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**The Primary Needs of Children:
A Blueprint for Effective health
Promotion at the Community Level**

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1600 Scott Street, Suite 620

Ottawa, Ontario, Canada

K1Y 4N7

Phone: (613) 729-3340

Fax: (613) 729-3896

E-mail: caledon@caledoninst.org

Website: www.caledoninst.org

Foreword

This paper represents the completion of the first phase of the work of the Promotion/Prevention Task Force of the Sparrow Lake Alliance.

The Sparrow Lake Alliance is a voluntary coalition of members of many professions and service sectors that provide services for children, along with representatives of parents' and youth associations. Its members include child psychiatrists, clinical psychologists, social workers, child and youth workers, early childhood educators, teachers, school administrators and trustees, physicians, nurses, lawyers and judges. Also represented are members of five government ministries that plan and fund services for children: Community and Social Services, Education, Health, Tourism and Recreation, and the Attorney General. The goals, structure and activities of the Alliance are intended to achieve the conditions necessary to get all Ontario children off to a good start in life. The Alliance believes that a health promotion approach will improve outcomes for children and youth while diminishing for many, the need for specialized children's mental health, child welfare and remedial educational services. The interdisciplinary nature of the Alliance places it in an excellent position to bridge the gaps that have long existed among the various service sectors.

The Ontario Child Health Study has shown that more than 18 percent of the children and adolescents in Ontario have at least one diagnosable psychiatric disorder, and that 2/3 of these have two or more disorders. In addition, marital and family dysfunction, academic difficulties, peer problems and antisocial and/or violent behaviour often accompany, aggravate and are, simultaneously, contributed to by children's coexisting psychiatric disorders.

The Ontario Child Health Study also demonstrated that even in 1989 - when services for children were better staffed and more available than they are in 1995 - only one in six Ontario children with a disorder had received any kind of professional intervention or treatment within the previous six months. Almost invariably, children's mental health professionals and treatment centres are overwhelmed by long

waiting lists. It is naive to think that it is either possible or affordable to train and employ enough mental health professionals to fill this gap. The Sparrow Lake Alliance has responded to this lack of resources - and the fact that, *at the very least*, one in four of Ontario's children has either psychiatric problems and/or major academic problems (i.e., drop-out or functional illiteracy) and/or delinquent behaviour - by focussing its attention in two directions. First, the Alliance is committed to ensuring that the primary needs of all Ontario's children are met, in order to enhance their physical and emotional development. Second, the Alliance is working to ensure that the professional resources and services that we do have are utilized more effectively - and, therefore, more efficiently.

The Promotion/Prevention Task Force of the Sparrow Lake Alliance was formed originally to determine how the Alliance might best shift what had been an almost exclusive emphasis on treatment and long-term management in the children's mental health sector to one with a stronger focus on prevention. Over time, it became clear through our combined experience and our reviews of the professional literature that an emphasis on health promotion in the general population, as opposed to one on the prevention of specific disorders, was more likely to prove useful. As we worked together, we began increasingly to shift from an exclusive focus on resources to one that emphasized policies and strategies which favour health promotion. We believe that this broader emphasis is clearly reflected in the following paper.

The Promotion/Prevention Task Force acknowledges the leadership of its Co-Chairs, Clara Will and Naomi Rae-Grant, in the development of this paper, and of Paul Steinhauer who wrote and referenced it with the help of Ryna Langer. Other members of the Task Force who contributed to the development of the paper include: Chris Bolton, Principal, Ryerson Community Public School; Beverley Koven, Canadian Mothercraft Society; Sarah Landy, C.M. Hincks Treatment Centre; Vera Ndaba, Child Care and Research Unit; Ray Peters, Department of Psychology, Queen's University; Suzanne Peters, The Policy Research Group; Rix Rogers, Institute for the Prevention of Child Abuse; Rhona Wolpert, Infant

Mental Health Prevention Project; Craig Shields, Children-at-Risk Project, Laidlaw Foundation; John Spekkens, Dellcrest Treatment Centre; Peter Szego, Ministry of Tourism and Recreation; Lynne Sage, North York Public Health.

Further information on the Sparrow Lake Alliance or a list of its publications can be obtained from:

Dr. Paul D. Steinhauer
Department of Psychiatry
Hospital for Sick Children
555 University Avenue
Toronto, Ontario M5G 1X8
Phone: 416 813-7532
Fax: 416 813-5326

Paul.Steinhauer@mailhub.sickkids.on.ca

definition

The raising of competent and resilient children is a collective responsibility - one which, when achieved, benefits society as well as the individual child and family involved. The primary responsibility for child-rearing is, and will remain, that of the family. Increasingly, however, in view of changes [1], most parents - at least from time to time, and especially during stages of developmental transition - will need support from others. Some will be fortunate enough to have their own personal networks of extended family, close friends and neighbours to provide support and relief when needed. Many, however, including those who need it most, lack the personal networks to supplement their own resources. From time to time, these parents will need the support of others - the community, mainstream resources such as health care, high-quality child care, schools and, in some cases, specialized services - if their children are to achieve their full measure of health, competence and resilience. Various levels of government are responsible for planning and providing appropriate, sufficiently available, and at least adequate mainstream and specialized services. It is for these reasons that the raising of competent children is a collective responsibility.

A child's primary (essential) needs are those basic and universal requirements for child development which must be met if the child is to achieve competence and resilience. In Table 1, children's *primary needs* are listed in the two columns to the left. The *prerequisites* for those needs being met are contained in the third column. The column on the right contains important *descriptive* or *qualifying information* that helps define and explain the significance of these needs being met - or not being met - at various stages of children's development.

To the extent that a child's primary needs are met, that child is likely to develop into a healthy, confident, competent, responsible, productive, independent, content and self-controlled adult capable of sustaining warm and successful relationships with others. The innate temperamental vulnerability or invulnerability of a particular child, the number and nature of the primary needs that remain unmet, and the extent to which those needs are not satisfied will determine the degree to which one or more aspects of that child's subsequent development and adult personality will be undermined. The likely result is the evolution of a personality more or less lacking in confidence and/or competence and/or responsibility and/or productivity and/or independence and/or the capacity for self-control and resilience [2-8]. Such an individual is at risk for being limited in the ability to sustain successful relationships with others, and may demonstrate - either chronically, or at least, when under stress - disorders of personality, behaviour, emotional regulation, relationship and/or episodes of mental illness (psychosis).

preamble

Although roughly two out of three of Canada's children are developing well, everywhere we look, we find children failing to flourish, and therefore unable to achieve their developmental potential. Rich children, middle-class children and poor children alike are all dealing with risk and neglect unimagined and unimaginable in previous generations, due to:

- problems of poverty, hunger and homelessness [9]
- endemic high levels of conflict and violence in

Table 1

The Primary Needs of Children		Prerequisites for Primary Needs	Important Descriptive/Qualifying Information
1. Basic Biological Needs	<ul style="list-style-type: none"> • freedom from serious genetic defects • freedom from prenatal/perinatal damage • good food and nutrition • good health care 	<ul style="list-style-type: none"> • good maternal nutrition avoidance of alcohol/drugs/tobacco during pregnancy • good health care during pregnancy and delivery • adequate economic support • informed/concerned parents 	
2. Other Basic Physical Needs	<ul style="list-style-type: none"> • adequate shelter • appropriate clothing • a physically safe environment (protection from physical harm) 	<ul style="list-style-type: none"> • adequate economic support • adequate parenting/caregiving 	
3. Basic Cognitive Needs	<ul style="list-style-type: none"> • adequate cognitive stimulation • adequate cognitive responsiveness (encouragement to express opinions, negotiate for needs) 	<ul style="list-style-type: none"> • informed/attuned parents and caregivers • informed/attuned parents and caregivers 	<ul style="list-style-type: none"> • <i>especially necessary during first 1-2 years for intellectual development</i> • <i>increasingly important as the child gets older and contributes to increased competence in both boys (via greater social responsibility) and girls (via more social responsiveness)</i>
4. Basic Emotional/Social Needs	<ul style="list-style-type: none"> • opportunity to develop secure attachment to primary/other caregivers • positive recognition • an emotionally safe environment (freedom from exposure to violence/abuse) • opportunities for free play and exploration <ul style="list-style-type: none"> a) on one's own b) with other children • ability to self-regulate negative impulses and feelings 	<ul style="list-style-type: none"> • warm, involved, sensitively attuned, committed primary caregiver featuring: <ul style="list-style-type: none"> - maximum care and empathy - minimal overprotectiveness and intrusion • no/minimal breaks in continuity of relationships with primary/other major caregivers • validation from involved caregivers • absence of chronic conflict/abuse within family and environments • adequate concern/supervision of child when outside family • freedom from excessive restrictions and intrusions from parents and caregivers • a predictable, consistent family and caregiving environment featuring: <ul style="list-style-type: none"> - sensitively attuned/involved caregivers - caregivers who encourage the expression of feelings - high but reasonable expectations - consistent structure controls that are firm, but not coercive or unduly restrictive 	<ul style="list-style-type: none"> • <i>especially critical for first 1-3 years of life. Results in basic trust/confidence, capacity for successful relationships, capacity for empathy, basis for good self-esteem, confidence for exploration/mastery remains important throughout childhood and adolescence as precursor for socialization, and pre-requisite for positive identification with parents</i> • <i>basis for sense of self</i> • <i>being a witness to chronic spousal or sibling abuse can be as damaging as being the subject of abuse and predisposes to behaviour problems/aggressive behaviour in child</i> • <i>important for child's development of social skills and as a precursor for independence</i> • <i>important for developing control over-anxiety and aggression</i> • <i>important precondition for cognitive, emotional and social skills needed for success in school</i> • <i>important component for internalization of controls and development of morals, values, sense of responsibility</i>

- their families and in society [10]
- parental separation, divorce and father abandonment [11,12]
- parents forced to spend more time earning a living, so that they have less time and energy to spend with their children [13-18]
- families in which two parents must work in order to survive [18,19]
- insufficient adequate day care for infants, preschoolers and latchkey school children [20-24]
- widespread alcohol and drug abuse [25]
- major increases in reports of physical, emotional and sexual abuse [26].

These problems are no longer just the diet of the children of the poor. These problems belong to 'us' as well as to 'them.' They are mainstream. More than 40 percent of children now live apart from at least one of their biological parents in some alternative to the traditional family. The arrangement may include living with a single parent; living as part of a reconstituted (step-) family spending relatively equal amounts of time moving between two reconstituted families; living in an adoptive family, a foster family or in a group home; and living with one parent involved in serial unions with another partner of either sex [12].

But the types of risk and neglect listed above, as alarming as they are, are not the real problem. Rather, they are the tip of the iceberg - symptoms of a much greater problem resulting from a number of important, cumulative and ongoing changes in the very nature of our society. Rising alienation, narcissism and a widespread breakdown of trust in traditional values and institutions are just a few examples. Moreover, growing pressure on families makes it harder for them to meet their children's primary needs [1;14-15]. It is tempting to blame youth themselves, or their parents, for these trends. But to do so is neither fair nor accurate. With the declining economy, the increased need for both parents to work, the rising divorce rate, the rate of father abandonment and the lack of adequate substitute child care, many parents are unable to meet their own needs let alone those of their children [27]. As a result, even many committed parents these days have significantly less time

and energy to devote to raising their children, so that many children are at risk for not having their primary needs met [13-19].

Unless we as a society are prepared to invest in making resources available to support hard-pressed families in meeting children's primary needs, many children will remain at unnecessarily high risk for developmental interference. If we allow this to occur, we will slide increasingly into a burgeoning human resource deficit that will undermine our capacity as a country to compete, sending both our economy and the quality of life into a tailspin. Thus the continued neglect of the needs of children and families will bring with it the decline of our society. With further neglect, we can expect even larger increases in:

- the reported incidence of child abuse, which has at least doubled in Ontario over the last five years [26]
- psychiatric disorders in children and adolescents. Almost one in five of Ontario's children have at least one psychiatric disorder and 2/3 of these children have two disorders or more. Only one in six of these had received treatment over a six-month study period [28]. An Ontario study conducted in 1990-91 found 25 percent of youth between ages 15 and 24 suffering from mental disorders [29].
- generally high levels of functional illiteracy and school drop-out rates, which have at least doubled in poor neighbourhoods and aboriginal communities [30-32].
- alarming increases of poorly controlled aggression - which has already risen in 3-year-olds, according to the reports of their mothers, from seven to ten percent in 1970 [33] to 22 percent in 1991 [34], vandalism and pervasive alienation among teenagers [33-42].
- the steadily rising rates of adolescent suicide [43].
- the accident rate, now the most frequent cause of death in children and adolescents [44].
- particularly high levels of youth unemployment, partly due to a continuing decline in the economy and partly because of many youths' inability to meet the rising qualifications for anything but a dead-end job [45-46].

All of these indices suggest that many children are not getting off to the start they need in order to live healthy, successful and productive lives. These trends can be expected to continue to rise if we allow more and more youngsters to grow up without developing:

- a capacity for trust and for empathy with others
- the capacity for impulse control
- the ability to focus their attention
- a binding internalized sense of values
- the ability to control their aggression
- the ability to accept reasonable adult authority
- a bonding with society and its value system
- a sense of hope and confidence about the future.

Some of this information is represented diagrammatically in Table 2 which can be read in both directions. Read horizontally, it shows the effect of four common adverse outcomes in children on their future contributions as adults to society. Read vertically, it demonstrates that children whose primary

needs are not being met at one level of development are at increased risk for failing to master successfully the tasks associated with subsequent levels of development. Thus, children whose parenting denies them a secure attachment are at greater risk for being unable to trust and get along with others. The children are also less likely to do well at school and so are more vulnerable to academic failure. In addition, academic failure is significantly associated with antisocial behaviour and early dropping out, which in turn increases the risk of chronically decreased productivity, chronic economic dependency and the increased use of limited and expensive remedial services.

It is for this reason that, in 1987, the Committee for Economic Development (CED), a group of CEOs and business executives in the United States, called for a major new commitment to families and children by presenting the cost-benefit case for meeting children's primary needs. According to the CED:

- improving the prospects for infants and children through better prenatal care and early childhood education is not an expense, but an excellent

Table 2

Poor Outcomes for Children	Poor Outcomes for Society
Attachment failure and problems in trusting and in relationships	Chronic relationship problems in the family, workplace, society, parenting
School problems, dropping out of school or functional illiteracy	Poor job prospects, chronic dependence, higher welfare costs, predisposed to adult antisocial behaviour
Alienation, antisocial behaviour, chronic emotional disorders	Increased rates of vandalism/violence, teenage pregnancy, need for costly services
Decreased productivity	Chronic unemployment, lack of skilled workforce undermines industry/society's economic base, fewer resources to meet increased cost of welfare and services

investment, one that can be avoided only at great cost to society's future.

- high school drop-outs cost the US \$240 billion a year in lost earnings and lost taxes (even without taking into account the billions that this group will cost taxpayers for welfare, crime control, and other social and remedial services).
- "This nation cannot continue to compete and prosper in the global arena when more than 1/5 of our children live in poverty and more than 1/3 grow up in ignorance." [47]

The cognitive, emotional and social effects of poverty, unemployment and disadvantage on physical and mental health and on the development of Ontario's children already have been clearly demonstrated by the Child Poverty Action Group, the National Council of Welfare and the Source Book on Family Poverty [48]. The findings of these groups have been accepted and endorsed by the Premier's Council on Health, Well-Being and Social Justice [49] and the Canadian Institute for Advanced Research [50]. Rutter [51] has pointed out that the presence of poverty makes it more likely that other personal and situational determinants of parenting will act as risk factors rather than protective ones.

Poverty is neither necessary nor sufficient in itself to cause developmental failure or permanent personality damage, especially when the poor child is protected by the effects of one or more secure and ongoing relationships with involved and attuned caregivers. Poverty does, however, create its own risk factors; it is associated with higher levels of stress, but fewer options for dealing with or avoiding that stress. It also aggravates pre-existing personal and interpersonal vulnerabilities, while undermining key sources of personal support. There is growing experimental evidence that mental disorders - particularly chronic and acute depression in association with poverty rather than the poverty per se - are responsible for many of the symptoms, service needs and remedial costs that are commonly attributed to poverty [52;105]. However, the degree to which the mental and developmental disorders that have long been recognized as roughly twice as common in poor children result from mental disorders in their parents and resulting psychosocial deprivation rather than from socioeconomic disadvantage or the synergistic

effect of multiple interacting stressors [28; 53-56; 33] has yet to be firmly established. Nevertheless, anything that can be done generally to improve the economy and to increase general levels of employment and prosperity should be encouraged in support of the healthy development of children who otherwise would be at risk.

But going beyond this general effect, how can society best target its limited resources to ensure most effectively that the greatest number of children get off to a successful start? We are not just talking about more and better specialized services. Rather, it is our entire social system that requires change. In order to bring about better outcomes - for children today and for our society of tomorrow - we cannot just rely upon more, better, and better organized and integrated social programs and specialized services. Instead, we as a society will have to develop new strategies to ensure that all children have a proper start. Such strategies must include:

- increasing the public's awareness of the low priority given children and their needs in many of our families, institutions, communities and various levels of government.
- the development of a consensus on what children's primary needs are and an awareness and commitment at all levels of society to meeting those needs.
- the increased availability of - and willingness to participate in - informal support networks with other like-minded individuals formed on the basis of interest, need, religion, common neighbourhood and workplace to replace the extended family relationships and communities and the sense of community that so many families no longer have.
- the widespread adoption in our workplaces of policies that tend to support and facilitate rather than pressure and fragment family life including flexible work hours, easily available relief for tending to family emergencies involving either young children or aging parents, high-quality day care and parenting centres in the workplace.
- the development of an educational system distinguished by both high standards and responsiveness to the psychosocial needs of all students.

Our schools will need to prepare students for the world of tomorrow by:

- developing in them and in their parents, an awareness of changing patterns of work in a society where most people will never have a lifetime job.
 - developing in them an awareness of the need for lifelong learning.
 - developing in collaboration with industry and government, a marked expansion of apprenticeship programs supported by active dissemination of information to Grade 9 and 10 students about the fields in which jobs are likely to be found, along with counteracting existing prejudices against skilled trades or work in the computer industry.
 - regularly establishing partnerships between schools and the communities they serve.
- The implementation of strategies and procedures for the early identification and referral of families at high risk for not having their primary needs met. The availability of a range of service systems based in public health, child care, education, recreation, children's mental health and child welfare. The structure and functioning of these services should be redefined so that they address effectively, efficiently and in an integrated manner the needs of children and families that require specialized services which are crucial if children's needs are to be met.

The sooner that families in need of specialized services can be identified and linked up with the resources they need, the more possible it will be to minimize unnecessary developmental damage and to reverse where possible, or otherwise to compensate for, the results of some parents' inability to meet their children's primary needs. Therefore, in addition to the strategies and informal supports suggested above, certain specialized services will be needed to achieve the goal of getting the next generation of children off to a uniformly good start.

- We cannot just start from scratch, but neither can we just assume that the current deployment of resources and services makes sense. We must

identify and promote services that have proven their effectiveness and efficiency and we must modify or replace others that have not or cannot do so.

- There needs to be a continuum of available support services. Thus, different services for children at roughly the same level of development (e.g., school, preschool, latchkey, recreational services) should be linked to each other, possibly with the school serving as the hub of service. There also should be continuity between supports provided at one stage of a child's development with those serving the next developmental stage. For example, it makes no sense to locate day care centres and after-school recreational programs in the school if systemic barriers discourage the staffs of the various programs from integrating their understanding of and approaches to the family and the child involved.
- Communities should be encouraged, wherever possible, to define their own needs and to help themselves and their neighbours, rather than being the passive recipients of what outside professionals think is good for them. It should be recognized, however, that some communities, left to their own resources, would not be able to define or to initiate an effective response to community needs. For such communities, outside professionals might be needed to suggest programs and policies that could enhance and empower individual families and the community. But it would be important that the community shared the ownership of such initiatives, so that participants' mastery and sense of control over their own destinies were affirmed rather than undermined.
- All universal support systems and/or specialized services should be made available in ways that avoid stigmatizing those who use them.
- Some services - health care, some form of supplementary early child care and education - will be utilized by all families. As a result, the quality and efficiency of such services is crucially important to us all.

- Other services (e.g., home visiting programs, certified day care or latchkey programs, specialized education services, children's mental health care, child welfare services) will be less important to or not utilized by families with adequate resources and support systems of their own. However, if these resources are of uniformly high quality they will provide indirect benefit - even for families that do not use them - through their role of helping children from more disadvantaged families develop the cognitive, emotional and social skills necessary for academic and behavioural success in school and in life. The result - in our classrooms and school yards - will be to make possible a higher quality of education for all children.¹ The accessibility of such services, when needed on an intermittent basis, will empower some families to meet the primary needs of their children.
- There will always be some families, however, that will rely heavily on such specialized services, and for whom the ready availability of such resources - if of high quality - will be necessary to supplement and/or to compensate for the family's inherent lack of resources. Our hope - and our prediction - is that if the general strategies for meeting children's primary needs discussed above were in place, there would be fewer families dependent on specialized services, at least on a continuing basis.
- The proper balance between health promotion, early intervention and long-term management has yet to be established.

With these factors in mind, the Promotion/Prevention Task Force recommends that society can best achieve its goal of getting all children off to a successful start by focussing on meeting their primary needs at four key stages in their development. To do this, we will consider these four stages, pinpointing the primary developmental needs at each of them, and suggest one or more interventions that already have proven both their effectiveness and their cost-effectiveness at each level. We are not suggesting that all children need services from the community in order for their primary needs to be met. Many children have families that are quite able to meet all

their needs without community intervention. Moreover, there are many services that are already effectively meeting the needs and providing support for those families and children lucky enough to have access to them. But there are many other children whose families will not be able to meet their primary needs without community support and/or intervention; their development will be significantly undermined.

summary

We are suggesting that society needs to focus its efforts and resources. It can best do so by developing a continuum of broad public policies, strategies and informal supports - supplemented where necessary by universal and/or specialized resources - designed to help all families better meet the critical (i.e., primary) developmental needs of their children while increasing their sense of mastery and control of their own and their children's lives. Then and only then can we be confident that the next generation of children will have the good early childhood experiences that will enable them to achieve - for themselves and for society - their potential for personal success and for both human and economic productivity.

This proposal implies a much broader approach than just more or better services. However, when special services are required, we are advocating that our efforts and resources be directed towards the establishment of programs suited to the specific needs of children at various stages of their development. Since development is a continuous process, the supplementary programs designed for one stage would flow continuously, wherever possible, into those suited to children's needs at the next developmental stage.

To illustrate, we will describe a number of strategies to support children's needs and supplement the resources of families with children at different stages of the life cycle. For each of these stages, our goal will be to identify which strategies are most likely to be both effective and efficient at the family level, at the community level, within the workplace, at the governmental level, at the level of universal services and at the level of specialized services.

The following examples are neither exhaustive nor exclusive. They deal almost entirely with strategies within the workplace and at the government level. Our task is to develop strategies at *all* levels to ensure that all children's primary needs are met, for their sake and for that of the future of our society [70].

four development stages - the developmental tasks and support strategies for each stage

stage 1: transition to life from preconception through end of first year

The primary goal of strategies during this stage would be to ensure the overall physical and psychological health of the mother-to-be and the optimal intrauterine development and normal delivery of a healthy infant. Pregnancy involves a major responsibility and, since the parents' lifestyle may represent a threat to the fetus, the adults involved would do well to consider carefully their personal goals and their basic way of life, since diet, nutrition, personal habits and/or addictions may have major implications for the intrauterine development and birthweight of the child they conceive [62;64-66]. Very low birthweight infants are known to be at much higher risk for a number of serious and chronic physical, mental and emotional disorders including cerebral palsy, mental retardation, blindness, epilepsy, learning and attention problems, and conduct disorders [67-71]. For every case of low birthweight averted by earlier and more frequent prenatal care, the US health care system saves between \$14,000 and \$30,000 US in newborn hospitalization, re-hospitalization within the first year and long-term health care costs [68-72]. And for *very* low birthweight babies, the initial hospitalization costs, the risk of chronic disorders and, ultimately, the costs of remedial health, educational and correctional costs would be significantly higher.

A secondary goal would be to ensure that the mother-to-be had freedom from intolerable levels of stress along with the psychological health and the sources of personal support that would favour the close involvement with and sensitive attunement to the infant that is so important for the formation of a

secure attachment [73]. It is well recognized that the attitudes and influences of the extended family, the community and the culture - such as attitudes towards breastfeeding, workplaces that are supportive of parenting, belief systems stressing the importance of nurture, stimulation and/or consistent but non-coercive patterns of discipline - may strongly affect parental choices and behaviour. These factors, in turn, can significantly influence parents' ability to meet their child's needs effectively and their child's ability to parent in the next generation [33; 62; 74-78].

To achieve these goals, prospective parents should receive adequate support and care throughout the pregnancy and delivery. This would go beyond merely monitoring the healthy development of the fetus to include counselling regarding optimal diet and the importance of decreasing or eliminating alcohol, drug and tobacco use during pregnancy. In expectant mothers known to be at higher-than-average-risk teenage mothers, single mothers, poor mothers - this could involve counselling regarding what to expect after the baby is born, the needs of an infant and ways of meeting them, how to recognize when an infant or the mother/child relationship was in trouble, and how to obtain help or support if it was not available within the extended family or circle of friends. An important aspect of this phase would be to try to establish trust and a credible helping relationship that the mother could rely upon in the future [33; 80-82]. The person providing the counselling, education and psychosocial support at this stage might also be the home visitor in the next stage, or might become an advisor helping the family anticipate its needs for supplementing its own resources, and helping it secure resources from other sources in the future.

Three of the best indicators of the infant's subsequent well-being are the avoidance of a very low birthweight, the infant's condition at birth and the achievement of a successful attachment. The goals of strategies during the first year - and these would overlap with those of the subsequent period - would be [83-86]:

- To ensure that the infant's basic physical needs (nutrition, housing, medical care, safety) are met.
- To ensure that every child receives high-quality

and consistent nurturing within a secure and physically and emotionally safe environment.

- To assist bonding and to improve, when necessary, parenting capability.
- To promote and sustain a parent/child relationship that will support the healthy development and socialization of the child within the family.
- To ensure the early identification and referral for investigation and/or intervention directed towards problems in the infant or the relationship between the child and the primary caregiver should the need arise.
- To ensure adequate support for caregivers - e.g., linking isolated caregivers with adequate support groups and resources.
- To ensure that the child receives the cognitive stimulation essential for at least adequate cognitive and language development.

The Carnegie Corporation has marshalled evidence that, while not yet conclusive, strongly suggests that the quality of parenting in the first 18 or so months of life is crucial to the optimal development of the nervous system [62]. This system is known to be incomplete at birth, and during the first one to two years, proliferation and then pruning of the synapses (i.e., the connections between the individual nerve cells that constitute neural patterns) are important to normal neurological maturation. Children who are consistently subjected to situations that they experience as threatening - e.g., chronic neglect and/or maltreatment or other sources of perceived threat including, in some very sensitive babies, extreme anxiety in response to change - suffer as a result of repeated and/or chronically high levels of stress. One of the body's normal responses to stress is the production of corticosteroids, the 'fight or flight' hormones produced by the cortex of the adrenal gland. Frequent release and high residual levels of corticosteroids have been implicated in modest though significant death of nerve cells and are suspected to interfere with synapse proliferation and pruning [62; 87]. There is growing evidence that these processes may be responsible for the long-term cognitive, emotional and social deficits - some of which may be irreversible. These deficits have long been recognized as the result of parenting in the first two years of life that is so neglectful and abusive as to result in the failure to form a selective attachment [88; 89]. Involved and

reliable parenting and subsequently a sense of predictable security, control and a temperament favouring psychosocial resilience serve as potential buffers against such damaging influences. But the development of necessary coping skills is powerfully influenced by the attachment system that exists between infant and caregiver. A prerequisite for secure attachment is the sensitive attunement and involvement of the caregiver [2-5; 9; 62; 73; 75; 87; 101].

Often the developmental goals so important during this stage can be achieved within the infant's family, especially with the support of extended family, and available and concerned friends. However, given: the rising number of single-parent families [102], the fact that family poverty would be double the actual rate if wives did not work in the paid labour force [19], and the fact that 90 percent of the 75 percent of parents with primary responsibility for caregiving who work for pay outside the home experience daily tension from juggling work and family responsibilities [96], the importance of a work environment that is supportive of the parenting responsibilities of their employees and the availability and affordability of a range of high-quality extrafamilial child care options become important factors in determining how well these essential developmental needs will be met [20; 22]. As we will see when we discuss the transition to school, the quality and continuity of the extrafamilial care and education that many children receive will have either a positive or negative long-term impact on how successful they are in mastering the developmental tasks common to both these important stages [22].

stage 2: transition to school - the preschool years

To achieve competence and mastery during the preschool years, all children will need to accomplish successfully the following universal developmental tasks. They will need to:

- become secure and to develop adequate self-esteem;
- extend their sense of trust, which is derived from the availability, sensitive responsiveness and continuity of their caregivers;
- learn to relate to children and adults in addition

to their caregivers and to extend the development of their social skills;

- learn to cope successfully with their anxiety and aggression;
- extend their physical and intellectual development and to develop their imagination and a growing variety of skills and interests;
- play independently with others;
- learn to focus their attention.

The primary goal of strategies at this stage is to ensure that all preschoolers receive continuous care in nurturing and stimulating environments. As was the case for many infants, many preschoolers will have these developmental needs met adequately within their own families, supplemented informally by the support of extended family and close friends. However, because of unavoidable limitations on energy and time that overextended parents have available and - with the increasing number of one-parent families or families in which both parents must work full-time, and also because many of those families needing it most may have the least access to informal support - the importance of sufficient high-quality, affordable child care beyond the family may be crucial in determining whether or not preschoolers' needs are met [13-15; 90-99].

We know that all children's development of the qualities and skills listed above can be undermined by substandard child care, and that for children from insufficiently nurturing and stimulating families, these same skills can be enhanced by continuous exposure to excellent early child care and education either within or outside the family [22; 58]. Currently, 20 percent of children ages 6 to 12 spend time at lunch and after school alone or in the care of an only-slightly-older sibling [23]. Studies on latchkey children have correlated time without adult supervision directly with drug abuse and inversely with school achievement [24]. The care received when the parents are unavailable becomes a predictor of whether or not the child will be programmed in advance for success or failure when he/she begins school [20]. Currently, only a minority of preschoolers attend licensed child care centres, with the majority of children being placed in a wide variety of home care arrangements where the ratio of caregiver to preschoolers and the quality and consistency of care

vary widely. Any program for preschoolers, whether family care, home child care or day care, should address effectively all the developmental needs listed above.

stage 3: the transition to adolescence: the elementary school years - age 5 to 12

During the elementary school years, children with the help of their families, the school and the community, are confronted by several developmental tasks. The mastery of these tasks enhances the likelihood of their achieving their full potential and coping successfully with school and life. They must:

- expand their intellectual development, developing the capacity for abstract thinking;
- learn to learn effectively in school, including creative problem-solving;
- consolidate their self-esteem and achieve the confidence needed for success in life;
- learn to function successfully as part of a group, which includes the further development of their social skills;
- consolidate their control over their emotions, which includes learning to deal successfully with their aggression;
- develop effective ways of relating to authority figures;
- with increasing independence, extend their capacity for self-motivation, self-discipline and productivity.

The primary goal of strategies at this stage is to help families and schools support children in the mastery of these developmental tasks. The better that children have mastered the developmental tasks of the preschool period, the more likely they are to arrive at school already possessing the cognitive, emotional and social skills known to be associated with academic and social success. To some extent, these skills may result from the balance of inherent biological strengths and/or weaknesses, but these skills are also powerfully affected by socioeconomic and psychosocial factors [101; 104-06; 118-120].

However, it is clear that the quality and consistency of the caring that children experience prior

to school entry - and before and after school hours - can either counteract or exaggerate biological or psychological tendencies which can interfere with mastery of the tasks of the previous period and undermine the transition to and success in school [57-62; 87; 101;107-114]. Family attitudes and supervision will be important both in motivating children to succeed in school and in supporting their ability to learn (e.g., through continuing expectations, supervision of homework) [115-17; 119-25]. In fact, at least one American study has shown that up to age 14, family factors far exceed school-related factors in their influence on school performance, especially in language-related subjects though less strikingly in mathematics [126]. Moreover, the amount of time that senior elementary students spend unsupervised both before and after school is directly correlated with whether they go on to abuse drugs, and is negatively correlated with their academic performance [24]. While there is more to dropping out than just living in a high-risk family, having a high-risk family more than doubles the risk of premature drop-out [48; 127]. Thus, children's school success and pro-social behaviour are very much affected by the amount, quality and consistency of the caregiving they receive within the family and the community.

At the same time, for all children - and especially for those whose families are unable to provide the necessary support and guidance - the nature of the school experience will influence how well the tasks specific to this stage of development are achieved [61; 106]. Most children spend more waking hours in school than they do in the company of their parents, particularly in light of the marked reduction in time that parents and children actually spend together [13-18]. Thus the school - the one agency in society that virtually all children attend - can either help or hinder their mastery of these crucial developmental tasks, either supporting or undermining their ongoing academic and social development [128-135].

Both Michael Rutter [131] and James Comer [129-30] have described the type of schools that best provide the stimulating and supportive alternative environments which can offer a second chance for many disadvantaged children. Such schools make their students feel secure, respected, challenged and cared about, despite the frequently undermining

effects of economic, social and familial influences to which many are exposed. Such schools feature high expectations, combined with the structure, supports, enrichment and caring relationships between teachers and students that enable those expectations to be met. They are schools in which the ethos of the school as a community supports respectful and reciprocal relationships and actively combats bullying. Instead of the alienation and mutual blaming that is so common between parents and teachers in many neighbourhoods, teachers and parents cooperate with each other in such schools - at times via school-based management teams - to prepare the community's children for success in school and in life. The families that benefit the most from such programs are those in which one parent, usually the mother, is an active volunteer in parent/teacher liaison activities [129-30; 136].

stage 4: the transition to work roles, community and family - 13 years and up

Adolescents also have specific developmental tasks, the completion of which prepares them for success in adult life. These include:

- consolidation of the adolescent's sense of identity and subsequently his/her sense of self-sufficiency;
- consolidation of the adolescent's personal value system;
- preparation to assume greater levels of responsibility and self-discipline;
- resolution of sexual identity and achievement of the readiness to engage in loving and respectful sexual relationships;
- preparation for family life;
- transition from school to work.

While all these tasks are important, the final two on the list often are not adequately addressed. We believe these tasks can be addressed effectively and efficiently at the community level. While many families have the intrinsic resources to help their teenagers master these tasks, other agencies in society often can be of significant help. Our strategies during this stage should be directed towards supporting adolescents in the mastery of these critical develop-

mental tasks.

The first of these tasks involves preparation for family life. While many families prepare their adolescents for family life quite adequately, many others are unable to do so. For this reason, and because research has shown the frequency with which the cycle of neglect and maltreatment repeats from generation to generation [76;78], one important goal of strategies during adolescence would be to outline ways in which the community and mainstream services could enhance adolescents' readiness to be effective partners and parents.

The second task which our strategies must address is facilitating the transition from school to work. Here again, families may or may not play an important part. But the community (and especially the business sector), the education system, the Ministry of Education and Training, local school boards and specialized services - working in support of the adolescent, the family and the school - all have a role to play.

discussion

The Promotion/Prevention Task Force has reached consensus on the four developmental transitions. Their specific tasks and the support strategies necessary for each stage are outlined above. The Task Force will now turn its attention to the prerequisites for meeting each need and the strategies to increase the likelihood of those needs being met. Wherever possible, strategies will enhance the ability of families to meet their children's needs, supplementing the resources of families as necessary at each developmental stage.

- in the family
- in the workplace
- at the community level
- at various levels of government (municipal, provincial, federal)
- at the level of mainstream (universal) services
- at the level of specialized services.

We may decide to target our strategies

towards known high-risk populations or towards the population as a whole. In doing so, there are two major errors that we must avoid. First, we must be careful not to think just about the provision of better specialized or mainstream services, or just about how to improve the integration of existing services. While strategies to achieve these objectives are important, any overall strategy that focusses primarily on a re-design of services - ignoring the need to mobilize families, communities, workplaces and government to do their share - will fall short of the goal of ensuring the health and competence of the next generation. Second, we must avoid setting expectations for families, communities and mainstream services that they are unable to achieve. If we do so, we will be merely off-loading responsibilities from one sector (specialized services) to another (the family or community). Should we do so, this will result in just another repeat of what has happened so often in the past and what some ministries are still doing - i.e., talking about empowering communities while denying them the resources or the authority to help themselves.

In view of the above, what seems needed is not an either/or decision, but a series of integrated strategies to mobilize, balance and integrate the contributions of all six levels - families, workplaces, communities, government, mainstream services, specialized services - towards the common goal of helping all Ontario's children achieve health, competence and productivity. If various groups continue to ignore the importance of a need for balance and advocate only a single program or a broad variety of programs whose effectiveness and efficiency have not been clearly demonstrated, we will undercut each other's positions and perpetuate the *status quo*. On the other hand, if we achieve consensus - first on the Task Force, then among our professional colleagues and organizations, and finally within the broader community - we can use that common position to advocate more effectively for its adoption by government (e.g. Ontario, and in the municipalities which share our interest in meeting children's primary needs but have not yet developed a strategy for doing so).

One further and important task remains. We need to analyze in detail why, despite so many years of talk about primary prevention, so little beyond

short-lived pilot projects has been achieved. Then as part of our strategy, we can anticipate and overcome professional, systemic and societal resistance to a sincere and productive commitment to a comprehensive and effective health promotion program to ensure the health, competence and productivity of all Ontario's children.

One often hears the African proverb that it takes a whole village to raise a child. On a PBS television special on youth violence, host Bill Moyers suggested that the proverb really means that by involving as many caring adults as possible in the lives of children, we can better ensure that their needs will be met.

Endnote

1. Evidence in support of this statement is suggested by the recent Statistics Canada survey exploring why teenagers drop out of school prematurely (10). This study revealed that most drop-outs leave school in Grades 9 and 10 and that they are passing; in fact, 37 percent have a B average or higher at the point of dropping out. Boredom with school and inability to get along with teachers are cited as two of the major reasons for dropping out. The ability to focus attention, to work independently, to sublimate aggression and to respond positively to adult authority have been shown repeatedly to result from exposing children from disadvantaged families to high-quality day care (57-63). Other evidence supporting the hypothesis that children from advantaged families will benefit from the effects on the classroom behaviour and attitudes of programs for disadvantaged children comes from several submissions by two high school student groups to Ontario's Royal Commission on Learning. Both groups commented on how the disruptive behaviour and slower pace of instruction resulting from the Ministry of Education's recent decision to destream all Grade 9 classes in the province was a source of marked frustration for better students. Because they picked up concepts rapidly, they found themselves getting increasingly bored and disinterested as their classes became less challenging and less conducive to learning as their teachers slowed their pace and spent significantly more time dealing with disruptive behaviour from classmates who were unable and/or unwilling to learn.

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