

Phase 1 Results

August 2023



Greater Sudbury Middle Childhood Partnership:

Building Intersectoral Partnerships and Community Strategies to support the health and well-being of children ages 6 to 12 and their families



Project Background

The middle years (ages 6 to 12) are a critical point in a child's life as they transition from the early years (0 to 5) into youth (12 to 17). During the middle years, children are developing their personal identity, skills habits, and values. As of the 2021 Census, there are 12,610 children ages 6 to 12 in Greater Sudbury, representing 7.6 per cent of the Greater Sudbury population. Observational reports from community partners who provide services to this age group in Greater Sudbury have reported declines in social, mental and physical well-being following the pandemic.

In early 2023, the City of Greater Sudbury received funding to increase collaboration in the Children Services sector to support the coordination of resources for children in middle childhood (6 to 12 years of age). The goal of the project is to develop an intersectoral partnership that will:

- Provide targeted support and resources to identify and engage partners
- Create a networking/planning infrastructure that is sustainable
- Develop shared goals and strategies and build communication tools to keep partners connected
- Develop strategies to coordinate and promote community programming, resources and information for families, to support the social, physical and mental health of children ages 6 to 12 and their families.

Role of the Consolidated Municipal Service Manager (CMSM)

Within Greater Sudbury, the City of Greater Sudbury Children Services section acts as the Consolidated Municipal Service Manager (CMSM), who is responsible for the oversight of the childcare and early learning system for children ages 0 to 12 and their families.

The childcare and early learning system consists of 18 childcare operators with a total of **75 childcare sites** (ages 0 to 12) and 18 **EarlyON centres** (ages 0 to 6). The **Early Years' Service System Plan** is developed by the City of Greater Sudbury Children Services section in collaboration with community partners who provide services to children ages 0 to 12 in Greater Sudbury and is updated every four years.

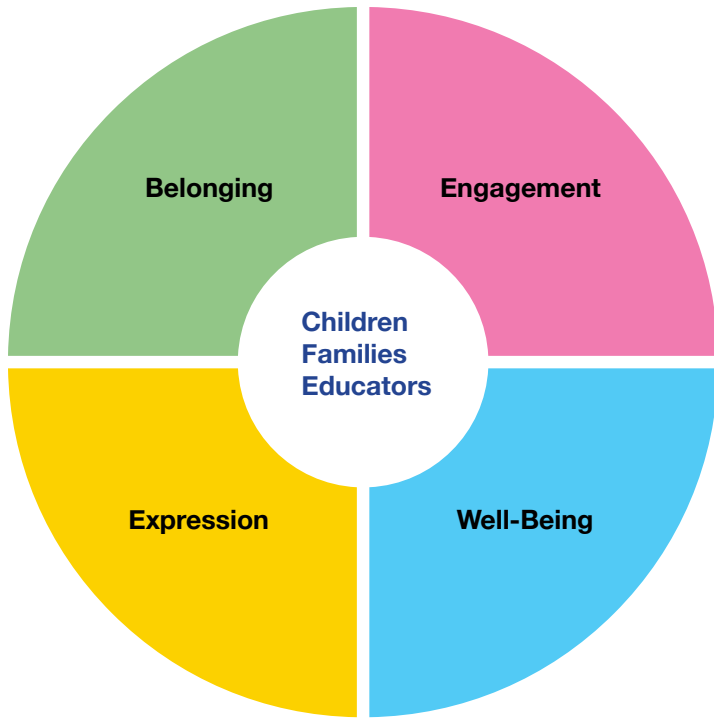
The development of a service system plan is mandated by the Ministry of Education under the Childcare and Early Years Act, 2014, for the purpose of supporting the planning and management of services for children and families in Greater Sudbury. The City of Greater Sudbury Children Services section also administers the childcare registry, subsidy and quality programs. As of March 2023, there were 1,366 children ages 6 to 12 participating in a childcare program, which is 11 per cent of the population of children ages 6 to 12 as per the latest censusⁱⁱⁱ.

How Does Learning Happen? Ontario's Pedagogy for the Early Years

How Does Learning Happen? Ontario's Pedagogy for the Early Years was developed in 2014 by the Ministry of Education to set the vision for early years in the province and the commitment to strengthen the quality of early years programs^{six}. Programs developed for children in the early years are grounded in the framework of "How Does Learning Happen?"

A key component of "How Does Learning Happen?" is the four foundational conditions crucial for child development: Belonging, Well-being, Engagement and Expression.





These four foundations are critical to this project when considering factors for positive child development extending beyond the early years.

Belonging: connectedness to others, feeling valued, forming relationships with others, and contributing to a group, community and natural world.

Well-being: the importance of physical and mental health and wellness, incorporating self-care, sense of self and self-regulation.

Engagement: being involved and focused, exploring the world around them with curiosity and exuberance.

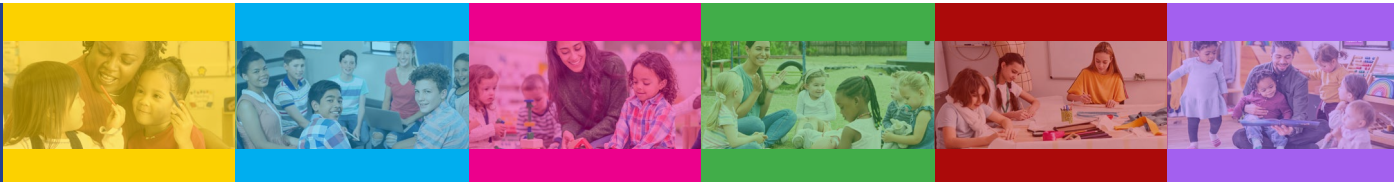
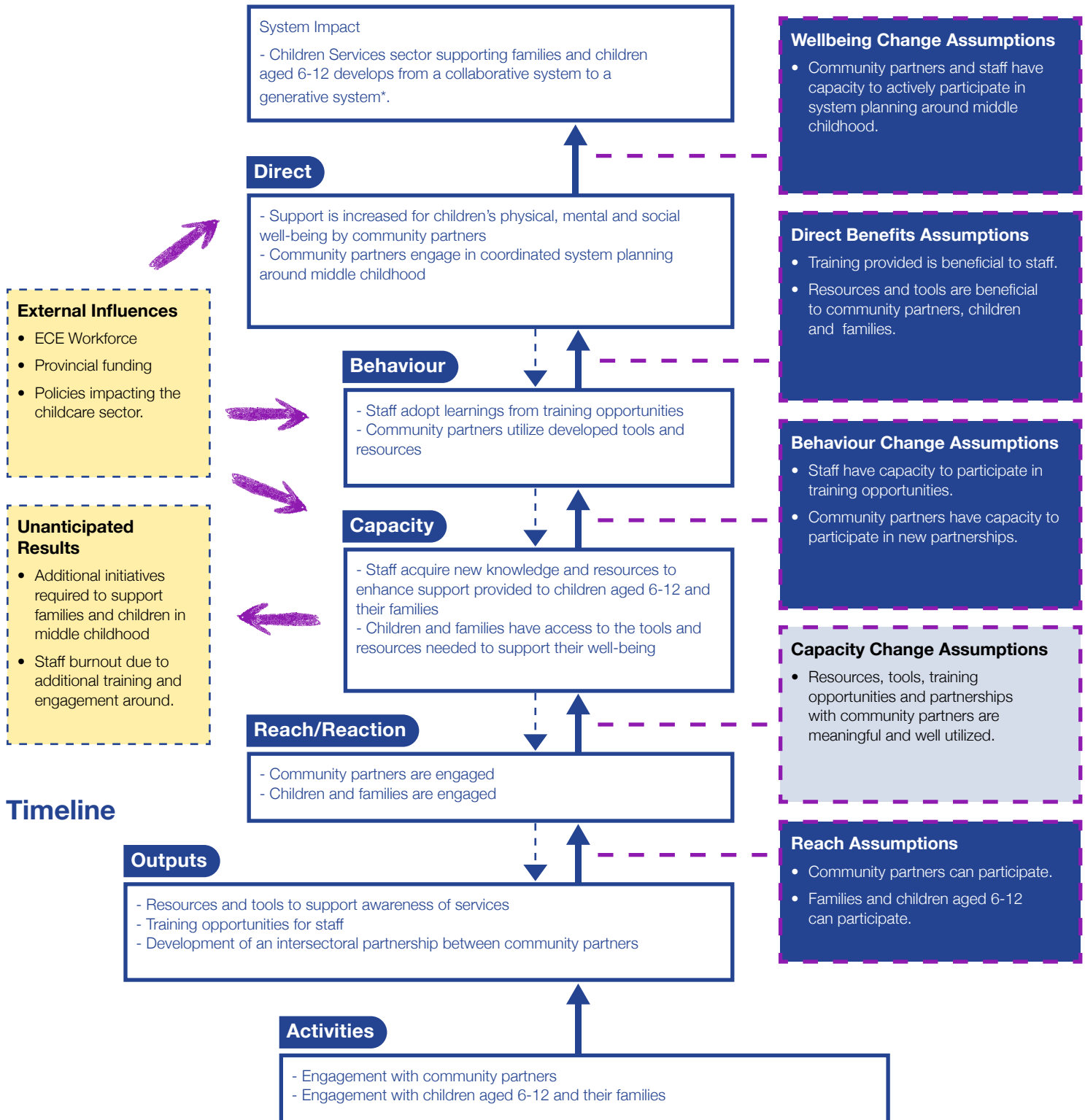
Expression (or communication): to be heard and to listen, communication through their bodies, words and use of materials.

Project Timeline

- Phase 1:** Literature review and stakeholder engagement – one-on-one interviews with community partners who provide services to families and children aged 6 to 12 **(April to August 2023)**
- Phase 2:** Public engagement – engagement with families and children aged 6 to 12 **(September to November 2023)**
- Phase 3:** Develop resources and tools to support stakeholders, children and families **(November to December 2023)**
- Phase 4:** Develop strategies for long-term maintenance of partnerships and resources and evaluation of strategies **(December to February 2024)**

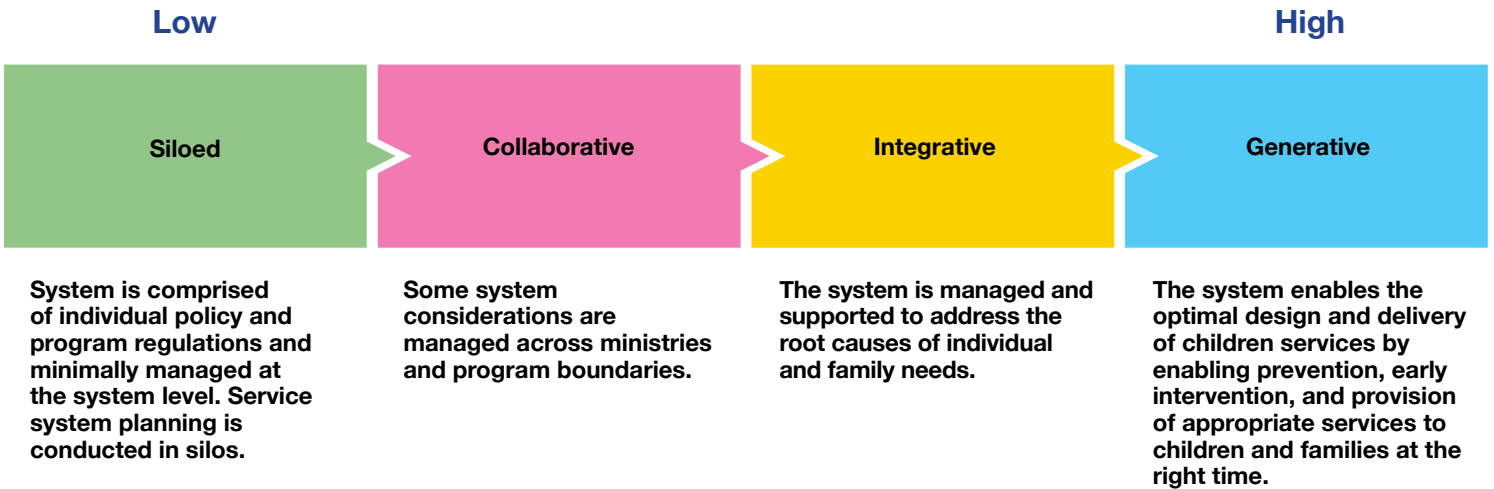


Theory of Change Model



Maturity Model*

A maturity model is a tool used to describe systems, as they flow from simple to more advanced states. There are four stages of maturity for systems:



The system impact outcome for this project is to develop the children services sector, supporting children and families in middle childhood, from a collaboration system to a generative system.

Part 1: Literature Review

As community partners have noted a decline in the social, physical, and mental health of children ages 6 to 12 following the pandemic, recent research has reflected similar observations.

Social Well-being

There are a variety of social skills children acquire during school-age years, including developing friendships, conflict resolution and social-problem skills, co-operation, the ability to help others, empathy and taking another person's point of view^{iv}. The development of social skills have been found to be correlated with other developmental domains, including mental health, coping skills and academic achievement^v.

With the rising use of social media and technology, children are increasingly using technology to connect with their peers. The Canadian Screen Time guidelines state the recommended screen time for children 5 to 17 years of age is no more than two hours per day^{vi}. There are several risks to the health of children due to high levels of screen time, including becoming overweight, sleep-deprivation, less ready for school, less attentive and decreased ability to self-regulate^{vii}.

Factors including higher screen time in children include having a TV in the bedroom, using screens during dinner, and parents watching TV with their children^{vi}. In a survey of parents with children aged 5 to 17 in Ontario, the proportion of children meeting screen time guidelines ranged from 61 per cent (age 5) to 34 per cent (age 17)^{vi}.

In 2017, 85 per cent of students in Ontario in grades 7 to 12 (12 to 17 years of age) used social media daily, with 20 per cent using social media more than five hours per day^{viii}. Studies have shown the use of social media is associated with body image concerns and disordered eating, and negatively impacts self-reported happiness, life satisfaction and self-esteem^x. Most social media platforms require users to be age 13 or older, though many children access these platforms prior to reaching the minimum age.

While risks exist for children using social media, there are benefits to social media use among older age groups related to psychological development^x. The use of social media has been shown to benefit psychological development for youth especially during periods of social isolation, periods of stress, when seeking connection to peers with similar developmental and/or health conditions and for those who experience adversity or isolation in offline environments^x. As children enter early adolescence (i.e., 10 to 14 years of age), it is recommended that parents/guardians monitor social media use, including ongoing review, discussion and coaching around appropriate social media content^x.



In 2018, children entering Grade 1 in Greater Sudbury completed the Early Development Instrument (EDI) assessment to determine vulnerabilities in early childhood development across five domains as they enter into middle childhood: physical health and well-being, social competence, emotional maturity, language and cognitive development, and general knowledge and communication skills. In 2018, 7.3 per cent of children were considered vulnerable in the social competence domain, which measures the ability of children to play and get along with others, share and show self-confidence^{xi}. Updated EDI assessments are expected to be completed in 2023.

Physical Health

Physical activity for school aged children is vital to their overall development and the formation of life-long habits. Participation in play and leisure programs has shown increased physical and psycho-social health of individuals and families, increased attendance and achievement at school, decreased behavioral and emotional problems, increased self-reliance and ability to manage, decreased health care costs related to childhood obesity, and supports youth to develop self-confidence, optimism, and initiative^{xii}.

The most recent Report Card from participACTION shows that many opportunities for activity and play were lost during the pandemic^{xiii}. Since 2020, the Report Card noted a decrease in overall physical activity and organized sport, and an increase in sedentary behaviours in children across Canada^{xxix}. Although the pandemic reduced opportunities for organized sport, the Report Card noted an increase in active transportation and active play^{xxi}. Only 17.5 per cent of children met the moderate-to-vigorous physical activity recommendation of 60 minutes/day at the height of the pandemic^{xxi}.

As of 2017, 30 per cent of children ages 5 to 17 were overweight or obese in Canada^{xiv}. Likewise in Ontario, many children experience challenges with being overweight and/or obese, which increases the risk of chronic diseases in adulthood^{xv}. Contributing factors to children becoming overweight and/or obese include sedentary behaviours, excessive screen time, lack of unstructured outdoor play, sugary/unhealthy food choices, limited knowledge/participation in food preparation, and food insecurity^{xxiii}.

The availability of free time due to parent/guardian schedules and the cost of organized sports remain barriers for children to participate in physical activity programs^{xx}. However, there are a variety of free, unstructured programs and amenities available to children and families through the City of Greater Sudbury's Leisure Services section, including splash pads, walking trails, outdoor rinks, public swimming, beaches and playgrounds. Subsidy programs are also available for summer programs through the City of Greater Sudbury Children Services section to decrease the financial barrier for children to participate in programs.

In 2018, the City of Greater Sudbury established 10 population health priorities including a priority for play opportunities for all ages^{xvi}. Calls to action within this priority area included inclusion, access, intergenerational, affordable access, reduced screen time, natural play and risk tolerant play^{xxiv}.

In 2018, 15.5 per cent of children in Greater Sudbury were considered vulnerable in the physical health and well-being domain of the EDI^{xi}, an increase from 14.8 per cent in 2015. The physical health and well-being domain is the domain with the highest percentage of vulnerability for children in Greater Sudbury. The physical health and well-being domain measures the ability for children to be healthy, independent and rested each day^{xi}.

Mental Health

Childhood and adolescence are critical periods for the development of social-emotional abilities and the prevention of mental health issues^{xvii}. Mental health issues are increasingly prevalent among children in middle childhood^{xxiii}, with the most common mental health issues among children in the middle years being anxiety, depression, conduct disorders and Attention Deficit Hyperactivity Disorder (ADHD)^{xxiii}. Approximately one in five children and youth in Ontario have a mental health challenge, with about 70 per cent of these challenges beginning in childhood or adolescence^{xviii}. For every dollar spent on early childhood mental health, studies show an \$8 return on investment^{xix}. However, less than one in six children receive the specialized treatment they require^{xiii}.

On average, children and youth wait 98 days for intensive mental health treatment services, and 78 days for counselling and therapy services in Ontario^{viii}.

In a recent report by SickKids, new research revealed that children and youth experienced a decline in their mental health during the pandemic^{xx}. Causes of decreased mental health included social isolation, cancellation of events and a decrease in social interactions^{xv}. 70.2 per cent of school-aged children (aged 6 to 18) reported deterioration in at least one of the following areas: depression, anxiety, irritability, attention span, hyperactivity and obsessions/compulsions^{xv}. During the pandemic, 40 per cent of parents in Ontario reported behavioral-emotional challenges in their children^{xxi}. For children and adolescents in grades 7 to 12, 59 per cent reported feeling depressed about the future due to the pandemic and 39 per cent felt the pandemic "very much" or "extremely" negatively impacted their mental health^{xxii}.

Prior to the pandemic in 2017, children and youth in the northern regions of Ontario (North East and North West), had the highest rates of mental health-related emergency department visits^{xxiii}, identifying a greater need for prevention efforts and early intervention.

Positive child development, which includes health, mental health, and social outcomes later in life, relies heavily on quality relationships with parents/guardians^{xvi}. Family relationships are the first and most powerful influence on children's learning, development, health and well-being^{xxiv}. When children live in homes with high levels of toxic stress (i.e., addictions issues, domestic violence, mental health issues), this has significant impacts on the child's cognitive, social and emotional development^{xxiii}. When parenting stress is present at infancy, it has been shown that this leads to an increased risk for mental illness in pre-school age children^{xv}.

During the summer of 2020, one-third of Canadian families reported high or extreme anxiety about family stress related to confinement due to the pandemic^{xvi}. In addition, for children and adolescents in grade seven to twelve, 24 per cent reported that their relationships with their parents/guardians worsened during the pandemic^{xvii}.

While there are no direct EDI domains which measure mental health for children entering middle childhood, 12.9 per cent of children were considered vulnerable in the emotional competence domain in 2018 in Greater Sudbury. The emotional competence domain of the EDI measures children’s ability to concentrate on tasks, help others, show patience, and whether they are often not aggressive or angry^{xi}.

Social Determinants of Health

The social and economic context in which children are born, grow up and live are known as social determinants of health^{xxv}. A number of social determinants influence health outcomes for children, including, but not limited to:

- Housing
- Food security
- Income and social status
- Racism and discrimination
- Education and literacy
- Social supports and coping skills
- Physical environments
- Early childhood education
- Healthy behaviors
- Gender
- Culture

The environment in which children grow up significantly impacts their development and well-being. Risk factors for negative health outcomes include poverty, food insecurity, unstable housing and homelessness, isolation and discrimination^{xxiii}. Studies have shown that families who have higher income levels participate more frequently in recreation and leisure activities, which are linked to positive health outcomes^{xxvi}. In addition, the pandemic significantly impacted many social determinants of health, which included an increase in inequities and discrimination in the areas of housing, health and employment^{xxvii}. As part of the Strategic Plan for Ontario’s Human Rights Commission (OHRC) for 2023-25, the OHRC has committed to addressing systemic discrimination within the education system and will work towards creating an environment where all children can reach their full potential^{xxvii}.

From 2016-2021, Greater Sudbury welcomed 1,250 newcomers to the community^{xxviii}. As the population of newcomer families increases in Greater Sudbury, many newcomer families in Canada experience feelings of loss, anxiety, isolation and stress, and encounter challenges integrating into communities and accessing

programs, services and community opportunities^{xxix}. The impact of social determinants of health, including employment and working conditions, food and housing insecurity, social exclusion and discrimination can increase the vulnerability of newcomers and impact access to support^{xxix}. In Ontario, newcomers are two times more likely to live in poverty compared to the general population, with 33.5 per cent of very recent immigrants and 19.4 per cent of recent immigrants living in low-income households^{xxiii}. Other populations who are more likely to be low-income in Ontario in comparison to the general population include families led by a female lone parent and Indigenous and racialized populations^{xxiii}. With respect to EDI scores, children are more likely to be vulnerable in one or more domains when they are in low-income families, as compared to middle and higher-income families^{xxx}.

Children and Families with Disabilities

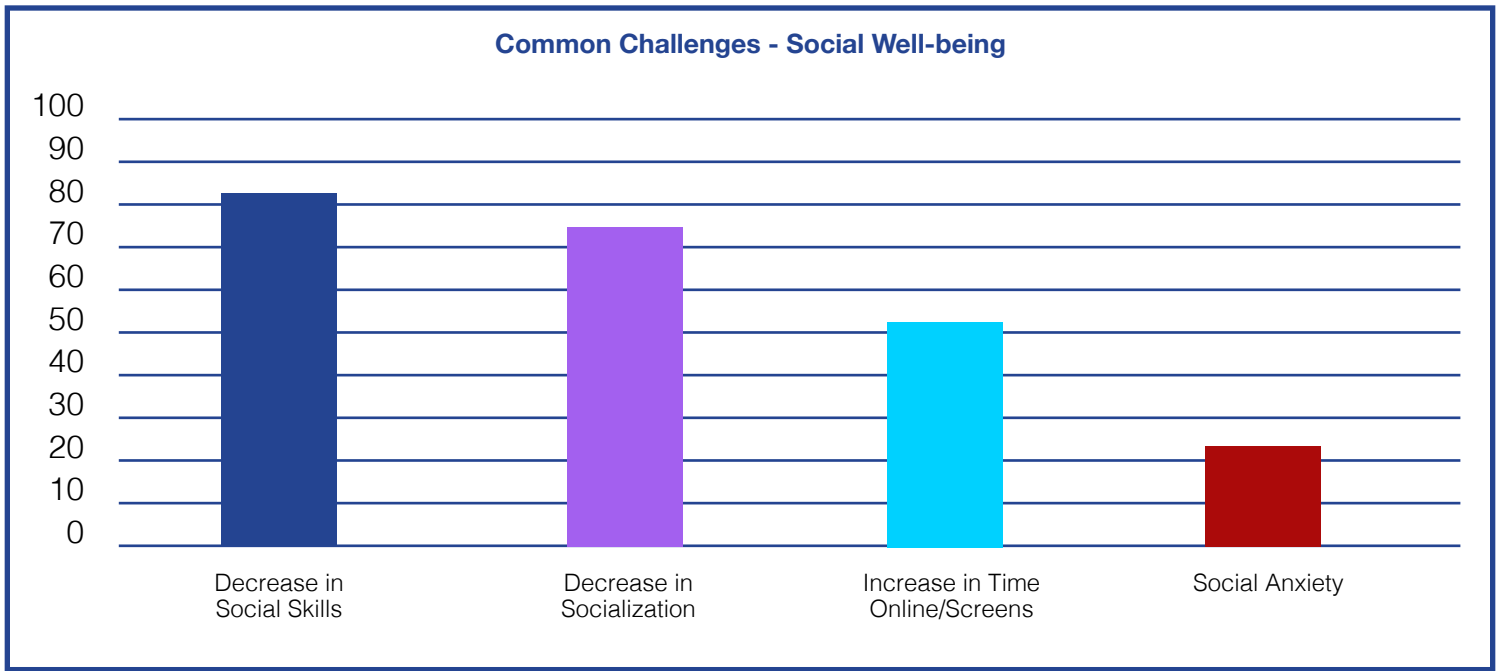
In Greater Sudbury, supports for children ages 0 to 12 with disabilities and their families are provided by Child and Community Resources (CCR). CCR provides support to children with physical, communication, intellectual, emotional, social and/or behavioral development conditions. Such conditions can include, but are not limited to, communication delays and disorders, physical disabilities, neurodevelopment disabilities, acquired brain injuries, chronic and/or long-term medical conditions and special diagnosis such as cerebral palsy, autism spectrum disorder, etc^{xxxi}. In 2022, 117 consultations were completed by CCR, with children age’s 6 to 12 indicating a concern related to the child’s development^{xxxii}.

Part 2: Stakeholder Engagement Results

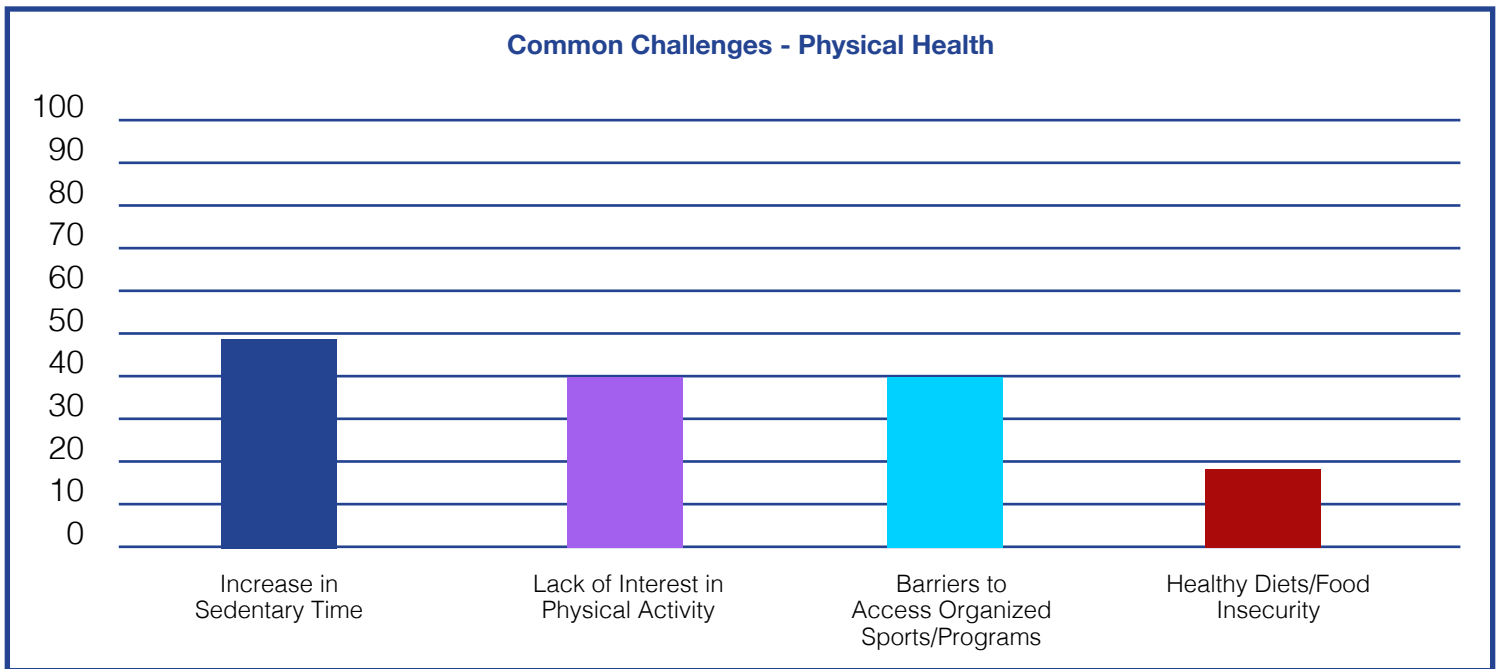
Throughout April and May 2023, the City of Greater Sudbury conducted one-on-one interviews with agencies in the Children Services sector to gain insights into opportunities for increased collaboration between services and programs available to children ages 6 to 12 and their families. In total, 17 agencies/departments participated in the one-on-one interviews from a variety of sectors, including childcare, recreation, mental health, school boards, special needs and clinical supports.



Community partners were asked about their observations of children ages 6 to 12 and some of the challenges they experience:



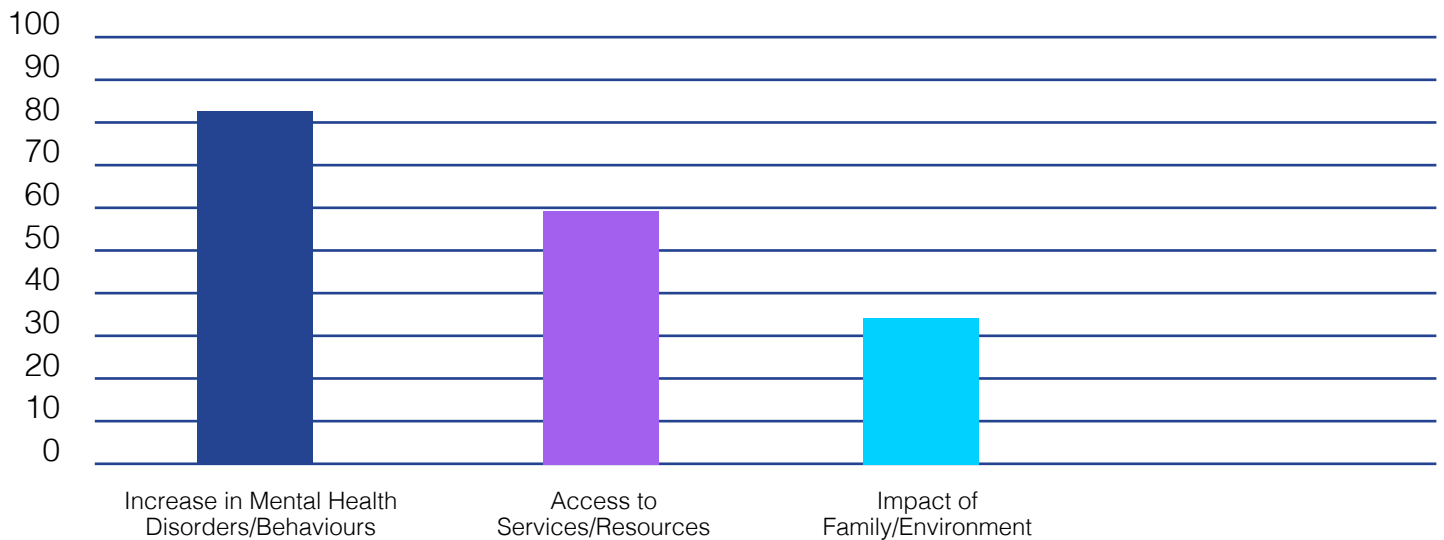
The most common challenges community partners experienced with social well-being in children 6 to 12 years of age were a decrease in social skills (82 per cent), decrease in socialization (65 per cent), an increase in time spent online/screen time (53 per cent), and social anxiety (24 per cent).



The most common challenges related to physical health experienced by community partners who provide services to children ages 6 to 12 included an increase in sedentary time (47 per cent), lack of interest among children in physical activity (41 per cent), barriers to access organized sports and programs (41 per cent), and food insecurity and healthy diets (18 per cent).

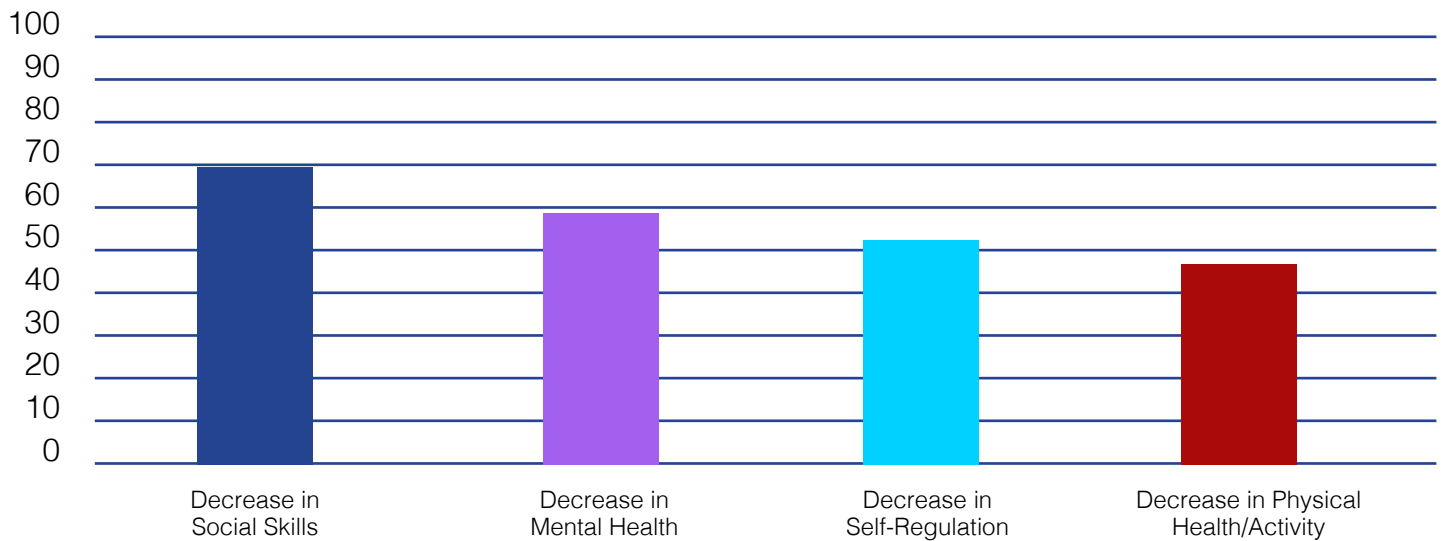


Common Challenges - Mental Health

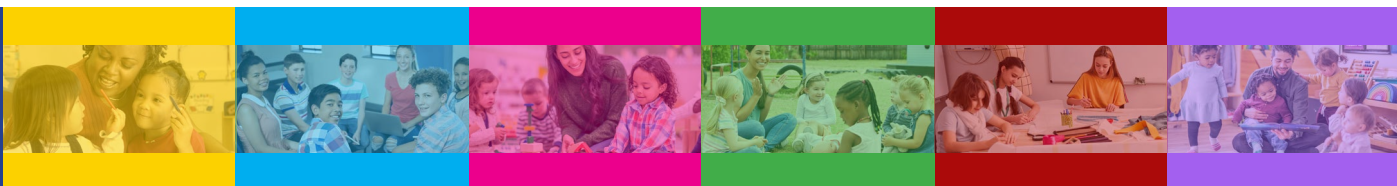


Agencies reported the most common challenges they experienced with children ages 6 to 12 in mental health were an increase in mental health disorders and behaviours (82 per cent), access to services and resources (59 per cent) and the impact of the child’s family and environment on their mental health (35 per cent).

Challenges - Overall Well-being Following the Pandemic



When discussing overall challenges with the well-being of children ages 6 to 12 following the pandemic, the following themes were most common: a decrease in social skills (71 per cent), a decrease in mental health (59 per cent), a decrease in self-regulation (53 per cent) and a decrease in physical health and activity (47 per cent). Following the discussion on challenges observed among children aged 6 to 12, agencies were asked about opportunities to strengthen the coordination of resources around social, physical and mental health for children aged 6 to 12 and their families, and the resources, tools and planning structures needed to support this work.



Opportunities to strengthen coordination of resources:

- Increase networking throughout the sector to increase awareness of available resources
- Increase the use of social media to communicate community events to families
- Increase peer-to-peer engagement between educators to share successful strategies and discuss concerns within this age group
- Increase the use of data to support system planning
- Wrap-around services and information sharing between agencies providing support

Resources, tools and planning structures needed:

- User-friendly website/platform to increase awareness for service providers and families on the services available in the community, including information on how to access, eligibility criteria and cost
- Establish a sub-committee of the Planning Network for Sudbury Families to increase information sharing between agencies of services available for 6 to 12 year olds and establish shared goals
- Implement a data strategy within the Children Services sector to support system planning (i.e., Early Development Instrument (EDI) scores)
- Implement a social media strategy to promote community events through social media to families
- Implement strategies to increase parent/guardian engagement
- Implement wrap-around services and information sharing between agencies providing support

Agencies were asked about challenges for their agency to support families and children aged 6 to 12.

Responses included:

- Funding mandates
- Funding to operate programs and staffing
- Staff burnout
- Staffing levels
- System navigation
- Parent/guardian engagement
- Availability of support services
- Large service areas (rural vs. urban areas)
- Specialized training for staff (i.e., behaviour management, mental health)
- Availability of quality data
- Waitlists for services
- System collaboration
- Physical space limitations
- Materials to support newcomer families

Agencies were asked about challenges for families with children aged 6 to 12 to access services.

Responses included:

- Financial barriers
- Lack of subsidized programs
- Awareness of existing programs and how to access
- Waitlists

- Availability of support services
- Criteria of programs
- Transportation
- Language barriers
- System navigation

Agencies were asked about additional barriers for marginalized families with children aged 6 to 12 to access services. Responses included:

- Transportation
- Language barriers
- Location of services
- Financial barriers
- Awareness of existing programs and how to access
- Cultural barriers

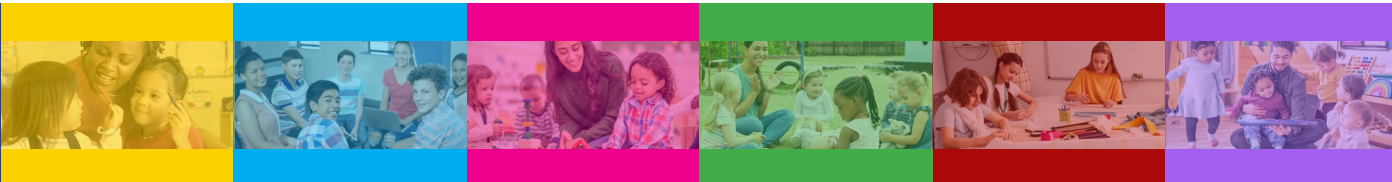
Agencies were asked about learning opportunities around middle childhood for staff within the sector.

Training topics of interest included:

- Sensitivity training (i.e., newcomers)
- High five training
- Crisis intervention and prevention (CPI)
- Self-regulation
- Resiliency
- Social development and well-being
- Social anxiety
- Inclusion of children with special needs
- Land-based learning (Indigenous-focused)
- Self-image
- Cyber-bullying
- Increasing engagement in physical activity and outdoor play
- Strategies to support children who have experienced trauma
- Mental health and early identification
- Equity and diversity
- Behaviour management
- Effects of screen time

Next Steps:

- An Over to You page will be created to survey families with children aged 6 to 12 on opportunities to increase awareness and access to services and programs for children 6 to 12 and increase parent/guardian engagement (Phase 2: July to September 2023)
- Marginalized families with children aged 6 to 12 will be engaged to determine opportunities to increase engagement with this population (Phase 2: July to September 2023)
- Engagement with children aged 6 to 12 to determine opportunities for the sector to improve their social, physical and mental health (Phase 2: July to September 2023)
- Develop resources, tools, and planning structures recommended from one-on-one interview results with partners and parent/guardian engagement results (Phase 3: October to December 2023)
- Develop strategies for long-term maintenance of partnerships and resources and evaluation of strategies (Phase 4: January to February 2024)



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