

Growing Up in B.C.

The true measure of a nation's standing is how well it attends to its children – their health and safety, their material security, their education and socialization, and their sense of being loved, valued, and included in the families and societies into which they are born.

UNICEF, Innocenti Report Card 7, 2007



REPRESENTATIVE FOR
CHILDREN AND YOUTH

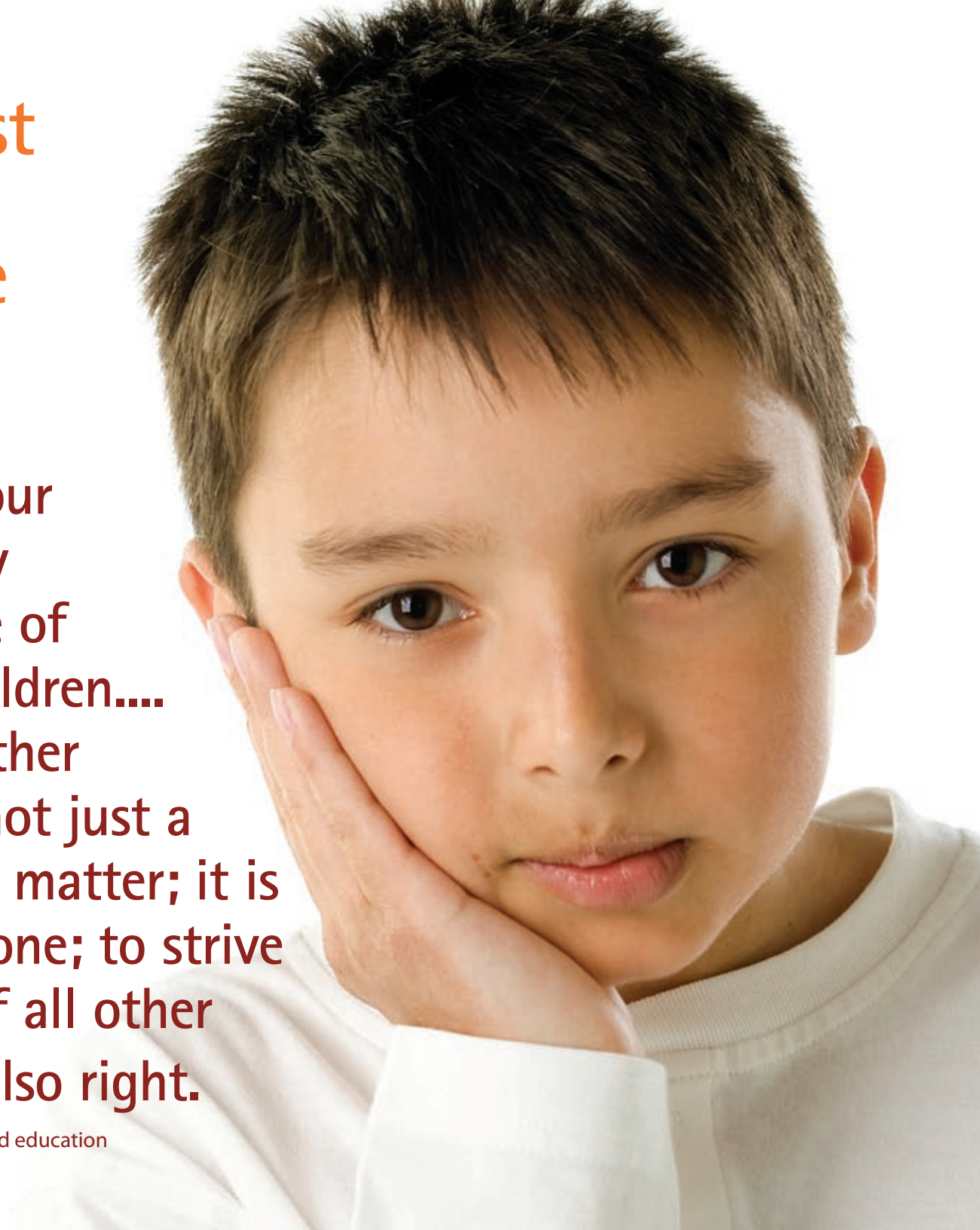


Office of the
Provincial Health Officer

Each of us must
come to care
about everyone
else's children.

We must recognize
that the welfare of our
children is intimately
linked to the welfare of
all other people's children....
To worry about all other
people's children is not just a
practical or strategic matter; it is
a moral and ethical one; to strive
for the well-being of all other
people's children is also right.

Lilian G. Katz, international leader in early childhood education



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

Many British Columbians feel fortunate to live in a province full of promise and opportunities for healthy, safe and rewarding lives. However, many British Columbians do not have access to the resources and opportunities they need to be healthy and to achieve well-being. It should be of even greater concern to all of us that many of these are children.

As a first step to improving the circumstances and outcomes for B.C.'s children and youth we need to understand how they are doing today. Are babies born healthy? Are young children ready to learn? Do children and youth have access to nutritious food, and do they engage in healthy physical activities? How many young people in our province commit suicide, experience abuse or have a problem with alcohol or drugs? On the other hand how many young people graduate from high school, volunteer or have a positive connection with their community or a caring adult?

We need to understand the experience of "growing up in British Columbia" so that we are all aware of what is going well for young people and what needs to change in terms of the conditions children and youth experience and the outcomes they achieve.



Mary Ellen Turpel-Lafond
*Representative for Children
and Youth*



Perry Kendall
Provincial Health Officer

The Representative for Children and Youth and the Provincial Health Officer joined forces to create this unique report. Our complementary roles in monitoring and reporting on the health and well-being of children in B.C. gave us the opportunity to look at this in a number of ways.

- How well are all children and youth across the province doing?
- What is happening with children and youth in the care of the government?
- What is unique about the well-being of Aboriginal children and youth?
- What do young people think are important indicators of their own well-being?

These are important questions. In this report we are able to confirm some things already known. While most young people are doing well, youth involved in the child protection system are more likely to get pregnant, smoke or use alcohol or drugs. Aboriginal children and youth and young people living in Northern B.C., the Interior and parts of Vancouver Island struggle with basic health issues. However, some of the findings show promise for equality and improved outcomes.

Young people in care participate in positive leisure and recreational activities at the same or higher rate than their peers. Aboriginal students report high rates of participation in extra-curricular activities. It's also good news that teen pregnancy rates have dropped significantly. And because we connected directly with youth we found out what concerned them – difficult issues such as binge drinking, sexually transmitted diseases and the prevalence of bullying and discrimination. B.C. youth told us they feel it is unacceptable that so many youth in our province are abused or that so many young people go to bed hungry.

For all children to do well and to achieve the promise their futures offer, we need to learn from this report and do better.



They told us what needs to change and what works in making their lives better. They want to stay involved in our work to ensure that the measures we use remain relevant, appropriate and inclusive of all youth in the province.

Of real concern is that we are not able to comment on some important areas because there is not enough information to report on – issues such as the incidence of mental health problems, the number of children and youth with special needs and the prevalence of children exposed to domestic violence. It is also concerning that there is not enough data to allow us to speak definitively about the unique characteristics of Aboriginal child and youth well-being, or the well-being of children and youth from diverse cultures. We encourage the development of robust data gathering in these areas to support a more complete report in future years.

Our work in this report and in both of our Offices is significantly influenced by the United Nations Convention on the Rights of the Child. Our well-being framework is grounded in key rights articulated in the convention,¹ including the right to:

- safety from violence
- good quality health care
- security and an adequate standard of living
- education and good educational outcomes
- practice one's own culture, language and religion
- protection from harmful drugs, sexual exploitation and exposure to other harmful elements
- special care and support for children with disabilities.

The well-being of children and youth is a complex concept. To achieve this report's goal of providing a meaningful picture of children in this province, hundreds of indicators used in many jurisdictions around the world were considered. The indicators we selected and why we selected them are discussed in detail in the "Approach" section of this report.

Our goal for this joint initiative is to stimulate both dialogue and action on behalf of children's well-being. We hope that by reading

this report and engaging in discussions with us and with each other you will:

- be better informed about the social and physical conditions of children and youth in B.C.
- understand that there are groups of children and youth who are not doing as well as others
- debate important policies affecting the lives and futures of children and youth
- contribute to changing and improving circumstances and outcomes for children and youth
- hold us all accountable for effective systems and services for children and youth.

For all children to do well and to achieve the promise their futures offer, we need to learn from this report and do better. All British Columbians – policy makers, elected officials, researchers, community members, parents and young people themselves – have a role to play in understanding how well our children and youth are doing. We must contribute to the debate about what needs to be different, and we must ensure the necessary changes are made in formal policies and practices and in everyday community life. The Representative will continue to work with the Provincial Health Officer as he develops a broader and more exhaustive set of child health and well-being indicators, scheduled for release in 2011.

This report is the start of important and sometimes difficult conversations about ensuring that all infants experience the conditions they need to have the best possible start in life, that all children have the resources and opportunities to learn and thrive, and that all adolescents are supported and guided to make healthy decisions and life choices. We hope it sparks conversations and initiates action to ensure that all B.C. children are happy, healthy and given the support and opportunities they deserve.

Respectfully submitted,



Mary Ellen Turpel-Lafond
Representative for Children and Youth



Perry Kendall
Provincial Health Officer

Acknowledgements

The Representative and the Provincial Health Officer made a commitment to highlight the voices of youth and to incorporate their views and priorities in this report. In order to achieve as complete an understanding as possible about the youth perspective, the McCreary Centre Society was asked to assist by consulting with youth across the province on this project. The hard work and commitment of the leadership and staff of the McCreary Centre contributed to a thoughtful and comprehensive representation of what youth across this province think about well-being and what is important to them.

The young people who took the time to participate in the McCreary consultations have also made an invaluable contribution to the value of this report. Their insights and honesty about what matters to them and what adults can do to enhance their lives are most appreciated. The young people came from a diverse mix of backgrounds, ethnicities and experiences, including youth who had been in government care, immigrant youth, Aboriginal youth and lesbian, gay, bisexual and transgendered youth. Their feedback was thoughtful and added depth to decisions about the selection of indicators and measures.

The youth endorsed all of the indicators that were presented to them but did suggest a number of additional variables for consideration. Indicators or measures that were added based on their recommendations included youth educational goals for the future, peer relationships and online bullying. Other suggestions for additional indicators were insightful – the prevalence of mental health concerns, positive self-esteem, witnessing domestic violence, and spirituality – but require making better use of existing data, refining existing data or creating new data. Because of this, these indicators may be used in future RCY reports or new versions of this report.

A second element of data interpretation in this report is also provided by young people. Youth received summaries of the data and were asked to comment on what they thought was important or what was missing. The data did not surprise the young people, but they did find some of the statistics pointed out areas in need of urgent and effective action, in particular rates of child abuse and child hunger.

Early on in the planning of this report, Dr. Asher Ben Arieh of the Israel National Council for the Child and Hebrew University shared an approach to data interpretation that has been effective in other jurisdictions – the use of external data and subject experts. Dr. Ben Arieh is an international expert on child well-being indicators. His advice on measuring child well-being has been incorporated into this report and has helped immensely in guiding this project.

The Representative and the Provincial Health Officer also gratefully acknowledge the contributions of the group of expert academics who contributed to this report. A commitment to credible data requires credible data interpretation. No one analyst could do justice to such a range. Eight well-regarded academics from across Canada were engaged to provide external commentaries on the findings – in their view what the major findings are, what the limitations of the data are and what we should know more about. Six experts commented on one specific domain each, while two experts spoke more broadly about the measures – one to the need to measure and track child data and the other to the unique challenges of data for Aboriginal children and youth.

The data experts commented on the need for data to be accurate, relevant and useful. They too called for improvement to existing measures and the creation of new measures to address important gaps in understanding child well-being.

It is also important to acknowledge previous health status reports by B.C.'s Provincial Health Officer and the outstanding work of Canada's Chief Public Health Officer and the Vital Signs reports in Vancouver and Victoria. Further afield, reports produced by the Annie E. Casey Foundation's Kids Count, the Australian Institute of Health and Welfare, the Australian Research Alliance for Children and Youth and the work of UNICEF also proved helpful. All of these reports informed our understanding of child well-being and the approach to measuring it and how to use data to make change.

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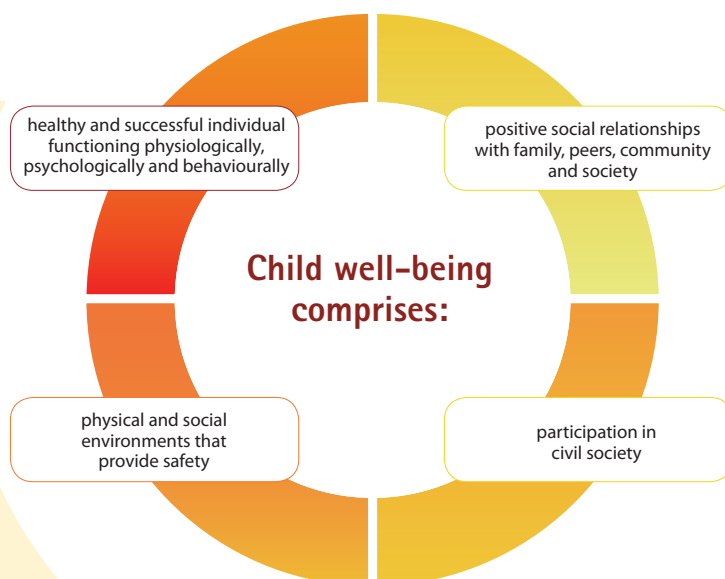


GROWING UP IN

Growing Up in British Columbia

What will be accomplished by reporting on and tracking child and youth well-being across British Columbia? Simply put – if we want to change something, we must measure it first. We must define our purpose in trying to improve the quality of life for children and youth. Improved outcomes are dependent to an extent on all parties having current and accurate information on how children and youth are doing. Without such data to provide an understanding of current circumstances and important aspects of health and wellness, it is difficult to set goals and chart a course for change. An overall goal of the Representative's Office is to inform public debates and policy on children's well-being. The complementary goal of the Office of the Provincial Health Officer is to report on the health and well-being of the population.

Child well-being is a multi-dimensional measure of the quality of children's lives. This report adopts a definition by Andrews et al,² which guided the selection of partners, domains and indicators for the report.



British Columbians have a keen interest in the quality of children's lives and support a strong system for their well-being. *Growing Up in B.C.* is intended to serve as a source of information, a tool for accountability and a catalyst for change.

Growing Up in B.C. contributes two unique aspects to the collection of child well-being reports in Canada and in B.C. One is the valuable perspective of young people themselves. The United Nations Convention on the Rights of the Child identifies the need to seek the opinions of young people in decisions that affect them and to respect their views.

More than 200 youth participated in 27 consultations across B.C. Their views were sought, heard and incorporated regarding what well-being means to them, what the findings mean to them and what works for them to enhance their well-being. This gives *Growing Up in B.C.* a point of view not previously included in well-being reports.

The second unique aspect of this report is the focus on children and youth who frequently experience greater disadvantage. Where possible we have differentiated data for children and youth in the care of the government and Aboriginal children and youth, in order to highlight differences in circumstances or outcomes for these more vulnerable sub-populations of children and youth.

Approach

Framework for Well-being

This inaugural report is a first step toward a more comprehensive well-being framework that crosses a broad spectrum of life domains and measures. Care has been taken to limit the number of indicators and measures to a manageable number while establishing a satisfactory baseline for subsequent reports. This framework will be refined and developed in future years. Additional indicators must be included, while others may be dropped, so that the most meaningful and complete picture of B.C.'s children is created over time.

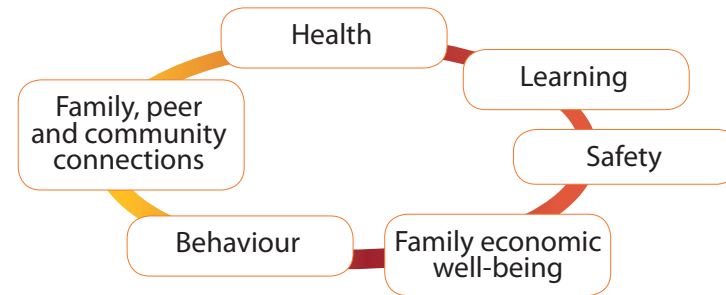
Domains are the general areas of interest or activity that are considered to be the broader dimensions of well-being.³ Indicators are the statistical markers used to track behaviours, characteristics or situations of population groups, and are used to measure and monitor child well-being.^{4,5,6}

The initial group of domains and indicators used in *Growing Up in B.C.* was determined based on a review of the well-being literature and over 120 reports from around the world.

While there is some variation in language, over two decades of research has established the following seven domains of well-being:

- family economic well-being
- health
- educational attainment
- safety and behavioural concerns
- community connectedness
- social relationships
- emotional/spiritual well-being.⁷

These seven domains have been modified slightly for this report, given the focus on vulnerable children and youth. The six dimensions of child and youth well-being reported on here are:




The selection of indicators proved a more formidable task. A multitude of different indicator sets for children's well-being have been used in other reports. For example, one review identified 2,500 potential child well-being indicators.^{8,9} The selection of indicators for this report considered aspects of life or milestones that are regarded by multiple stakeholders, including youth, as contributing to or detracting from healthy functioning. Underlying this approach is a belief that all children should have access to opportunities for positive conditions and to positive developmental circumstances. The *Growing Up in B.C.* framework addresses two aspects of well-being:

- the context – the conditions or opportunities children need to develop, such as healthy food and an adult who cares about them
- the outcomes – what children manage to do or choose to do in the context of their circumstances, such as graduate from high school or abuse alcohol.¹⁰

Researchers across many jurisdictions – from the United States to Australia, from Ireland to Israel – have suggested several core criteria for the selection of child well-being indicators,^{11,12} and studies have shown that child well-being indicators are more effective if such criteria are used to select them and to guide their use.¹³ The indicators used in this report were evaluated against the following established criteria:

- 1** Worth measuring – the indicator represents a significant and relevant aspect of healthy functioning or the context in which children live.
- 2** Clear and understandable – the indicator is readily understood by the general public and by policy makers – people who need to act on their own behalf and people who make decisions for others understand what needs to change to improve conditions or outcomes for children.
- 3** Predictive – the indicator is forward-looking in that changes in the measurement of the indicator can be used to discuss changes and improvements in the well-being of children.
- 4** Diverse – the indicator is valid and reliable both for the general population and for diverse populations (e.g., Aboriginal children, ethnically and culturally diverse children, rural and urban children, and children from different socio-economic circumstances).
- 5** Relevant to policy and practice – there is a short “causal chain” from action to an improvement in the conditions children experience or to their outcomes.
- 6** Feasible – the information required to measure the indicator can be obtained at a reasonable cost and can be efficiently collected, summarized, interpreted and reported.
- 7** Comprehensive – the set of indicators covers the wide scope of child well-being included in our definition.^{14, 15, 16, 17, 18}





While there has been significant growth in the child well-being indicators field, the literature highlights problems in regards to the availability of data and the quality of the data.^{19,20} If data are of poor quality, the first and perhaps only response to the monitoring of an indicator may be to question the credibility of the data.²¹ The Representative and the Provincial Health Officer are committed to the use of credible data.

The most significant barrier to finalizing this report's indicator set was the lack of robust data. For this reason some important aspects of children's lives could not be included – for example, the prevalence of special needs and the experiences of immigrant and refugee children. Our challenge and that of governments, researchers and statistical agencies is to address these and other gaps in essential information about the lives of young people.

The indicators chosen for use in this report provide a broad and balanced picture of B.C.'s young people – the positives and the negatives; from infancy through adolescence; how well they are doing right now and predicting how well they will do in the future. The definitions for the six domains have been adapted from comprehensive national reports from Australia and the United Kingdom.^{22, 23, 24}

Domain	Definition of Domain	Indicators
Health	The absence or presence of physical and psychological disease or illness, protection from further harm or damage as a result of disease or illness, and protective factors and the prevention of disease or illness	<ul style="list-style-type: none"> - Healthy birth weight - Risky maternal behaviours - Infant mortality - Physical activity - Fruit and vegetable consumption - Exposure to second-hand smoke - Child and teen suicide
Learning	Opportunities for the acquisition of knowledge and skills, opportunities to interact with others and discover, and the outcomes of these opportunities	<ul style="list-style-type: none"> - Student achievement - School readiness - High school completion
Safety	The incidence of injury, accident, violence or exploitation and protection from unreasonable risk of injury, accident, violence or exploitation	<ul style="list-style-type: none"> - School safety - Online safety - Children in care - Child abuse or neglect - Injury hospitalizations and injury deaths
Family Economic Well-being	The incidence of family low income and related issues such as homelessness and food security, and the relationship between socio-economic disadvantage and poor health, education and safety outcomes	<ul style="list-style-type: none"> - Incidence of low income - Financial assistance - Food security
Family, Peer and Community Connections	Child and family stability, family and peer interactions, secure cultural identity, civic engagement and protection from isolation and exclusion	<ul style="list-style-type: none"> - Ethnic or culturally appropriate care placement - Community connectedness - Adult in their life - Youth volunteering - Interaction and participation with peers
Behaviour	Opportunities for growth and maturation and behavioural choices both negative and positive	<ul style="list-style-type: none"> - Teenage pregnancy - Tobacco use - Alcohol use - Drug use - Healthy sexual behaviours - Positive leisure or recreational pursuits - Youth involvement with crime

Measures and Data Sources

Understanding the life circumstances of B.C.'s children is dependent on accurate measures of the selected indicators. A commitment was made to adopt and adhere to rigorous standards for the collection and utilization of data. While no data source is without challenges, efforts were made to use data where limitations were generally known and published. Potential measures were evaluated against recognized criteria to establish reliability and validity. The report's youth-centered approach included extensive use of existing surveys of children and youth. Separate criteria were used to evaluate the reliability and accuracy of survey-based measures, including sample size, quality of survey-based estimates, and treatment of sampling and non-sampling error.

It must be noted that data available on circumstances for Aboriginal children and youth are minimal. The Representative and the Provincial Health Officer are reluctant to use data that have not been reviewed by Aboriginal communities. For this reason, measures on Aboriginal children and youth are limited to data from administrative data sets and those measures that the Provincial Health Officer consulted on with Aboriginal representatives for his

2007 Pathways to Health and Healing: 2nd Report on the Health and Well-Being of Aboriginal People in British Columbia.

In the end, measures were selected because the data already existed. This data met acceptable standards and, at a minimum, could be reported out at a health region level. (Data is often reported according to health regions – geographically based organizations that are primarily responsible for health service delivery. These health regions are Fraser, Vancouver Coastal, Vancouver Island, Interior and North.)

Data sources were also selected based on being consistently available at acceptable levels over time. For example, although the Canadian Incidence Studies of Reported Child Abuse and Neglect contain valuable information, it was not certain that sufficient samples of B.C. children would be included in future cycles. This was also the case for the National Longitudinal Survey of Children and Youth where the sample size for B.C. did not allow for sufficient analysis for the purposes of this report. Data from these two sources were not used.



Where only a portion of the province's child population was represented by an identified measure, complementary measures were sought in order to cover as many ages as possible. For example, to measure the indicator School Safety, the B.C. School Satisfaction Survey question that asked Grades 3 and 4 students "Do you feel safe at school?" was combined with the McCreary Adolescent Health Survey IV (AHS IV) question "Do you feel safe at school?" which was asked of students in Grades 7 to 12.

Geographic and demographic specificity were also identified as valuable measure characteristics. The ability to quantify the well-being of male and female children, children of different ages and children located in each of the province's 16 health service delivery areas and five health regions revealed elements of well-being that were associated with gender, age and geography. Measures that drew attention to the well-being of Aboriginal children and children in care were also indispensable.

The data for this report came from survey and administrative data sets from a number of national and provincial sources. In addition, 2006 census data were used for demographic information. For all measures, a baseline year was chosen to provide a snapshot of children and youth well-being at a point in time. Measures calculated using data collected by calendar year use 2007 as a baseline, while measures based upon data collected by school or fiscal year use the 2007/08 school or fiscal years as baselines.

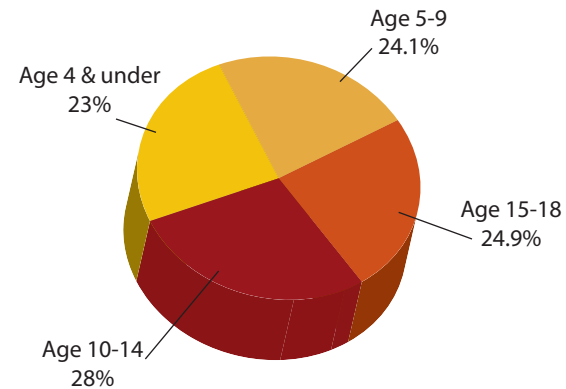
Where data were available and where it helped to illustrate a particular trend, data from several years were included. The surveys and data sets are described in detail in Appendix I along with brief commentaries on the limitations of each source, including the treatment of sampling errors. Appendix II contains a commentary on the unique characteristics of the data for Aboriginal children and youth.



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

In 2007, 21% of B.C.'s population was under 19 years of age – over 900,000 children and youth. Over 9,000 children, or more than 1% of the child population, were in the care of the government on any given day.

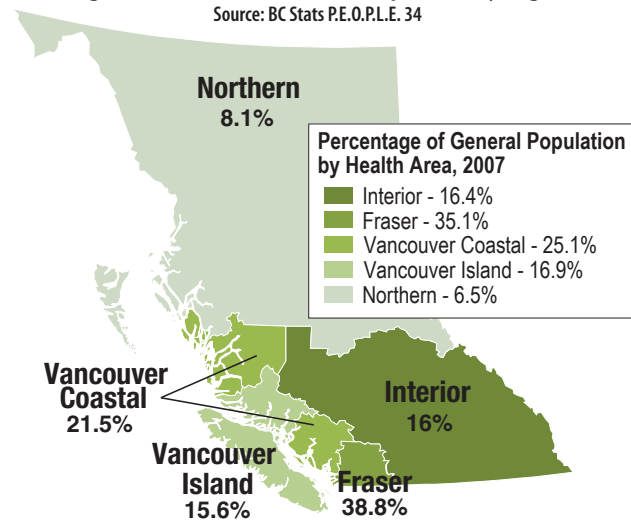
Age Profile of B.C.'s Children, 2007



Source: BC Stats P.E.O.P.L.E. 34

Percentage Distribution of B.C.'s Child Population by Region, 2007

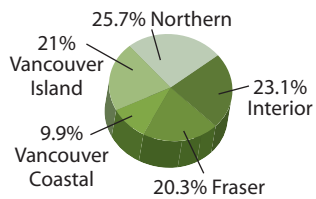
Source: BC Stats P.E.O.P.L.E. 34



Percentage of General Population by Health Area, 2007

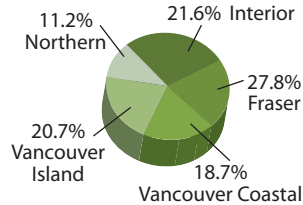
- Interior - 16.4%
- Fraser - 35.1%
- Vancouver Coastal - 25.1%
- Vancouver Island - 16.9%
- Northern - 6.5%

Percentage Distribution of B.C.'s Aboriginal Children by Region, 2007



Source: BC Stats P.E.O.P.L.E. 34

Percentage Distribution of B.C.'s Children in Care by Region, 2007

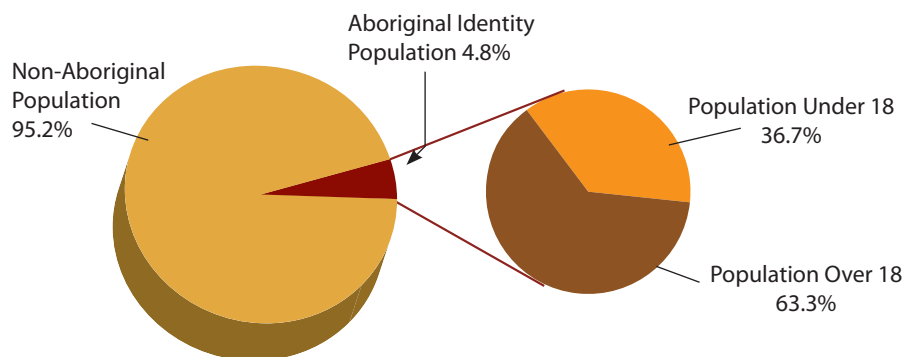


Source: British Columbia Ministry of Children and Family Development

The Fraser Health region is home to the largest percentage of British Columbia's children. Nearly 39 per cent of the province's child population lived in the region in 2007, compared to 35.1 per cent of B.C.'s general population. The Northern Health region also has a larger percentage of young people (8.1 per cent) compared to the region's share of the total population (6.5 per cent).

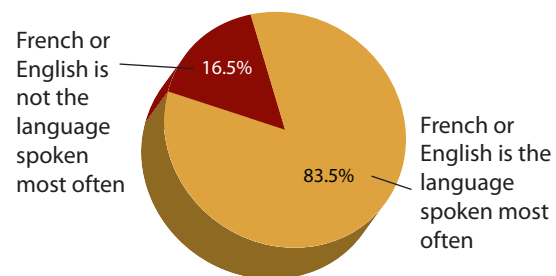
More Aboriginal children live in the Northern Health region when compared to the general child population. A large percentage of Aboriginal children reside in the Interior and Vancouver Island regions, while the percentage of Aboriginal children compared to the general child population is lower in both Vancouver Coastal and Fraser Health regions.

B.C.'s Aboriginal Child Population



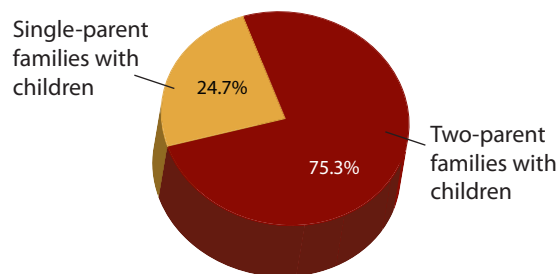
Source: Census 2006

Home Languages of B.C. Households



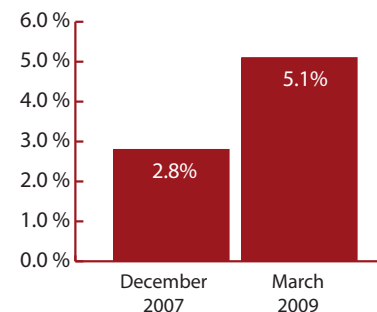
Source: Census 2006

B.C. Single-parent and Two-parent Families with Children, 2006



Source: Statistics Canada, CANSIM Table 111-0011

Percentage of B.C.'s Working Age Population Receiving Income Assistance or Employment Insurance



Source: British Columbia Ministry of Housing and Social Development

A comparison of B.C.'s regional distribution of children in care with the distribution of the general child population reveals that although the Fraser Health region had 38.8 per cent of the general child population, it was only home to 27.8 per cent of the child in care population. The Vancouver Coastal Health Authority region also had a lower proportion of children in the care of the government. The remaining three regions had slightly larger proportions of children in care, although nothing as dramatic as the findings in the Fraser Health region.

The child-in-care population was most concentrated between the age of 15–18 years. Aboriginal children in care were more likely to be between one and 14 years of age, and non-Aboriginal children in care were more likely to be between 10 and 18 years of age.

Nearly 680,000 families with children resided in B.C. in 2006 – 75.3 per cent were two-parent families, 24.7 per cent were single-parent families. In 2006, one out of four British Columbians was a member of a visible minority with nearly 35 per cent of new immigrants in 2007 under the age of 25 and 18 per cent under the age of 15. For British Columbians over the age of 15, 16.5 per cent reported that neither French nor English was the language most often spoken in their home.

The percentage of the province's working age population dependent upon income assistance was 2.8 per cent in December 2007 – the recent recession has seen this figure rise to above 5 per cent in March of 2009. The median after-tax income of British Columbians (\$50,300) was slightly above the national amount (\$48,300) in 2008.

Why It Is Important to Measure Child Well-Being

Research in Canada over the past 20 years has identified the importance of examining the social, economic and environmental determinants of health and well-being for children²⁵ to ensure that child and family policy is based upon a foundation of evidence. There is also a need to examine regional differences and children and youth in identified populations at risk – specifically children in the care of child welfare, street-involved youth, and children of Aboriginal heritage. These data are essential in order to inform our understanding of the state of the child; identify areas requiring specific policy intervention; identify required areas of coordination and cooperation between sectors; establish outcomes-based accountability; and inform an evaluative framework for service areas for children and families.²⁶

Historically, the issue of outcome measurement has been overshadowed by the urgency to help children at risk.²⁷ In part, some of the challenges have been a result of the delicate balance between competing objectives in legislation, policy and practice that includes safety of the child, the development and well-being of the child, and supporting children within their own family and community. With the increasing demand to demonstrate effectiveness there is greater consensus on the priority of outcome

measurement by funders and service consumers. Indicators are seen to be most useful when they are readily available, non-identifying, and can be aggregated to provide an overview of the complex issues common to the reporters.²⁸ Efforts in the development of an outcomes approach have been challenged by a number of critical issues related to data quality – consistent definitions of the indicators, access to the right data, good coverage for at-risk populations and the need for longitudinal data.²⁹

There is evidence that, in general, children and youth in British Columbia are experiencing success in the primary domains. However there are specific sub-populations who are at higher risk in critical areas. Children growing up in economically disadvantaged families experience poorer long-term outcomes and have a greater likelihood of becoming involved with the child protection services. A significant proportion of children in British Columbia are living in families with low income, more frequently in lone-parent families. The impact of geographic location is also evident with significant disparity among regions in the province. Outcomes related to school achievement indicate that there is room for improvement as it relates to vulnerability on early development domains, high school completion rates and age appropriate grade level.

Children in care are regularly identified as a population experiencing less success in areas of health, child learning, child safety and child behaviour. In addition children of Aboriginal heritage present as a risk population given the documented overrepresentation of First Nations children in care.³⁰

The development of the report on the state of child well-being in British Columbia is a critical step in the development of baseline data on children and youth in all regions of the province. Data presented on each indicator can provide an accurate point-in-time baseline for each provincial region and population at risk with which to compare data from subsequent cycles of data collection. The impact of policy and practice shifts on children and youth can be systematically tracked over time. This data can provide context for understanding the challenges met by different communities and regions throughout the province, and the specific challenges faced by children involved with child welfare services.

Bruce MacLaurin
University of Calgary



Data about Aboriginal Children and Youth

Aboriginal children as a whole do not fare as well as other children in B.C. on indicators of well-being. Specifically, the challenge of a disproportionate representation of Aboriginal children in care speaks to underlying issues rooted in a colonial past. Throughout the domains, Aboriginal children and youth score poorly on all indicators. This demands a closer scrutiny of the data and compels one to ask: what are the realities, current and historical, that frame the lives of these children? How do we measure those realities? How do we assess the impact of cultural differences? Leading scholars have observed that a disproportionate number of children in care are Indigenous.^{31,32} These realities are a significant reason as to why Indigenous peoples across Canada live in what some call “third world conditions of health” and what others refer to as the “embodiment of inequality.”³³

In analyzing the unique factors that lead to vulnerability for Aboriginal children and youth, three themes emerge. First, there are significant problems with the data from the perspective of the scale of the measures used. At present, they are too broad both geographically and socially to capture nuances between places in the province and groups of children and youth. Second, it is impossible to determine results from questions that do not reflect an Indigenous perspective.

This is especially the case when trying to answer questions of a social cultural nature. This is related to the third theme, the importance of understanding the specific cultural or identity context of Aboriginal children and youth.

An example of the impact of the non-Indigenous paradigm is within the Child Learning domain. The indicators illustrate a focus on Euro-western conceptions of learning and school success and do not incorporate Aboriginal perspectives on learning and achievement. While skills such as literacy and numeracy are important in ensuring that Aboriginal people are able to compete in the labour market and thus improve their socio-economic circumstances, equally important for Aboriginal people is that “land, the knowledge and skills in and from place, language and culture are integral parts of the learning and education process.”³⁴


Readings of, or discussions about this data should be done carefully and critically, with a basic understanding that the data hasn’t captured a full picture of Aboriginal children, youth, and the communities they are a part of today and will form in the future. Tools cannot be used from one paradigm to measure another paradigm.³⁵

What is needed is the development of tools and processes for assessing the diversity in which Aboriginal children and youth exist.

There is a significant and persistent lack of data concerning Canada's First Peoples – and as a result an inability to fully understand the realities of Indigenous children and youth in this province. This is a systemic issue of concern, along with the contextual difficulties it creates when trying to improve the lives of B.C.'s most vulnerable and often most marginalized children and youth.

The care and education of Aboriginal children is not just an Aboriginal problem. All British Columbians have a role to play in realizing the health and well-being of their most vulnerable citizens. Supporting and strengthening families is key to the care of all B.C.'s children and youth. Children have the right to realize their optimal growth and development within the embrace of their families and communities. Together, all British Columbians are responsible for this province's greatest gifts – our children.

*Margo Greenwood with Regine Halseth and Sarah de Leeuw
University of Northern British Columbia*



**What are the realities,
current and historical,
that frame the lives of
these children?
How do we measure
those realities?
How do we assess
the impact of
cultural differences?**

Margo Greenwood

VOICES FROM YOUTH WORKSHOPS

Youth want to be heard

Young people need to be a part of all discussions on well-being if outcomes for children and youth are to improve in British Columbia. Youth contributing to this report appreciated this opportunity. For many it was the first time they had been asked for their opinion or had been shown any data related to growing up in B.C.

It is also important that homeless youth, youth with serious addiction issues and those not attending school should also have a voice. Their experiences may not be reflected in the surveys that are administered at schools.

Data is important

Youth recognized the importance in data broken down by gender, region and experience of being in government care – this shows those youth in most need and where extra support is required.

There are real concerns for vulnerable young people

Youth are concerned about the challenges experienced by some young people – like living in government care, being abused or experiencing discrimination.

Personal connections are important

Youth accepted responsibility for making some poor choices and expressed determination to overcome barriers to success. But self-motivation is not enough – youth wanted the strong connections and support of peers and adults.

There are periods of vulnerability in a young person's life

Youth see the period between ages 13 to 16 as a particularly vulnerable time.

"Today we live in a society filled with many opportunities to succeed. This can also be said on the other side, where people have more chances to fall into drugs, alcohol, crime, etc. We need to sustain balance in our lives, in being healthy and educated to make the right decisions."

Youth participant, Lower Mainland

Child Health

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 have access to the resources and opportunities that are essential to living at their optimal level of health.

What We Measured

Healthy Birth Weights

Rationale for measuring: The weight of a baby at birth is an important determinant of infant survival, health and development. Unhealthy birth weights are associated with a number of negative outcomes, including greater risk of death in the first year of life, long-term diseases and disability.^{36, 37}

High birth weight is associated with the development of chronic disease later in life, including obesity, diabetes, breast cancer and high blood pressure.^{38, 39} Low birth weight infants have an increased risk of dying in the first year of life and of experiencing both short- and long-term disabilities. Low birth weight has also been linked to learning, behavioural and emotional difficulties.^{40, 41}

Findings:

- Low birth weights (less than 2,500 grams) and high birth weights (greater than 4,500 grams) have not varied noticeably between 1993 and 2007. The incidence of low birth weight births has been at or about five per 100 live births throughout this period, and of high birth weight births at or about two per 100 live births.
- Status Indian infants consistently appear to be at greater risk for both low birth weights and high birth weights.

Infant Mortality

Rationale for measuring: Infant mortality rate is an internationally recognized indicator of a country's infant health status.^{42, 43} Infant mortality rates are associated with poor general hygiene and health conditions, inadequate prenatal care, low birth weights and mother's age and socioeconomic status.^{44, 45}

Findings:

- Provincial infant death rates have remained relatively stable from 1998 to 2007. During this time, there were an average of 4.1 infant deaths per 1,000 live births.



Risky Maternal Behaviours

Rationale for measuring: Maternal smoking adversely affects growth in-utero and during infancy.⁴⁶ Short-term health impacts associated with maternal smoking include increased rates of miscarriage, preterm birth and Sudden Infant Death Syndrome (SIDS). The longer-term health impacts associated with maternal smoking include higher risk of ear and respiratory infections, asthma and learning difficulties.⁴⁷ The adverse outcomes associated with prenatal alcohol exposure include hearing and vision problems, slow growth and brain damage resulting in lifelong problems with memory, attention, reasoning and judgment. In Canada, Fetal Alcohol Spectrum Disorder is known to be a major cause of developmental disability.⁴⁸

Findings:

- Children living in the Interior, Vancouver Island and North regions are at the greatest risk of prenatal exposure to smoking or alcohol.
- Children of Status Indian mothers, on or off reserve, are twice as likely to be prenatally exposed to some type of substance use compared to all other children in the province.

Percentage of Pregnancies with Smoking or Alcohol Identified as Risk Factors by Region, 2007



Source: British Columbia Perinatal Database Registry

Fruit and Vegetable Consumption

Rationale for measuring: Fruit and vegetable consumption is linked to good health and can be a protective factor against chronic disease.^{49,50} The consumption of carbohydrates, simple sugars and high calorie foods contributes to increased risks of childhood obesity.⁵¹

Findings:

- More than 80 per cent of young people report eating fruit on the previous day – although preteens were more likely to say yes (86.8 per cent) than older teens (less than 80 per cent for youth 17 and older).
- 77.5 per cent of youth report eating a green salad or vegetables the previous day.
- Youth who had been in care during the previous year were much less likely to report consuming either fruit (67.6 per cent) or vegetables (65 per cent) on the previous day.



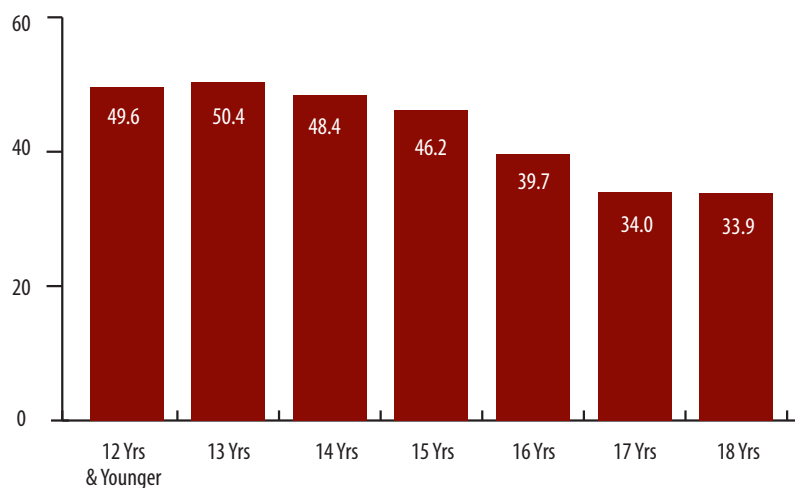
Physical Activity

Rationale for measuring: The positive relationship between physical activity and health is indisputable. Regular physical activity is a protective factor for many chronic diseases and illnesses including diabetes, coronary heart disease and obesity.^{52,53} Physical exercise has also been shown to improve mental health and to reduce anxiety and depression.⁵⁴ Patterns of physical activity tend to carry through from adolescence into adulthood.⁵⁵

Findings:

- Physical activity rates for youth are low – fewer than half report getting at least 20 minutes of exercise at least five days a week.
- Young people in the North, Interior and Vancouver Island regions reported higher participation rates in physical activity.
- Rates of activity for males and females decrease as they get older. Nearly half of preteen children exercised at least five times in the previous seven days, compared to only 34 per cent of males and females aged 17.

Percentage of Youth Who Exercise at Least 20 Minutes on 5 or More Days a Week, 2008



Source: McCreary Adolescent Health Survey IV

Exposure to Second-hand Smoke

Rationale for measuring: Second-hand smoke is well-known as being associated with a range of negative outcomes for children. Second-hand smoke effects on child health include poor growth, ear infection, hearing loss, Sudden Infant Death Syndrome (SIDS), asthma exacerbation, risk of respiratory illness (bronchitis, pneumonia), chronic coughing, wheezing and breathlessness.^{56, 57} Effects on child behaviour include impulsivity, risk taking, conduct disorder, rebelliousness, negativity and attention deficits.^{58, 59}

Effects of second-hand smoke on child development include general developmental delays and specific deficits in the following areas: intelligence, reasoning, achievement, perceptual skills, reading, language and verbal comprehension.⁶⁰

Findings:

- Youth in the North, Interior and Vancouver Island regions report above-average exposure to second-hand smoke, including their own smoke if they smoke.
- Young people who had been in care in the previous year are nearly twice as likely to be exposed to second-hand smoke – again, including their own – as those who have not been in care.

Child and Teen Suicide

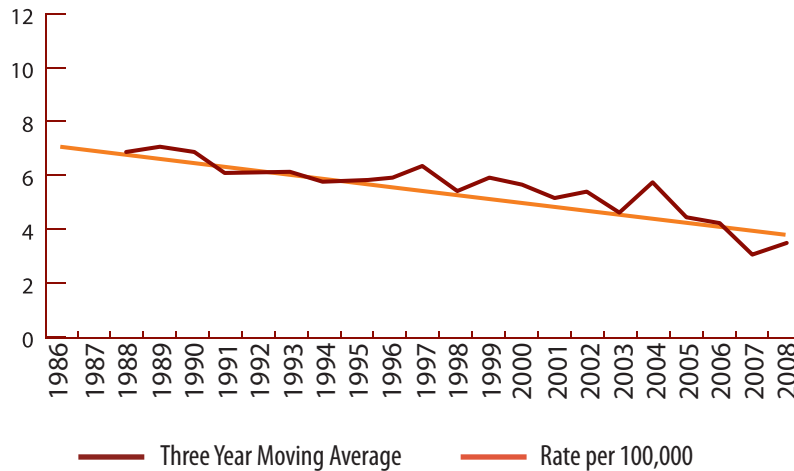
Rationale for measuring: The presence of an untreated mental disorder is one of the most important risk factors for youth suicide.⁶¹ In B.C., suicide is the second leading cause of death among youth aged 12 to 18.⁶² A host of factors contribute to suicide and suicide ideation, including physical, sexual and emotional abuse, alcohol and drug use, and a history of mental illness, especially depression.⁶³ Youth suicide is also linked to issues with sexual identity and cultural dislocation.^{64, 65} Youth who are Aboriginal, obese, lesbian, gay, bisexual, transgendered, disabled or with health conditions are at a greater risk of suicide⁶⁶ than others.

Child and Teen Suicide

Findings:

- The youth suicide rate has declined significantly over 24 years due to declining male rates of suicides. There has been no significant variation to rates of female suicides during this period.
- Although the rates have declined over the long term, the rates in individual years are unpredictable and have varied as much as threefold. In order to understand how the rate changes over time, a three-year moving average is used to more clearly illustrate the long-term trend.⁶⁷
- On average, over this 24-year period male rates of youth suicide have been about twice the rate of females.
- Youth who had been in care the past year report that they are nearly three times as likely to consider suicide as those never having been in care, and nearly six times more likely to have attempted suicide at least once.

**B.C. Suicide Deaths, Rates of Suicide
per 100,000 Youth 12 to 18 Years of Age, 1986-2008**



Source: British Columbia Vital Statistics Agency;
Data produced by Ministry of Health Services IM/IT Informatics from VISTA Data Warehouse

“We would do well to embed societal principles of health equity and social justice in provincial strategies to ensure all young people have a realistic opportunity to enjoy a healthy future.”

Cecilia Benoit

A Closer Look at Health Data

Children and youth residing in the Interior and the North regions of the province and on central and northern Vancouver Island face a significant health disadvantage, as shown by the data on most measures. This is also the case for Aboriginal children and youth in the province and those who have been or are currently in government care. Children and youth of different genders are generally equally advantaged and disadvantaged and there is no pattern indicating that boys or girls are overall better off.

Social-economic data as they relate to the health indicators were not investigated, but one would expect that the subpopulations facing the greatest health disadvantage are also those who face the greatest poverty. Research shows that good health outcomes for children and youth are seriously compromised by poverty. Children from low socio-economic groups suffer higher infant mortality rates and have shorter life expectancies than their peers. Socio-economic status has also been shown to intersect with Aboriginal status, immigrant status, and disability status. Consideration should be given to linking the data from the Family Economic Well-being domain to the Health domain data in future reports to explore the relationships more fully.

Other measures that would be very interesting to investigate are chronic stress/anxiety, low self esteem, depression, sexual violence and the relationship with externalized indicators of mental health such a bullying and delinquent behaviour. Some of the more traditional health indicators such as breastfeeding rates, immunization rates and respiratory infections are still relevant for B.C.'s most vulnerable children. It is also important to consider "risky paternal behaviours" in addition to maternal behaviours.

Given what we know about B.C., future research should be based, as much as possible, on an analysis of Aboriginal status, geographical location, gender, and other forms of diversity. Disaggregating the data by hetero/non-heterosexual status would illuminate any links between sexual orientation and health disadvantage. Adopting a lens that recognizes that multiple forms of discrimination occur simultaneously would identify and shed light on differences in health outcomes, pathways, and access to services related to the intersecting factors that have long-term health consequences for individuals and populations.

Cecilia Benoit
University of Victoria

VOICES FROM YOUTH WORKSHOPS - WHAT YOUTH THINK ABOUT HEALTH

Mental and physical health are a priority

Youth put suicide rates and physical activity rates in their top ten indicator list for measuring health. Aboriginal youth were particularly concerned about suicide.

Youth see mental health as important as physical health, if not more so. However, youth also recognized that exercise is important and being physically active promotes mental and emotional well-being.

Measures for emotional well-being are missing

Youth identified some of the same missing health indicators as the data experts – positive self-esteem, extreme stress, depression and rates of bullying, harassment and discrimination are very important to them.

Youth suggested measuring resiliency – that is, a positive outlook, self-confidence, feeling loved and a desire to triumph over challenges – as an important indicator of good mental health or emotional well-being.

There are barriers to healthy eating

Youth viewed healthy food as more expensive than junk food.

What's working well to address physical activity



Action Schools! BC
Promoting Healthy Living

Action Schools! BC, a component of Healthy Schools, ActNow BC, is a physical activity and healthy eating model designed to assist schools in promoting healthy living. A research partnership formed with five agencies in B.C. (Ministry of Health, Ministry of Tourism, Sports and the Arts, Ministry of Education, 2010 Legacies Now, and Provincial Health Services Authority) developed the framework, which was based on a literature review of ecological models of health promotion and knowledge exchange models.

In May 2010, 92 per cent of B.C.'s public, independent, First Nations and francophone schools had registered for at least one component – physical activity or healthy eating. Eighty-two per cent of school-age children experienced the physical activity component, and 46 per cent participated in the healthy eating component. An evaluation of the program showed an increase in physical activity for students in the schools evaluated and a significant increase in the number of servings of fruit and vegetables consumed and a willingness to try new fruits and vegetables.

The national Speaking of Food and Healthy Living Award, created by the Dietitians of Canada and Kraft Canada, was awarded to Action Schools! BC in June 2008. The annual award honours initiatives that support Canadians in their quest to eat healthier and be more active through sound and integrated nutrition and physical activity messages relevant to consumers.

"Suicide is the ultimate sign of a lack of health."

Youth participant, Interior region

"At McDonalds a salad is \$8 and a burger is \$3."

Youth participant, Fraser Valley

Child Learning

The UN Convention on the Rights of the Child establishes the right of the child to education (Article 28).

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.

What We Measured

Student Achievement

Rationale for measuring: Reading, writing, and numeracy skills are essential to daily life – for educational opportunities and employment prospects.⁶⁸ Low reading skills are predictive of adult social exclusion.⁶⁹

Findings:

- The percentage of Aboriginal children meeting or exceeding academic expectations in the Foundation Skills Assessment tests is 15–18 per cent lower than their peers in reading, writing and numeracy in Grade 4, and 18–23 per cent lower by Grade 7.
- The gap in performance for children with a continuing custody order⁷⁰ is equal to, or even wider than the gap for Aboriginal children.
- Aboriginal children with a continuing custody order experience the lowest scores of any group on provincial achievement tests.
- Girls score higher than boys in reading and writing beginning in Grade 4 and continue to outperform boys in Grade 7.
- Aboriginal and non-Aboriginal female students, in both Grades 4 and 7, noticeably outperform their male counterparts in writing.
- Even more dramatic is the gap between the test performance of Aboriginal and non-Aboriginal students, which exists at both grades and for both genders.

- Children in the Vancouver Coastal region consistently perform better than children in other regions, and children in the Vancouver Island and Northern Health regions consistently perform more poorly.
- Across all grades children and youth in the care of government are less likely to be in their age-appropriate grade. This gap is 3 to 5 per cent until Grade 8 and then increases substantially.



“When you are supported, it makes you feel like you can do it, and it makes you want to try.”

Youth participant, Fraser Valley

Foundation Skills Assessment, Grade 4 and Grade 7 Numeracy, Reading and Writing
Percentage of Students Meeting or Exceeding Ministry of Education Standards, 2007/2008

Grade 4 FSA					
	Aboriginal Students		Non-Aboriginal Students		All Students
	Male	Female	Male	Female	
Numeracy	60.0	58.3	78.7	78.5	75.2
Reading	63.6	69.9	80.0	86.2	80.5
Writing	54.1	70.3	76.1	86.9	78.4
Grade 7 FSA					
	Aboriginal Students		Non-Aboriginal Students		All Students
	Male	Female	Male	Female	
Numeracy	56.8	53.1	80.3	79.0	75.8
Reading	55.3	60.8	75.0	81.0	74.3
Writing	58.6	75.4	80.4	90.9	82.7

Source: British Columbia Ministry of Education

High School Completion

Rationale for measuring: At the individual level, not graduating from high school is linked to higher unemployment incidence and duration, lower initial and lifelong earnings, lower health status, less lifelong learning participation and lower lifetime satisfaction.⁷¹ At a social level, lower high school completion rates are associated with increased criminality, lower rates of economic growth, poorer health status, higher unemployment rates and less social cohesion.^{72,73} The economic implications of low high school completion rates are lower tax revenues, higher unemployment and income assistance payments, higher public health expenditure, higher police expenditure and higher criminal justice expenditure.⁷⁴

Findings:

- Less than 50 per cent of Aboriginal children complete high school within six years of enrolling in Grade 8, compared to 82 per cent of non-Aboriginal children who do complete high school within six years.
- The percentage of young people who complete high school within six years of enrolling in Grade 8 is extremely low for children with a continuing custody order – 20.4 per cent for boys and 36.1 per cent for girls, compared to 76.1 per cent for boys and 82.1 per cent for girls for children who have not been in care.

- The completion rates for Aboriginal children with a continuing custody order are even lower – 21.7 per cent for males and females compared to 34.1 per cent for males and females who are non-Aboriginal with a continuing custody order.
- When compared to youth who had never been in care, youth in the care of the government in the past year are almost three times more likely to say they have no expectations of post-secondary education.

Six-Year High School Completion Rate, Children Under a Continuing Custody Order and All Other Children in Grade 8 in 2001/2002

	Six-Year Completion Rate, 2007/2008	
	Continuing Custody Order	All Other Children
Total	26.8	79.0
Male	20.4	76.1
Female	36.1	82.1
Aboriginal	21.7	47.7
Non-Aboriginal	34.1	82.3

Source: Educational Experiences of Children under a Continuing Custody Order (CCO)

School Readiness

Rationale for measuring: Children's experiences in their early years have consequences throughout their lives.⁷⁵ Reading, writing and mathematic skills are essential to daily life – for educational opportunities and employment prospects.⁷⁶ Participation in early childhood development programs promotes improved outcomes for disadvantaged children.⁷⁷

Living in poverty puts children at a disadvantage from an early age. The disparity in achievement can be seen in children as young as 22 months, and the gap increases as they get older.^{78, 79}

Findings:

- Nearly 30 per cent of B.C.'s children are vulnerable in at least one developmental area when tested in kindergarten – the developmental areas being physical health and well-being, social competency, emotional maturity, language and cognitive development and communication skills.
- Other measures, such as the Programme for International Student Assessment (PISA), identify a higher percentage of children as vulnerable.



Learning Data

The acquisition of literacy skills, broadly defined, is a cornerstone of children's development, and can be situated alongside physical, social-emotional, and spiritual development as an essential milestone. Children who develop strong literacy skills are more likely to complete secondary school, pursue post-secondary education, and ultimately be economically successful. Those who have poor literacy skills are at increased risk of poor physical and mental health and a host of social and economic problems. One of the most important transitions in the life cycle skill formation is the transition from "learning-to-read" to "reading-to-learn," which for most children occurs at about age eight or nine. After Grade 3, there are increasing demands of students to understand complex subject-matter content, and they are expected to use their literacy skills to make inferences and predictions, preview and summarize material, and apply their knowledge in creative ways. Children who do not make a successful transition to "reading-to-learn" tend to stay on very flat trajectories through their middle and secondary school years. The Learning domain is especially important in British Columbia, as findings from the Programme for International Student Assessment indicate that both reading literacy and numeracy skills declined from 2000 to 2006. In this context, it is also paramount that we understand how Aboriginal children and children under the care of the government progress in the school system.

In terms of understanding school readiness there are problems with an instrument that does not measure children's attainment of developmental skills but rather measures a teachers' perceptions about children's *relative* standing.

The problem is that it is not known what the teacher's reference group is when making such a comparison. Is it all children in her class, all children she has ever taught before, or a hypothetical child who should be able to complete certain tasks?

The data on the provincial achievement tests provide *trailing indicators* that measure student outcomes after a fixed period of schooling. They are important in that they can portray the distribution of educational outcomes within and between schools, examine long-term trends in student outcomes, and assess the extent of inequalities in educational outcomes among ethnic and social class groups and between the sexes. However, school jurisdiction administrators, principals and teachers also need *leading indicators* that provide a framework for intervention; can be used to guide school policy and practice; and can help staff identify issues relevant to particular students or groups of students.

There is also a need for leading indicators of the important contextual factors that drive learning, such as teacher-student relations, disciplinary climate of classroom, and student advocacy. For Aboriginal children in the province, and those under a [Continuing] Custody Order, leading indicators are needed that track children's progress from pre-kindergarten (or arguably even earlier) through to Grade 3.

J. Douglas Willms
University of New Brunswick

VOICES FROM YOUTH WORKSHOPS - WHAT YOUTH THINK ABOUT LEARNING

Doing well in school is important

Youth believed school achievement, graduation, literacy and post-secondary enrolment are valuable.

Youth viewed being motivated and having direction for the future as positive signs of mental and emotional health.

How one does in school is a reflection of what is happening in one's life

Poor school attendance and dropping out were seen as signs that youth were having difficulties elsewhere in their lives – young people need encouragement from family and teachers.

Youth did not see measures of academic success as accurate. Youth believed that school achievement should not be looked at in isolation without looking at barriers they may face, such as being bullied or going hungry.

For street involved youth or youth in treatment programs, mental health issues, violence and abuse and unstable housing were significant impediments to school achievement.

Having to have a job or care for younger children were seen as obstacles to school success.

Youth in care face particular challenges

Youth in care found it difficult to be motivated to graduate when they were not able to afford the graduation celebration or if no one was there to see them graduate.

Youth in care also lowered their education expectations and aspirations as they perceived the barriers of not having an adult to support and encourage them through completing high school or applying for college as too great. These barriers made further education feel like an unrealistic option.

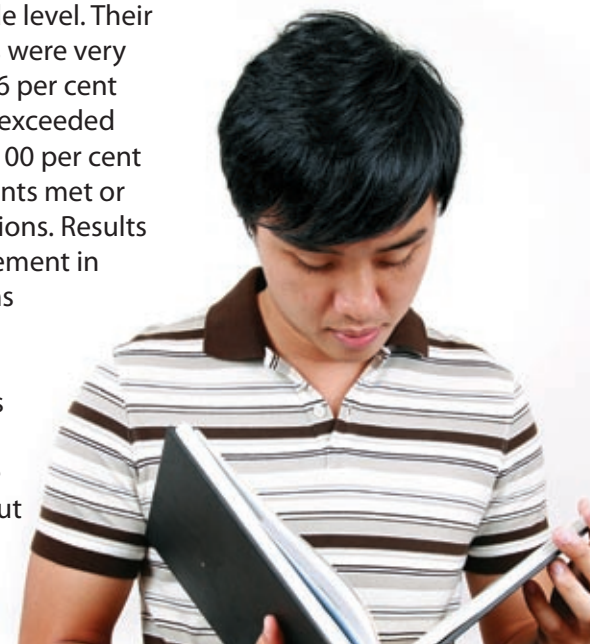
What's working well to address early literacy

Early development and kindergarten to Grade 4 reading were areas of improvement noted in School District 81 (Fort Nelson).

All school staff, not just teachers, are involved in improving literacy. Support staff work one-on-one with students using the Great Leaps reading program, a research-based program which enables students of all ages to make significant strides in reading fluency and reach an independent reading level. Students with reading problems respond with significant, measurable gains in their reading and related skills.

School District 81 adopted this program four years ago for Grade 1 through 12 as an intervention strategy for students not reading at grade level. Their Grade 4 FSA results were very strong last year – 96 per cent of students met or exceeded expectations, and 100 per cent of Aboriginal students met or exceeded expectations. Results in terms of improvement in behaviour problems are anecdotal, but the school reports that when students are academically successful, they are

- less likely to seek out negative attention.



*"How is someone in care supposed to have a nice grad day like everyone else? You can't afford it on your own. It does impact motivation."
Youth participant, Fraser Valley*

Child Safety

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.

What We Measured

Children in Care

Rationale for measuring: Children in care are known to have generally poorer outcomes than children who have never been in care. The purpose of placing a child in care is to provide a safer environment for the child than his or her parental home.⁸⁰ Entering the child welfare system means that a child has already faced a number of adverse experiences.⁸¹ Research shows that the cumulative negative experiences of children in care can have damaging life-long effects.⁸²

Findings:

- Rates of children in care, based on average monthly caseloads, have remained relatively steady between 2000/01 (10.7 per 1,000 child population) and 2007/08 (10.1 per 1,000 child population).
- Aboriginal children and youth are dramatically over-represented in the British Columbia child in care population. Aboriginal children and youth are six times more likely to be admitted into care than non-Aboriginal children and youth.
- Rates of children in care vary by region. Children in the Interior, Vancouver Island and Northern regions (each over 13 per 1,000 child population) are two times more likely to be in care than children in the Fraser region (7.2 per 1,000).

Child Abuse or Neglect

Rationale for measuring: Evidence shows that abuse and neglect have immediate, long-term and intergenerational adverse consequences for children, including bodily harm, physical injuries, long-term negative psychological impacts and sexually transmitted infections.^{83,84} Children may experience fear, poor school performance, learning disorders, poor peer relations, substance abuse, anti-social or criminal behaviour and mental health disorders.^{85,86,87,88} Also, child abuse and neglect are linked to illnesses in adulthood such as fibromyalgia, irritable bowel syndrome, chronic lung disease and cancer.⁸⁹ Factors that contribute to a child's healthy development, such as having a sense of control, being loved and feeling socially connected, can become compromised as result of abuse and neglect.⁹⁰

Findings:

- 51 per cent of youth who had been in care at some point in the previous year responded that they had been physically abused or mistreated – this far exceeds the 17 per cent of the province's overall youth population who reported being physically abused or mistreated in their lifetime.

Recurrence of Child Neglect and/or Abuse

Rationale for measuring: The recurrence of maltreatment is an important measure of the extent to which the child protection system has been successful in keeping children and youth safe from harm and subsequent victimization.^{91,92}

Findings:

- The provincial rate of recurrence of child neglect or abuse by the family has not changed significantly between 2004/2005 and 2007/2008.
- The provincial rate is currently just above 20 per cent and has not fallen below 18 per cent in the past four years.

Rate of Recurrence of Child Neglect and/or Abuse by Family, 2004/2005 to 2007/2008				
	2004/2005	2005/2006	2006/2007	2007/2008
Rate of Recurrence of Child Neglect and/or Abuse by Family	19.7	18.1	20.9	20.9

Source: MCFD Annual Service Plan Report, 2007/2008

Injury Hospitalizations and Injury Deaths

Rationale for measuring: The number of children dying from intentional and unintentional causes is a basic and internationally recognized measure of child safety,^{93,94} and unintentional injuries remain the leading cause of death for children^{95,96} and adolescents.⁹⁷ The majority of childhood injuries and accidental deaths are preventable.⁹⁸ High risk groups for unintentional injuries and accidental deaths include Aboriginal children and children from low socio-economic status families, children of single parents, young or poorly educated moms, and children in households where there is parental alcohol and/or drug use.⁹⁹

Findings:

- Injury hospitalizations vary significantly by region – the North region is the highest for all categories – intentional injuries, unintentional injuries, injuries that result from a medical complication including post-operative complications, and injuries of undetermined origin.
- Children under one year of age and youth 15 to 19 years of age are particularly vulnerable to injuries.
- Intentional injuries appear to have been on a downward trend, falling from 110.3 per 100,000 population age 19 and below in 2001/2002 to 91 per 100,000 in 2007/2008.

Injury Hospitalizations, Population 19 and Under, Age Specific Rate per 100,000 Population, 2001/2002 to 2007/2008



Source: Discharge Abstract Database and BC Stats P.E.O.P.L.E. 34

School Safety

Rationale for measuring: Children's short-term and long-term physical and mental health is seriously impacted by school bullying.¹⁰⁰

Bullying, teasing, exclusion and victimization at school have been shown to affect physical and mental health, decrease academic performance and increase absenteeism.^{101, 102}

Findings:

- Less than half of youth responded that they always feel safe at school.
- Youth just entering high school were the least likely to report always feeling safe, 35 per cent of 14-year-olds and 36 per cent of 15-year-olds.
- 5.3 per cent fewer Aboriginal children reported feeling safe at school compared to non-Aboriginal children, and 7 per cent more Aboriginal children responded that they are bullied, teased or picked on.



Online Safety

Rationale for measuring: Online sexual exploitation of children and youth may increase as a result of the growing access to technology.¹⁰³ With nearly universal access to the Internet for Canadian children and youth, online networking mechanisms are a growing part of the social network for children and youth today – these technologies provide potential opportunities for child sexual exploitation.¹⁰⁴ Also in relation to Internet safety is the relatively new phenomenon of cyber bullying, which research describes as a growing problem.¹⁰⁵

Findings:

- Rates of bullying and cyber abuse as reported by youth appear somewhat lower in B.C. than national averages.
- Females are three times more likely to report having felt unsafe online.
- Cyber abuse – online bullying and online solicitation of minors – is a relatively new phenomenon, and the issues are not fully comprehended by researchers. Data are preliminary and offer only a cursory glance at these problems.

“I realize we are all trying to be strengths-based, but a strength is not the opposite of a limitation.”

Aron Shlonsky

Safety Data

Measuring child well-being is a crucial and complicated endeavour that is not always undertaken with the seriousness and rigor seen here. The domains included appear to be relevant, fairly exhaustive, timely, and each can be used to guide data collection in a given area. The challenge is operationalizing each of the indicators contained in the domains. In general, items within domains should be measured not just to understand the overall well-being of children and families, but also as a precursor to doing something about them. If this is the case, the items must not only measure the construct well but must measure each in a way that will best facilitate intervention. Overall, one of the best frameworks for creating indicators that will lead to interventions is the public health approach. Specifically each of these constructs can be framed in terms of primary prevention (stopping something before it happens), secondary prevention (stopping something from happening again), and tertiary intervention (treating an existing problem that has already manifested). Seen through this lens, each of the indicators in a specific domain could correspond to at least one of the three major areas of prevention or intervention.

The initial work on the domains and indicators is excellent and, with critical monitoring will improve over time. In all likelihood there will be many iterations due to its scope and complexity. In terms of the overall set of indicators, a few key constructs appear to be missing. These include issues of housing and homelessness, child mental health (not limited to behaviour problems and suicide), parenting capacity (i.e., the extent to which parents have the skills to safely and effectively raise children), youth crime victimization (at this

point, only youth who commit crimes are included), and the quality and availability of day care (including informal providers). Within the included indicators of safety, the items used have a fair degree of face validity (i.e. they appear to measure the stated construct), some have been executed well, and others need to be substantially improved or different measures found. Unfortunately, in some circumstances, the indicators may be the best that are available and efforts should be made to find better substitutes in the future. The most robust indicators appear to be in the area of injury and fatality and the most problematic indicators appear to involve population-level measures of child maltreatment and school safety.

Moving forward there is a need for an increased reliance on longitudinal data, use of existing systematic reviews to facilitate better choices of interventions, and attempting to work with the administrators of youth surveys to add or revise survey questions in order to more fully understand constructs such as school safety, especially bullying, online safety and child maltreatment. Other considerations for improving data include using:

- cohort data that model children's entries and exits from government systems and that are followed on a number of different factors over time
- structural and community level indicators to establish whether the Ministry of Children and Family Development is dealing with structural issues that it is ill-equipped to handle – for example massive unemployment or housing problems
- data that track the types of problems children in care experience as well as the efforts made to treat these problems.

Aron Shlonsky
University of Toronto

VOICES FROM YOUTH WORKSHOPS - WHAT YOUTH THINK ABOUT SAFETY

Media influences how young people are viewed

Young people were concerned that the media choose to focus on the negatives about youth and not on what is going well.

Young people benefit from structure

Youth in care or in custody took responsibility for their own behaviour but wanted structure, rules and consequences.

Vulnerable youth and their families require greater supports

Youth facing abuse and neglect were of great interest to many of the young people – rural and urban, high risk teens and those considered low risk. They saw a need to support struggling families before things reached a crisis.

Experiencing violence and abuse can lead to dropping out of school, substance abuse, stress, depression and suicide.

Caring for children and youth in care was considered a serious responsibility.

Young people in middle school are seen as particularly vulnerable

Youth felt the most vulnerable in Grades 8 and 9 as this is the age when peers are starting to have more influence and different choices need to be made, such as whether or not to experiment with alcohol or drugs.



What's working well to address online safety

The Safe Online Outreach Society (SOLOS) provides the knowledge and tools for British Columbians to keep children and youth safe online. They equip youth, parents, professionals and the public with the information required to understand and cope with online sexual exploitation, cyber bullying and gang recruitment. SOLOS travels to 50–60 B.C. communities each year, speaking to youth, parents, educators and youth-focused professionals, delivering the most current information on the online activities of youth and how these activities can put them at risk.

SOLOS created Bridging the Gap: Best Practices and Policies to Address the Online High Risk Activities of Youth in B.C., a template for an integrated human service response to Internet issues.

www.safeonlineoutreach.com



"I wanted someone to stop me from doing this."

*Youth participant,
Lower Mainland*

"Media has a high standard of what you should be...some girls fit that and they're a group. If you don't, then you don't get in."

*Youth participant,
Lower Mainland*

Family Economic Well-being

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.

What We Measured

Incidence of Low Income

Rationale for measuring: The percentage of children living in low income is possibly the most widely used indicator of child well-being.¹⁰⁶ Low income has a negative influence on a number of dimensions of child health and development.¹⁰⁷ Socio-economic disadvantage is associated with increased risks of poor outcomes, both in the short term and long term, in the areas of health, safety, education and family stress.^{108, 109, 110} Children living in low-income families are more likely to have problems with one or more basic abilities (vision, hearing, mobility and speech), and are more likely to experience developmental delay in vocabulary development, difficulty in school, injuries due to accidents or physical abuse or neglect. They are more likely to be involved with the child welfare and youth justice systems, to become teen parents, to earn less as adults and to be more frequently unemployed.^{111, 112, 113, 114, 115}

Findings:

- B.C. has a larger percentage of children living in low-income families than any other province.
- The incidence of B.C. children in low-income families has declined since 2006, from 16.6 per cent to 10.4 per cent in 2008, the lowest rate in two decades. However, since 2002, B.C. has had the highest rate in Canada of children living in low-income families.
- Children and youth on Vancouver Island, in the Interior and especially in the North are far more likely to live in families receiving income assistance than children and youth in the rest of the province.



Food Security

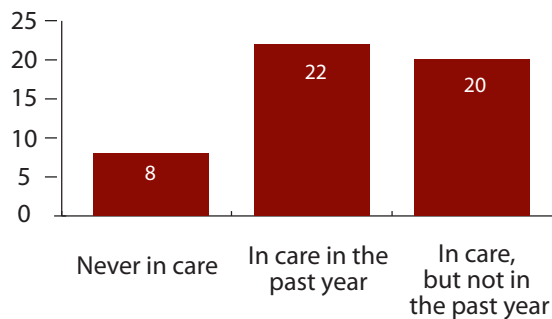
Rationale for measuring: Children who go to school hungry or undernourished are unable to perform as well as their peers. Their attention spans, memory, problem-solving skills, creativity, energy levels and behaviour are all negatively impacted.¹¹⁶ Poverty and food insecurity are intimately related.¹¹⁷

People with low or fixed incomes face a significant challenge in buying healthy food.¹¹⁸ Food insecurity is associated with poor overall health, numerous chronic health conditions, obesity, depression and distress.^{119, 120} Obesity is typically most prevalent in the most impoverished sectors, as nutrient-poor and energy-dense foods are often chosen because they are less expensive and easily accessible.¹²¹

Findings:

- Compared to youth who had never been in care, youth who had been in care at any time and those who were in care during the previous year were at least twice as likely to respond that they sometimes go to bed hungry because there is not enough food at home.
- 24 per cent of youth who had been in care in the past year responded that they often or always go to bed hungry, compared to only 2 per cent of youth who had never been in care.

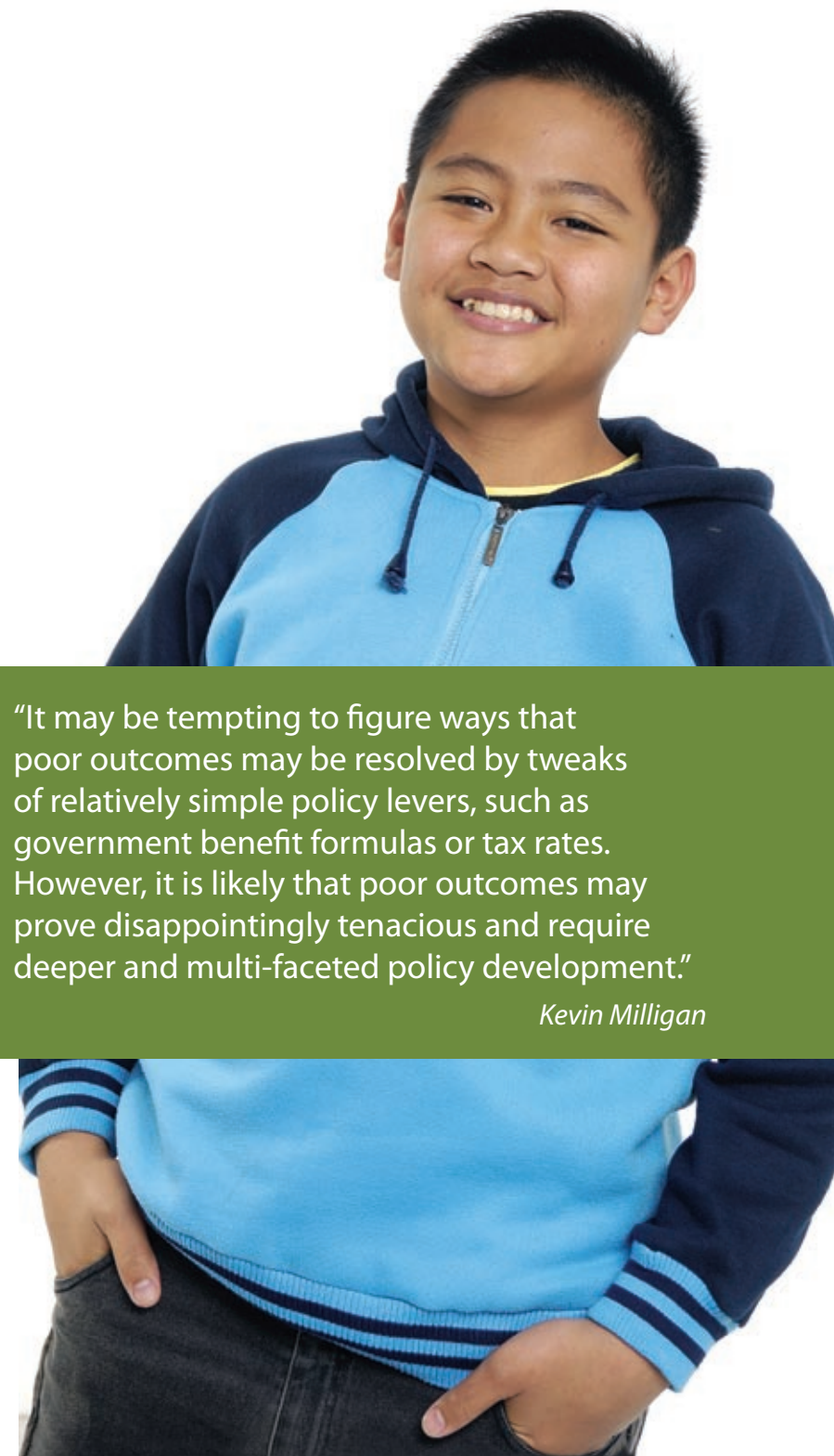
Percentage of Youth Who Sometimes Go to Bed Hungry, 2008



Source: McCreary Adolescent Health Survey IV

"It may be tempting to figure ways that poor outcomes may be resolved by tweaks of relatively simple policy levers, such as government benefit formulas or tax rates. However, it is likely that poor outcomes may prove disappointingly tenacious and require deeper and multi-faceted policy development."

Kevin Milligan



Family Economic Well-being Data

Having several measures available to assess family economic well-being is vital – not only is economic well-being multifaceted, but the combined information from different measures can help to pinpoint more precisely the source of economic difficulty. It is useful to distinguish between measures that account for the resources available to families – income for example – and ones that measure the outcomes of the families – education, specific behaviours, or health. Resource measures are informative on how well families have been endowed to face the challenges of life. A downside of resource measures is that we cannot be assured that the resources have been transformed efficiently into outcomes – perhaps the resources were squandered by lack of access to adequate training, education, or information. In contrast, outcome measures can be informative on precisely how well families are doing, rather than their potential. The weakness of outcome measures, however, is that we do not know whether poor outcomes are driven by lack of access to resources or by inability to harness the resources that are available. By combining both resource and outcome measures, it is possible to learn the most about the experiences of families. If another measure were to be added, an indicator of the depth of low income would be helpful – capturing the depth of low income can be informative about how far below the cut-off families are.

The resource measures available, capturing the economic resources available to families in B.C., the indicators of low income, unemployment, and Financial Assistance caseloads, suggest that there have been substantial improvements over the past few years, with the largest gains outside the

Lower Mainland of B.C. The one outcome measure currently available is the incidence of food insecurity, which indicates some poorer outcomes in certain demographic groups.

In future reports the Representative for Children and Youth and the Provincial Health Officer can build on the solid foundation of current data available to include broader measures of low income and employment, enhanced data on financial security, financial assistance uptake rates and new data on general wellbeing.

New data are needed because economic resources are not the only determinant of family well-being. Some negative family outcomes may persist even with generally improving economic resources, if the outcomes are driven by non-economic aspects of the family environment or by the ability of families to harness effectively the resources they have available. And, while documenting and analyzing observable family resources like income is important, it is necessary to be mindful that income is not the only resource that determines family well-being. Affection, values, attitudes, neighbour and family ties, and other less-quantifiable aspects of the family environment matter.

For example, a measure of happiness or general well-being, such as the happiness question available in Statistics Canada's General Social Survey, could provide a nice summary measure of the overall well-being position of the family. Finally some focus on the middle and upper ends of the distribution of financial well-being might be informative – a more complete assessment of family well-being would not focus exclusively on the negatives.

Kevin Milligan
University of British Columbia

VOICES FROM YOUTH WORKSHOPS - WHAT YOUTH THINK ABOUT FAMILY ECONOMIC WELL-BEING

Family financial vulnerability leads to child and youth vulnerability

Youth often commented on the negative impact financial insecurity has on well-being.

Poverty was seen as impacting every area of life – housing, food, substance use, school participation, sports participation and safety.

Youth viewed family poverty as leading to young people needing to have a job to contribute to family income or take care of younger siblings and a leading cause of youth homelessness.

Some young people may resort to illegal activities to get the money they need.

Lack of housing is a particular concern

Homelessness and unstable housing were seen as important to measure and were linked to poor health, binge drinking and suicide attempts.

Youth support more programs to address hunger

The number of youth who went to bed hungry was considered unacceptable by young people and school breakfast programs were praised.

Geography plays a role in financial insecurity

Parental unemployment and poor youth employment prospects were a real concern in rural areas.

Older youth felt that it may be better to leave school in Grade 11 or 12 if employment became available than to stay in school and miss the opportunity to earn money.

What's working well to address food security



The Good Food Box (GFB) is a community-based food distribution system designed to ensure that individuals and families have access to high-quality, fresh fruits and vegetables at affordable prices. The GFB programs operate on the principles of no barriers to participation; a strong commitment to local, in-season food; high-quality fruits and vegetables; and food purchased as much as possible direct from farmers as a way of building a strong local food system.

Regularly, once or twice a month, individuals and families can place orders for boxes with volunteer co-ordinators in their neighborhood. Program workers purchase foods in bulk from local farmers, producers and wholesalers, and volunteers and staff then pack the boxes for delivery. In some GFB programs, delivery is to local depots for pick-up. Many GFB boxes are accompanied by a newsletter that offers nutrition information, as well as easy and economical food preparation tips.

GFB programs have assisted individuals and families to increase consumption levels of fresh fruit and vegetables and improve eating habits at a low cost. Most GFB programs are co-ordinated through a community agency, and there are more than 30 communities in B.C. with access to a GFB program (see www.foodshare.net/goodfoodbox for contacts).

"[There should be] more breakfast clubs at school...If you're embarrassed and don't want to tell people, you can still go get food at school."

Youth participant, Vancouver Island

Child Behaviour

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 (Articles 12, 33 and 31).

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

What We Measured

Teenage Pregnancy

Rationale for measuring: Having a baby while still in the teenage years is associated with poor outcomes for both the mother and the child – that is to say, increased risk of poor social, economic and health outcomes. Teenage mothers frequently have their education disrupted and generally have limited educational attainment and lower participation in further education or training. Their employment prospects and earning potential are limited, and as a result, they are much more likely to live in poverty.

They are also less likely to have a partner. They experience poorer mental health and well-being after the birth of their child compared to mothers who are over the age of 20.^{122, 123, 124, 125} Children born to teenage mothers typically show poorer health and development outcomes than children born to mothers aged 20 years or over, including higher rates of infant mortality, risk of preterm birth or low birth weight, higher rates of accidents or death in infancy, and they are more likely to develop developmental, emotional and behavioural problems.^{126, 127, 128}

The children of teen mothers are more likely to live in poverty, less likely to graduate from high school, more likely to engage in early sexual activity and to become teenage parents themselves.^{129, 130}

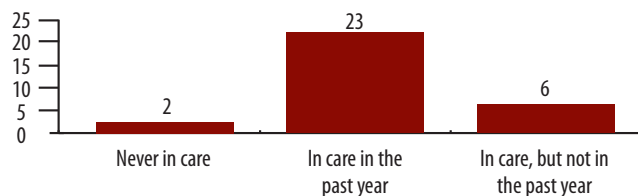
Findings:

- Fertility rates of teenage women in the province declined by more than half between 1993 and 2001, and have remained at or about 10 live births per 1,000 women aged 15 to 19 between 2004 and 2007.
- Rates of teenage pregnancy vary dramatically across the province – rates of pregnancy among women under 20 in the North region are more than double those reported for the Vancouver Coastal region.
- 22 per cent of youth who had been in care in the previous year reported having been pregnant or having gotten someone pregnant at least one time, compared to only six per cent of the youth who had never been in care.

Tobacco Use

Rationale for measuring: Tobacco use is noted as the single most preventable cause of chronic disease, hospitalization and premature death in many jurisdictions, including Australia,^{131, 132} the United States¹³³ and Canada.¹³⁴ The vast majority of adult smokers started smoking as teens, and the younger they begin, the less likely they are to quit.^{135, 136} Smoking has an immediate impact on health. There are observable respiratory problems within weeks of beginning to smoke¹³⁷ and many long-term effects on health, including respiratory diseases, circulatory and coronary disease, numerous cancers and peripheral vascular disease.^{138, 139}

Of Youth Who Smoke, Percentage Who Smoked More Than 10 Cigarettes Per Day, 2008

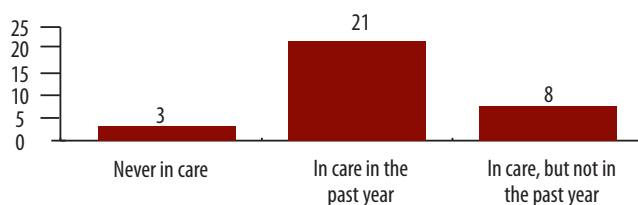


Source: McCreary Adolescent Health Survey IV

Alcohol Use

Rationale for measuring: Alcohol is the most common psychoactive substance used during adolescence.¹⁴⁰ Problematic drinking patterns established during adolescence can negatively influence lifelong drinking patterns.¹⁴¹ Excessive consumption of alcohol is a major risk factor of morbidity and mortality and is associated with motor vehicle accidents and deaths, physical and sexual assaults, academic problems, crime, accidental deaths and suicides.^{142, 143, 144, 145}

Of Youth Who Drink, Percentage Who Consumed 5 or More Drinks in a Row in 10 or More of the Past 30 Days, 2008

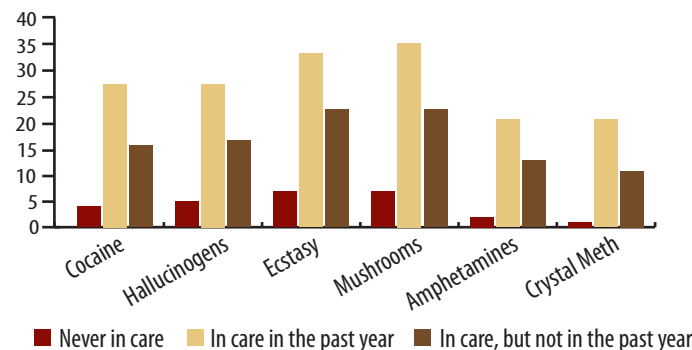


Source: McCreary Adolescent Health Survey IV

Drug Use

Rationale for measuring: The use of illegal drugs has an adverse effect on individual physical health, mental health and personal and social adjustment.¹⁴⁶ Risk factors associated with problematic substance abuse overlap with risk factors for negative outcomes such as criminal and violent behaviour.¹⁴⁷ Early experiences during adolescence with substance use and problematic patterns of drug-using behaviour are serious risk factors for the development of problems, including dependence, that continue into adulthood.¹⁴⁸ Marijuana use over time has been associated with increased health problems, including respiratory problems, neurocognitive problems and lower academic achievement and functioning.¹⁴⁹

Percentage of Youth Using Drugs, 2008



Source: McCreary Adolescent Health Survey IV

Findings:

- Youth who had been in care in the past year and those who had been in care at some time were almost twice as likely to have smoked tobacco or cannabis, at least 10 per cent more likely to have consumed alcohol, and at least three times more likely to have tried drugs such as cocaine, ecstasy or crystal meth.
- Youth who had been in care in the past year and those who had been in care at some time were more likely to engage in behaviours involving excessive substance use – binge drinking and extreme cannabis use in particular.

- Of youth who had ever smoked cannabis, those who had been in care in the past year were over three times more likely to have used marijuana on at least 10 of the previous 30 days than youth who had never been in care.
- Youth who had been in care at any point were also much more likely to have used hard drugs such as ecstasy, cocaine and crystal meth than those who had never been in care.

Healthy Sexual Behaviour

Rationale for measuring: Early initiation of sexual activity is associated with emotional and physical health risks.^{150, 151} Early sexual activity places youth, particularly females, at an increased risk of unintended pregnancy, of acquiring HIV or another sexually transmitted infection (STI), and of other negative psychological and social outcomes.¹⁵²

Findings:

- Only 50 per cent of youth who had been in care in the previous year reported using a condom the last time they had sexual intercourse, well below the 66 per cent reported by the province's overall youth population.
- 59 per cent of youth who had been in care the previous year reported they had used alcohol or drugs before their last sexual encounter, nearly twice the rate of youth who had never been in care.

Positive Leisure or Recreational Pursuits

Rationale for measuring: Participation in organized sports has clear health benefits but is also important in helping children and youth build associational and community networks.^{153, 154, 155} Evidence underlines the protective value of positive school and spare time activities for those children who experience adversity at home. These activities build a sense of belonging and being important. They introduce a child not only to peer relationships but also to positive adult relationships.¹⁵⁶ There is also evidence of the educational benefits of participation in spare time activities.¹⁵⁷

Findings:

- Youth in care in the past year and those who had been in care in the past were at least as likely if not more likely to participate in positive leisure pursuits such as art and drama classes or dance and aerobics, compared to the general population.
- 32 per cent of youth who had been in care in the past year, and 29 per cent of youth who had been in care but not in the past year did a hobby or craft four or more times a week, compared to 26 per cent of youth who had never been in care.
- 17 per cent of youth who had been in care in the past year, and 11 per cent of youth who had been in care but not in the past year participated in art, drama, singing or music classes, compared to 8 per cent of youth who had never been in care.

Youth Involvement with Crime

Rationale for measuring: The “young offender rate” is often considered a proxy measure for the extent to which youth are engaging in anti-social, violent or illegal activity. Youth criminal behaviour is associated with family functioning, parental neglect, community characteristics and poverty.¹⁵⁸ Young people in custody are at an increased risk of injuries, assault, suicide and self-harm. Youth involved with the juvenile justice system have more complex health needs, including mental health and intellectual disability, substance abuse and sexually transmitted infection.¹⁵⁹

Findings:

- The rate of youth charged with a serious crime declined by 34 per cent between 2000 and 2007, while the overall crime rate fell by almost 31 per cent over the same eight-year period.
- The rate of youth charged with a serious violent crime declined only four per cent over this period.
- The number of youth in custody centres has remained relatively static over the three-year period of 2005/06 to 2007/08.
- Aboriginal youth constitute a disproportionately large section of the province's in-custody youth.

Behaviour Data

There are a number of key indicators that when examined collectively reveal important differences between the behaviour of sub-populations of young people in British Columbia – significant differences in rates of teen pregnancy, patterns of alcohol and drug use and sexual behaviour which appear to be dependent on where they live and whether they are currently or have ever been ‘in care’. Trends such as the considerable decline in the teen pregnancy rate and an increase in the number of young people who participate in sport and cultural activities are encouraging. More worrisome are the rates of drug, alcohol and tobacco use which may be indicative of difficulties in terms of current and future health and well-being. The number of young people who are charged with serious crimes has dropped in British Columbia although Aboriginal youth are still over represented in custody settings.

It is important to note that the statistics provided in this report do not provide a definitive picture of the well-being and challenges of young people in British Columbia. The indicators examined are simply indicators and as such are open to a degree of interpretation. Some of them can be seen as accurate description, given that they are a simple count over a set period of time. However, other statistics such as the rates of sexual activity and alcohol consumption are self-reports and, as such, may not be as accurate.

People can under report or over report their activities depending upon their motivations at any given time. It is also important not to attribute cause and effect when examining statistics. The data provided here, for example,

cannot be used to determine if young people in care are more likely to use drugs because of the stressors in their lives before coming into care or stressors they are experiencing in care, or a combination of both or because of a number of other reasons. We can only say that they report higher rates.

There is some good news in the statistics and some areas which require further attention. It is good news that the rate of live births by women under 20 years of age is decreasing. This means that it should be possible to provide an increased level of support to those young women under 20 who are parenting given that there are fewer people using the resources – leading to less risk for these moms. Whether this is actually happening needs to be determined. There is also a need to figure out why there are still significant differences between the various regions in British Columbia. Further examination is required of not just why young people in certain regions are more likely to get pregnant but why do other young women in the same region not get pregnant. The same holds true for the other indicators including tobacco, alcohol and drug use amongst young people in care. Why do some people engage in a particular activity but also why people who are in the similar circumstances do not engage in the same activity? It is necessary to delve deeper into the issues to understand their root causes.

And there is also a need to be open to the possibility that the same issues may have very different solutions depending upon a range of factors including age, ethnicity,

gender and geographic location. Effective solutions to what appear to be similar challenges may require differentiated response – which types of services work best with which young people in which circumstances.

In order for all of these indicators to be helpful from a practice and policy viewpoint we need to be able to drill deeper into what the findings mean not just for the collective population but also for individuals and sub-groups. As well, often the mistake is made in Canada of trying to develop what can be labelled a generic response to the challenges being experienced by young people while ignoring the different reasons why young people do what they do. For example, the type of substance misuse prevention program for a young person who is from a supportive and resource rich family and who may use drugs for recreational purposes needs to be different than for a young person who may use drugs to self-medicate because of mental health struggles.

It is not then a matter of changing the indicators cited here but rather building upon them to give us a fuller, differentiated picture of what is happening with young people. It is not necessarily about the development of more resources but rather the development of the right resources that take into account individual, community and regional differences.

Grant Charles
University of British Columbia



“In order for us to truly begin to understand the state of young people in British Columbia we need to be able to start to examine the differences between how particular people or populations are experiencing challenges or even successes. We need to begin to look at not just the indicators but the ‘why’ of them.”

Grant Charles

VOICES FROM YOUTH WORKSHOPS - WHAT YOUTH THINK ABOUT BEHAVIOUR

Sexual health information is not presented effectively for youth

Information about safe sex didn't always meet the needs of youth in terms of being culturally appropriate or relevant in terms of alternate lifestyles that would help them make healthy choices.

Youth wanted information to address the prevention of sexually transmitted diseases and not just pregnancy.

Drug and alcohol use can lead to other risky behaviours

Youth in every group raised concern about smoking, alcohol and drug use – abuse was common and there were many problems associated with use, including bingeing and starting use at a young age.

Choices about drinking or drug use were linked to other choices like whether or not to smoke, have sex or use a condom.

Youth use drugs for different reasons

Youth who used other people's prescriptions (including their parents' and friends') did so for symptom management as well as for recreational use.

Despite media coverage, youth said very few young people use crystal meth.

Family members play a role in substance use

Youth were concerned about parental abuse of substances as well, and noted the difficulty in avoiding the effects of substance use when people were using it in the home.

Extra-curricular activities are important but not easy to access

For youth, being healthy meant having positive things to do like sports or the arts. Youth saw many barriers to participating in positive leisure activities – lack of information about opportunities, stigma attached to participating in the arts, the cost of some activities and lack of transportation. Issues such as substance abuse, homelessness and family problems were also barriers.

A promising practice to address youth crime

A Downtown Eastside community centre has joined up with Vancouver Community College, Vancouver Police and ICBC to throw a wrench into the works of the auto theft problem. In the college's auto shop, youth who have been involved in car theft / joyriding are working side-by-side with car buffs and other youth interested in car culture, learning the fundamentals of vehicle repair. The Naskarz program provides peer support and social activities along with the skills needed to get a job in the auto repair business.

An evaluation of the prototype program in Australia provided extensive evidence of the impact of the program including positive changes in anti-social behaviour, life skills, self esteem, confidence, social skills and interview and job skills.



"You use alcohol and drugs because there is nothing else to do."

Youth participant, Fraser Valley

Family, Peer and Community Connections

The UN Convention on the Rights of the Child 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.

What We Measured

Ethnic or Culturally Appropriate Care Placement

Rationale for measuring: Youth who are highly connected to their culture are less likely to report poor health.¹⁶⁰ Culturally relevant resources can promote resiliency and nurture coping mechanisms.¹⁶¹ When a child must be removed from his/her biological family, significant effort must be made to place the child with his/her community, family, religious and/or ethno-cultural background.¹⁶² For Aboriginal children, the importance of culturally appropriate care placement is often specifically outlined in provincial or territorial statutes.¹⁶³

Findings:

- The number of Aboriginal children and youth who are placed in Aboriginal homes when they come into care has remained fairly stable over the three year period of 2005/06 to 2007/08 – the majority (52.5 per cent) are still placed in non-Aboriginal homes.



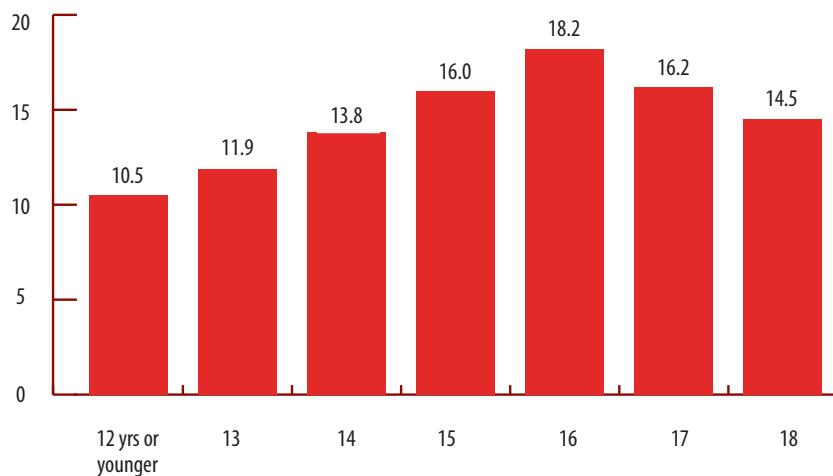
Community Connections

Rationale for measuring: Youth with strong connections to parents, family and teachers are less likely to report poor health, suicidal thoughts or attempts, binge drinking, carrying a weapon or getting into a physical fight.¹⁶⁴ Increasing services which promote community connectedness, such as activities for social inclusion and parental training can strengthen relationships and build resiliency.¹⁶⁵

Findings:

- The majority of youth (79 per cent) reported that they felt a sense of belonging to their local community.
- Less than 50 per cent of youth report that they feel a strong sense of belonging or connection to their ethnic group.
- The lowest response to feeling connected to their ethnic group was from youth in the Interior region.
- The percentage of youth who do not like school increases consistently from age 12 to 16. After age 16, the percentage of youth who do not like school decreases.

Percentage of Youth Who Don't Like School, 2008



Source: McCreary Adolescent Health Survey IV

Adults in Your Life

Rationale for measuring: Studies show that the presence of a positive adult role model in a child's life is significant in promoting resiliency.¹⁶⁶ Among children who have been in care, a significant relationship with a positive adult role-model is a protective factor associated with educational success.¹⁶⁷ Research shows a positive link between adolescent health and social support.¹⁶⁸

Findings:

- After the age of 12, the number of children or youth who reported that teachers did not care about them or cared about them very little increased slightly with age. Amongst 15-year-olds, 22 per cent felt their teachers did not care or cared very little about them.
- 25 per cent of youth reported that they did not have an adult in their family to talk to if they were having a serious problem – and for youth who had been in the care of the government in the previous year – 46 per cent said they didn't.
- 44 per cent of youth reported that they did not have an adult not in their family that they would feel okay talking to.

Youth Volunteering

Rationale for measuring: Volunteering develops community networks.¹⁶⁹ Community networks have a positive impact on a number of child and youth outcomes.¹⁷⁰ There is a strong association between a sense of community connection and the health and well-being of children and youth.¹⁷¹ Behavioural and developmental scores as well as social and emotional development can improve as a result of participation in community networks.¹⁷² Youth participation in such networks is also associated with a host of benefits to the community, including the promotion of a sense of belonging, feelings of safety and positive attitudes, and the promotion of positive social norms and behaviours associated with reduction of crime.¹⁷³

Findings:

- 62 per cent of youth reported that they volunteered in the past year.
- Girls reported volunteering more often than boys – 70 per cent compared to 53 per cent.
- Youth who had never been in care were more likely to volunteer than youth in care in the past year – 62 per cent compared to 54 per cent.

Interaction and Participation with Peers

Rationale for measuring: Activities for social inclusion can strengthen relationships and can build coping mechanisms and promote resiliency.¹⁷⁴

Findings:

- The majority of students in Grades 3, 4 and 7 report participation in extracurricular activities – over 60 per cent for both groups.
- Aboriginal students are also active participants – almost 65 per cent of Aboriginal students in Grades 3 and 4 reported that they participate in some form of extracurricular activity.
- Girls report slightly higher rates of participation than boys – nearly 67 per cent in Grades 3 and 4 compared to 60 per cent, and 63 per cent in Grade 7 compared to 57.5 per cent.



Family, Peer and Community Connection Data

A young person's sense of inclusion and connectedness to family, peers, school and community is vital to their well-being. Many of the dimensions of connectedness included in this report have been demonstrated to have a significant impact on children and youths' abilities to function effectively as adults. It is important to gather information about these dimensions over time to identify some comparative baseline data and trends that may represent important areas for concern for the identification of risk and assist in the development of early intervention and remedial programs. Gathering data over time also provides a vehicle for evaluating outcomes and policy changes. However this is perhaps one of the most difficult domains for which to identify specific measureable and quantitative indicators. There are no readily available measures of child and youth community connectedness that have been developed and tested for validity and reliability.

It is assumed that the children's and youth's strong sense of relationship with family, peers and community provides them protection from a sense of isolation and social exclusion. The indicators used in this domain address several important factors relating to child and youth connectedness. However because of the complexity of this domain these indicators require some further development and refinement. For example, ethnic or culturally appropriate in care placements has been chosen as an indicator. This measure provides somewhat

general information about cultural connectedness and is also useful as a measure of compliance with an important policy direction. However to enhance its usefulness this indicator needs to be used in tandem with some other indicators relating to the placement of Aboriginal children such as data on quality of the culturally appropriate placements, the number of Aboriginal foster homes approved and average number of moves of all children placed in foster homes. In addition, the indicators in this domain need to be expanded to include data about children and youth that are not in the school population. It would be very useful for planners and policy makers to have an indicator which identified the proportion of the population of children and youth who attended and did not attend school – in particular proportion of the children in care who were attending school.

It is important to note in examining the children and youth's sense of the strength of relationships that there are no data on the nature, level or amount of social support that is received from their teachers or adult family members. The research literature would indicate that it is not only the strength of these relationships but the nature and amount of the social support that is received. Consequently this data would give a much more complete indication of child and youth connectedness.

Don Fuchs
University of Manitoba

What's working well to address community connections



Youth in Philanthropy (YIP) is a movement to engage young people in community foundations and philanthropy across Canada. As youth are seen to be in the best position to understand the needs and concerns of youth, and to know what programs and activities will be of interest and value, YIP provides opportunities for community foundations and youth to work together through youth advisory committees. With the support of an adult advisor, youth work to build endowment funds, from which they make grants to youth projects in their communities. They also undertake community leadership activities and work with their foundation on programs such as Vital Signs and environmental initiatives.

Youth participants gain knowledge and skills, develop leadership, promote volunteerism and philanthropy, and support worthwhile projects at a local level. The community foundation and the community at large benefit from their involvement with youth, both now and in the future, as they invest in building the interest and capacity for youth participation in philanthropy and civil society.

Youth philanthropy in Canada is supported nationally by Community Foundations of Canada. There are currently 20 community foundations across B.C. involved with YIP.

www.yipcanada.org

"I think that youth need a strong support system and people around them who truly care and want the best for them regardless of their situation."

Youth participant, Lower Mainland

VOICES FROM YOUTH WORKSHOPS - WHAT YOUTH THINK ABOUT FAMILY, PEER AND COMMUNITY CONNECTIONS

Adult support is valuable and necessary to youth well-being

Having an adult in their life to turn to for support and guidance was consistently identified as an indicator of well-being.

Youth were disappointed by how many young people didn't have an adult to talk to if they had a serious problem.

Youth felt that families help you through difficult times and keep you on a healthy track.

Youth stressed the significance of feeling connected to your family and community.

Long-term relationships are hard to establish for children in care

Youth who are in care talked about how difficult it was to connect to community, school and peers when it was likely they would move from one foster home to another.

Spirituality is seen as a part of well-being

Spirituality was seen as an important aspect of well-being by immigrant or ethnic minority youth.

Social media negatively impacts social connections

Youth were concerned that the increasing use of social media is leading to a decrease in positive social interactions and an increase in bullying.

My friends & family support me & encourage me to create new paths EVERYDAY, and to shine. Without them I feel like I'm nothing.

Youth have good opinions as well, and they shouldn't always be shut down by adults. Treat us like we matter ;)

I've always appreciated having places to have ~~pe~~ adults to talk to. (Supportive teachers, youth group leaders, community members).

Dear Someone,

How can we show our youth a better stable living environment, we need more screening for foster parents + adoptive parents. Kids need at least one good home in their life.

Friends encouraging me to get out and do things, like walk to school, go play sports.

I think that youth need a strong support system, and people around them who truly care and want the best for them regardless of their situation.

Dear You,

Having more programs for youth and young adults to get out and stay out of the systems. Group homes should be very structured and about the KIDS. More things for females age 16-25 to get help for themselves and become healthy, knowledgeable, and successful.

I think that youth groups & that support children is making a positive impact on our lives & when we know there are people that respect our opinion, it feels comforting

MAYBE OPEN MORE PROGRAMS FOR FAMILIES THAT CAN'T AFFORD EQUIPMENT: or DONATIONS FROM THE COMMUNITY!! ALL I CAN SAY IS TRY TO THINK OF LIFE AS GOLD. TRY TO BELIEVE IN YOURSELF MAYBE YOU CAN GO FURTHER IN LIFE

I think fosterparents should be looked at more carefully & treatment houses too. Also I think bus passes should be free for people going to school.

Also I think ^{youth} jails need more girl orientated. And STI testing should be free everywhere & meds for sti's.

Actually listen to what we have to say.

Moving Forward

Growing Up in B.C. is a one-of-a-kind investigation of the state of British Columbia's children and youth. Youth voice was brought to the forefront, a lens was focused on the most vulnerable child and youth populations and leading Canadian scholars were engaged to comment on the findings. Young lives have been examined using as wide a lens as possible to look at six important dimensions of well-being – health, learning, safety, behaviour, family economic well-being and family, peer and community connections.

The review has been conducted with the understanding that all children have a right to live in healthy conditions and that the goal for all children is to achieve positive and healthy outcomes. Adults, be they parents, policy makers, teachers or politicians, have a responsibility to understand what is happening for children throughout B.C. and to take action to improve circumstances and tackle difficult behaviours and poor outcomes.

The lives of children go by very quickly. In very concrete terms, childhood and adolescence last a mere 988 weeks – 988 weeks to create the circumstances and provide the resources needed to experience a healthy childhood and develop the skills necessary to become independent and capable adults.

What does *Growing Up in B.C.* tell us about the social and physical conditions of children and youth in British Columbia? A number of findings are of concern and should be a call for action:

- Not all children and youth are provided with the basics in terms of healthy living conditions. Many are exposed to tobacco smoke and are not engaged in physical activity or eating healthy foods.
- Many preschoolers are not prepared for early learning experiences, and the impact of early vulnerability plays out as poor academic outcomes throughout the middle and secondary school years.
- Many children report that they don't feel safe at school.
- A greater percentage of children in British Columbia live in poverty than in any other province.
- Although the number of youth charged with serious property crimes has gone down, the number of youth charged with serious violent crimes has not.
- As they get older, youth are more likely to report that teachers don't care about them and that they don't have an adult to talk to if they have a serious problem.



However, it is not all bad news:

- The rate of youth suicides has gone down in the past 25 years.
- Intentional injuries to children and youth have decreased in the past six years.
- Nearly 80 per cent of young people graduate from high school within six years of entering Grade 8.
- Over 60 per cent of youth report that they volunteered in the previous year.
- Teenage birth rates have declined.

Unfortunately, British Columbia continues to have the highest rate of child poverty in Canada. The provincial rate of child poverty has exceeded the national rate since 2000. In 2008, the B.C. child poverty rate was 10.4 per cent, 1.3 per cent above the national rate. An estimated 87,000 children in British Columbia lived in low-income families in 2008.¹⁷⁵

There are groups of children and youth who are not doing as well as their peers:

- Aboriginal children and youth encounter significant disadvantages – they face more health risks, experience less success in school and are over-represented in the child welfare and juvenile justice systems.
- Children who have been in the care of the government are also at serious disadvantage – they too face more health risks, are much less likely to experience academic success or graduate from high school, and are more likely to use tobacco, alcohol and drugs. They are three times as likely to have attempted suicide and more likely to have been pregnant or gotten someone pregnant. They often go to bed hungry, and they are half as likely to have caring adult to talk to about a serious issue.

- There are patterns of disadvantage that appear for certain geographic regions – children and youth in the North, the Interior and northern Vancouver Island are more likely to live in families receiving income assistance and to be in care. Babies are more likely to be exposed prenatally to tobacco and alcohol in these three regions. Children in the North and on Vancouver Island achieve poorer academic outcomes, and teens in the North have higher rates of pregnancy and hospitalizations due to injury.
- There also appears to be an “at-risk” pattern as teens get older. Not only do physical activity rates go down with age, but so do the numbers of teens who report that they like school and think their teachers care about them. Teens are also more vulnerable to unintentional injuries.

It is easy to become complacent about at-risk child populations – impoverished circumstances and poor outcomes have come to be accepted for some of our children and youth. This complacency can no longer be tolerated. The percentages may be low: eight per cent of children and youth in B.C. are Aboriginal, at any one time one per cent of all children and youth are in the care of the government, and over 10 per cent live in poverty. But the absolute numbers are disturbing – over 70,000 children and youth are Aboriginal, nearly 11,000 children are in care over the course of a year and more than 80,000 children and youth live in poverty.

What is most disturbing is that many children are caught in the vortex of all three patterns of vulnerability. In addition, these more vulnerable young people often live in remote communities with very few resources. A new path for these children and youth must be built and sustained. Changes in policies and resource allocations can support healthier living conditions and more positive outcomes.

A complete picture of B.C.'s children and youth has yet to be achieved because we have incomplete data. This report establishes a baseline for some of the essential indicators of well-being. Most of these will be tracked over time to determine whether circumstances and outcomes for young people have changed and improved. Some measures will not be repeated as they did not illuminate an important aspect of children's lives, and future reports will focus in on those indicators that are malleable – those that can change with modifications to policy and practice.

Unfortunately, due to absence of reliable data, it was not possible to include in this report some important indicators identified during our work with youth and external data experts. These indicators are viewed by the Representative, the Provincial Health Officer, the external data experts and the McCreary youth as essential in understanding the state of B.C.'s children and youth. Therefore, statistical agencies or governments are encouraged to improve or expand data sets in the relevant areas. In other cases, organizations are encouraged to strengthen existing tools in order to explore vital topics more clearly or to increase their sample size in B.C.

Within the Health domain, three areas need to be explored in the future. Positive aspects of child mental health such as self-esteem need to be investigated, as do aspects of mental illness, including prevalence rates, service utilization rates and hospitalizations.

The second gap in the current suite of health indicators, the rate of children and youth with special needs, requires clarity around definition of special needs before it can be examined consistently and differences in these rates across regions or specific sub-populations understood.

The experience of children and youth living with chronic health concerns is the third area that needs more attention. Chronic and life-threatening diseases such as cancer, diabetes and asthma and the experiences of living with these diseases need to be understood, again across regions and sub-populations.

Some of the existing data for the Learning domain have been criticized by stakeholders – the school readiness measure is based on teachers' perceptions and not on measured skills of the child. The validity of school readiness and academic achievement data has also been questioned for Aboriginal children and immigrant children. The transition from learning to read to reading to learn is too important to not seek the most valid and reliable measures possible. Debate is welcome about how to improve the data in this domain.

Other indicators worthy of exploring include measures of the school environment such as teacher-student relations, disciplinary climate of the classroom and student advocacy. Another emerging area of concern is students whose academic success is affected by having to have a job or to care for younger siblings, incapacitated parents or elderly relatives.

In the Safety domain, several important indicators should be considered in the future, including housing and homelessness, the ability of parents to safely and effectively raise children, the rate of youth crime victimization, and child and youth exposure to domestic violence. There is also a need in this domain to refine the definitions and measures of some existing indicators – the recurrence of abuse and neglect, bullying and online safety – in order to not only understand these events better but understand how to make change.



The construct of family economic well-being or poverty is complex and poorly understood in terms of how to measure it accurately and completely. Current measures do not capture all the facets of family poverty – are resources available, what do families accomplish with their resources, and how deep and persistent is the poverty? A case can also be made for measuring the less tangible aspects of family well-being, such as happiness or generalized well-being.

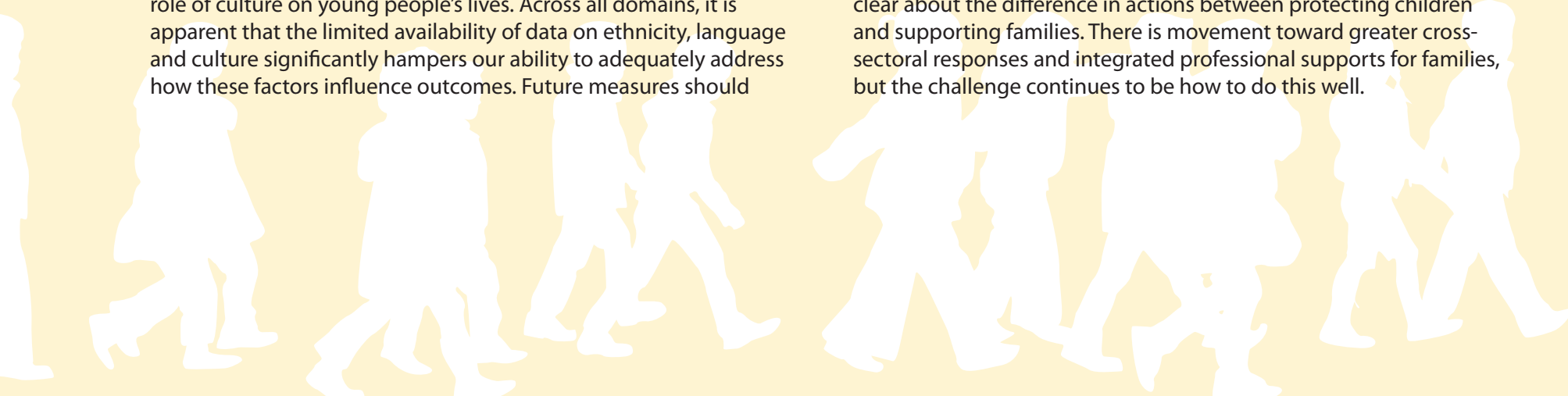
The measures in the Behaviour domain are some of the more readily understood and easily quantified aspects of children's lives. What is lacking is an understanding of why some higher risk youth make poor decisions while other high risk youth make healthy decisions. What are the factors that lead to the decision not to smoke, use alcohol or drugs or have unprotected sex? What approaches to helping children and youth to alter negative behaviour patterns are effective?

Family, peer and community connections is perhaps the newest area of exploration with regards to measuring child and youth well-being. The current measures require modification to provide more precise information about the experiences of youth and what is working for them. Since much of the programming and activity for children and youth happens at regional or municipal levels, it will be important to find ways to develop measures and reporting mechanisms. Work is also required to better capture the influencing role of culture on young people's lives. Across all domains, it is apparent that the limited availability of data on ethnicity, language and culture significantly hampers our ability to adequately address how these factors influence outcomes. Future measures should

not only address the nature of what we are investing in meaningful relationships and connections for children and youth but what the potential is for connectedness to change lives.

The partial picture of child and youth well-being presented in this report raises many questions about roles and intervention approaches. In examining issues of regional disparity or disadvantages between groups, the involvement of academics and service providers is not a new concept but continues to be an important and necessary partnership. It is a more recent struggle to understand how to involve young people meaningfully in this process and to balance youth recommendations for action, rooted in their personal experiences, with evidence-based interventions.

That interventions for addressing disparities should be based in evidence is undeniable, and the use of existing systematic reviews can facilitate better choices. What is less obvious is whether universality is always the best response to child abuse/neglect issues. As stated by one of our experts, we must be open to the possibility that the same issues may have very different solutions for different groups. Factors to consider include age, ethnicity, personal histories and experiences prior to coming into care. Youth and data experts alike have commented on the influencing role of parenting and parenting capacity on well-being. The difficulty is in intervening more effectively with parents when issues are identified and being clear about the difference in actions between protecting children and supporting families. There is movement toward greater cross-sectoral responses and integrated professional supports for families, but the challenge continues to be how to do this well.



This report is merely our first step to understanding how well children and youth are faring in B.C. As mentioned, the Office of the Provincial Health Officer intends to identify a comprehensive suite of indicators that will guide a future report on the health and well-being of all children in British Columbia. Working in partnership with the Canadian Institute for Health Information, the Provincial Health Officer is undertaking an extensive consultation process with provincial, national and international experts in child health and well-being indicator development as well as policy makers, practitioners and representatives from the academic community. The goal is to identify a detailed set of indicators that can influence child and youth health and well-being and that can be tracked by government over time.

Future reports on the well-being of children and youth in B.C. will build on the success of this first report and refine the data gathering and reporting process by:

- encouraging the collection and use of longitudinal data that tracks outcomes over time
- expanding the use of disaggregated data by geography, age, gender, Aboriginal status, ethnicity and experience “in care” to increase the understanding of where risk and resiliency exist
- analyzing data across domains and indicators to increase the understanding of how variables intersect and inter-relate
- expanding the contributions of young people in understanding the experiences of their lives and their priorities.

The only thing youth want in life is a sense of belonging. Whether through interaction with peers, involvement in sports, or volunteering in the community, the key to healthy, happy youth is giving them opportunities to feel engaged and useful, and helping them feel that what they're doing is important.”

Youth participant, Lower Mainland



Appendix I Data Sources

Data Source and Owner	Description	Limitations
BC Vital Statistics Agency	The British Columbia Vital Statistics Agency is responsible for the determination, registration and certification of vital events that occur in the province. The Agency provides vital event information to researchers, health planners, government agencies, and the general public through a series of annual reports.	Measures sourced from the BC Vital Statistics Agency are reported by calendar year. Represented are in-province events occurring to B.C. residents only; vital events occurring in-province to non-residents are not represented. Vital events involving B.C. residents, but occurring out of province are also not considered by Vital Statistics measures.
BC Stats	Estimates and projections of British Columbia's overall and Aboriginal Identity populations are provided by BC Stats. Estimates and projections use information collected by the 2006 Census, and operate on a series of standard assumptions about population growth.	The slightly different methodologies that inform population estimates and projections of the general and Aboriginal Identity child populations imply that the population of non-Aboriginal children is not necessarily the difference between the overall child population and the Aboriginal Identity child population.
BC Statistics P.E.O.P.L.E. 34	Produced in June 2009, BC Stats P.E.O.P.L.E. 34 (Population Extrapolation for Organization Planning with Less Error, run cycle 34) provides detailed estimates of British Columbia's population from 1971. Estimates adjust information collected by the 2006 Census of Population by accounting for individuals missing or double counted during Census administration. Estimates are available by gender and age, and for the province's geographic sub-regions.	Although the Census endeavours to count all Canadians, coverage for 2006 was approximately 98%. Adjustments are made to account for this coverage error, and Statistics Canada undertakes every effort to ensure high quality Census information by minimizing data collection and processing errors.
Statistics Canada 2006 Census	In addition to providing the basis for estimates of British Columbia's children and youth population, the 2006 Census of Population was a frequently used source of contextual and background information related to immigration, language, ethnic origins, and education attainment.	Census content as to the cultural background of Canadians is obtained from a sample of approximately one in five Canadian households. Information collected from the 20% sample is weighted to produce inferences and estimates for the national population. Estimates will be subject to a certain degree of error as the characteristics of the selected sample will tend to differ slightly from the characteristics of the overall population.
Ministry of Child and Family Development	The Ministry of Children and Family Development is the source of data related to youth in custody, children in care, incidence of child abuse or neglect and child fatalities. The ministry is the exclusive collector and holder of data related to the province's child welfare system, including administrative data related to the province's in-care child population.	Rates of Aboriginal children in care are imperfect as the Aboriginal populations identified in the ministry's data, and the Aboriginal Identity population data do not entirely overlap as the ministry operates on a different definition of Aboriginal than BC Stats.

Data Source and Owner	Description	Limitations
Ministry of Education	The British Columbia Ministry of Education is the supplier of information on Foundation Skills Assessment (FSA) test results, and six year high school completion. Ministry data is originally collected by School District, but for the purposes of this report have been aggregated to the Health Service Delivery Area level, and Health Authority level. Aggregation was completed using the BC Stats translation file.	With limited exceptions, all Grade 4 and Grade 7 students are expected to sit the FSA tests. All statistics based on Ministry of Education data incorporate information collected from Children with Special Needs. Inclusion of information on the FSA achievement and high school completion of these children may bias reported results if it is assumed that Children with Special Needs are unequally distributed across the reported student groups – male and female students, and Aboriginal and non-Aboriginal students.
British Columbia School Satisfaction Surveys	The British Columbia School Satisfaction Surveys are administered by the British Columbia Ministry of Education. The School Satisfaction Surveys promote accountability, and provide school administrators with indicators of school performance across many dimensions – including student achievement and social development, and school safety. The School Satisfaction Survey data presented herein are from the 2007/2008 Survey, and provide information on British Columbia public school students in Grades 3 and 4, and Grade 7.	Data is collected at the individual school and School District levels, but have been amalgamated using the BC Stats Administrative Region Translation File and are reported at the Health Service Delivery Area and Health Authority levels. Students denoted 'Aboriginal' in the School Satisfaction Surveys self-identify. Survey response rates for the reported upon groups, students in Grades 3 and 4 and students in Grade 7, were excellent. Eighty seven per cent of students in both the above identified groups provided valid survey responses. Low response rates for the remaining respondent groups – Grade 10 students, Grade 12 students, elementary school parents, and secondary school parents – meant that data for these populations were not reported in Growing Up in British Columbia.
Ministry of Housing and Social Development	Data for children in families in the province receiving Income Assistance are provided by the Ministry of Housing and Social Development. Listed are end of month counts of families receiving Income Assistance, and end of month counts of children in families receiving Income Assistance.	Income Assistance cases are an aggregate of two specific case categories: Temporary Assistance Cases, and Disability Assistance Cases. The former case category is further delineated into sub-categories based upon the individual's readiness to work.
Human Early Learning Partnership	Early Development Instrument (EDI) data are provided by the Human Early Learning Partnership (HELP) as part of their Early Child Development (ECD) Mapping Project. The EDI itself is a population based estimate of child development at the time of school entry, and measures five important domains of early childhood development: Physical health and well-being; social competence; emotional maturity; language and cognitive development, and communication skills and general knowledge.	EDI data are collected for kindergarten children in schools within B.C., including kindergarten children in public, independent and Band (First Nations governed) schools. No children are intentionally excluded from the research, although participation by all districts and schools is voluntary. The EDI is a measure of teachers' perceptions of children's relative standing not their attainment of developmental skills. The instrument has been extensively tested, and has undergone numerous revisions to ensure high levels of internal consistency, reliability and validity.

Data Source and Owner	Description	Limitations
<p>McCreary Adolescent Health Survey IV (AHS IV)</p>	<p>The McCreary Centre Society's Adolescent Health Surveys are population based surveys designed to monitor the health status and risk behaviours of British Columbia youth. The fourth and most recent survey targets the British Columbia student population, Grades 7 to 12, enrolled in regular public schools during the 2007-2008 school year. Measures sourced from the AHS IV are cited as the 2008 year to maintain consistency with McCreary's Centre Society's published reports.</p>	<p>Survey coverage is high – the fourth survey was conducted in all but nine of the province's 2007-2008 School Districts, with 29,315 students providing complete data records. The survey is designed to produce estimates of population characteristics with a maximum standard error of 3.5%. Estimates identified as having standard errors above 4% were identified in documents provided to data experts for commentary.</p>
<p>Canadian Community Health Survey Cycle 4</p>	<p>Since 2000-2001, the Canadian Community Health Survey (CCHS) has compiled information on the health status, health care utilization, and health determinants of the Canadian population aged 12 and older. To support health surveillance programs and promote health research more generally, the CCHS assembles health data at the national, provincial, and intra-provincial levels. CCHS content reflects contemporary and emerging health issues, and from 2007 data is released annually.</p>	<p>CCHS measures are survey based estimates for the British Columbia population 12 to 18, and in certain instances may be of marginal or unacceptable quality. CCHS estimates that appear in bold are designated marginal by Statistics Canada. Such estimates are subject to high levels of sampling variability as indicated by a calculated Coefficient of Variation between 16.6 and 33.3. Unacceptable CCHS estimates, those with a Coefficient of Variation above 33.3, have been deemed invalid by Statistics Canada and are therefore not reported. The CCHS does not capture data for persons living on Indian Reserves and on Crown Lands, institutional residents, full-time members of the Canadian Forces, and residents of certain remote regions.</p>
<p>Survey of Labour and Income Dynamics</p>	<p>The Survey of Labour and Income Dynamics (SLID) is a longitudinal survey administered by Statistics Canada. The SLID targets all persons living in Canada, and since 1993 has collected information on economic well-being and its determinants.</p>	<p>The SLID is designed to support reliable statistical inference at the provincial level and for certain Central Metropolitan Areas, but the survey does exclude the following groups: Persons living in Yukon, the Northwest Territories, and Nunavut, persons living on Reserves, persons living in institutions, and military personnel living in barracks. The SLID, unlike the Labour Force Survey for example, does not have explicit guidelines surrounding the release of low quality estimates. However, documentation suggests that the sampling variability of estimates for British Columbia, as measured by the Coefficient of Variation, is well within the acceptable bounds Statistics Canada has defined for estimates sourced from other surveys.</p>

Data Source and Owner	Description	Limitations
Labour Force Survey	The Labour Force Survey (LFS) provides regular, timely data about the Canadian labour market, and is currently conducted at monthly intervals. The LFS is the only source of monthly information on standard labour market indicators such as the unemployment rate and the participation rate, and supplies valuable information on the characteristics of Canada's employed, and unemployed populations.	Approximately 54,000 households are interviewed for the survey each month. Institutionalized persons, persons living on reserves, and full-time members of the Canadian Armed Forces are excluded from the LFS. Similar to the Census, the LFS defines Aboriginal as individuals that identify with at least one Aboriginal group – North American Indian, Métis, or Inuit for example. LFS estimates are published in accordance with release guidelines outlined in Statistics Canada's Guide to the Labour Force Survey, 2007. LFS estimates with a calculated Coefficient of Variation between 16.5 and 33.3 are emboldened to alert users to potential accuracy problems. Potentially misleading LFS estimates, those with a Coefficient of Variation above 33.3, are not reported.
Universal Crime Reporting Survey	Youth crime statistics utilize aggregate data from the Uniform Crime Reporting (UCR) Survey, which gathers and stores information contained in police occurrence report forms. The UCR is designed to measure the incidence of crime in Canadian society and its characteristics, producing a continuous historical record of crime and traffic statistics reported by each of the nation's police agencies since 1962.	The occurrence forms that inform the UCR follow strict reporting procedures: for violent offences, the total number of offences is equal to the number of victims involved in an incident of violent crime; for property crimes, the violent crime of robbery, and other crimes, the number of offenses is equal to the number of distinct incidents. Crimes reported are also governed by the Most Serious Offence Rule, which states that when a single criminal incident contains a number of legal violations only the most serious violation is recorded.
British Columbia Injury Research and Prevention Unit	Data on child injuries are sourced from the British Columbia Injury Research and Prevention Unit (BCIRPU). Established in 1997, and funded by the British Columbia Children's Hospital Foundation, the British Columbia Ministry of Healthy Living and Sport, and the Department of Developmental Neurosciences and Child Health, the BCIRPU endeavours to develop evidence-based injury prevention strategies. BCIRPU data is available online; however, the unit does caution the use of their data in place of official statistics.	The injury database managed by the BCIRPU synthesizes hospital admissions data from the Ministry of Health Services Discharge Abstract Database (DAD), mortality data from the British Columbia Vital Statistics Agency, and Population data from BC Stats P.E.O.P.L.E. 34 population estimation and projection tool. All injury hospitalizations, as well as hospitalizations by specific injury type are identified according to the International Classification of Disease Codes, 10th revision (ICD-10). Hospitalization data, from DAD, is based on hospital separations, and includes all injury cases admitted to British Columbia hospitals.
British Columbia Perinatal Database Registry	The British Columbia Perinatal Database Registry (BCPDR) has the following mission: "To collect, maintain, analyse and disseminate comprehensive, province-wide perinatal data for the purposes of monitoring and improving perinatal care." The Registry began collecting perinatal health data from a small number of hospital sites in 1994, and in 2001 province-wide hospital participation in the Registry was achieved.	The Registry currently captures 99 per cent of in-province births; however, births to B.C. women occurring in Alberta or in other out of province health facilities are not captured in the Registry.

Appendix II

Data for Aboriginal Identity Children and Youth

Aboriginal Identity refers to those persons who self-identify with at least one Aboriginal group: First Nations (North American Indians as defined by the Census); Métis, and Inuit/Other. Estimates of the Aboriginal Identity population in 2006 are derived from the Census of Population.

As different methodologies are used to calculate population estimates and projections of the general child population and the Aboriginal Identity child population, it is not possible to ascertain the non-Aboriginal population by determining the difference between the general child population and the Aboriginal child population. Therefore, information relating to the general Aboriginal Identity child population is compared against information for the general child population, which includes children of Aboriginal identity.

Data Notes for MCFD Aboriginal Child and Youth Data

Ministry of Children and Family Development data for children in care is reported by fiscal year, while estimates and projections of the general and Aboriginal Identity child populations are as of July of the specified calendar year. Unlike the information for British Columbia's overall and Aboriginal Identity child populations, Aboriginal Children in Care are distinguishable from non-Aboriginal children in care. One final caution must also be stated. The Aboriginal populations described by MCFD and population data, do not entirely overlap. In order to be designated Aboriginal by MCFD, the child must satisfy at least one of the following criteria:

- must be registered under the *Indian Act of Canada*
- must have a biological parent who is registered under the *Indian Act of Canada*
- must be under 12 years of age and have a biological parent who is of Aboriginal ancestry and considers himself or herself to be Aboriginal
- must be 12 years of age or older, of Aboriginal ancestry, and consider himself or herself to be Aboriginal

It is unknown if MCFD Aboriginal children-in-care data is consistent with the Aboriginal Identity data reported by BC Stats.

Appendix III

Data Notes for a Snapshot of B.C.'s Children and Youth

- Information presented for the province's general child population is from the BC Stats' P.E.O.P.L.E. 34 population estimates and projections tool.
 - All descriptive information related to B.C.'s in-care child population is provided by the Ministry of Children and Family Development.
 - Unless otherwise noted, information related to B.C.'s Aboriginal children and youth population is sourced from BC Stats' census-based estimates of the province's Aboriginal Identity population.
 - Descriptive information summarizing British Columbia's immigrant and visible minority populations has been collected from three sources: Citizenship and Immigration Canada, BC Stats Census 2006 Fast Facts: Immigration Population of British Columbia, and BC Stats Census 2006 Fast Facts: Mother Tongue and Home Language.
- Information summarizing family structure, social security utilization and income levels are sourced from the following:
 - The number of families is sourced from Statistics Canada's CANSIM Table 111-0011, Family characteristics, by family type, family composition and characteristics of parents, annual.
 - The Income Assistance figures are provided by the Ministry of Housing and Social Development.
 - The Unemployment rates are produced by BC Stats based on Statistics Canada's Survey of Labour and Income Dynamics.
 - The median-after tax income amount is sourced from Statistics Canada's CANSIM Table 202-0605, Median after-tax income by Economic family type, 2008 constant dollars, annual.

Appendix IV Indicator Measurements and Sources

Domain	Indicator	Measure	Source
Child Health	Healthy Birth Weight	Rate of Low Birth Weight and High Birth Weight Births	British Columbia Perinatal Database Registry and British Columbia Vital Statistics Agency
	Risky Maternal Behaviours	Smoking and Alcohol Identified as Risk Factors during Pregnancy	British Columbia Perinatal Database Registry
	Infant Mortality	Infant Death Rate	British Columbia Vital Statistics Agency
	Physical Activity	McCreary Adolescent Health Survey IV Question: "On how many of the past seven days did you exercise or participate in physical activities for at least 20 minutes that made you sweat and breathe hard?"	McCreary Centre Society Adolescent Health Survey IV
		British Columbia School Satisfaction Survey Question: "At school, do you get exercise (for example, physical activity or sports)?"	British Columbia School Satisfaction Survey
	Fruit and Vegetable Consumption	McCreary Adolescent Health Survey IV Question: "Did you eat or drink the following things yesterday – fruit? Did you eat or drink the following things yesterday – green salad or vegetables?"	McCreary Centre Society Adolescent Health Survey IV
		British Columbia School Satisfaction Survey Question: "At school, are you learning about healthy food and exercise?"	British Columbia School Satisfaction Survey
		Canadian Community Health Survey variable presenting the number of daily servings of fruit and vegetables, British Columbia youth 12 to 18	Canadian Community Health Survey Cycle Four
	Exposure to Second-hand Smoke	McCreary Adolescent Health Survey IV Question: "How often are you usually exposed to tobacco smoke inside your home or your family vehicle?"	McCreary Centre Society Adolescent Health Survey IV
	Child and Teen Suicide	Annual Suicide Deaths, Youth 18 and Under	British Columbia Vital Statistics Agency
		McCreary Adolescent Health Survey IV Questions: "During the past 12 months, did you ever seriously consider killing yourself?"; "During the past 12 months, how many times did you actually attempt suicide?"	McCreary Centre Society Adolescent Health Survey IV

Domain	Indicator	Measure	Source
Child Learning	Student Achievement	Student Achievement on Grade 4 and Grade 7 Foundation Skills Assessment Tests in Numeracy, Reading, and Writing	British Columbia Ministry of Education
		Children in their Age-Appropriate Grade	British Columbia Ministry of Education
	High School Completion	Six Year Completion Rate, Students in Their Grade 8 Year, 2001/2002	British Columbia Ministry of Education
		McCreary Adolescent Health Survey IV Question: "When do you expect to finish your education?"	McCreary Centre Society Adolescent Health Survey IV
	School Readiness	Children vulnerable on at least one Early Development Instrument Domain	Human Early Learning Partnership
Domain	Indicator	Measure	Source
Child Safety	School Safety	McCreary Adolescent Health Survey IV Question: "How often do you feel safe at school?"	McCreary Centre Society Adolescent Health Survey IV
		British Columbia School Satisfaction Survey Questions: "At school are you bullied, teased, or picked on?" "Do you feel safe at school?"	British Columbia School Satisfaction Survey
	Online and Internet Safety	McCreary Adolescent Health Survey IV Questions: "Have you ever been in contact with someone on the internet who made you feel unsafe?" "In the past 12 months, how many times did other people bully or pick on you through the Internet?"	McCreary Centre Society Adolescent Health Survey IV
	Children in Care	Rates of Children in Care	British Columbia Ministry of Children and Family Development
	Child Abuse or Neglect	McCreary Adolescent Health Survey IV Question: "Have you ever been physically abused or mistreated by anyone in your family or by anyone else?"	McCreary Centre Society Adolescent Health Survey IV
		Rate of recurrence of child neglect and/or abuse by family	British Columbia Ministry of Children and Family Development
	Injury Hospitalizations and Injury Deaths	Deaths by Unintentional Injury; Fatalities of Children Receiving Services under the Child, Family and Community Service Act; Fatalities of Children in Care	British Columbia Injury Research and Prevention Unit, British Columbia Vital Statistics Agency, British Columbia Ministry of Children and Family Development

Domain	Indicator	Measure	Source
Family Economic Well-being	Incidence of Low Income	Persons and Families in Low Income, LICO-IAT and Market Basket Measures	Survey of Labour and Income Dynamics
	Financial Assistance	Children in families receiving Income Assistance	British Columbia Ministry of Housing and Social Development
	Food Security and Access to Nutrition	Canadian Community Health Survey's 'Household Food Security Status' variable	Canadian Community Health Survey Cycle Four
		McCreary Adolescent Health Survey IV Question: "Some young people go to bed hungry because there is not enough food at home. How often does this happen to you?"	McCreary Centre Society Adolescent Health Survey IV
Domain	Indicator	Measure	Source
Child Behaviour	Teenage Pregnancy	Rates of Teenage Pregnancy and Live Birth to Teenage Mothers	British Columbia Vital Statistics Agency
		McCreary Adolescent Health Survey IV Question: "How many times have you been pregnant or gotten someone pregnant?"	McCreary Centre Society Adolescent Health Survey IV
	Tobacco Use	McCreary Adolescent Health Survey IV Questions: "Have you ever tried cigarette smoking, even one or two puffs?"; "How old were you when you smoked a cigarette for the first time?"; "During the past 30 days, on the days that you smoked, how many cigarettes did you smoke per day?"	McCreary Centre Society Adolescent Health Survey IV
		Canadian Community Health Survey Question: "In your lifetime, have you smoked a total of 100 or more cigarettes (about 4 packs)?"	Canadian Community Health Survey Cycle Four

Domain	Indicator	Measure	Source
Child Behaviour	Alcohol Use	Canadian Community Health Survey Questions: "During the past 12 months, have you had a drink of beer, wine, liquor or any other alcoholic beverage?"; "How often in the past 12 months have you had 5 or more drinks on one occasion?"	Canadian Community Health Survey Cycle Four
		McCreary Adolescent Health Survey IV Questions: "Have you ever had a drink of alcohol other than a few sips?"; "In the past 12 months, how often did you have at least one drink of alcohol?"; "During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?"; "During the past year, have any of the following happened to you because you were drinking or using drugs?"	McCreary Centre Society Adolescent Health Survey IV
	Teenage Drug Use	Canadian Community Health Survey information on the following topics: Lifetime illicit drug use including Cannabis one time; Lifetime illicit drug use excluding Cannabis one time; Illicit drug use in the past 12 months including Cannabis one time; Illicit drug use in the past 12 months excluding Cannabis one time	Canadian Community Health Survey Cycle Four
		McCreary Adolescent Health Survey Questions: "Have you ever used marijuana (pot, weed, cannabis, hash)?"; "During the past 30 days, how many days did you use marijuana (pot, weed)?"	McCreary Centre Society Adolescent Health Survey IV
		McCreary Adolescent Health Survey Question: "During your life, have you used any of the following drugs?"	McCreary Centre Society Adolescent Health Survey IV
	Healthy Sexual Behaviours	McCreary Adolescent Health Survey IV Questions: "Have you ever had sexual intercourse?"; "During the past year, with how many people have you had sexual intercourse?"; "Did you drink alcohol or use drugs before you had sexual intercourse the last time?"; "The last time you had sexual intercourse did you or your partner use a condom or other latex barrier?"	McCreary Centre Society Adolescent Health Survey IV
	Positive Leisure or Recreational Pursuits	McCreary Adolescent Health Survey IV Question: "In the past 12 months, how often have you...taken part in dance or aerobic classes or lessons, other than in gym class?"; "taken part in art, drama, singing, or music?"; "done a hobby or craft?"	McCreary Centre Society Adolescent Health Survey IV
	Youth Involvement with Crime	Youth Charged with a Serious Crime and Youth Crime Rate	Universal Crime Reporting Survey
		Youth in Custody	British Columbia Ministry of Children and Family Development

Domain	Indicator	Measure	Source
Family, Peer, and Community Connections	Ethnic or Culturally Appropriate Care Placement	Culturally Appropriate Matches for Aboriginal Children and Youth	British Columbia Ministry of Children and Family Development
	Community Connectedness	Cultural Belonging and Attachment, as measured by McCreary Adolescent Health Survey IV Questions: “Thinking about the ethnic or cultural group that you most identify with, how much do you agree or disagree with the following statement – I have a strong sense of belonging to my own ethnic group?”; “Thinking about the ethnic or cultural group that you most identify with, how much do you agree or disagree with the following statement – I feel a strong attachment towards my own ethnic group?”	McCreary Centre Society Adolescent Health Survey IV
		Canadian Community Health Survey Question: “How would you describe your sense of belonging to your local community?”	Canadian Community Health Survey Cycle Four
		McCreary Adolescent Health Survey IV Questions: “How do you feel about going to school?”; “How much do you feel that your teachers care about you?”	McCreary Centre Society Adolescent Health Survey IV
	Adults in Your Life	McCreary Adolescent Health Survey IV Questions: “If you were having a serious problem, is there an adult in your family that you would feel okay talking to?”; “If you were having a serious problem, is there an adult who is not in your family that you would feel okay talking to?”	McCreary Centre Society Adolescent Health Survey IV
		British Columbia School Satisfaction Survey Question: “Do your teachers care about you?”	British Columbia School Satisfaction Survey
	Youth Volunteering	McCreary Adolescent Health Survey IV Question: “In the past 12 months how often have you volunteered (helped others without pay) for example, helping a charity, unpaid babysitting or yard work?”	McCreary Centre Society Adolescent Health Survey IV
	Interaction and Participation with Peers	British Columbia School Satisfaction Survey Question: “At school, do you participate in activities outside of class hours (for example, clubs, dance, sports teams, music)?”	British Columbia School Satisfaction Survey

Appendix V External Data Experts Biographies

Bruce MacLaurin, MSW, PhD (Cand.) is an Assistant Professor at the Faculty of Social Work, University of Calgary. He is currently the Co-Investigator on the third cycle of the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2008), as well as the Principal Investigator for provincial studies in B.C., Alberta and Saskatchewan. His research and publishing has focused on child welfare service delivery, foster care outcomes, child maltreatment and street youth in Canada, and he has more than 15 years experience in non-profit children's services.

Margo Greenwood, PhD, is Academic Leader of the National Collaborating Centre for Aboriginal Health and an Indigenous scholar of Cree ancestry with more than 20 years of experience in the field of early childhood education. She has served with over 20 national and provincial federations, committees and assemblies, and has undertaken work with UNICEF, the United Nations and the Canadian Reference Group to the World Health Organization Commission on Health Determinants. In recognition of her years of work to promote awareness and policy action on the rights and well-being of Aboriginal children, youth and families, Margo Greenwood was the recipient of the Queen's Jubilee medal in 2002 and was recently awarded the Confederation of University Faculty Associations' Academic of the Year Award.

Cecilia Benoit, PhD, is a scientist at the Centre for Addictions Research of B.C. and Professor of Sociology at the University of Victoria. She is involved in ongoing research focused on midwifery and the organization of maternity care in Canada and internationally, and is involved in a variety of projects that employ mixed methodologies to investigate the health of vulnerable populations. Cecilia completed her doctorate in Sociology at the University of Toronto, and has been a visiting professor in Sweden, Finland and Japan. Cecilia is the recipient of numerous awards, including the 2006 Award in Gender Studies from the Royal Society of Canada, the University of Victoria 2010 Craigdarroch Award for Societal Contribution, and the 2010 B.C. Community Achievement Award.

J. Douglas Willms, PhD, is a professor and Director of the Canadian Research Institute for Social Policy at the University of New Brunswick (UNB). He is the Canada Research Chair in Literacy and Human Development, a Fellow of the Royal Society of Canada, a Member of the US National Academy of Education and a Fellow of the International Academy of Education. Dr. Willms has published over 200 research articles and monographs pertaining to youth literacy, children's health, the accountability of schooling systems and the assessment of national reforms. He is the author of *Student Engagement at School: A Sense of Belonging and Participation* and *Monitoring School Performance: A Guide for Educators*.

Aron Shlonsky, PhD, is associate professor and Factor-Inwentash Chair in Child Welfare at the University of Toronto, the director of the Bell Canada Child Welfare Research Unit, and Co-Director of the Canadian Centre of Excellence for Child Welfare. He is co-author of *Child Welfare Research: Advances for Child Welfare Practice and Policy* (2008, Oxford University Press) and has authored and co-authored numerous manuscripts appearing in scholarly journals and books highlighting the use of actuarial tools in child welfare settings, the predictors and effects of sibling separation in foster care, issues surrounding kinship foster care, the implementation of subsidized legal guardianship for relative caregivers, and the teaching and implementation of evidence-based practice.

Kevin Milligan, PhD, is Associate Professor of Economics at the University of British Columbia, and is also affiliated with the C.D. Howe Institute and the National Bureau of Economic Research. He studied at Queen's University and the University of Toronto, receiving his PhD in 2001. His research spans the fields of public and labour economics, with a focus on the economics of children and the elderly, as well as other tax and labour market policy topics. His published papers cover topics such as maternity leave, child tax benefits, childcare subsidies, retirement savings, education savings, public pensions, social assistance and inequality.

Grant Charles, PhD, is Associate Professor in the School of Social Work at the University of British Columbia (Vancouver) where he also serves as the Chair of Field Education. Prior to coming to the University of British Columbia, Dr. Charles worked in a variety of mental health, special education and child welfare settings. He has been the director of a number of specialized community and residential treatment programs. His current primary research focus is on young caregivers.

Don Fuchs, PhD, is a professor at the Faculty of Social Work at University of Manitoba. His current research focuses on the needs and costs of children with disabilities (particularly FASD) in child welfare care, and examines the determinants which result in those children and adolescents coming into care and their experiences while in care. He is one of the founding directors of the Canadian Centre for Disability Studies and serves as Vice-President of its Board. He has been instrumental in the development of a range of educational options relating to Social Work and Disability, and Social Work and in Child and Family Services at the University of Manitoba, Faculty of Social Work.

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