



GROWING UP IN B.C. – 2015



REPRESENTATIVE FOR
CHILDREN AND YOUTH



Office of the
Provincial Health Officer

Message from the Representative for Children and Youth and the Provincial Health Officer



Mary Ellen Turpel-Lafond

*Representative for
Children and Youth*



Perry Kendall

Provincial Health Officer

We have to know how children and youth are doing in order to support them appropriately. This holds true for an individual child, and for the children and youth of an entire province. Just as with the first *Growing Up in B.C. (GUIBC)* report in 2010, the current *GUIBC - 2015* gives us vital information about our children and youth across six domains of well-being:

- Physical and mental health
- Learning
- Safety
- Behaviour
- Family economic well-being
- Family, peer and community connections.

GUIBC - 2015 features a more in-depth look at the domain of Child Learning, an area of development that we feel is key to the success of all children – and particularly important for closing the gaps that have existed for some populations of children and youth.

This report looks at the well-being of all children and youth in B.C. and also updates information about two groups of children and youth who have experienced less well-being historically: those with experience in government care, and Aboriginal children and youth. All children and youth in B.C. deserve the opportunity to thrive. We must pay attention and act when some may need more or different kinds of support to succeed.

Youth input and voice is included in *GUIBC - 2015* to spark future conversations with youth about how to support them to succeed in all aspects of their lives. Respected academic and community experts have also contributed to our understanding of the data presented in *GUIBC - 2015*. Their commentaries on the data help us to understand what is important in the information and why it matters for children and youth and for everyone in B.C.

It is important to note that, while this report contains vital information, there are aspects of well-being about which we have very little data. As was the case with the first *GUIBC* report, there are holes in our understanding of how well children and youth are doing. We have seen a trend toward less commitment from the federal and provincial governments to generating data and making it publicly available. This is a serious concern. *GUIBC - 2015* flags some of the data that we need in order to better understand the well-being of children and youth in B.C.

The value of the information in this report is that it can move us to take action for and with children and youth. This report's conclusion invites us all to consider which information in the report is most compelling for each of us, and how we can give it life by incorporating it into our beliefs and values, by sharing it, debating it, digging deeper, and, ultimately, by using it to help children and youth thrive and succeed in our province. That is why we have created this report.

Please join us in moving it forward.

Mary Ellen Turpel-Lafond *Perry Kendall*

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Children and Youth*

Perry Kendall

Provincial Health Officer



Acknowledgements

The Representative for Children and Youth and the Provincial Health Officer would like to acknowledge the many contributions that have made *GUIBC - 2015* possible.

To ensure their views were included in this report, 228 youth participated in 31 focus groups. Youth shared both their insights into the data presented in *GUIBC - 2015* and their suggestions for how to better support children and youth in B.C.

The youth focus groups were planned and delivered by the McCreary Centre Society and hosted by local youth-serving organizations in 18 communities across B.C.

The McCreary Centre Society also provided data from its 5th BC Adolescent Health Survey for analysis and inclusion in this report. The ministries of Education, Health, Children and Family Development and Social Development and Social Innovation, as well as BC Stats, the Human Early Learning Partnership and the First Nations Health Authority, were consulted and provided administrative data.

External academic experts and one independent community expert provided commentaries for each domain and for the report as a whole. These commentaries help us understand how and why data on child well-being is important in the lives of children and youth and for B.C. society as a whole.



Research Voices



The Importance of Data for Child Well-Being:

Linda Hughes, Children's Health Foundation of Vancouver Island



Well-Being of Aboriginal Children and Youth:

Dr. Jeff Reading, Institute for Indigenous Health, University of Toronto



Child Physical and Mental Health:

Dr. Paul Veugelers, School of Public Health, University of Alberta



Family Economic Well-Being:

Dr. Miles Corak, Graduate School of Public and International Affairs, University of Ottawa



Child Safety:

Dr. David Wolfe, Department of Psychiatry, University of Toronto and Centre for Addiction and Mental Health



Child Learning:

Dr. Scott Davies, Department of Sociology, McMaster University



Child Behaviour:

Dr. Bonnie Leadbeater, Department of Psychology, University of Victoria



Family, Peer and Community Connections:

Dr. Kimberly Schonert-Reichl, Department of Educational and Counselling Psychology and Special Education, University of British Columbia

**“THE VALUE OF THE INFORMATION
IN THIS REPORT IS THAT IT CAN
MOVE US TO TAKE ACTION FOR
AND WITH CHILDREN AND YOUTH.”**

– MARY ELLEN TURPEL-LAFOND AND PERRY KENDALL

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Growing Up in B.C. – Approach

How are children and youth in B.C. doing? This simple question is the driver behind *Growing Up in B.C.* (GUIBC) reports. We are committed to sharing answers to this question because how children and youth are doing matters. It matters most to children and youth themselves, now and into the future. But many other people also have a stake in how the province’s children are growing up and developing. It matters for parents, families, communities – for everyone in B.C. who cares about children today and about the potential for our province.

Those involved in providing services to children and youth also have compelling reasons for understanding how children and youth are doing now and, when possible, how they are faring compared with the past. This information can help direct public resources to where they are most needed.

Every child or youth’s experience of growing up is different from their peers, with well-documented differences in how well some groups of youth have fared in our province compared to others. A unique feature of the 2010 GUIBC that continues in this second report was sharing information about two populations that have frequently experienced greater disadvantage – children and youth with experience in government care and Aboriginal children and youth. It is a serious concern that some children and youth are less

likely to thrive in our province, and a situation that deserves attention from all of us in B.C.

Highlighting voices of youth also continues in *GUIBC - 2015*. In keeping with the principles of the UN Convention on the Rights of the Child, each section of this report includes youth input on why children and youth are experiencing the findings presented here and what youth think would improve their well-being. Commentary from independent academic and community experts is another feature continuing in *GUIBC - 2015*, providing insight into what the data means in the lives of children and youth and why these outcomes matter for everyone in B.C.





CHILD WELL-BEING AND HOW IT IS MEASURED

This report builds on the foundation created with the first *Growing Up in B.C.* report, released in 2010, including presenting the same six domains, or areas, of well-being. These domains were chosen by first reviewing the research on child and youth well-being in more than 120 reports from around the world and then confirming the domains' importance with youth in B.C. The six domains reflect a socio-ecological understanding of child development where well-being is shaped by relationships and the wider environment. Together, the *GUIBC* domains provide a comprehensive picture of

the well-being of children and youth in B.C. The six domains are:

- **Child Physical and Mental Health**
- **Family Economic Well-Being**
- **Child Safety**
- **Child Learning**
- **Child Behaviour**
- **Family, Peer and Community Connections**

Within these domains, *GUIBC - 2015* provides information on 30 indicators. Indicators are key behaviours, characteristics or situations that represent important aspects of well-being within a domain. For example,

regular physical activity is an important aspect of overall physical and mental health. Each indicator in *GUIBC - 2015* uses one or more measures to assess the well-being of children and youth in B.C. Most of these measures are drawn from survey questions or public data about a service or population. The appendices in this report provide further information on data sources, measures and data considerations, as well as links to more detailed information where available.

GUIBC - 2015 reports on most of the indicators from the first *GUIBC*, all of which were chosen with youth input, and includes new indicators of well-being in response to later

input from both youth and experts who provided commentary for the 2010 report. New indicators have also been added to this report based on a collaboration between the Provincial Health Officer and the Canadian Institute for Health Information (CIHI) that identified a comprehensive suite of indicators of child health and well-being. These new indicators serve to broaden the understanding of child well-being presented in *GUIBC - 2015*.

THESE DOMAINS WERE CHOSEN BY FIRST REVIEWING THE RESEARCH ON CHILD AND YOUTH WELL-BEING IN MORE THAN 120 REPORTS FROM AROUND THE WORLD AND THEN CONFIRMING THE DOMAINS' IMPORTANCE WITH YOUTH IN B.C.

Growing Up in B.C. – Approach

THE *GUIBC*
DOMAINS
PROVIDE A
COMPREHENSIVE
PICTURE OF THE
WELL-BEING OF
CHILDREN AND
YOUTH IN B.C.



Child Physical and Mental Health

The number of children and youth who experience factors that support healthy physical and mental development, as well as the number who experience physical and mental health risks, illness and death

- Risky Maternal Behaviours
- Healthy Birth Weight
- Infant Mortality
- Physical Activity
- Sexually Transmitted Infections
- Healthy Diet
- Emotional Well-Being
- Mental Health Service Utilization
- Child and Teen Suicide



Family Economic Well-being

The number of children who face issues related to poverty

- Incidence of Low Income
- Food Security



Child Safety

The number of children and youth who experience harm from accidents, physical or sexual violence or neglect

- School Safety
- Online Safety
- Children in Care
- Child Abuse or Neglect
- Injury Hospitalizations



Child Learning

Opportunities for the acquisition of knowledge and skills; opportunities to interact with others and discover; and the outcomes of these opportunities

- School Readiness
- Student Achievement
- High School Completion
- Transition to Post-Secondary Education



Child Behaviour

Beneficial and harmful behaviours of children and youth

- Substance Use
- Healthy Sexual Behaviours
- Teenage Pregnancy
- Engagement in Extracurricular Activities
- Youth Involvement with Crime



Family, Peer and Community Connections

Interactions that children have with their families, peers and communities

- Care Placements and Connections
- School and Community Connections
- Bullying
- Family Connectedness
- Adults in Your Life

NEW FEATURES

Based on input from experts who provided commentary for the 2010 *GUIBC*, this report compares outcomes for youth from a number of measures from the McCreary 2013 *BC Adolescent Health Survey*, one of the data sources for *GUIBC - 2015* (see Appendix I for information on data sources). For example, one comparison presents data on whether youth under extreme stress are more likely to use prescription pills than youth under little to no stress. These comparisons were selected to explore relationships among the personal, interpersonal and broader social elements of the lives of children and youth. They underline how different aspects of well-being are inter-related.

Another new feature in *GUIBC - 2015* is a more detailed exploration of one of the six domains of well-being. This report takes a deeper look at the Child Learning domain, providing insight into how Aboriginal children and youth and children and youth in government care compare with their peers in terms of being on track to graduate from high school and carry on to post-secondary education. The main indicators and measures reported in the Child Learning domain are consistent with the first *GUIBC*. However, *GUIBC - 2015* presents further analysis of these measures in addition to extra indicators and measures that document educational trajectories of Aboriginal children and youth and children and youth in government care.

The final new feature of *GUIBC - 2015* is the testing of statistical differences between survey responses of groups of youth. For data from select questions in the McCreary 2013 *BC Adolescent Health Survey*, analysis included tests of whether responses from youth who have been in government care were significantly different from the responses of youth who have not been in government care. While outcomes for these groups were reported at face value in the 2010 *GUIBC*, statistically significant differences were confirmed for *GUIBC - 2015*.

Data Challenges

IN SOME IMPORTANT AREAS, THERE IS LESS INFORMATION NOW ON HOW WELL CHILDREN AND YOUTH ARE DOING THAN THERE WAS FIVE YEARS AGO.

Growing Up in B.C. reports rely on existing sets of data as the foundation of information about how well children and youth are faring in B.C. Building this foundation of information can be difficult. Both the first and the current *Growing Up in B.C.* reports have struggled with serious gaps in the availability of quality data when reporting on aspects of well-being at specific points in time and for tracking changes over the years. It is particularly concerning that, overall, it has been more challenging to find relevant, reliable and accurate data for *GUIBC - 2015* than for the original *GUIBC*. In some important areas, there is less information now on how well children and youth are doing than there was five years ago.

Some key data, such as incidence of mental illness among children and youth in B.C., has not been available for either *Growing Up in B.C.* report. Some data reported in the original report is now unreliable due to a change in how it is collected. In other cases, data reported in the 2010 report is simply no longer collected. The federal government's decision to discontinue the mandatory Canadian long-form census in 2011 resulted in serious gaps in both demographic data and information on families living on low income. Data available from the voluntary National Household Survey that replaced the long-form census is not comparable over time and is generally much less reliable than previous census data.

At the provincial level, there are significant holes in information available from MCFD because of changes in the ministry's information management system and how data has been collected since the 2010 *GUIBC*. As a result, the ministry was not able to provide current data on culturally appropriate matches for Aboriginal children and youth in government care and rates of recurrence of child neglect and/or abuse by family.

In addition, there was a significant delay when accessing some provincial health data regarding the well-being of Aboriginal children and youth for this report. Although there is a broad consensus that challenges must be addressed to close gaps in health outcomes that exist between Aboriginal children and youth and their non-Aboriginal peers, important information on the well-being of Aboriginal children and youth was not readily available. It is critical that such data is not only available, but that it is analyzed and used in partnership with Aboriginal organizations and communities.

A commitment to the well-being of children and youth must include a commitment to gathering and making available information on key indicators of well-being. The citizens and leaders of B.C. need this information to take stock collectively, set priorities and support and engage children and youth to improve their well-being.



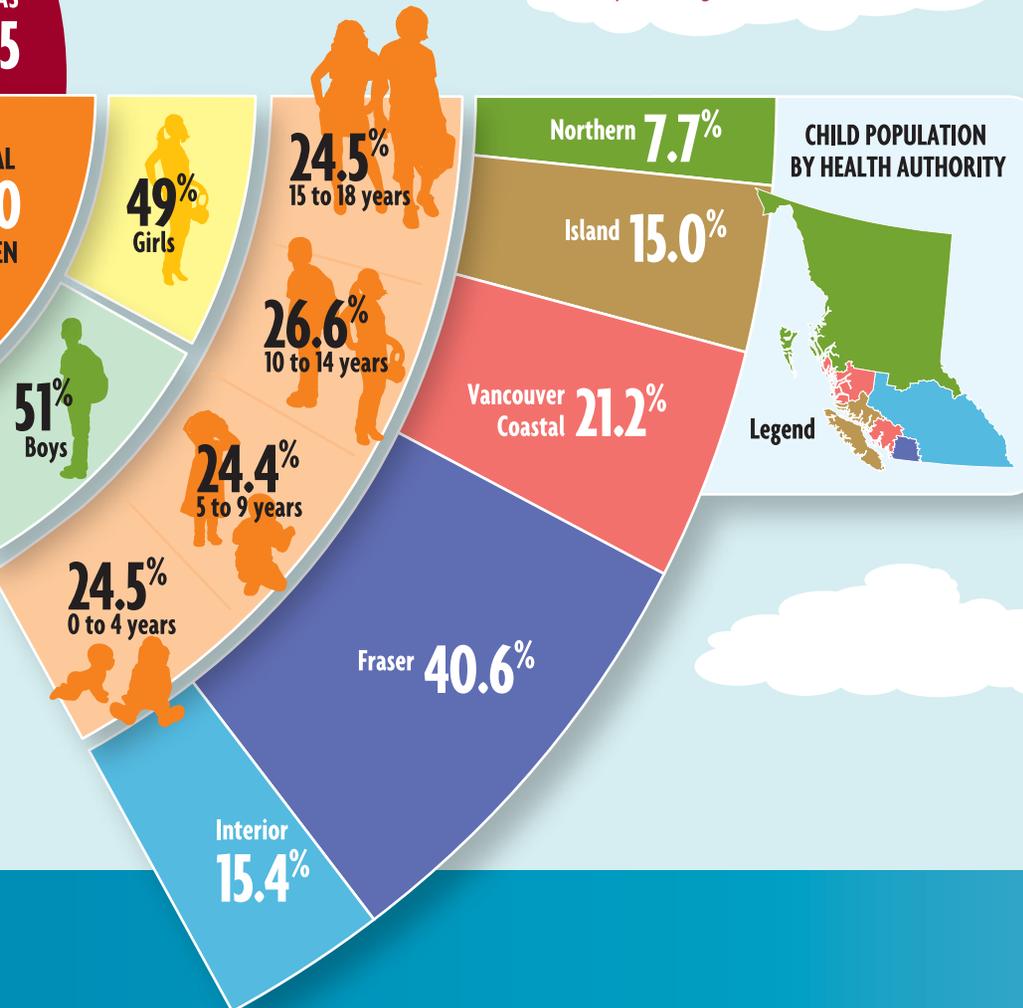
A Snapshot of B.C.'s Children and Youth

B.C.'S CHILD POPULATION

Source: BC Stats, Statistics Canada Census 2011 Short-Form, and Ministry of Aboriginal Relations and Reconciliation

IN 2011, THE TOTAL POPULATION OF B.C. WAS
4,400,055

OF THAT TOTAL
896,750
WERE CHILDREN



It is estimated that the B.C. child population will grow by 6.3% between 2011 and 2025.

“THE FASTEST GROWING POPULATION DEMOGRAPHIC PROVINCE-WIDE IS ABORIGINAL YOUTH. IN FACT, THE MEDIAN AGE OF THE ABORIGINAL POPULATION IN BRITISH COLUMBIA IS APPROXIMATELY 12 YEARS YOUNGER THAN THE MEDIAN AGE OF THE PROVINCE’S OVERALL POPULATION.” - BC Ministry of Aboriginal Relations and Reconciliation 2012/2013 Annual Service Plan Report (p. 10)

CHILD POPULATION BY HEALTH AUTHORITY



CHILDREN AND YOUTH IN CARE

Source: Ministry of Children and Family Development

IN 2012/13, THERE WERE
8,106 CHILDREN AND
YOUTH IN CARE IN B.C.

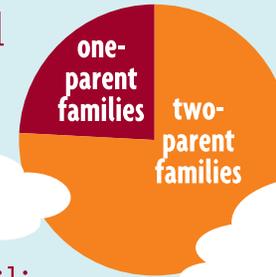
**MORE THAN
HALF** OF THESE
CHILDREN AND YOUTH IN
CARE WERE ABORIGINAL.

FAMILIES IN B.C.

Source: Statistics Canada, CANSIM Tables 111-0011 And 202-0605



In 2011, **697,510** families with children resided in B.C. About **76.1%** were two-parent families and **23.9%** were one-parent families.



MEDIAN AFTER-TAX INCOME FOR TWO-PARENT AND ONE-PARENT FAMILIES WITH CHILDREN IN B.C.

For each year from 2008 to 2011, two-parent families in B.C. had a higher median after-tax income than one-parent families.





Linda Hughes has been the CEO of Children's Health Foundation of Vancouver Island since July 2013. She has a strong background in the not-for-profit sector and social services – focusing on creating inclusive and supportive communities for at-risk and disadvantaged children, youth and adults. Hughes came to Children's Health Foundation from United Way, where she served as CEO from 2010 to 2013. Before moving to Victoria, she was the Executive Director of a large child and family serving agency in Calgary. Hughes has a Bachelor of Arts and a Masters of Education in Policy Studies from the University of Alberta.

Community Voice

Why is it important to measure child well-being?

THE IMPORTANCE OF MEASURING CHILD WELL-BEING

“Children are the future.” We hear this all the time, so much so that we forget to pay attention to what it really means. Children and youth are the future in the narrowest sense – they are the people who will reach adulthood in the next decade or two – but they are our future in the sense that they will be in professions and trades that will shape our economy; they will be the policy-makers who will guide our society; and they will be the parents who will raise the next generation. For their sake – and for ours – it’s in the best interest of the people of British Columbia to care for them and show concern for their well-being. Our ability to build a strong, caring, inclusive and economically viable province is dependent on how we treat, care for and protect our children and youth.

CARING FOR CHILDREN WHO ARE AT HIGH RISK

Caring for children is our collective responsibility – the responsibility of parents, teachers, neighbours, and coaches, as well as community leaders and government decision-makers. Children who are at higher risk in critical areas – those living in poverty or with health challenges, or those facing social isolation or violence – deserve our special attention to improve their long-term outcomes. *GUIBC - 2015* draws attention to two groups of children who have not fared as well as most children in B.C. – those in the care of the government and those of Aboriginal heritage. There is an urgent need to develop policies and programs to support these children. As this report highlights, children at risk have consistently poorer outcomes than their peers. For example, children and youth with experience in government care experience higher rates of physical and sexual abuse, food insecurity, bullying, discrimination and suicide attempts. You and I must do our part to support vulnerable children whose basic health and safety needs are threatened.

MEASURING OUTCOMES TO AID DECISION-MAKING

Caring for at-risk children and youth is essential to cultivating a healthy, prosperous province. How can we meet the needs of vulnerable groups, while also strengthening policies and practices aimed at children and youth as an overall population?

The answer lies in data collection – and more importantly, making changes to address issues exposed by the data.

Anecdotal information and first-hand experiences are important in understanding the needs of children and youth, but without standard measures of well-being, we won't have a complete or accurate picture. We may put our efforts and resources in the wrong area, or at least not in the areas that would maximize the benefits for children and youth. Accurate data across domains and across time is important in dispelling myths and supporting informed decision-making.

Data allows us to measure and monitor the progress of children and youth. We need to gather data that quantifies the experience of our province's children and then analyze and apply the findings to improve policies, programs, and services. We must ensure that data informs service delivery, government policies and legislative frameworks

and that it also provides local and provincial benchmarks to ensure we are making a difference in the lives of our province's children.

Outcome measurements are essential to current and future work. For example, a regional health authority that knows a specific community has a high incidence of babies born affected by pre-natal exposure to alcohol can make it a priority to provide supports to at-risk pregnant women. A teacher who knows literacy rates are low in her school can plan accordingly for the classroom. A funder that understands the prevalence of youth mental health issues can partner with other organizations to support evidence-based programs to support these youth. And young people themselves who are encouraged to look at this data can see if their experience is reflected; can better understand their peers; can enrich the data that exists; and can advocate for better supports.

From our perspective – that of a public foundation – data helps us understand the prevalence of health issues that impact children; identify the gaps that exist when serving children and youth; determine which interventions are effective; and measure the outcomes of the programs through which we support kids. All this we do to ensure we are having a positive impact on the lives of children, youth, and their families.

“WE MUST ENSURE THAT DATA INFORMS SERVICE DELIVERY, GOVERNMENT POLICIES AND LEGISLATIVE FRAMEWORKS AND THAT IT ALSO PROVIDES LOCAL AND PROVINCIAL BENCHMARKS TO ENSURE WE ARE MAKING A DIFFERENCE IN THE LIVES OF OUR PROVINCE’S CHILDREN.”

- LINDA HUGHES

Community Voice - continued

Whether we are educators, community members, policy makers or professionals working on the front line with children, youth and their families, we need to understand the needs of children and youth, the social, economic and environmental determinants of health and well-being and the effectiveness of current interventions. Data helps provide this information and allows us to make changes that will benefit the children of British Columbia. All children and youth are better served when every member of the community understands the challenges faced by children growing up in this province and gets engaged in creating change. This engagement can be by voting, volunteering, advocating for resources or donating to an organization that makes a difference.

CREATING BETTER OUTCOMES

We all strive to make informed decisions about how to invest our resources. We advocate for government policies that support important directions and we desire services that meet our collective needs. To accomplish these goals, we need to regularly measure and monitor key data points. But data collection and analysis are only the first steps. In order to truly make a difference in the lives of our children, we must be committed to taking action. The true value of collecting data and mobilizing knowledge about child and youth indicators of well-being is to bring about real change for the benefit of our province's children.

What we measure and understand must inform what we do to create better outcomes for our kids.

Linda Hughes

Children's Health Foundation of Vancouver Island





Dr. Jeffrey Reading is Professor and Interim Director of a new Institute for Indigenous Health at the Dalla Lana School of Public Health, University of Toronto, on leave from the University of Victoria School of Public Health and Social Policy. He was the inaugural Scientific Director of the Institute of Aboriginal Peoples' Health at the Canadian Institutes of Health Research (2000 to 2008) and founding Director of the Centre for Aboriginal Health Research at the University of Victoria (2008 to 2012). His broad interest in public health has brought attention to issues such as promoting health through programs timed to stages of the life course, the social determinants of health and well-being, provision of safe potable water, chronic disease prevention and accessibility to health care.

Research Voice

The Well-Being of Aboriginal Children and Youth

There is little doubt that, while many Aboriginal children living in B.C. are healthy and happy, as a population, Aboriginal children and youth are less likely to have the same opportunities to optimize their health and well-being as other B.C. children and youth. The evidence in this report shows that the education system is broken for Aboriginal children and that they are profoundly over-represented in the child welfare system. Although this system is supposed to remedy the negative effects of the vulnerable social circumstances created by the conditions of poverty imposed on Aboriginal peoples and communities, once children enter the child welfare system it seems very difficult for them to avoid negative consequences inherent within the system.

It is important to recognize that the disparities experienced by many Aboriginal children are a consequence of intergenerational challenges of failed government policies such as residential schools, Indian Act administration and negative stereotypes regarding the value of First Nations cultures and traditions, as well as multi-generational poverty, racism and discrimination. As the political economy of Canada and B.C. evolved, settlers displaced Indigenous peoples who were forced away from their traditional ways of life and knowing. Social and cultural assets derived from the land and sea were replaced by profound marginalization in a low income wage economy and the welfare state that led to relegation as second-class citizens in their own land. The vagaries of the Indian residential schools' legacy, combined with laws prohibiting participation in culture and ceremony, contributed to profound social exclusion.¹

These legacies of colonization are the origin of profound health and social challenges experienced by today's Indigenous children and youth. It is understood that social circumstances diminish opportunities for optimal child development and growth for Aboriginal and many other families and communities, contributing to poorer health and

**“... THE EDUCATION SYSTEM IS BROKEN FOR ABORIGINAL CHILDREN AND ...
THEY ARE PROFOUNDLY OVER-REPRESENTED IN THE CHILD WELFARE SYSTEM..” - JEFFREY READING**

Research Voice - *continued*

social stress with corrosive effects. This social context, and the overall failure of public B.C. institutions and services to respond to the needs of Aboriginal communities, are the “upstream” factors that have shaped health behaviours, education and income levels of Aboriginal families.

There are parts of *GUIBC - 2015* where an Aboriginal perspective was missing because data collected on Aboriginal children was not reliable or simply not available. In the future, population health data from provincial and federal data holdings need to disaggregate Aboriginal peoples’ health information so it can be compared to mainstream data.

Although *GUIBC - 2015* offers limited data on the well-being of Aboriginal children and youth, it clearly signals that historic inequality continues. There are many sections of this report that provide evidence that the situation of Aboriginal children and youth needs urgent attention.

The pattern of birth weight distribution for Aboriginal infants is of concern, with a greater proportion of high birth weight babies and a greater proportion of low birth weight babies as compared to the mainstream population. This suggests poor nutrition during pregnancy and greater risk for chronic health conditions later in life. What is needed is a maternal child health program grounded in traditional cultural belief and knowledge, skills and ancient ways of knowing that are valued, celebrated, supported and led by Indigenous women so their children can take pride in reclaiming their legitimate place in society. There is evidence that this is happening.²

GUIBC - 2015 data shows that Aboriginal children and youth are about 10 times more likely than their non-Aboriginal peers to find themselves in

government care. While the residential schools that inflicted such harm on previous generations are closed, there is currently a higher proportion of Aboriginal children in government care than were in residential schools.³

The impacts of suicide, depression, addictions and violence are causative factors that contribute to removing and isolating Aboriginal children from their own families while also contributing to ill health through the detrimental effects on youth themselves. Tragically, substance abuse and self-harm are coping strategies and escape or cries for help employed in a vain attempt to respond to the chaos children and youth face in circumstances of dislocation, dispossession and post-traumatic stress.⁴

Issues of insufficient housing and infrastructure and poor access to recreational facilities are just a few examples of factors that contribute to the self-perpetuating cycle of collective trauma and destructive coping strategies through which community mental health problems persist.^{5,6} Through intergenerational transmission of social burdens, mental health problems can become problems that are not only severe and persistent across an individual’s lifetime, but also chronic across generations within a community. While individual healing is important for overall community healing, the strategies that will be most successful in achieving community wellness will promote both individual and collective healing.⁷

To achieve better outcomes for Aboriginal children and youth we must address the upstream factors that are affecting their well-being. Chandler and Lalonde⁸ contend that a relationship exists between governance and health, where self-governance supports healthy environments while lack of control over governance issues is equated with unhealthy

“THE PATHWAYS THAT LEAD TO RISK AND VULNERABILITY CAN, AND MUST, BE REVERSED.”- JEFFREY READING

behaviours connected to an unhealthy environment. Poverty is also an upstream risk factor, both cause and outcome, affecting spiritual, emotional, cognitive, and physical well-being of children, families and communities.⁹ These key messages call for a radical change in the social welfare system toward reconciliation, restoration of family and community healing, and addressing the social and family breakdown inherent in the current epidemic of Aboriginal children in care in B.C., calling for a shift toward community self-governance.

That Canada and B.C. contributed to creating the current crisis of Aboriginal children’s social well-being is well established and is again documented in the trajectory described by *GUIBC - 2015*. These are hard facts to accept – Canadians and British Columbians have an international reputation for promoting social justice abroad. However, within Canada, Aboriginal children and youth continue to endure the historic intergenerational effects of trauma and loss that continue in the present day.

With no change in social conditions and a population growth rate that is more than three times that of the non-Aboriginal population, the cost in human and financial terms will rise in parallel to population growth. There is a particularly urgent need to address the crisis in health and well-being for Aboriginal children and youth growing up in B.C. in the care of the child welfare system. The pathways that lead to risk and vulnerability can, and must, be reversed.

Healthy public policies aim to make the connections between what are often very disconnected domains of policy and practice. The current

systems of education, health, social services and child welfare, justice, community infrastructures including housing, schools, recreation and leisure, and transportation all need to work together where the health and well-being of children and youth is of paramount importance. In short, a “whole of government” approach is needed, and it is crucial to have readily available, reliable data on key aspects of the well-being of Aboriginal children, youth and families to advocate for and support a comprehensive response.

The solutions to these complex problems will not occur overnight. The government of B.C. must be prepared to allocate additional funding for the long-term investments needed to improve and optimize the health and well-being of Aboriginal children in this province. There is a need for Aboriginal allies, advocates and leaders to engage with the B.C. and Canadian governments to support partnerships that embrace change, and, indeed, make changes happen. These partnerships must involve community members, clinicians and health practitioners, community-based organizations and advocacy groups, community-based researchers, university researchers and policy makers. The recently established First Nations Health Authority is one example of a new partnership model that holds great promise. While such developments are encouraging, it is clear that there remains much to be done – we must work together to improve the collective health and well-being of Aboriginal children and youth growing up in B.C.

Dr. Jeffrey Reading
University of Toronto

The UN Convention on the Rights of the Child establishes

the right of the child to the enjoyment of the highest

attainable standard of health (Article 24).





Desired Outcome: All young people in British Columbia are healthy and are guaranteed access to the resources and opportunities that are essential to living at their optimal level of health.

CHILD PHYSICAL AND MENTAL HEALTH



Child Physical and Mental Health

RISKY MATERNAL BEHAVIOURS

Smoking when pregnant increases the risk of miscarriage and pre-term birth, as well as sudden infant death syndrome, asthma and later behavioural challenges.¹

- There was a decreasing trend in the rates of mothers who smoked during their current pregnancy from 2001 to 2011 (i.e. 123.7 to 83.5 mothers who smoked per 1,000 live birth deliveries).
- While the rate of Status Indian mothers who smoked during their current pregnancy decreased from 2001 to 2011, the rate was two to three times higher for Status Indian mothers compared to other B.C. resident mothers.

HEALTHY BIRTH WEIGHT

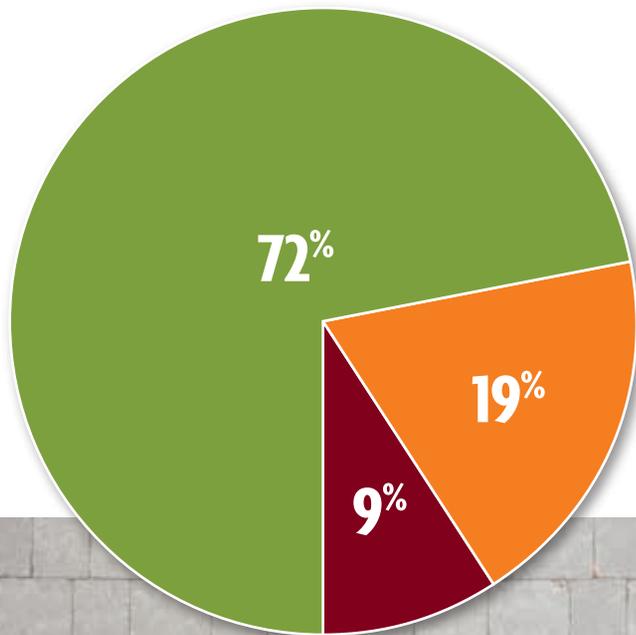
Low birth weight carries increased risk of infant death and of developing learning, behavioural and emotional challenges or chronic health problems, while high birth weight is associated with increased risk of death within the first month of life, as well as developmental and intellectual problems.²

- The rate of babies born with a low birth weight increased slightly from 2001 to 2004 (i.e. 37.3 to 41.0 births per 1,000 singleton live births) and remained relatively stable from 2005 to 2011 (i.e. 41.0 to 41.2 births per 1,000 singleton live births).
- The rate of babies born with a high birth weight showed a decreasing trend from 2001 to 2011 (i.e. 25.6 to 17.6 births per 1,000 singleton live births).
- From 2001 to 2011, rates of low and high birth weight births were higher for Status Indian populations than for other B.C. residents.

INFANT MORTALITY

Infant mortality rate is an internationally recognized indicator of child health and a country's overall health status.³ Infant mortality rates can be linked to access to health care, family socio-economic status, the health of the mother and low birth weight.⁴

- Infant death rates in B.C. remained relatively stable from 1998 to 2012 with an average of 3.9 infant deaths per 1,000 live births over this time period.



Frequency of Youth Physical Activity in the Past Week

- Participated in at least 60 minutes of physical activity for three or more days
- Participated in at least 60 minutes of physical activity for one to two days
- Did not participate in at least 60 minutes of physical activity on any day in the past week

Source: McCreary 2013 BC Adolescent Health Survey



PHYSICAL ACTIVITY

Children who participate in regular physical activity are more likely to enjoy good health⁵ and academic success.⁶ Patterns of physical activity tend to continue into adulthood.⁷ Regular physical activity reduces risk of diabetes, coronary heart disease, obesity and depression.⁸

- 72% of youth indicated that they participated in at least 60 minutes of moderate to vigorous physical activity for three or more days in the past week, 19% of youth participated for one to two days and 9% of youth did not participate in at least 60 minutes of physical activity on any day in the past week.

SEXUALLY TRANSMITTED INFECTIONS

Sexually transmitted infections increase the risk of a variety of illnesses and health problems. For example, human papillomavirus (HPV) can lead to cervical cancer, and gonorrhoea and chlamydia are causes of pelvic inflammatory disease, adverse pregnancy outcomes and infertility.⁹

- 2% of youth who ever had sex, including oral sex, have been told by a doctor or nurse that they had a sexually transmitted infection.

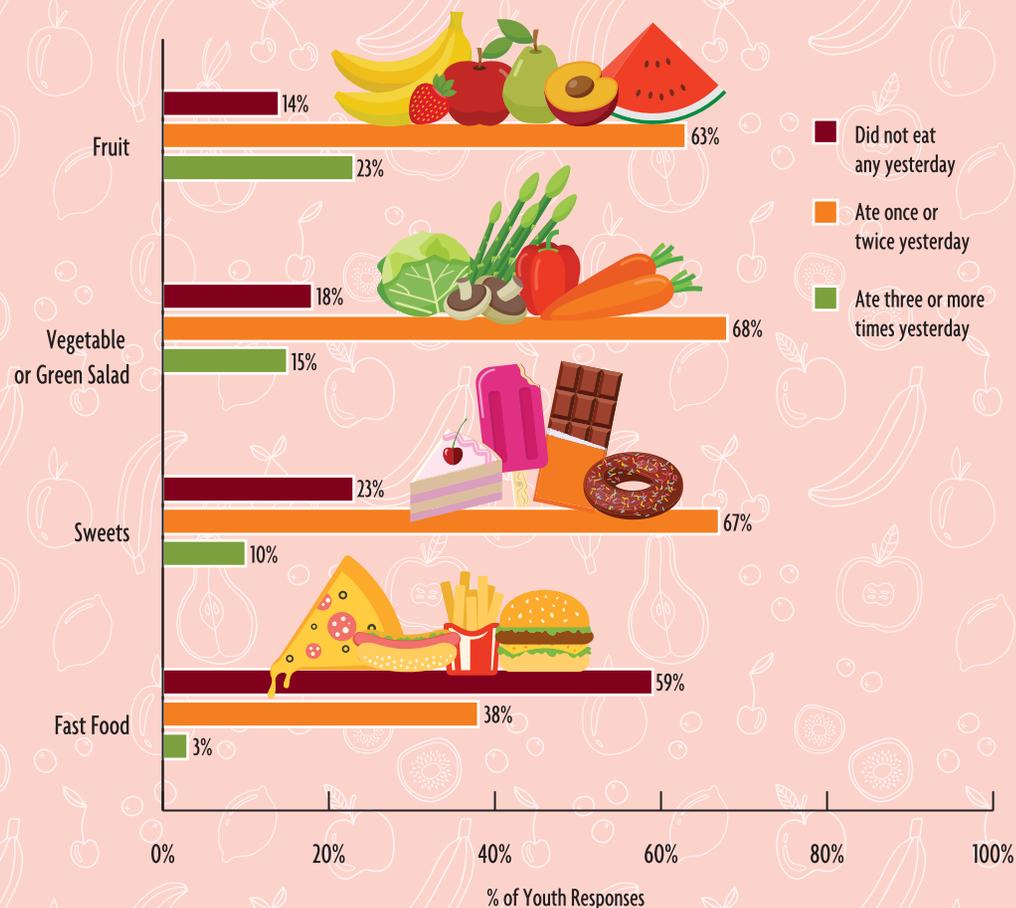


“I think youth would be more engaged into being fit if they have free access to gyms and community centres.” – Youth participant



Child Physical and Mental Health

Percentage of Youth Who Report Eating Fruit, Vegetables or Green Salad, Sweets and Fast Food Yesterday



HEALTHY DIET

Fruit and vegetable consumption is linked to good health and can be a protective factor against chronic disease.¹⁰ Fast food is often high in both sugar and salt. Eating too much salt increases risk of heart disease and stroke,¹¹ and too much added sugar is associated with unhealthy diet, weight gain¹² and heart disease.¹³

- 63% of youth indicated that they ate fruit once or twice yesterday, 23% ate fruit three or more times and 14% did not eat any fruit.
- 68% of youth of indicated that they ate vegetables or green salad once or twice yesterday, 15% ate vegetables or green salad three or more times and 18% did not eat any vegetables or green salad.
- Youth who have ever been in government care were significantly more likely to indicate that they did not eat fruit or vegetables or green salad yesterday compared to youth who were never in care.
- 67% of youth indicated that they ate sweets once or twice yesterday, 10% ate sweets three or more times and 23% did not eat any sweets.
- 59% of youth indicated that they did not eat fast food yesterday, 38% ate fast food once or twice and 3% ate fast food three or more times.



“The cost of healthier food should be lower instead of having junk food as the easy convenient way to go.” – Youth participant



“When you’ve done a good job, it’s nice to hear you’ve done a good job.”

— Youth participant

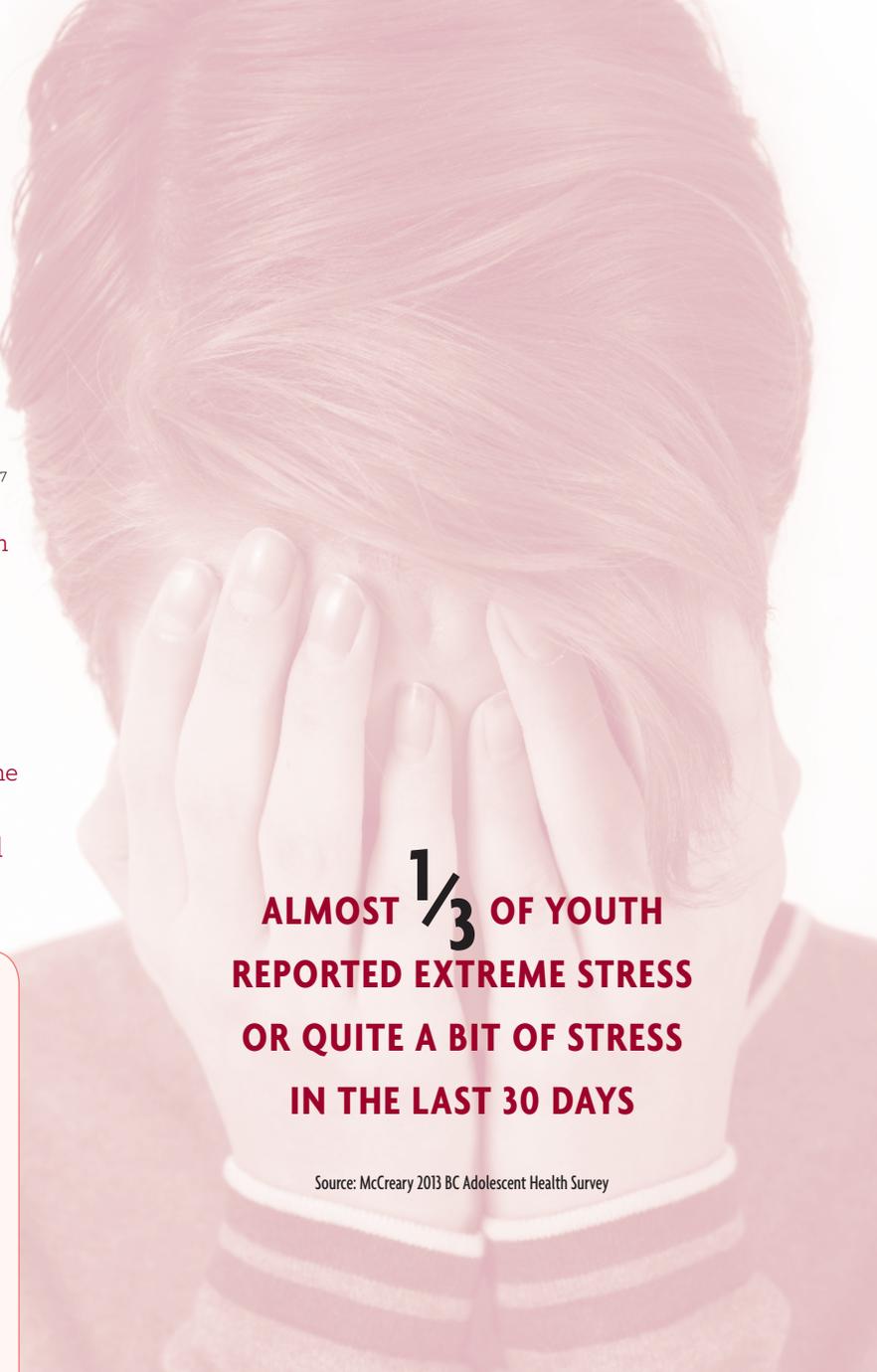
EMOTIONAL WELL-BEING

Emotional well-being is associated with higher life satisfaction¹⁴ and academic performance among children and youth,¹⁵ as well as positive long-term health and longevity.¹⁶ Children and youth who regularly experience high levels of stress are more likely to engage in risky behaviours and experience mental health problems later in life.¹⁷

- 80% of youth agreed that they usually felt good about themselves and 86% of youth agreed that they were able to do things as well as most other people.
- Most youth in government care agreed that they usually felt good about themselves or that they were able to do things as well as most other people, although they were significantly less likely to agree with these statements than youth who were never in care.
- 9% of youth indicated that they were under extreme stress in the past 30 days to the point they couldn’t work or deal with things, 21% were under quite a bit of stress, 24% were under some stress, 28% were under a little stress and 17% were not under any stress.
- Youth who have ever been in government care (18%) were significantly more likely than youth who were never in care (9%) to indicate that they were under extreme stress in the past 30 days to the point they couldn’t work or deal with things.

Comparing Across Indicators:

- 13% of youth who indicated that they were under extreme stress in the past 30 days to the point that they couldn’t work or deal with things also indicated that they used prescription pills without a doctor’s consent three or more times in their lifetime, compared to youth who indicated feeling no stress (3%), a little stress (3%), some stress (5%) or quite a bit of stress (7%).



**ALMOST $\frac{1}{3}$ OF YOUTH
REPORTED EXTREME STRESS
OR QUITE A BIT OF STRESS
IN THE LAST 30 DAYS**

Source: McCreary 2013 BC Adolescent Health Survey



Child Physical and Mental Health

A young person with dark hair, wearing a grey sweater and blue jeans, is sitting on the grass. They are leaning against the thick trunk of a tree on the left side of the frame. Their head is resting on their hand, and they are looking down with a somber or thoughtful expression. The background is a blurred outdoor setting with green grass and some fallen leaves.

MENTAL HEALTH SERVICE UTILIZATION

Data Note: British Columbia has no reliable information on rates of mental health challenges or diagnosed mental disorders among children and youth. Rates of admission to hospital due to mental health challenges are not themselves indicators of well-being, and they can be affected by the availability of services that may prevent the need for hospitalization. However, in the absence of prevalence data, rates of hospitalization offer some insight into the number of children and youth experiencing serious mental health challenges in B.C.

- In 2012/13, there were 848,094 children ages 18 and under in B.C. Of these, 2,133 children (or 0.3%) were hospitalized due to a mental health problem.

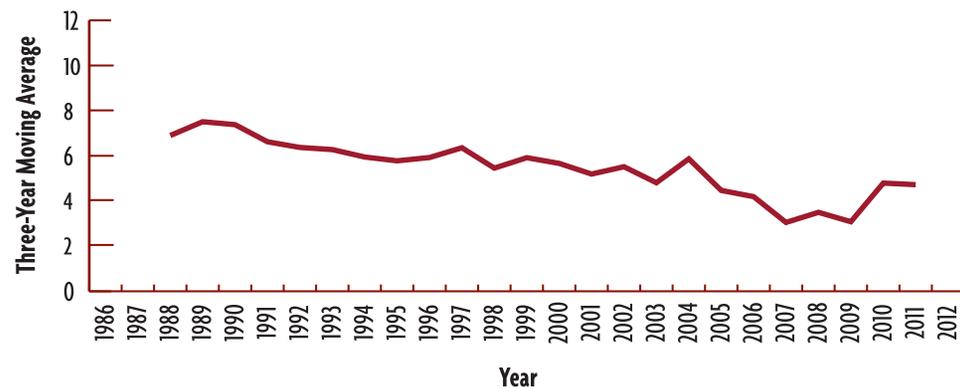
CHILD AND YOUTH SUICIDE

Each child or youth suicide is a tragedy. Suicide is the second leading cause of death among youth in B.C. between the ages of 15 and 18.¹⁸ Attempting or seriously considering suicide are also clear signs that children or youth are experiencing mental health challenges.

- 88% of youth ages 12 to 19 did not consider suicide in the past year and 94% did not attempt suicide in the past year.
- Youth who have ever been in government care were significantly more likely to have either considered suicide or to have attempted suicide one or more times in the past year compared to youth who were never in care.
- Annual rates of suicide have varied greatly from 1986 to 2012. In order to understand how the rates have changed over time, a three-year moving average was used to more clearly illustrate the long-term trend. On average, rates of suicide per 100,000 youth ages 12 to 18 decreased over the period from 1986 to 2009 and increased from 2009 to 2012.



Three-Year Moving Average of Suicide Death Rates per 100,000 Youth Ages 12 to 18 by B.C. Province, 1986 to 2012



Source: BC Vital Statistics Agency VISTA Database





Paul J. Veugelers is a Professor in the School of Public Health at the University of Alberta who received training in human nutrition, epidemiology and biostatistics. He currently holds a Canada Research Chair in Population Health, an Alberta Research Chair in Nutrition and Disease Prevention, and an Alberta Innovates Health Scholar Award in recognition of his academic research program. Within this program, he studies the importance of intervention programs and policies in relation to the prevention of childhood obesity and chronic diseases. The overarching objective of the research is to advise on and direct new health policies and population intervention programs to prevent chronic disease, to improve quality of life and to avoid healthcare costs associated with the treatment of chronic diseases.

Research Voice

Child Physical and Mental Health Outcomes

Collectively, chronic diseases such as cardiovascular disease and type 2 diabetes are responsible for an enormous societal burden in that they will affect nine out of 10 Canadians earlier or later in their lives, with estimated economic costs amounting to approximately \$11 billion per year for B.C. alone.¹⁹ Ironically, chronic diseases are largely preventable by adopting healthy lifestyles. To make the adoption of healthy lifestyles a reality, decision-makers must dare to make timely investments that will have little immediate return, though large return on investments three to five decades later.

GUIBC - 2015 illustrates some return on past investments in child health by revealing continuing declines in smoking rates during pregnancy, giving more newborns a healthy start in life. Newborns with a healthy start in life will also result from the decline in high birth-weight rates revealed in this report. In this era of ever-increasing obesity rates, the concern of increasing rates of high birth-weight births from obese mothers does not seem applicable to B.C. These positive observations, however, do not benefit children and youth equally: smoking rates during pregnancy were substantially higher among Status Indian populations, and high birth-weight births are more common in Northern B.C. and among Status Indian populations.

In addition, the positive observations need to be balanced with continuing poor adoption of healthy lifestyles in childhood. The *Canada Food Guide* recommends six to eight servings of vegetables and fruit per day for children and youth, but this report revealed that very few would meet this or even get close to this recommendation. Meeting these recommendations is even less likely among B.C. youth who have lived in government care, who were significantly more likely to report not eating any vegetables or fruit. Physical activity guidelines recommend children and youth to accumulate 60 minutes of moderate-to-vigorous physical activity each day. This report reveals that 25 per cent of children and youth would get to this activity level less than two days a week. Further

investments in promotion of healthy eating and active living are needed to bring the life expectancy, quality of life and future productivity of the children and youth of B.C. to a level that our generation is experiencing.

The declining trends in youth suicide rates revealed in this report are unquestionably encouraging but speak only to a “tip of the iceberg”. What is under the surface is something we do not know well. This report reveals that of all youth in B.C. in the past year, six per cent had attempted suicide and 12 per cent had considered suicide. This is difficult to comprehend, shocking and a clear wake-up call for action. Action geared to all youth is needed given these high rates, with action specifically directed to youth with experience in care of the government, given their reported lower self-esteem and troubling higher rates of both attempted suicide and considered suicide. Mental health action also has potential economic benefits for B.C., where mental health costs are estimated at \$1.3 billion per year.²⁰

Though physical health and mental health are often viewed as distinct entities, various research has suggested that primary prevention may benefit both. Some examples: Physical activity is established as the primary prevention of obesity and consequent chronic diseases. It is also recognized for improving self-esteem, an established marker of mental health later in life.²¹ Children and youth from households with regular family meals benefit not only from healthier diets but are also less likely to pick up smoking at an early age and are less likely to engage in binge drinking and use recreational drugs in early adulthood.^{22,23} Poverty, food-insecure environments, low educational attainment of parents and

socio-economically disadvantaged settings have all been recognized as risk factors for poor diet quality, excess body weight and low self-esteem in children and youth.²⁴ What this means for children and youth in B.C. is that promotion of healthy lifestyles and addressing social determinants of health will benefit both their physical health and their mental health, and will reduce the health gap of children and youth living in disadvantaged settings and regions.

Schools are the logical place to reach children and youth. Provincial school nutrition and physical activities policies have shown to be effective in promoting healthy eating and active living.^{25,26} But to curb increases in childhood obesity, comprehensive school health programs that involve students, teachers, parents and the community may be needed.²⁷ Comprehensive school health programs may be costly but do come with a return on investment.²⁸ Investments in school health and other settings-based health promotion will translate into better health for current and future generations. Similarly, policies and programs addressing poverty, food insecurity and socio-economic inequalities will improve health and come with a return on investment. What these investments mean for B.C. children and youth is healthier, happier, more productive lives. What this report means for B.C. residents is a choice – investing in health promotion and prevention now, or paying more for acute care costs later.

Paul Veugelers
University of Alberta

“WHAT THIS REPORT MEANS FOR B.C. RESIDENTS IS A CHOICE – INVESTING IN HEALTH PROMOTION AND PREVENTION NOW, OR PAYING MORE FOR ACUTE CARE COSTS LATER.” - PAUL VEUGELERS



Child Physical and Mental Health

WHAT YOUTH THINK ABOUT CHILD PHYSICAL AND MENTAL HEALTH

Youth feel good about themselves when they are supported by friends, teachers and parents

Youth felt good about themselves when they were a part of something like a sports team or club, had supportive friends or had someone to talk to.

Youth in government care felt that their self-esteem was boosted when a foster parent told them they were valued and wanted, or when a teacher told them that they had done something well.

Youth have many sources of stress

School was a major cause of stress for many youth, especially if they felt pressured to decide their career path before graduating from high school. Other sources of stress included work, relationships with friends, family, and romantic partners, or difficult life events.

Youth want healthy food options that are affordable and accessible

Youth ate more fast food and sweets than fruit and fresh vegetables because it was more affordable, accessible, and took less time and skill to prepare.

Youth wanted to see schools and fast food restaurants offer healthy options that were more affordable. Youth also wanted to learn how to cook vegetables and healthy meals.

Youth want free access to recreational facilities and classes

Youth talked about having little incentive to exercise. They felt that they would be more likely to participate in physical activities if recreational facilities and classes were free to access and more widely available to youth or if exercise was a school requirement.



“It would be nice to know how to cook meals on a budget and to know what’s healthy and nutritious but doesn’t take hours to prepare.” – *Youth participant*

Promising Practice

AN EXAMPLE OF SOMETHING THAT'S WORKING TO SUPPORT TRANSITION-AGE YOUTH WHO ARE VULNERABLE TO MENTAL HEALTH AND SUBSTANCE USE PROBLEMS

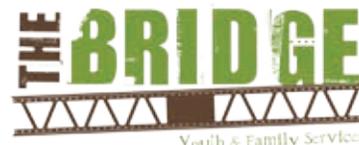
Connected By 25 (CB25) is a collaborative project led by the Canadian Mental Health Association - Kelowna in partnership with The Bridge Youth and Family Services, Interior Health, MCFD, Okanagan Boys and Girls Clubs, Work BC, and Dr. Fernando Diaz. CB25 assists 16- to 24-year-olds who are vulnerable to mental health and/or substance use problems and are at risk of falling through the cracks in their transition to adulthood.

Based in the Central Okanagan, CB25 includes Youth Transitions Navigators who work directly with young people, providing one-to-one support, systems navigation and life skills development while strengthening connections to community and natural supports. At the same time, CB25 focuses on community capacity building, resulting in improved coordination and integration of clinical mental health and substance use services and psychosocial/community supports, as well as the development of new programs and services that meet the identified and expressed needs of young people, including:

- LINC: Mental Health/Substance Use Intake and Assessment Hub
- Housing Support and Rent Supplements
- Wellness Programming (Supper Club, Yoga, Living Life to the Full)



**Canadian Mental
Health Association**
Kelowna



The UN Convention on the Rights of the Child establishes

the right of every child to a standard of living
adequate for the child's physical, mental, spiritual, moral
and social development (Article 27).





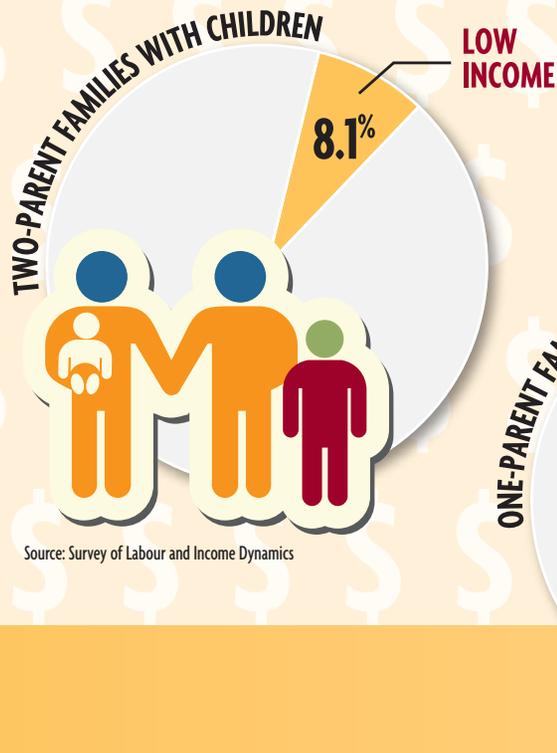
Desired Outcome: All families have access to sufficient resources to provide their children with the essentials of a healthy life.

FAMILY ECONOMIC WELL-BEING

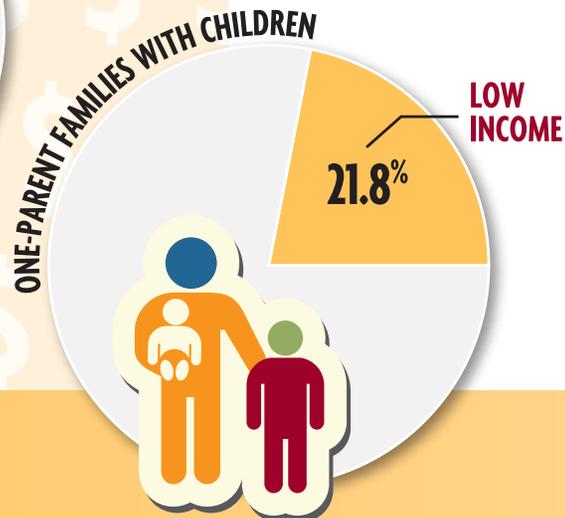


Family Economic Well-Being

IN 2011, ABOUT 93,000 B.C. CHILDREN LIVED IN LOW INCOME HOUSEHOLDS



Source: Survey of Labour and Income Dynamics



INCIDENCE OF LOW INCOME

Children living in poverty are more likely to have lower academic achievement, to not graduate from high school and to experience health, behavioural and emotional problems. These risks increase with the depth and duration of family poverty.¹

- In 2011, approximately 93,000 children under age 18 (11.3% of all children in B.C.) lived in low income households.
- In the same year, 21.8% of one-parent families with children and 8.1% of two-parent families with children lived in low income households.
- Between 2000 and 2011, the percentage of children living in low income households peaked in 2003, decreased from 2004 to 2008 and remained relatively stable from 2009 to 2011. In 2011, B.C. and Manitoba had the highest percentage of children living in low income households compared to other provinces.
- In 2012, about 39,400 children in B.C. (4.4% of all children) ages 0 to 18 years were living in families receiving income support under the BC Employment and Assistance program.
- During the 18 months prior to Dec. 31, 2012, 16,427 children (1.8% of all B.C. children) were living in families receiving income support for at least 12 months in a row.
- Between April 1, 2012 and March 31, 2013, 677 youth across B.C. aged out of government care when they turned 19. Of these youth, 48.2% accessed income assistance within six months of aging out.

FOOD SECURITY

Going to bed or to school hungry or poorly nourished has a negative impact on children's energy levels, memory, problem-solving skills, creativity, concentration and behaviour. These challenges in childhood can have health impacts throughout the life span.²

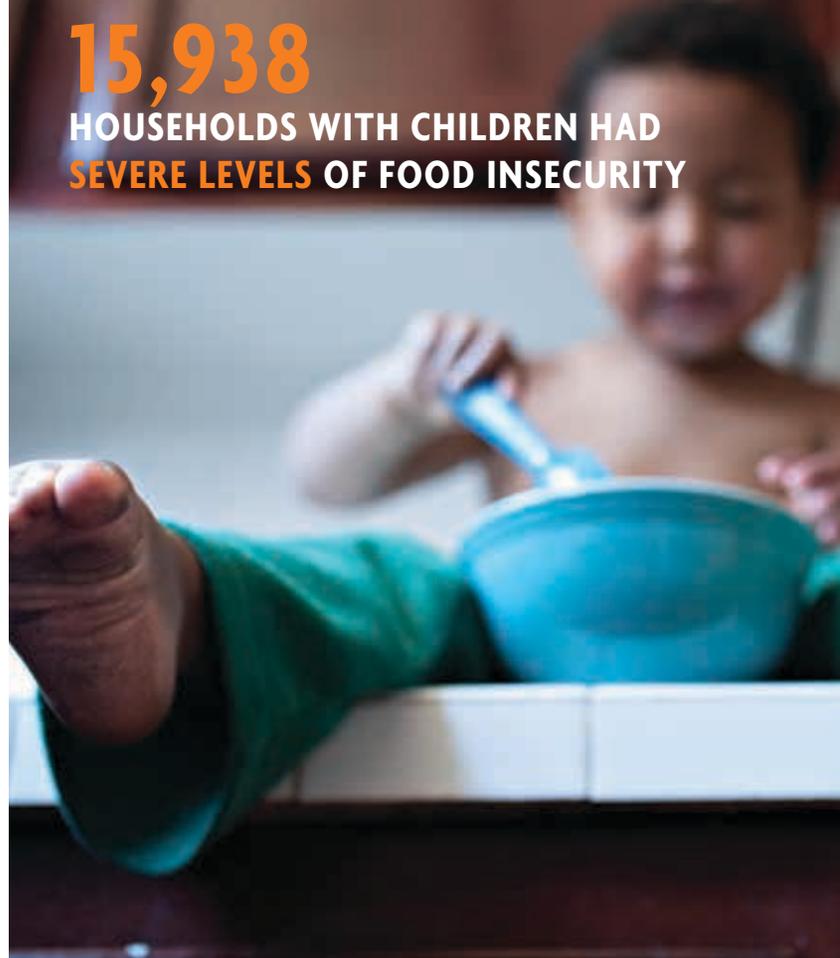
- 93% of youth indicated that they never went to bed hungry because there was not enough money for food at home, 6% indicated sometimes going to bed hungry and about 1% indicated often or always going to bed hungry.
- Youth who have ever been in government care (7%) were significantly more likely to indicate that they often or always went to bed hungry because there was not enough food at home compared to youth who were never in care (1%).
- In 2011/12, there were approximately 818,690 households in B.C. with children under the age of 12. Most households with children (91.3%) were food secure – the household was financially able to have enough healthy food. 6.8% of households with children experienced moderate food insecurity where the quality and/or quantity of food consumed was somewhat compromised. 1.9% of households with children had severe levels of food insecurity, with reduced food intake and disrupted eating patterns.

55,395

HOUSEHOLDS WITH CHILDREN HAD MODERATE LEVELS OF FOOD INSECURITY

15,938

HOUSEHOLDS WITH CHILDREN HAD SEVERE LEVELS OF FOOD INSECURITY



“If you're not eating, you're not able to focus and do what you need to do when you're in school.” – Youth participant





Dr. Miles Corak, is a full Professor of Economics with the Graduate School of Public and International Affairs at the University of Ottawa. His publications focus on labour markets and social policy, including child poverty, access to university education, social mobility and unemployment. He has edited three books, and a recent paper, “Income Inequality, Equality of Opportunity, and Intergenerational Mobility,” was awarded the 2014 Doug Purvis Prize by the Canadian Economics Association. Dr. Corak’s research has been used by the U.S. White House and cited by many of the major print and electronic media. He has 20 years experience in the Canadian federal government and has held visiting appointments with UNICEF, the University of London, Princeton University and the Russell Sage Foundation.

Research Voice

Family Economic Well-Being Outcomes

Policy makers in B.C., indeed all engaged citizens of the province, should be concerned about child poverty and the economic resources available to all families. They should be concerned because children make up about one-fifth of the province’s population, a group that will grow from about 900,000 people to 965,000 over the course of the next decade. The well-being of a fifth of the population is important in its own right. But they should also be concerned because child poverty has the potential to affect us all, determining as it does the capacities of children to become all that they can be and function as self-sufficient and engaged adults in the next generation.

“Poverty” must be understood as a multidimensional concept if it is to give us an indication of not just the well-being of children in the here-and-now, but also of the circumstances that could echo detrimentally into their adulthood. The very strong point of *GUIBC - 2015* is how well it offers information on three important different dimensions of child poverty: the extent to which children live in families that have access to a certain minimal amount of money; the capacity of children to be self-reliant in adulthood as indicated by the degree of reliance on income assistance; and, the extent to which children suffer severe material deprivation as indicated by going hungry.

A higher child poverty rate in the province would certainly be a leading indicator of a higher risk of adult poverty in the next generation. The intergenerational transmission of poverty would indicate a growing exclusion of citizens from full participation in society and raise the risk of more social problems – from criminality to poor health – that we would all have to pay for through lower productivity and higher social expenditures. At first look, *GUIBC - 2015* seems to indicate that this risk is falling: the child poverty rate peaking at almost 20 per cent in 2003, but steadily falling since, and now hovering at between 10 and 11 per cent. A fall in the child poverty rate from one-in-five to one-in-10 would be something to be applauded if it were credible. Unfortunately it is not.

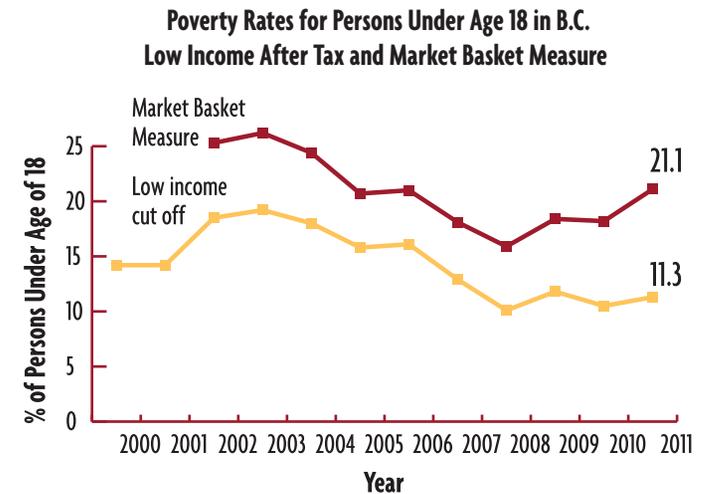
“A HIGHER CHILD POVERTY RATE IN THE PROVINCE WOULD CERTAINLY BE A LEADING INDICATOR OF A HIGHER RISK OF ADULT POVERTY IN THE NEXT GENERATION.”

– DR. MILES CORAK

The measure reported in *GUIBC - 2015* is the Low Income Cut-Off, an outdated and inappropriate poverty line that Statistics Canada continues to make available. The calculation of this poverty line uses a basket of goods reflecting spending on necessities such as food, clothing and shelter required to participate in the society of 1992. It tells us what the child poverty rate would be if children had access to the minimal financial resources required to participate normally in the B.C. of almost a quarter of a century ago. This statistic tells us nothing about what children need to participate fully in the society of today, and how this prepares them for the society of tomorrow.

This is unfortunate as representatives of the B.C. government were partners with other provinces and the federal government in developing a more appropriate poverty line for B.C. and for updating it to reflect the consumption behaviour of today's population – the Market Basket Measure. As the following figure shows, the child poverty rate in B.C. is substantially higher when measured in terms of the resources needed to participate in the B.C. of the 2000s. The most recent data suggest that more than one-in-five children live in families with incomes below the poverty line, that this rate increased significantly since the onset of the recession in 2008, and that very little progress has been made in reducing it over the course of the last decade or so.

This report should be signaling that B.C.'s children were not protected from the business cycle downturn for which they and their families were not responsible, and it should be signaling that the long-term outlook for some of these children may hold more risk than promise. This promise has both a relative and an absolute dimension, and the latter is sharply indicated by the fraction of children going to bed hungry. That this sometimes and even often happens to seven per cent of children is a clear violation of their rights, but also a violation that may signal a host of challenges they face in their lives and schools.



Source: Statistics Canada. Table 202-0802 - Persons in low income families, annual (accessed: November 06, 2014)

It is not clear whether the fact that in 2012/13 only 677 youth across the province aged out of government care is a good or bad thing. The relatively small number may indicate that there are very few youth in such a challenging circumstance or that government care has missed helping many others. But it is unfortunate that close to 50 per cent of these children are accessing income assistance within six months of aging out. This appears like the first steps of an intergenerational cycle of poverty – steps that may have had their roots in the early years, but which nonetheless suggest that government care is a poor substitute for strong and financially secure families.

Miles Corak
University of Ottawa

Note: *GUIBC - 2015* reports on after-tax low income cut-off (LICO) as a measure of incidence of low income because it is arguably the best known working measure of poverty in Canada, and it allows for comparison with LICO data presented in the 2010 *GUIBC* report.

Family Economic Well-Being

WHAT YOUTH THINK ABOUT FAMILY ECONOMIC WELL-BEING

Some groups experience more poverty than others

Youth with experience of homelessness felt that the percentages for youth going to bed hungry and living on low income were higher for some specific populations and regions than was shown in the *GUIBC - 2015* data.

The impacts of poverty are far reaching

Youth living in poverty said that they missed out on opportunities to participate in activities with their friends because they could not afford it and were bullied for not being able to participate or for the way they looked.

Only looking at a family's income is not a good measure of poverty. It is important to understand how much money is available for each family member and how the family spends its money. For example, high rent, debt and parental substance use can all affect how children and youth experience poverty.

Poverty is a health issue

Youth with experience of homelessness felt that poverty was the most important health issue in B.C. They felt that more support for youth and families was needed, especially for children and youth under age 19, youth who were transitioning out of care or those who were vulnerable in other ways.

Youth with experience in government care want to avoid Income Assistance

Youth with government care experience wanted to prepare for turning 19 so that they would not need to access Income Assistance in the future. They wanted to learn how to budget and manage money and to make plans for the transition, including getting a job and/or training and making use of counselling and free programs that would be available to them.



“Social workers should help you to get a job, don’t just say go get a job. [Youth] don’t know what to do, don’t know how to write a résumé.”

— Youth participant



“We need more classes on [budgeting/finances] for young people, because not everyone has someone to explain all that to them, they can’t just ask their parents.” — Youth participant



Promising Practice

AN EXAMPLE OF SOMETHING THAT'S WORKING TO IMPROVE FAMILY ECONOMIC WELL-BEING

Habitat for Humanity Canada (Habitat) has 10 affiliates in B.C. serving communities in the Interior, Lower Mainland and Vancouver Island. Habitat affiliates make affordable housing accessible to low-income families who could not otherwise afford to own a home.

Habitat builds homes using volunteer labour and donated materials and then sells these homes to partner families that have themselves contributed a minimum of 500 volunteer hours towards the

construction of the home. Partner families receive affordable and sustainable no-interest, no down-payment mortgages, with monthly payments set at 25 to 30 per cent of gross income.

Habitat homes help families avoid making impossible choices between rent and other basic necessities by providing them with a mortgage they can afford. An affordable mortgage allows partner families to ensure their needs are met - including child care, transportation,

groceries, education, school supplies, medical and dental expenses, clothing, furniture and more.

A 2013 research study conducted by the Canada Mortgage and Housing Corporation found that 80 per cent of Habitat home-buying families had children living at home, and that parents reported across-the-board improvements in children's well-being and school performance after buying a Habitat home.



The UN Convention on the Rights of the Child establishes

the right of the child to be protected from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation (Article 19).





Desired Outcome: All children and youth live in safe communities and families and are free from harm and injury.

CHILD SAFETY



Child Safety

SCHOOL SAFETY

Children and youth who feel safe at school are less likely to experience mental health problems¹ and more likely to enjoy academic success.²

- In the 2012/13 school year, 81% of Grades 3 and 4 students indicated that they felt safe at school many times or all of the time.
- The majority of youth in Grades 7 to 12 indicated that they usually or always felt safe at school.

ONLINE SAFETY

With nearly universal access to the Internet for Canadian youth, online social networks are increasingly important in the lives of children and youth today.³ These technologies can result in risk of harm through unsafe connections with others,⁴ including child sexual exploitation.⁵

- Most youth (86%) indicated that they had never met someone through the Internet who made them feel unsafe. On the other hand, 14% of youth indicated that they had met someone through the Internet who made them feel unsafe.



“A lot of people feel alone and turn to the Internet looking for friends.”
— Youth participant



CHILDREN IN CARE

The most common reason for placing a child or youth in government care is to provide a safer environment for the child than his or her parental home. The number of children in care in a community is one indication of how many youth have experienced serious vulnerability and may require special supports for their well-being.

- In 2012/13, there were 8,106 children and youth in care in B.C. Of these, 52.2% were Aboriginal children and youth.
- Aboriginal children and youth are consistently over-represented among children and youth in care in B.C.
- The rate of children and youth in care decreased from 10.1 per 1,000 child and youth population in 2007/08 to 9.0 per 1,000 child and youth population in 2012/13.
- Between 2007/08 and 2012/13, Vancouver Coastal Health Authority had the highest rates of Aboriginal children and youth in care and Northern Health Authority had the lowest rates.

**IN 2012/13, THERE WERE
8,106 CHILDREN AND YOUTH IN CARE
IN B.C. - ENOUGH TO FILL
112 STANDARD SCHOOL BUSES**



**ABORIGINAL CHILDREN
AND YOUTH ARE 12X
MORE LIKELY THAN
NON-ABORIGINAL
CHILDREN AND YOUTH
TO BE IN CARE.**

Child Safety

CHILD ABUSE OR NEGLECT

Children and youth who experience abuse or neglect are at risk of both immediate and long-term challenges related to physical and mental health, learning, behaviour, substance use and interpersonal relationships.⁶

- 94% of youth indicated that they had never been sexually abused.
- 87% of youth indicated that they had never been physically abused or mistreated by anyone in their family or by anyone else.
- In B.C., the rate of recurrence of child neglect and/or abuse by family varied slightly from 2004/05 (19.7%) to 2010/11 (19.4%).

INJURY HOSPITALIZATIONS

Injuries are the leading cause of child and youth death and disability⁷ and can have serious impacts on quality of life.⁸

- Rates of injury hospitalizations per 100,000 youth ages 19 years and under showed a decreasing trend from 2001/02 to 2012/13. Overall, older youth and males had higher rates of injury hospitalization than younger youth and females.



- For children less than one year old, complications of medical and surgical care were the leading cause of injury hospitalizations from 2001/02 to 2012/13.
- For children and youth ages one to 19 years, accidents were the leading cause of injury hospitalizations from 2001/02 to 2012/13.

OLDER YOUTH AND MALES HAD A HIGHER RATE OF INJURY HOSPITALIZATION THAN YOUNGER YOUTH AND FEMALES.



“Males tend to be seen as more of a risk taker to impress their friends and trying something new.” — *Youth participant*



Dr. David Wolfe is a psychologist specializing in issues affecting children and youth. He is a Senior Scientist at the CAMH Centre for Prevention Science and Professor of Psychiatry at the University of Toronto. He has been pioneering new approaches to preventing many societal youth problems such as bullying, relationship violence and substance abuse through universal education programs. He developed and evaluated the Fourth R, a school-based program to promote healthy relationships and well-being among children and youth. The Fourth R is currently taught in more than 5,000 schools in Canada and the U.S., and has been identified as a promising violence prevention strategy by numerous reviews of evidence-based programs for youth.

Expert Commentary

Child Safety Outcomes

Children look to their families and communities to provide the environmental and personal safety necessary for their development and well-being. Safety of children and youth remains a top priority in reducing the burden of physical and emotional harm and improving the mental health and well-being of our youngest citizens.

GUIBC - 2015 has provided valuable surveillance data on several outcomes in the domain of child safety. I identify three outcomes as key to understanding and ameliorating current risks: 1) school safety 2) rates of children in care 3) recurrence rates of child abuse and neglect. These three outcomes comprise the survey's more salient and representative indicators of children's sense of safety and how B.C. communities and organizations are addressing this issue.

B.C. data indicate that about four in five children feel safe at school, from the early grades through high school. Youth who have been in care feel significantly less safe than others. Studies confirm that children feel unsafe at school mostly due to bullying or assaults by other students. It is unacceptable that one in five children does not feel safe at school, given the level of awareness of this problem and the numerous evidence-based strategies to reduce such acts and improve children's sense of safety.⁹ For example, a child's sense of school- and community-connectedness has emerged as a protective factor across a wide range of negative outcomes, such as delinquency, substance use, and suicidality.¹⁰ Negative school experience can pose a challenge to functioning, while positive experience at school offers an opportunity to counter patterns stemming from an abusive family environment.

Student well-being is advanced when children feel connected to their school and feel safe in that environment. School should be a place where all children feel welcome and safe from abuse and related forms of unnecessary stress, and where they can access

Expert Commentary - *continued*

adult advice without fear of exploitation or abuse. The extent to which the student body feels safe and connected influences the development of problem behaviour such as delinquency and crime. School safety has a special beneficial impact for maltreated children in that it provides a structured environment and exposes them to pro-social role models.¹¹ Youth who are more connected to school are exposed to a multitude of opportunities to develop in pro-social ways, whereas those who are not connected become further marginalized.¹²

Child abuse and neglect arguably do more harm to children's development than any other risk factor, and they are easier and less costly to prevent than to treat after the fact.¹³ A prominent theme in studies of child safety and protection is the link between exposure to risk and the subsequent emergence of developmental problems, which are cumulative over time.

GUIBC - 2015 reports that the rate of recurrence of abuse and neglect has been largely stable. Rather than laudatory, this finding reflects inadequate prevention efforts and resources for families. Given our expansive knowledge of the causes of child maltreatment and the expansion of evidence-based programs, these insults to children's safety and well-being should be on a rapid decline.

When children and youth are removed from their homes due to neglect or abuse, they can be placed in government care. Data show a slowly decreasing trend in such alternative care placements since 2007, with a differential pattern across the various health authorities. The rates of Aboriginal children in care have been decreasing but still remain much higher than the general population. Similar to my previous comments, these findings may reflect a lack of concerted family-based preventative services, especially for the most vulnerable children.

Reducing child maltreatment benefits all of society. Maltreatment is costly both in the short-term (e.g. police and medical; child protection) and the long-term (e.g. need for special education placements, additional time to complete schooling). Efforts by communities, agencies, policy makers, and individuals to prevent these damaging events will also encourage the promotion of healthy development. Such development, in turn, affects family satisfaction, occupational advancement and contribution to society.

Much as we have taught students to wear seatbelts and bicycle helmets, students can be taught personal safety skills and basics of personal well-being. For example, elementary-age students can be taught how to respect the views of others and to develop empathy; they can learn to



“CHILD ABUSE AND NEGLECT ARGUABLY DO MORE HARM TO CHILDREN’S DEVELOPMENT THAN ANY OTHER RISK FACTOR, AND THEY ARE EASIER AND LESS COSTLY TO PREVENT THAN TO TREAT AFTER THE FACT.”



reduce stigma relating to interpersonal differences; and they can be taught basic communication skills pertaining to healthy forms of problem-solving, personal choices and safety. These lessons can be expanded in scope and sequenced throughout elementary and secondary programming, resulting in students graduating with a healthy balance of academic and interpersonal skills. Schools are an ideal forum to develop programs that matter and that affect the lives of all Canadians.

The vision for child safety captured by this analysis is one of inclusion and support. Primary needs of children and families – and, by direct implication, reduction in the incidence of child abuse and neglect – are well-served through supportive communities and neighbourhoods. Such a vision involves diligent planning and action to ensure that communities and families receive such needed support at a point in time that is maximally beneficial.

David A. Wolfe

*Centre for Addiction and Mental Health
and University of Toronto*



Child Safety



VOICES OF YOUTH ON SAFETY

Youths' own behaviour, learning about risks and technology all affect online safety

Youth felt that online safety problems were directly related to what they posted or what sites they visited. Some youth were careful with what sites they chose to join or what information they posted, but they felt that new technology or changes to sites led to more information being shared than they wanted.

“Whenever I turn my apps on my phone on, it turns on my Facebook. You are not safe even if you try to be.”

Youth talked about how some youth made themselves vulnerable because they used the Internet to look for companionship or for help if they were feeling lonely or depressed.

“It’s a coping mechanism for youth as well it’s a cry for help. So you’re going to put it out there on social media and meet people who are going to make you feel a little special.”

“A lot of people feel alone and turn to the Internet looking for friends.”

Many youth did not know what to do if they met someone online who made them feel unsafe. Youth wanted schools and community organizations to teach them how to recognize, avoid and respond to these situations. Parents were seen as being unaware of what youth were doing online and youth said that parents should also receive education on how they can help to keep youth safe.

Injuries from sports and car accidents are common reasons why youth are hospitalized

Youth talked about having more opportunities as they got older to engage in activities that might lead to injuries such as extreme sports, working and driving. Youth felt that sports-related injuries and injuries from car accidents were common reasons why youth were hospitalized.

Males are more likely to participate in activities that risk injury

Youth felt that males were more likely than females to get injured because they tended to engage in more risky behaviours, play more contact sports, get into physical fights or copy what they had seen in the media.



“Males generally think it’s ‘cool’ to do things that are unsafe.”

— Youth participant

Promising Practice

AN EXAMPLE OF SOMETHING THAT'S WORKING TO PREVENT INJURIES AMONG CHILDREN AND YOUTH

Brain Day is a free, informative and fun half-day neuroscience presentation for students in Grades 4 to 6. Trained volunteers with an understanding and passion for injury prevention bring the hands-on program, which includes activity booklets, helmet-fitting tips and Jello Brains, to classrooms across Canada. Brain Day is a program of Parachute, a national charitable organization dedicated to preventing injuries and saving lives. In B.C., Brain Day is coordinated by ThinkFirst BC with the support of Parachute, and has reached more than 1,300 students in Vancouver schools.

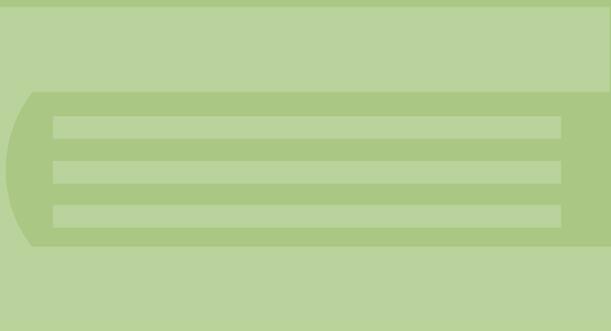
Students who take part in Brain Day learn about different parts of the brain, basic neuroscience vocabulary and how and why it's important to protect their brain and spinal cord. By bringing this program into the classroom, teachers are giving their students a new awareness of the brain and spinal cord and providing them with simple strategies to prevent injury.

Evaluation of Brain Day has shown that participating students increase their knowledge of the brain and how to protect it and are more likely to wear helmets to prevent injury.



The UN Convention on the Rights of the Child establishes

the right of the child to education (Article 28).



A photograph of a child in a classroom, seen from behind, with their right hand raised high. In the background, a teacher in a purple top is visible, also with their hand raised. The background is a green chalkboard.

Desired Outcome: All children and youth in British Columbia have access to the same opportunities to achieve in school and succeed in educational programs to the highest level possible.

CHILD LEARNING



Child Learning

FEATURE DOMAIN

GUIBC – 2015 includes an in-depth look at the domain of Child Learning to find out to what extent children and youth in B.C. are on track to graduate from high school and to carry on to post-secondary education. The domain presents information on all children and youth in B.C. as well as on how children and youth in government care with Continuing Custody Orders (CCOs) and Aboriginal children and youth are progressing at school. This feature domain poses questions and presents data about different stages of learning in B.C., including being ready for Kindergarten, building foundations in Grades 4 and 7, taking and passing Grade 10 exams required for graduation, progressing to graduation and, finally, transitioning to post-secondary education.

CONTEXTUAL INFORMATION ON KINDERGARTEN TO GRADE 12 STUDENTS WITH SPECIAL NEEDS DESIGNATIONS

Rates of public school students designated as having special needs are not themselves measures of well-being. However, they provide useful background information for the data on academic achievement and progress that are the focus of the Child Learning domain.

- In the 2012/13 school year, 638,840 students were in Kindergarten to Grade 12 in B.C. About 9% of all students had a special needs designation, including gifted students.
- Of the 4,559 students with a CCO*, 46.2% had a special needs designation. The most common designations were physical disability or chronic health impairment (20.8%), intensive behaviour interventions/serious mental illness (11.0%) and learning disability (3.9%).
- Of the 634,281 students without a CCO, 8.7% had a special needs designation. The most common designations were learning disability (2.9%), physical disability or chronic health impairment (1.0%), autism spectrum disorder (1.0%), intensive behaviour interventions/serious mental illness (1.0%) and gifted (1.0%).

* **Continuing Custody Order (CCO):** while many children only come into the care of the Ministry of Children and Family Development for a brief period of time, the ministry's relationship with children under a CCO is longer-term in nature. A CCO means that the Director of Child Welfare is the sole guardian of the child and the Public Guardian and Trustee manages the child's estate.

SCHOOL READINESS

Children who have developed a range of key skills and abilities before starting Kindergarten are more likely to do well academically, graduate and enjoy success as adults.¹

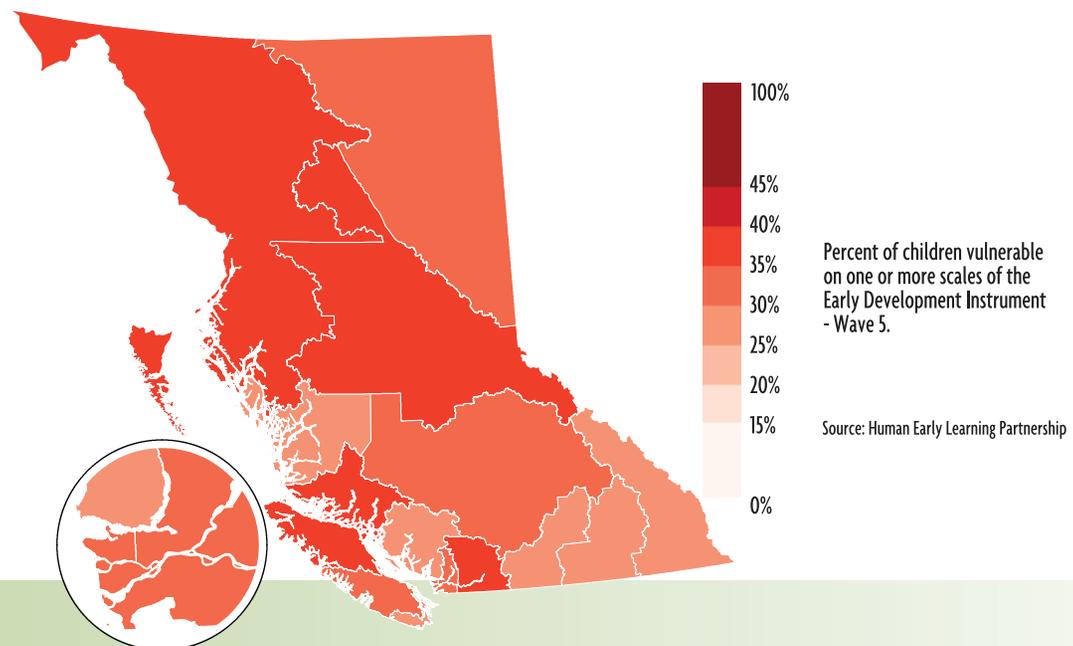
How many children in Kindergarten are vulnerable in key areas of early child development?

The Early Development Instrument (EDI) measures five core areas of early child development: physical health and well-being, language and cognitive development, social competence, emotional maturity and communication skills and general knowledge. EDI data is collected in Waves, and the information presented below is from Wave 3 (2007/08 to 2008/09), Wave 4 (2009/10 to 2010/11) and Wave 5 (2011/12 to 2012/13).

- The percentage of children in B.C. who were vulnerable on one or more EDI scales increased from Wave 3 to Wave 5 (school years 2007/08 to 2012/13, respectively). In Wave 5, 32.5% of children were vulnerable on one or more EDI scales.

- From Waves 3 to 5, 13 of 16 Health Service Delivery Areas across B.C. (all except Vancouver, Northeast and East Kootenay) had meaningful increases in the percentage of children who were vulnerable on one or more EDI scales. On the other hand, Vancouver experienced a meaningful decrease in the percentage of children who were vulnerable, and Northeast and East Kootenay did not have a meaningful change.

Vulnerability in Early Development by Health Service Delivery Area (Wave 5 Data)



Child Learning



STUDENT ACHIEVEMENT

Reading, writing and math are essential skills to succeed in our society. Higher levels of these skills increase income, health and participation in society, while low literacy and numeracy are associated with experiences of unemployment, poverty, involvement in crime and poor health.²

How many children have the literacy and numeracy skills required for future grades?

The Foundation Skills Assessment (FSA) is administered in Grades 4 and 7 and shows how well children are doing in acquiring reading, writing and numeracy skills. The FSA tests are designed to evaluate how well students are achieving basic skills and to provide information for interventions or practices aimed at improving student achievement in those key areas of learning.

- Grades 4 and 7 FSA results for the school years of 2007/08 to 2012/13 found that some students, including some Aboriginal children and children in care, are not being assessed through the FSA. The B.C. Ministry of Education refers to students who did not participate in the FSA as students whose performance levels were unknown. Students who wrote the FSA are referred to as “writers.”

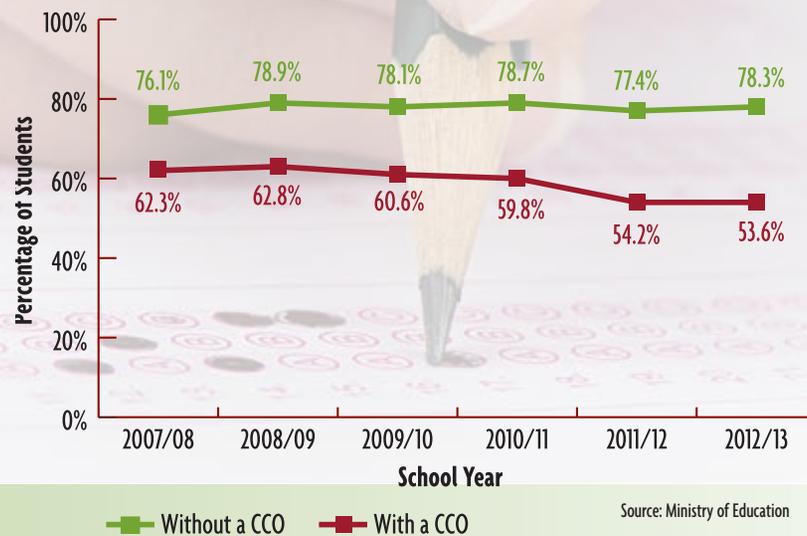
- In the 2007/08 to 2012/13 period, the percentage of all students whose performance levels were unknown ranged from about 9% to 19% across the Grades 4 and 7 reading, writing, and numeracy tests. Compared to their peers, the percentage of students whose performance levels were unknown was consistently higher among Aboriginal students and among students with a CCO. In fact, the percentage of students with a CCO whose performance levels were unknown was about twice as high as students without a CCO. Overall, the highest percentage of students whose performance levels were unknown was among students with a CCO.

- When compared to their peers, fewer Aboriginal FSA writers met or exceeded academic expectations from 2007/08 to 2012/13, with the largest achievement gap for numeracy tests. This achievement gap widened slightly across time for the Grades 4 and 7 numeracy tests.
- From 2007/08 to 2012/13, fewer FSA writers with a CCO met or exceeded academic expectations when compared to their peers, with the largest achievement gap for numeracy tests. This achievement gap widened slightly across time for the Grade 7 numeracy test, with fewer than half of writers with a CCO meeting or exceeding academic expectations in 2012/13. The achievement gap between writers with a CCO and writers without a CCO also widened for the Grade 7 reading test, with a decreasing percentage of writers with a CCO meeting or exceeding academic expectations across time.

Percentage of Writers Who Met or Exceeded Academic Expectations on the Grades 4 and 7 Foundation Skills Assessment (FSA) in 2012/13			
FSA Test	All Writers	Aboriginal Writers	Writers with a Continuing Custody Order
Grade 4 FSA			
Reading	83.1%	70.0%	67.7%
Writing	86.5%	71.1%	71.1%
Numeracy	78.8%	58.5%	50.4%
Grade 7 FSA			
Reading	78.2%	60.6%	53.6%
Writing	86.8%	70.9%	71.8%
Numeracy	75.5%	50.1%	43.3%

Source: Ministry of Education

Percentage of Writers With or Without a CCO Who Met or Exceeded Expectation: on the Grade 7 FSA Reading Test, 2007/08 to 2012/13



Source: Ministry of Education

Child Learning

How many students are taking and passing core courses in Grade 10 that are required for graduation?

Grade 10 Language Arts and Grade 10 Math courses are both required for a B.C. Certificate of Graduation. The following information is about the percentage of students from the Grade 8 class years of 2005/06 to 2010/11 who went on to take each of these courses on time and the percentage of students who passed.

- Across each Grade 8 class year, at least 80% of these students took the Grade 10 Language Arts course on time. More than half of Aboriginal students took the course on time, with the percentage increasing from 52.3% to 60.7% across class years. On the other hand, fewer than half of students with a CCO took the course on time across each class year.
- Across each Grade 8 class year, including Aboriginal students and those with a CCO who took the Grade 10 Language Arts course on time, at least 95% or more passed.
- The percentage of all students who took the Grade 10 Math course on time showed an increasing trend from the Grade 8 class years of 2005/06 (73.9%) to 2010/11 (79.3%). Although fewer Aboriginal students took the course on time, the percentage increased from the class years of 2005/06 (45.7%) to 2010/11 (57.1%). On the other hand, fewer than half of the students with a CCO took the course on time across each class year.
- Among all students, including Aboriginal students and students with a CCO who took the Grade 10 Math course on time, at least 91% or more students passed.

HIGH SCHOOL COMPLETION*

People who have graduated from high school are more likely than those who have not graduated to be employed, earn higher income, have better overall health and participate in active citizenship.³

How many students are progressing annually from grade to grade and then to graduation?

The following information is about the students who entered Grade 8 in the 2007/08 school year and the percentage of these students who transitioned annually to the next grade and then to graduation.

- At least 99% of all students from the Grade 8 class year of 2007/08 progressed from Grade 8 to Grade 9 and from Grade 9 to Grade 10; however, the percentage of students that progressed to the next grade began to decline from Grade 10 onwards, with more students failing to progress from Grade 12 to graduation than any other grade progression.
- Compared to their peers, fewer Aboriginal students and students with a CCO progressed annually from grade to grade and to graduation.

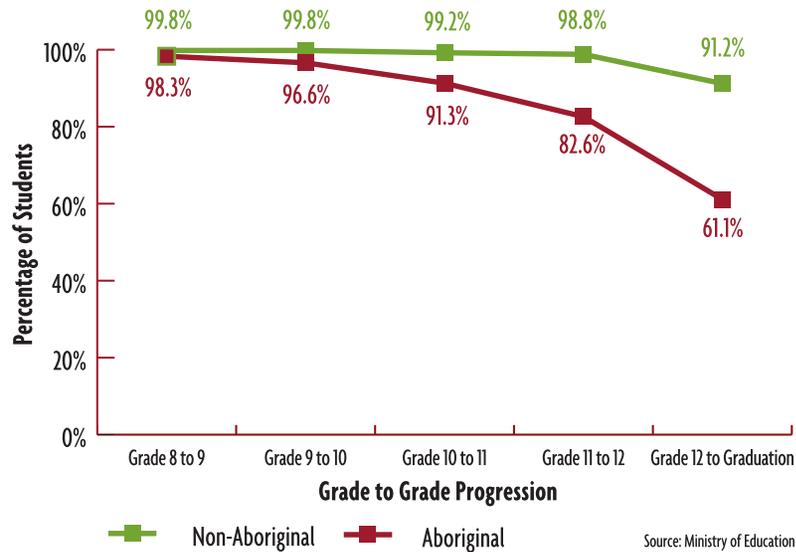
*In some government reports, graduation rates may include students who received a School Completion Certificate (Evergreen Certificate), an alternative credential that does not meet standard graduation requirements. In this report, high school completion refers only to students who received a B.C. Certificate of Graduation (Dogwood Diploma) or a B.C. Adult Graduation Diploma (Adult Dogwood), both of which meet standard graduation requirements.



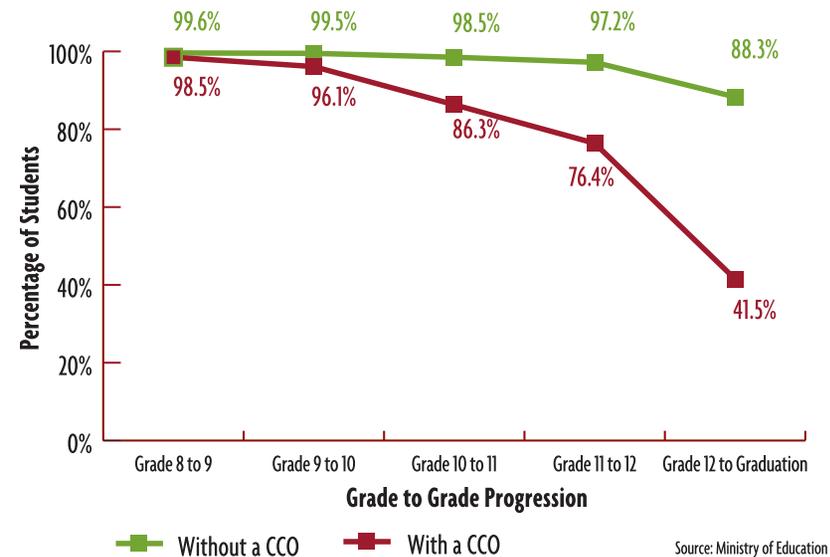
“Teachers should speak to each other about students who are struggling and then make sure they tell that student ‘You’re not as dumb as you think you are.’” – Youth participant



Percentage of Aboriginal and Non-Aboriginal Students from the 2007/08 Grade 8 School Year Who Progressed from Grade 8 to Grade 12 Completion



Percentage of Students With or Without a CCO from the 2007/08 Grade 8 School Year Who Progressed from Grade 8 to Grade 12 Completion



How many students are graduating from high school within six years of entering Grade 8?

- The percentage of Grade 8 students who went on to complete high school within six years increased for each Grade 8 class year from 2002/03 (78.8%) to 2007/08 (83.6%).

- The percentage of Aboriginal students who completed high school within six years increased from 46.9% to 59.4%, with the gap between Aboriginal and non-Aboriginal students narrowing across class years.

- The percentage of students with a CCO who completed high school within six years increased from 27.0% to 41.6%, with the gap between students with a CCO and students without a CCO narrowing across class years.

Despite this narrowing trend, fewer than half of students with a CCO from each Grade 8 class year completed high school within six years.

Child Learning

LEARNING OUTCOMES FOR YOUTH ON A YOUTH AGREEMENT

A Youth Agreement is a legal agreement between the Ministry of Children and Family Development and youth ages 16 to 18. The purpose of the agreement is to help youth gain independence, return to school, or gain work experience and life skills. Unlike youth in government care, youth on Youth Agreements live independently with support from the ministry. The ministry is not their guardian.

- Of the 473 youth on a Youth Agreement who were in school on Sept. 30, 2012, 59.6% were behind their age-appropriate grade.
- Within fiscal year 2012/13, 401 youth turned 19 while on a Youth Agreement and had previously been enrolled in a B.C. school. Of these youth, slightly more than half of them did not have a B.C. high school credential when they turned 19.

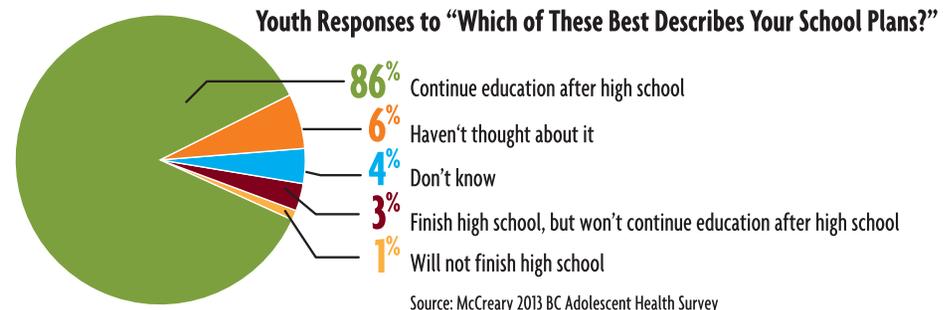
MORE THAN TWO-THIRDS OF YOUTH WHO HAD EVER BEEN IN GOVERNMENT CARE INDICATED THAT THEY PLANNED TO CONTINUE THEIR EDUCATION AFTER HIGH SCHOOL.

TRANSITION TO POST-SECONDARY EDUCATION

On average, people with post-secondary education earn more and are more likely to be employed than their peers with only high school diplomas.⁴ People with higher levels of education are also more likely to report that they are in good health and are satisfied with their lives.⁵

How many students plan to finish high school and continue their education after high school?

- 86% of youth indicated that they will continue their education after high school, 6% hadn't thought about it, 4% didn't know, 3% will finish high school but won't continue their education afterwards, and 1% did not expect to finish high school.
- 70% of youth who had ever been in government care indicated that they planned to continue their education after high school.



Comparing Across Indicators:

- Youth who were least connected to their family were less likely to see themselves in school in five years compared to youth who indicated higher levels of family connectedness.
- Youth who indicated lower levels of school connectedness were less likely to see themselves in school in five years compared to youth who indicated higher levels of school connectedness.



“It’s a period of time in a teenager’s life where having someone to talk to is really important. You really need someone to just be able to say, ‘Guess what, if you just get through this...’” – Youth participant

How many high school graduates and non-graduates transition to a B.C. post-secondary institution?

This measure follows a sample of students who first enrolled in Grade 8 in the 2002/03 school year and who either graduated or did not graduate high school within six years. It presents the percentage of both high school graduates and non-graduates who then transitioned to a B.C. public post-secondary institution within the following six-year period from 2007/08 to 2012/13.

- Among students who graduated from Grade 12 by 2007/08, 74% of all graduates, 67% of Aboriginal graduates, and 66% of graduates with a CCO transitioned to a B.C. public post-secondary institution within the school year periods of 2007/08 to 2012/13.
- Among students who did not graduate from Grade 12 by 2007/08, 28% of all non-graduates, 36% of Aboriginal non-graduates, and 30% of non-graduates with a CCO transitioned to a B.C. public post-secondary institution within the school year periods of 2007/08 to 2012/13.
- All graduates and non-graduates were most likely to transition to a B.C. public post-secondary institution within their first two years of leaving high school.

Access to Post-Secondary Education

Youth who have been in government care typically do not have the same level of support for their education as their peers who were not involved with the child-serving system. In 2013, the Representative for Children and Youth issued a challenge to B.C.’s 25 post-secondary institutions: waive tuition for former youth in care to allow dreams of post-secondary education to become a reality. In the 2014/15 academic year, nearly 100 former youth in care were on a tuition waiver or bursary offered by the 10 B.C. post-secondary institutions who have so far met this challenge. These include:

- British Columbia Institute of Technology
- Camosun College
- Justice Institute of British Columbia
- Langara College
- Nicola Valley Institute of Technology
- Simon Fraser University
- University of British Columbia
- University of Northern British Columbia
- University of Victoria
- Vancouver Island University

Grade 12 Graduation Status by 2007/08 for Grade 8 Class Year of 2002/03	Percentage of Students Who Transitioned to a B.C. Public Post-Secondary Institution Within the School Year Periods of 2007/08 to 2012/13 (i.e. within six-year period following Grade 12 graduation by 2007/08)				
	All Students	Aboriginal Status		Government Care Status	
		Aboriginal Students	Non-Aboriginal Students	Students With a CCO	Students Without a CCO
Graduates	74%	67%	75%	66%	75%
Non-Graduates	28%	36%	26%	30%	28%

Source: Ministry of Education



Scott Davies is Professor of Policy and Leadership in Education at the University of Toronto. He taught sociology for 20 years at McMaster University, where he was Ontario Research Chair in Educational Achievement and At-Risk Students. He has published many articles on educational inequality, politics and organizations in journals such as American Journal of Sociology, Social Forces, Sociology of Education, Social Problems, European Sociological Review, and Research in Stratification and Mobility. He is currently studying children's learning and attainment trajectories over lengthy spans of time.

Research Voice

Child Learning Outcomes

Almost all of the indicators in the Child Learning domain of *Growing Up in B.C. - 2015* have potential impacts for the lives of B.C. children and youth. Similar to the indicators reported in the first *GUIBC* in 2010, the new data reveal clear patterns of school underperformance among two groups of vulnerable children, those from First Nations and those in government care with a CCO. *GUIBC - 2015* updates many of the same measures, but also adds time series to reveal some trends over three to five years. The report also adds some new indicators, including counts of students who did not participate in achievement tests. Overall, the following five findings in *GUIBC - 2015* stood out for me.

First, a far greater proportion of children with a CCO have special needs than the general populace (46.2% vs 8.7%). This finding points to a crucial tendency: that for society's most vulnerable children, risk factors tend to compound. Those children tend to have the most "complicated lives" since they face multiple life and community challenges that strongly affect their school performance.

Second, achievement data offer a mixed picture. Province-wide proportions of students who met expectations on Grade 4 and Grade 7 tests rose between 2007/08 and 2012/13. Moreover, Aboriginal students and those with a CCO also enjoyed gains. However, those two groups continue to lag behind. Gaps between those two groups and provincial averages in proportions meeting standards remained largely constant throughout the five-year time period, and actually widened on some measures. Proportions of Aboriginal students and students with a CCO who did not meet standards on Grades 4 and 7 tests were consistently double (or more) the provincial average across a variety of indicators.

Third, trends in high school progression and completion also offer a mixed message. On the positive side, provincial graduation rates rose five per cent between 2007/08

**"PROVINCE-WIDE PROPORTIONS OF STUDENTS WHO MET EXPECTATIONS
ON GRADE 4 AND GRADE 7 TESTS ROSE BETWEEN 2007/08 AND 2012/13."**

– SCOTT DAVIES



and 2012/13, and rose more among Aboriginal and CCO students, narrowing gaps in graduation rates between them and the provincial average by 7.5 per cent and 10 per cent, respectively. This trend suggests B.C. is getting some traction from its efforts to boost high school completion, though much room for improvement remains. But on the negative side, these data reveal that gaps widen most during the final two years of secondary school. Virtually all students progress steadily between Grades 8 and 10 – even those from vulnerable groups. But proportions that then progress from Grade 11 into Grade 12 and then from Grade 12 onto graduation drop noticeably. Indeed, these “final steps” in high school are the primary source of attainment disparities between Aboriginal and CCO students and the provincial average. Those gaps double from Grade 11 to 12, and nearly double again from Grade 12 to graduation. This trend is even more extreme among CCO students; indeed, most CCO students in Grade 12 fail to graduate. These eye-opening statistics at once illustrate continuing disparities and the potential for progress. Since large majorities of the most vulnerable students manage to reach the final year of high school, this finding suggests that concrete interventions to help students complete that final year could have great positive impacts.

Fourth, over time school readiness measures show that rates of vulnerability are rising slightly in the province.* This finding implies that the recent gains in achievement and attainment may be in jeopardy in the coming years among younger cohorts. While the presented data are not cross-tabulated, other studies suggest that lowered rates of readiness could pose particular challenges for Aboriginal and CCO children. Canadian

* Researchers should beware that small differences across waves could be mere ‘noise’ resulting from changes in measurement (e.g. how teachers assess students), sampling, or response rates, rather than ‘true change’. However, the statistical significance of these differences has been verified by HELP’s ‘critical difference’ procedure.

Research Commentary - *continued*

data show that five-year-olds from poor families have much lower school readiness in Kindergarten than those from well-off families⁶, and that low readiness tends to predict below average cognitive skill four years later.⁷ Thus, if readiness is dropping among new cohorts of young children, that trend may threaten some recent gains in achievement and attainment as those children age in the coming years, and will likely disproportionately impact the most vulnerable groups of students.

Taken as a whole, these four key outcomes have a mix of encouragement and challenges for both disadvantaged students and for B.C. society as a whole.

One key implication of the first highlighted outcome is that it reveals the compound disadvantages faced by First Nations children and children with a CCO. The underperformance of First Nations children stems from intergenerational challenges of failed government policies, which today manifest themselves in higher than average unemployment and poverty. Those problems in turn contribute to familial and community breakdown, both of which impact children's ability to participate fully in schooling. Similarly, children in government care with CCOs tend to have very "complicated" lives. Family instability, the problems that brought them into care, and the common experience of multiple residential moves that necessitate successive moves between schools, create compound risks. For both groups, those risks serve as "primary mechanisms" of educational inequality, that is, factors that shape children's capacity to learn school material, and make it difficult for them to align with school requirements and routines.

Another implication of recognizing links between challenging life circumstances and school outcomes is to ponder student learning that occurs outside of school. Children learn literacy and numeracy both in and outside of schools. Non-school time – preschool





years, summers, evenings and weekends – is an important primary mechanism because during these times children are exposed to greatly varying learning opportunities and resources. Studies suggest that learning rates are broadly similar for most students during the school year, but tend to diverge during the summertime⁸ and have traced cumulative socio-economic gaps in cognitive skills by Grade 9 mostly to learning differences that emerged during previous summers.⁹

Such findings imply that schools need to provide compensating learning resources and opportunities for children living in the most complicated of life circumstances. One possibility is to bolster a series of educational supplements, such as free preschool programs, full-day junior and senior Kindergarten, learning supports for families with young children and summer programs. Such programs have been estimated to offer solid returns on investment.¹⁰ Indeed, studies show that raising educational achievements and attainments actually brings disproportionate benefits to young adults from vulnerable groups.¹¹

One notable finding in *GUIBC - 2015* is that vulnerable groups largely reach Grade 12, thus remaining “in the race” to graduate until the last year of high school. Benefitting economically from schooling requires more than acquiring skills and mastering the curriculum; one must comply with daily routines, progress through institutional channels and acquire credentials. The *GUIBC - 2015* progression data imply that vulnerable

students need a bolstered set of supports in the later years of high school that can help them graduate. Further, early leavers could also benefit from an elaborated “second chance” system that provides additional routes for them to re-enter high schools and/or post-secondary institutions. These supports can consist of student loan, scholarship and bursary initiatives, as well as mentoring programs for youth who lack information about graduation and post-secondary requirements, studying strategies and other intricacies needed to navigate educational systems.

School credentials are becoming essential tickets for individual and collective prosperity. As aggregate rates of high school graduation and post-secondary attendance rise, and as jobs continue to migrate from agricultural and industrial sectors into post-industrial “knowledge” sectors, there is a greater need to reduce under-achievement among the most disadvantaged Canadians. If attainments among vulnerable children and youth continue to be lower than others, they are most likely to continue to face social exclusion and unequal opportunity as adults. But improved achievement and attainment can reverse those trends. School success brings disproportionate benefits to disadvantaged groups and to the broader community.¹² A series of interventions, suggested above, may help to narrow achievement and attainment gaps.

Scott Davies

University of Toronto

“THE GUIBC – 2015 [GRADE TO GRADE] PROGRESSION DATA IMPLY THAT VULNERABLE STUDENTS NEED A BOLSTERED SET OF SUPPORTS IN THE LATER YEARS OF HIGH SCHOOL THAT CAN HELP THEM GRADUATE.”

– SCOTT DAVIES

Child Learning



YOUTH VOICES ON CHILD LEARNING

Youth fall behind in school because they feel pressured to do well or are facing several challenges

When asked why some youth fall behind in high school, youth talked about how courses got more difficult from Grade 10 onwards. Youth felt a great deal of pressure to do well, especially in subjects such as math and language arts, which were understood as critical to high school graduation and to gain entry to post-secondary education. Some youth became frustrated and dropped out as a result. Other youth fell behind in school because they were dealing with their own or their family's personal, physical or mental health problems.

Youth with government care experience talked about falling behind in school since they faced several challenges. They had to miss classes to attend appointments with social workers or other professionals and could not keep up with homework since they were moved regularly between foster placements and were getting used to new caregivers. Some youth talked about skipping school because they did not have a positive role model who saw the value of staying in school.

Overall, youth felt that more emphasis should be placed on completing school at a pace that felt right for them, and less on whether youth graduated at the same time as their peers.

Youth need more and earlier support from teachers and counsellors to make it to graduation

When asked what could help them make it to graduation, youth talked about the need for more and earlier support and guidance from counsellors. Youth also wanted more communication between teachers so that they could be aware of students who needed extra help and needed encouragement to see it through.

Youth in government care wanted flexible and tailored learning plans for all youth and felt it was important to offer a mentor to youth who understood the experience of youth in care and who could support them to graduate. Financial support to attend school, graduation events and post-secondary education would also give youth in care the incentive to stay in high school.



“If you’re constantly readjusting, going from house to house and if you’re constantly focusing on your home situation, how can you focus on your school life?” – Youth participant



Promising Practice

AN EXAMPLE OF SOMETHING THAT'S WORKING TO HELP YOUNG CHILDREN AND THEIR FAMILIES GET READY FOR SCHOOL

Home Instruction for Parents of Preschool Youngsters (HIPPY) is an evidenced-based program that works with families in the home to support parents, primarily mothers, in their critical role as their child's first and most important teacher. HIPPY strengthens families and communities by empowering mothers to actively prepare their children for success in school.

In B.C., HIPPY Canada has reached out to provide more than 2,300 families, both Aboriginal and immigrant and refugee, with structured lessons and practical information that develop their own and their children's personal skills, ensuring both children and families a better opportunity to succeed in school and society.

In Canada, HIPPY's measurement of results, combined with more than 20 years of research in the United States and eight other countries, have documented the benefits of the program for children, mothers, families and communities.



HIPPY Canada



Aboriginal
HIPPY Canada

The UN Convention on the Rights of the Child establishes

that the child who is capable of forming his or her own views has the right to express those views freely in all matters affecting the child, the right to be protected from the illicit use of narcotic drugs and psychotropic substances, and the right to engage in play and recreational activities (Article 12, 33 and 31).





Desired Outcome: Children and youth make healthy choices and have the same access to healthy opportunities.

CHILD BEHAVIOUR



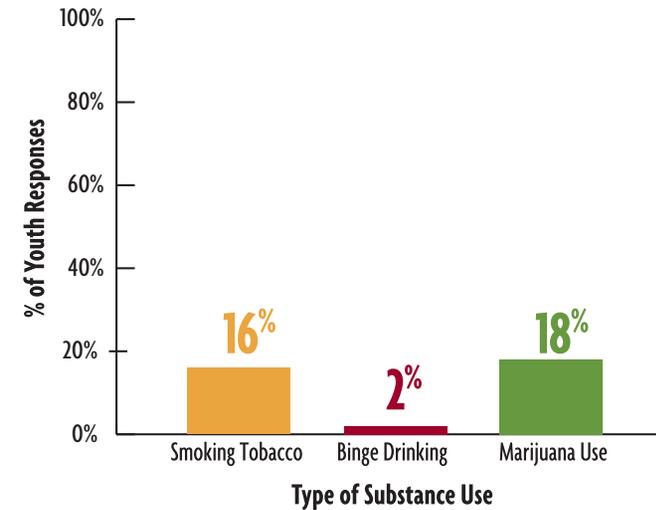
Child Behaviour

SUBSTANCE USE

Alcohol, tobacco and illicit drugs are causes of preventable injury, disease and death in Canada.¹ Patterns of substance use formed during the teen years can have an influence on substance use problems in adulthood.²

- Among youth who had tried alcohol or cannabis, survey responses in 2003, 2008 and 2013 showed an increase over time in the percentage of youth who waited until they were at least 15-years-old to try these substances.
- In 2013, 21% of youth indicated that they had tried smoking. 45% indicated that they had had a drink of alcohol other than a few sips, and 26% indicated that they had used marijuana.
- Among youth who had tried these substances, over half of youth indicated that they did not smoke or binge drink in the past month. 42% of youth who had tried marijuana indicated that they did not use marijuana in the past month.
- Youth who had ever been in government care were significantly more likely to indicate that they either smoked tobacco, binge drank, or used marijuana for 10 or more days in the past month compared to youth who had never been in care.
- 11% of youth indicated they had used prescription pills without a doctor's consent (e.g. OxyContin, Ritalin) at least one or more times in their lifetime. Youth responses on their lifetime use of other drugs (e.g. ecstasy/MDMA, crystal methamphetamine, cocaine, hallucinogens or mushrooms) was low, with 5% or fewer youth indicating that they had used each of these other drugs at least one or more times in their lifetime.

Of Youth Who Had Ever Tried Substances, the Percentage Who Used for 10 or More Days in the Past Month



- Of the 52% of youth who indicated consequences from using alcohol or drugs in the past year, the most common consequences cited included doing something they couldn't remember (37%), passing out (28%), getting injured (14%) or arguing with family members (13%). On the other hand, 48% of youth who had used alcohol or other drugs in the past year did not indicate experiencing any consequences from their use.



“They tell you to drink responsibly but they don't tell you how to drink responsibly.”

— Youth participant



“Talk needs to happen. You romanticize sex, you don’t have the talk, you don’t ask questions for fear of being judged or losing the moment.” – *Youth participant*

HEALTHY SEXUAL BEHAVIOURS

Healthy sexual behaviour reduces teens’ risk for HIV infection, other sexually transmitted infections and unintended pregnancy. For those youth who are sexually active, condom use is a healthy sexual behaviour.³

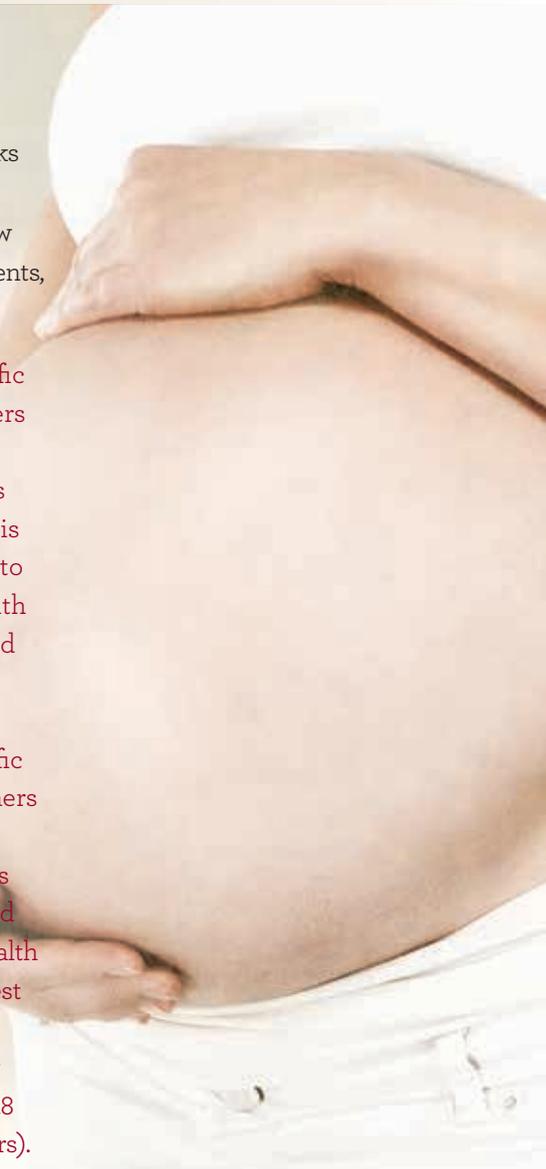
- 19% of youth indicated having had sex, other than oral sex or masturbation.
- 69% of these youth indicated that they or their partner used a condom or other barrier the last time they had sex.
- Of youth who indicated having had sex, youth in government care within the past year (56%) were significantly less likely to indicate that they or their partner used a condom or other barrier the last time they had sex compared to youth who were never in care (69%).



TEENAGE PREGNANCY

Teenage mothers are more likely to have higher health risks than adult mothers, including anemia, hypertension and depressive disorders. Their children have higher risk of low birth weights, pre-term births, hearing and visual impairments, chronic respiratory problems and learning difficulties.⁴

- 5% of youth who ever had sex indicated that they had either gotten someone pregnant or been pregnant one or more times.
- Of youth who indicated having had sex, youth who had ever been in government care (19%) were significantly more likely to indicate that they had either gotten someone pregnant or been pregnant one or more times compared to youth who were never in care (4%).
- In 2012, the age-specific fertility rate for mothers ages 15 to 19 in B.C. was about eight births per 1,000 mothers. This rate varied from 1993 to 2012 within each Health Authority, but declined overall. The Northern Health Authority had the highest age-specific fertility rates for mothers ages 15 to 19 (ranging from 22.2 to 43.7 births per 1,000 mothers) and Vancouver Coastal Health Authority had the lowest fertility rates in the 15- to 19-year-old category (ranging from 3.0 to 11.8 births per 1,000 mothers).



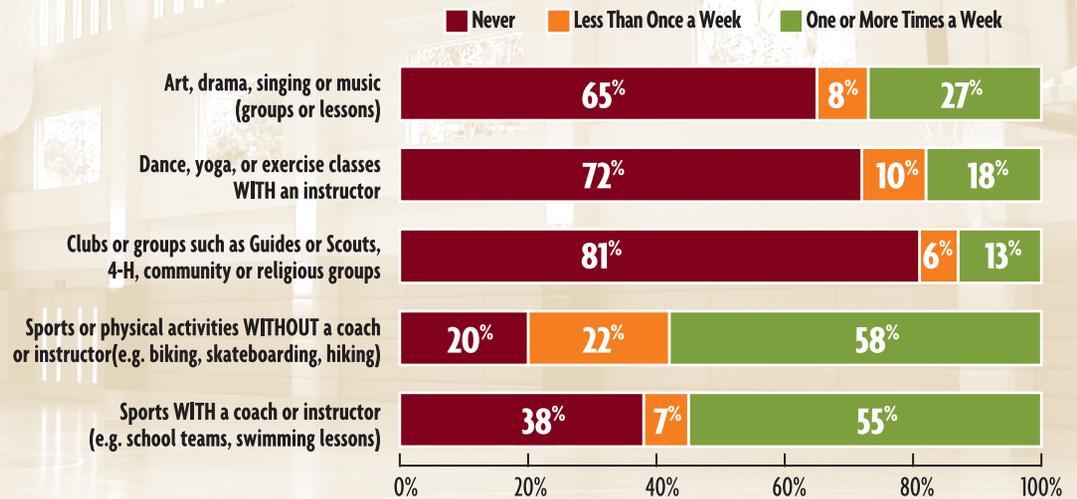
Child Behaviour

ENGAGEMENT IN EXTRACURRICULAR ACTIVITIES

Children and youth who participate in organized extracurricular activities are more likely to benefit from outcomes such as positive social behaviours and academic achievement. They are also less likely to drop out of school and experience mental health challenges.^{5,6}

- In the 2012/13 school year, 53% of Grades 3 and 4 students indicated that they participated in activities outside of class hours many times or all of the time.
- Among youth in Grades 7 to 12 who did not participate in any of the activities in the chart to the right, the barrier most commonly indicated was being “too busy.”

Frequency of Youth Participation in Activities Outside of School Classes in the Past Year



Source: McCreary 2013 BC Adolescent Health Survey

Reasons for Youth Not Participating in Any of the Above Extracurricular Activities



Source: McCreary 2013 BC Adolescent Health Survey

YOUTH INVOLVEMENT WITH CRIME

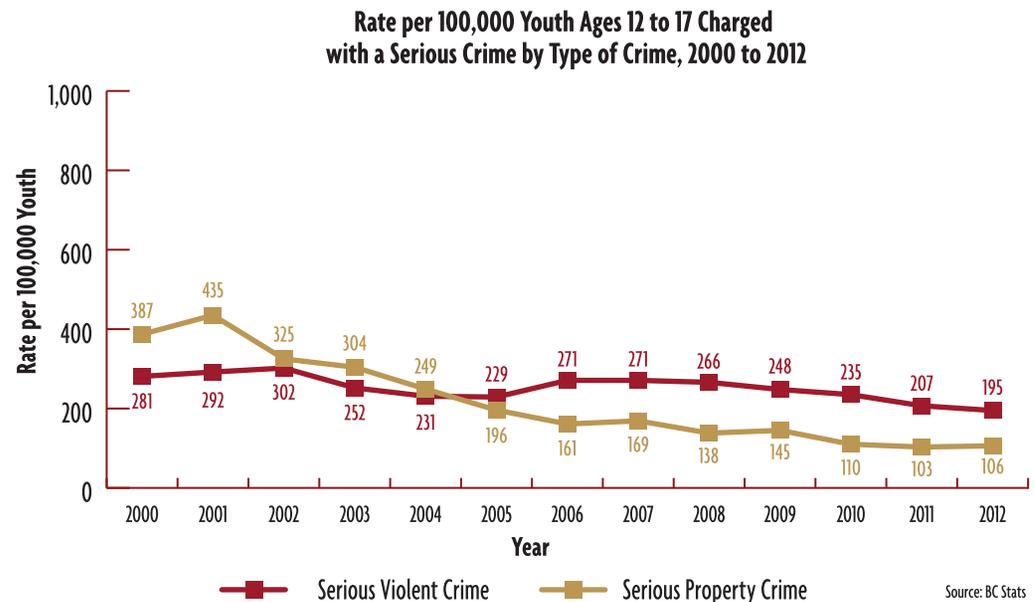
Youth who have experienced trauma, disadvantage and/or mental health challenges are more likely to be involved in criminal behaviour.⁷ The “young offender rate” is one indicator of the level of serious behaviour challenges among youth in a community. Youth in custody are more likely to experience mental health and substance use problems, learning disorders and other health needs that require support.⁸

- In 2012, 933 youth ages 12 to 17 in B.C. (300.8 per 100,000 youth) were charged with a serious crime. Serious crime included serious violent crime (e.g. homicide, attempted murder, sexual and non-sexual assault, robbery and abduction) and serious property crime (e.g. breaking and entering).

From 2000 to 2012, there was a 30.6% decrease in the rate of youth ages 12 to 17 charged with a serious violent crime, and a 72.6% decrease in the rate of youth ages 12 to 17 charged with a serious property crime.
- The rate of youth ages 12 to 17 in custody centres across B.C. declined from 4.0 per 10,000 youth in 2007/08 to 3.0 per 10,000 youth in 2012/13.
- There continues to be a disproportionate number of Aboriginal youth in custody.

FROM 2000 TO 2012,

THERE WAS A 30.6% DECREASE IN THE RATE OF YOUTH AGES 12 TO 17 CHARGED WITH A SERIOUS VIOLENT CRIME.





Dr. Bonnie Leadbeater is a Professor of Psychology at the University of Victoria. She has an interdisciplinary background with an emphasis on health, education, and psychology. She holds degrees in Nursing and Educational Psychology from the University of Ottawa and in Developmental Psychology from Columbia University, New York. She has made internationally recognized contributions to knowledge on bullying and victimization, adolescent depression, resilience in adolescent mothers and transitions to young adulthood. Dr. Leadbeater also leads the development and evaluation of the WITS Programs for the prevention of bullying and victimization in elementary school children. She is highly committed to efforts to translate theory and research into student training and into policy and program actions that can improve the lives of children, youth and their families.

Research Voice

Child Behaviour Outcomes

How we understand the rates of health risk behaviours among B.C.'s children and adolescents needs to be understood in the context of our schools, families, community, justice and health environments. *GUIBC - 2015* data present trends that are improving. They tell when youth are most likely to begin to try out health risk behaviours such as alcohol, tobacco and marijuana, and they tell us about their lack of engagement in extracurricular activities. All raise challenges for action.

Consistent with international trends, births to B.C. women under 19 have plummeted steadily over recent decades. The majority of these births are to women age 18 or 19 – who are, technically speaking, adults rather than children. Perhaps we should begin to wonder about the usefulness of this indicator, as a marker of “risk.” Times have changed – the majority of first births to women under 30 occur outside of marriage. How can we open doors that have been closed to women with children and provide support and equitable access to child care and education for these historically disadvantaged women?

Data also show that the rates of teens age 12 to 17 who are charged with serious crimes continue to decline in every region of B.C. – to about half of 2000 levels. This is good news. But the rates of youth in custody have hardly declined and the overrepresentation of Aboriginal youth among those who are in custody has actually worsened.

We do not know if teens who are charged or who are taken into custody come out better off from their contact with the justice system. Do they carry stigma that diminishes their ability to enter the workforce? Do they have access to the kind of educational and work training opportunities that can reduce recidivism among youth? How does the over representation of Aboriginal youth in custody carry forward their families' historical and ongoing disadvantages?

“THESE [GUIBC – 2015] BEHAVIOURAL INDICATORS SUGGEST DIRECTIONS FOR CHANGE. HOW DO WE HELP YOUTH AT THE CRITICAL TIME WHEN THEY ARE MAKING DECISIONS ABOUT RISK BEHAVIOURS?” – BONNIE LEADBEATER

To affect real change in the disproportionate incarceration of Aboriginal youth, better monitoring is needed of the many correlates of youth involvement in crime including homelessness, lack of family attachments or adequate family resources to care for children, family and community violence, disengagement and lack of opportunities, unemployment, fetal alcoholism and accessibility to drugs and alcohol.

The data about first-time use of alcohol, tobacco, and marijuana and first-time sex, show a common theme: Most youth were between 14 and 16 at this “first time.” While problems related to binge drinking and early sexual debuts will increase for B.C. youth well into young adulthood before leveling out or beginning to decline,^{9,10} these appear to be key decision-making years when many of our young people will first try these health risk behaviours. We need to hear from youth who are making these decisions about what leads 39 per cent to move from trying alcohol to binge drinking. We also need to know more about their access to opportunities in sports, community and family service, meaningful education and work – all protective factors that motivate the majority of B.C.’s young people to avoid high-risk behaviours.

Overall, the behaviour reported by youth paints a picture of very low levels of participation in extra-curricular activities. Together, responses suggest that costs may be a factor in low participation rates. Many say they do not participate since they are “too busy”, but an equal number don’t have access, transportation or worry about bullying. These data beg the question of what B.C. youth are busy doing and what they want to do? What hours are they working for pay, how much time do they spend with friends, on homework or in community service?

Finally, it should no longer be surprising to anyone that youth who have ongoing or recent exposure to government care continue to show generally higher risks. These young people can arrive in adolescence already standing on compromised foundations that some time in the past deprived them of strong attachments, stable homes, health, work and opportunities. Disadvantaged youth grow up fast and enter directly into adulthood without the advantage of the many years of preparation for adulthood that is afforded to more advantaged youth.¹¹

The purpose of developing indicators is to help us understand, compare, predict, improve and innovate.¹² These [*GUIBC - 2015*] behavioural indicators suggest directions for change. How do we help youth at the critical time when they are making decisions about risk behaviours? How do we increase opportunities for youth to connect with peers and adults in their schools and communities? When we think of the future prospects for these youth, their “well-becoming,” can we imagine for each one the life trajectories that our society demands of them – to be contributing members of their communities? How can we open the doors that have historically been closed and engage young mothers as well as rural, poor, disadvantaged and Aboriginal adolescents as contributors to our communities’ current well-being and future well-becoming?

Bonnie Leadbeater

University of Victoria

“HOW DO WE INCREASE OPPORTUNITIES FOR YOUTH TO CONNECT WITH PEERS AND ADULTS IN THEIR SCHOOLS AND COMMUNITIES?” – BONNIE LEADBEATER

Child Behaviour

YOUTH VOICES ON BEHAVIOUR

Youth use substances for many reasons

Youth who drank alcohol gave a variety of reasons for starting to drink. Some youth felt pressured by their peers, wanted to experiment with more risky behaviours or were modelling what older peers or parents were doing. Other youth started using alcohol to manage their depression or anxiety or to cope with stress from difficult family situations, transitioning to a new school or being bullied.

Youth felt that marijuana was easier to access than alcohol, and some used it to manage their pain, sleep, diet or mental health problems.

Youth want to learn more about safe substance use and healthy sexuality

Instead of education that promoted abstinence, youth felt that it would be more helpful if programs promoted awareness about substance use and taught youth about the dangers of excessive use and what to do in different situations.

“They tell you to drink responsibly but they don’t tell you how to drink responsibly.”

Youth felt that sex education needed to be more of a focus in schools and taught across every grade starting in elementary school. Youth wanted to learn how to negotiate and talk to their partner about having a safe and healthy sexual relationship.

“I feel there should be more support for youth mental health and teachings about stress and anxiety, etc. I also think that sex education classes should be improved – more specific, more time spent, and with less emphasis on the ‘taboo’ aspect of sex.”

Some youth are too busy or too tired to participate in extracurricular activities

Youth talked about being too busy to participate in extracurricular activities. They were already engaged in part-time jobs, school and family commitments, volunteering, socializing with friends, online gaming and using the Internet. Some youth felt that they were not motivated enough to participate because they preferred sedentary activities or were too exhausted from something else.



“More informative presentations/programs about drugs, sex ed, etc. at an earlier age. More practical information without the negative stigma that shuns/looks down on people who have used drugs, had sex, etc.”

— Youth participant

Promising Practice

AN EXAMPLE OF SOMETHING THAT'S WORKING TO HELP YOUTH CHOOSE POSITIVE BEHAVIOURS

iMinds is being used in schools across BC to help students in Grades 4 through 10 explore and understand addictive behaviours. Created by the Centre for Addictions

Research of B.C. (CARBC) at the University of Victoria, iMinds promotes mental health literacy by engaging students in honest, thoughtful discussions and interactive projects that

involve issues relevant to their daily lives. Rather than overloading them with health information – or trying to scare them away from using drugs – the lessons encourage students

to both express and think critically about their current beliefs, attitudes and behaviours and how these relate to their personal and social lives and to their health, now and in the future.

Each module of the program features easy-to-implement lessons that meet numerous Prescribed Learning Outcomes and help students develop the knowledge and skills they need to survive and thrive

in our drug-using world. iMinds and other CARBC educational materials are based on current evidence and theory about the nature of addiction as a common but complex human experience and health education as a means to build personal capacity. The goal of iMinds is not just teaching facts or directing behaviour but rather giving students the resources to shape their own lives.



The UN Convention on the Rights of the Child recognizes

that a child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding. It also establishes that a child belonging to a minority or who is Indigenous shall not be denied the right, in community with other members of his or her group, to enjoy his or her own culture (Article 30) and the right of the child to rest and leisure (Article 31).





Desired Outcome: Children and youth are connected to their communities and have meaningful relationships with the people in their lives.

FAMILY, PEER AND COMMUNITY CONNECTIONS



Family, Peer and Community Connections

CARE PLACEMENTS AND CONNECTIONS

A child or youth who comes into government care is placed in a foster home or other residential care setting. In some cases, individual children and youth are moved from one placement to another. Children in care who experience unplanned moves and many placements are more likely to have negative outcomes, including behaviour problems and poor academic performance.¹

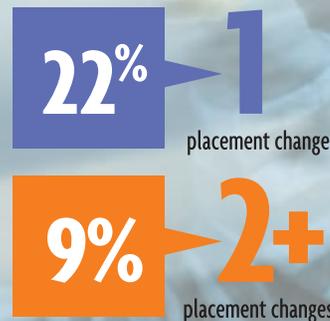
When children must be removed from their biological families, significant effort must be made to place them with their community, family, religious and/or ethno-cultural background.² Culturally relevant resources can promote resiliency and nurture coping mechanisms,³ and for Aboriginal children, the importance of culturally appropriate care placement is often specifically outlined in provincial or territorial statutes.⁴

○ **Data Note:** In the 2010 *Growing Up in B.C.* report, data provided by MCFD indicated that the number of Aboriginal children and youth who were placed in Aboriginal homes when they came into care remained fairly stable from 2005/06 to 2007/08, with 52% placed in non-Aboriginal homes. Unfortunately, MCFD was not able to provide current data on this measure for *GUIBC - 2015* due to changes in information management systems and data collection methods.

○ Some children and youth come in and out of government care more than once. Each time a child comes into care is referred to as an “episode” of care. Between April 1, 2012 and March 31, 2013, there were 2,015 children and youth who had been in care for a year or less. Of these children and youth, 69.1% did not experience a placement change during their most recent episode in care, 22.0% experienced one placement change and 8.9% experienced two or more placement changes.

○ **Note:** Children who are in government care for more than a year are more likely to experience one or more placement changes during their time in care. For example, the Representative found an average of seven placement changes among 31 children and youth whose government care experiences were documented in the report *Who Cares?* (2014), and an average of 12 moves was found among 89 children and youth documented in the Representative’s report *Trauma, Turmoil and Tragedy* (2012).

PERCENTAGE OF CHILDREN WITH PLACEMENT CHANGES IN FIRST YEAR OF CURRENT EPISODE IN CARE



Source: Ministry of Children and Family Development



“I move around constantly, so I don’t get to know [foster parents] enough to get close enough to talk to them.”— Youth participant



SCHOOL AND COMMUNITY CONNECTIONS

Children and youth with strong connections to school are more likely to have academic success and less likely to experience a wide range of risky behaviours and negative outcomes.^{5,6} Positive community connections and involvement also make valuable contributions to the well-being of youth⁷, and can be particularly helpful for youth recovering from addictions and criminal behaviour.⁸

- 77.8% of youth ages 12 to 19 indicated that they felt a somewhat strong or very strong sense of belonging to their local community.
- The majority of youth agreed that they felt connected with their school.
- 55% of youth indicated that they did not take part in volunteer activities in the past year, 25% indicated taking part less than once a week, and 20% indicated taking part one or more times a week.



Family, Peer and Community Connections



IN ANY BULLYING EXPERIENCE, YOUTH CAN PLAY MANY ROLES. YOUTH CAN BE BULLIED, THEY CAN BULLY OTHERS OR THEY CAN BE BOTH THE BULLY AND THE TARGET OF BULLYING. YOUTH CAN ALSO BE BYSTANDERS WHO WITNESS OTHER YOUTH BEING BULLIED.

BULLYING

In any bullying experience, youth can play many roles. Youth can be bullied (i.e. victim), they can bully others (i.e. perpetrator) or they can be both the bully and the target of bullying. Youth can also be bystanders who witness other youth being bullied.⁹ Children and youth who have been bullied are more likely than their peers to experience anxiety, depression,¹⁰ behaviour problems and low academic achievement.¹¹

- In the 2012/13 school year, 9% of Grades 3 and 4 students indicated that they were bullied, teased, or picked on many times or all of the time at school.
- When youth in Grades 7 to 12 were asked how often they experienced various types of bullying in the past year while at school or on the way to and from school, 12% indicated that they were teased, 10% indicated that they were excluded, and 1% indicated that they were physically assaulted by another youth at least three or more times in the past year.
- When youth were asked if they had bullied another youth in the past year, 12% indicated that they teased another youth, 14% indicated that they excluded another youth and 3% indicated that they physically assaulted another youth.

14% WERE BULLIED OR PICKED ON THROUGH TECHNOLOGY



- Overall, youth who had ever been in government care were significantly more likely to indicate being a victim or perpetrator of bullying at school or on the way to or from school compared to youth who were never in care.
- 14% of youth indicated that someone bullied or picked on them through the Internet or other technology in the past year, whereas 7% of youth indicated that they bullied or picked on someone through the Internet or other technology in the past year.

Comparing Across Indicators:

- Within each type of bullying experience (i.e. teasing, social exclusion, physical assault and cyberbullying), youth who were not bullied and who did not bully others (i.e. neither victim nor perpetrator) indicated higher levels of school connectedness than youth who were involved in bullying experiences as the bully, the victim, or both the bully and victim.

FAMILY CONNECTEDNESS

From young children’s experience of responsive parents and other caregivers through to positive relationships with family in adolescence, being connected to family in its many forms has a powerful influence on the current and life-long well-being of children and youth in areas including mental and physical health, positive behaviours, academic achievement and employment.^{12,13,14}

- The majority of youth indicated that they felt “quite a bit” or “very much” connected to their family.



7% BULLIED OR PICKED ON SOMEONE THROUGH TECHNOLOGY.



Family, Peer and Community Connections

ADULTS IN YOUR LIFE

Children and youth who have one or more caring adults in their lives are more likely to thrive and become productive adults.¹⁵ Children and youth who find themselves in difficult circumstances are more likely to have positive outcomes if they have a close bond with at least one adult.¹⁶

- In the 2012/13 school year, 86% of Grade 3 and 4 students indicated that they had three or more adults at their school who cared about them.
- When asked if there was an adult who youth would feel okay talking to if they were having a serious problem, 49% of youth in Grades 7 to 12 indicated having only an adult in their family that they would feel okay talking to, 9% indicated having only an adult outside of their family, and 82% indicated having an adult in or outside of their family.
- Youth who were never in government care (82%) were significantly more likely to indicate having an adult in or outside their family to talk to if they were having a serious problem compared to youth who had ever been in care (73%).

Comparing Across Indicators:

- Youth who did not have an adult to talk to when there was a serious problem were less likely to agree that they usually felt good about themselves (55%) compared to youth who had an adult inside or outside their family (86%) to talk to when there was a serious problem.
- Youth who did not have an adult to talk to when there was a serious problem (69%) were less likely to agree that they were able to do things as well as most other people compared to youth who had an adult inside or outside their family (90%) to talk to when there was a serious problem.

86%

of youth who had an adult to talk to when there was a serious problem usually felt good about themselves



55%

of youth who did not have an adult to talk to when there was a serious problem usually felt good about themselves



Source: McCreary 2013 BC Adolescent Health Survey



***Dr. Kimberly Schonert-Reichl** is a Professor in the Faculty of Education at UBC and the Interim Director of the Human Early Learning Partnership. The author of more than 100 articles and two books, Dr. Schonert-Reichl studies the social and emotional development and well-being of children and adolescents, particularly in relation to identifying the mechanisms that foster qualities such as empathy and compassion. Her recent research includes a focus on population-level data on children's social and emotional competence and resiliency, and evaluations of school-based social and emotional learning programs. She is a fellow of the Mind and Life Institute and winner of several awards, including the Killam Teaching Prize and the Paz Buttedahl Career Achievement Award for sustained contributions to the non-academic community through research and scholarly activity.*

Research Voice

Family, Peer and Community Connections Outcomes

Background

What are the ways in which we can promote social-emotional health, competence, and well-being in children and youth – characteristics that will lead to meaningful employment and engaged citizenship? How do we cultivate positive family, peer and community connections during childhood and adolescence, especially among those identified as “at-risk” for current and future adjustment, such as those children and youth with experience in government care and Aboriginal children?

Understanding the factors that children and adolescents need to be successful in school and in life has long been an important objective for educators, parents, policy-makers, and societal agencies. This interest in discerning how children’s early experiences pave the road for later adjustment is spurred, in part, by research that indicates that risk exposure (e.g. poverty, family dysfunction, trauma) in childhood and adolescence is generally a strong predictor of poor adult outcomes.^{17,18} For many of these children, their early experiences follow a predictable course – one filled with risk and failure. Poverty begets poverty. Risks lead to more risks.

What research now tells us is that some children and youth experience success despite all of the obstacles to which they are exposed. These children have been identified as “resilient” – that is, they demonstrate positive adaptation despite adversity.

Research tells us that there are factors both internal to the individual (e.g. self confidence, hope, optimism) and to the external environment (e.g. one significant adult, involvement in extracurricular activities, school and community support) that can mitigate risk exposure and promote resiliency in all children and youth. Three key outcomes have been identified as critical for forecasting adult outcomes. These are reflected in *GUIBC - 2015* indicators on school connectedness, participation in extracurricular activities and volunteering, and positive relationships with adults.



School Connectedness

Children and youth spend more time in school than they do in any other place outside their homes; therefore what happens in schools plays a very important role in their social emotional development and well-being. Findings from recent research highlight the importance of school connectedness:

- Students who experience school connectedness like school, feel that they belong, believe teachers care about them and their learning, believe that education matters, have friends at school, believe that discipline is fair, and have opportunities to participate in extracurricular activities. Moreover, perceiving positive and strong connections to school has implications for current school functioning as well as future educational plans.
- For example, research shows that students who see their school environments as supportive, caring, and as emphasizing personal effort also report positive outcomes including feelings of school belonging and academic self-efficacy.¹⁹
- In adolescence, school connectedness is associated with a range of diminished involvement in risky health behaviours. Adolescents who feel cared for by the

people at their school and have a sense of belonging are less likely to use substances and engage in violence.²⁰

- Although research is relatively sparse, it shows that adolescents in government care report high school connectedness when they experience support from their foster carers and their social workers.²¹

Participation in Extracurricular Activities and Volunteering

Research has shown that settings that provide structured activities to fill youths' leisure time increase youths' initiative, self-concept, psychological well-being, and promote better academic and occupational outcomes long-term.²²

- One recent longitudinal study examined the experiences of 298 children in after-school programs in relation to social-emotional functioning across Grades 1 to 5. Findings indicated that children who participated in high-quality, structured after-school programs had fewer conduct problems and higher social self-control and assertion.²³ Unfortunately, little research is available in this area for Aboriginal youth or children and youth in government care.

“STUDENTS WHO SEE THEIR SCHOOL ENVIRONMENTS AS SUPPORTIVE, CARING, AND AS EMPHASIZING PERSONAL EFFORT ALSO REPORT POSITIVE OUTCOMES INCLUDING FEELINGS OF SCHOOL BELONGING AND ACADEMIC SELF-EFFICACY.” – KIMBERLY SCHONERT-REICHL

- A recent randomized controlled trial on volunteering among inner-city youth in Vancouver found that adolescents who volunteered regularly with elementary school children had significantly decreased risk for cardiovascular disease. The volunteers who reported the greatest increases in empathy, altruistic behaviour and mental health saw the greatest reductions in the biological markers that are the first signs of cardiovascular disease, which is spreading in adolescents and limits their life expectancy.²⁴

Supportive Adults

“Human beings of all ages are happiest and able to deploy their talents to best advantage when they experience trusted others as standing behind them.”²⁵

“Every child requires someone in his or her life who is absolutely crazy about them.”²⁶

These quotes from leaders in the field of child development illustrate the crucial role that relationships play in fostering resiliency in children and youth. As noted by Luthar and Brown: “It is quite clear that the single most deleterious environmental risk is the sustained presence of neglect and abuse, and conversely, committed, loving relationships have high protective potential.”²⁷

- Clearly, the power of children’s and adolescents’ relationships with important adults transcends families and operates across the multiple contexts in which children and youth live – including schools and neighbourhoods.
- In addition to a supportive family context, research shows that support from adults in the school context also plays a paramount role in promoting positive development in children and adolescents.
- A recent population-based study in B.C. indicates that positive support from adults in school is the most important adult support factor, followed by home and neighborhood support. All three support factors emerged as stronger predictors than socio-economic status.²⁸

Taken together, this research illustrates that preventing negative life outcomes among children and adolescents by having a caring and supportive relationship with at least one adult is extremely important for healthy development and for promoting resilience.

Kimberly A. Schonert-Reichl

University of British Columbia

“THERE ARE FACTORS BOTH INTERNAL TO THE INDIVIDUAL (E.G. SELF CONFIDENCE, HOPE, OPTIMISM) AND TO THE EXTERNAL ENVIRONMENT (E.G. ONE SIGNIFICANT ADULT, INVOLVEMENT IN EXTRACURRICULAR ACTIVITIES, SCHOOL AND COMMUNITY SUPPORT) THAT CAN MITIGATE RISK EXPOSURE AND PROMOTE RESILIENCY IN ALL CHILDREN AND YOUTH.”

– KIMBERLY SCHONERT-REICHL



Family, Peer and Community Connections

YOUTH VOICES ON FAMILY, PEER AND COMMUNITY CONNECTIONS

Youth want to feel safe from bullying when they are at school and online.

Youth indicated that bullying was very common in high school and was more subtle in higher grades. Youth also felt that more people bullied others online than in-person and that the intensity was greater because it was easier to get away with.

Youth felt that creating a safer and more respectful culture at school would help to stop bullying. They wanted classes that taught them about empathy, peer mentoring that shared tips on how to deal with being bullied and opportunities to work with youth they would not normally interact with to break down stereotypes. Youth also wanted training for bystanders to help them take action without the fear of repercussions.

Youth said that adults also need to know how to intervene and suggested training for parents to help them recognize if their child was being bullied or bullying others. They also wanted teachers and school administrators to do more to address bullying and to intervene before it escalated.

When talking about online bullying, youth wanted to learn how to keep themselves safe while using the Internet, and also wanted a quick and efficient way to remove offensive posts or threats that were online.

Youth want a supportive adult to talk to when they need help or advice.

Youth felt more comfortable about approaching adults for help when they were friendly, non-judgemental, sympathetic to their issues and took their problems seriously. When asking for advice, youth wanted adults to explain options and possible results of those choices but to allow them to make the decisions themselves.

“They give you options, they tell you what would happen with each route you take.”

On the other hand, many youth felt they needed more hands-on help with learning new life skills and navigating systems like the government care system or applying to post-secondary education. They appreciated adults who were willing to go through the whole process with them.

“Not just tells you how, holds your hand and shows you how.”



“People cyberbully because they feel safe behind a screen.”— *Youth participant*



Promising Practice

AN EXAMPLE OF SOMETHING THAT'S WORKING TO CREATE POSITIVE CONNECTIONS WITH CHILDREN AND YOUTH

Offering a range of mentoring opportunities, Big Brothers Big Sisters facilitates life-changing relationships that inspire and empower children and youth to reach their potential, both as individuals and citizens. Big Brothers Big Sisters meets the varied needs of volunteers, children and families with one-to-one and group programs, both in school and outside of school, as well as a variety of mentoring programs targeted to specific populations of youth such as Aboriginal youth, immigrant and refugee youth and youth in care. In B.C., Big Brothers Big Sisters is active in Fort St. John, Terrace, Prince George, Quesnel, Williams Lake, Cranbrook, Kamloops, Kelowna, Chilliwack, Abbotsford, Langley, Greater Vancouver, Nanaimo, Duncan and Victoria.

Research and carefully documented outcomes and evaluation processes have shown that Big Brothers Big Sisters mentoring positively and dramatically alters the course of young people's lives. Measurable impacts include significant decreases in risky behaviour, reduced violence, reduced drug and alcohol use, reduced bullying, and significant increases in positive civic engagement, school completion, and enrollment in post-secondary education. Everyone in the community benefits when our children grow into more resilient, more giving, and productive adults.



Big Brothers Big Sisters



Conclusion

The value of *GUIBC – 2015* is its contribution to a better understanding of children and youth in B.C. and, most importantly, to their increased well-being. This report delivers a lot of information, and readers will be struck or moved by different pieces. Roles, interests and perspectives will shape what we each find important and useful in *GUIBC – 2015*. Reflecting on the findings, expert commentaries and voices of youth leads to the questions: What needs to change for children and youth in this province? And, how do we transform the report’s findings into action?

SUMMARY OF KEY FINDINGS

▪ ELEMENTS OF WELL-BEING ARE CONNECTED IN THE LIVES OF CHILDREN AND YOUTH

Physical and mental health, economic well-being, safety, learning, behaviour and connections – all six *GUIBC – 2015* domains of well-being are related. The research in this report, the expert commentaries and the voices of youth themselves point again and again to how the domains of well-being connect and affect one another in the lives of children and youth. This is a useful reminder to consider all elements of the lives of children and youth as we strive to support and to avoid “stovepiped” services that can miss the mark when they operate in isolation from each other.

▪ CHILD POVERTY IS A MAJOR CONCERN

Income level is a key social determinant of health. A high number of children in B.C. live in poverty, facing a long list of negative outcomes that can affect everyone.

▪ MIXED FINDINGS ON WHETHER YOUNG CHILDREN ARE GETTING A BETTER START

Rates of low birth weight and infant mortality have been quite stable for the general population, and there have been positive decreases in rates of smoking during pregnancy and decreases in the rates of high birth weights. However, there has also been an increase in the percentage of children in Kindergarten identified as vulnerable in one or more areas of early child development.

▪ PRACTICAL EDUCATION AND SUPPORT WANTED AS YOUTH TRY NEW BEHAVIOURS IN THEIR TEEN YEARS

GUIBC – 2015 data indicates that many youth begin experimenting with new behaviours in their early teen years. Exploration at this age, which is important developmentally, can expose youth to risks including those associated with alcohol and other substances and sexual activity. Youth consulted for this report highlighted

the importance of two things: supportive connections with adults and early, practical education on topics such as drugs and sex – both of which help youth make good decisions through their teen years.

- **NEED ACTION TO ERASE THE GAP IN WELL-BEING BETWEEN ABORIGINAL CHILDREN AND THEIR NON-ABORIGINAL PEERS**

Aboriginal children in B.C. are more vulnerable than their non-Aboriginal peers in early childhood and are much more likely to be in government care. As well, Aboriginal youth are less likely to graduate from high school and transition to post-secondary education.

Results from Foundation Skills Assessments in Grades 4 and 7 (highlighted in the Child Learning domain) show a growing gap between Aboriginal and non-Aboriginal children in numeracy skills, but there is good news in a shrinking gap in graduation rates. Less than half of Aboriginal students who were in Grade 8 in 2003 graduated from high school within six years. For Aboriginal students who were in Grade 8 five years later (in 2008), this rate rose to almost 60%. This is good news but there is a long way to go – for all students who were in Grade 8 in 2008, the graduation rate was more than 80%.

As emphasized in Dr. Jeffrey Reading’s independent commentary for *GUIBC - 2015*, acknowledging and understanding the impact that historic intergenerational challenges of failed government policies and social exclusion have had on today’s Aboriginal children, youth and families is essential for a meaningful response to this gap in outcomes. A comprehensive across government approach and collaboration with Aboriginal communities, organizations and professionals is required.

- **NEED TO IMPROVE SUPPORT AND RESULTS FOR CHILDREN AND YOUTH IN GOVERNMENT CARE**

While many children and youth in government care or with past experience in government care are faring well, as a group and across domains of well-being, they are less likely than their peers to experience positive outcomes. Youth who have ever been in government care are more likely to report engaging in potentially risky behaviours such as smoking, heavy alcohol use and other drug use and more likely to have mental health challenges. Youth in government care continue to be much less likely to have academic success in school and to graduate. While this information is important, we must be careful not to create a negative stereotype that can stigmatize children and youth in care, recognizing instead that many children and youth in care do experience positive outcomes, but those who are struggling need support.

Conclusion

▪ **NEED TO IDENTIFY AND APPROPRIATELY SUPPORT CHILDREN AND YOUTH WITH BARRIERS TO LEARNING**

As noted here, Aboriginal students and those in government care often do not enjoy the same level of academic success as their peers. Students who face barriers to learning – including those with school special needs designations – must receive assessments and supports that allow them to achieve the highest level of success possible. Where students are able to meet graduation requirements, they should be supported to do so rather than settle for a School Completion Certificate (Evergreen Certificate) that opens fewer doors in the future.

▪ **NEED TO IMPROVE DATA COLLECTION ON CHILD WELL-BEING**

Finding data to gauge the well-being of children and youth is difficult, as this report details. Linda Hughes' commentary argues conclusively that government and non-government organizations can and should gather, analyze and use data to inform funding, policy and service delivery decisions. Yet relevant, reliable and accurate data is increasingly hard to come by. It is imperative that this trend is reversed and public decision-makers invest in generating the information needed to enable informed decisions on how to foster the well-being of children and youth in our province.

▪ **NEXT STEPS**

How well our children are doing tells us about our society today – and in the future. A recurring message in *GUIBC - 2015* is that the well-being of children and youth is both a barometer for the current progress of our province and perhaps the greatest contributor to the future vitality of B.C. The time, energy and resources we put into understanding and supporting

the well-being of children and youth is the most important investment we can make for the future of our families, communities and economy.

The well-being of children and youth can be influenced by a great variety of services and relationships. Some readers of this report may be most interested in a particular domain of well-being, stage of child development or setting for working with children, youth and families, while others will be more interested in how public policy affects children and youth, or will want to connect with and support children and youth directly.

The Representative for Children and Youth and Provincial Health Officer are committed to sharing and acting on the information in this report. It will inform the Representative's advocacy and recommendations for services to vulnerable children and youth as well as the Public Health Officer's advice to government on public health issues and recommendations to improve health and wellness in B.C.

The hope is that others will ask themselves “What role can I play to connect with the well-being of children and youth?” and, “Do I have opportunities to share information in this report, or to seek more detailed data relevant to my work?” The next page offers ideas from youth for consideration when answering these questions.

We all share responsibility for creating a province where children thrive and youth have what they need to shape positive futures for themselves and contribute to the economic and civic vitality that matters to us all. Thank you for the contributions that you are already making to this goal, and, most importantly, for translating the information in *GUIBC - 2015* into action.



Youth Voices: How to Improve Youth Health in B.C.

Ask us what we think

More support from the adults in our lives

“Having someone to talk to about all things that your mad, happy or sad.”

“Have teachers be more available and more programs to support youth with their mental, emotional health etc... Teachers are the main adults for youth to turn to.”

“Get the parents involved! Encourage parents to take the time to talk to their kids.”

“To be persistent in reaching out to youth. Children are better at hiding their issues than you might think.”

“POSTERS DON'T DO ANYTHING. TALK TO US!”

“Free recreation services like yoga, gym, subsidize prescribed medicine because it is not covered by MSP... subsidy for dental and eye care.”

Practical information to make real-life decisions

“Improving access to services and education about the ‘real life’ stuff - sex, drugs, self-care. Kids aren’t going to do their best in school, or life, if they can’t take care of their mental/physical health.”

“More education about sex, drugs, and alcohol at an earlier age, gr. 10 is too late.”

“...sex education classes should be improved - more specific, more time spent, and with less emphasis on the ‘taboo’ aspect of sex.”

“Groups that address bullying and how to not only stand up to bullies but to include people and to teach people how to handle bullying situations.”

“To improve youth health, continue to hold focus groups in order to remain up to date as to the experiences youth have as they grow.”

“Asking youth for their input on programs before they are implemented.”

“More services and resources in smaller or ‘in between’ communities.”

Access to the things that keep us healthy

“Better access to clinics which offer help not only for physical ailments, but mental as well.”

“I feel that no child should go to bed hungry. So, that definitely should be prevented.”

“More physical activities provided with a cheaper price or easier transportation.”

“The cost of healthier food should be lower instead of having junk food as the easy convenient way to go.”

APPENDIX I: *GUIBC – 2015* Data Sources, Indicators and Other Data Reported

Data Source	Description	<i>GUIBC – 2015</i> Indicators and Other Data Reported
BC Ministry of Children and Family Development	The BC Ministry of Children and Family Development is responsible for the quality and delivery of services in the B.C. child welfare system. For <i>GUIBC – 2015</i> , Ministry of Children and Family Development provided information on rates of children and youth in care, child abuse or neglect, culturally appropriate matches for Aboriginal children and youth in government care, placement changes, income assistance accessed by youth who aged out of care, youth in custody, and learning outcomes for youth on a youth agreement. For more information, see http://www.mcf.gov.bc.ca/reports_publications.htm	<ul style="list-style-type: none"> • Care Placements and Connections • Child Abuse or Neglect • Children in Care • Incidence of Low Income • Learning Outcomes for Youth on a Youth Agreement • Youth Involvement in Crime
BC Ministry of Education	The BC Ministry of Education is responsible for the governance and funding of the K to 12 education system, and reports on student achievement and demographics of Kindergarten to Grade 12 students across public and independent schools. For <i>GUIBC – 2015</i> , Ministry of Education provided information on Grades 4 and 7 Foundation Skills Assessments, Grade 10 Language Arts course completion, Grade 10 Math course completion, grade to grade progression, six year high school completion, high school transitions to B.C. public post-secondary institutions, students with special needs designations and learning outcomes for youth on a youth agreement. For more information, see http://www.bced.gov.bc.ca/reporting/province.php	<ul style="list-style-type: none"> • Contextual Information on Kindergarten to Grade 12 Students with Special Needs Designations • High School Completion • Learning Outcomes for Youth on a Youth Agreement • Student Achievement • Transition to Post-Secondary Education
BC Ministry of Health	The BC Ministry of Health is responsible for overseeing the delivery of health services, for provincial legislation and regulations related to health care and for improving the overall health and well-being of B.C. residents. For <i>GUIBC – 2015</i> , Ministry of Health provided information on household food security status, the number of children admitted to hospitals in B.C. for a mental illness, and the number of children admitted to hospitals in B.C. for an injury diagnosis. For more information, see http://www.gov.bc.ca/health/	<ul style="list-style-type: none"> • Food Security • Injury Hospitalizations • Mental Health Service Utilization
BC Ministry of Social Development and Social Innovation	The BC Ministry of Social Development and Social Innovation is responsible for the delivery of income supports to families. For <i>GUIBC – 2015</i> , Ministry of Social Development and Social Innovation provided information on children in families receiving income assistance under the B.C. Employment & Assistance program. For more information, see http://www.gov.bc.ca/sdsi/	<ul style="list-style-type: none"> • Incidence of Low Income
BC School Satisfaction Survey	The BC School Satisfaction Survey is an annual survey of Grades 3/4, 7, 10 and 12 students across public schools in British Columbia. The survey is administered online by BC Ministry of Education and is available 24/7 over a period of about three months from January to mid-April. Survey responses are used by school administrators, government Ministries, external organizations and researchers to inform planning and research. Findings in <i>GUIBC – 2015</i> presented responses from the 2012/13 survey for Grades 3/4 students only. For more information, see https://www.bced.gov.bc.ca/sat_survey/	<ul style="list-style-type: none"> • Adults in Your Life • Bullying • Engagement in Extracurricular Activities • School Safety
BC Stats	BC Stats is the central statistical agency of the Province of British Columbia. BC Stats produces and interprets various statistical information including the demographic, social and economic conditions of B.C. and its population. For <i>GUIBC – 2015</i> , BC Stats provided information on the distribution of B.C.'s general and child population, and youth involvement with crime. For more information, see http://www.bcstats.gov.bc.ca/	<ul style="list-style-type: none"> • Snapshot of B.C.'s Children and Youth • Youth Involvement with Crime

Data Source	Description	GUIBC – 2015 Indicators and Other Data Reported
BC Vital Statistics Agency VISTA Database	The BC Vital Statistics Agency is responsible for the determination, registration and certification of vital events that occur in the province including births, adoptions, marriages, deaths and changes of name. For <i>GUIBC – 2015</i> , the BC Vital Statistics Agency provided information on age specific fertility rates among teenage mothers, infant death rates, and annual suicide deaths among youth. For more information, see http://www2.gov.bc.ca/gov/theme.page?id=E2F17E8BD56D50D8D4BAA2892C68960F	<ul style="list-style-type: none"> • Child and Teen Suicide • Infant Mortality • Teenage Pregnancy
Canadian Community Health Survey Public Use Microdata File 2011/12	The Canadian Community Health Survey (CCHS) is a cross-sectional survey that provides information on the health status, health care utilization, and health determinants of the Canadian population. Data provided in the public use microdata file are based on interviews with about 130,000 respondents ages 12 or older over a two year period, who resided in households across all provinces and territories. The CCHS does not capture data for persons living on reserves and other Aboriginal settlements, full-time members of the Canadian Forces, residents residing in institutions, and persons living in the Québec health regions of Région du Nunavik and Région des Terres-Cries-de-la-Baie-James. For more information, see http://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=3226	<ul style="list-style-type: none"> • Food Security • School and Community Connections
Discharge Abstract Database	The Discharge Abstract Database (DAD) is a national database that contains administrative, clinical and demographic data on all separations from acute inpatient facilities including hospital discharges, deaths, sign-outs and transfers within the fiscal year (April 1 to March 31). DAD captures information in all provinces and territories except Québec. Québec's acute inpatient separations are reported to the Hospital Morbidity Database. For more information, see http://www.cihi.ca/cihi-ext-portal/internet/en/document/types-of+care/hospital+care/acute+care/dad_metadata	<ul style="list-style-type: none"> • Injury Hospitalizations • Mental Health Service Utilization
First Nations Client File	The First Nation Client File is linked to administrative data to identify members of the First Nations. The BC Ministry of Health creates this file from information contained in three input files: Health Canada's Status Verification File, Vital Statistics Birth and Death Registrations, and the Status Indian entitlement files from the BC Medical Services Plan database. It is the most complete record of First Nations in B.C. but does not provide information about Métis and non-Status First Nations.	<ul style="list-style-type: none"> • Healthy Birth Weight • Risky Maternal Behaviours
Human Early Learning Partnership	The Human Early Learning Partnership (HELP) provided data from the Early Development Instrument (EDI). The EDI is a population-based questionnaire that measures developmental changes or trends in populations of children across five core areas of early child development: physical health and well-being; language and cognitive development; social competence; emotional maturity; and communication skills and general knowledge. The EDI is completed by kindergarten teachers from across B.C. for all children in their classes. For more information, see http://earlylearning.ubc.ca/edi/	<ul style="list-style-type: none"> • School Readiness

APPENDIX I: *GUIBC – 2015* Data Sources, Indicators and Other Data Reported

Data Source	Description	<i>GUIBC – 2015</i> Indicators and Other Data Reported
McCreary 2013 BC Adolescent Health Survey	The McCreary Centre Society's Adolescent Health Survey is used to gather information on the physical and emotional health of youth in B.C. and on factors that influence health during adolescence or in later life. The 2013 BC Adolescent Health Survey was administered to almost 30,000 students ages 12 to 19 in public schools across the province. For more information, see http://www.mcs.bc.ca/2013_AHS_Reports	<ul style="list-style-type: none"> • Adults in Your Life • Bullying • Child Abuse or Neglect • Child and Teen Suicide • Emotional Well-being • Engagement in Extracurricular Activities • Family Connectedness • Food Security • Healthy Diet • Healthy Sexual Behaviours • Online Safety • Physical Activity • School and Community Connections • School Safety • Sexually Transmitted Infections • Substance Use • Teenage Pregnancy • Transition to Post-Secondary Education
Perinatal Services BC - BC Perinatal Data Registry	The BC Perinatal Data Registry contains data extracted from obstetrical and neonatal medical records of close to 100% of births in British Columbia from hospitals and births occurring at home attended by BC Registered Midwives. The registry currently has about 700,000 records of births and deliveries. For more information, see http://www.perinatalervicesbc.ca/DataAndSurveillance/DataRegistry/default.htm	<ul style="list-style-type: none"> • Healthy Birth Weight • Risky Maternal Behaviours
Statistics Canada Census 2011 Short-Form	The 2011 short form census is conducted by Statistics Canada and provides information about the population and dwelling counts in Canada on May 10, 2011. The short form census also includes questions on age, sex, marital status, and language spoken for each person living in the household. The census is conducted every five years. For more information, see http://www12.statcan.gc.ca/census-recensement/index-eng.cfm	<ul style="list-style-type: none"> • Snapshot of B.C.'s Children and Youth
Statistics Canada - Survey of Labour and Income Dynamics	The Survey of Labour and Income Dynamics (SLID) is a voluntary survey administered by Statistics Canada that aims to understand the economic well-being of Canadians. SLID has since been discontinued with its last reference year in 2011. Starting in the 2012 reference year, cross-sectional income estimates are available from the new Canadian Income Survey. For more information, see http://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=3889	<ul style="list-style-type: none"> • Incidence of Low Income

APPENDIX II: *GUIBC* – 2015 Measures, Data Considerations and Data Sources

Snapshot of B.C. Data	Data Considerations	Data Source
Total B.C. General Population	Total general population in British Columbia was based on the 2011 Census with the reference date of May 10, 2011.	BC Stats and Statistics Canada Census 2011 Short-Form
Total B.C. Child Population	Total child population in British Columbia was based on the 2011 Census with the reference date of May 10, 2011 and included children ages 0 to 18 years.	BC Stats and Statistics Canada Census 2011 Short-Form
Children and Youth in Care in B.C.	Distinct number of children and youth in care was based on March fiscal year end 2012/13.	BC Ministry of Children and Family Development
Family Composition	Total number of one-parent and two-parent families with one or more children.	Statistics Canada, CANSIM Table 111-0011
Median After-Tax Income	Median after-tax income reported for economic families represented one-parent or two-parent families with children.	Statistics Canada, CANSIM Table 202-0605

Domain	Indicators and Other Data Reported	Measure	Data Considerations	Data Source
CHILD PHYSICAL AND MENTAL HEALTH	Healthy Birth Weight	Rate of Low and High Birth Weight Births	Low and high birth weights are the number of singleton births weighing less than 2,500 grams (low birth weight) or 4,500 grams or greater (high birth weight) per 1,000 singleton live births. Analyses did not include stillbirths and late terminations. Other B.C. residents included mothers without Status Indian entitlements and mothers with unknown or invalid Public Health Numbers.	Perinatal Services BC - BC Perinatal Data Registry and First Nations Client File
	Risky Maternal Behaviours	Smoking Identified as Risk Factors During Pregnancy	Maternal smoking status was self-reported by the mother and identified when there was documentation on the medical chart that she smoked throughout her current pregnancy or during part of her pregnancy. If the mother smoked at any time during the current pregnancy, even if she quit during the pregnancy, she was categorized as a smoker in the current pregnancy. For the purposes of this analysis, never smokers, former smokers and patients with unknown smoking status were considered non-smokers. Live birth deliveries included both singleton and multiple births. Other B.C. residents included mothers without Status Indian entitlements and mothers with unknown or invalid Public Health Numbers.	Perinatal Services BC - BC Perinatal Data Registry and First Nations Client File
	Infant Mortality	Infant Death Rate	Infant death rate is the number of deaths of children less than one year of age expressed as a rate per 1,000 live births.	BC Vital Statistics Agency VISTA Database
	Physical Activity	McCreary 2013 BC Adolescent Health Survey Question: "On how many of the past 7 days did you participate in at least 60 minutes of physical activity that made you sweat, breathe hard or be 'out of breath' (such as sports, jogging, swimming, cycling, or dance, etc.)?"	For overall data considerations on the McCreary 2013 BC Adolescent Health Survey, see http://www.mcs.bc.ca/pdf/AHSV_methodology.pdf	McCreary 2013 BC Adolescent Health Survey

APPENDIX II: *GUIBC* – 2015 Measures, Data Considerations and Data Sources

Domain	Indicators and Other Data Reported	Measure	Data Considerations	Data Source
CHILD PHYSICAL AND MENTAL HEALTH	Healthy Diet	McCreary 2013 BC Adolescent Health Survey Question: “Did you eat the following things yesterday: Fruit; Vegetables or green salad; Sweets (cookies, cake, candy, chocolate, etc.); Fast food (pizza, hot dogs, burgers, chips, fries, etc.)?”	For overall data considerations on the McCreary 2013 BC Adolescent Health Survey, see http://www.mcs.bc.ca/pdf/AHSV_methodology.pdf	McCreary 2013 BC Adolescent Health Survey
	Child and Teen Suicide	Annual Suicide Deaths Among Youth Ages 12 to 18	Annual suicide deaths are the total number of deaths for which the Underlying Cause of Death (UCOD) was identified as suicide, based on ICD-10 codes X60 to X84 and Y870. X and Y codes within ICD-10 refer to “External Causes of Morbidity and Mortality.” The single Underlying Cause of Death (UCOD) identifies the circumstance that directly led to the death. Given that annual rates of suicide varied greatly from year to year, a three-year moving average was used to better understand the long-term trends. A three-year moving average consisted of calculating an average rate of suicide deaths per 100,000 youth ages 12 to 18 for each year. The average rate for each year included the current year and the previous two years. This method reduced the differences between the annual rates and illustrated more clearly the direction in which the rate was moving over time.	BC Vital Statistics Agency VISTA Database
		McCreary 2013 BC Adolescent Health Survey Questions: (1) “In the past 12 months, did you seriously consider killing yourself (attempting suicide)?” and (2) “In the past 12 months, how many times did you actually try to kill yourself (attempt suicide)?”	For overall data considerations on the McCreary 2013 BC Adolescent Health Survey, see http://www.mcs.bc.ca/pdf/AHSV_methodology.pdf	McCreary 2013 BC Adolescent Health Survey
	Mental Health Service Utilization	Number of Children Who Are Admitted to a Hospital Due to Mental Health Problems	All hospital discharge records of the same episodic event were linked for the analysis. Analyses included the number of individual children ages 18 and under admitted to hospitals in British Columbia for a mental illness diagnosis (i.e. ICD-10 codes F0, F2 to F6 and F9). Analyses excluded children with the following ICD-10 codes: Mental and Behavioural Disorders Due to Psychoactive Substance Use (ICD-10 codes F10 to F19), Mental Retardation (ICD-10 codes F70 to F79), and Disorders of Psychological Development (ICD-10 codes F80 to F89). Hospital discharge records that contained <u>both</u> inclusion and exclusion ICD-10 codes were included.	Discharge Abstracts Database and BC Ministry of Health
	Emotional Well-Being	McCreary 2013 BC Adolescent Health Survey Question: “How much do you agree with the following statements: I usually feel good about myself; I am able to do things as well as most other people?”	For overall data considerations on the McCreary 2013 BC Adolescent Health Survey, see http://www.mcs.bc.ca/pdf/AHSV_methodology.pdf	McCreary 2013 BC Adolescent Health Survey
		McCreary 2013 BC Adolescent Health Survey Question: “During the past 30 days, have you felt you were under any strain, stress or pressure?”	For overall data considerations on the McCreary 2013 BC Adolescent Health Survey, see http://www.mcs.bc.ca/pdf/AHSV_methodology.pdf	McCreary 2013 BC Adolescent Health Survey

Domain	Indicators and Other Data Reported	Measure	Data Considerations	Data Source
	Sexually Transmitted Infections	McCreary 2013 BC Adolescent Health Survey Question: "Have you ever been told by a doctor or nurse that you had an STI/STD (sexually transmitted infection) such as HPV, genital warts, Chlamydia, syphilis, gonorrhoea, hepatitis B, AIDS or HIV infection?"	For overall data considerations on the McCreary 2013 BC Adolescent Health Survey, see http://www.mcs.bc.ca/pdf/AHSV_methodology.pdf	McCreary 2013 BC Adolescent Health Survey
FAMILY ECONOMIC WELL-BEING	Incidence of Low Income	Children and Families in Low Income, Low-Income After-Tax Cut-Offs (LICO-IAT)	The Low Income Cut-Off (LICO) represents the income level at which a family spends twenty percentage points or more on food, clothing and shelter than the average family of similar size residing in a comparably sized community. For overall data considerations on the Survey of Labour and Income Dynamics, see http://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=3889#a2	Statistics Canada - Survey of Labour and Income Dynamics
		Youth Who Aged Out of Care and Subsequently Claiming Income Assistance Within Six Months of Aging Out	The total number of youth reported only included youth who aged out of care between April 1, 2012 and March 31, 2013.	BC Ministry of Children and Family Development
		Children in Families Receiving Income Assistance	Dependent children ages 0 to 18 years in families receiving income support under the B.C. Employment & Assistance program were included. Analyses only included those in receipt of Temporary Assistance (i.e. Expected to Work, Expected to Work - Medical Condition, Temporarily Excused, and Persons with Persistent Multiple Barriers).	BC Ministry of Social Development and Social Innovation
	Food Security	McCreary 2013 Adolescent Health Survey Question: "Some young people go to bed hungry because there is not enough money for food at home. How often does this happen to you?"	For overall data considerations on the McCreary 2013 BC Adolescent Health Survey, see http://www.mcs.bc.ca/pdf/AHSV_methodology.pdf	McCreary 2013 BC Adolescent Health Survey
		Canadian Community Health Survey 2011/12 Question: Household Food Security Status	This variable was based on a set of eight child-referenced questions on the Canadian Community Health Survey and described the food security situation of child members of the household in the previous 12 months. It captured three kinds of situations: (1) <i>Food secure</i> : No, or one, indication of difficulty with income-related food access; (2) <i>Moderately food insecure</i> : indication of compromise in quality and/or quantity of food consumed (2 to 4 affirmative responses); and (3) <i>Severely food insecure</i> : indication of reduced food intake and disrupted eating patterns (>= 5 affirmative responses). This variable was only defined for households with individuals, who were either ages 15 or less, or ages 16 or less and who were the child, grandchild, child-in-law, niece or nephew of another household member. This variable does not necessarily reflect the experience of all child members in the household. For the purposes of this analysis, the Food Security variable is cross-tabulated with a second variable which limits results to households with children ages 12 or less. For overall data considerations on the Canadian Community Health Survey, see http://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=3226	Canadian Community Health Survey Public Use Microdata File 2011/12 and Ministry of Health

APPENDIX II: *GUIBC – 2015* Measures, Data Considerations and Data Sources

Domain	Indicators and Other Data Reported	Measure	Data Considerations	Data Source
CHILD SAFETY	School Safety	BC School Satisfaction Survey Question: “Do you feel safe at school?”	The BC School Satisfaction Survey is an annual survey of students in Grades 3/4, 7, 10 and 12. Findings in <i>GUIBC – 2015</i> presented responses from the 2012/13 survey for Grades 3/4 students only. For overall data considerations on the BC School Satisfaction Survey, see http://www.bced.gov.bc.ca/sat_survey/qa.htm	BC Ministry of Education - BC School Satisfaction Survey
		McCreary 2013 BC Adolescent Health Survey Question: “While at school, how often do you feel safe: in your classroom; in the washrooms; in the changing rooms; in the hallways and stairwells; in the library; in the cafeteria; outside on school grounds; getting to/from school?”	Responses were reported at the scale level and ranged from never, rarely, sometimes, usually, and always. For overall data considerations on the McCreary 2013 BC Adolescent Health Survey, see http://www.mcs.bc.ca/pdf/AHSV_methodology.pdf	McCreary 2013 BC Adolescent Health Survey
	Online Safety	McCreary 2013 BC Adolescent Health Survey Question: “Have you ever met someone through the Internet who made you feel unsafe?”	For overall data considerations on the McCreary 2013 BC Adolescent Health Survey, see http://www.mcs.bc.ca/pdf/AHSV_methodology.pdf	McCreary 2013 BC Adolescent Health Survey
	Children in Care	Rates of Children and Youth in Care	Distinct number of children and youth in care and rate of children and youth in care per 1,000 child and youth population were based on each March fiscal year end from 2007/08 to 2012/13.	BC Ministry of Children and Family Development
	Child Abuse or Neglect	McCreary 2013 BC Adolescent Health Survey Questions: (1) “Have you ever been physically abused or mistreated by anyone in your family or by anyone else?” and (2) “Have you ever been sexually abused?”	For overall data considerations on the McCreary 2013 BC Adolescent Health Survey, see http://www.mcs.bc.ca/pdf/AHSV_methodology.pdf	McCreary 2013 BC Adolescent Health Survey
		Rate of Recurrence of Child Neglect and/or Abuse by Family	Fiscal recurrence rate describes the proportion of families who have been found to neglect and/or abuse their children within 12 months of a previously confirmed incidence of child neglect and/or abuse. Rate of recurrence was calculated as follows: protection findings of all families investigated were reviewed to see if there was another protection finding within the previous 12 months. Data for 2011/12 and 2012/13 was originally requested from Ministry of Children and Family Development (MCFD); however values for 2011/12 and 2012/13 could not be provided due to the implementation of MCFD’s new Integrated Case Management System and changes to data collection and data extraction methods.	BC Ministry of Children and Family Development
	Injury Hospitalizations	Injury Hospitalizations for Youth 19 and Under	Analyses examined the number of individual children ages 19 and under admitted to hospitals in B.C. for an injury diagnosis using ICD-10 codes V01 to Y98. Rates of injury hospitalizations were calculated per 100,000 youth ages 19 years and under. For a list of ICD-10 definitions used for causes of injury hospitalizations, see http://apps.who.int/classifications/icd10/browse/2010/en#/XX	Discharge Abstracts Database and BC Ministry of Health

Domain	Indicators and Other Data Reported	Measure	Data Considerations	Data Source
CHILD LEARNING	Contextual Information on Kindergarten to Grade 12 Students with Special Needs Designations	Students with a Special Needs Designation	Analyses examined the percentage of students in Kindergarten to Grade 12 with a special needs designation including gifted students in the school year 2012/13.	BC Ministry of Education
	School Readiness	Children Vulnerable on One or More Scales of the Early Development Instrument	<p>The Early Development Instrument (EDI) is administered by the Human Early Learning Partnership (HELP) and measures five core areas of early child development: physical health and well-being; language and cognitive development; social competence; emotional maturity; and communication skills and general knowledge. Data for Wave 1 (2001/02 to 2003/04) and Wave 2 (2004/05 to 2006/07) were collected over three school years. Data for Wave 3 (2007/08 to 2008/09), Wave 4 (2009/10 to 2010/11), and Wave 5 (2011/12 to 2012/13) were collected every two years. HELP does not report Wave 1 data due to a change in the coding of the data which does not make it possible to compare with subsequent Waves. Data reported in <i>GUIBC – 2015</i> include Waves 3, 4, and 5 and is an update to findings in the first report.</p> <p>To determine if kindergarten-aged children are doing better, worse, or about the same as in the past, HELP developed a method to examine change in EDI scores over time and describes this change as “Critical Difference” (http://earlylearning.ubc.ca/supporting-research/critical-difference/). A Critical Difference is defined as the amount of difference in a geographic region area’s EDI vulnerability rate that is large enough to be considered significant for a particular number of children. For <i>GUIBC – 2015</i>, critical difference was assessed between Wave 3 and Wave 5 at the Health Service Delivery Area level.</p>	Human Early Learning Partnership
	Student Achievement	Grade 4 and Grade 7 Foundation Skills Assessment in Reading, Writing and Numeracy	The Foundation Skills Assessment (FSA) is an annual province-wide assessment of British Columbia students’ academic skills in reading comprehension, writing, and numeracy. The skills assessed are linked to the provincial curriculum and provincial performance standards. The assessment is administered annually to Grades 4 and 7 students in public and provincially funded independent schools. The Ministry of Education refers to students who did not participate in the FSA as students whose performance levels are unknown. Students who wrote the FSA are referred to as “writers.”	BC Ministry of Education
		Grade 10 Language Arts Course Required for a B.C. Certificate of Graduation	Analyses examined the percentage of Grade 8 students that subsequently took the Grade 10 Language Arts course on time and the percentage of students that passed the provincial exam. Students considered to have taken the course on time were those who took the Grade 10 course and wrote the provincial exam within two years after their Grade 8 year. Students who took the course and wrote the exam in the summer of their Grade 10 year may also be included. Grade 10 Language Arts courses included Grade 10 English or English 10 First Peoples or Français Langue Première. Analyses were based on first-time Grade 8 students.	BC Ministry of Education
		Grade 10 Math Course Required for a B.C. Certificate of Graduation	Analyses examined the percentage of Grade 8 students that subsequently took the Grade 10 Math course on time and the percentage of students that passed the provincial exam. Students who took the course on time were those who took the Grade 10 course and wrote the provincial exam within two years after their Grade 8 year. Students who took the course and wrote the exam in the summer of their Grade 10 year may be included. Analyses were based on first-time Grade 8 students.	BC Ministry of Education

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Domain	Indicators and Other Data Reported	Measure	Data Considerations	Data Source
CHILD LEARNING		Youth Under a Youth Agreement in Their Age Appropriate Grade	Analyses examined whether a youth under a youth agreement was attending school at a grade level that was typical of their age. For example, a student attending Grade 11 when they were 16 years old would be considered appropriate. Youth who were not in their age appropriate grade may be behind their typical grade level or ahead of their grade level (i.e. skipped a grade level).	BC Ministry of Children and Family Development and Ministry of Education
	High School Completion	Progression From Grade 8 Through to Grade 12 Completion	Analyses examined the grade to grade progression from Grade 8 to Grade 12 and then to graduation for a cohort of students who entered Grade 8 in 2007/08. This measure tracked 51,020 students who were in Grade 8 for the first time in 2007/08.	BC Ministry of Education
		Six Year High School Completion Rate	Analyses examined the percentage of students from the completion rate cohorts who were in Grade 8 for the first time in the years 2002/03 to 2007/08 and who completed high school within six years. Students graduated with a BC Certificate of Graduation or BC Adult Graduation Diploma within six years from the first time they enrolled in Grade 8, adjusted for migration in and out of British Columbia. A six-year rate gives students an extra year beyond the five years required to progress from Grades 8 to 12.	BC Ministry of Education
		High School Credential for Youth Under a Youth Agreement	Analyses examined the proportion of youth who turned 19 while under a youth agreement with a BC high school credential (i.e. BC Certificate of Graduation, BC Adult Graduation Diploma, or BC School Completion Certificate).	BC Ministry of Children and Family Development and Ministry of Education
	Transition to Post-Secondary Education	McCreary 2013 BC Adolescent Health Survey Question: “Which of these best describes your school plans: I do not expect to finish high school, I plan to finish high school but won’t go to university, college or trade school, I plan to continue my education after high school (e.g. university, college, trade school), I haven’t thought about it, or I don’t know.”	For overall data considerations on the McCreary 2013 BC Adolescent Health Survey, see http://www.mcs.bc.ca/pdf/AHSV_methodology.pdf	McCreary 2013 BC Adolescent Health Survey

Domain	Indicators and Other Data Reported	Measure	Data Considerations	Data Source
CHILD LEARNING	Transition to Post-Secondary Education	High School Student Transitions to B.C. Public Post-Secondary Institutions	<p>Data for this measure was provided by the Ministry of Education. Transition rates reported by the Ministry of Education differ from transition rates published by the Student Transitions Project which produces rates based on the number of students eligible to graduate when they enter Grade 12.</p> <p>Analyses were only based on Grade 12 students who graduated and included students in the Completion Rate cohort who first enrolled in Grade 8 in a B.C. school in the 2002/03 school year. The cohort may include students who were not in Grade 8 in the same year but entered later grades in step with the cohort group. “Graduates” were students who received a BC Certificate of Graduation or BC Adult Graduation Diploma within six years from the time of first enrolling in Grade 8. The student may have received a high school graduation credential more than six years after the first Grade 8 year, but was not considered a graduate for this report. The proportion of graduates may be underestimated because some of the non-graduates may have moved out of province and possibly graduated elsewhere, which would reduce the total number of students in the cohort. The Ministry of Education usually applies an estimate of outmigration to the completion rate calculation to account for students moving out of province. However, because the outmigration estimate is applied at the district level, rather than to individual students, it is impossible to distinguish students who stayed in B.C. and did not graduate from those who left the province and may have graduated elsewhere.</p>	BC Ministry of Education
CHILD BEHAVIOUR	Teenage Pregnancy	McCreary 2013 BC Adolescent Health Survey Question: “How many times have you been pregnant or gotten someone pregnant?”	For overall data considerations on the McCreary 2013 BC Adolescent Health Survey, see http://www.mcs.bc.ca/pdf/AHSV_methodology.pdf	McCreary 2013 BC Adolescent Health Survey
		Live Births to Teenage Mothers	The age specific fertility rate reported is the rate of live births per 1,000 women ages 15 to 19. Rates reported included all birth weights, all gestations, all modes of delivery, all birth kinds, and all genders.	BC Vital Statistics Agency VISTA Database
	Substance Use	McCreary 2013 BC Adolescent Health Survey Questions: (1) “Have you ever tried smoking a cigarette, cigar or cigarillo (e.g. PrimeTimes), even one or two puffs (This does not include ceremonial tobacco)?”; (2) “During the past 30 days, on how many days did you smoke tobacco?”; (3) “Have you ever had a drink of alcohol other than a few sips?”; (4) “During the past 30 days, on how many days did you have 5 or more drinks of alcohol within a couple of hours?”; (5) “Have you ever used marijuana (pot, weed, cannabis, hash)?”; (6) “During the past 30 days, on how many days did you use marijuana?”	For overall data considerations on the McCreary 2013 BC Adolescent Health Survey, see http://www.mcs.bc.ca/pdf/AHSV_methodology.pdf	McCreary 2013 BC Adolescent Health Survey

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Domain	Indicators and Other Data Reported	Measure	Data Considerations	Data Source
CHILD BEHAVIOUR	Substance Use	McCreary 2013 BC Adolescent Health Survey Question: “During your life, how many times have you used any of the following drugs: Prescription pills without a doctor’s consent (e.g. OxyContin, Ritalin); Cocaine (coke, crack); Hallucinogens (LSD, acid, PCP, dust, mescaline, salvia); Ecstasy/MDMA; Mushrooms (shrooms, magic mushrooms); Inhalants (glue, gas, nitrous oxide, whippits, aerosols); Amphetamines (speed); Crystal meth; Heroin; Ketamine (Special K), GHB; Steroids without a doctor’s prescription?”	For overall data considerations on the McCreary 2013 BC Adolescent Health Survey, see http://www.mcs.bc.ca/pdf/AHSV_methodology.pdf	McCreary 2013 BC Adolescent Health Survey
		McCreary 2013 BC Adolescent Health Survey Question: “In the past year, have any of the following happened to you because you were drinking or using drugs? Mark all that apply.”	For overall data considerations on the McCreary 2013 BC Adolescent Health Survey, see http://www.mcs.bc.ca/pdf/AHSV_methodology.pdf	McCreary 2013 BC Adolescent Health Survey
	Healthy Sexual Behaviours	McCreary 2013 BC Adolescent Health Survey Questions: (1) “Have you ever had sex (other than oral sex or masturbation?” and (2) “The last time you had sex, did you or your partner use a condom or other barrier/protection?”	For overall data considerations on the McCreary 2013 BC Adolescent Health Survey, see http://www.mcs.bc.ca/pdf/AHSV_methodology.pdf	McCreary 2013 BC Adolescent Health Survey
	Engagement in Extracurricular Activities	BC School Satisfaction Survey Question: “At school, do you participate in activities outside of class hours (for example, clubs, dance, sports teams, music)?”	The BC School Satisfaction Survey is an annual survey of students in Grades 3/4, 7, 10 and 12. Findings in <i>GUIBC – 2015</i> presented responses from the 2012/13 survey for Grades 3/4 students only. For overall data considerations on the BC School Satisfaction Survey, see http://www.bced.gov.bc.ca/sat_survey/qa.htm	BC Ministry of Education - BC School Satisfaction Survey
		McCreary 2013 BC Adolescent Health Survey Question: “In the past 12 months, other than in school classes, how often have you taken part in: Art, drama, singing or music (groups or lessons), Dance, yoga, or exercise classes with an instructor, Clubs or groups such as Guides or Scouts, 4-H, community, or religious groups, Sports or physical activities without a coach or instructor (biking, skateboarding, hiking, etc.), and Sports with a coach or instructor (school teams, swimming lessons, etc.)?”	For overall data considerations on the McCreary 2013 BC Adolescent Health Survey, see http://www.mcs.bc.ca/pdf/AHSV_methodology.pdf	McCreary 2013 BC Adolescent Health Survey

Domain	Indicators and Other Data Reported	Measure	Data Considerations	Data Source
CHILD BEHAVIOUR	Engagement in Extracurricular Activities	McCreary 2013 BC Adolescent Health Survey Question: "In the past 12 months, did any of the following stop you from participating in the above activities: I couldn't afford to; I was worried about being bullied; I couldn't get there or get home; I was too busy; The activity wasn't available in my community."	This question was adapted to examine barriers that existed among youth who did not participate in any of the following community activities: Art, drama, singing or music; Dance, yoga or exercise classes with an instructor; Clubs or groups such as Guides or Scouts, 4-H, community or religious groups; Sports with a coach or instructor; and Sports or physical activities without a coach or instructor. For overall data considerations on the McCreary 2013 BC Adolescent Health Survey, see http://www.mcs.bc.ca/pdf/AHSV_methodology.pdf	McCreary 2013 BC Adolescent Health Survey
	Youth Involvement with Crime	Youth Involvement with Crime	Rates of youth ages 12 to 17 years charged with a serious crime were calculated per 100,000 population ages 12 to 17 years. Serious crime included serious violent crime (e.g. homicide, attempted murder, sexual and non-sexual assault, robbery and abduction) and serious property crime (e.g. breaking and entering).	BC Stats
		Youth In Custody	Rates of youth ages 12 to 17 years in B.C. custody centres at some point during the fiscal year were calculated per 10,000 population ages 12 to 17 years.	BC Ministry of Children and Family Development
FAMILY, PEER, AND COMMUNITY CONNECTIONS	Care Placements and Connections	Culturally Appropriate Matches for Aboriginal Children and Youth in Government Care	In the 2010 Growing Up in B.C. report, data provided by the Ministry of Children and Family Development (MCFD) indicated that the number of Aboriginal children and youth who were placed in Aboriginal homes when they come into care remained fairly stable over the three year period of 2005/06 to 2007/08, with the majority (52.5%) still placed in non-Aboriginal homes. For <i>GUIBC – 2015</i> MCFD was not able to provide current data on this measure due to changes in information management systems and data collection methods.	BC Ministry of Children and Family Development
		Placement Changes Among Children and Youth in Government Care	Analyses examined placement changes among children and youth who were in the 1 to 12 month of their current episode of government care (i.e. within 1 year of care) between April 1, 2012 and March 31, 2013, and whether these children had no placement changes, one placement change, or two or more placement changes during the reporting period. The following moves were excluded: a child's first placement, change of caregiver address, youth custody centre, hospital, AWOL, pays own board, independent living, and placements lasting 3 days or less.	BC Ministry of Children and Family Development
	School and Community Connections	Canadian Community Health Survey 2011/12 Question: "How would you describe your sense of belonging to your local community?"	Analyses examined the percentage of respondents ages 12 to 18 who answered the question "How would you describe your sense of belonging to your local community" on the Canadian Community Health Survey based on the following responses: very strong, somewhat strong, somewhat weak or very weak. For overall data considerations on the Canadian Community Health Survey, see http://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=3226	Canadian Community Health Survey Public Use Microdata File 2011/12
		McCreary 2013 BC Adolescent Health Survey Question: "In the past 12 months, other than in school classes, how often have you taken part in volunteer activities - helping others without pay (helping a charity, fundraising, etc.)?"	For overall data considerations on the McCreary 2013 BC Adolescent Health Survey, see http://www.mcs.bc.ca/pdf/AHSV_methodology.pdf	McCreary 2013 BC Adolescent Health Survey

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Domain	Indicators and Other Data Reported	Measure	Data Considerations	Data Source
FAMILY, PEER, AND COMMUNITY CONNECTIONS	School and Community Connections	McCreary 2013 BC Adolescent Health Survey Question: “How much do you agree or disagree with the following statements: I feel like I am part of my school; I am happy to be at my school; School staff treat me fairly; I have trouble getting along with teachers; I feel safe at my school; My teachers care about me; Other school staff care about me”	Responses were reported at the scale level and ranged from strongly disagree, disagree, neither agree nor disagree, agree, and strongly agree. For overall data considerations on the McCreary 2013 BC Adolescent Health Survey, see http://www.mcs.bc.ca/pdf/AHSV_methodology.pdf	McCreary 2013 BC Adolescent Health Survey
	Bullying	BC School Satisfaction Survey Question: “At school are you bullied, teased, or picked on?”	The BC School Satisfaction Survey is an annual survey of students in Grades 3/4, 7, 10 and 12. Findings in <i>GUIBC – 2015</i> presented responses from the 2012/13 survey for Grades 3/4 students only. For overall data considerations on the BC School Satisfaction Survey, see http://www.bced.gov.bc.ca/sat_survey/qa.htm	BC Ministry of Education - BC School Satisfaction Survey
		McCreary 2013 BC Adolescent Health Survey Question: “During the past 12 months, while at school or on the way to and from school, how many times did another youth: Tease you or say something personal about you that made you feel bad or extremely uncomfortable; Keep you out of things on purpose, exclude you from their group of friends or completely ignore you; Physically attack or assault you?”	For overall data considerations on the McCreary 2013 BC Adolescent Health Survey, see http://www.mcs.bc.ca/pdf/AHSV_methodology.pdf	McCreary 2013 BC Adolescent Health Survey
		McCreary 2013 BC Adolescent Health Survey Question: “During the past 12 months, while at school or on the way to and from school, did you: Tease or say something personal about another youth to make them feel bad or extremely uncomfortable; Keep another youth out of things on purpose, exclude them from your group of friends or completely ignore them; Physically attack or assault another youth?”	For overall data considerations on the McCreary 2013 BC Adolescent Health Survey, see http://www.mcs.bc.ca/pdf/AHSV_methodology.pdf	McCreary 2013 BC Adolescent Health Survey
		McCreary 2013 BC Adolescent Health Survey Questions: (1) “In the past 12 months, did someone bully or pick on you through the internet or other technology?” and (2) “In the past 12 months, did you bully or pick on anyone through the internet or other technology?”	For overall data considerations on the McCreary 2013 BC Adolescent Health Survey, see http://www.mcs.bc.ca/pdf/AHSV_methodology.pdf	McCreary 2013 BC Adolescent Health Survey

Domain	Indicators and Other Data Reported	Measure	Data Considerations	Data Source
FAMILY, PEER, AND COMMUNITY CONNECTIONS	Family Connectedness	McCreary 2013 BC Adolescent Health Survey Question: "How much do you feel that people in your family understand you; you and your family have fun together, your family pays attention to you?"	Responses were reported at the scale level and ranged from not at all, very little, somewhat, quite a bit, and very much. For overall data considerations on the McCreary 2013 BC Adolescent Health Survey, see http://www.mcs.bc.ca/pdf/AHSV_methodology.pdf	McCreary 2013 BC Adolescent Health Survey
	Adults in Your Life	McCreary 2013 BC Adolescent Health Survey Question: "If you were having a serious problem, is there an adult that you would feel okay talking to? Mark all that apply."	For overall data considerations on the McCreary 2013 BC Adolescent Health Survey, see http://www.mcs.bc.ca/pdf/AHSV_methodology.pdf	McCreary 2013 BC Adolescent Health Survey
		BC School Satisfaction Survey Question: "How many adults at your school care about you?"	The BC School Satisfaction Survey is an annual survey of students in Grades 3/4, 7, 10 and 12. Findings in <i>GUIBC – 2015</i> presented responses from the 2012/13 survey for Grades 3/4 students only. For overall data considerations on the BC School Satisfaction Survey, see http://www.bced.gov.bc.ca/sat_survey/qa.htm	BC Ministry of Education - BC School Satisfaction Survey

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