



On My Way

A GUIDE TO SUPPORT
MIDDLE YEARS
CHILD DEVELOPMENT





The images used throughout this document were drawn by children who participated in family interviews and focus groups across Ontario during the development of *On MY Way*.

The Ministry of Children and Youth Services would like to extend a sincere thank you to all of the artists and their families for allowing the use of their drawings in this resource .

Learn more about child and youth development at ontario.ca/middleyears

ISBN 978-1-4868-0533-4 Print

ISBN 978-1-4868-0534-1 HTML

ISBN 978-1-4868-0535-8 PDF

CONTENTS

2 ACKNOWLEDGMENTS

3 WELCOME!

3 ABOUT THIS RESOURCE

4 FOCUSING ON MIDDLE CHILDHOOD

5 THE IMPORTANCE OF THE MIDDLE YEARS

6 BRIDGING THE EARLY YEARS AND YOUTH

7 A BALANCED AND WHOLISTIC VIEW OF DEVELOPMENT

9 FAMILIES MATTER

9 RESPECTING INDIGENOUS PERSPECTIVES ON WELLBEING

12 UNDERSTANDING DEVELOPMENT IN THE MIDDLE YEARS

13 COGNITIVE DEVELOPMENT

18 PHYSICAL DEVELOPMENT

25 EMOTIONAL DEVELOPMENT

31 SOCIAL DEVELOPMENT

38 COMMUNICATION DEVELOPMENT

42 MENTAL HEALTH IN THE MIDDLE YEARS

44 DEVELOPMENTAL MAPS

48 COGNITIVE DEVELOPMENT

52 PHYSICAL DEVELOPMENT

55 EMOTIONAL DEVELOPMENT

59 SOCIAL DEVELOPMENT

65 COMMUNICATION DEVELOPMENT

66 MOVING FORWARD

68 ENDNOTES

ACKNOWLEDGMENTS

The OnMYWay resource was developed over the course of a year with support and input from many people, including child development experts, researchers, Indigenous partners, families, community partners, and the ministries of Children and Youth Services; Education; Tourism, Culture and Sport and Health and Long-Term Care.

The Ministry of Children and Youth Services appreciates the contributions of the organizations and individuals that shared their expertise, perspectives and experiences:

FAMILIES

We would like to thank the many families across the province that shared insights on parenting children in the middle years. The following groups and organizations supported outreach and helped to bring these families together:

Bob Rumball Canadian Centre of Excellence for the Deaf
Boys and Girls Club of Thunder Bay
Britannia Woods Community House
Centre Psychosocial d'Ottawa
Dilico Child and Family Services
Halton Multicultural Council Connections
Toronto Kiwanis Boys and Girls Clubs
Merrymount Family Support and Crisis Centre
Middle Childhood Matters Coalition
Ontario Inuit Children's Centre
Boys and Girls Club of Ottawa
Reach Out Centre for Kids
Tungasuvvingat Inuit
Weechi-it-te-win Family Services

CHILD DEVELOPMENT EXPERTS AND AUTHORS OF MIDDLE YEARS RESEARCH PAPERS

Dr. Chunlei Lu, Brock University
Dr. Gordon Flett, York University

Dr. James Côté, University of Western Ontario

Dr. Jan Willem Gorter, McMaster University

Dr. Jennifer Connolly, York University

Dr. Jennine S. Rawana, York University

Dr. Joel Lopata, Western University, Joel Lopata Consulting

Dr. Kate Tilleczek, University of Prince Edward Island

Dr. Michelle Jetha, Cape Breton University

Dr. Sidney J. Segalowitz, Brock University

Dr. Susan Scott, Lakehead University

Estelle Simard, MSW, RSW, ABD, The Institute for Culturally Restorative Practices

Dr. Karen MacLeod, Lutherwood

Marni Herold, Lutherwood

Dr. Angela Hovey, Lakehead University

Dr. Les Fleischer, Lakehead University

EXPERT ADVISORS

Andrea Breen, University of Guelph

Cindy Blackstock, First Nations Child and Family Caring Society of Canada, and McGill University

Dr. Christopher Mushquash, Lakehead University

Dr. Elizabeth Lee Ford-Jones, Hospital for Sick Children and University of Toronto

Dr. Jean Clinton, McMaster University

Dr. John Cairney, University of Toronto

Dr. Kim Schonert-Reichl, University of British Columbia

Dr. Leena K. Augimeri, Child Development Institute (CDI) and University of Toronto

Dr. Nancy Young, Laurentian University

Dr. Rose Cameron, Algoma University
Mary Jo Wabano, Naandwechige-Gamig Wiikwemkoong Health Centre

Tina Bobinski, Dilico Anishinabek Family Care

The Premier's Council on Youth Opportunities

INDIGENOUS PARTNERS

Anishinabek Nation and the Union of Ontario Indians

Association of Iroquois and Allied Indians (AIAI)

Chiefs of Ontario

Grand Council Treaty #3

Independent First Nations

Métis Nation of Ontario

Nishnawbe Aski Nation

Ontario Federation of Indigenous Friendship Centres

Ontario Native Women's Association

Ottawa Inuit Children's Centre

Six Nations of the Grand River

Tungasuvvingat Inuit

WELCOME!

ABOUT THIS RESOURCE

On MY Way: A Guide to Support Middle Years Child Development is a comprehensive developmental framework to support children ages 6–12, and is based on up-to-date evidence on middle childhood development.

Through an emerging, growing body of research, we know that the middle years is a critical period of transition and development with lifelong impacts. However, the body of evidence on middle childhood development is relatively small compared to that for the early years (from birth to age six) and youth (ages 12-25). Further, research on development during this period is not as widely and readily available compared to the other stages.

This resource describes what the leading research tells us about how middle years children are changing across Cognitive, Physical, Emotional, Social and Communication domains. It also considers the role that individual self, spirit, context and culture play in influencing these changes.

It describes what parents, caregivers and other caring adults can do to support optimal development during middle childhood, and helps define the most critical opportunities for early interventions that will have an impact on the future. It also supports evidence-based planning and service delivery by community partners, educators, service providers, philanthropic partners, municipal partners, and policy and decision makers — all with a shared goal of supporting optimal middle years child development.

By working to connect more individuals and organizations with research on what middle years children need, we improve our collective ability to effectively support the wellbeing of our children.

Who is this for?

This resource is intended for all those who play a role in or influence the lives of middle years children, including:

- parents, caregivers and caring adults
- Elders, Senators* and traditional knowledge keepers**
- community leaders and community groups
- educators and learning institutions
- agencies and organizations that serve children
- health care providers
- planners, policy makers and decision makers
- philanthropic organizations and individuals

How do I use it?

Child development is an interconnected and fluid process. It is experienced through the lens of culture and identity, and influenced by experience and context. As a result, development is best understood and supported with the whole child in mind.

Accordingly, this resource is intended to be read as a whole. It should be viewed with the understanding that each child's developmental journey is unique and is shaped by their experience and context, or circumstances. Reading only one section or domain within the document will not present the full picture of how middle years children are growing, learning and developing during this period.

The reader also needs to keep in mind that child development is dynamic, and does not move in a straight line. Children move along the developmental continuum at their own pace.

* "Senators" have a special place in Métis culture, the Métis Nation of Ontario and in its governance structure. Highly respected for their knowledge, values, and experience, Senators provide an elder's presence at community events and meetings, and they help to keep Métis culture alive by sharing Métis traditions and ways of life (Métis Nation of Ontario).

** "Traditional knowledge keepers" include Elders, Senators and other people who pass down knowledge of Indigenous culture and traditions.



FOCUSING ON MIDDLE CHILDHOOD

The middle years refer to the period in life between early childhood and adolescence. Generally, child development experts consider children between the **ages of 6–12** as being in their middle years.



THE IMPORTANCE OF THE MIDDLE YEARS

Today's middle years children

Ontario is home to more than one million children ages 6–12. This number is expected to increase to 1.26 million in the next 20 years.¹ Because of Ontario's aging population, this group is becoming a smaller, yet ever more important part of our province.

Middle years children in Ontario today are different from any generation before them. They are growing up in a dynamic time of rapid change. Technology plays an increasingly prominent role in children's lives, and brings with it many new opportunities as well as challenges.

Ontario's middle years children are very diverse, with 32 per cent identified as being a visible minority and 45.5 per cent identified as first or second generation Canadians.² While most middle years children in Ontario are thriving, some children in certain groups face greater challenges than others.

A distinct and important stage of development

There is new and emerging research that sheds greater light on this important developmental stage. The middle years are now understood as a key developmental turning point that set the foundation for personal identity, lifelong skills, habits and values.

Middle childhood is a period when children are exploring who they are and who they want to be, establishing basic skills and health habits, grappling with puberty, physical changes and gender roles, making friendships and forming attitudes about the world they live in, and taking first steps toward independence. This is a time of challenge as well as opportunity for children and for the people caring for them. Families, extended families, and caring communities all play a central role in supporting children throughout the middle years.

The middle years are also a time when early indicators of mental health and behavioural and learning challenges become more visible, and when early interventions can make a significant impact on long-term outcomes. Parents, caregivers and other caring adults can support children during this critical window by providing them with the opportunities and resources to help them thrive, and by identifying “early warning signs” of mental health, behavioural, and learning challenges.

BRIDGING THE EARLY YEARS AND YOUTH

On MY Way: A Guide to Support Middle Years Child Development bridges the existing early years and youth developmental frameworks. Resources for the early years include *How Does Learning Happen? Ontario’s Pedagogy for the Early Years*, which provides a resource to guide programming and pedagogy in early years programs; and *Early Learning for Every Child Today*, which includes a developmental continuum for children from infancy to school-age.

To support youth development, the Ontario government released *Stepping Stones: A Resource on Youth Development* to guide supports and services for young people between the ages of 12 and 25.

Together, these developmental frameworks form a continuum of resources to support optimal development and improve outcomes for children and youth from birth to age 25, along the life course.





HOW THIS RESOURCE WAS DEVELOPED

Research on middle childhood development:

Thirteen new research papers were developed by leading Canadian researchers to compile current evidence on middle childhood development.

Researcher think tank: A research forum was held with approximately 35 leading child development researchers on key topics related to health middle years development.

Discussions with families: Focus group discussions and one-on-one interviews were conducted with approximately 100 parents and caregivers to hear their stories and perspectives.

Middle years parent/caregiver experience survey:

A survey asked more than 1,400 parents and caregivers about their experiences raising middle years children, including the challenges they face and the supports they receive.

Community workshops: A series of workshops across the province engaged 165 community partners and service providers to gain insights on supporting middle years child and family wellbeing.

Strategic roundtable: A roundtable was held with more than 60 provincial partners and stakeholders to discuss strategic priorities and outcomes for middle years children.

Premier's Council on Youth Opportunities:

The Premier's Council on Youth Opportunities provided valuable insights on priorities, outcomes and opportunities to improve the wellbeing of all middle years children.

Indigenous partners: The provincial government worked closely with Indigenous partners through the Ontario Indigenous Children and Youth Strategy Technical Tables and through a review of Indigenous partners' submissions for the Ontario Indigenous Children and Youth Strategy and changes to the *Child and Youth Family Services Act* to ensure that the perspectives of First Nations, Métis, Inuit and urban Indigenous partners were integrated into this resource.

A BALANCED AND WHOLISTIC VIEW OF DEVELOPMENT

This resource provides an overview of the core skills, competencies and developmental milestones that children typically attain during middle childhood. Development can be seen through **five domains** (see Figure A):

Figure A



Development is interdependent

Development does not occur along a straight line. We have identified five domains or areas of development — cognitive, emotional, social, physical, and communication — that are constantly at work influencing and building upon one another. Developmental domains are interdependent, and progress in one supports progress in others. Promoting optimal development involves encouragement and support to achieve balance and growth across all of these domains.

A way of looking at this is to consider how a child's **brain development** may begin to enable them to recognize others, and become aware of others' perspectives. This in turn, enables them to have more connected social interactions, and as a result further develop their **social skills**, as well as practice their growing **communication skills**.

Similarly, when a child experiences challenges across one developmental domain, this will impact other aspects of their development.

If this is the case, why do we break child development into different domains? The answer is that they are an entry point.

Thinking in terms of the different domains allows us to break down and understand all of the different changes that are taking place. This is useful in understanding developmental "events" or what is happening in children, their influences, and how we support optimal outcomes as children develop through their middle years.

Influences and context are key

Children in the middle years are seeking independence, exploring a dynamic and influential new world of friends, teachers, school staff, coaches and traditional knowledge keepers, and establishing new social identities in what is to them an increasingly broad community.

At the same time, middle years children are dependent on the care and support they receive at home, in their schools and in their communities. From giving children a sense of comfort and safety to guiding their emotional and cognitive development, parents and caregivers and other caring adults in the community have a very important role to play. The positive influence of caring adults on the development of children is an essential component of Ontario's Middle Years Strategy.

The best way for children to grow and develop successfully is for all of the significant influencers in their lives to be working together to support them. This includes families and extended families, schools, after-school programs, service providers and other caring adults in the community.

Every child is unique and develops at their own pace

Children of all abilities and from all backgrounds develop physically, socially, emotionally and cognitively, and they all develop communication skills. However, the ways that children develop across these domains differs widely. Each child is unique and develops at their own pace. A child's developmental journey occurs along a path shaped by their own experience, context, social and environmental factors.

Because of these differences, it is important to avoid the concept of "normal" development. No one developmental pathway can be generalized to include all children.

Valuing all children equally means respecting the diversity of their developmental journeys. This resource takes an inclusive view of child development, so that all children can see themselves reflected in it.



FAMILIES MATTER

Families and extended families play a critical role in supporting middle years child development. Children live in many different types of families, including those that are led by one parent, multiple parents, grandparent(s), foster parent(s) or other caregiver(s). Some families are large and extended, while others are small. Friends and neighbours may also be a part of the extended family support network. There is no single way to be a family. Every type of family can be a source of strength for middle years children.

Parents and caregivers are often a child's best support and champion. The most effective supports for children are those that have the overall child and family wellbeing in mind. The Ontario government acknowledges that supporting our children means supporting families. Children don't exist and grow in isolation. Parents and caregivers are the experts on their children.

However, parents and caregivers sometimes need help. While most families in Ontario are thriving, some face significant pressures and challenges. Poverty, intergenerational and colonial trauma, special needs, language barriers, settlement challenges, racism and discrimination are all factors that can affect the needs and resilience of parents and caregivers. Supporting families and creating the conditions for all families to thrive is the best way to support optimal child development and ensure a promising future for all Ontario children.



RESPECTING INDIGENOUS PERSPECTIVES ON WELLBEING

Indigenous people in Ontario include many First Nations, Inuit, Métis and urban Indigenous communities. There is a rich diversity within and across Indigenous cultures. This diversity extends to where Indigenous peoples live, the languages that they speak, each community's system of governance, cultural traditions and practices (including child rearing practices and norms), and how services are accessed and delivered.³

Indigenous families

When considering Indigenous perspectives on wellbeing and child development, it is important to understand the traumatic impact of colonization on Indigenous families and communities. Colonial trauma continues to impact the wellbeing of Indigenous families and communities to this day. The roots of this trauma stem from policies and practices that specifically sought to disrupt and destroy Indigenous cultural traditions, family and community structures and child rearing practices.

The residential school system forcibly removed children from nourishing, loving families and communities; placed them in institutions that prohibited them from practicing their cultural traditions and speaking their Indigenous languages; and left them vulnerable to violence, abuse and isolation.

Colonial policies have resulted in widespread intergenerational impacts, including the disruption of traditional Indigenous parenting styles.⁴ The Truth and Reconciliation Commission noted that residential school survivors have asked for support to regain traditional parenting practices and values.

Many Indigenous families in Ontario today are led by vulnerable parents facing a range of challenges. Twelve per cent of Indigenous families are headed by parents under the age of 25 years, and 27 per cent are headed by single mothers.⁵ Indigenous families experience poverty at greater rates than non-Indigenous families, and Indigenous people have a disability rate that is twice the national average.⁶

Despite these issues, the rich cultural knowledge systems and child rearing practices of Indigenous peoples are being widely practiced and transmitted by Indigenous families today.^{7,8} These include participating in land-based activities, sharing in traditional or “country foods” (e.g., fish and wildlife), and supporting Indigenous language learning.

Indigenous wellbeing

A common element across Indigenous cultures is an understanding that wellbeing is interdependent, and involves individual, family, extended family and community wellbeing.⁹ Wellbeing is an all-encompassing and holistic concept, and includes having self-esteem, personal dignity, cultural identity, connectedness, balance and harmony across one’s physical, emotional, mental and spiritual self.¹⁰

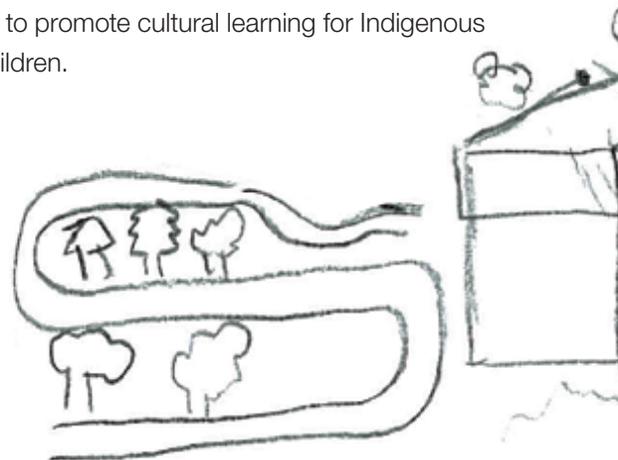
The stages of life are celebrated as each person brings forward different gifts and has a role in contributing to the wellbeing of the whole community. The life cycle reflects the interdependency of individuals, families and communities and their responsibilities to each other.¹¹

Belonging within a family and community is one of the most important indicators of Indigenous wellbeing.¹² Culturally-based systems of care place the child at the centre of societies, with parents, grandparents, aunts and uncles and traditional knowledge keepers as teachers, nurturers, and protectors.¹³ Traditional social structures provide children with a sense of belonging and an identity based on “every day good living”, ensuring the continuity of a traditional way of life. Young people growing up in these cultures are supported to develop a strong sense of self which is expressed through responsibility to the community.

Cultural learning and development

It is crucial for the wellbeing of Indigenous children, families and communities to preserve the culture and identity of Indigenous children. Cultural learning and development of one’s self and spirit is a core developmental need for Indigenous children and cuts across all of the developmental domains. First Nations and Inuit youth have indicated that culture provides them with balance and healthy relationships.¹⁴ A strong self-identity is dependent on young people being grounded in their Indigenous culture and is needed to counter the impact of intergenerational trauma and its lifelong effects.¹⁵ The United Nations Declaration on the Rights of Indigenous Peoples acknowledges the rights of Indigenous peoples to revitalize, use, develop and transmit cultural learning.¹⁶

Cultural structures and methods of cultural learning differ across and within First Nations, Métis and Inuit cultures. These examples of cultural structures highlight the range of opportunities to promote cultural learning for Indigenous middle years children.



Elders, Senators and traditional knowledge keepers and community leaders also play a key role in mentoring Indigenous young people, passing on traditional knowledge, and supporting children and youth to build confidence and a strong sense of self.

Examples of Cultural Structures¹⁷:

language	rituals
beading	hunting
naming	welcoming
circles	food
customs	diet
legends	crafts
art	songs
ceremony	family
land-based	extended family
clan teachings	cultural family
social activities	gathering
community	custom adoption
dance	pipe ceremonies
music	drum ceremonies

Transformed relationships

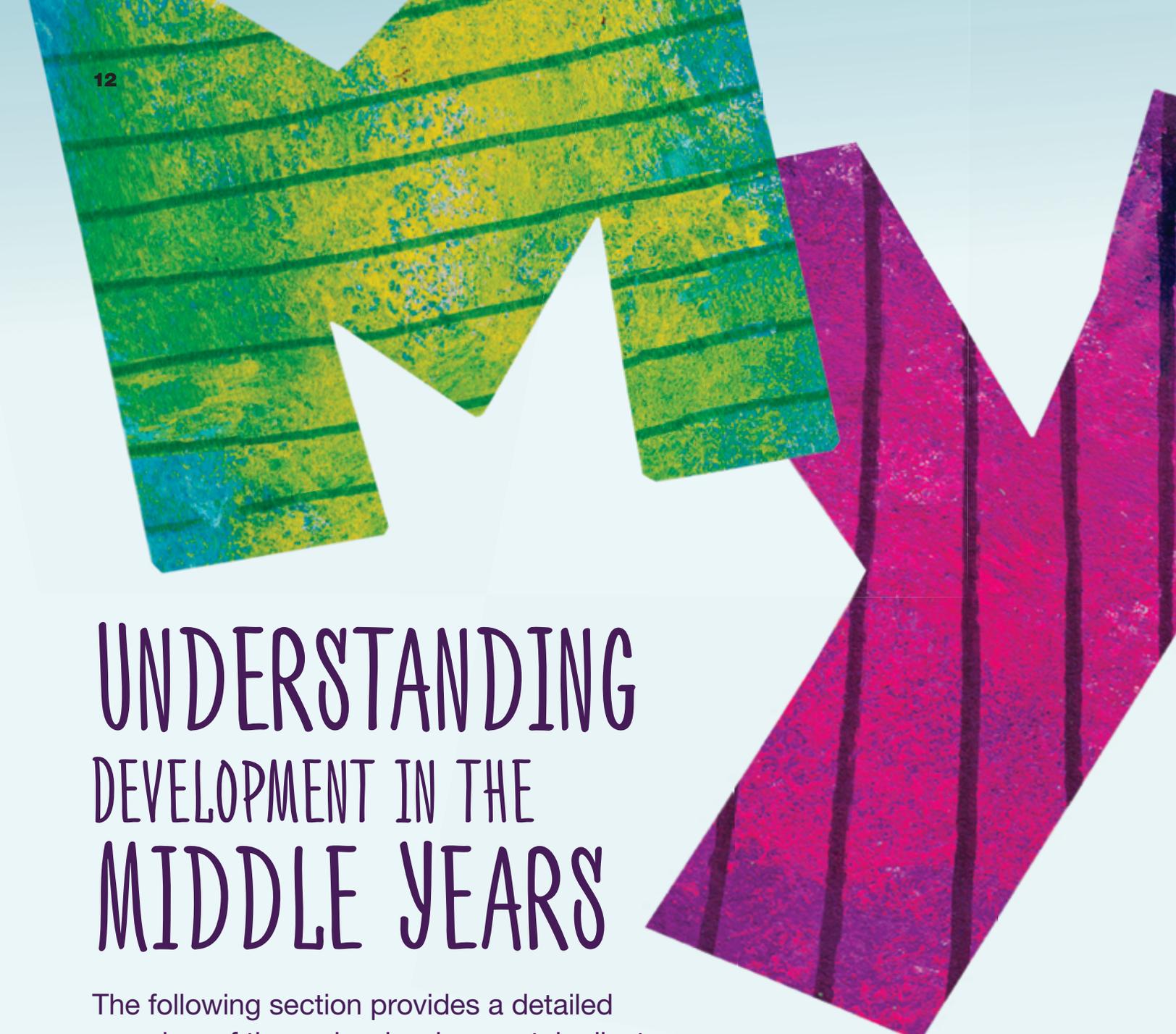
First Nations, Métis and Inuit families and communities are in the best position to define their own needs and identify the supports they require to help their children and families thrive. First Nations, Métis and Inuit services are best when they are designed and delivered by and for First Nations, Métis or Inuit communities.

The right to Indigenous self-determination must be respected by anyone seeking to support an Indigenous child. Each First Nations, Métis and Inuit community has a unique cultural, social, historical and political context. Perspectives or cultural traditions should never be generalized across all First Nations, Métis and Inuit groups. Service providers should make contact and work in partnership with the relevant Indigenous organizations and communities, particularly when they are considering providing support and services to Indigenous children and families.

Working toward reconciliation and transformed relationships between Indigenous and non-Indigenous families, communities and partners is a shared responsibility. The middle years provide a rich opportunity to reinforce, teach and support all children—including those who are Indigenous and those who are not—to participate as knowledgeable, respectful and active partners in reconciliation.

Middle childhood is a crucial period to support identity formation, cultural learning and spirit development. For Indigenous middle years children and their families and communities, this period presents an important opportunity to reinforce a strong foundation in family and community, and a lifelong connection to self, spirit and culture, which cuts across all domains of development and equips Indigenous children to thrive.





UNDERSTANDING DEVELOPMENT IN THE MIDDLE YEARS

The following section provides a detailed overview of the major developmental milestones and events taking place throughout middle childhood across each of the **five domains of development**—cognitive, emotional, social, physical, and communication.

Together, these domains help to paint a picture about what is happening developmentally in the life of a child. *It is important to note that each domain describes development under optimal circumstances.*



COGNITIVE DEVELOPMENT

The cognitive development of children in the middle years can be organized into three different areas: 1) brain development and processing; 2) learning and reasoning skills; and 3) behavioural learning. Each of these is outlined below.

BRAIN DEVELOPMENT AND PROCESSING

How the brain is changing

A child's brain develops significantly very early in their lives, and then another burst of development occurs in middle childhood, between the ages of five and nine.¹⁸ This launches a period of time when a child's brain is primed for learning — they have greater adaptability or “plasticity,” and are open to change.

Various types of development are taking place during this time. First, the various processing parts of the brain are developing and maturing, starting with those regions that affect vision, hearing, touch and movement. This is followed by the areas related to memory and language, and then by the frontal regions and systems that integrate and process information and support executive functioning.

During these middle years, children's brains are going through actual physical changes. The outer layer of the brain, the cerebral cortex (often called “grey matter”) is thickening and then thinning in specific regions as the brain continues to mature. There are also notable changes in growth patterns at the start of puberty.

While all of this is going on, there is also a great deal of “rewiring” occurring as different areas of the brain become increasingly interconnected and efficient and develop greater processing speed. During puberty, there are also significant changes in brain chemistry. Together, these processes of growth, maturation and change are associated with the development of intelligence, language, memory, visual-spatial, numeracy, literacy, social information processing, response and inhibition skills.¹⁹

Cognitive development

is the construction of thought processes, including remembering, problem-solving, and decision making, from childhood through adolescence to adulthood. Supports of cognitive health include adequate, affordable, fresh and nutritious food, accessible transportation, and safe and secure housing.

The Importance of Sleep

Sleep has a strong influence on a number of critical brain functions. These include learning and memory, executive functioning, academic performance, emotional perception, reactivity and regulation, attention span, creativity and problem-solving. During the middle years, inadequate or poor quality sleep can lead to irritability, hyperactivity, impulsiveness, increased risk-taking and mental health issues. As well, shorter sleep duration can affect hormone levels, which is associated with an increased risk for obesity, diabetes and hypertension.^{20,21,22} Studies have consistently shown that short sleep duration is associated with weight gain and the development of obesity.²³

Sensory and perceptual abilities

There are differences in the way the brains of adults and children receive and process visual information and the ways in which they understand spatial relationships. There is a transition during the middle years in the sensory and perceptual abilities of children, which is to say how they think and feel about the world. While children younger than six years prefer looking and thinking about things in a detailed, specific way, after the age of six they prefer focusing on the broader, or global, information they see.²⁴

The ability to organize visual information into meaningful patterns and understand where things are in space improves in middle childhood,²⁵ and two-dimensional visual-spatial functioning becomes fully developed.²⁶ As noted above, there is a thickening in the area of the brain that supports these abilities that occurs sometime between the ages of 10-12 (and generally earlier for girls than boys). By age 12-14, a child's ability to respond to complex visual tasks is close to that of adults, while the perception of complex visual scenes is still developing.²⁷

Memory

Significant improvements occur in the memory capacities of children during the middle years. Episodic memory, which is the ability to recall specific events, improves, as does procedural memory, which is the part of long-term memory that stores information on how to perform certain actions and activities, such as walking, talking and riding a bike. Finally, what is referred to as working memory also improves. This is the ability to keep relevant information readily available and apply it to the tasks at hand.^{28,29}

Higher levels of brain functioning

During the middle years, there is a gradual increase in inquiry, investigating, logical thinking and problem-solving. Children are asking more questions, and doing a better job of analyzing the answers. They are occasionally able to think, "what if?" based on concrete life examples.

The thickening of the part of the brain that supports planning, organizing, strategizing, and paying attention peaks at ages 11-12 (earlier for girls). As a result, there is frequently improved behaviour and self-regulation among children in their later middle years.



The Challenge of Multi-Tasking

It is hard for children in their middle years to filter out irrelevant and distracting information during learning. Multi-tasking, such as using multiple digital devices while learning, makes memory much less accessible for recall. As a result, learning while multi-tasking is not easy during the middle years (or at any age). The most beneficial way for children at this age to learn and to remember is through mono-tasking — that is, focusing on one task at a time.³⁰

LEARNING AND REASONING SKILLS

Developing learning strategies

Children in their middle years are gradually becoming better at learning. They develop a number of traits that are useful in the learning process, such as curiosity, creativity, imagination, cooperation, confidence, commitment, enthusiasm, and persistence.³¹ They begin to understand cause and effect.³² While their ability to pay attention and concentrate on tasks will vary,³³ this is a time when children are becoming more aware of strategies to improve their memory and learning.³⁴ Essentially, they are learning how to learn.

Drawing conclusions and critical thinking

Throughout the middle years, children are increasingly able to collect, organize and integrate information and ideas from various sources. In addition, they are learning to question and predict, examine and analyze opinions, identify values and issues, detect bias and distinguish between alternatives. In fact, they are learning how to think critically about things. The development of these early *critical literacy* skills means children at this age are able to start to look beyond what is literally said or written, and determine what it actually means.



BEHAVIOURAL LEARNING

Self-monitoring, behaviour and impulse control

The areas of the brain that regulate impulses are among the last to develop. This stage of brain development during the middle years results in children beginning to experience an increase in self-control. They are better able to pay attention, better able to regulate their emotions, and better able to inhibit impulsive behaviour.

Developing greater self-control tends to provide many benefits to children, including being more successful, getting into less trouble, doing better at school and having an easier time developing friendships. Some children are more susceptible to challenging emotions such as anger or sadness. In some cases, these children will have a harder time developing self-regulation skills. A number of strategies have been identified for helping children learn self-control. Music lessons, learning a second language, aerobic exercise, martial arts and yoga are some of the most popular and effective, as they involve repeated practice and are progressively more challenging. For children that are experiencing significant challenges with self-regulation, a children's mental health program that focuses on self regulation and the development of social competencies may be helpful. Research has found that children in the middle years are good candidates for learning self-regulation strategies.³⁵

Please note: Social learning, which is also impacted by changes in the brain, is covered in the section on Social Development, page 31.

Decision making and impulse control

In the early middle years, prior to puberty, taking risks is mainly related to a lower understanding of risk and less general impulse control. The ability to make good decisions depends on many factors, including the ability to stay focused and avoid distractions and this improves with maturity. As well, impulse control, anticipation of future consequences, strategic planning and resistance to peer influence all increase with age.

Later in the middle years, children learn how to assess risk, respond to threatening situations and protect themselves from a variety of social issues, such as bullying, violence, substance abuse and technology-related threats.³⁶ They also develop the decision making and communication skills needed to resist pressures to engage in behaviours that can lead to injury or harm. In this period, children may take risks due to a desire for immediate reward and a need to seek out thrills.³⁷ This behaviour is linked to the hormonal changes and resulting brain changes that occur in puberty. This type of behaviour is thought to be more strongly related to puberty than to age.^{38,39,40}

The middle years are a key time to reinforce prevention supports. While early adolescents are generally not inclined to participate in risky behaviour, peer pressure can activate and increase activity in the reward regions of the brain and encourage risk-taking.^{41,42} However, children will make fewer risky decisions when a low-risk or cautious peer is present. As well, they tend to make safer decisions when they are with a parent/caregiver or other responsible adult, compared to when they are alone. As children near puberty and adolescence, discussions about wellbeing should begin to include ways that children can protect themselves from potential threats such as cigarette smoking, alcohol and drug consumption and unsafe sexual activity.^{43,44}

Importantly, when children engage in positive social behaviour, such as volunteering, it changes the way their brain reacts in threatening contexts and may reduce risk-taking behaviour. Creating more opportunities for children to engage in positive activities may reduce the feeling of reward they experience in potentially dangerous situations.⁴⁵

Risk-taking and safety

Not all risk-taking behaviour is a problem. In many cases, it can help children engage in new behaviours and thereby learn new skills. This type of risk-taking is best undertaken when emotions are not involved, using deliberate, analytical decision making.⁴⁶ Ensuring children's safety can be a balancing act for parents and caregivers.



Programs and activities that target sensation-seeking and impulsiveness and address specific emotional and behavioural problems help children to improve self-regulation and have been shown to reduce behaviours that can lead to addiction. Programs would include those that teach the consequences of taking risks and provide opportunities for healthy risk-taking activities.

Unsupervised travel and outdoor play benefit children through physical activity and can help them acquire confidence and independence. However, the benefits have to be weighed against concerns about strangers, bullies and traffic. Research has revealed that hyper-parenting—a parenting style in which parents or caregivers are very involved in managing every aspect of their child’s life—can limit physical activity, and when children are closely supervised outside, they are less active.⁴⁷

Healthy and Responsible Use of Technology

Technology plays an increasingly prominent role in our lives. Children are now being exposed to technology almost from infancy, more often, and for longer periods of time. A 2014 survey of school age children revealed that children are encountering technology at younger ages. Close to half (49 per cent) of Grade 4 students have access to their own cell phone or someone else’s.⁴⁸ Technology is also part of many learning environments and is increasingly used to help make social connections. At the same time there is a “digital divide”, where disparities in access to technology are impacted by income, literacy, geography and broadband access.

There are both benefits and risks associated with exposure to digital technology. While the Internet, social media, and other communication platforms can give children the ability to interact with the world around them and the opportunity to develop as digital citizens, there are risks to its inappropriate or over use. Time spent in front of a screen and intense audio-visual stimulation in childhood can affect the way the brain is wired, social functioning, sleep and mental and physical health. More time in front of a screen means that it takes more stimulation to get the brain’s attention and children are more at risk for attention deficit disorder, learning problems and risky behaviours. Parents need to be aware that individual children may respond differently to the same kinds of technology.⁴⁹

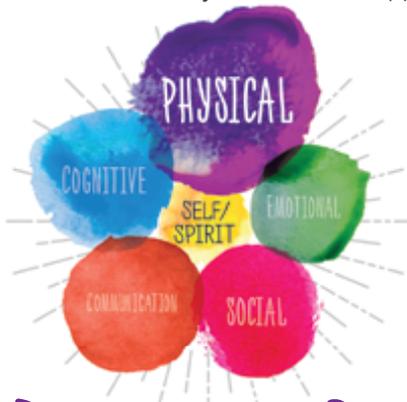
Guidelines from the Canadian Pediatric Society recommend that recreational screen time (TV, computer, video games, multimedia phones) be limited to no more than two hours each day for children between ages 5-11. Evidence indicates that breaks

from technology have a number of benefits. Children who spend less time in front of a screen are less likely to exhibit negative behaviours, such as bullying and fighting.⁵⁰

Parents and caregivers can moderate the possible harmful effects that technology use can have on children.⁵¹ To help children use technology in safe, responsible and healthy ways, parents and caregivers can:

- Model safe, responsible and healthy technology use.
- Regularly talk with children about safe and responsible use of technology and about their online lives.
- Set limits on the use of technology (e.g., no texting during meal times, before bedtime or at family events).
- Be aware of children’s Internet activities and what they can access. Create rules that you and your child can agree to, and incorporate technology that provides parental controls.
- Locate devices in an open area of the home where you can monitor what the children are doing.
- Encourage your child to lead a balanced life and engage in “offline” activities and face-to-face social time and play.
- Support your child to set priorities and organize their time (e.g., doing homework before spending time online).
- Spend time learning about the Internet and video games that are popular in your child’s age group and join them in these activities.⁵²





PHYSICAL DEVELOPMENT

Children in the middle years are steadily growing. It is important to remember, however, that physical changes occur at different ages and rates, and can differ greatly among children. This is particularly true between ages 9-12.^{53,54,55} There is a clear link between good physical health and good physical development during these years, and good nutrition and exercise are critical to children's overall development.

GROWTH

During the middle years, most children experience a rapid growth spurt, both in height and weight. For girls, the growth spurt tends to occur between ages 9-13 typically starting at 10 and peaking at 12 years of age. For boys, it generally happens between ages 11-15 with a peak at age 14. During this time, children can grow between five and eight centimetres and gain as much as 2.75 kilograms in a year.⁵⁶ In general, girls gain more weight and height during this time period than do boys. This growth marks the beginning of adolescence, and sex-related differences start to become more evident.⁵⁷

Strength and endurance

In the early middle years, children tend to have limited muscular endurance, and there is no significant difference in the physical abilities of boys and girls. Starting at age seven, children's muscular strength increases slowly and steadily until age 13 to 14 in boys, and age 12 in girls. Boys, however, also experience an acceleration in strength development during the growth spurt stage that does not occur in girls.⁵⁸

It is important to remember that any strength building activities should take into account the readiness of the child's bones, muscles, nervous system and joints to handle load-bearing exercises.⁵⁹



Puberty

Around age seven, the physical precursor to puberty occurs, when genes associated with reproductive behaviour and sexual differentiation are activated and changes to bodily hair, skin and sweat glands begin to occur.⁶⁰ Puberty itself generally occurs between the ages of 10 and 12 for girls. For boys, it usually occurs after the middle years, between ages 12-14. However, these ages can vary greatly.⁶¹

In puberty, children undergo a growth spurt, develop gender characteristics, become fertile and experience increased curiosity about human development, including changes in the body. There are changes in both physical appearance and behaviour,⁶² with increased interest in romantic relationships⁶³ and exploratory behaviour.⁶⁴ As well, children's notions of gender and their own gender identity become more solidified.⁶⁵

MOVEMENT SKILLS

The middle years are a critical phase in the development of motor (movement) skills. These skills are required for more than sports and recreation, and are critical for nearly all physical activities. They should be learned sequentially, based on the characteristics of the child. Skill development is less related to age than it is to growth and physical maturity, and is also associated with the environment in which a child is being raised.⁶⁶

Early in the middle years, fundamental movement skills typically improve significantly. These skills include running, jumping, bending, twisting, throwing and kicking, and they should be mastered before children are able to develop more specialized skills. At this stage, children are typically able to perform these skills one at a time, but might have difficulty combining them. Gradually, they learn to combine various motor skills in sequence, and they can adapt them to various physical activities.⁶⁷ Children with developmental disabilities may develop these skills in a different manner.

Fine motor skills are also developing during this time period.⁶⁸ Fine motor skills involve the use of the small muscles in the fingers, hand and arm to effectively manipulate tools and materials. Hand-eye coordination is an important component of this development and requires a child to use their vision to control the movements and actions of their small muscles. As children enter the middle years, they continue to enhance their fine motor skills and their drawing, writing, colouring and scissoring skills become more fluid and adept.⁶⁹

During the middle years, there is a need for children to become more independent in self-care tasks, productivity and leisure. All of these tasks



require the development and application of skilled hand-eye coordination and the ability to use two hands when each hand is doing something different than the other. Examples of self-care skills that are developing during the middle years include:

- dressing independently (doing up zippers, buttons and snaps)
- using forks and knives
- completing morning and evening routines (e.g., tooth brushing)
- tying shoelaces
- managing backpacks and lunch containers
- using scissors
- keyboarding and using a computer mouse
- learning to play a musical instrument
- making art/crafts

HEALTH KNOWLEDGE AND BEHAVIOUR

Understanding and taking responsibility for good health

It is important for children in their middle years to begin understanding the factors that contribute to healthy growth and development. They also need to start taking responsibility for and playing a role in their own health and wellbeing.

Health literacy

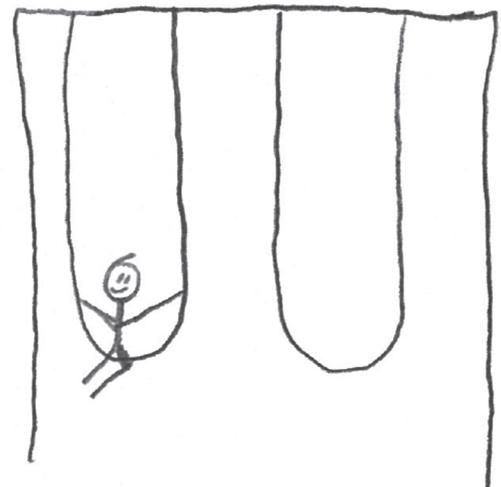
It is important that children have the skills and knowledge that are essential for maintaining and improving their own health. These skills and knowledge are referred to as “health literacy”.^{70,71} As children develop and gain health literacy, they begin making better choices when it comes to food and drink, lifestyle, and safety.

Health literacy includes mental health. Increasing mental health literacy promotes wellness and knowing the signs and symptoms of mental illness. Those with high levels of mental health literacy are better able to identify the strengths and needs in themselves and others and are more equipped and empowered to seek help. In addition, those with high levels of mental health literacy report lower levels of mental health stigma.⁷²

For children in their middle years, developing health literacy requires support from family, at school and in the community.⁷⁶ Parents and caregivers, in



Lower levels of physical activity in children are associated with poor health, including obesity and Type 2 diabetes, and reduced motor skills.⁷³ Greater physical exercise in middle childhood is related to better brain functioning, cognitive skills and academic performance, including attention, memory, processing speed, mental adaptability and self-control.^{74,75}



particular, can support children by modelling healthy choices related to eating, substance use, relationships, personal care, mental health and injury prevention. Families that select foods and prepare healthy meals together help children develop food literacy skills and reinforce healthy eating habits. Likewise, parents and caregivers that acknowledge and care for their own mental health help children to develop positive habits related to their mental wellness.

For Indigenous children, the use of traditional medicine can be a mechanism for wellbeing, and may be used to maintain good health.⁷⁷ Indigenous ways of knowing include a recognition that achieving balance across spiritual, emotional, physical and social spheres of life is essential to safeguarding health and wellbeing. Indigenous spiritual wellness is grounded in cultural connections, and so for Indigenous children in the middle years, participation in cultural learning and activities can inspire healthy choices and healthier living.

Canada's Food Guide for First Nations, Inuit and Métis reflects the values, traditions and food choices of Indigenous people. For Indigenous families and communities, sharing food together is an important part of cultural learning and connection. For Inuit children and families, promoting opportunities to access and share country food has been identified as a fundamental component of healthy community development.⁷⁸

Participation in physical activity

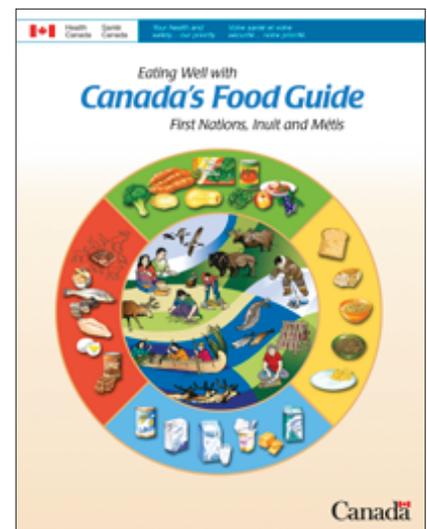
Children in their middle years need to maintain a healthy, active lifestyle. Most Ontario children in their middle years are not getting the recommended daily physical activity of 60 minutes of moderate to vigorous exercise, as well as vigorous muscle and bone strengthening activities at least three times a week. The need for more physical activity is even more essential for children with physical challenges, illness or disabilities, who may not reach the recommended levels because of their different abilities. It is important that parents, caregivers and other caring adults find ways of making physical activity meaningful and enjoyable for all children in the middle years, as this will increase the chances that they stick with these activities, develop good physical fitness, and remain physically active throughout their life.

Successful efforts to increase physical activity emphasize lifelong physical activity, the benefits of the outdoors and nature, and the importance of relaxation and having fun with family and friends. Ideally, such efforts should emphasize being physically active at various times throughout the day. They should also mix organized and unorganized activities, and address barriers to physical activity, such as the challenges faced by children with special needs.⁸²



For Indigenous children, physical activity often involves transmitting cultural traditions, and land-based activities practices.⁷⁹

This could include activities such as cultural camps, building fires, swimming, chopping wood and traditional games.⁸⁰ It has been recognized that “physical activity is cultural activity” and that these acts support wellbeing.⁸¹





Experience and connection with the natural world provides children with dynamic developmental, social and cultural opportunities. Connection to nature has an impact not only on physical development, but also on social and emotional development. The value of going on the land and having a connection with the natural world and wild spaces has long been recognized by Indigenous cultures, but is equally relevant and beneficial for all children. Studies have shown that spending time in nature helps with recall and memory, problem-solving, and creativity, in addition to the benefits to physical health.⁸³

For Indigenous children, spending time in the living world, including time with plants and animals and thinking about Creation stories allows the children to emotionally connect with their culture.⁸⁴

Parents/caregivers and play

Parents and caregivers have an important role to play in supporting their children's healthy physical development. Parents and caregivers can increase children's activity levels by reducing the family's sedentary time, promoting active play and time outdoors as an alternative to screen time, and planning for and spending time with children in physical activities. Acting as a role model for children is important; children who perceive at least one of their parents or caregivers to be physically active are more likely to meet physical fitness guidelines. The children who are physically active with their families are more likely to continue to be active as adults.⁸⁵

Organized play

It has long been recognized that participation in organized sport, recreation and physical fitness yields tremendous benefits. For example, involvement in physical fitness is associated with reduced body fat and a lifetime of exercise and good health.⁸⁶ Many children in Canada participate in organized sports, with higher participation rates among boys, children with parents/caregivers involved in sports, children in smaller cities or towns, and children of Canadian-born parents and caregivers.^{87,88} Research shows a troubling trend that girls tend to drop out of organized sports and fitness as they get older,⁸⁹ demonstrating that more work is needed to create and support gender inclusive opportunities for participation.

Nutrition and healthy weights

In addition to physical activity and exercise, good nutrition and a healthy body weight are critical to healthy physical development. Nutrition and healthy weight is supported by access to adequate, affordable, fresh, nutritious food. The effects of unhealthy weights, such as high blood pressure and insulin resistance, can affect children's cognitive skills, including memory, brain processing speed and verbal skills. There are a number of factors in the physical and social environments of children that can contribute to weight gain. These include poor eating habits and overeating, high-calorie drinks, lack of physical activity, toxic stress, inadequate or poor quality sleep, mental health challenges, too much screen time, and eating away from home.⁹⁰



Sleep

There is increasing recognition that the quantity and quality of sleep that middle years children are getting has a great impact on their physical and mental health.⁹¹ Ideally, children in the middle years should get nine to 11 hours of uninterrupted sleep per night.

Research indicates, however, that one-third of children have trouble falling asleep and staying asleep at least some of the time, and one-third are classified as sleep deprived.⁹² Children with histories of stressful or traumatic experiences may have neurologic differences in sensory processing and self-regulation that may cause disturbances in sleep. Also, children with perceptual sensitivities to sound, light, or touch are more likely to have difficulty filtering these out at night. It is also thought that screen time and the presence of screens (e.g., phones) in bed, especially just before bedtime, have contributed to sleep problems. Bedtime access to and use of media devices is associated with an inadequate amount of sleep, poor sleep quality and excessive daytime sleepiness. Children who sleep less also tend to be less active. Conversely, exercise has been found to improve sleep quality.^{93,94,95}



Body image

Concern about body image can emerge early in some children. Starting at age six, some children report dissatisfaction with their bodies, and those feelings increase with age. The physical changes in the later part of the middle years have a significant effect on children's sense of identity and body image.

Children at this age are becoming very aware of what others may be thinking, and as a result, some become more self-conscious about their bodies and how they compare to others. This increases through exposure to age inappropriate sexualized media content which is becoming more available and accessible to children online.⁹⁶ All of this is happening at a time when children are experiencing a greater need for social acceptance, and some children develop anxiety about being accepted or rejected based on appearance. For girls in particular, interactions with their peers focus more often on appearance and physical comparisons,^{97,98} and girls tend to become more dissatisfied with their bodies than boys.

Unfortunately, teasing about appearance is more common during this period and can have a significant influence on body image.^{99,100} Poor body image can contribute to depression, low self-esteem, eating disorders, risky sexual behaviour and children representing themselves in age inappropriate sexualized ways to others.¹⁰¹ However, friendships can protect against poor body image,¹⁰² and increased physical activity can also help to improve body satisfaction.¹⁰³



EMOTIONAL DEVELOPMENT

Over the course of the middle years, children undergo extremely complex emotional development. Their concept of self evolves dramatically, and they develop more complex images of who they are. In addition, their sense of competence—what they believe they are able to achieve—changes significantly. All of this is coupled with their growing understanding of moral behaviour and fairness, and an increased capacity for emotional understanding and expression. It is important to note that how children develop emotionally varies by a child’s circumstances and other influences.

DEVELOPING A SENSE OF SELF AND IDENTITY

As they progress through the middle years, children gain a greater awareness of how they appear and relate to others, and see themselves with greater complexity — as sons or daughters, friends, students, members of a community, in relation to their culture or areas of personal interest (e.g., arts, athletics). Middle years children also gain greater understanding of their personal attributes and abilities with respect to appearance, behaviour, academics, athletics and social competence. At this stage, the way they see and think about themselves is mainly influenced by parents, caregivers, mentors and cultural role models, although experience at school and with peers can also have an impact.^{104,105} Children at this age are exploring their concept of self and often intersecting identities, including their social identities (e.g., cultural, racial, ethnicity, gender expression) and their personal identities (e.g., preferences, values, beliefs, abilities). Children at this age can be supported to develop respectful and inclusive attitudes about diversity.

In the middle years, children begin to develop the identities and form the behaviours, moral beliefs and values that will come to define them as adults. They are increasingly able to examine themselves inwardly and in the abstract, and have a growing sense of themselves as an independent individual.^{106,107}



Their friendships are increasingly based on compatibility of personal characteristics,¹⁰⁸ and interaction with their peers can influence identity formation.¹⁰⁹ By age 12, they assess themselves with increasing understanding of the various areas of self-concept (physical appearance, behavioural conduct, academic competence, athletic competence and social competence), and the importance of those areas in their lives.

As they mature into adolescence, children who are racialized, Black, Indigenous, newcomer, from diverse ethnic, religious and varying socio-economic backgrounds and those living with disabilities or special needs, or questioning their gender or sexual orientation, may tend to engage with friends who they relate to, based on a shared sense of identity. It is beneficial for parents to support children's identity exploration, while supporting a sense of shared belonging in the broader society. Engaged, responsive and supportive families can act as buffers or help children overcome challenges. Supportive families can also nurture children's self-worth and belief in an inclusive society.¹¹⁰

Children from equity seeking groups may experience challenges in their identity formation, particularly where their community, school, social or family environment conveys a sense of "other" or being an "outsider," or lack of acceptance regarding that aspect of their identity. Connecting with adults and peers with shared social identities (e.g., LGBTQ2S, Deaf culture, racialized and/or cultural communities) can support children to develop a positive, and more stable sense of identity and community/group belonging.

It is also important that parents, caregivers and other caring adults help middle years children to broaden their identity horizons by having them explore a wide variety of potential future opportunities in the educational, employment and recreational spheres.¹¹¹

Cultural identity

For many children, developing a connection to their ethnicity, culture, spirituality or faith supports positive identity development, which continues to evolve over time. Early in the middle years, for example, a child's feelings and understandings about their culture tend to be oriented to ceremonial practices and food norms. Later in the middle years, these feelings may start to become more abstract and ethically oriented, involving issues associated with cultural beliefs and shared values.

Research has shown that children who feel they belong to a cultural community and understand what membership in that group means to them tend to experience more optimal development.



Children who form strong connections to their cultural groups tend to have better self-esteem, develop better social and behaviour patterns, and experience greater peer acceptance. They also tend to have higher academic motivation and achievement, fewer mental health problems, and take fewer health risks.¹¹² This is particularly important for newcomer children who may be navigating across different cultural contexts. For Indigenous children, immersing in their culture and participating in traditional cultural activities and practices supports the development of pride, identity and spirit, which have far-reaching lifelong impacts.

Families, teachers, school staff, communities, cultural leaders, traditional knowledge keepers and service providers have a role to play to support children who are exploring, building and sharing all aspects of their cultural identities.

DEVELOPING A SENSE OF COMPETENCE

Competence is defined as the ability to do something successfully or efficiently. When we talk about children developing a sense of competence, it is important to understand that we are not talking about them simply “getting good at something.” Instead, a sense of competence is children feeling that they are being successful. This is an important distinction, because children develop competencies at their own pace, and according to their own abilities. What is a success for one child may not be a success for another, and that is perfectly acceptable. Competence can be understood subjectively based on culture, context and personal experience. For example, children with disabilities or special needs, children who are newcomers, and children from various cultural communities may have different perspectives on what competence means. These differences should be understood and supported accordingly.

Self-esteem

Children generally enter middle childhood with confidence in their ability to master various tasks, so they have relatively high self-esteem. In fact, at this stage, they are less able to distinguish between their desire to be good at something and their actual competence. This can lead to overestimations of their abilities.

Later in the middle years, children have increasing self-awareness and more ability to view their own qualities relative to others. Due to this, there is a stronger relationship between their sense of what they are able to do, and their actual performance. Their self-assessment and descriptions of themselves begin to reflect these changes.



Middle years children may turn to the Internet for opportunities to build, manage and experiment with various selves and identities. This can present opportunities as well as risks. Some experts have suggested that the many different ways children can express their identities online — and the many different identities they can express — can undermine their ability to create a strong coherent sense of self.



Self-efficacy

There is growing evidence that it is better for children's development to raise their sense of competence in specific areas — referred to as “self-efficacy”— than to simply raise their self-esteem. Research suggests that the importance given to self-esteem alone may be overestimated and high levels of self-esteem could have negative effects if it is based on unrealistic feedback. On the other hand, developing self-efficacy involves developing social, physical, educational and other competencies, along with confidence and pride in those abilities.¹¹³ Self-efficacy, and not self-esteem, often predicts academic achievement.

Sense of industry

The middle years are a time when children develop greater motivation and readiness to take on new challenges, which is often referred to as a sense of “industry”.¹¹⁴

Supporting children to develop this sense of industry is important. If they believe their efforts influence their own success, it affects their willingness to strive to succeed. Once their efforts contribute to a successful result, it motivates them to try to achieve even more. But children need to believe in their own ability and how they can influence results. If children believe they have failed because they lack ability, they will be less engaged than if they believe they just need more knowledge or practice.¹¹⁵

Parents/caregivers and others involved in children's lives can help them build a sense of industry by helping them to focus on setting goals and learning from failure — seeing failure as motivating rather than demoralizing.¹¹⁶

Parents and caregivers who set high but realistic challenges, and help children through these challenges, can encourage higher levels of industry and self-efficacy. As well, adult endorsement of their abilities can reduce child frustration with failure and promote the expectation of future success.

MORAL BEHAVIOUR AND FAIRNESS

Moral reasoning and a sense of right and wrong

Moral and ethical development characterizes the middle years,¹¹⁹ Children are developing a greater sense of right and wrong and fairness.^{120,121}

In the early part of the middle years, the moral behaviour of children is shaped by the standards set by adults and the consequences of following or breaking adult rules. Later, children begin to recognize that individuals can have different viewpoints about right and wrong, but they still have difficulty



Self-Efficacy

Literature suggests that the early development of a sense of self-efficacy is important, as it can result in better outcomes in the future. There is some concern, however, that those with unrealistically high levels of self-efficacy who lack the judgement to understand their limitations spend less effort as a result of their overconfidence. Experts suggest that teachers and counsellors should help these students become more realistic about their skill levels so as to increase their focus on the effort needed to increase those skills.^{117,118}

separating their perspective from that of others. For children experiencing developmental delays or who do not have a “neurotypical” brain, such as those on the autism spectrum, moral reasoning can be delayed and/or may not develop along this trajectory.

As they age, children begin to act based on what they perceive will gain them a reward for doing the right thing or will gain them social approval. They begin to understand and adopt the moral standards of adult role models, and their perspectives on social conventions, law, justice and duty all deepen.^{127,128} This is a prime time to engage children in discussions about racism, discrimination, injustice and inequity and empower them to be advocates for themselves, for their peers, and for a more inclusive and equitable society.

EMOTIONAL REGULATION

Emotional understanding and expression

During the middle years, children are learning how to identify, express and regulate their emotions, and they are also developing a greater awareness of the emotions of others. They begin noticing when others are upset. During this stage, children begin developing strategies to manage their own emotions, and also to help others.

Around age seven, children generally become aware that how they think can affect the way they feel. This is the first stage in regulating emotions. Suddenly, they begin to realize that there is a crucial difference between experiencing an emotion and expressing it, and that not all emotions should be expressed externally. By age eight or nine, most children are able to competently regulate their emotions. They are better able to adapt to situations, problem solve and behave appropriately.¹³²

The onset of puberty brings with it increased emotions and reactions, as well as mood fluctuations and sensitivity to stress that can influence a child’s response to their emotions.¹³³ This is where an ability to control emotions can dramatically affect a child’s future. Greater emotional regulation is related to many critical factors, including better academic performance and learning, increased literacy, more creativity, higher self-esteem, increased ability to cope with stress, and better moral reasoning. In addition, it is related to better social competence, including peer group acceptance, social skills, friendship quality, less loneliness and less bullying.

Supporting children to build skills to manage emotions early can help to support them later on as they navigate the complex world of adolescence and adulthood, and will help them to more effectively navigate the effects of hormonal changes brought on by puberty.



There is evidence that computer and Internet use can lead to more ambiguous moral reasoning. There is real concern that time spent in front of screens can decrease empathy, lead to poor behaviour, and limit ability to identify and describe one’s feelings and the ability to read emotions.^{122,123,124,125,126}



Culture positively shapes the development of self-regulation. The ways in which children from various cultural and ethnic backgrounds interact with family, friends and their community can help them learn to accept societal rules, tolerate frustrations, control their emotions and impulses, and persist in meaningful activities. Moreover, children’s emotional regulation is influenced by culture, based on emotional behaviour and norms specific to their culture.

Dealing with stress

High levels of stress, and particularly sustained, chronic stress, can threaten the emotional development of children in the middle years and affect their resilience later in life.¹³⁷ This kind of stress can negatively affect how the brain is wired, and how it develops in terms of memory, concentration, the filtering of information, processing of emotions and regulation of behaviour.

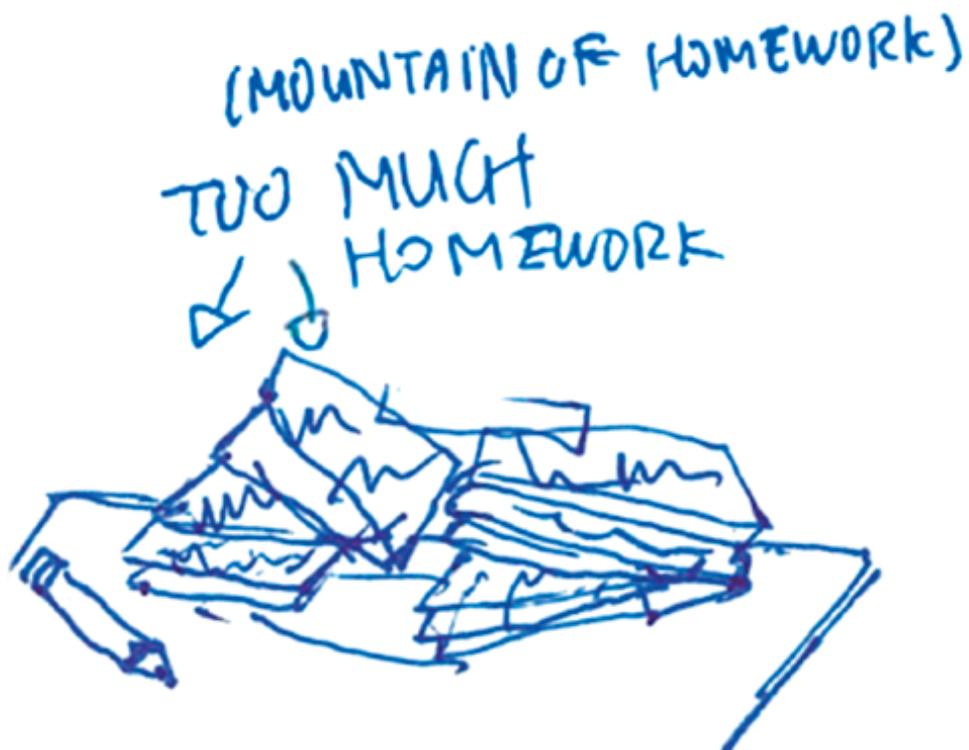
For children who have faced high levels of stress due to factors such as poverty, racism, family conflict, abuse, and trauma, chronic stress can compound other problems. For example, children who experience chronic stress may experience challenges such as hypersensitivity and trouble with paying attention and self-regulation.

Helping children cope with stress can improve their health, mental functioning and academic performance, and also reduce sleeplessness, fatigue, memory and concentration problems, irritability and anxiety. Interventions at an early age are particularly important for children who are highly sensitive to stress and at greater risk for developing mental health challenges. The earlier the intervention takes place, the more positive the outcomes. Techniques such as mindfulness-based approaches, teaching children to build awareness of their thoughts, feelings or perceptions in the present moment, are producing successful outcomes.¹³⁸

Key supports for families and children could include safe and affordable housing, basic income supports and affordable and accessible transportation, especially for those in rural and remote communities, to buffer the stresses associated with living in isolated communities.



Greater income inequality has been associated with increased anxiety.^{129,130} Inequality can be perceived by children at young ages and can result in a stress reaction that has the ability to impede their cognitive and social development.¹³¹





SOCIAL DEVELOPMENT

During the middle years, children begin taking steps into new social worlds where different types of relationships and influences outside the family home become increasingly important. They enter elementary school and make new friends. They may also join after-school and community-based programs.

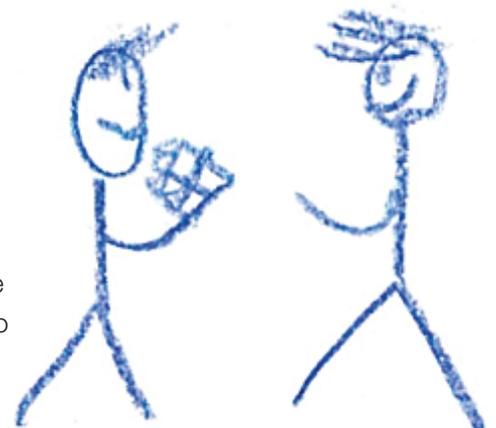
This is an important stage for children, and it brings with it increased individual freedoms. There is tension as well, because increased freedom brings new challenges, responsibilities and greater expectations. There are new rules to understand and follow. Children are expected to regulate their behaviour, follow personal conduct guidelines, develop good work habits, sit quietly for longer periods of time, show respect for adults and cooperate with their peers.¹³⁹

While children are building new relationships outside the home, they still continue to need the stability and familiarity of caring parents/caregivers at home. They also need dependable other adults, strong attachment to quality schools, access to quality health and mental health services, and safe participation in neighbourhood, school and community activities.^{140,141}

SOCIAL COMPETENCIES

Ability to recognize faces and facial expressions

Throughout the middle years, children become better at remembering unfamiliar faces. They also become very good at differentiating facial features. Although children can identify many intense expressions of emotion by age five (particularly happy faces), they are still prone to misidentifying certain emotions and their ability to identify subtle expressions of emotion is still quite immature. Between the ages of five and 10, their sensitivity to subtle expressions of surprise, disgust and fear improves. After age 10, they become more sensitive to expressions of anger and sadness. Importantly, children who have experienced significant stress or abuse are more likely to misinterpret ambiguous faces as angry, and can experience greater brain responses to angry faces than children who have not had these experiences.¹⁴²



Empathy and perspective-taking

Empathy is the ability to understand, at an emotional level, what others are feeling. “Perspective-taking” involves the ability, at a cognitive level, to see situations and events from the point of view of others.¹⁴³ One of the most significant social developments in middle years children occurs when changes in the brain result in the strengthening of both empathy and perspective-taking.

Children in the early middle years tend to be focused on their immediate reality. As they age, they progressively become less so. In the early middle years, children’s empathetic responses tend to be very emotional. What is lacking, but develops during the middle years, is the kind of cognitive processing that allows them to understand what others are thinking, feeling or intending. This more mature empathic understanding, or “cognitive empathy,” involves perspective-taking. Puberty plays an important role in the development of perspective-taking, as the social network of the brain and the way it functions matures. Increased perspective-taking helps to strengthen the networks in the brain that support prosocial (positive, empathic, helpful) behaviour and safe decision-making.¹⁴⁵ Children begin to understand that others have different points of view and different knowledge, and that these differences have consequences for their interactions. There is also an emerging ability to engage with others in making agreements and compromises.^{146,147,148}

Social connectedness

During the middle years, children develop a sense of belonging — a connectedness to people and places of importance. This begins with parents/caregivers and family, and extends to friends and then out into the community.

Studies show that children who feel disconnected from parents/caregivers, friends or other caring adults in the community have lower optimism, self-efficacy, self-esteem and empathy.^{149,150} On the other hand, children who are socially connected tend to have better relationships with their family and peers. They also have better social skills, better behaviour, higher self-confidence, and they generally develop better academic and leadership skills.^{151,152,153,154}

Social wellbeing for Indigenous peoples is directly linked to family and extended family and includes the wellbeing of communities.¹⁶⁴ Consequently, for Indigenous children, social connectedness is central. For example, relationships among the Inuit are based on mutual interdependence, including collaborative partnerships, extended family kinship patterns and relationships within the immediate family.¹⁶⁵



Increased perspective-taking helps to strengthen the networks in the brain that support prosocial behaviour and safe decision-making.¹⁴⁴



Social-Emotional Learning

Social-emotional learning is a learning approach that helps children to develop the knowledge, attitudes and skills required to identify and manage their emotions, understand others’ perspectives, show empathy and achieve positive goals, and develop and sustain positive relationships.^{155,156,157}

In addition to improving social and emotional skills, these competencies support improved connectedness to school, academic achievement, planning, decision-making and problem-solving skills, mental health and wellbeing (including mental health literacy) and later employability. Benefits have been found for students with and without behavioural problems.^{158,159,160,161,162,163}

It is important to note that while the Inuit do not have a clan system and do not come from a “tribe,” kinship and community ties are the common form of self-identification.¹⁶⁶ There is an interdependence between family and kinship that involves activities such as going on the land together, sharing food together, hunting, camping, spending time with traditional knowledge keepers, making traditional tools, making skin clothing, building igloos, and other Inuit beliefs and customs.¹⁶⁷ To the Inuit, “wellbeing is family”¹⁶⁸ and families are trusted to determine and shape their own paths forward. There is also the belief that children learn by seeing and doing and this is reflected strongly in Inuit child rearing.

Social responsibility

Middle childhood is also a time when children start to develop a sense of social responsibility. They are learning to contribute and share responsibility in their social and physical environment. They are also learning to treat others fairly, and better understand rights and responsibilities.¹⁶⁹

RELATIONSHIPS WITH FAMILY AND FRIENDS

Parents, caregivers and families

Parents, caregivers and families have an enormous effect on their children’s social, emotional, behavioural and learning development. Children who are more engaged with their families tend to have higher self-worth and social competence, and exhibit fewer antisocial behaviours such as arguing, bullying and conduct problems.^{170,171} Parents and caregivers play an important role in bonding, social buffering and easing stress.¹⁷² Regular family dinners have been found to play an important role, and are associated with greater life satisfaction, strong sense of self, a greater willingness to help others and fewer feelings of sadness, anxiousness and loneliness.^{173,174} Experts suggest that dinnertime discussions about personal shortcomings, such as poor grades, should be avoided in favour of more encouraging topics, such as the child’s activities and interests and current events.¹⁷⁵ In general, children should be encouraged to interact with the family and to spend limited time alone in their bedroom—and not to have electronics in their bedroom.^{176,177}

It is important that parents and caregivers set high expectations for their children and provide a warm, supporting environment in which children can develop. Parents/caregivers should support their children by taking an interest in their school work and social life, and by encouraging and helping them to develop confidence. Engaging children in activities, such as sports, culture, arts and music, promotes the development of skills and motivation that contribute to the successful transitions from childhood to adulthood.¹⁸¹



Cultural Connections for Indigenous Children

For Indigenous children, cultural connection supports the development of personal knowledge and social skills. It includes learning traditional knowledge, rituals and ceremony and supports the development of beliefs, values, spirit and worldview. It supports better relationships with family, extended family and community, a wholistic sense of wellbeing and, importantly, strong cultural identity, connection and traditional knowledge. Elders, Senators and traditional knowledge keepers are key in supporting cultural transmission and learning for Indigenous children.

Indigenous children develop within multiple contexts—urban, rural, on-reserve, traditional or non-traditional. Indigenous cultural learning often takes place at the same time as children are learning the norms of the non-Indigenous society at-large that they must also navigate. Thus, Indigenous children in their middle years are developing competencies in the cultural practices of two cultures and worldviews.

Indigenous children who experience a sense of belonging and connection with their families (including extended families) and community (including Elders, Senators and traditional knowledge keepers) can develop greater confidence, self-esteem, self-respect, resilience, social relationships and aspirations for the future. This engagement also promotes a sense of collective responsibility and action related to people in their community and the land.

Parents/caregivers can also help children explore their options for the future, and the middle years are a crucial time for that to happen. Canadian studies show that an optimal time for parents and caregivers to begin having career discussions with their children is when they are in Grade 5 and 6. During these discussions, it is important to emphasize the importance of connecting with other people, and making a contribution to society.¹⁸²

Developing greater autonomy and independence from the family

As noted earlier, the middle years are a time when children start taking tentative steps toward independence and autonomy. The process of identity building that is occurring during this time involves developing an identity independent from their parents/caregivers, and with that a desire for greater autonomy. By later in the middle years, children increasingly want and are ready for greater independence and responsibilities. This process may be unsettling for parents and caregivers, but is a natural part of the puberty/adolescence evolution that begins to develop in the middle years.^{183,184}

While research shows having greater autonomy supports children's growth, it also indicates that the amount of autonomy given should align with the child's level of development.¹⁸⁵

How parents and caregivers respond to this transition is important. The fact that their children are asserting some independence is not an indicator that they should stop being involved, or that their guidance is no longer needed. In fact, children are in a period of identity formation that can lead to conflict and questioning of family rules and roles, and strong guidance is still needed from parents, caregivers and caring adults.^{186,187,188} This balance is particularly important for parents and caregivers of children with disabilities. There are many opportunities to promote resiliency and opportunities for autonomy and independence for children with disabilities, and the active exchange between the home and schools and other services is critical.¹⁸⁹

Parent/caregiver involvement remains extremely important and research reveals that parenting style is also critical. Being over- or under-controlling, being too permissive, demanding unquestioning obedience, and giving negative or ambiguous feedback, weak communication and weak affectionate bonding can all threaten healthy identity exploration.¹⁹⁰ Parenting style also has an impact on self-consciousness and self-confidence, and behaviour in children.^{191,192,193,194}

Experts point to the benefits of "authoritative parenting" that is sensitive to children's needs and allows for independent problem-solving, critical thinking and proactive exploration of ideas. This parenting style means providing



Strong and supportive parenting can be a buffer against risk factors, such as the effects of poverty, living in a high-risk neighbourhood, or having a mental health or physical problem.¹⁷⁸ It is particularly important for low-income parents/caregivers to be involved in their child's education,¹⁷⁹ and for parents/caregivers of children with disabilities to be highly engaged with the school and other support agencies.¹⁸⁰ Part of supporting parenting involvement is identifying and reducing potential barriers to their full participation.

Giving Flowers to my grandma



Authoritative parenting is warm but firm, structured parenting with consistent rules and high expectations for behaviour.

consistent rules and high expectations for behaviour. Research has shown that this will result in better conduct and behaviour, social competence and academic achievement.¹⁹⁵

Other caring adults

As children begin to develop a certain amount of autonomy from their parents/caregivers, they may benefit from the input of other caring adults, which is an important alternative to turning to their peers for guidance.¹⁹⁶ Out-of-school activities and programs play an important role, allowing for greater interaction with other adults in the community.

Friends

Friends play an increasingly important role in the development of a sense of belonging, connectedness and self-worth during the middle years. During this time, children often develop one deep friendship with someone who, in addition to being a playmate, becomes someone of trust and confidence.¹⁹⁹ Children who have supportive friends have higher self-esteem, and sharing feelings and experiences with friends can provide emotional support and protection from loneliness and social exclusion.²⁰⁰ Friends also can help to ease stress, which in the middle years is often caused by difficulties with other peers or family members. Strong friendships and peer acceptance are associated with better mental health, social competence, academic performance and physical activity.^{201,202,203}

In the early part of the middle years, children have more interactions with their peers, through which they learn to cooperate and develop greater social self-confidence. As children get older, greater priority is given to social activities with their peers. Friendships become increasingly important, and early forms of dating relationships sometimes emerge.²⁰⁴

Parents and caregivers should be aware that during this time, children are becoming increasingly aware of gender role expectations and stereotypes, and it is important to discuss issues related to the harmful effects of bias, discrimination and stereotypes based on gender, gender identity and power relationships.²⁰⁵

In early adolescence, peer conformity peaks. The acceptance and approval of peers becomes extremely important to children, and is associated with their sense of self and self-worth. The self-esteem of children at this stage is more closely tied to social acceptance and how they feel about their physical appearance than how confident they are in their cognitive and academic abilities.



The Importance of Schools

Schools have a particularly significant influence on the social development of children in the middle years. This is where most children first begin to look for a sense of belonging outside the family home.

Students with strong connections to school are more likely to have better academic, social and mental health outcomes, and to plan for a postsecondary education. They are also less likely to experience depression or antisocial behaviour.

During the middle years, teachers play an important role in providing praise and encouragement to help students improve their skills and strive for and achieve their goals. This is also true for children with behavioural and mental health concerns; educators need to focus on the areas in which the child is doing well and provide praise and encouragement. Having a positive relationship with a teacher is associated with greater social skills, being more engaged in academic work and higher math and literacy skills.¹⁹⁷ A positive school climate, which sets high expectations for students and provides them with meaningful participation and caring relationships with adults, is a protective and safe experience for children.¹⁹⁸



For children with disabilities, close peer relationships can be an important source of support. However, children with disabilities may experience greater challenges forming friendships, consequently may have fewer friends, and may experience challenges sustaining friendships.²⁰⁶ Parents, caregivers and other caring adults should look for ways of supporting children with disabilities overcome the barriers to friendship that sometimes exist, such as travel distance to friends, problems with accessibility, or promoting an inclusive, accepting social environment. Parents, caregivers and other caring adults should also be aware that children with disabilities can also be targets of bullying, with an occurrence rate ranging from 25 per cent in elementary school to 34 per cent in middle school (about 1.5 times the national average).²⁰⁷

Bullying and cyberbullying

On average, it is estimated that 25 per cent of students are involved in bullying as a victim, perpetrator or both.²⁰⁸ As the use of technology increases (up to 97 per cent of children ages 6-17 access the Internet regularly), online harassment and cyberbullying are also becoming more common. Distinct features of cyberbullying believed to increase its risk for harm include the vast potential audience of online content, difficulties with parental supervision of online activity, as well as the “long reach” of technology and nearly unlimited access to victims.²⁰⁹

Romantic relationships

As children develop through the middle years, they start to understand the difference between friendships and romantic relationships. By age nine, there is increased awareness and thinking about romantic relationships, and between ages 11-14, children become more interested in romance. These interests are often explored during activities such as sports, movies and dances, which allow children the opportunity to explore their emerging romantic feelings in a less awkward manner.

Helping children build healthy and positive, inclusive friendships can support their development of healthy positive romantic relationships later on in life. Research shows that secure, trusting relationships with peers in the middle years are associated with later stability and deeper connection with romantic partners. Children who have positive peer experiences during the middle years are more likely to participate in long-term committed relationships in adulthood.²¹¹



Some children have a hard time with friendships. Parents and caregivers can help them with these challenges by arranging opportunities to interact with other children, and talking about how to be a good friend.



Approximately one-quarter of early adolescents report having had a special romantic relationship. Typically, these relationships are short-lived and do not advance beyond handholding and kissing. Children who start romantic involvement too early or who do not follow this social path may have greater difficulties developing and maintaining healthy romantic relationships.²¹⁰

Parents and caregivers have a role to play in helping children develop positive romantic experiences. They should attempt to balance supervision with encouragement of their children's growing interest in relationships outside the family. It is recommended that parents and caregivers of children in their middle years know about and monitor their social lives and romantic interests, but try to avoid completely restricting romantic activities or prescribing overly strict codes of conduct. However, it is important for parents and caregivers whose children start romantic relationships too early to promote alternatives, such as hobbies and other activities.²¹² Children with special needs are also developing romantic interests and just like their peers, need help to navigate this new terrain.

Gender identity

Gender identity refers to one's lived experience of gender, which may be different from their sex assigned at birth. Gender identity can be fluid, and can also shift throughout one's life. A child may express their gender identity through ways that they act, dress and talk about themselves. Children in the middle years are beginning to explore who they are, and this includes their gender identity. Parents, caregivers and other caring adults can provide support during this period by talking to their middle years children about assumptions regarding gender roles and expectations, and helping them to identify and think critically about gender bias, stereotypes and discrimination. It is important that parents and caregivers let their children determine their own gender identity and expression and that middle years children feel supported in their identities and comfortable expressing who they are and what they feel.

Sexual orientation

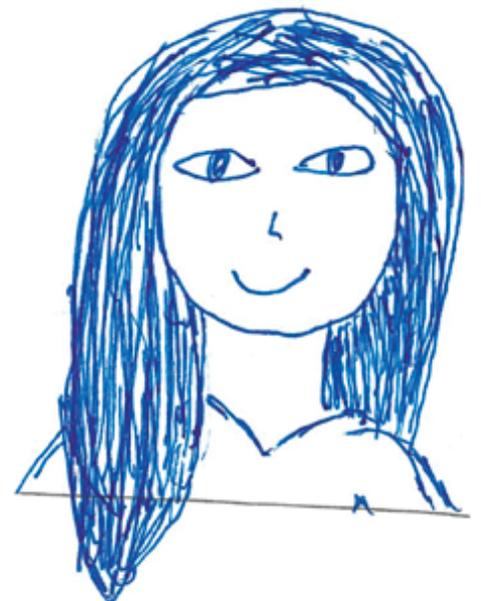
Sexual orientation refers to a person's sense of attraction to people of the same sex, the opposite sex or both sexes. Many suggest that sexuality should be understood as a spectrum rather than categorized with specific labels, especially during identity formation in middle childhood.^{214,215} Indigenous peoples use the term *two-spirited* to refer to a person having both the feminine and masculine spirits. It includes a broad range of gender and sexual identities. Traditional Indigenous approaches support children's right to self-determine their gender, dress and define the language around their gender and sexual identities.²¹⁶ Parents, caregivers and other caring adults can provide support during this period by talking to their middle years children about healthy relationships and more specifically, about homophobia and assumptions with respect to sexual orientation.



Children with Disabilities and Romantic Interests

By late adolescence, children with disabilities are just as likely as their peers to report an interest in romantic connections and to have begun dating.

Parents, caregivers and other caring adults should be aware that they may face challenges shaped by the nature of their individual abilities and limitations. For example, children with Autism Spectrum Disorder can experience challenges related to understanding social cues and having the interpersonal skills for appropriately expressing romantic interest, initiating dating, and establishing committed and healthy partnerships.²¹³





COMMUNICATION DEVELOPMENT

Language and communication skills increase gradually but significantly during the middle years. This is because children's comprehension skills are improving, as is their ability to interact effectively in social conversations.

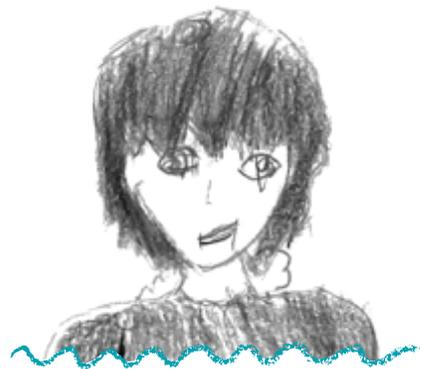
EXPRESSION AND COMPREHENSION

In the early middle years, most children are able to start conversations, listen to others and respond appropriately. They can express ideas and opinions, and use language to ask clarifying questions and persuade others. Importantly, they are learning how to adjust a conversation based on their perception of someone else's point of view.

By the later middle years, children have improved conversational skills and can participate in a range of social situations. They can start conversations with adults and children they don't know. They are more able to keep conversations going by giving reasons and explaining choices, and to persuade others by presenting well-formed, convincing arguments for or against an issue. They are also becoming aware of the nuances or shades of meaning that can exist in some conversations, and can analyze information while listening and comparing what they hear to their own knowledge and opinions. They are also better able to use their listening and comprehension skills to decide what is true and what isn't true.²¹⁷

The way children express themselves changes dramatically during the middle years. Hearing children learn to vary volume and intonation patterns to add emphasis and use specific words to signal the beginning and ending of a thought or story. By the end of the middle years, most can speak fluently, using appropriate pitch, volume and pauses for emphasis.

As they get older, children also come to understand how language can change depending on the nature of the relationship between the people talking, and how tone and body language support words that are spoken. They also begin learning how to read social cues, understand social practices related to being polite, and use their language skills to negotiate in situations where there is conflict.²²⁰



As they get older, most children's vocabulary increases by 3,000 to 5,000 words a year. Their ability to construct complex sentences starts around age nine or 10.

Children that are exposed to American Sign Language (ASL) from birth in the home learn it in the same way that hearing children acquire a spoken mother tongue.²¹⁸ ASL grammar, however, is not fully mastered until about five to six years of age or later. Early exposure to ASL is key, as studies have shown that children who are not exposed to sign language until late childhood and early adolescence (around nine to 13 years), experience challenges in comprehension.²¹⁹

Middle years children with hearing, visual or processing differences develop language and communication skills in ways that are tailored to their specific needs, strengths and abilities.

By the beginning of middle childhood, most children have a basic grasp of sentence structure. As they get older, they gain a greater understanding of the complexity and nuance of language. They learn to use comparative words, words expressing certainty such as could and should, and they begin using the passive voice. Between ages 8-10, children generally develop an appreciation for figures of speech, wordplay and jokes that depend on double meanings. By the time they reach 10 years of age, most children can derive the meaning of words they are unfamiliar with by analyzing their component parts.

The middle years is a time when the world of reading and writing becomes clearer to children. They learn how the same word can mean two things and how different words can mean the same thing. They learn how to understand feeling and descriptive words. Their ability to write fluently and express themselves through writing also improves, from better spelling and grammar to writing a short text that expresses what they are thinking.

During this time, the best support for children is to encourage and challenge them. Children's language skills improve faster if their parents/caregivers engage them in conversation often, use an extensive vocabulary, read to them, and encourage them to express their feelings and ideas. When children share their ideas with their peers, their language skills improve even further.²²¹

For children with Autism Spectrum Disorder (ASD), communication and social situations present daily challenges. Individuals with ASD experience different degrees of challenges with language and verbal communication. For children on the less severe end of the spectrum, speech skills may not be significantly delayed, and they may be very well spoken in some situations. Children on the more severe end of the autism spectrum, however, may have limited or no development of speech or they may have abnormalities in speech (such as pitch, stress, rate or rhythm).

While children with ASD often understand the words people use, they tend to miss social cues and nonverbal aspects of a conversation—things like facial expressions, voice tones, speed of speech, and gestures that communicate emotion and meaning. Also, some children with ASD may have trouble imagining another person's point of view.



For children with Autism Spectrum Disorder (ASD), building social communication skills often requires more explicit instruction, support and deliberate learning opportunities. Children on the autism spectrum should be supported to communicate in ways that go beyond linguistic communication, including art, movement and play.



Ear Infections and Language

Ear infections are not uncommon in middle years children, and they can have a serious effect on language and speech development. If ear infections are persistent or not treated properly, children are at greater risk of hearing loss. This can have a negative impact on language acquisition, reading, literacy and school achievement.

EXPRESSING FEELINGS AND SELF-REGULATION

While middle years children are making great strides in acquiring language and learning to communicate, they have not yet fully learned how to express their feelings or talk about things they find upsetting. As such, play and other types of symbolic representation continue to be essential forms of communication in the middle years. For multilingual children, expressing complex thoughts or emotions in a second or subsequent language poses an additional challenge.

Learning how to express feelings has a tremendous impact on a child's ability to self-regulate. As children become more able to express their feelings and assert themselves, they are less likely to act out their feelings through physical aggression. By encouraging verbal expression, parents and caregivers and others can help children better understand their world and better explain their world to others. This in turn will help children learn to resolve conflicts and regulate impulsive behaviour.

Language and Indigenous children

Language connects children to their culture. As a result, supporting Indigenous language learning is a core goal for many Indigenous communities and families. Indigenous language revitalization is a response to colonial policies which repressed and punished Indigenous language learning in an effort to strip Indigenous children of their cultural, family and community ties.

Some Indigenous language speakers do not speak fluent English or French. This is the experience of some Inuit children and families, who speak Inuktitut and have encountered language barriers when migrating from the north to live in southern communities where English or French are the dominant languages spoken.

Acquiring language and cultural knowledge can give Indigenous children a strong sense of who they are, which can help them to develop resiliency for when they interact outside their communities and attend formal schooling.²²³ The acquiring of language skills and cultural understanding not only builds self-esteem, it can help Indigenous children in their middle years learn to move across different Indigenous and non-Indigenous cultural contexts.

Historically, many Indigenous cultures were predominantly oral-based, and they have retained this strong tradition of oral storytelling. Indigenous languages also embody core cultural beliefs, Indigenous knowledge and worldviews, and serve as a powerful way to transmit culture. Community-wide activities involving storytelling and dramatic enactments of stories can help children acquire language, as can dramatic play based on Indigenous



Once children master a second language, they may enjoy an advantage over their peers. Children who are bilingual tend to have longer attention spans and more cognitive flexibility.²²²

culture. Where Indigenous knowledge has been integrated into the classroom, student achievement has been shown to improve.²²⁴

Language is not the only method of communication for Indigenous children. Knowledge and cultural expression are also transmitted through mentorship, songs, drumming, dance, and ceremonial activities.²²⁵ For Inuit children, body language and gestures are also important and are used to convey meaning.

Language and newcomer children

Newcomer children face specific challenges when it comes to English or French acquisition. Very often, the language they are using in school is a new language, and they are trying to learn this at the same time as they are adapting to a new culture. These children may also be called upon to be a translator for family members. It is important for educators to remember that it may take additional time or be more challenging for newcomer children to master academic concepts while learning these in a new language.

Middle years children experience challenges in expressing complex thoughts and feelings verbally. These challenges are intensified when children attempt to do so in a second or subsequent language. In these cases, it may help to provide opportunities for newcomer children to express complex or challenging thoughts and emotions in their mother tongue, or explore expression through art, play or other types of symbolic representation.





MENTAL HEALTH IN THE MIDDLE YEARS

Maintaining positive mental health and emotional wellbeing is critical to healthy living and involves physical, intellectual, social, emotional, and spiritual wellbeing. Good mental health in children supports their enjoyment of and satisfaction with life and their ability to cope effectively with its challenges, as well as to realize their full potential and be productive.^{227,228} Mental health challenges, on the other hand, can affect children's productivity and functioning, including their learning, social interactions and lifelong health.

Young people experiencing mental health concerns (from stress to severe mental health problems) or aggressive behaviour are at greater risk for substance abuse, violence and interaction with the justice system.²³⁰

Mental health challenges can impact social, behaviour, educational and family functioning. Between 50 per cent and 74 per cent of mental health issues first emerge during the middle childhood years.

Given their prevalence and long-term impact, mental health challenges are one of the leading health problems children face from infancy onwards. Thus, where possible, mental health concerns should be addressed early, rather than when they become more serious later in life. Treatment and services to support children's mental health include services provided through community- and hospital-based programs, as well as through the child protection, education and youth criminal justice sectors.



An estimated 13 per cent of young people ages 4-17 in Canada have some type of mental health issue, with anxiety, depression, conduct disorders and ADHD being the most prevalent; and conditions like schizophrenia less common.²²⁶

CONTEXTUAL INFLUENCES

Parenting and mental health

Parenting behaviours and relationships have a significant impact on children's mental health. Low levels of parental warmth and high parent-child conflict have been associated with risk for bipolar disorder in adolescents. Physical punishment increases the risk for child and adolescent mental health concerns. Inconsistent or ineffective discipline practices have been found to be associated with poor outcomes. A good relationship with parents and caregivers is protective to mental health and wellbeing.

Schools and mental health

School plays a critical role in the mental health and wellbeing of children in their middle years. It is an important environment for children to develop social skills and a sense of belonging. It is also an important place to develop mental health literacy skills, including an understanding of the factors supporting healthy development and the effects of stigmatization and bullying.

Culture

Culture has a major influence on a child's psychological, emotional, social and cognitive development. Culture can influence how mental health functioning is understood and communicated, and the way that psychological symptoms are expressed.²³²

Culture and race may also interact with other factors that impact mental health. For example, racism and poverty increases stress which impacts mental health. Some communities experience lower levels of mental health and wellness, and this is linked to a history of socio-economic disparities, racism and discrimination. Refugee groups overall have been noted to have higher rates of common mental health challenges and post-traumatic stress disorder (PTSD), and immigrant children may be at risk of culture shock. In addition, racialized and newcomer children are less likely to receive the mental health services they need, possibly due to access barriers (e.g., language, proximity, cost and cultural safety), cultural differences in problem recognition, and beliefs about care and stigma related to mental health and treatment.

LGBTQ2S children

Lesbian, Gay, Bisexual, Transgender, Queer, Two-Spirited (LGBTQ2S) children and youth often encounter distinct challenges, including bias, discrimination, potential loss of family support, social exclusion, body image issues and harassment. These challenges can contribute to emotional distress, and eventually mental health concerns such as depression and anxiety. LGBTQ2S children and youth experience higher levels of depression and anxiety, have higher levels of suicidal thoughts, are more likely to report self-harm, make more suicide attempts and have significantly higher rates of substance use. It should be noted that these outcomes are less likely in those with supportive and accepting families.²³³ LGBTQ2S children and youth who face other forms of marginalization, including newcomer and racialized LGBTQ2S children, can experience additional challenges navigating intersecting identities and multiple communities of belonging.

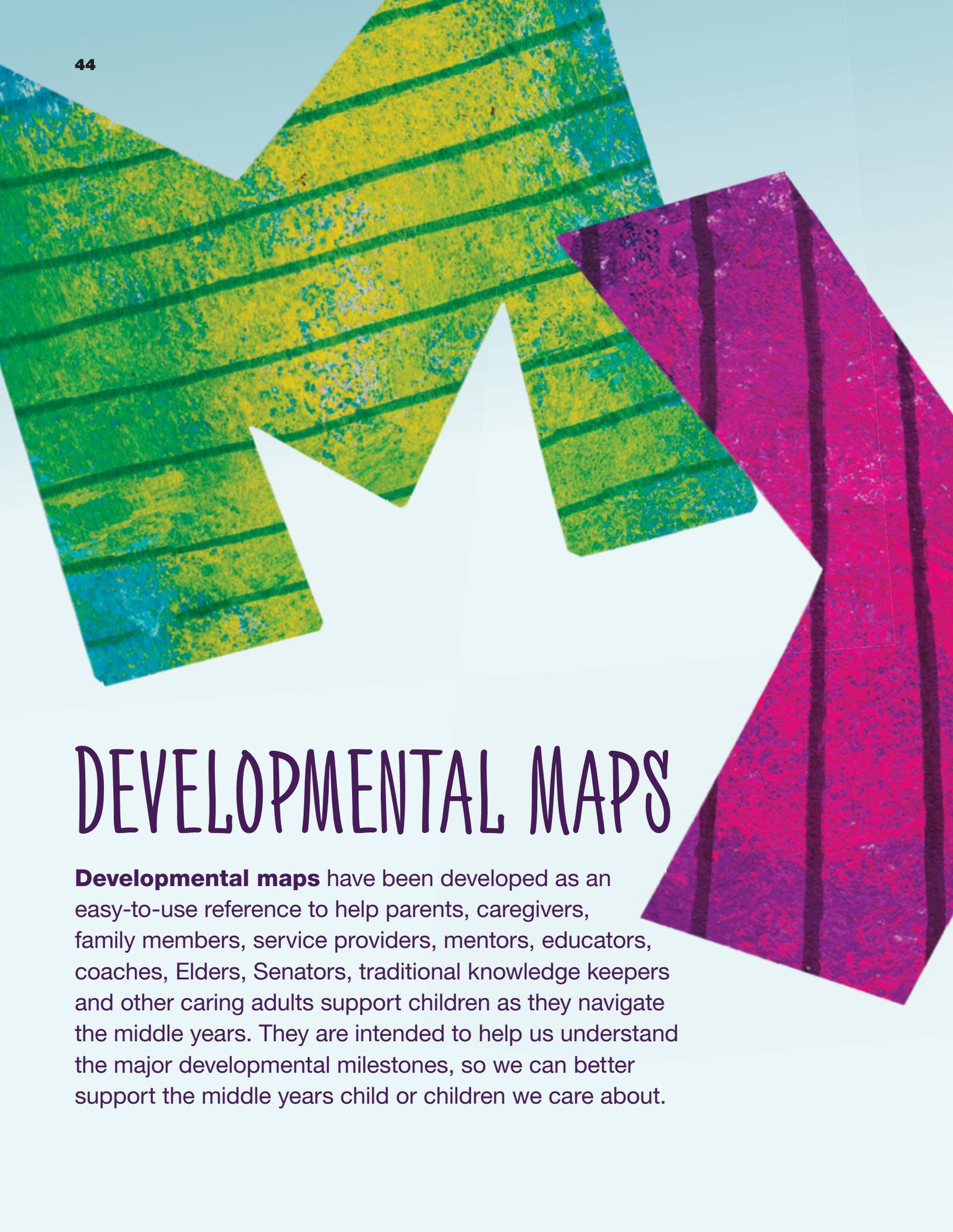


The family context is particularly important for children and youth in children in the child welfare system. Young people in child welfare system are at higher risk for mental health challenges (such as depression, PTSD and others), as well as chronic physical illnesses, behavioural problems, academic difficulties, substance use, and self-harm. There is greater stability when foster parents are relatives of the children, are invested in and accepting of the children, have the skill set to manage behaviour problems, and have social support, emotional resilience and organized but flexible lifestyles.²²⁹



The risk of developing mental illness rises with poverty; children from poor backgrounds are three times more likely to have a mental health challenge.²³¹





DEVELOPMENTAL MAPS

Developmental maps have been developed as an easy-to-use reference to help parents, caregivers, family members, service providers, mentors, educators, coaches, Elders, Senators, traditional knowledge keepers and other caring adults support children as they navigate the middle years. They are intended to help us understand the major developmental milestones, so we can better support the middle years child or children we care about.



SUPPORTING DEVELOPMENT IN THE MIDDLE YEARS

The first part of this document has described the various developmental events that generally occur between ages 6-12. This second part presents these events in a clear and compact form, as signposts we can be on the alert for. It also provides sensible guidance on where to start, and the day-to-day things we can do to help our children thrive.

Maps are organized across the five developmental domains that have been identified for children in this age group. As noted earlier, it is important to recognize that these domains are interdependent, with changes in one area bringing about changes in others. In order to make the best use of this resource and to obtain the most accurate and dynamic understanding of child development during the middle years, these maps should be used in their entirety. Reading only one section or domain within the document will not present a complete picture of the many ways that a middle years child is growing, learning and developing during this time period.

BUILDING ON THESE IDEAS

It is important to remember that the examples provided in these maps and the suggestions are very general, and need to be personalized. Children are unique. Parents, caregivers and other caring adults know the children in their care better than anyone, and will be able to see which suggestions apply, or can be adapted to best match a child's unique personality, interests and needs.

A great deal of change happens over the course of the middle years. There are significant differences between a 6-year-old child and a 12-year-old, and this is something we need to keep in mind when looking for the indicators discussed in the next section. Development is also experienced through cultural context and personal identity. It is important to be mindful of this when looking for developmental indicators and also in determining how to help.

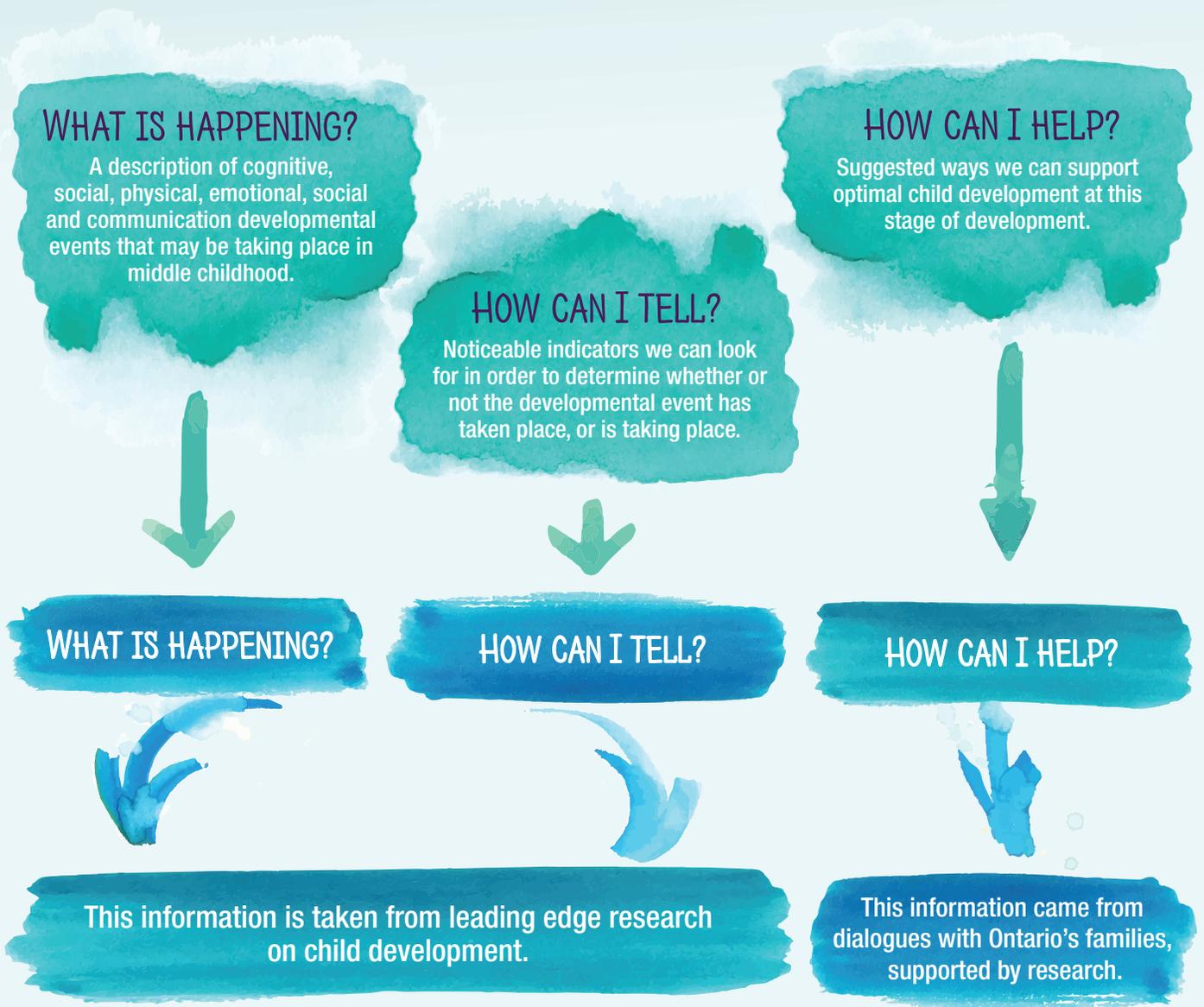
SUPPORTING FIRST NATIONS, MÉTIS AND INUIT CHILDREN

When supporting First Nations, Métis and Inuit children, service providers and others working with children should avoid making assumptions. Indigenous families and communities are in the best position to define their own needs and what supports they require to thrive. The right to Indigenous self-determination should also be respected by non-Indigenous service providers. For example, in designing and delivering services for Indigenous children and families, the relevant First Nations, Métis and Inuit partners should always be engaged in the design and development of that program. A crucial element of this is establishing partnerships with local Indigenous organizations and First Nations communities that represent the interests of the Indigenous communities being served. In addition, service providers and others working with Indigenous children and families should be mindful of and respect the diversity of Indigenous cultures and norms. For example, avoid generalizing a First Nations cultural practice when serving Inuit children and families and remember that there are many differences across Métis and First Nations cultures.



HOW THE MAPS ARE ORGANIZED

The maps are consistently organized across three columns, and are designed to answer three corresponding key questions you may have about key developmental events:





COGNITIVE DEVELOPMENT

Brain Development and Processing

What's happening?	How can I tell?	How can I help?
<p>Their brain is experiencing a “burst” of development and is sensitive to experiences.</p>	<ul style="list-style-type: none"> • Children are affected by experiences and their ability to develop and process information depends on having positive interactions and having their basic needs met. • They have a strong ability to adapt and change. 	<ul style="list-style-type: none"> • Ensure they have a healthy diet, aligned with Canada's Food Guide or Canada's Food <i>Guide for First Nations, Inuit and Métis</i>. • Emphasize sleep — middle years children function best with nine to 11 hours of uninterrupted sleep per night. • Ensure they feel safe and are not subject to undue stress. If they have experienced high levels of stress, help them talk about it and develop coping strategies. Access additional supports if needed.
<p>Their brain functions with greater efficiency and speed.</p>	<ul style="list-style-type: none"> • Children are learning new information and skills more quickly than they did before. • They are better able to understand new concepts, and they are able to solve more complex problems. • The more experiences they have, the better their brains will develop. 	<ul style="list-style-type: none"> • Arrange for regular participation in a range of activities, such as arts, music, sports, spending time in nature and learning a second language.
<p>Their sensory and visual-spatial skills are improving.</p>	<ul style="list-style-type: none"> • Children have completed development of basic vision, hearing and touch. • They are better able to understand, organize and use complex visual information and tools. • Their ability to judge spatial relationships and depth perception is improving. 	<ul style="list-style-type: none"> • Use visuals when teaching them. • Encourage middle years children to build things, such as playing with blocks. • Provide them with an organized workspace for school work. • Visit an optometrist if you have concerns about their vision.

COGNITIVE DEVELOPMENT

Brain Development and Processing

What's happening?	How can I tell?	How can I help?
<p>Their memory is improving.</p>	<ul style="list-style-type: none"> • Children are better able to remember past events and experiences. • They can pay attention for longer. • They can be mindful of multiple thoughts and ideas at the same time. • They can better reflect on what they are doing and what they want to accomplish. 	<ul style="list-style-type: none"> • Keep instructions short and repeat them as needed. • Help boost children's memory by using rhymes and acronyms, encouraging them to paraphrase events and stories, and making lists and notes.
<p>Their ability to reason and think abstractly is gradually improving.</p>	<ul style="list-style-type: none"> • In the early middle years, children can better understand logic, cause and effect and identify patterns. • During this time, reasoning skills and abstract thinking skills are still developing. • Later in the middle years, they are better able to process information, reason, think abstractly, make decisions and consider complex and hypothetical problems. • They are developing "metacognition" — the ability to reflect on their own thinking. 	<ul style="list-style-type: none"> • Don't be afraid to challenge your children — give them chances to talk and think about complicated issues. • Ask children why they think and do things — listen and validate their reasoning. • Point out where you see they are using good logic and reasoning to work through problems — boost their confidence in their own intelligence.

COGNITIVE DEVELOPMENT

Learning and Reasoning Skills

What's happening?	How can I tell?	How can I help?
<p>They are developing their learning skills and strategies.</p>	<ul style="list-style-type: none"> • They are generally motivated and excited about learning, and are “learning how to learn” by studying, practising and learning from mistakes. • They are becoming aware of their own strengths and challenges as learners. • They are developing creative, imaginative and practical solutions to problems. 	<ul style="list-style-type: none"> • Take an interest in what children are learning at school. • Create different opportunities for them to learn together with you and also by spending time on their own. • They want to be like you. Demonstrate that you like to learn new things. • Encourage children to join a homework club/group.
<p>Their ability to concentrate is still weak, but is improving.</p>	<ul style="list-style-type: none"> • Children are better able to pay attention and stay on task, but they can still be easily distracted — multi-tasking may be challenging. • They can complete tasks faster and more consistently. 	<ul style="list-style-type: none"> • Encourage children to do one thing at a time, and keep distractions to a minimum. • Be cautious about overstimulation from media or other activities that require high levels of prolonged concentration as they can be overwhelming. • Encourage and provide opportunities for practice and repetition.
<p>Their numeracy and literacy skills continue to develop.</p>	<ul style="list-style-type: none"> • Throughout the middle years, children are getting better at reading and by the end of middle childhood, most should have strong reading skills. • Similarly, during this period their basic math skills — adding, subtracting, multiplying and dividing — are improving. • They are comfortable making, describing and comparing measurements of length, area, volume, mass and time. • They are getting better at using computers. 	<ul style="list-style-type: none"> • Encourage reading whenever you can. • Find engaging ways for them to practice and improve their math skills. • Support healthy and appropriate use of computers and technology. (See page 17 for more information.)
<p>Their critical thinking skills are forming.</p>	<ul style="list-style-type: none"> • Children can develop plans, collect information, and use it to draw conclusions and plan next steps. • They can understand more complex instructions and strategies. • They learn from mistakes and reflect on what could have been done differently. • They can come up with ideas, experiment and think critically to investigate and solve problems. 	<ul style="list-style-type: none"> • Devise short-term projects and tasks that children can plan and complete. • Challenge them with puzzles and games that require thinking and logic. • Ask, “What do you think?” in the face of a problem, and encourage them to identify more than one possible solution. • Engage middle years children around planning and priority setting.

COGNITIVE DEVELOPMENT

Behavioural Learning

What's happening?	How can I tell?	How can I help?
<p>Their ability to be aware of and regulate their behaviour is limited, but developing.</p>	<ul style="list-style-type: none"> • Children are able to anticipate the consequences of expressing their emotions. • They are better able to understand that they are doing something wrong, and better able to stop. • Though they still desire immediate gratification and rewards, they are better able to regulate, moderate and inhibit impulses. 	<ul style="list-style-type: none"> • Set expectations for behaviour and role model the behaviour yourself. • Teach them strategies they can use to regulate their own behaviour, such as using words, asking for help, taking deep breaths, counting to three, or choosing to spend a few minutes alone. • Use strategies such as reward systems to increase prosocial (positive, helpful) behaviour. • Ensure that children participate in regular physical activity and spend time playing outdoors. • For Indigenous children, consider involving them in traditional health and healing practices such as tending to a medicine garden.
<p>Their ability to accurately assess risk and reward is limited and still developing.</p>	<ul style="list-style-type: none"> • Children may not have strong impulse control. • They may lack understanding of risks and consequences. • They may have difficulty putting off immediate rewards for long-term goals. 	<ul style="list-style-type: none"> • Talk to children about taking risks, and the importance of thinking about the consequences. • Give them an outlet for healthy risk-taking, such as climbing and jumping, new social opportunities and activities.



PHYSICAL DEVELOPMENT

Growth and Physical Change

What's happening?	How can I tell?	How can I help?
<p>All parts of their bodies are growing.</p>	<ul style="list-style-type: none"> • Growth is relatively constant and stable during the early middle years. • In late middle years, there is a sharp growth spurt and then growth slows. <ul style="list-style-type: none"> – For girls, the growth spurt occurs at 9-13 years (typically starting at 10 and peaking at 12). – For boys, it is between 11-15 years (starting at 12 and peaking at 14). 	<ul style="list-style-type: none"> • Ensure that children have a healthy diet with diverse food choices. • Teach them about healthy eating. • Emphasize the importance of exercise and provide them with opportunities to connect with nature. • Teach them that sleep is very important. • Facilitate adequate, quality sleep. Make sure there are household bedtime rules, and make very sure there are no computer devices after bedtime or in bed.
<p>Their endurance and strength are slowly improving.</p>	<ul style="list-style-type: none"> • They are slowly and steadily getting stronger. • They have stable, though limited, muscular endurance. • They have a hard time sustaining extended periods of exercise. 	<ul style="list-style-type: none"> • Help children learn about their bodies and physical abilities through different activities. • Provide opportunities for fun, safe physical activities. • Make sure they avoid over-training or too many repetitive movements.
<p>Physical changes associated with puberty begin to occur.</p>	<ul style="list-style-type: none"> • Boys begin puberty between 11-15 years (average 14). • Girls begin puberty between the ages of nine and 13 (average 12). • They may begin to experience changes in body structure, composition (e.g., body fat) and in physical sex characteristics such as breast development and pubic hair. 	<ul style="list-style-type: none"> • Puberty can be a confusing time for children. Talk to them about the changes they are undergoing so they know what to expect. • Puberty will likely bring with it a greater desire for privacy in children. Within the boundaries of common sense and safety, give it to them.

PHYSICAL DEVELOPMENT

Movement Skills and Knowledge

What's happening?	How can I tell?	How can I help?
Their fundamental movement skills are improving.	<ul style="list-style-type: none"> • They are getting better at fundamental motor skills such as jumping, running, twisting, bending, catching and dribbling a ball. • They have better control when participating in skills requiring change of speed, direction and height. • They can throw and catch with control and precision. • All in all, they have greater speed, strength, endurance, eye-hand and eye-foot coordination, reaction time, balance and agility. 	<ul style="list-style-type: none"> • Work with children on the basic skills needed for sports and recreational activities. • If children struggle with certain motor skills, have them work on special exercises or activities to help them improve. • Encourage them in this work. • Always emphasize that physical activities are meant to be enjoyable and entertaining
They are beginning to understand their bodies and physical abilities.	<ul style="list-style-type: none"> • Simply put, they are moving better. <ul style="list-style-type: none"> – Their movements are being guided by improvements in depth perception. – They have better postures and are able to assume and maintain a desired stance or position. 	<ul style="list-style-type: none"> • Help them find physical activities they enjoy, and encourage them to participate as often as possible. • There should be no such thing as “not being good at” something. If they are doing it, it is good.

Health Knowledge and Behaviour

What's happening?	How can I tell?	How can I help?
They increasingly take responsibility for their own health and physical wellbeing.	<ul style="list-style-type: none"> • Children begin to understand the connections between diet, physical activity and health. • They have increased interest in nutrition and healthy eating. 	<ul style="list-style-type: none"> • Explain to them that they can take control of their own physical wellbeing. • Take children on the land and explore nature, learn how to be safe in nature, and navigate natural terrains. • Encourage them to take positive steps to promote wellbeing — adopt healthy daily routines, eat healthy meals, walk or bike to school, get a good night's sleep. • Model self-care. Show them that you are also committed to a healthy daily routine. • Teach them to make healthy meals. • Try to ensure that they get nine to 11 hours of uninterrupted quality sleep per night.

PHYSICAL DEVELOPMENT

Health Knowledge and Behaviour

What's happening?	How can I tell?	How can I help?
<p>They have a growing awareness of body image and the prevalence of social comparisons.</p>	<ul style="list-style-type: none"> • Children are becoming aware of their body image. • They may feel self-conscious or less attractive than their peers, they may feel themselves to be within a normal range, or they may feel themselves to be particularly attractive. • They may appear to be judging the appearance of their peers. • They may show signs of attaching social importance to being attractive. 	<ul style="list-style-type: none"> • Understand that children are beginning to view others in terms of how attractive they are. • If they are showing insecurity about how they look, teach them to focus on their assets and qualities. • Help them understand that attractiveness is subjective, and is not a measure of a person's worth. • Be very alert for signs that children are anxious or depressed, e.g., getting significantly lower marks in school, avoiding friends and family, or changes to sleeping or eating habits. • Create a safe environment for them to openly discuss emotions, feelings and concerns.
<p>They are more physically active, especially in groups.</p>	<ul style="list-style-type: none"> • Children regularly engage in moderate to vigorous physical activity. • They have an increased desire to play and interact physically with their peers. 	<ul style="list-style-type: none"> • Provide children with as many opportunities as possible to be physically active. • Help them develop habits that support lifelong physical activity. • Wherever possible, engage in physical activity with them — play games, throw a ball, go on hikes, or go swimming. • Mix organized sport, unstructured play and active transportation such as walking and biking into their daily activities. • Provide opportunities for them to be in the outdoors and nature as often as possible.



EMOTIONAL DEVELOPMENT

Developing a Sense of Self and Identity

What's happening?	How can I tell?	How can I help?
<p>Children are developing personal identities and exploring their sense of self.</p>	<ul style="list-style-type: none"> • They are beginning to think of themselves in terms of their physical appearance, preferences, academic success, athletic skill and social abilities. • This may result in feelings of confidence and belonging, but it can also result in feelings of insecurity. • They are beginning to appreciate the ways in which people resemble one another, and the ways in which they differ. • They have begun to think and talk about what they want to be when they grow up. 	<ul style="list-style-type: none"> • Reinforce for children that they are good at things, and support their development in those areas. • Reinforce for them that people should not be judged by what they are good at, but instead should be judged for being a good person. • Give them lots of opportunities to try out different things. • Once you have identified their areas of interest, help them engage in activities that involve those interests, and make sure they see that those areas of interest are important to you. • Attempt to connect them with positive role models and mentors, particularly those who reflect their personal and cultural identity. • Help them learn about truth and reconciliation and Canada's commitment to Indigenous peoples.
<p>They are building interest and connection to social and cultural identities.</p>	<ul style="list-style-type: none"> • Children are beginning to see the world as consisting of social and cultural groups. • They see themselves and their peers as belonging to one or several of those social or cultural groups. • They show pride in developing a sense of belonging with certain other individuals and groups. • They are starting to appreciate the values that are important to groups and individuals. 	<ul style="list-style-type: none"> • Cultural identity is a protective factor for children— expose and involve children in their own culture learnings as much as possible. • Tell children their family story so they get a sense of belonging to their culture. • Expose children to traditional toys. • Participate in traditional/culturally grounded parenting classes (for parents and caregivers). • Start talking to children, in positive ways, about various ways of life, cultural models and identities.

EMOTIONAL DEVELOPMENT

Developing a Sense of Competence

What's happening?	How can I tell?	How can I help?
<p>How children feel about themselves is evolving, based on personal attributes and feedback.</p>	<ul style="list-style-type: none"> • Particularly in the early middle years, children may not be good at distinguishing between their desire to be good at something and their actual competence, so they often overestimate their abilities. • In the later middle years, they develop a more realistic level of self-efficacy (their belief in their ability to succeed at something), due to increasing self-awareness, ability to make social comparisons, critical assessment of their competencies and feedback from others. • They are able to describe what they like about themselves, how they are similar to others and how they are different. 	<ul style="list-style-type: none"> • Acknowledge what children are good at, and support them in doing those activities as often and as well as possible. • Use the things they are good at, whatever those things might be, to help them build their self-confidence. • Support them to develop a realistic self-assessment of their abilities, and take pride in their strengths. • Provide praise, positive feedback, and encouragement when it is deserved. • Be a mentor to them. It's one of the best ways to help them build leadership skills, independence and confidence.
<p>Children are developing self-efficacy. They are increasingly confident in their ability to accomplish certain tasks and goals.</p>	<ul style="list-style-type: none"> • They are developing social, physical and school-related skills, and are clearly proud of these new abilities. 	<ul style="list-style-type: none"> • Help children understand their strengths, but also their limits. • Look for ways for children to gain a sense of achievement and proficiency in an activity or skill. • Watch for signs that they are losing motivation. Look for ways to increase their belief in themselves and their abilities, such as assigning unique responsibilities that you know they can carry out. • Try to place them in situations where they can learn without worrying about being compared to others.
<p>Children are increasingly ready and even eager to take on new challenges.</p>	<ul style="list-style-type: none"> • They have a willingness to work hard at things. • They are eager to contribute and show how competent they are. • Increasingly, they want to take on, and succeed at, more complex tasks. • They are developing overarching goals, commitments, and a sense of future. 	<ul style="list-style-type: none"> • Encourage practice and hard work. • Set high but realistic goals that children can achieve. • Encourage them to set their own goals. • Encourage children to practice learned techniques. • Teach them to persevere and see failures as learning opportunities. • Allow children the opportunity to fail — and to learn from it. Teach them that taking risks is a core part of learning.

EMOTIONAL DEVELOPMENT

Moral Reasoning and Fairness

What's happening?	How can I tell?	How can I help?
<p>Moral reasoning is becoming externally motivated.</p>	<ul style="list-style-type: none"> • Through the middle years, children will move through clear stages of moral reasoning. • At first, moral behaviour is based on self-interest and the fear of consequences for breaking the rules. • Later, behaviour is geared to getting rewards for doing the right thing, rather than avoiding punishment. • Following this, behaviour is driven by an understanding of duty and justice and a desire for social approval. 	<ul style="list-style-type: none"> • Be firm but fair. • Create a warm environment that has consistent rules and high expectations for behaviour. • Discuss values, moral and ethical issues, and social responsibility. • Children will find themselves wrestling with moral dilemmas. Work with them, but try to ensure that they arrive at their own answers. • Talk with them and explore their values and how to be inclusive and accepting of difference and diversity.
<p>Children are developing a sense of right and wrong and what is fair.</p>	<ul style="list-style-type: none"> • They are beginning to appreciate values such as fairness, tolerance, understanding and respect. • They are interested in the reasons for rules, and are beginning to question rules they believe are unfair. • They sometimes make suggestions for improving the rules. • They can act fairly, and when resolving a conflict take fairness into consideration. 	<ul style="list-style-type: none"> • Hold children accountable for their actions in a consistent manner, whether with rewards or consequences as appropriate. • If there are consequences for bad behaviour, make sure that children understand why and how their behaviour was unacceptable. • Discuss values and ethical behaviour with them. • Identify and discuss the values that you share with children and explain why they are important.

EMOTIONAL DEVELOPMENT

Emotional Regulation (Emotional Understanding and Expression)

What's happening?	How can I tell?	How can I help?
<p>They have developed the ability to perceive and understand emotion in themselves and others.</p>	<ul style="list-style-type: none"> • Children begin noticing when others are upset, and understand why. • They are aware of their own reactions to things. • They have started developing strategies to help themselves and others. • Between the ages of five and 10, they show increasing sensitivity to facial expressions of surprise, disgust and fear. • Between the ages of 10 and 12, they show increasing sensitivity to angry and sad facial expressions. 	<ul style="list-style-type: none"> • Be a model for them. Show children that you are aware of their emotions, and the emotions of others. • Help them describe their emotions in words, such as sad, angry, and happy. • Provide opportunities for emotional expression through art, music or movement. • Help them understand that emotions like fear, sadness and anger will pass. • Explicitly address and help them understand their anxieties. • Some children have difficulty recognizing subtle social cues. Take a direct approach and help them learn to recognize and describe facial expressions and body language.
<p>They are becoming aware that they can influence the way they think and feel.</p>	<ul style="list-style-type: none"> • Children begin to understand that the way they think about things can affect the way they feel. • They are able to use words to label and discuss their emotions. • They can discuss how various situations and behaviours affect the way they feel, and they are learning how best to respond to those situations and how to modify those behaviours. 	<ul style="list-style-type: none"> • Help children see the link between changing their thoughts and mood. • Watch for situations in which children are blaming themselves, blaming others, exaggerating their problems or avoiding them altogether. Try to help them see what they are doing.
<p>Their ability to regulate and manage emotions, while limited, is improving.</p>	<ul style="list-style-type: none"> • Children start being able to regulate their emotional expression to avoid hurting others or to protect themselves. • They understand the difference between experiencing an emotion and expressing it. • They dwell and obsess less than they used to on mishaps and challenges. 	<ul style="list-style-type: none"> • Set a good example by being a consistent and strong role model. Show children that you can manage your emotions. • Make sure that home is a positive and safe emotional environment. • Show warmth and affection to children. • Help children by talking them through adverse emotional events. • When an emotional experience occurs, help children to understand it and express their feelings, as well as talk through ways to cope or be comforted when difficult emotions arise. • Teach children mindfulness techniques.

SOCIAL DEVELOPMENT



Social Competencies

What's happening?	How can I tell?	How can I help?
<p>Children are increasingly capable of feeling and demonstrating empathy.</p>	<ul style="list-style-type: none"> • Middle years children are becoming less and less self-centred. • They can sense the feelings and needs of others and react to other people's distress. • They are sensitive to the needs of others, and consider these needs even in pursuit of their own interests. • They are beginning to understand about discrimination that is based on race and gender. 	<ul style="list-style-type: none"> • Be a role model. Show your children that you care deeply about the feelings of others. • Discuss bullying with them, with an emphasis on how it would feel to be bullied. • Encourage them to think about social exclusion and social justice issues and how it impacts them as well as their peers.
<p>They are getting better at understanding the perspectives of others.</p>	<ul style="list-style-type: none"> • Middle years children are beginning to realize that people may have their own views, desires and emotions. • They are starting to understand how their words and behaviour can affect others. • They can take into account other people's intentions when making decisions or relating to others. • They understand the consequences of cyberbullying and other kinds of inappropriate online behaviour. 	<ul style="list-style-type: none"> • Let them know that different perspectives are a normal part of life. Emphasize conflict resolution skills, as opposed to "us and them" attitudes. • Talk to children about how their actions can affect others' thoughts and feelings. • Talk to them about the needs, feelings and desires of friends and family members. • Explain to them about how easy it can be to hurt or scare someone online.

SOCIAL DEVELOPMENT

Social Competencies

What's happening?	How can I tell?	How can I help?
<p>They are developing better conflict management skills.</p>	<ul style="list-style-type: none"> • Children are learning strategies for how to manage and resolve conflicts with others. • They are aware of, and can appreciate, different cultural behavioural norms and expectations. • They understand the different forms of bullying, and are aware of their negative impact. • They are beginning to behave appropriately in various social situations, and beginning to exhibit appropriate behaviours for maintaining positive relationships. 	<ul style="list-style-type: none"> • As always, be a role model. Use your own actions and those of other caring adults to show children what positive social behaviour and positive conflict resolution can look like. • Teach them conflict resolution skills tailored to their needs and level of development. • If you hear someone saying that bullying is “just a stage,” explain that it won't be unless the child doing the bullying is supported in learning how to stop. • Discuss ways that children can prevent bullying and victimization, and how they can intervene when they occur. • Discuss electronic bullying with them, and explore ways of preventing it.

Social Connectedness

What's happening?	How can I tell?	How can I help?
<p>Children are developing a sense of belonging to groups and communities.</p>	<ul style="list-style-type: none"> • They interact positively, in a range of contexts, with friends, older and younger students, and adults. • They can identify a range of groups, including cultural groups, to which they, their family members and friends belong. • They are learning to work in teams in order to complete activities within a set timeframe. 	<ul style="list-style-type: none"> • Encourage children to join in different kinds of groups, and participate in different types of team activities. • Always emphasize to them the importance of connecting with other people, being productive and making a contribution to society. • Attend cultural events, or social events for families with special needs children, so that special needs children and their families can socialize in a supportive and informal atmosphere.

SOCIAL DEVELOPMENT

Social Connectedness

What's happening?	How can I tell?	How can I help?
<p>They are becoming aware of, and responding to, social norms and justice.</p>	<ul style="list-style-type: none"> • Middle years children are beginning to appreciate common society values such as fairness, equity and inclusion, tolerance, understanding and respect. • They have begun to understand their own and other people's rights and responsibilities. • They are beginning to question rules which they believe are unfair, and make suggestions about improving the rules. • They have begun to understand people's different needs, and are using that understanding to resolve conflicts fairly. 	<ul style="list-style-type: none"> • Discuss topics like ethics, politics and religion with children. • Help them learn how to stand up for their own and other people's beliefs and values. • Talk to them about family, social and community responsibility.
<p>They are learning to respect diversity and different contexts.</p>	<ul style="list-style-type: none"> • Children have become aware that different people have differences in their cultural practices, and in the way they dress, eat, greet one another and in their social norms. • They have begun to appreciate both the similarities and differences between individuals and groups, specifically language, cultural and religious groups. • They understand and value social inclusion, racial and cultural diversity, sexual and gender diversity and ability. 	<ul style="list-style-type: none"> • Try to ensure that children feel as if they belong in whatever groups or contexts they find themselves in. • Talk to them about the importance of belonging, and how important belonging is to other people in other groups. • Have discussions about the dignity of all people and diversity and inclusion as core values. • Be a role model to children in terms of how you deal with, and talk about, other groups and cultures.
<p>They are becoming socially responsible.</p>	<ul style="list-style-type: none"> • Children have begun to understand that to participate in society, they need to be aware of their rights and responsibilities. • They have learned to contribute and share responsibility. • They participate in civic-minded activities at home and school, such as recycling, composting, and taking responsibility for resources. • They are exploring ways in which they and others can work to improve their community and environment. 	<ul style="list-style-type: none"> • Model social inclusion and support diversity. • Be a role model to children in terms of how you deal with, and talk about, other groups and cultures. • Support equity and inclusion, in whatever social groups or contexts they participate in. • Have discussions about the dignity of all people, and equity and inclusion as core values. • Talk with them about how they can support equity and inclusion.

SOCIAL DEVELOPMENT

Relationships with Family and Friends

What's happening?	How can I tell?	How can I help?
<p>They have begun to develop autonomy from the family, but still need strong support.</p>	<p>Early Middle Years:</p> <ul style="list-style-type: none"> • Children are developing an identity independent from their parents/caregivers. • They are spending more and more time with peers, other adults and in activities outside the home. <p>Later Middle Years:</p> <ul style="list-style-type: none"> • They have an increased desire and readiness for greater autonomy and independence. • They are expressing attitudes and beliefs that are different from those of their parents/caregivers. • They want more freedom, responsibilities and rights. 	<ul style="list-style-type: none"> • Provide guidance that is warm and safe, but also firm and structured, with consistent rules and high expectations about behaviour and personal conduct. • Do activities together as a family or extended family to keep children engaged: <ul style="list-style-type: none"> – Consider traditional or cultural activities. – Go on family walks or road trips to explore new places together. • Create a safe environment in which children can openly discuss emotions, feelings and concerns. • Encourage children in independent problem-solving, critical thinking and proactive exploration of ideas. • As they mature, give them increasing responsibility, autonomy and leadership (e.g., maintain a chore chart). • Start teaching children about financial responsibility from a young age by setting up a bank account for them. • Balance your desire to supervise them with the need to encourage their growing desire to explore relationships outside the home. • Talk with them about who they can go to if they have a problem they need help with. Include various contexts including home and school.
<p>They are developing close, important friendships.</p>	<ul style="list-style-type: none"> • Children are beginning to form more intimate friendships. • They have begun to display appropriate behaviours for maintaining positive relationships. • Their sense of self and self-worth is now partly associated with group values and norms. • They give greater priority to social activities with peers, peer acceptance and their own appearance. 	<ul style="list-style-type: none"> • Try to teach children to value respectful, reciprocal friendships. • Encourage them to always be mindful of their values and ethics, and keep the lines of communication open so children will confide in parents when their values are challenged or they need help. • Discuss their friends with them, in the context of what it is to be a good friend. • Talk to them about the role of emotions in interpersonal relationships. • Monitor their friendships and interaction with peers as much as you can.

SOCIAL DEVELOPMENT

Relationships with Family and Friends

What's happening?	How can I tell?	How can I help?
<p>They are participating in both small and larger peer groups.</p>	<ul style="list-style-type: none"> • They are developing a sense of being a part of larger networks of children, friends and acquaintances. • They have diverse groups of friends. • They are able to discuss their various groups of friends and how they fit in with them. 	<ul style="list-style-type: none"> • Talk to children about group dynamics. • Support their exploration of different types of friends, and groups of friends. • Friendships are very important. If your children have trouble making friends, try to place them in situations, such as sports or other after-school activities, in which they will interact with other children.
<p>They are developing the foundations for healthy romantic relationships.</p>	<p>Early Middle Years:</p> <ul style="list-style-type: none"> • Children are increasingly aware of gender identity. • They are developing high quality friendships, and are accepted in a peer group, mainly with the same sex. • Some are beginning to have interactions with the opposite sex, and have a greater awareness of romantic relationships. <p>Later Middle Years:</p> <ul style="list-style-type: none"> • They are starting to have romantic interests. • They understand romantic relationships and what makes them different from friendships. • Some enter into “boyfriend/girlfriend” relationships, often within a larger peer group. • They are participating in, and becoming more skilled in, mixed-gender peer groups. 	<ul style="list-style-type: none"> • Model healthy relationship behaviour for them — show them how important respect and kindness are in relationships between people. • Make sure that they are getting relationship and sexual education. • Talk to them about romantic relationships, and ask about their feelings and experiences. • Talk to them about consent, peer pressure and dating violence. • Make sure they know to talk to an adult if they are aware of, or part of, an inappropriate, unhealthy or abusive relationship. • Remain open-minded to children's self-identity and gender fluidity.



COMMUNICATION DEVELOPMENT

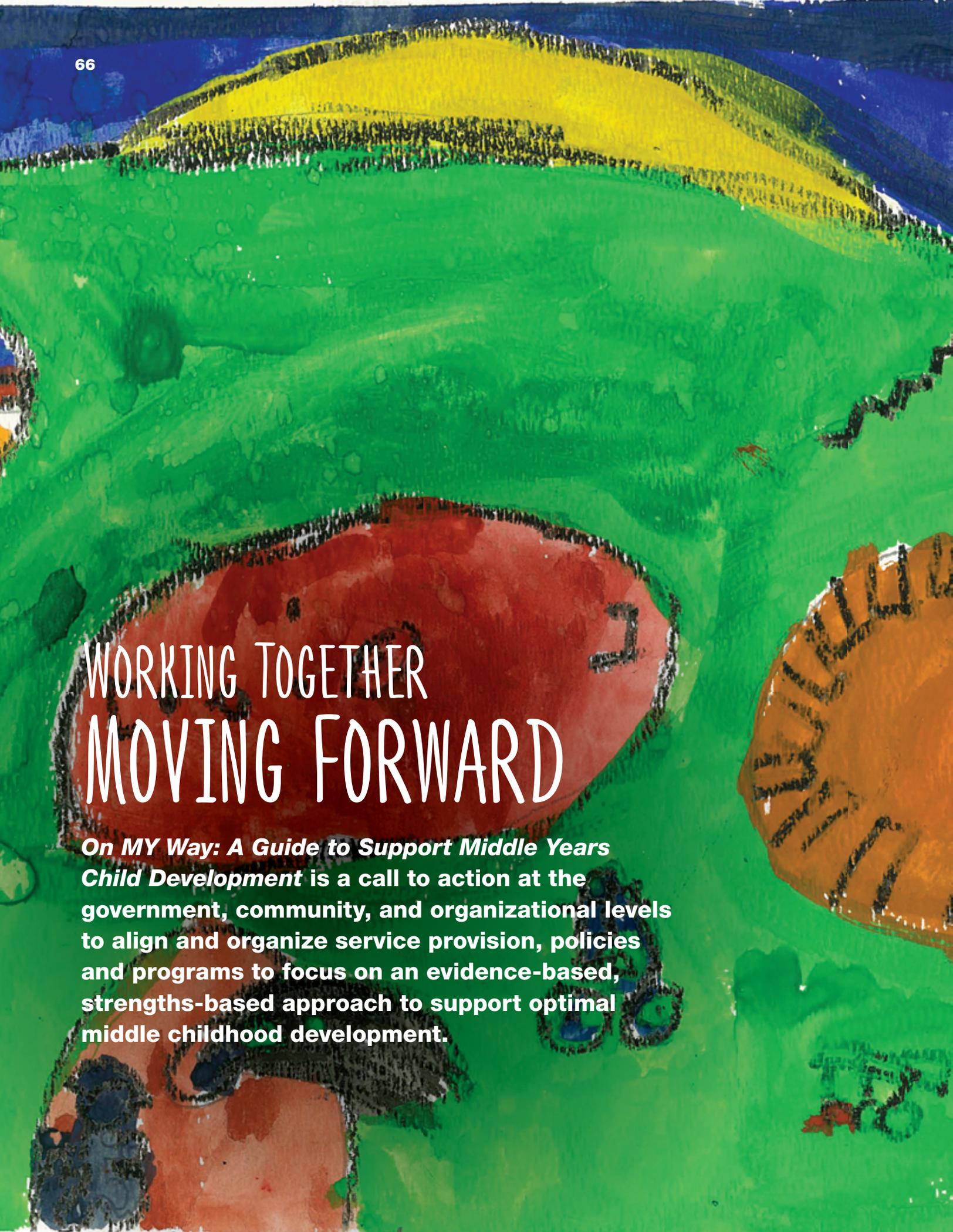
Language and Literacy

What's happening?	How can I tell?	Where do I start?
<p>Their vocabulary and use of language is becoming fluent.</p>	<ul style="list-style-type: none"> • Children can speak fluently, with no articulation errors. • Children who are Deaf/hearing impaired are signing confidently. • Children who have limited/no verbal skills are able to use a communication device confidently. • Their vocabulary is increasing, and they use longer and more complex sentences. • They can keep their part in a conversation going by giving reasons, explaining choices, and asking questions. 	<ul style="list-style-type: none"> • Listen to children when they are communicating and show them that you are interested in what they are telling you. • Encourage them to tell you about their experiences and opinions. • Use prompts such as “and?” and “go on” to extend conversations and get them to finish their thoughts. • Involve Inuit children in culture and Inuktitut language programs, activities and events.
<p>Their basic literacy skills and competencies such as reading, writing, spelling and typing are improving.</p>	<ul style="list-style-type: none"> • Throughout the middle years, children are getting better at writing, both on paper and on the computer. • Gradually, they get better at reading independently and confronting unfamiliar words. • They learn to spell words they use often first, and use known spelling patterns to try spelling words they don't know. 	<ul style="list-style-type: none"> • Read to children as often as you can. • Encourage them to read things that interest them, and read aloud. • Encourage them to write as often as possible, and take an active interest in anything they write.
<p>They are gaining understanding and use of complex and nuanced language concepts.</p>	<ul style="list-style-type: none"> • They can understand stories that are more and more complex. • They can identify when information is an opinion as opposed to a fact. • They can express ideas that are complicated, and can use colloquial speech. 	<ul style="list-style-type: none"> • Engage children in discussion and debate. • Explain the use of words with multiple meanings. • When explaining new concepts, try to link them to things or ideas they already know. • Encourage children to learn how to use the library and Internet for research.

COMMUNICATION DEVELOPMENT

Communication

What's happening?	How can I tell?	Where do I start?
<p>Their verbal and non-verbal communication skills, such as talking, listening, and signing are improving.</p>	<ul style="list-style-type: none"> • Children are communicating with others in more sophisticated ways and for a range of purposes. • They have begun trying to express and communicate specific ideas and feelings to particular audiences or for particular purposes. • They are able to persuade by presenting a well-formed, convincing argument. • They can use visual aids to present information in an engaging manner. 	<ul style="list-style-type: none"> • Encourage and be receptive to communication that they initiate. • Use prompts such as “and?” and “go on” to extend conversations and get them to finish their thoughts. • Promote the use of their first language or traditional Indigenous language, and support them in learning a second language.
<p>Their text and multi-media based communication skills are improving.</p>	<ul style="list-style-type: none"> • Children are expressing ideas using various media and materials. • They try to communicate ideas, concepts, observations, feelings and experiences through art. • They effectively use information and communication technologies for research, and to communicate their thinking. • They compose and send electronic messages. 	<ul style="list-style-type: none"> • Expose them to other forms of media, such as video, animation, and texting. • Encourage them to create printed documents and presentations. • Encourage them to explore online activities, while monitoring to ensure that they make safe choices.
<p>Their social communication skills are more developed.</p>	<ul style="list-style-type: none"> • Children are able to start conversations with adults and children they don't know. • They understand other points of view, and can show they agree or disagree. • They understand tone and body language, social conventions and most social cues. • They can carry out “small talk.” 	<ul style="list-style-type: none"> • Eat meals together and focus on having good conversations. • Make conversations challenging, but always fun. • Encourage children to communicate with other children. • Provide children with opportunities for various types of social interaction. • Encourage them to initiate communication. • Encourage children to ask questions and ask for help when needed.



WORKING TOGETHER MOVING FORWARD

***On MY Way: A Guide to Support Middle Years Child Development* is a call to action at the government, community, and organizational levels to align and organize service provision, policies and programs to focus on an evidence-based, strengths-based approach to support optimal middle childhood development.**



A LIVING RESOURCE ON MIDDLE YEARS DEVELOPMENT

Our knowledge of child development continues to evolve. While this resource is based on what we know about the optimal development of middle years children in 2017, this knowledge will continue to grow and expand in the years to come. Due to this growing body of research, it is important that governments, communities, service providers and families remain current with new evidence, approaches and knowledge as they become available. Involving families directly in ongoing conversations about ways we can support them in raising their middle years children will also help to ensure that this resource remains a living document that is relevant and personalized to meet the changing needs of children and families.

COLLABORATION AND PARTNERSHIPS

Supporting middle years children and their families requires collaboration by all of those who play a role in supporting their optimal development, including governments, community partners, frontline service providers, Elders, Senators, traditional knowledge keepers, educators, coaches, and parents and caregivers. These individuals and organizations have exceptional knowledge, expertise and insight about how best to support the optimal development of our middle years children.

Given the complexity and diversity of children's lives and the service systems that support them, no one organization can individually support or address all aspects of a child's development. However, in partnership, we can work together to more effectively support children in their middle years to prepare them to enter adolescence armed with the tools that will help them succeed and thrive.

ENDNOTES

1. Ontario Ministry of Finance. (2017). Ontario Population Projections Update, 2016-2041. Ontario, Canada: Ministry of Finance. Retrieved from <http://www.fin.gov.on.ca/en/economy/demographics/projections/projections2016-2041.pdf>.
2. Statistics Canada. (2013). Canada (Code 01) (table). National Household Survey (NHS) Profile. 2011 *National Household Survey*. Statistics Canada Catalogue no. 99-004-XWE. Ottawa.
3. Métis Nation of Ontario, Ontario Federation of Indigenous Friendship Centres, Ontario Native Women's Association. (2014). *A Collaborative Submission Regarding a Provincial Aboriginal Children and Youth Strategy*. Ontario, Canada: Metis Nation of Ontario, Ontario Federation of Indigenous Friendship Centres, Ontario Native Women's Association. Retrieved from <http://ofifc.org/sites/default/files/content-files/ACYS-Submission%202014-09-17.pdf>.
4. Muir, N. & Bohr, Y. (2014). Contemporary practice of traditional Aboriginal child rearing: A review. *First Peoples Child and Family Review*, 9(1), 66–79.
5. Métis Nation of Ontario, Ontario Federation of Indigenous Friendship Centres, Ontario Native Women's Association. (2014). Submission to Ontario's Minister of Children and Youth Services Regarding a Provincial Aboriginal Children and Youth Strategy. Ontario, Canada.
6. Ontario Coalition of Aboriginal People, (2014). OCAP Summary Note on MCYS Strategy Engagement. Ontario, Canada.
7. Muir, N. & Bohr, Y. (2014). "Contemporary practice of traditional Aboriginal child rearing: A review." *First Peoples Child and Family Review* 9(1), 66–79.
8. Simard, E. (2017). *Indigenous Wellbeing in the "Middle Years": A Thematic Outline*. Ontario, Canada: Institute for Culturally Restorative Practices.
9. Simard, E. (2017). *Indigenous Wellbeing in the "Middle Years": A Thematic Outline*. Ontario, Canada: Institute for Culturally Restorative Practices.
10. Healey, G. K., Noah, J., & Mearns, C. (2016). The Eight Ujarait (Rocks) Model: Supporting Inuit Adolescent Mental Health With an Intervention Model Based on Inuit Ways of Knowing. *International Journal of Indigenous Health*, 11(1), 92-110.
11. Ontario Native Women's Association; Ontario Federation of Indigenous Friendship Centres. (2017). *Definitions of Indigenous Health and Wellbeing*. Ontario, Canada: Ontario Native Women's Association.
12. Métis Nation of Ontario, Ontario Federation of Indigenous Friendship Centres, Ontario Native Women's Association. (2014). *A Collaborative Submission Regarding a Provincial Aboriginal Children and Youth Strategy*. Ontario, Canada: Metis Nation of Ontario, Ontario Federation of Indigenous Friendship Centres, Ontario Native Women's Association. Retrieved from <http://ofifc.org/sites/default/files/content-files/ACYS-Submission%202014-09-17.pdf>.
13. Chiefs of Ontario and the Ontario First Nations Young Peoples Council. (2014) Submission for the Child and Family Services Act, Review 2014/15 and Aboriginal Children and Youth Strategy. Ontario, Canada: Chiefs of Ontario.
14. Blanchet-Cohen, N., & Elliot, E. (2011). Young Children and Educators Engagement and Learning Outdoors: A Basis for Rights-Based Programming. *Early Education & Development*, 22(5), 757-777.
15. Métis Nation of Ontario, Ontario Federation of Indigenous Friendship Centres, Ontario Native Women's Association. (2014). *A Collaborative Submission Regarding a Provincial Aboriginal Children and Youth Strategy*. Ontario, Canada: Metis Nation of Ontario, Ontario Federation of Indigenous Friendship Centres, Ontario Native Women's Association. Retrieved from <http://ofifc.org/sites/default/files/content-files/ACYS-Submission%202014-09-17.pdf>.
16. United Nations. (2008). *United Nations Declaration on the Rights of Indigenous Peoples*. New York: United Nations Economic and Social Council. Retrieved from http://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf.
17. Simard, E. (2017). *Indigenous Wellbeing in the "Middle Years": A Thematic Outline*. Ontario, Canada: Institute for Culturally Restorative Practices.
18. Korkman, M.; Lahti-Nuutila, P.; Laasonen, M.; Kemp, S. L. & Holdnack, J. (2013). Neurocognitive Development in 5- to 16-year-old North American Children: A Cross-sectional Study. *Child Neuropsychology*, 19(5), 516-39.

19. Jetha. M.K., Segalowitz. S.J. (2016). *Brain Development from Middle Childhood to Young Adulthood and the Implications for Behaviour*. Canada: Cape Breton University.
20. Gruber, R., & Cassoff, J. (2014). The Interplay Between Sleep and Emotion Regulation: Conceptual Framework, Empirical Evidence and Future directions. *Current Psychiatry Reports*, 16(11), 1-9.
21. Armstrong, J. M., Ruttle, P. L., Klein, M. H., Essex, M. J., & Benca, R. M. (2014). Associations of Child Insomnia, Sleep Movement, and their Persistence with Mental Health Symptoms in Childhood and Adolescence. *Sleep*, 37(5), 901-909.
22. Shanahan, L., Copeland, W. E., Angold, A., Bondy, C. L., & Costello, E. J. (2014). Sleep Problems are Predicted by Generalized Anxiety/Depression and Oppositional Defiant Disorder. *Journal of the American Academy of Child & Adolescent Psychiatry*, 53(5), 550-558.
23. Chaput, J. P., Gray, C. E., Poitras, V. J., Carson, V., Gruber, R., Olds, T., & Belanger, K. (2016). Systematic Review of the Relationships Between Sleep Duration and Health Indicators in School-Aged Children and Youth. *Applied Physiology, Nutrition, and Metabolism*, 41(6), S266-S282.
24. Jetha MK, Segalowitz SJ. (2016). *Brain Development from Middle Childhood to Young Adulthood and the Implications for Behaviour*. Canada: Cape Breton University.
25. Lou, C.; Anthony, E.K.; Stone, S.; Vu, C.M.; Austin, M.J. (2006). *Assessing Child and Youth Well-Being: Implications for Child Welfare Practice*. California, USA: University of California, Berkeley. Retrieved from http://cssr.berkeley.edu/research_units/bassc/documents/BASSCChildWell-BeingFULLREPORT 09.26.06.pdf.
26. Korkman, M.; Lahti-Nuutila, P., Laasonen, M.; Kemp, S.L.; Holdnack, J. (2013). Neurocognitive Development in 5- to 16-year-old North American children: A Cross-sectional Study. *Child Neuropsychology*, 19(5), 516-39.
27. Jetha. M.K., Segalowitz. S.J. (2016). *Brain Development from Middle Childhood to Young Adulthood and the Implications for Behaviour*. Canada: Cape Breton University.
28. Jetha. M.K., Segalowitz. S.J. (2016). *Brain Development from Middle Childhood to Young Adulthood and the Implications for Behaviour*. Canada: Cape Breton University.
29. Lou, C.; Anthony, E.K.; Stone, S.; Vu, C.M.; Austin, M.J. (2006). *Assessing Child and Youth Well-Being: Implications for Child Welfare Practice*. California, USA: University of California, Berkeley. Retrieved from http://cssr.berkeley.edu/research_units/bassc/documents/BASSCChildWell-BeingFULLREPORT 09.26.06.pdf.
30. Jetha. M.K., Segalowitz. S.J. (2016). *Brain Development from Middle Childhood to Young Adulthood and the Implications for Behaviour*. Canada: Cape Breton University.
31. Blume, L. B., & Rosario-Perez, S. (2014). Middle Childhood. In *The Wiley Blackwell Encyclopedia of Family Studies* (pp. 1442-6). Ontario, Canada: John Wiley & Sons.
32. Zembar, M. J., & Blume, L. B. (2009). *Middle Childhood Development: A Contextual Approach*. New Jersey: Prentice Hall.
33. Eccles, J. S. (1999). The Development of Children Ages 6 to 14. *The Future of Children*, 9(2), 30-44.
34. Holmbeck, G. N., Greenley, R. N. and Franks, E. A. (2004). Developmental Issues in Evidence-Based Practice. In P. M. Barrett and T. H. Ollendick (Ed.). In *Handbook of Interventions that Work with Children and Adolescents: Prevention and Treatment* (pp. 27-48). West Sussex, England: John Wiley & Sons Ltd. Retrieved from <http://dx.doi.org/10.1002/9780470753385.ch2>.
35. Piquero, A. R., Jennings, W. G., & Farrington, D. P. (2010). On the Malleability of Self-Control: Theoretical and Policy Implications Regarding a General Theory of Crime. *Justice Quarterly*, 27(6), 803-834.
36. Steinberg, L. (2008). A Social Neuroscience Perspective on Adolescent Risk-Taking. *Developmental Review*, 28(1), 78-106.
37. Albert, D., & Steinberg, L. (2011). Age Differences in Strategic Planning as Indexed by the Tower of London. *Child development*, 82(5), 1501-1517.
38. Cauffman, E., Shulman, E. P., Steinberg, L., Claus, E., Banich, M. T., Graham, S., & Woolard, J. (2010). Age Differences in Affective Decision Making as Indexed by Performance on the Iowa Gambling Task. *Developmental Psychology*, 46(1), 193.
39. Steinberg, L., Graham, S., O'Brien, L., Woolard, J., Cauffman, E., & Banich, M. (2009). Age Differences in Future Orientation and Delay Discounting. *Child Development*, 80(1), 28-44.
40. Albert, D., & Steinberg, L. (2011). Judgment and Decision Making in Adolescence. *Journal of Research on Adolescence*, 21(1): 211-224.

41. Steinberg, L., & Monahan, K. C. (2007). Age Differences in Resistance to Peer Influence. *Developmental Psychology*, 43(6), 1531.
42. Jetha, M.K., Segalowitz, S.J. (2016). Brain Development from Middle Childhood to Young Adulthood and the Implications for Behaviour. Canada: Cape Breton University.
43. Lou, C.; Anthony, E.K.; Stone, S.; Vu, C.M.; Austin, M.J. (2006) *Assessing Child and Youth Well-Being: Implications for Child Welfare Practice*. California, USA: Bay Area Social Services Consortium, School of Social Welfare, University of California, Berkeley. Retrieved from http://cssr.berkeley.edu/research_units/bassc/documents/BASSCChildWell-BeingFULLREPORT09.26.06.pdf.
44. MacLeod, K.B., Herold, M. (2016) *Mental Health Issues in Child and Youth Development, Second edition: Updates and Focus on Middle Childhood*. Ontario, Canada: Lutherwood.
45. Jetha, M.K., Segalowitz, S.J. (2016). Brain Development from Middle Childhood to Young Adulthood and the Implications for Behaviour. Canada: Cape Breton University.
46. Nigg, J. T., & Nagel, B. J. (2016). Commentary: Risk taking, Impulsivity, and Externalizing Problems in Adolescent Development—commentary on Crone et al. 2016. *Journal of Child Psychology and Psychiatry*, 57(3), 369-370.
47. Janssen, I. (2015). Hyper-parenting is Negatively Associated with Physical Activity Among 7–12 Year Olds. *Preventive Medicine*, 73(2015), 55-59.
48. Steeves, V. (2014). *Young Canadians in a Wired World, Phase III: Experts or Amateurs? Gauging Young Canadians' Digital Literacy Skills*. Ottawa: MediaSmarts.
49. Ramirez, J.; Ravinder, S.; Gadiwalla, S.; Christakis, D.; Ferguson, S. (2016). Consequences of Excessive Sensory Stimulation During Development on Addiction, Impulsivity, and Attention. Seattle, WA: Seattle Children's Research Institute.
50. Janssen, I., Boyce, W. F., & Pickett, W. (2012). Screen Time and Physical Violence in 10 to 16-Year-Old Canadian Youth. *International Journal of Public Health*, 57(2), 325-331.
51. MacLeod, K.B., Herold, M. (2016) *Mental Health Issues in Child and Youth Development, Second edition: Updates and Focus on Middle Childhood*. Ontario, Canada: Lutherwood.
52. Centre for Addiction and Mental Health. (2016). *Youth, Family and Interactive Technology*. Ontario: Centre for Addiction and Mental Health; Problem Gambling Institute of Ontario.
53. Zembar, M. J., & Blume, L. B. (2009). *Middle Childhood Development: A Contextual Approach*. New Jersey: Prentice Hall.
54. Lou, 2006 Lou, C. ; Anthony, E.K.; Stone, S.; Vu, C.M.; Austin, M.J. (2006) *Assessing Child and Youth Well-Being: Implications for Child Welfare Practice*. California, USA: Bay Area Social Services Consortium, School of Social Welfare, University of California, Berkeley. Available: http://cssr.berkeley.edu/research_units/bassc/documents/BASSCChildWell-BeingFULLREPORT09.26.06.pdf.
55. Lu, C. & Lowewyk, K. (2016). Updated and Refined Research Synthesis on the Physical and Movement Domains (Ages 6-25). Ontario: Brock University
56. Ibid.
57. Zembar, M. J., & Blume, L. B. (2009). *Middle Childhood Development: A Contextual Approach*. New Jersey: Prentice Hall.
58. Lu, C. & Lowewyk, K. (2016). Updated and Refined Research Synthesis on the Physical and Movement Domains (Ages 6-25). Ontario: Brock University.
59. Ibid.
60. Scott, S.; Hovey, A.; Fleischer, L. & Walsh, A.M. (2016). *Sexual Development Pathways for Children and Youth Ages 6 to 25 years: Pathways for Heterosexual and LGBT Children and Youth: A Research Synthesis*. Ontario, Canada: Lakehead University.
61. Zembar, M. J., & Blume, L. B. (2009). *Middle Childhood Development: A Contextual Approach*. New Jersey: Prentice Hall..
62. Ibid.
63. Schonert-Reichl, K. A. (2011). *Middle Childhood Inside and Out: The Psychological and Social Worlds of Canadian Children Ages 9-12 - Full report*. Vancouver: University of British Columbia. Retrieved from <http://earlylearning.ubc.ca/documents/247/>.
64. Eccles, J. S. (1999). The Development of Children Ages 6 to 14. *The Future of Children*, 9(2), 30-44.

65. Scott, S.; Hovey, A.; Fleischer, L. & Walsh, A.M. (2016). *Sexual Development Pathways for Children and Youth Ages 6 to 25 years: Pathways for Heterosexual and LGBT Children and Youth: A Research Synthesis*. Ontario, Canada: Lakehead University.
66. Jetha. M.K., Segalowitz. S.J. (2016). *Brain Development from Middle Childhood to Young Adulthood and the Implications for Behaviour*. Canada: Cape Breton University.
67. Lu, C. & Lowewyk, K. (2016). Updated and Refined Research Synthesis on the Physical and Movement Domains (Ages 6-25). Ontario: Brock University.
68. Ibid.
69. National Childcare Accreditation Council. (2008). Supporting Children's Development. *Putting Children First*, 28, (December), 3-5.
70. Rootman, I., & Gordon-El-Bihbey, D. (2008). *A Vision for a Health Literate Canada*. Ottawa, Ontario: Canadian Public Health Association.
71. MacLeod, K.B., Herold, M. (2016) *Mental Health Issues in Child and Youth Development, Second edition: Updates and Focus on Middle Childhood*. Ontario, Canada: Lutherwood.
72. Potvin-Boucher, J. T., & Malone, J. L. (2014). Facilitating Mental Health Literacy: Targeting Canadian First Nations Youth. *Canadian Journal of Counselling and Psychotherapy*, 48(3), 343.
73. Lu, C. & Lowewyk, K. (2016). *Updated and Refined Research Synthesis on the Physical and Movement Domains (Ages 6-25)*. Ontario: Brock University.
74. Jetha. M.K., Segalowitz. S.J. (2016). *Brain Development from Middle Childhood to Young Adulthood and the Implications for Behaviour*. Canada: Cape Breton University.
75. MacLeod, K.B., Herold, M. (2016) *Mental Health Issues in Child and Youth Development, Second edition: Updates and Focus on Middle Childhood*. Ontario, Canada: Lutherwood.
76. Thomas L, Lu C. (2010). Differing Perspectives of Health Literacy: School Health Education, Health Care, and Public Health. Toronto, Canada: Forum of Council of University Professors and Researchers in Physical and Health Education (PHE/CUPR). Retrieved from: <http://ojs.acadiou.ca/index.php/phenex/article/viewFile/1411/1184>.
77. Simard, E. (2017). *Indigenous Wellbeing in the "Middle Years": A Thematic Outline*. Ontario, Canada: Institute for Culturally Restorative Practices.
78. Collings, P., Marten, M. G., Pearce, T., & Young, A. G. (2016). Country Food Sharing Networks, household Structure, and Implications for Understanding Food Insecurity in Arctic Canada. *Ecology of Food and Nutrition*, 55(1), 30-49.
79. Hill, Rosemary, and Williams, Liana (2009) Indigenous Natural Resource Management: Overcoming Marginalisation Produced in Australia's Current NRM Model. In Lane, M., Robinson, C., & Taylor, B. (eds.), *Contested Country: Local and Regional Natural Resources Management in Australia* (pp. 161-178). Collingwood, Australia: CSIRO Publishing.
80. Tang, K., & Jardine, C. G. (2016). Our Way of Life: Importance of Indigenous Culture and Tradition to Physical Activity Practices. *International Journal of Indigenous Health*, 11(1), 211-227.
81. Simard, E. (2017). *Indigenous Wellbeing in the "Middle Years": A Thematic Outline*. Ontario, Canada: Institute for Culturally Restorative Practices.
82. ParticipACTION. (2015, June). The Biggest Risk is Keeping Children Indoors. The 2015 ParticipACTION Report Card on Physical Activity for Children and Youth. Toronto, Ontario, Canada: ParticipACTION. Retrieved from https://www.participaction.com/sites/default/files/downloads/Participaction-2015ReportCard-FullReport_4.pdf.
83. Nisbet, E. K. (2014). *Canadians Connect with Nature and Increase Their Well-being: Results of the 2014 David Suzuki Foundation 30x30 Nature Challenge*. Ontario: Trent University. Retrieved from <http://www.davidsuzuki.org/publications/DSF%2030x30%20report.pdf>.
84. Ontario Native Women's Association; Ontario Federation of Indigenous Friendship Centres. (2017). *Definitions of Indigenous Health and Wellbeing*. Ontario, Canada: Ontario Native Women's Association.
85. ParticipACTION. (2015, June). The Biggest Risk is Keeping Children Indoors. The 2015 ParticipACTION Report Card on Physical Activity for Children and Youth. Toronto, Ontario, Canada: ParticipACTION. Retrieved from https://www.participaction.com/sites/default/files/downloads/Participaction-2015ReportCard-FullReport_4.pdf.
86. Ibid
87. Canadian Heritage. (2013). *Sport Participation 2010 Research Paper*. Ottawa (ON): Canadian Heritage. Retrieved from http://publications.gc.ca/collections/collection_2013/pc-ch/CH24-1-2012-eng.pdf.

88. Clark, W. (2008). Kids' Sports. *Canadian Social Trends*, 85, (Summer) 54-61. Retrieved from http://publications.gc.ca/collections/collection_2008/statcan/11-008-X/11-008-XIE2008001.pdf.
89. ParticipACTION. (2015, June). The Biggest Risk is Keeping Children Indoors. The 2015 ParticipACTION Report Card on Physical Activity for Children and Youth. Toronto, Ontario, Canada: ParticipACTION. Retrieved from https://www.participaction.com/sites/default/files/downloads/Participaction-2015ReportCard-FullReport_4.pdf.
90. Ontario Healthy Children Panel. (2013). *No Time to Wait: The Healthy Children Strategy*. (Catalogue No. 017308). Ontario: Queen's Printer for Ontario. Retrieved from http://www.health.gov.on.ca/en/common/ministry/publications/reports/healthy_kids/healthy_kids.pdf.
91. MacLeod, K.B., Herold, M. (2016) *Mental Health Issues in Child and Youth Development, Second edition: Updates and Focus on Middle Childhood*. Ontario, Canada: Lutherwood.
92. Keyes, K. M., Maslowsky, J., Hamilton, A., & Schulenberg, J. (2015). The Great Sleep Recession: Changes in Sleep Duration Among US Adolescents, 1991–2012. *Pediatrics*, 135(3), 460-468.
93. Jetha, M.K., Segalowitz, S.J. (2016). *Brain Development from Middle Childhood to Young Adulthood and the Implications for Behaviour*. Canada: Cape Breton University.
94. Gruber, R., & Cassoff, J. (2014). The Interplay Between Sleep and Emotion Regulation: Conceptual Framework Empirical Evidence and Future Directions. *Current Psychiatry Reports*, 16(11), 1-9.
95. Carter, B., Rees, P., Hale, L., Bhattacharjee, D., & Paradkar, M. S. (2016). Association Between Portable Screen-based Media Device Access or Use and Sleep Outcomes: A Systematic Review and Meta-analysis. *JAMA Pediatrics*, 170(12), 1202-1208.
96. Scott, S.; Hovey, A.; Fleischer, L. & Walsh, A.M. (2016). *Sexual Development Pathways for Children and Youth Ages 6 to 25 years: Pathways for Heterosexual and LGBT Children and Youth: A Research Synthesis*. Ontario, Canada: Lakehead University.
97. Eccles, J. S. (1999). The Development of Children Ages 6 to 14. *The Future of Children*, 9(2), 30-44.
98. Schonert-Reichl, K. (2011). *Middle Childhood Inside and Out: The Psychological and Social Worlds of Canadian Children Ages 9-12 - Full report*. Burnaby, British Columbia: University of British Columbia, 2011a. Retrieved from <http://earlylearning.ubc.ca/documents/247/>.
99. Quick, V. M., McWilliams, R., & Byrd-Bredbenner, C. (2013). Fatty, Fatty, Two-by-four: Weight-Teasing History and Disturbed Eating in Young Adult Women. *American Journal of Public Health*, 103(3), 508-515.
100. Schonert-Reichl, K.; Smith, V.; Zaidman-Zait, A.; Hertzman, C. (2011). Promoting Children's Prosocial Behaviors in School: Impact of the "Roots of Empathy" Program on the Social and Emotional Competence of School-aged Children. *School Mental Health*, 4:1-21. Retrieved from <http://dx.doi.org/10.1007/s12310-011-9064-7>.
101. Bearman, S. K., Presnell, K., Martinez, E., & Stice, E. (2006). The Skinny on Body Dissatisfaction: A Longitudinal Study of Adolescent Girls and Boys. *Journal of Youth and Adolescence*, 35(2), 217-229.
102. Stefanone, M. A., Lackaff, D., & Rosen, D. (2011). Contingencies of Self-worth and Social-Networking-Site Behavior. *Cyberpsychology, Behavior, and Social Networking*, 14(1-2), 41-49.
103. Schonert-Reichl, K.; Smith, V.; Zaidman-Zait, A.; Hertzman, C. (2011). Promoting Children's Prosocial Behaviors in School: Impact of the "Roots of Empathy" Program on the Social and Emotional Competence of School-aged Children. *School Mental Health*, 4:1-21. Retrieved from <http://dx.doi.org/10.1007/s12310-011-9064-7>.
104. Côté, J.E. (2016). *The Developmental Pathways of Self/Identity and Moral Reasoning: Middle Childhood Through Late Adolescence*. Ontario, Canada: University of Western Ontario.
105. Harter S. (2005). Self-Concepts and Self-esteem, Children and Adolescents. In: *Encyclopedia of Applied Developmental Science*. California: SAGE Publications, Inc. Retrieved from: <http://dx.doi.org/10.4135/9781412950565.n368>.
106. Schonert-Reichl, K.; Smith, V.; Zaidman-Zait, A.; Hertzman, C. (2011). Promoting Children's Prosocial Behaviors in School: Impact of the "Roots of Empathy" Program on the Social and Emotional Competence of School-aged Children. *School Mental Health*, 4:1-21. Retrieved from <http://dx.doi.org/10.1007/s12310-011-9064-7>.
107. Côté, J.E. (2016). *The Developmental Pathways of Self/Identity and Moral Reasoning: Middle Childhood Through Late Adolescence*. Ontario, Canada: University of Western Ontario.
108. Eccles, J. S. (1999). The Development of Children Ages 6 to 14. *The Future of Children*, 9(2), 30-44.

109. Côté, J.E. (2016). *The Developmental Pathways of Self/Identity and Moral Reasoning: Middle Childhood Through Late Adolescence*. Ontario, Canada: University of Western Ontario.
110. Oyserman, D., Bybee, D., & Terry, K. (2003). Gendered Racial Identity and Involvement with School. *Self and Identity*, 2(4), 307-324.
111. Côté, J.E. (2016). *The Developmental Pathways of Self/Identity and Moral Reasoning: Middle Childhood Through Late Adolescence*. Ontario, Canada: University of Western Ontario.
112. Rivas-Drake, D.; Seaton, E. K.; Markstrom, C.; Quintana, S.; Syed, M.; Lee, R. & Yip, T. (2014). Ethnic and Racial Identity in Adolescence: Implications for Psychosocial, Academic, and Health Outcomes. *Child Development*, 85(1), 40-57.
113. Côté, J.E. (2016). *The Developmental Pathways of Self/Identity and Moral Reasoning: Middle Childhood Through Late Adolescence*. Ontario, Canada: University of Western Ontario.
114. Eccles, J. S. (1999). The Development of Children Ages 6 to 14. *The Future of Children*, 9(2), 30-44.
115. Ibid.
116. Holden, G. (1992). The Relationship of Self-Efficacy Appraisals to Subsequent Health Related Outcomes: A Meta-analysis. *Social Work in Health Care*, 16(1), 53-93.
117. Klassen, R.M. (2006). Too much confidence. In Pajares, F. & Urdan, T. (Ed.), *Self-efficacy Beliefs of Adolescents* (pp. 181-200). Greenwich, CT, USA: Information Age Publishing.
118. Côté, J.E. (2016). *The Developmental Pathways of Self/Identity and Moral Reasoning: Middle Childhood Through Late Adolescence*. Ontario, Canada: University of Western Ontario.
119. Zembar, M. J., & Blume, L. B. (2009). *Middle Childhood Development: A Contextual Approach*. New Jersey: Prentice Hall.
120. Schonert-Reichl, K. (2011). *Middle Childhood Inside and Out: The Psychological and Social Worlds of Canadian Children Ages 9-12 - Full report*. Burnaby, British Columbia: University of British Columbia. Retrieved from <http://earlylearning.ubc.ca/documents/247/>.
121. State of Victoria Department of Education and Early Childhood Development. (2011). *Victorian Early Years Learning and Development Framework - For all Children from Birth to Eight Years*. Melbourne, Australia: State of Victoria. Retrieved from <http://www.education.vic.gov.au/Documents/childhood/providers/edcare/veyldframework.pdf>.
122. Gentile, D. (2009). Pathological Video-game Use Among Youth Ages 8 to 18: A National Study. *Psychological Science*, 20(5), 594-602.
123. Borgonovi, F. (2016). Video Gaming and Gender Differences in Digital and Printed Reading Performance Among 15-year-olds Students in 26 countries. *Journal of Adolescence*, 48, 45-61.
124. Burnam, B., & Kafai, Y. B. (2001). Ethics and the Computer: Children's Development of Moral Reasoning about Computer and Internet Use. *Journal of Educational Computing Research*, 25(2), 111-127.
125. Jetha, M.K., Segalowitz, S.J. (2016). *Brain Development from Middle Childhood to Young Adulthood and the Implications for Behaviour*. Canada: Cape Breton University.
126. Côté, J.E. (2016). *The Developmental Pathways of Self/Identity and Moral Reasoning: Middle Childhood Through Late Adolescence*. Ontario, Canada: University of Western Ontario.
127. Ibid.
128. State of Victoria Department of Education and Early Childhood Development. (2011). *Victorian Early Years Learning and Development Framework - For all Children from Birth to Eight Years*. Melbourne, Australia: State of Victoria. Retrieved from <http://www.education.vic.gov.au/Documents/childhood/providers/edcare/veyldframework.pdf>.
129. Pickett, K. E., & Wilkinson, R. G. (2007). Child Wellbeing and Income Inequality in Rich Societies: Ecological Cross Sectional Study. *BMJ*, 335(7629), 1080.
130. Tilleczek K. (2016). *Mental Health in the Middle Years (Age 6 -12): Intersections and Directions*. Canada: University of Prince Edward Island.
131. UNICEF Canada. (2016). UNICEF Report Card 13: Canadian Companion, Fairness for Children: A League Table of Inequality in Child Well-Being in Rich Countries. Toronto, Canada: UNICEF. Retrieved from http://www.unicef.ca/sites/default/files/imce_uploads/images/advocacy/rc/irc13_canadian_companion_en_sp_new_.pdf.

132. Rawana, J.S.; Flett, G.L.; Basset-Gunter, R.; Fraser-Thomas, J.; Levin, R.L.; Mcphie, M., et al. (2016). *A Systematic Review of Emotion Regulation in Middle Childhood: Executive Summary and Final Report*. Ontario, Canada: York University.
133. Jetha, M.K., Segalowitz, S.J. (2016). *Brain Development from Middle Childhood to Young Adulthood and the Implications for Behaviour*. Canada: Cape Breton University.
134. Blair, B. L., Perry, N. B., O'Brien, M., Calkins, S. D., Keane, S. P., & Shanahan, L. (2015). Identifying Developmental Cascades Among Differentiated Dimensions of Social Competence and Emotion Regulation. *Developmental Psychology*, 51(8), 1062.
135. Otterpohl, N., & Wild, E. (2015). Cross-lagged Relations Among Parenting, Children's Emotion Regulation, and Psychosocial Adjustment in Early Adolescence. *Journal of Clinical Child & Adolescent Psychology*, 44(1), 93-108.
136. Rawana, J.S.; Flett, G.L.; Basset-Gunter, R.; Fraser-Thomas, J.; Levin, R.L.; Mcphie, M., et al. (2016). *A Systematic Review of Emotion Regulation in Middle Childhood: Executive Summary and Final Report*. Ontario, Canada: York University.
137. Jetha, M.K., Segalowitz, S.J. (2016). *Brain Development from Middle Childhood to Young Adulthood and the Implications for Behaviour*. Canada: Cape Breton University.
138. Ibid.
139. Eccles, J. S. (1999). The Development of Children Ages 6 to 14. *The Future of Children*, 9(2), 30-44.
140. Ibid.
141. Tilleczek K. (2016). *Mental Health in the Middle Years (Age 6 -12): Intersections and Directions*. Canada: University of Prince Edward Island.
142. Jetha, M.K., Segalowitz, S.J. (2016). *Brain Development from Middle Childhood to Young Adulthood and the Implications for Behaviour*. Canada: Cape Breton University.
143. Côté, J.E. (2016). *The Developmental Pathways of Self/Identity and Moral Reasoning: Middle Childhood Through Late Adolescence*. Ontario, Canada: University of Western Ontario.
144. Jetha, M.K., Segalowitz, S.J. (2016). *Brain Development from Middle Childhood to Young Adulthood and the Implications for Behaviour*. Canada: Cape Breton University.
145. Ibid.
146. National Research Council. (1984). *Development During Middle Childhood: The Years from Six to Twelve*. Washington, DC: National Academic Press. Retrieved from <https://www.nap.edu/catalog/56/development-during-middle-childhood-the-years-from-six-to-twelve>.
147. Eccles, J. S. (1999). The Development of Children Ages 6 to 14. *The Future of Children*, 9(2), 30-44.
148. Côté, J.E. (2016). *The Developmental Pathways of Self/Identity and Moral Reasoning: Middle Childhood Through Late Adolescence*. Ontario, Canada: University of Western Ontario.
149. Schonert-Reichl, K. A. (2011). *Middle Childhood Inside and Out: The Psychological and Social Worlds of Canadian Children Ages 9-12 - Full report*. Vancouver: University of British Columbia. Retrieved from <http://earlylearning.ubc.ca/documents/247/>.
150. Guhn, M., Schonert-Reichl, K. A., Gadermann, A. M., Marriott, D., Pedrini, L., Hymel, S., & Hertzman, C. (2012). Well-being in Middle Childhood: An Assets-based Population-level Research-to-Action Project. *Child Indicators Research*, 5(2), 393-418.
151. National Alliance for Children and Youth. (2007). *National Policy Framework for Middle Childhood*. Canada: National Children's Alliance. Retrieved from <http://www.nacy.ca/sites/default/files/files/Middle%20Childhood%20Policy%20Framework.pdf>.
152. Blume, L. B., & Rosario-Perez, S. (2014). Middle Childhood. In *The Wiley Blackwell Encyclopedia of Family Studies* (pp. 1442-6). Ontario, Canada: John Wiley & Sons.
153. Ibid.
154. Olsson, C. A., McGee, R., Nada-Raja, S., & Williams, S. M. (2013). A 32-year Longitudinal Study of Child and Adolescent Pathways to Well-being in Adulthood. *Journal of Happiness Studies*, 14(3), 1069-1083.
155. Tilleczek K. (2016). *Mental Health in the Middle Years (Age 6 -12): Intersections and Directions*. Canada: University of Prince Edward Island.
156. Weissberg, R. P., Goren, P., Domitrovich, C., & Dusenbury, L. (2013). *CASEL Guide Effective Social and Emotional Learning Programs: Preschool and Elementary School Edition*. Chicago, IL: CASEL. Retrieved from <http://casel.org/wp-content/uploads/2016/01/2013-casel-guide-1.pdf>.
157. Shanker, S. (2014). *Broader Measures of Success: Social/Emotional Learning*. Toronto, Ontario, Canada: People for Education.

158. Tilleczek K. (2016). *Mental Health in the Middle Years (Age 6 -12): Intersections and Directions*. Canada: University of Prince Edward Island.
159. Crean, H. F., & Johnson, D. B. (2013). Promoting Alternative Thinking Strategies (PATHS) and Elementary School Aged Children's Aggression: Results from a Cluster Randomized Trial. *American Journal of Community Psychology*, 52(1-2), 56-72.
160. Greenberg, M. T., & Kusché, C. A. (1998). Preventive Intervention for School-age Deaf Children: The PATHS Curriculum. *Journal of Deaf Studies and Deaf Education*, (February) 49-63.
161. Malti, T., Ribeaud, D., & Eisner, M. P. (2011). The Effectiveness of Two Universal Preventive Interventions in Reducing Children's Externalizing Behavior: A Cluster Randomized Controlled Trial. *Journal of Clinical Child & Adolescent Psychology*, 40(5), 677-692.
162. Malti, T., Ribeaud, D., & Eisner, M. (2012). Effectiveness of a Universal School-based Social Competence Program: The Role of Child Characteristics and Economic Factors. *International Journal of Conflict and Violence (IJCV)*, 6(2), 249-259.
163. Curtis, C., & Norgate, R. (2007). An Evaluation of the Promoting Alternative Thinking Strategies Curriculum at Key Stage 1. *Educational Psychology in Practice*, 23(1), 33-44.
164. Simard, E. (2017). *Indigenous Wellbeing in the "Middle Years": A Thematic Outline*. Ontario, Canada: Institute for Culturally Restorative Practices.
165. Kral, M. J., Idlout, L., Minore, J. B., Dyck, R. J., & Kirmayer, L. J. (2011). Unikkaartuit: Meanings of Well-Being, Unhappiness, Health, and Community Change Among Inuit in Nunavut, Canada. *American Journal of Community Psychology*, 48(3-4), 426-438.
166. Best Start Resource Centre. (2017). *Atuagsijut: Following the Path, Sharing Inuit Specific Ways*. Resource for Service Providers Who Work With Parents of Inuit Children in Ontario. Toronto. Ontario. Canada: Best Start Resource Centre.
167. Kral, M. J., Idlout, L., Minore, J. B., Dyck, R. J., & Kirmayer, L. J. (2011). Unikkaartuit: Meanings of Well-Being, Unhappiness, Health, and Community Change Among Inuit in Nunavut, Canada. *American Journal of Community Psychology*, 48(3-4), 426-438.
168. Ibid.
169. British Columbia Ministry of Education. (2001). *BC Performance Standards - Social Responsibility: A Framework - Social Responsibility - Grades 4 to 5*. British Columbia: Ministry of Education. Retrieved from http://www.bced.gov.bc.ca/perf_stands/social_resp.htm.
170. Applied Survey Research. (2014). *Youth Development Literature Review - Summary*. San Jose, CA, USA: Applied Survey Research (ASR). Retrieved from <http://www.appliedsurveyresearch.org/>.
171. Lam, C. B., McHale, S. M., & Crouter, A. C. (2012). Parent-Child Shared Time from Middle Childhood to Late Adolescence: Developmental Course and Adjustment Correlates. *Child Development*, 83(6), 2089-2103.
172. Jetha MK, Segalowitz SJ. (2016). Brain Development from Middle Childhood to Young Adulthood and the Implications for Behaviour. Canada: Cape Breton University.
173. Applied Survey Research. (2014). *Youth Development Literature Review - Summary*. San Jose, CA, USA: Applied Survey Research (ASR). Retrieved from <http://www.appliedsurveyresearch.org/>.
174. Elgar, F. J., Craig, W., & Trites, S. J. (2013). Family Dinners, Communication, and Mental Health in Canadian Adolescents. *Journal of Adolescent Health*, 52(4), 433-438.
175. Sax L. (2016, April 21st). Why do girls tend to have more anxiety than boys? *The New York Times*. Retrieved from <http://nyti.ms/1WHjffD>.
176. ParticipACTION. (2015, June). The Biggest Risk is Keeping Children Indoors. The 2015 ParticipACTION Report Card on Physical Activity for Children and Youth. Toronto, Ontario, Canada: ParticipACTION. Retrieved from https://www.participaction.com/sites/default/files/downloads/Participaction-2015ReportCard-FullReport_4.pdf.
177. American Academy of Pediatrics. (2016). *Media and Children Communication Toolkit*. USA: American Academy of Pediatrics. Retrieved from <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/pages/media-and-children.aspx>.
178. Hanvey, L. (2006). *Issues Affecting the Well-Being of Canadian Children in the Middle Years-6 to 12: A Discussion Paper*. Canada: National Children's Alliance. Retrieved from <http://www.nationalchildrensalliance.com/nca/pubs/2006/Issues%20Affecting%20the%20Well-Being%20of%20Canadian%20Children%20in%20the%20Middle%20Years.pdf>.

179. Cooper, C. R., Garc, C. T., Bartko, W. T., Davis, H. M., & Chatman, C. (Eds.). (2005). *Developmental Pathways through Middle Childhood: Rethinking Contexts and Diversity as Resources*. Mahwah, New Jersey: Erlbaum.
180. Bennet, S. & Gallagher, T. (2012). *The Delivery of Education Services for Students Who Have an Intellectual Disability in the Province of Ontario*. Ontario: Community Living Ontario. Retrieved from http://www.betterschoolsbc.ca/files/files/CLO_report.pdf.
181. Cooper, C. R., Garc, C. T., Bartko, W. T., Davis, H. M., & Chatman, C. (Eds.). (2005). *Developmental Pathways through Middle Childhood: Rethinking Contexts and Diversity as Resources*. Mahwah, New Jersey: Erlbaum.
182. Levine, K.; Sutherland, D.; Cole, D. (2015). *Creating a Lifelong Career Development Model (CERIC final report)*. Toronto, Ontario, Canada: Canadian Education & Research Institute for Counseling. Retrieved from <https://careertrek.ca/wp-content/uploads/CERIC-final-report-may20-RI-2.pdf>.
183. Eccles, J. S. (1999). The Development of Children Ages 6 to 14. *The Future of Children*, 9(2), 30-44.
184. Bios, P. (1979). *The Adolescent Passage: Developmental Issues*. New York: International Universities Press.
185. Schonert-Reichl, K. (2011). Middle Childhood Inside and Out: The Psychological and Social Worlds of Canadian Children Ages 9-12 - Full report. Burnaby, British Columbia: University of British Columbia, 2011a. Retrieved from <http://earlylearning.ubc.ca/documents/247/>.
186. MacLeod, K.B., Herold, M. (2016) *Mental Health Issues in Child and Youth Development, Second edition: Updates and Focus on Middle Childhood*. Ontario, Canada: Lutherwood.
187. Eccles, J. S. (1999). The Development of Children Ages 6 to 14. *The Future of Children*, 9(2), 30-44.
188. Jetha, M.K., Segalowitz, S.J. (2016). *Brain Development from Middle Childhood to Young Adulthood and the Implications for Behaviour*. Canada: Cape Breton University.
189. Bennet, S. & Gallagher, T. (2012). *The Delivery of Education Services for Students Who Have an Intellectual Disability in the Province of Ontario*. Community Living Ontario. Retrieved from http://www.betterschoolsbc.ca/files/files/CLO_report.pdf.
190. Côté, J.E. (2016). *The Developmental Pathways of Self/Identity and Moral Reasoning: Middle Childhood Through Late Adolescence*. Ontario, Canada: University of Western Ontario.
191. Masten, A. S., & Coatsworth, J. D. (1998). The Development of Competence in Favorable and Unfavorable Environments: Lessons from Research on Successful Children. *American psychologist*, 53(2), 205.
192. Applied Survey Research. (2014). *Youth Development Literature Review - Summary*. San Jose, CA, USA: Applied Survey Research (ASR). Retrieved from <http://www.appliedsurveyresearch.org/>.
193. Eccles, J. S. (1999). The Development of Children Ages 6 to 14. *The Future of Children*, 9(2), 30-44.
194. Blume, L. B., & Rosario-Perez, S. (2014). Middle Childhood. In *The Wiley Blackwell Encyclopedia of Family Studies* (pp. 1442-6). Ontario, Canada: John Wiley & Sons.
195. Masten, A. S., & Coatsworth, J. D. (1998). The Development of Competence in Favorable and Unfavorable Environments: Lessons from Research on Successful Children. *American psychologist*, 53(2), 205.
196. Eccles, J. S. (1999). The Development of Children Ages 6 to 14. *The Future of Children*, 9(2), 30-44.
197. Cooper, C. R., Garc, C. T., Bartko, W. T., Davis, H. M., & Chatman, C. (Eds.). (2006). *Developmental pathways through middle childhood: Rethinking contexts and diversity as resources*. Psychology Press.
198. Hanvey, L. (2006). *Issues affecting the well-being of Canadian Children in the Middle Years-6 to 12: A Discussion Paper*. Canada: National Children's Alliance.
199. Tilleczek K. (2016). *Mental Health in the Middle Years (Age 6 -12): Intersections and Directions*. Canada: University of Prince Edward Island.
200. Bauminger, N., Solomon, M., Aviezer, A., Heung, K., Gazit, L., Brown, J., & Rogers, S. J. (2008). Children with Autism and their Friends: A Multidimensional Study of Friendship in High-Functioning Autism Spectrum Disorder. *Journal of Abnormal Child Psychology*, 36(2), 135-150.
201. Jetha MK, Segalowitz SJ. (2016). *Brain Development from Middle Childhood to Young Adulthood and the Implications for Behaviour*. Canada: Cape Breton University.
202. Ibid.
203. Applied Survey Research. (2014). *Youth Development Literature Review - Summary*. San Jose, CA, USA: Applied Survey Research (ASR). Retrieved from <http://www.appliedsurveyresearch.org/>.
204. MacLeod, K.B., Herold, M. (2016) *Mental Health Issues in Child and Youth Development, Second edition: Updates and Focus on Middle Childhood*. Ontario, Canada: Lutherwood.

205. Connolly, J.; Wincetack, K.; Baird, K.; Joly, L.; Asghari, M. (2016). *Development of Romantic Relationships: Childhood, Adolescence and Young adulthood*. Ontario, Canada: York University.
206. Perry, A. & Weis, J. (2014). *Canadian Children with Severe Developmental Disabilities: A Survey of Health, Well-being and Social Inclusion*. Canada: Great Outcomes for Children Impacted by Severe Developmental Disabilities. Retrieved from <http://www.go4kidds.ca/documents/FINALGO4KIDDSREPORTCARD.pdf>.
207. Blake, J. J., Kim, E. S., Lund, E. M., Zhou, Q., Kwok, O. M., & Benz, M. R. (2016). Predictors of Bully Victimization in Students with Disabilities: A Longitudinal Examination Using a National Data Set. *Journal of Disability Policy Studies*, 26(4), 199-208.
208. MacLeod, K.B., Herold, M. (2016) *Mental Health Issues in Child and Youth Development, Second edition: Updates and Focus on Middle Childhood*. Ontario, Canada: Lutherwood.
209. Ibid.
210. Connolly, J.; Wincetack, K.; Baird, K.; Joly, L.; Asghari, M. (2016). *Development of Romantic Relationships: Childhood, Adolescence and Young adulthood*. Ontario, Canada: York University.
211. Ibid.
212. Ibid.
213. Ibid.
214. Ibid.
215. Simard, E. (2017). *Indigenous Wellbeing in the "Middle Years": A Thematic Outline*. Ontario, Canada: Institute for Culturally Restorative Practices.
216. Ibid.
217. Davies D. (2011). *Child development: A practitioner's guide: Third Edition*. New York, NY, USA: Guilford Press. Available from: <http://www.guilford.com/books/Child-Development/Douglas-Davies/9781606239094>.
218. Mayberry, R. I., Lock, E., & Kazmi, H. (2002). Development: Linguistic ability and early language exposure. *Nature*, 417(6884), 38-38.
219. Ibid.
220. Davies D. (2011). *Child development: A practitioner's guide: Third Edition*. New York, NY, USA: Guilford Press. Available from: <http://www.guilford.com/books/Child-Development/Douglas-Davies/9781606239094>.
221. Ibid.
222. Ibid.
223. Ball, J. (2007). *Aboriginal Young Children's Language and Literacy Development: Research Evaluating Progress, Promising Practices, and Needs*. Canada: Early Child Development Intercultural Partnership. Retrieved from <http://www.ecdip.org>.
224. Kovacs, P. (2009). *Synthesis Report of the Aboriginal Learning Knowledge Centre's Literature Reviews: Responsive Educational Systems*. Saskatoon, Canada: Canadian Council on Learning.
225. Simard, E. (2017). *Indigenous Wellbeing in the "Middle Years": A Thematic Outline*. Ontario, Canada: Institute for Culturally Restorative Practices.
226. Waddell, C.; Shepherd, C.; Schwartz, C.; Barican, J. (2014). *Improving the Mental Health of BC's Children and Youth*. British Columbia: Simon Fraser University Children's Health Policy Centre. Retrieved from <http://childhealthpolicy.ca/wp-content/uploads/2014/06/14-06-17a-Waddell-Talk-2014.06.16.pdf>.
227. MacLeod, K.B., Herold, M. (2016) *Mental Health Issues in Child and Youth Development, Second edition: Updates and Focus on Middle Childhood*. Ontario, Canada: Lutherwood.
228. Tilleczek K. (2016). *Mental Health in the Middle Years (Age 6 -12): Intersections and Directions*. Canada: University of Prince Edward Island.
229. MacLeod, K.B., Herold, M. (2016) *Mental Health Issues in Child and Youth Development, Second edition: Updates and Focus on Middle Childhood*. Ontario, Canada: Lutherwood.
230. Applied Survey Research. (2014). *Youth Development Literature Review - Summary*. San Jose, CA, USA: Applied Survey Research (ASR). Retrieved from <http://www.appliedsurveyresearch.org/>.
231. Lipman, E. L., & Boyle, M. H. (2008). *Linking Poverty and Mental health: A Lifespan View*. Ottawa, Ontario, Canada: The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO (Ontario Centre of Excellence for Child and Youth Mental Health).
232. MacLeod, K.B., Herold, M. (2016) *Mental Health Issues in Child and Youth Development, Second edition: Updates and Focus on Middle Childhood*. Ontario, Canada: Lutherwood.
233. Ibid.

On**MY**Way

A GUIDE TO SUPPORT
MIDDLE YEARS
CHILD DEVELOPMENT

Learn more about **child and youth development** at
ontario.ca/middleyears



Ministry of Children and Youth Services
ServiceOntario INFOline
M-1B114, Macdonald Block
900 Bay Street
Toronto ON M7A 1N3
Canada

Toll Free: 1-866-821-7770
TTY: 1-800-387-5559
Email: mcsinfo@mcys.gov.on.ca
www.children.gov.on.ca

© Queen's Printer for Ontario, 2017

