

THRIVING CHILDREN AND YOUTH

Indicators looking at the physical, social, cultural, emotional and cognitive health development of children and youth from ages 0-24 in the capital region.

IN THE CENSUS DIVISION*:

THERE ARE
93,605

PEOPLE WHO ARE AGED

0-24

There has been a **STEADY INCREASE**

in population for most age groups between 0-24 years of age.



Source: [Census 2016](#)

*This is the CRD Census Division, which includes Southern Gulf Islands.

POVERTY RATE

14.8%¹ of children are living in poverty

(compared to 20.3% in BC)

42% is the highest poverty rate in the Victoria CMA, which is in the northern part of the City of Victoria.

¹ after-tax poverty rate (Low Income Measure), applies to the Victoria CMA (does not include Southern Gulf Islands)
Source: SPARC BC, 2017

FOOD INSECURITY



10% of BC households are food insecure.

Source: BCCDC, 2018

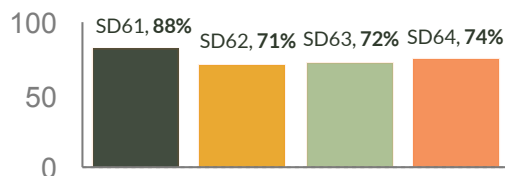
IMMUNIZATION RATES

76% of 2 year old children were up to date with routine immunizations.

steadily **increasing** over the past 5 years (68% in 2014)

Source: BC Centre for Disease Control, 2018

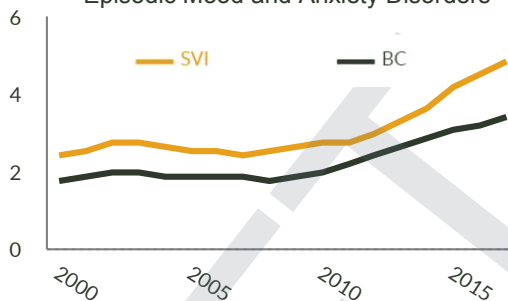
HIGH SCHOOL COMPLETION RATES



Source: [BC Education System Performance, 2019](#)

MENTAL HEALTH (AGE 1-19)

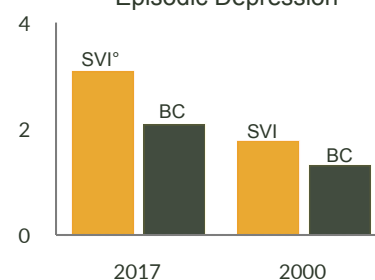
Episodic Mood and Anxiety Disorders*



Source: Ministry of Health Chronic Disease Registry & [Ministry of Health](#)

*rate per 100 population aged 1-19 years

Episodic Depression*



*SVI = South Vancouver Island

CHILDREN IN CARE



64% Indigenous

children and youth are

CURRENTLY IN CARE*.

*As of March 31, 2018 in South Vancouver Island
Source: BC Ministry of Children and Family Development

- History of foster care was a strong predictor for duration of homelessness as an adult.
- 'Aging out' of care without appropriate supports in place is often cited as a risk factor that leads to experiences of homelessness in adulthood.

Source: [Representative of Children and Youth, 2014](#)

POINT IN TIME COUNT SURVEY

259

of 869 respondents experiencing homelessness had **been in government care⁵**.

85%

of these respondents indicated that Child Protection Services did not help them transition to stable housing after leaving government care⁵.

⁵Source: [Point in Time Count, 2018](#)

EARLY DEVELOPMENT INSTRUMENT

1 IN 3

(or 14,000) kindergarten students in BC were vulnerable on 1 or more areas that are critical to their healthy development.

- The EDI is a questionnaire with 104 questions (administered province-wide), that measures 5 core areas of early child development that are known to be good predictors of adult health, education and social outcomes:



Emotional Maturity: Tolerance, a focus on helping and the ability to demonstrate empathy for others.



Physical Health and Well-being: Motor control, energy level, daily preparedness for school and washroom independence.



Social Competence: Cooperation, respect for others, socially appropriate behaviour, self-control and self-confidence.



Language & Cognitive Development: Interest in books, reading, language skills, literacy and math-related activities.



Communication Skills and General Knowledge: Ability to clearly communicate one's own needs, participate in storytelling and general interest in the world.

Source: EDI Report [SD61](#), [SD 62](#), [SD 63](#), [SD64](#) (2014-2016)

More information on p.2

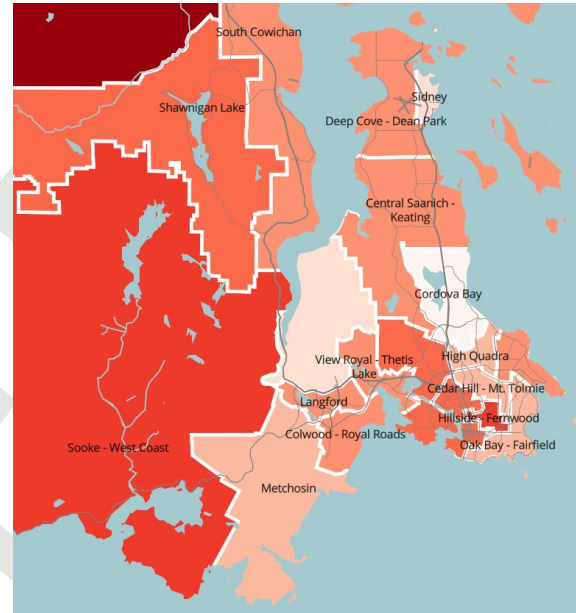
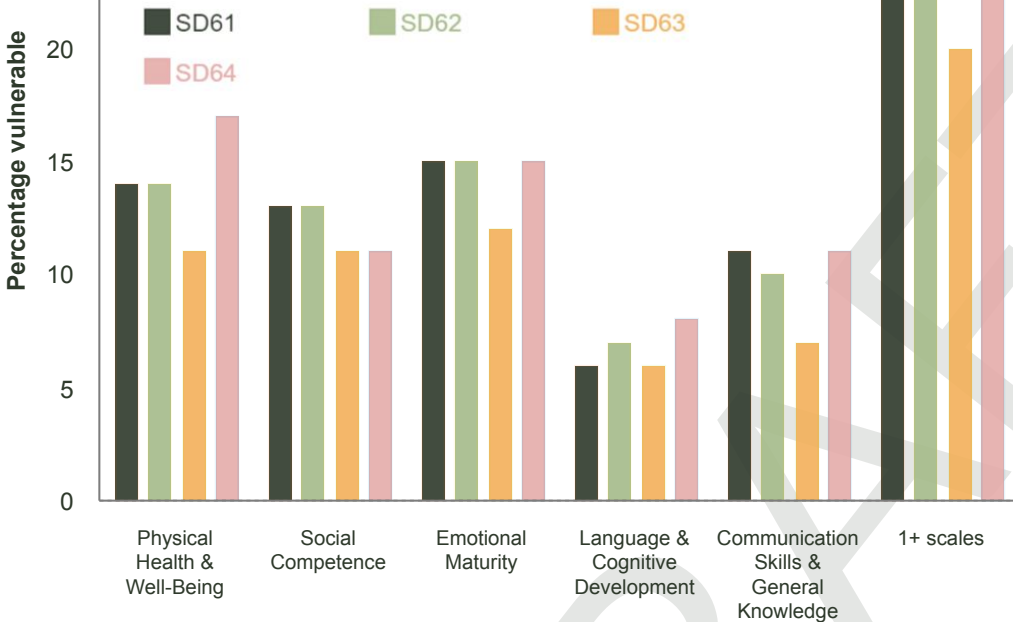
EARLY DEVELOPMENT INSTRUMENT (EDI) - CONTINUED

- UBC's Human Early Learning Partnership (HELP) team has been collecting EDI data on kindergarten children in BC since 2001
- Of the 5 key EDI domains, the vulnerability rates were significantly higher than previous years for **Emotional Maturity**, **Physical Health and Well-being**, and **Social Competence**.

- 6 waves of data collection over the past 15 years¹

¹ 'Wave' is a 2-3 year data collection period, based on the annual school calendar (September - June). Due to changes in the EDI questionnaire after Wave 1 data collection, Wave 2 is HELP's baseline and Wave 1 data are not publicly reported.

Child vulnerability in the province has **meaningfully increased** over the last decade. This level of vulnerability has significant social and economic cost, not simply as children start school but throughout their lives



Source: [EDI Interactive Map](#)

- Sample Questions:**
- Can the child hold a pencil, pen or crayons?
 - Is the child interested in reading & writing?
 - Does the child share with others?
 - Is the child able to concentrate?
 - Can the child tell a short story?

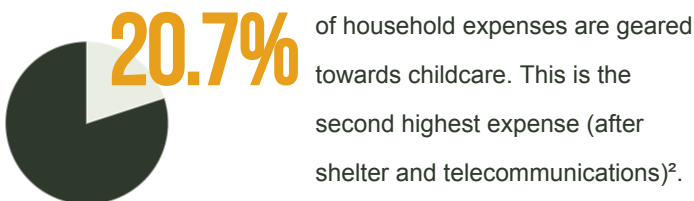
Source: EDI Report [SD61](#), [SD 62](#), [SD 63](#), [SD64](#) (2014-2016)

THE EARLY YEARS (0-5)

CHILDCARE COSTS¹

Median monthly fees for licensed:

	INFANTS	TODDLERS	CHILDREN
GROUP FACILITIES	\$1,100	\$1,000	\$825
FAMILY FACILITIES	\$850	\$850	\$800



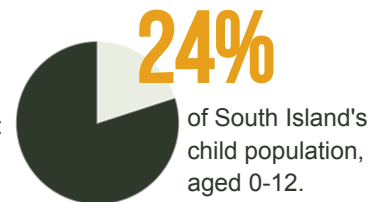
¹This applies to Victoria CMA (does not include the Southern Gulf Islands) for families of four (two full-time living wage earners with two children)

²Source: [Living Wage Report 2019](#)

CHILDCARE SPACES³

of licensed child care spaces in South Vancouver Island

12,443 this is enough for:



³Source: Ministry of Child and Family Development Reporting Portal, 2017/18

YOUTH PHYSICAL HEALTH & WELLBEING (Grade 7-12)

All data indicated below are from the McCreary Centre Society's 2018 BC's Adolescent Health Survey unless otherwise stated (regional data to be shared March 2020).

SELF-REPORTED HEALTH STATUS

81%

of students rated their health as good or excellent.

NUTRITION



47% of students eating **fast food***. ↑ from 41% in 2013

*pizza, hot dogs, burgers, chips, fries, etc.

1 IN 10 students went to bed hungry because there was not enough money for food at home.

PHYSICAL ACTIVITY



18% of students (aged 12-17) completed at least 60 minutes of **moderate vigorous exercise** every day*.

Males are **2x more** active than females (24% vs. 12%)*.

*based on The Canadian Physical Activity and Sedentary Behaviour Guidelines for those aged 5-17.

SCREEN TIME



4 IN 10

students reported going offline* after their expected bedtime.

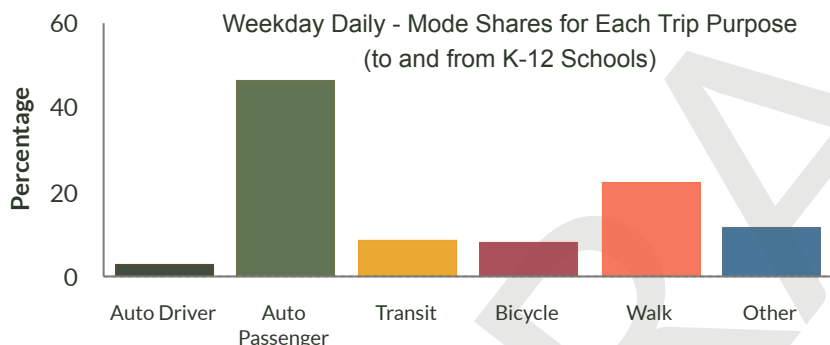
They reported **more likely** having 8+ hours of sleep compared to those who did not go offline (59% vs 40%).

TRANSPORTATION



The CRD Origin Destination Household Travel Survey

- captures the trips made by residents of an area over the course of a 24-hour working weekday.
- It represents the travel of individuals 5 years of age and older



Source: [CRD Origin Destination Household Travel Survey, 2017](#)

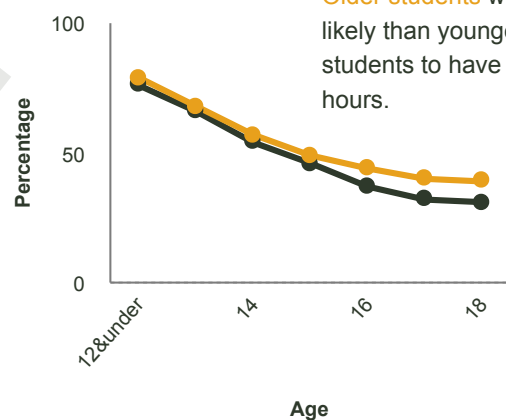
SLEEP



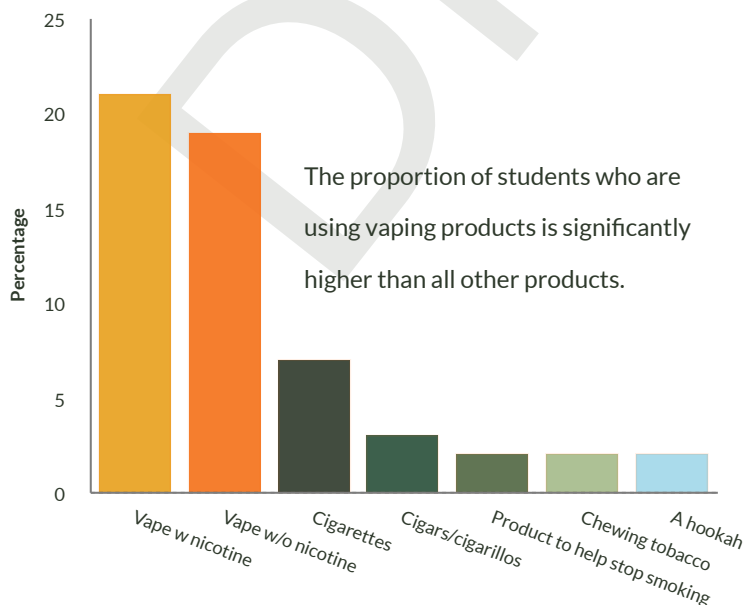
50%

of students slept 8 hours or more per night.

Older students were less likely than younger students to have slept 8+ hours.



VAPING



The proportion of students who are using vaping products is significantly higher than all other products.



16% of students who had smoked used an e-cigarette. (in the past month)

The number of students who are using a device to smoke has **significantly increased** since 2013.



64% of students who had smoked used a vape pen/stick with nicotine (43% used one without nicotine) (in the past month)

MENTAL HEALTH & WELLBEING (GRADE 7-12)

All data indicated below are from the McCreary Foundation's Adolescent Health Survey unless otherwise stated (BC level data with regional data to be published in Fall 2019).

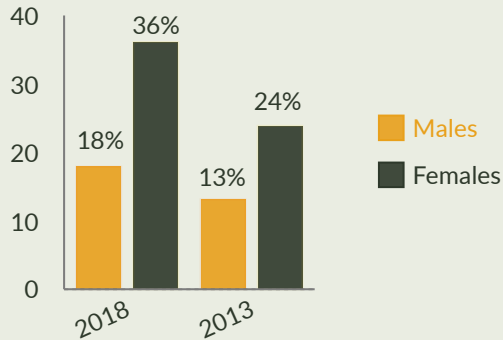
27%

of students, in 2018, did not rate their mental health as **good** or **excellent**.

The most common topic youth wanted to learn more about was **MENTAL HEALTH**.

SELF-REPORTED MENTAL HEALTH STATUS

In 2018, there was a decrease in the # of students who did not rate their mental health as good or excellent (vs. 2013).



COMMUNITY & BELONGING



4 IN 10

students reported **feeling quite a bit or very much connected** to their community (similar to 2013).

16%

of students reported that spirituality was very important in their life, which was linked to **positive well-being and mental health**. These students were more likely to feel hopeful for the future (74% vs 66% of students who felt it was somewhat important).

RESILIENCY



86% of students reported feeling **stressed** and **12%** reported being so stressed they **could not function properly**.



Females (**23%**) were more likely than males (**8%**) to report having a mental health condition*.

*specifically Anxiety Disorder or panic attacks, Depressions, PTSD, ADHD

ACCESS OF SERVICES



18% of students did not access **mental health services** they felt they needed*. This was **higher** than 2013.

*reasons for this included: they thought/hoped the problem would go away, did not want parents to know, and afraid of what health professional would tell them

HAPPINESS

65%

of students reported feeling happy all or most of the time.



Male students report **higher rates of happiness** vs. females students.

CONNECTION TO NATURE



44%

reported often or always feeling **connected to land or nature** (most commonly females).

BULLYING

53%

of students reported they had been bullied in the past year.

CYBERBULLYING

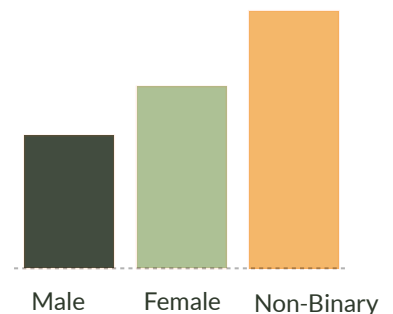
14%

of students reported having been cyberbullied.

DISCRIMINATION

39%

of students reported they had experienced at least one form of discrimination over the past year.



CREATED BY:

The Regional Outcomes Monitoring Collaborative (ROM) is a voluntary, multi-sector community health network (CHN) for the Capital Regional District. We are looking to create a comprehensive profile of community health and well-being for the region through the establishment of a regional set of data and indicators.

MEMBERSHIP:

- Capital Regional District
- Island Health
- Inter-Cultural Association of Greater Victoria
- Community Social Planning Council
- United Way of Greater Victoria
- Children's Health Foundation of Vancouver Island
- Greater Victoria Public Library
- University of Victoria
- The Capital Region Food and Agriculture Initiatives Roundtable

RESOURCES

- [Early Development Index](#)
- [Adolescent Health Survey \(2018\)](#)
- [Census \(2016\)](#)
- [BC Education](#)
- [Point In Time Count](#)
- [Living Wage Report](#)
- [CRD OD Survey](#)



<https://www.crd.bc.ca/project/community-health-wellbeing>