated in the last five years	1.3%	1.0%	2.0%	5%
% of total immigrants with no knowledge of English	14.6%	5.6%	5.0%	8%
% speaking other "non-official" languages at home	7.3%	5.5%	7.0%	15%
% total population visible minority	2.6%	1.7%	8.0%	23%

Sources: Footnote numbers correspond to the references cited on page 155 of this report.

Note: n.d. - no data available

Wellington County



Centre Wellington

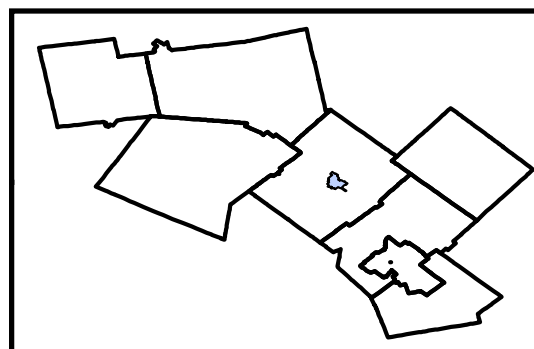
Demographics ^{1,2,5}	Centre Wellington	Wellington County	WDG	Ontario
Total population	27,835	91,290	272,403	13,069,182
# of children 7 to 13	2,456	8,636	24,187	1,053,133
Population growth rate 2001 to 2006	7.4%	5.1%	7.7%	959,401
% of children 7 to 13	8.8%	9.5%	8.9%	8.1%
% lone parent families	10.1%	8.8%	13%	16%
Children's right to have basic needs met including nutritious food, a healthy environment and a safe and comfortable place to live.^{2,3}				
Unemployment rate for families with children at home under 6	2.0%	2.8%	4.0%	5.2%
% of families falling below LICO before tax	3.5%	4.6%	6%	11.7%
% of families falling below LICO after tax	3.2%	3.0%	4%	8.6%
% families with family income less than \$30,000	7.8%	9.2%	10.3%	14.2%
Government transfer payment % of total income	7.4%	7.9%	7.6%	8.8%
Median family income \$ after tax	\$67,027	\$67,923	\$66,148	\$59,377
Median female lone parent family income \$ after tax	\$38,812	\$40,128	\$37,885	\$34,206
% pop. 25-64 years without high school certificate	15.4%	18.8%	14.7%	13.5%
% of households owner occupied	83.7%	85.1%	77.5%	71.0%
Children's right to access quality and affordable child care, early education programs and/or parenting support.²				
% commuters to work	44.5%	51.1%	39%	33%
Children's right to safe places and time to play, and access to affordable recreational activities.²				
% of total population who have moved in the last year	10.0%	10.4%	13.0%	13%
Children's right to quality education to enable them to reach their full potential.⁴				
Grade 3 Reading (EQAO)-% of children at Level 3 and 4	69.0%	67.9%	67.1%	62%
Grade 3 Writing (EQAO)-% of children at Level 3 and 4	63.1%	65.1%	68.4%	70%
Grade 3 Math (EQAO)-% of children at Level 3 and 4	70.4%	71.3%	71.0%	70%
Grade 6 Reading (EQAO)-% of children at Level 3 and 4	74.4%	74.2%	75.5%	72%
Grade 6 Writing (EQAO)-% of children at Level 3 and 4	66.6%	70.0%	71.0%	70%
Grade 6 Math (EQAO)-% of children at Level 3 and 4	55.8%	60.6%	61.4%	61%
Children's right to be accepted for who they are, and believe what they want without being discriminated against.²				
% total immigrant population	10.3%	11.4%	16.0%	28%
% of total population immigrated in the last five years	0.05%	1.0%	2.0%	5%
% of total immigrants with no knowledge of English	2.4%	5.6%	5.0%	8%
% speaking other "non-official" languages at home	2.1%	5.5%	7.0%	15%
% total population visible minority	1.0%	1.7%	8.0%	23%

Sources: Footnote numbers correspond to the references cited on page 155 of this report.

Note: n.d. - no data available

Wellington County

Fergus



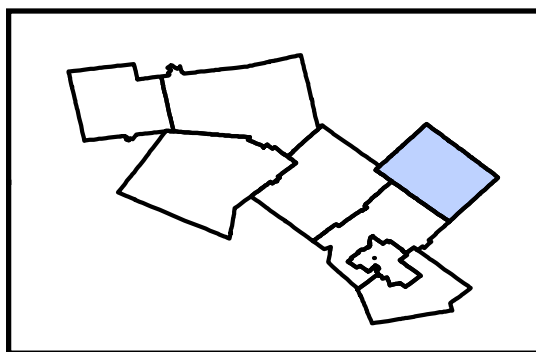
Demographics ^{1,2,3}	Fergus	Wellington County	WDG	Ontario
Total population	n.d.	91,290	272,403	13,069,182
# of children 7 to 13	n.d.	8,636	24,187	1,053,133
Population growth rate 2001 to 2006	6.2%	5.1%	7.7%	959,401
% of children 7 to 13	n.d.	9.5%	8.9%	8.1%
% lone parent families	14.2%	8.8%	13%	16%
Children's right to have basic needs met including nutritious food, a healthy environment and a safe and comfortable place to live.^{2,3}				
Unemployment rate for families with children at home under 6	1.5%	2.8%	4.0%	5.2%
% of families falling below LICO before tax	3.1%	4.6%	6%	11.7%
% of families falling below LICO after tax	2.7%	3.0%	4%	8.6%
% families with family income less than \$30,000	9.3%	9.2%	10.3%	14.2%
Government transfer payment % of total income	8.6%	7.9%	7.6%	8.8%
Median family income \$ after tax	\$61,919	\$67,923	\$66,148	\$59,377
Median female lone parent family income \$ after tax	\$34,875	\$40,128	\$37,885	\$34,206
% pop. 25-64 years without high school certificate	17.0%	18.8%	14.7%	13.5%
% of households owner occupied	76.3%	85.1%	77.5%	71.0%
Children's right to access quality and affordable child care, early education programs and/or parenting support.²				
% commuters to work	44.3%	51.1%	39%	33%
Children's right to safe places and time to play, and access to affordable recreational activities.²				
% of total population who have moved in the last year	13.4%	10.4%	13.0%	13%
Children's right to quality education to enable them to reach their full potential.⁴				
Grade 3 Reading (EQAO)-% of children at Level 3 and 4	n.d.	67.9%	67.1%	62%
Grade 3 Writing (EQAO)-% of children at Level 3 and 4	n.d.	65.1%	68.4%	70%
Grade 3 Math (EQAO)-% of children at Level 3 and 4	n.d.	71.3%	71.0%	70%
Grade 6 Reading (EQAO)-% of children at Level 3 and 4	n.d.	74.2%	75.5%	72%
Grade 6 Writing (EQAO)-% of children at Level 3 and 4	n.d.	70.0%	71.0%	70%
Grade 6 Math (EQAO)-% of children at Level 3 and 4	n.d.	60.6%	61.4%	61%
Children's right to be accepted for who they are, and believe what they want without being discriminated against.²				
% total immigrant population	8.9%	11.4%	16.0%	28%
% of total population immigrated in the last five years	0.03%	1.0%	2.0%	5%
% of total immigrants with no knowledge of English	2.1%	5.6%	5.0%	8%
% speaking other "non-official" languages at home	1.2%	5.5%	7.0%	15%
% total population visible minority	1.0%	1.7%	8.0%	23%

Sources: Footnote numbers correspond to the references cited on page 155 of this report.

Note: n.d.- no data available

Wellington County

Erin



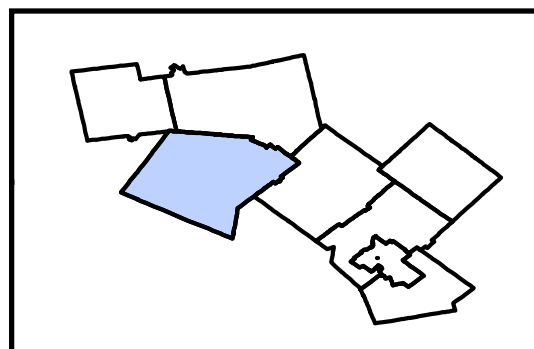
Demographics ^{1,2,5}	Erin	Wellington County	WDG	Ontario
Total population	11,868	91,290	272,403	13,069,182
# of children 7 to 13	1,202	8,636	24,187	1,053,133
Population growth rate 2001 to 2006	0.9%	5.1%	7.7%	9.5%
% of children 7 to 13	10.1%	9.5%	8.9%	8.1%
% lone parent families	9.3%	8.8%	13%	16%
Children's right to have basic needs met including nutritious food, a healthy environment and a safe and comfortable place to live.^{2,3}				
Unemployment rate for families with children at home under 6	1.0%	2.8%	4.0%	5.2%
% of families falling below LICO before tax	2.8%	4.6%	6%	11.7%
% of families falling below LICO after tax	1.7%	3.0%	4%	8.6%
% families with family income less than \$30,000	6.2%	9.2%	10.3%	14.2%
Government transfer payment % of total income	5.4%	7.9%	7.6%	8.8%
Median family income \$ after tax	\$79,037	\$67,923	\$66,148	\$59,377
Median female lone parent family income \$ after tax	\$39,678	\$40,128	\$37,885	\$34,206
% pop. 25-64 years without high school certificate	13.0%	18.8%	14.7%	13.5%
% of households owner occupied	91.0%	85.1%	77.5%	71.0%
Children's right to access quality and affordable child care, early education programs and/or parenting support.²				
% commuters to work	61.0%	51.1%	39%	33%
Children's right to safe places and time to play, and access to affordable recreational activities.²				
% of total population who have moved in the last year	10.5%	10.4%	13.0%	13%
Children's right to quality education to enable them to reach their full potential.⁴				
Grade 3 Reading (EQAO)-% of children at Level 3 and 4	82.4%	67.9%	67.1%	62%
Grade 3 Writing (EQAO)-% of children at Level 3 and 4	77.8%	65.1%	68.4%	70%
Grade 3 Math (EQAO)-% of children at Level 3 and 4	79.3%	71.3%	71.0%	70%
Grade 6 Reading (EQAO)-% of children at Level 3 and 4	81.7%	74.2%	75.5%	72%
Grade 6 Writing (EQAO)-% of children at Level 3 and 4	78.1%	70.0%	71.0%	70%
Grade 6 Math (EQAO)-% of children at Level 3 and 4	74.2%	60.6%	61.4%	61%
Children's right to be accepted for who they are, and believe what they want without being discriminated against.²				
% total immigrant population	12.3%	11.4%	16.0%	28%
% of total population immigrated in the last five years	0.05%	1.0%	2.0%	5%
% of total immigrants with no knowledge of English	0.0%	5.6%	5.0%	8%
% speaking other "non-official" languages at home	2.0%	5.5%	7.0%	15%
% total population visible minority	2.0%	1.7%	8.0%	23%

Sources: Footnote numbers correspond to the references cited on page 155 of this report.

Note: n.d. - no data available

Wellington County

Mapleton



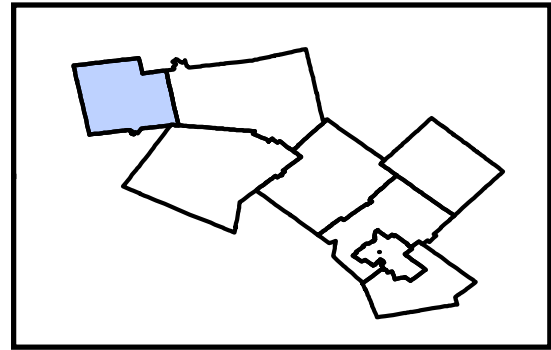
Demographics ^{1,2,5}	Mapleton	Wellington County	WDG	Ontario
Total population	10,444	91,290	272,403	13,069,182
# of children 7 to 13	1,288	8,636	24,187	1,053,133
Population growth rate 2001 to 2006	5.9%	5.1%	7.7%	959,401
% of children 7 to 13	12.3%	9.5%	8.9%	8.1%
% lone parent families	4.0%	8.8%	13%	16%
Children's right to have basic needs met including nutritious food, a healthy environment and a safe and comfortable place to live.^{2,3}				
Unemployment rate for families with children at home under 6	3.3%	2.8%	4.0%	5.2%
% of families falling below LICO before tax	6.1%	4.6%	6%	11.7%
% of families falling below LICO after tax	4.0%	3.0%	4%	8.6%
% families with family income less than \$30,000	10.3%	9.2%	10.3%	14.2%
Government transfer payment % of total income	8.0%	7.9%	7.6%	8.8%
Median family income \$ after tax	\$60,092	\$67,923	\$66,148	\$59,377
Median female lone parent family income \$ after tax	\$50,713	\$40,128	\$37,885	\$34,206
% pop. 25-64 years without high school certificate	38.1%	18.8%	14.7%	13.5%
% of households owner occupied	88.1%	85.1%	77.5%	71.0%
Children's right to access quality and affordable child care, early education programs and/or parenting support.²				
% commuters to work	48.1%	51.1%	39%	33%
Children's right to safe places and time to play, and access to affordable recreational activities.²				
% of total population who have moved in the last year	8.5%	10.4%	13.0%	13%
Children's right to quality education to enable them to reach their full potential.⁴				
Grade 3 Reading (EQAO)-% of children at Level 3 and 4	64.2%	67.9%	67.1%	62%
Grade 3 Writing (EQAO)-% of children at Level 3 and 4	58.7%	65.1%	68.4%	70%
Grade 3 Math (EQAO)-% of children at Level 3 and 4	60.2%	71.3%	71.0%	70%
Grade 6 Reading (EQAO)-% of children at Level 3 and 4	72.6%	74.2%	75.5%	72%
Grade 6 Writing (EQAO)-% of children at Level 3 and 4	74.5%	70.0%	71.0%	70%
Grade 6 Math (EQAO)-% of children at Level 3 and 4	63.8%	60.6%	61.4%	61%
Children's right to be accepted for who they are, and believe what they want without being discriminated against.²				
% total immigrant population	12.5%	11.4%	16.0%	28%
% of total population immigrated in the last five years	3.4%	1.0%	2.0%	5%
% of total immigrants with no knowledge of English	16.2%	5.6%	5.0%	8%
% speaking other "non-official" languages at home	21.0%	5.5%	7.0%	15%
% total population visible minority	1.6%	1.7%	8.0%	23%

Sources: Footnote numbers correspond to the references cited on page 155 of this report.

Note: n.d.- no data available

Wellington County

Minto



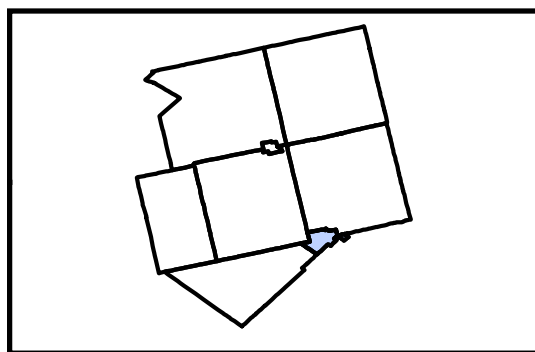
Demographics ^{1,2,5}	Minto	Wellington County	WDG	Ontario
Total population	9,112	91,290	272,403	13,069,182
# of children 7 to 13	839	8,636	24,187	1,053,133
Population growth rate 2001 to 2006	4.2%	5.1%	7.7%	959,401
% of children 7 to 13	9.2%	9.5%	8.9%	8.1%
% lone parent families	8.6%	8.8%	13%	16%
Children's right to have basic needs met including nutritious food, a healthy environment and a safe and comfortable place to live.^{2,3}				
Unemployment rate for families with children at home under 6	3.5%	2.8%	4.0%	5.2%
% of families falling below LICO before tax	6.4%	4.6%	6%	11.7%
% of families falling below LICO after tax	2.3%	3.0%	4%	8.6%
% families with family income less than \$30,000	15.5%	9.2%	10.3%	14.2%
Government transfer payment % of total income	11.8%	7.9%	7.6%	8.8%
Median family income \$ after tax	\$54,664	\$67,923	\$66,148	\$59,377
Median female lone parent family income \$ after tax	\$34,420	\$40,128	\$37,885	\$34,206
% pop. 25-64 years without high school certificate	24.3%	18.8%	14.7%	13.5%
% of households owner occupied	77.4%	85.1%	77.5%	71.0%
Children's right to access quality and affordable child care, early education programs and/or parenting support.²				
% commuters to work	44.5%	51.1%	39%	33%
Children's right to safe places and time to play, and access to affordable recreational activities.²				
% of total population who have moved in the last year	10.8%	10.4%	13.0%	13%
Children's right to quality education to enable them to reach their full potential.⁴				
Grade 3 Reading (EQAO)-% of children at Level 3 and 4	53.2%	67.9%	67.1%	62%
Grade 3 Writing (EQAO)-% of children at Level 3 and 4	52.6%	65.1%	68.4%	70%
Grade 3 Math (EQAO)-% of children at Level 3 and 4	58.5%	71.3%	71.0%	70%
Grade 6 Reading (EQAO)-% of children at Level 3 and 4	65.6%	74.2%	75.5%	72%
Grade 6 Writing (EQAO)-% of children at Level 3 and 4	55.9%	70.0%	71.0%	70%
Grade 6 Math (EQAO)-% of children at Level 3 and 4	45.2%	60.6%	61.4%	61%
Children's right to be accepted for who they are, and believe what they want without being discriminated against.²				
% total immigrant population	7.5%	11.4%	16.0%	28%
% of total population immigrated in the last five years	0.05%	1.0%	2.0%	5%
% of total immigrants with no knowledge of English	11.2%	5.6%	5.0%	8%
% speaking other "non-official" languages at home	6.0%	5.5%	7.0%	15%
% total population visible minority	1.0%	1.7%	8.0%	23%

Sources: Footnote numbers correspond to the references cited on page 155 of this report.

Note: n.d.- no data available

Dufferin County

Orangeville



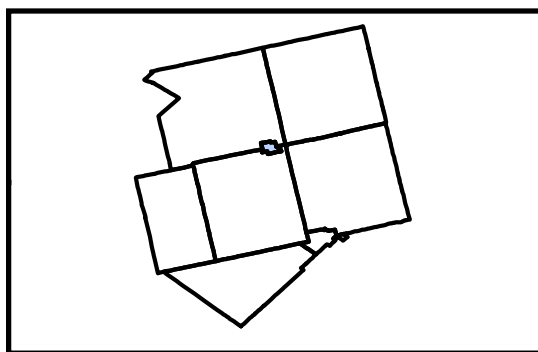
Demographics ^{1,2,5}	Orangeville	County of Dufferin	WDG	Ontario
Total population	28,631	58,014	272,403	13,069,182
# of children 7 to 13	2,878	5,765	24,187	1,053,133
Population growth rate 2001 to 2006	6.6%	6.7%	7.7%	959,401
% of children 7 to 13	10.1%	9.9%	8.9%	8.1%
% lone parent families	17.4%	13.9%	13%	16%
Children's right to have basic needs met including nutritious food, a healthy environment and a safe and comfortable place to live.^{2,3}				
Unemployment rate for families with children at home under 6	5.4%	4.4%	4.0%	5.2%
% of families falling below LICO before tax	5.8%	5.5%	6%	11.7%
% of families falling below LICO after tax	4.0%	4.0%	4%	8.6%
% families with family income less than \$30,000	10.5%	10.6%	10.3%	14.2%
Government transfer payment % of total income	7.9%	8.4%	7.6%	8.8%
Median family income \$ after tax	\$65,245	\$65,883	\$66,148	\$59,377
Median female lone parent family income \$ after tax	\$36,391	\$36,838	\$37,885	\$34,206
% pop. 25-64 years without high school certificate	14.3%	14.7%	14.7%	13.5%
% of households owner occupied	80.0%	84.9%	77.5%	71.0%
Children's right to access quality and affordable child care, early education programs and/or parenting support.²				
% commuters to work	42.7%	53.3%	39%	33%
Children's right to safe places and time to play, and access to affordable recreational activities.²				
% of total population who have moved in the last year	11.7%	11.6%	13.0%	13%
Children's right to quality education to enable them to reach their full potential.⁴				
Grade 3 Reading (EQAO)-% of children at Level 3 and 4	65.2%	64.6%	67.1%	62%
Grade 3 Writing (EQAO)-% of children at Level 3 and 4	67.2%	67.4%	68.4%	70%
Grade 3 Math (EQAO)-% of children at Level 3 and 4	63.2%	63.0%	71.0%	70%
Grade 6 Reading (EQAO)-% of children at Level 3 and 4	76.3%	76.8%	75.5%	72%
Grade 6 Writing (EQAO)-% of children at Level 3 and 4	71.4%	69.1%	71.0%	70%
Grade 6 Math (EQAO)-% of children at Level 3 and 4	61.0%	58.3%	61.4%	61%
Children's right to be accepted for who they are, and believe what they want without being discriminated against.²				
% total immigrant population	12.9%	13.0%	16.0%	28%
% of total population immigrated in the last five years	1.30%	1.2%	2.0%	5%
% of total immigrants with no knowledge of English	1.3%	1.5%	5.0%	8%
% speaking other "non-official" languages at home	1.4%	2.0%	7.0%	15%
% total population visible minority	5.2%	3.8%	8.0%	23%

Sources: Footnote numbers correspond to the references cited on page 155 of this report.

Note: n.d. - no data available

Dufferin County

Shelburne

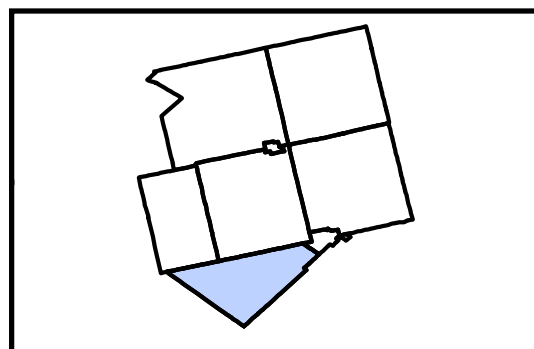


Demographics ^{1,2,5}	Shelburne	County of Dufferin	WDG	Ontario
Total population	5,449	58,014	272,403	13,069,182
# of children 7 to 13	533	5,765	24,187	1,053,133
Population growth rate 2001 to 2006	22.2%	6.7%	7.7%	959,401
% of children 7 to 13	9.8%	9.9%	8.9%	8.1%
% lone parent families	14.7%	13.9%	13%	16%
Children's right to have basic needs met including nutritious food, a healthy environment and a safe and comfortable place to live.^{2,3}				
Unemployment rate for families with children at home under 6	5.4%	4.4%	4.0%	5.2%
% of families falling below LICO before tax	6.1%	5.5%	6%	11.7%
% of families falling below LICO after tax	4.7%	4.0%	4%	8.6%
% families with family income less than \$30,000	11.3%	10.6%	10.3%	14.2%
Government transfer payment % of total income	9.3%	8.4%	7.6%	8.8%
Median family income \$ after tax	\$62,297	\$65,883	\$66,148	\$59,377
Median female lone parent family income \$ after tax	\$39,409	\$36,838	\$37,885	\$34,206
% pop. 25-64 years without high school certificate	22.9%	14.7%	14.7%	13.5%
% of households owner occupied	78.9%	84.9%	77.5%	71.0%
Children's right to access quality and affordable child care, early education programs and/or parenting support.²				
% commuters to work	49.2%	53.3%	39%	33%
Children's right to safe places and time to play, and access to affordable recreational activities.²				
% of total population who have moved in the last year	18.7%	11.6%	13.0%	13%
Children's right to quality education to enable them to reach their full potential.⁴				
Grade 3 Reading (EQAO)-% of children at Level 3 and 4	63.5%	64.6%	67.1%	62%
Grade 3 Writing (EQAO)-% of children at Level 3 and 4	68.1%	67.4%	68.4%	70%
Grade 3 Math (EQAO)-% of children at Level 3 and 4	65.3%	63.0%	71.0%	70%
Grade 6 Reading (EQAO)-% of children at Level 3 and 4	72.3%	76.8%	75.5%	72%
Grade 6 Writing (EQAO)-% of children at Level 3 and 4	62.6%	69.1%	71.0%	70%
Grade 6 Math (EQAO)-% of children at Level 3 and 4	50.3%	58.3%	61.4%	61%
Children's right to be accepted for who they are, and believe what they want without being discriminated against.²				
% total immigrant population	9.8%	13.0%	16.0%	28%
% of total population immigrated in the last five years	1.20%	1.2%	2.0%	5%
% of total immigrants with no knowledge of English	3.0%	1.5%	5.0%	8%
% speaking other "non-official" languages at home	2.0%	2.0%	7.0%	15%
% total population visible minority	2.8%	3.8%	8.0%	23%

Sources: Footnote numbers correspond to the references cited on page 155 of this report.

Note: n.d. - no data available

Dufferin County



East Garafraxa

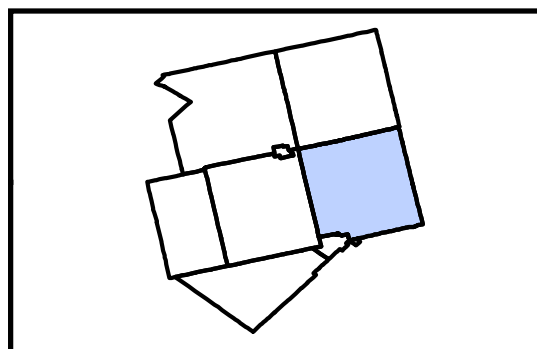
Demographics ^{1,2,5}	East Garafraxa	County of Dufferin	WDG	Ontario
Total population	2,552	58,014	272,403	13,069,182
# of children 7 to 13	244	5,765	24,187	1,053,133
Population growth rate 2001 to 2006	7.9%	6.7%	7.7%	959,401
% of children 7 to 13	9.6%	9.9%	8.9%	8.1%
% lone parent families	7.9%	13.9%	13%	16%
Children's right to have basic needs met including nutritious food, a healthy environment and a safe and comfortable place to live.^{2,3}				
Unemployment rate for families with children at home under 6	6.1%	4.4%	4.0%	5.2%
% of families falling below LICO before tax	6.7%	5.5%	6%	11.7%
% of families falling below LICO after tax	6.0%	4.0%	4%	8.6%
% families with family income less than \$30,000	12.7%	10.6%	10.3%	14.2%
Government transfer payment % of total income	6.1%	8.4%	7.6%	8.8%
Median family income \$ after tax	\$70,823	\$65,883	\$66,148	\$59,377
Median female lone parent family income \$ after tax	\$37,582	\$36,838	\$37,885	\$34,206
% pop. 25-64 years without high school certificate	10.8%	14.7%	14.7%	13.5%
% of households owner occupied	94.8%	84.9%	77.5%	71.0%
Children's right to access quality and affordable child care, early education programs and/or parenting support.²				
% commuters to work	58.3%	53.3%	39%	33%
Children's right to safe places and time to play, and access to affordable recreational activities.²				
% of total population who have moved in the last year	12.4%	11.6%	13.0%	13%
Children's right to quality education to enable them to reach their full potential.⁴				
Grade 3 Reading (EQAO)-% of children at Level 3 and 4	68.3%	64.6%	67.1%	62%
Grade 3 Writing (EQAO)-% of children at Level 3 and 4	70.7%	67.4%	68.4%	70%
Grade 3 Math (EQAO)-% of children at Level 3 and 4	70.7%	63.0%	71.0%	70%
Grade 6 Reading (EQAO)-% of children at Level 3 and 4	89.7%	76.8%	75.5%	72%
Grade 6 Writing (EQAO)-% of children at Level 3 and 4	76.9%	69.1%	71.0%	70%
Grade 6 Math (EQAO)-% of children at Level 3 and 4	79.5%	58.3%	61.4%	61%
Children's right to be accepted for who they are, and believe what they want without being discriminated against.²				
% total immigrant population	11.7%	13.0%	16.0%	28%
% of total population immigrated in the last five years	0.4%	1.2%	2.0%	5%
% of total immigrants with no knowledge of English	5.4%	1.5%	5.0%	8%
% speaking other "non-official" languages at home	2.3%	2.0%	7.0%	15%
% total population visible minority	5.4%	3.8%	8.0%	23%

Sources: Footnote numbers correspond to the references cited on page 155 of this report.

Note: n.d. - no data available

Dufferin County

Mono



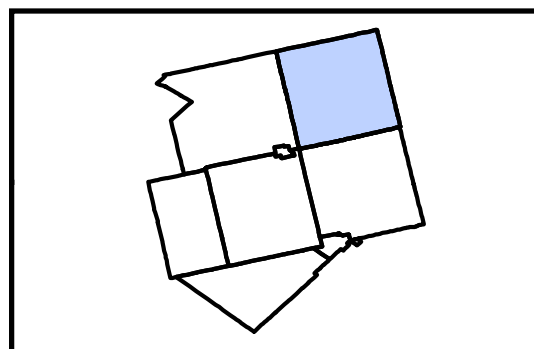
Demographics ^{1,2,5}	Mono	County of Dufferin	WDG	Ontario
Total population	7,591	58,014	272,403	13,069,182
# of children 7 to 13	730	5,765	24,187	1,053,133
Population growth rate 2001 to 2006	2.3%	6.7%	7.7%	959,401
% of children 7 to 13	9.6%	9.9%	8.9%	8.1%
% lone parent families	9.6%	13.9%	13%	16%
Children's right to have basic needs met including nutritious food, a healthy environment and a safe and comfortable place to live.^{2,3}				
Unemployment rate for families with children at home under 6	0.0%	4.4%	4.0%	5.2%
% of families falling below LICO before tax	5.1%	5.5%	6%	11.7%
% of families falling below LICO after tax	3.7%	4.0%	4%	8.6%
% families with family income less than \$30,000	8.1%	10.6%	10.3%	14.2%
Government transfer payment % of total income	6.3%	8.4%	7.6%	8.8%
Median family income \$ after tax	\$78,176	\$65,883	\$66,148	\$59,377
Median female lone parent family income \$ after tax	\$43,693	\$36,838	\$37,885	\$34,206
% pop. 25-64 years without high school certificate	9.9%	14.7%	14.7%	13.5%
% of households owner occupied	95.0%	84.9%	77.5%	71.0%
Children's right to access quality and affordable child care, early education programs and/or parenting support.²				
% commuters to work	67.9%	53.3%	39%	33%
Children's right to safe places and time to play, and access to affordable recreational activities.²				
% of total population who have moved in the last year	10.0%	11.6%	13.0%	13%
Children's right to quality education to enable them to reach their full potential.⁴				
Grade 3 Reading (EQAO)-% of children at Level 3 and 4	56.5%	64.6%	67.1%	62%
Grade 3 Writing (EQAO)-% of children at Level 3 and 4	60.0%	67.4%	68.4%	70%
Grade 3 Math (EQAO)-% of children at Level 3 and 4	36.0%	63.0%	71.0%	70%
Grade 6 Reading (EQAO)-% of children at Level 3 and 4	84.6%	76.8%	75.5%	72%
Grade 6 Writing (EQAO)-% of children at Level 3 and 4	61.5%	69.1%	71.0%	70%
Grade 6 Math (EQAO)-% of children at Level 3 and 4	42.3%	58.3%	61.4%	61%
Children's right to be accepted for who they are, and believe what they want without being discriminated against.²				
% total immigrant population	15.7%	13.0%	16.0%	28%
% of total population immigrated in the last five years	0.6%	1.2%	2.0%	5%
% of total immigrants with no knowledge of English	0.0%	1.5%	5.0%	8%
% speaking other "non-official" languages at home	1.3%	2.0%	7.0%	15%
% total population visible minority	3.2%	3.8%	8.0%	23%

Sources: Footnote numbers correspond to the references cited on page 155 of this report.

Note: n.d. - no data available

Dufferin County

Mulmur

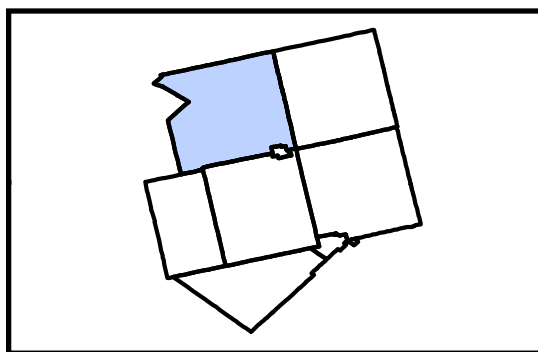


Demographics ^{1,2,5}	Mulmur	County of Dufferin	WDG	Ontario
Total population	3,552	58,014	272,403	13,069,182
# of children 7 to 13	325	5,765	24,187	1,053,133
Population growth rate 2001 to 2006	7.1%	6.7%	7.7%	959,401
% of children 7 to 13	9.1%	9.9%	8.9%	8.1%
% lone parent families	9.0%	13.9%	13%	16%
Children's right to have basic needs met including nutritious food, a healthy environment and a safe and comfortable place to live.^{2,3}				
Unemployment rate for families with children at home under 6	0.0%	4.4%	4.0%	5.2%
% of families falling below LICO before tax	4.1%	5.5%	6%	11.7%
% of families falling below LICO after tax	2.0%	4.0%	4%	8.6%
% families with family income less than \$30,000	8.1%	10.6%	10.3%	14.2%
Government transfer payment % of total income	7.9%	8.4%	7.6%	8.8%
Median family income \$ after tax	\$65,773	\$65,883	\$66,148	\$59,377
Median female lone parent family income \$ after tax	\$46,121	\$36,838	\$37,885	\$34,206
% pop. 25-64 years without high school certificate	13.3%	14.7%	14.7%	13.5%
% of households owner occupied	94.1%	84.9%	77.5%	71.0%
Children's right to access quality and affordable child care, early education programs and/or parenting support.²				
% commuters to work	66.5%	53.3%	39%	33%
Children's right to safe places and time to play, and access to affordable recreational activities.²				
% of total population who have moved in the last year	5.3%	11.6%	13.0%	13%
Children's right to quality education to enable them to reach their full potential.⁴				
Grade 3 Reading (EQAO)-% of children at Level 3 and 4	n.d.	64.6%	67.1%	62%
Grade 3 Writing (EQAO)-% of children at Level 3 and 4	n.d.	67.4%	68.4%	70%
Grade 3 Math (EQAO)-% of children at Level 3 and 4	n.d.	63.0%	71.0%	70%
Grade 6 Reading (EQAO)-% of children at Level 3 and 4	n.d.	76.8%	75.5%	72%
Grade 6 Writing (EQAO)-% of children at Level 3 and 4	n.d.	69.1%	71.0%	70%
Grade 6 Math (EQAO)-% of children at Level 3 and 4	n.d.	58.3%	61.4%	61%
Children's right to be accepted for who they are, and believe what they want without being discriminated against.²				
% total immigrant population	10.9%	13.0%	16.0%	28%
% of total population immigrated in the last five years	1.40%	1.2%	2.0%	5%
% of total immigrants with no knowledge of English	0.0%	1.5%	5.0%	8%
% speaking other "non-official" languages at home	2.6%	2.0%	7.0%	15%
% total population visible minority	4.6%	3.8%	8.0%	23%

Sources: Footnote numbers correspond to the references cited on page 155 of this report.

Note: n.d.- no data available

Dufferin County



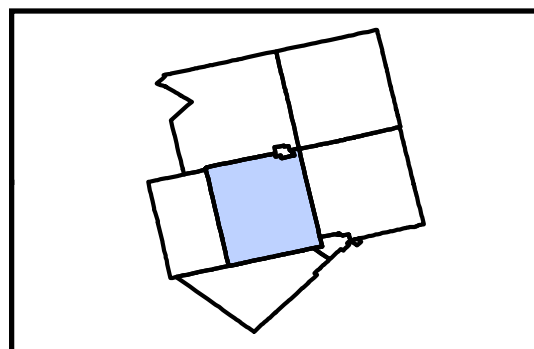
Melancthon

Demographics ^{1,2,5}	Melancthon	County of Dufferin	WDG	Ontario
Total population	3,108	58,014	272,403	13,069,182
# of children 7 to 13	294	5,765	24,187	1,053,133
Population growth rate 2001 to 2006	5.7%	6.7%	7.7%	9.5%
% of children 7 to 13	9.5%	9.9%	8.9%	8.1%
% lone parent families	9.8%	13.9%	13%	16%
Children's right to have basic needs met including nutritious food, a healthy environment and a safe and comfortable place to live.^{2,3}				
Unemployment rate for families with children at home under 6	3.7%	4.4%	4.0%	5.2%
% of families falling below LICO before tax	4.1%	5.5%	6%	11.7%
% of families falling below LICO after tax	2.9%	4.0%	4%	8.6%
% families with family income less than \$30,000	12.9%	10.6%	10.3%	14.2%
Government transfer payment % of total income	7.9%	8.4%	7.6%	8.8%
Median family income \$ after tax	\$60,916	\$65,883	\$66,148	\$59,377
Median female lone parent family income \$ after tax	\$32,675	\$36,838	\$37,885	\$34,206
% pop. 25-64 years without high school certificate	23.6%	14.7%	14.7%	13.5%
% of households owner occupied	91.5%	84.9%	77.5%	71.0%
Children's right to access quality and affordable child care, early education programs and/or parenting support.²				
% commuters to work	70.2%	53.3%	39%	33%
Children's right to safe places and time to play, and access to affordable recreational activities.²				
% of total population who have moved in the last year	11.1%	11.6%	13.0%	13%
Children's right to quality education to enable them to reach their full potential.⁴				
Grade 3 Reading (EQAO)-% of children at Level 3 and 4	n.d.	64.6%	67.1%	62%
Grade 3 Writing (EQAO)-% of children at Level 3 and 4	n.d.	67.4%	68.4%	70%
Grade 3 Math (EQAO)-% of children at Level 3 and 4	n.d.	63.0%	71.0%	70%
Grade 6 Reading (EQAO)-% of children at Level 3 and 4	n.d.	76.8%	75.5%	72%
Grade 6 Writing (EQAO)-% of children at Level 3 and 4	n.d.	69.1%	71.0%	70%
Grade 6 Math (EQAO)-% of children at Level 3 and 4	n.d.	58.3%	61.4%	61%
Children's right to be accepted for who they are, and believe what they want without being discriminated against.²				
% total immigrant population	11.7%	13.0%	16.0%	28%
% of total population immigrated in the last five years	0.9%	1.2%	2.0%	5%
% of total immigrants with no knowledge of English	2.9%	1.5%	5.0%	8%
% speaking other "non-official" languages at home	4.0%	2.0%	7.0%	15%
% total population visible minority	2.2%	3.8%	8.0%	23%

Sources: Footnote numbers correspond to the references cited on page 155 of this report.

Note: n.d. - no data available

Dufferin County



Amaranth

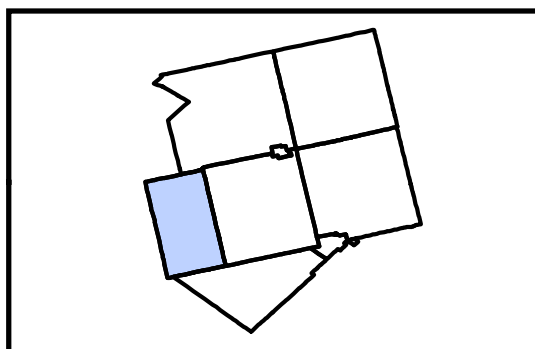
Demographics ^{1,2,5}	Amaranth	County of Dufferin	WDG	Ontario
Total population	4,117	58,014	272,403	13,069,182
# of children 7 to 13	431	5,765	24,187	1,053,133
Population growth rate 2001 to 2006	2.9%	6.7%	7.7%	959,401
% of children 7 to 13	10.5%	9.9%	8.9%	8.1%
% lone parent families	10.1%	13.9%	13%	16%
Children's right to have basic needs met including nutritious food, a healthy environment and a safe and comfortable place to live.^{2,3}				
Unemployment rate for families with children at home under 6	0.0%	4.4%	4.0%	5.2%
% of families falling below LICO before tax	5.5%	5.5%	6%	11.7%
% of families falling below LICO after tax	4.5%	4.0%	4%	8.6%
% families with family income less than \$30,000	12.3%	10.6%	10.3%	14.2%
Government transfer payment % of total income	9.0%	8.4%	7.6%	8.8%
Median family income \$ after tax	\$67,733	\$65,883	\$66,148	\$59,377
Median female lone parent family income \$ after tax	\$64,311	\$36,838	\$37,885	\$34,206
% pop. 25-64 years without high school certificate	10.4%	14.7%	14.7%	13.5%
% of households owner occupied	92.3%	84.9%	77.5%	71.0%
Children's right to access quality and affordable child care, early education programs and/or parenting support.²				
% commuters to work	73.5%	53.3%	39%	33%
Children's right to safe places and time to play, and access to affordable recreational activities.²				
% of total population who have moved in the last year	10.8%	11.6%	13.0%	13%
Children's right to quality education to enable them to reach their full potential.⁴				
Grade 3 Reading (EQAO)-% of children at Level 3 and 4	59.4%	64.6%	67.1%	62%
Grade 3 Writing (EQAO)-% of children at Level 3 and 4	62.5%	67.4%	68.4%	70%
Grade 3 Math (EQAO)-% of children at Level 3 and 4	62.5%	63.0%	71.0%	70%
Grade 6 Reading (EQAO)-% of children at Level 3 and 4	74.4%	76.8%	75.5%	72%
Grade 6 Writing (EQAO)-% of children at Level 3 and 4	64.1%	69.1%	71.0%	70%
Grade 6 Math (EQAO)-% of children at Level 3 and 4	48.7%	58.3%	61.4%	61%
Children's right to be accepted for who they are, and believe what they want without being discriminated against.²				
% total immigrant population	15.2%	13.0%	16.0%	28%
% of total population immigrated in the last five years	1.6%	1.2%	2.0%	5%
% of total immigrants with no knowledge of English	1.7%	1.5%	5.0%	8%
% speaking other "non-official" languages at home	4.3%	2.0%	7.0%	15%
% total population visible minority	2.0%	3.8%	8.0%	23%

Sources: Footnote numbers correspond to the references cited on page 155 of this report.

Note: n.d. - no data available

Dufferin County

East Luther Grand Valley



Demographics ^{1,2,5}	East Luther Grand Valley	County of Dufferin	WDG	Ontario
Total population	3,014	58,014	272,403	13,069,182
# of children 7 to 13	330	5,765	24,187	1,053,133
Population growth rate 2001 to 2006	0.1%	6.7%	7.7%	9.5%
% of children 7 to 13	10.9%	9.9%	8.9%	8.1%
% lone parent families	12.3%	13.9%	13%	16%
Children's right to have basic needs met including nutritious food, a healthy environment and a safe and comfortable place to live.^{2,3}				
Unemployment rate for families with children at home under 6	4.8%	4.4%	4.0%	5.2%
% of families falling below LICO before tax	5.0%	5.5%	6%	11.7%
% of families falling below LICO after tax	3.1%	4.0%	4%	8.6%
% families with family income less than \$30,000	13.1%	10.6%	10.3%	14.2%
Government transfer payment % of total income	7.4%	8.4%	7.6%	8.8%
Median family income \$ after tax	\$60,957	\$65,883	\$66,148	\$59,377
Median female lone parent family income \$ after tax	\$25,056	\$36,838	\$37,885	\$34,206
% pop. 25-64 years without high school certificate	17.9%	14.7%	14.7%	13.5%
% of households owner occupied	83.6%	84.9%	77.5%	71.0%
Children's right to access quality and affordable child care, early education programs and/or parenting support.²				
% commuters to work	55.5%	53.3%	39%	33%
Children's right to safe places and time to play, and access to affordable recreational activities.²				
% of total population who have moved in the last year	10.6%	11.6%	13.0%	13%
Children's right to quality education to enable them to reach their full potential.⁴				
Grade 3 Reading (EQAO)-% of children at Level 3 and 4	70.8%	64.6%	67.1%	62%
Grade 3 Writing (EQAO)-% of children at Level 3 and 4	75.0%	67.4%	68.4%	70%
Grade 3 Math (EQAO)-% of children at Level 3 and 4	62.5%	63.0%	71.0%	70%
Grade 6 Reading (EQAO)-% of children at Level 3 and 4	88.0%	76.8%	75.5%	72%
Grade 6 Writing (EQAO)-% of children at Level 3 and 4	72.0%	69.1%	71.0%	70%
Grade 6 Math (EQAO)-% of children at Level 3 and 4	60.0%	58.3%	61.4%	61%
Children's right to be accepted for who they are, and believe what they want without being discriminated against.²				
% total immigrant population	11.8%	13.0%	16.0%	28%
% of total population immigrated in the last five years	2.3%	1.2%	2.0%	5%
% of total immigrants with no knowledge of English	4.5%	1.5%	5.0%	8%
% speaking other "non-official" languages at home	2.5%	2.0%	7.0%	15%
% total population visible minority	1.1%	3.8%	8.0%	23%

Sources: Footnote numbers correspond to the references cited on page 155 of this report.

Note: n.d.- no data available



more info at:
www.wdgreportcard.com

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