Treat Us Like We Matter

Youth's responses to the data on growing up in British Columbia

McCreary Centre Society

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Part two of a two-part series on growing up healthy in BC

The McCreary Centre Society is a non-government not-for-profit organization committed to improving the health of BC youth through research, education and community-based projects. Founded in 1977, the Society sponsors and promotes a wide range of activities and research to identify and address the health needs of young people in the province.

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BRITISH COLUMBIA
The Best Place on Earth

Office of the
Provincial Health Officer

REPRESENTATIVE FOR
CHILDREN AND YOUTH

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Executive Summary

Following an initial round of focus groups which solicited youth's input into proposed indicators of child and youth health and well-being in British Columbia (reported in *Measuring Our Health, 2010*), McCreary Centre Society was requested by the Office of the Representative for Children and Youth to do a second round of focus groups presenting youth with statistical data for the indicators that they had previously discussed. The data covered six domains: child health; child learning; child safety; family economic well-being; family, peer and community connections; and child behavior.

A total of 112 youth participated in 13 discussions about the child and youth health data. Forty-nine of these youth had already participated in the first round of focus groups to identify the youth health and well-being indicators to be measured. At each subsequent focus group, participants offered their interpretation of the results and provided suggestions for improving youth health across BC.

Youth were delighted to be invited to comment on the data, and at each focus group they pointed out that if child and youth health is to improve in BC, they should be included in the discussions and planning process.

Youth's response to the data was influenced by their experiences. For example, youth from areas of high unemployment thought that youth were less likely to graduate high school if the opportunity for employment presented itself. Additionally youth from unstable family backgrounds expected that more youth had tried alcohol, tobacco and other substances at younger ages than was reflected in the data.

Although youth brought a range of unique and diverse perspectives on the data, overall they were not surprised by the statistics that were presented to them. There was also general consensus on what could be done to improve the health and well-being of all children and youth in the province. Some of the youth's suggestions, which were endorsed at each of the focus groups included:

- Reducing the barriers to accessing a counselor when youth need someone to talk to
- Increasing low cost, low barrier sport and recreation opportunities
- Targeting services where the data shows they are needed most
- Improving services and supports to youth in care and other vulnerable populations
- Offering more support to the most vulnerable age groups (13 to 16 years of age) and to younger youth before they transition to this age
- Making nutritious fruit and vegetables more accessible to children and youth
- Having breakfast programs available to all youth across BC
- Ensuring every youth has an adult in their life that they can talk to if they have a problem
- Having schools be more accommodating to the needs of students in order to help them succeed in education (e.g., accommodating different learning styles and to youth dealing with issues at home)
- Improving youth's access to accurate information about their health (e.g., about sexually transmitted infections, substance use and managing stress)
- Reducing bullying and harassment including cyber bullying
- Increasing connections to school, peers, and community
- Finally, and perhaps surprisingly to some, participants suggested that adults should be aware of how valuable and necessary their support is to youth, and should recognize the difference that they can make in a young person's life.

Measuring Our Health

McCreary Centre Society is a non-governmental not-for-profit organization committed to improving youth health across British Columbia. Since 1977, McCreary has been known for its community based youth health research and for its youth engagement projects and practices.

McCreary has been working in partnership with the BC Office of the Representative for Children and Youth (RCY) and the Provincial Health Officer (PHO) to get young people's input into measuring youth health in British Columbia.

In late 2009 and early 2010 a diverse mix of youth in various parts of the province got the opportunity to discuss the relevance of a number of proposed indicators of youth health and well-being across six domains chosen by RCY and PHO: child health, child learning, child safety, family economic well-being, family, peer and community connections, and child behaviour. Youth also got the opportunity to discuss how they felt their health and well-being should be measured, suggest additional indicators and discuss their experiences growing up in BC.

A total of 152 youth from across Vancouver Island, the Fraser Valley, the North, the Interior and the Lower Mainland participated in 14 focus groups and compiled a 'Top 10' list of the indicators of youth health and well-being that they thought were the most important to measure.

Top indicators of youth health and well-being (RCY/PHO)

1. Rates of substance use
2. Supportive adult in your life
3. High school graduation rates
4. Rates of suicide
5. Physical activity rates
6. Rates of smoking
7. Rates of youth in care
8. School safety
9. Teenage birth rates
10. Rates of involvement in positive leisure and recreational pursuits

For more information about youth's perspectives on the selected indicators see *Measuring Our Health* available at www.mcs.bc.ca.

While youth generally felt that the indicators chosen by RCY/PHO were an appropriate and useful way to measure their health and well-being, at each of the 14 focus groups there were suggestions for additional indicators that would also be important to consider. As a result, a list of five potential new indicators was created from the most popular suggestions across all the groups.

Top additional indicators (suggested by youth)

1. Positive self-esteem
2. Rates of experiencing extreme stress or depression
3. High risk substance use (e.g., binge drinking, early use)
4. Rates of accessing/not accessing sexual health services
5. Rates of bullying, harassment and discrimination

For more information about youth's perspectives on the selected indicators see *Measuring Our Health* available at www.mcs.bc.ca.

This information was reported back to RCY/PHO along with other suggestions from participants about how their health and well-being should be measured. RCY and PHO then considered which available BC data sets would provide information on the indicators.

Treat Us Like We Matter

In early 2010, data was drawn from the BC Injury Research and Prevention Unit, BC Ministry of Children and Family Development, BC Ministry of Education, BC School Satisfaction Survey), BC Vital Stats Agency, Human Early Learning Partnership, Canadian Community Health Survey (Cycle 4), BC Stats, Universal Crime Report Survey and McCreary's 2008 BC Adolescent Health Survey. The data was analyzed and the results presented to youth for their comments via a youth friendly power point, which was used to spark discussion on a variety of health indicators across the six domains of child and youth health.

Additional data from McCreary's 2003 Adolescent Health Survey was also presented to youth to allow discussion of trends over time in youth health.

This report is a summary of youth's responses to the data. It also offers their suggestions for how health and well-being can be improved for all children and youth in British Columbia.

Quotes, postcards and written messages from participants in the focus groups across the province are included throughout this report.

Seven films highlighting youth's responses to the data are available at http://www.reelyouth.ca/mccreary.html. The films were shot by Mark Vonesch of Reel Youth with participants from five of the focus groups. They capture youth's perspectives on growing up in BC in relation to the six domains of youth health and well-being.

Recruitment

Youth who had provided input into the proposed indicators of child and youth health were contacted through the schools and programs that they were part of, and asked if they would like to participate in a second round of focus groups providing feedback on the data now available for the child and youth health indicators.

Additional youth were recruited through organizations that had sponsored the original 14 focus groups. These organizations included youth-serving agencies, youth drop-in centres and school board offices. As in the previous round of focus groups, the groups were selected to ensure youth from a variety of regions, backgrounds and experiences were represented.

Prior to each focus group, youth were given information from the previous round of focus groups, details about the purpose of the discussion, incentives for participation and consent procedures.

Youth completed a consent form before the discussion began, and time was provided to ensure that participants had the opportunity to carefully review the information, to ask any questions they had and to withdraw from the group if they decided not to participate. They were also informed that their on-going participation was voluntary and they could withdraw from the group at any point. All youth in attendance chose to participate throughout the focus group.

Informed consent

Before beginning each focus group, participants were informed of the following:

- The purpose of the session and organizations involved, including contact information for the McCreary Centre Society
- The identity and roles of the facilitator and note taker (and filmmaker when present)
- The expected duration of the focus group
- How confidentiality and anonymity would be protected
- Who would have access to the information collected
- The ways in which research results would be published and how participants would be informed of the publication of a final report
- Compensation for participation (i.e. type and amount of honorarium)

Participants

One hundred and fifty two youth participated in the first round of focus groups to identify indicators of child and youth health and well-being. Forty nine of these youth returned to comment on the data and they were joined by an additional 63 youth who were new to the project. This made a total of 112 youth in the second round of focus groups.

Thirteen focus groups were held with youth from urban and rural settings including Abbottsford, Burnaby, Kitimat, Langley, North Vancouver, Slocan Valley, Summerland, Surrey, Vancouver, and Victoria.

Approximately 47% of participants identified as male, and 51% as female and the remaining youth were transgender or preferred not to identify their gender. Participants ranged in age from 12 to 22 with the majority of participants being between the ages of 15 and 18. Each focus group lasted between 60 minutes and three hours. The duration of the focus groups was dependent on the time that the group had available and also whether or not the session was being filmed.

Participants represented diversity in ethnicity, including youth who were Euro-Canadian, Aboriginal, East Asian, South Asian, Latin-Canadian and African-Canadian. Most groups were diverse in ethnic and cultural make up.

The groups were comprised of marginalized and non-marginalized youth including youth who identified as lesbian, gay, bisexual or transgendered (LGBT), youth in custody, youth in addictions programs, youth with experience of government care, youth with street-involvement, youth in areas of high unemployment, youth with disabilities and youth with diverse educational experiences.

Four of the groups had only female youth participants, one included only male youth and the remainder were mixed gender.

Limitations

It was not possible to include the opinions of all youth in the province of BC, and some perspectives were inevitably lost (e.g., youth who did not have enough English language skills to participate in a discussion, and youth who were not connected to youth programs, agencies or schools).

Many youth from the first round of focus groups who were not present for the follow-up consultation expressed interest in attending but were unable to because of scheduling conflicts. This was partially due to time constraints, as the focus groups had to be completed during exam time for most youth. Other youth who participated in the first round focus groups had transitioned out of the programs they had participated through and could not be located.

Format

Each focus group began with a summary of the discussions from the first round of focus groups and a presentation of the child and youth health indicators that had been suggested to RCY/PHO based on those discussions (see Appendix 1).

A presentation of the BC and local data for the child and youth health indicators then followed. Participants were asked to respond to the data and to provide suggestions for how youth health might be improved across six domains of health.

In addition to participating in the discussion groups, youth were asked to provide art work, photographs or written feedback relating to the data and were offered the opportunity to participate in a future conference presentation of the results and a film documenting youth's responses.

Youth's responses to the data

Overall most youth were not surprised by the data they reviewed, although they were at points disappointed or frustrated by some of the statistics. For example, the percentage of youth who did not have an adult they could talk to when faced with a problem was concerning for many.

Youth were also concerned about the disparity in the data between different groups of young people. They talked about the impact that being abused, living in government care or experiencing discrimination had on health and well-being. They also reflected on how difficult it was to engage in school, learn and connect with others when they were experiencing an unstable or abusive home life. Across all the groups, youth felt more should be done to give disadvantaged young people the same opportunities as other youth.

❝ *Everyone should have equal rights.* ❞

Some of the data presented to participants was seen as particularly positive, such as the increase in fruit consumption over the past decade. Youth felt that this was directly associated with the range of healthy snacks now available in schools.

On the occasions when youth were positively surprised by the data, it was often because their life experience was not reflected in the statistics. For example,

youth from homes where alcohol was considered a problem, tended to think that using alcohol at an early age was more common than the data showed. One participant who was surprised that binge drinking among younger youth was not more common asked "*What goody-two-shoes school were you at?*"

At some of the focus groups, youth who were more marginalized (particularly those in custody and in treatment programs) were reluctant to make suggestions for how to improve youth health systematically or to suggest how the system may have better supported them. Instead they were quick to acknowledge their personal responsibility for their behavior and to show their determination to overcome the additional barriers that they faced. This may have been because these youth had been let down in the past or because they were in programs that were emphasizing personal accountability. For example, when asked if any of the systems or institutions they were involved with could have done anything to better support them, one youth replied
"*You cannot focus on self pity. You have to focus on the things that you are grateful for, focus on the things you like about yourself and work to change.*"

These youth acknowledged that they could make healthier choices in the future in response to the challenges and inequities that they faced. However, these young people also recognized that self motivation and determination was not enough to assure they would grow up healthy in BC. They also needed strong connections and the support of peers and adults.

You walk in your parents shoes. The apple doesn't fall far from the tree, so if your father is a lawyer, you'll be a lawyer.
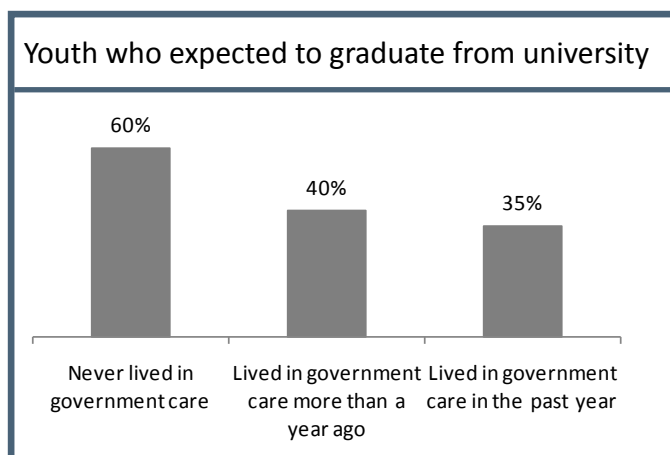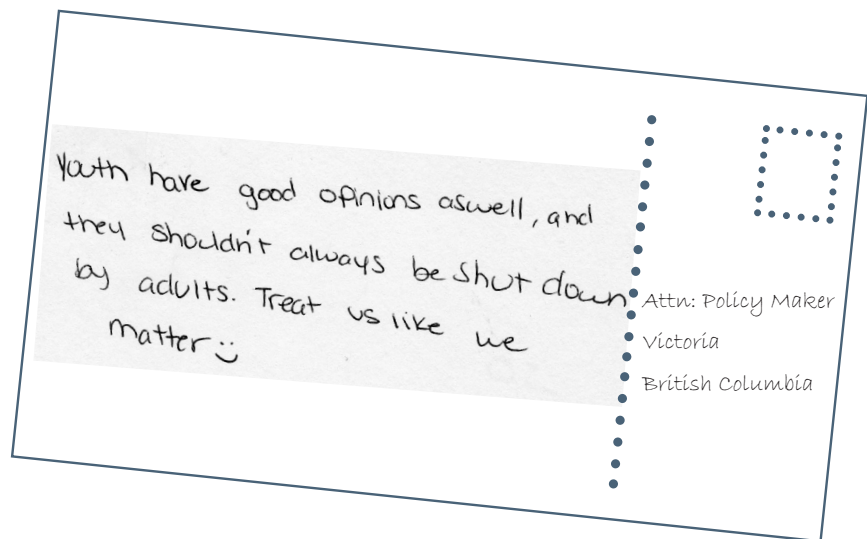
Youth who expected to graduate from university

Source: 2008 BC Adolescent Health Survey

Youth were not surprised that risky behaviours such as smoking or using alcohol or marijuana first occurred most frequently between 13 and 16 years of age, as did experiences such as feeling unsafe at school. They reported that this was a key age range that should be targeted for additional support and intervention such as education and services for substance use, sexual health, sexuality, developing positive peer relationships and ensuring youth have a supportive adult in their lives.

This is a time when youth are changing peer groups, establishing their identity and experimenting in a variety of ways. Older youth also reflected that this was the time when they had felt the least supported by adults in their lives, and this sentiment was confirmed by youth currently in this age bracket. They also suggested that younger youth (particularly Grades 6 and 7) should be given resources and skills to manage the stresses and peer pressures that they will encounter when they reach Grade 8 and above.

Youth have good opinions aswell, and they shouldn't always be shut down by adults. Treat us like we matter :-)

Attn: Policy Maker
Victoria
British Columbia

Data sources

Youth not only discussed the data that was presented to them but also commented on how it was collected. For the most part, participants felt that the statistics they reviewed reflected their experiences of youth health in the province but there were some exceptions, such as the early initiation into alcohol use mentioned earlier. Additionally, there was discomfort among some youth about data presented by gender. One youth said

"As a transgender youth [I think] there should be less emphasis on binary gender and heterosexuals. It would be beneficial to many youth and even adults in today's society."

Despite the discomfort of some youth at seeing the data presented by gender, other participants were pleased to see the data broken down; particularly by region, age and experience of government care. They felt that this helped to show where services were most needed and who should be targeted for additional support.

Most of the data presented at the focus groups was from surveys conducted with youth in school, and young people pointed out that this may not capture the health of the most vulnerable youth in the province such as those too ill to attend school, those with severe drug and alcohol problems, or those who are homeless, in treatment or in custody.

Regardless of what they thought of the source of the data or how it was broken down, participants were grateful for the opportunity to comment on child and youth health. They felt that including their perspectives and experiences was essential for any improvements to be made, yet for many it was the first time they had ever been asked for their opinion or been shown any data relating to growing up in BC.

Child health

> *They think it's just a teenage thing, but they don't realize it's actually serious.*

Suicide rates and mental health service utilization

BC's youth suicide rate did not surprise the young people in the focus groups, although they thought that youth who were suicidal may not admit it, so the statistics might actually be higher than those presented. They thought the decline between 2003 and 2008 in the percentage of youth considering suicide and making suicide attempts might be as a result of improved supports in the community. Most youth were able to identify resources that could assist them if they felt suicidal, including family, the Internet and school counselors. They also reported that anti-suicide posters in schools provided information about where to access help.

Immigrant youth suggested that some of the decrease may be attributed to an increase in tolerance, a greater acceptance of diversity and a decrease in harassment. This made young people feel safer and more hopeful for the future, which reduced their risk of suicide.

Discussion topics

Rates of:

- Healthy birth weight
- Breastfeeding
- Child or teen suicide
- Accidental deaths
- Prevalence of special needs
- Child/youth mental health services utilization
- Physical activity
- Fruit and vegetable consumption
- Extreme stress
- Depression
- Suicidal ideation and attempts
- Positive self-esteem
- Youth not accessing mental health services
- Resilience
- Eating disorders
- Underweight
- Sexually transmitted infections
- Availability of sexual health information and supplies
- Accessing sexual health services
- Not accessing sexual health services
- Screen time/sedentary activities

However, there seemed to be a lack of knowledge and some confusion about how to access services in an emergency. There was also a sense that sometimes adults did not know what to do and did not take it seriously when teenagers spoke about feeling suicidal.

Discussing suicide rates was difficult for youth who had experienced the loss of a friend or family member through suicide but young people felt it was important to do so and was something that they did not often get the chance to talk about. They felt youth between the ages of 13 and 15 were most vulnerable to suicide and to experiences that might lead to suicide attempts, such as bullying and harassment. They felt that when youth got past this age they were usually less at risk for suicide because they could see that they would have opportunities to change their situation, for example because they could leave school or their neighbourhood when they reached 18 or 19 years old.

There was concern expressed in several of the focus groups that participants would not know what to do if a friend said they felt suicidal. They did not feel equipped to deal with such a situation and also did not know what warning signs to look for that might indicate a peer was suicidal.

Youth were very interested in the mental health information presented. They felt that it was important to overall health to assist youth to have a healthy self-esteem and to feel good about themselves.

Participants agreed that positive mental health and self-esteem changed with age. For example, older youth reported that they had become more comfortable with themselves and more accepting of who they were as they got older.

Thought about suicide or attempted suicide in the past year
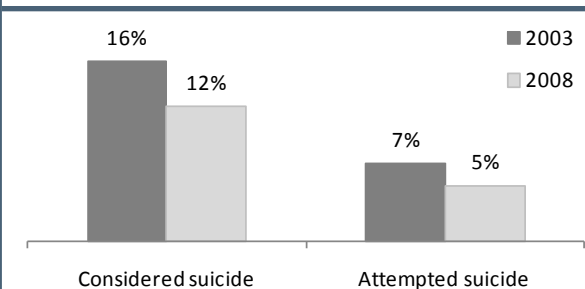
Source: 2008 BC Adolescent Health Survey

Thought about suicide or attempted suicide in the past year
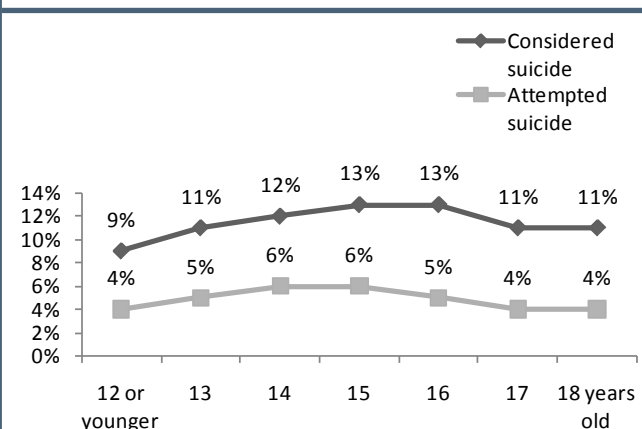
Source: 2008 BC Adolescent Health Survey

Source: 2008 BC Adolescent Health Survey

[To stop binge drinking] you have to change your life completely... counseling can be free, but I wouldn't have known if I was not [in this program].

They also felt that disadvantaged youth would report lower self-esteem and less positive mental health than their more advantaged peers because negative experiences in their lives continued to impact how they felt about themselves.

Participants who had attempted to access mental health services reported a range of experiences and many appeared unclear or unaware of what was available to them locally. They also highlighted the barriers that exist in accessing school counselors, such as having to make appointments during class time and having to go through the school secretary to make an appointment, both of which reduce confidentiality and increase the time they have to wait to see someone. Other participants reported that they had not tried to access counselors because they knew there was a wait list in operation.

Youth in custody and the treatment programs reported that they currently had better access to mental health services than they had ever experienced in the community, and wished similar services had been available to them earlier.

Suggestions from participants

- Ensure counselors are available when youth feel suicidal, including out of school hours

- Reduce the barriers to accessing mental health support

- Provide suicide support at youth centres

- Ensure youth have an adult support in their lives

- Target intervention at the most high risk age groups

- Teach youth about the warning signs for suicide

- Offer peer support programs for suicidal youth

- Offer youth better access to treatment

- Ensure youth know where to go when they need help for mental health issues

- Give youth outlets for their stress such as exercise and art

- Teach younger youth to handle stress before they reach an age where they experience a lot of stress

- Talk about mental health with children and youth so that they feel comfortable talking about their own mental health

Physical activity

Young people living in rural areas with higher physical activity rates than other areas in the province reported that they participated in a range of outdoor activities on a daily or almost daily basis, such as bike riding and trail walking after school. These activities were noted by participants to be less available to youth in the big cities like Vancouver.

Living in rural areas also impacted young people's ability to participate in team sports as some communities did not have enough youth to form a team, and transport to other communities that had teams was either unaffordable or non-existent. These youth had to find other more individual ways to exercise.

Older youth complained that they did not have enough time to exercise, and youth of all ages reported that playing video games had influenced how much time and motivation they had to exercise and be active. Older youth also reported that they were now at an age where they were more likely to have access to a car, so were less likely to walk or bike.
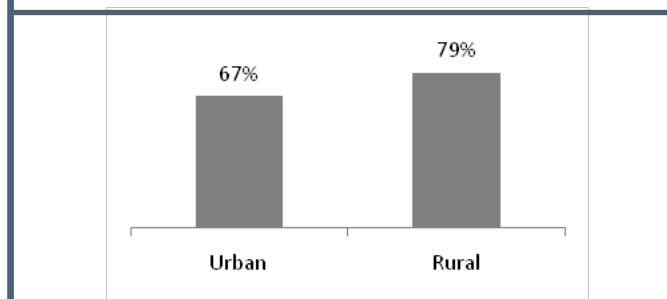
Exercised for at least 20 minutes every day of the past week
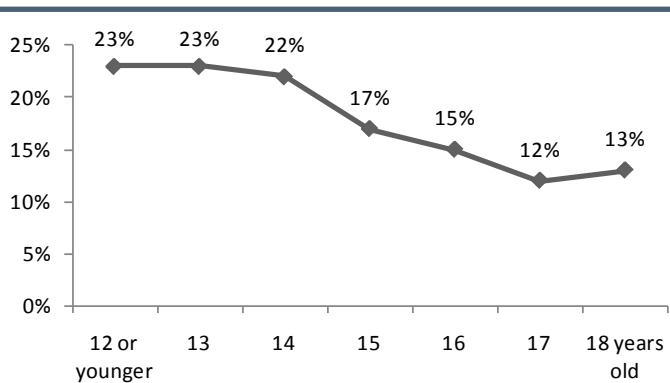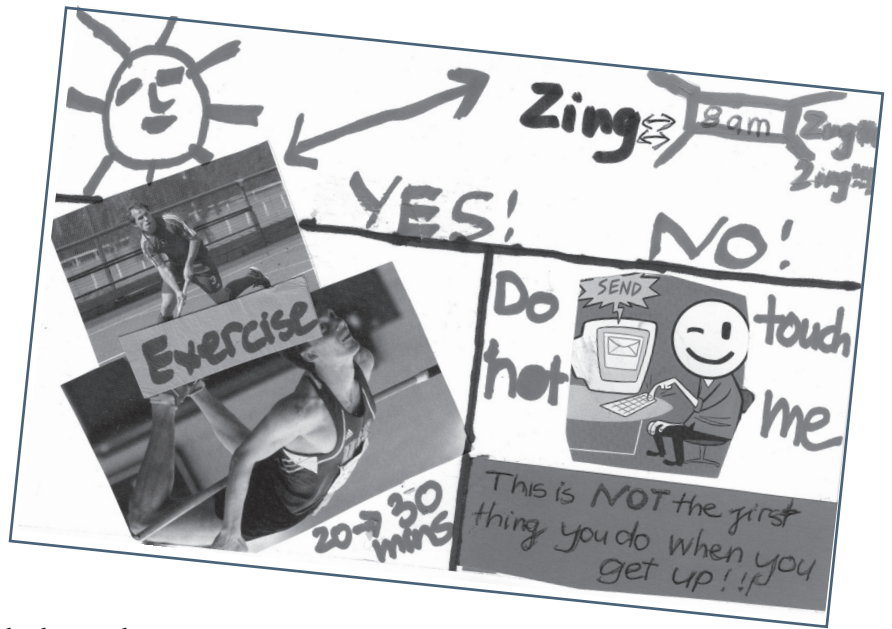

Source: 2008 BC Adolescent Health Survey

> ❝ *We have the most amazing back yard in the world, you can ski, bike…* ❞

Exercised on three or more days in the past week

Source: 2008 BC Adolescent Health Survey

Some youth reported that they had ceased or decreased their physical activity after Grade 9 when it was no longer a school requirement. These youth reported that they had been put off by being mandated to exercise when they were younger.

> " *Running is not very fun.* "

It was thought that more males than females continued to exercise as they got older because they were influenced by how fit and muscular male role models looked in the media. Some youth were surprised that female youth did not exercise more when they got older because they thought these females would be more likely to be influenced by the media and magazines than younger ones. Others thought that females were more likely to diet than exercise because they wanted to look healthy and slim rather than actually be healthy.

Youth who attended a low-cost activity program for 'at-risk' youth spoke of how the physical activities that they got to enjoy on a weekend, such as camping, hiking and kayaking, helped to decrease their stress and prepare them for the week of school ahead. It also enhanced their connections to peers and supportive adults.

> " *When you go back to school after the weekend you feel better.* "

> " *You get a break, to move on from the hard things you are dealing with.* "

Suggestions from participants

- Offer alternative ways to exercise (not just gym class or running)

- Have more accessible and youth friendly gym space

- Make physical activity more appealing (e.g., assist youth to try kayaking, surfing, hiking)

- Balance activities so youth do one activity then switch to another, but continue to be active

- Have programs that are designed to build friendship, get exercise, have fun, and that are not judgmental or mandatory
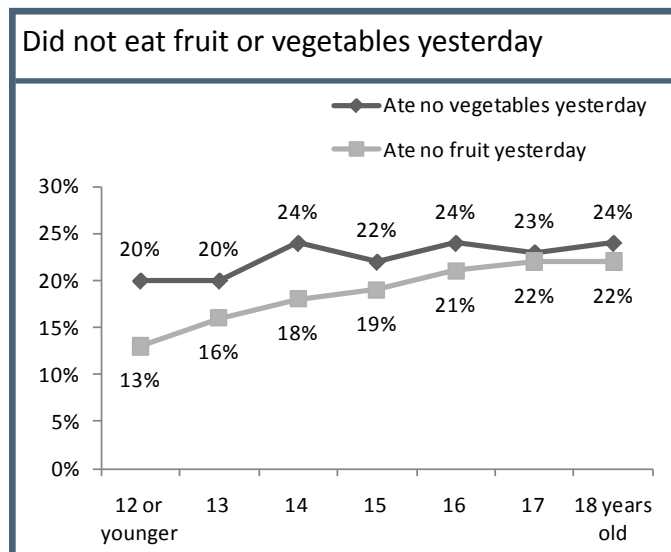
Fruit and vegetable consumption

Youth reported being aware that they are not eating enough fruit and vegetables and that they should eat more. They were not surprised at how few youth in BC ate the recommended daily intake of these foods. Several participants complained that although fruit and vegetables were available at their school, they were reluctant to eat them as they did not feel nutritious because they were often of poor quality or were served in a sweetened form such as a fruit cup.

Younger youth reported that they did not have access to fruit and vegetables if their parents did not provide them or could not afford to buy them. They also reported that they did not know how to cook nutritionally sound meals, and they did not have their own resources to purchase these items.

> At least half of BC youth did not eat the recommended daily portions of fruit and vegetables, and 28% had one serving or less.

Source: 2008 BC Adolescent Health Survey

However, older youth reported that it had been easier to eat more fruit and vegetables when their parents took responsibility for what they ate. As they aged, they felt that the demands of school work, employment, volunteering, and their social life increased, and were a greater priority than eating healthily. They were now too busy to prepare nutritious food so tended to eat fast food or quick to prepare but unhealthy meals instead. As they got older and gained more independence, they were also less likely to eat fruit and vegetables because they ate out more at fast food outlets with their friends.

Did not eat fruit or vegetables yesterday

- Ate no vegetables yesterday
- Ate no fruit yesterday

Ate no vegetables yesterday: 20%, 20%, 24%, 22%, 24%, 23%, 24%

Ate no fruit yesterday: 13%, 16%, 18%, 19%, 21%, 22%, 22%

(12 or younger, 13, 14, 15, 16, 17, 18 years old)

Source: 2008 BC Adolescent Health Survey

Youth also reported that they used certain food and drinks for their effects. For example, they reported drinking energy drinks and sugary coffee and eating sugary snacks to stay awake and get them through exam times. Energy drinks in particular were named as a substitute for sleep, exercise and healthy eating because they provide an immediate boost of energy when it is needed.

Youth in both rural and urban areas reported that healthy food was more expensive than junk food and that fast food restaurants were more affordable and often had special offers and deals available. Many also said that they preferred the taste of fast food and did not know how to prepare similarly tasty meals using vegetables.

Some immigrant youth and children of immigrants reported that their parents did not know how to prepare nutritious western meals and did not have information about nutrition and portion size for their cultural diet because the dietary publications that were available to them reflected only the Canadian food groupings. Others reported that they had found useful information in a BC government guide which also contained helpful multicultural recipes.

Healthy weight youth trying to lose or gain weight

- Males
- Females

53% (Females, Lose weight)
14% (Males, Lose weight)
31% (Males, Gain weight)
3% (Females, Gain weight)

Lose weight   Gain weight
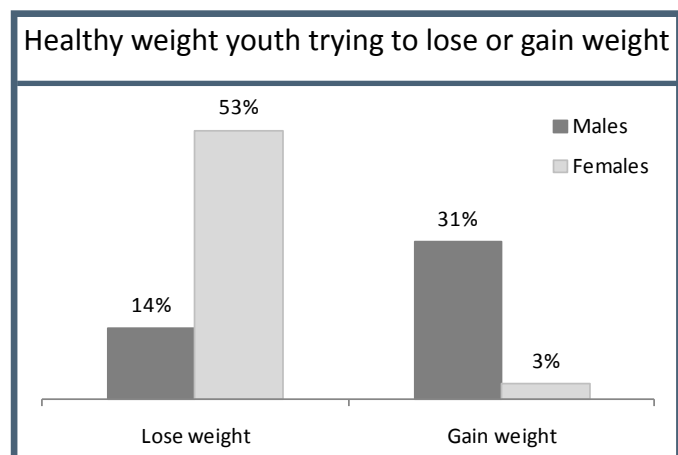
Source: 2008 BC Adolescent Health Survey

Male and female youth reported that they felt there was more pressure on females to eat healthy because there was more pressure on them to look good. Males were also more likely to eat proteins than fruit and vegetables because they were often trying to build muscle.

Those youth who reported eating fruit and vegetables on a daily basis reported that they were encouraged but not forced to do so by their parents. Older youth who maintained their fruit and vegetable consumption as they got older reported that this was because they had learned good nutrition early in life, and healthy eating had become habitual.

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

Suggestions from participants

- Add additional healthy food options to school menus

- Have dishes available in fast food places that contain vegetables

- Have recipe books available to youth which contain quick and easy healthy recipes

- Make fruit and vegetables look funky and fun to eat, to make them more appealing

- Teach parents how to cook nutritionally sound meals

- Make fruit and vegetables more accessible (in price and availability)

- Move junk food to the back of the store and put healthy snacks at the front

- Give free fruit and vegetables to youth at school

- Target nutritional information at new immigrants

Child learning

> *Need to modernize [the curriculum] and make it more hands on. I learn when I like it, enjoy it and like the teacher.*

Graduation rates and post secondary enrolment

Youth reacted positively to the data about graduation rates in BC. Nearly all youth recognized that they needed to complete their education to increase their chances of finding employment. Younger youth were surprised that so many youth planned to complete high school, yet they all reported that they also intended to graduate high school at the very least.

There was concern in some groups that recent budget cuts and the financial burden of hosting the Winter Olympics in BC would negatively affect graduation rates in the future. There was also concern that cost cutting measures such as reduced teacher numbers meant teachers were trying to fit more into lessons than could be absorbed by students. This was most notably an issue for students with English as a second language. The additional school closures that resulted from the Winter Olympic Games were also a cause for concern for some students as they were trying to cover the year's material in a shortened time period.

Discussion topics

Rates of:

- School achievement
- High school graduation
- Post secondary enrolment
- School readiness
- Literacy

> *[They] spent too much money and time on the Olympics and it really affected our education.*

> *You have to find a balance…they took hundreds of thousands of dollars out of our education.*

Participants felt that literacy rates and school achievement could not be looked at in isolation and that if youth were facing barriers like living in government care, being bullied, being homeless or going hungry they would not be able to learn as easily as other youth who had a safe space where they could spend time reading and writing. They felt that graduation rates and post secondary enrolment were lower for disadvantaged groups such as youth in care because these youth are dealing with so many barriers. Youth in care also reported that they did not have an adult encouraging them to enter into post secondary education, and felt they would be unable to afford to pay for it. Consequently they lower their educational expectations and aspirations.

> *[You're] not motivated 'cause you're not pushed to go.*

> *Sometimes it's hard [when] you don't have parents helping with homework.*
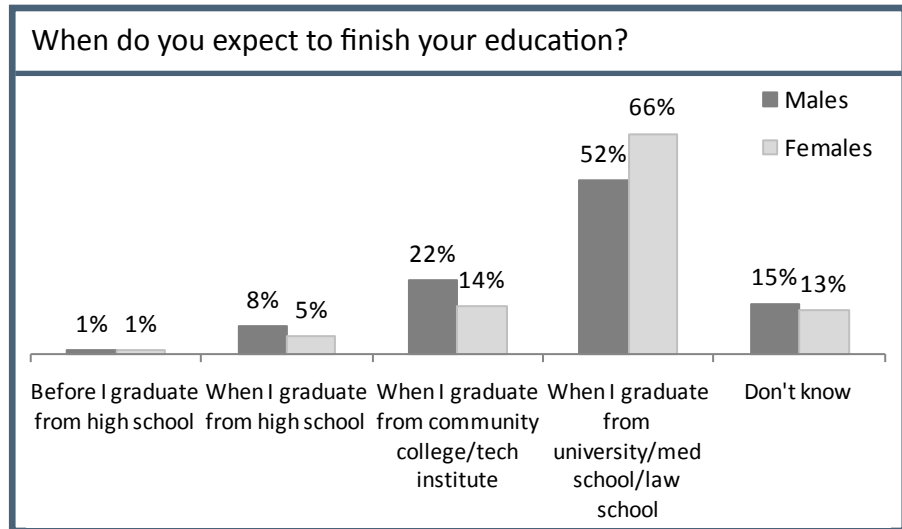
It was also acknowledged that many youth have their parents motivating them to do their homework and help them when they are stuck, but youth in care often do not have such support available. Young people living in the care system also reported that it was difficult to motivate themselves to work toward graduation when they knew they would have no one to watch them graduate or to attend a celebratory dinner and they would not be able to attend their prom because they could not afford a dress or tuxedo, or a ticket to the event.

> *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.*

Participants felt that the higher rates of females expecting to go to university in comparison to males should not be looked at in isolation. They felt that this reflected a lack of opportunities and acceptance for females to go into the trades or apprenticeship, and was something that needed to be addressed.

Youth from lower income families reported that they could not afford to go to college immediately after graduating high school. Several said that they intended to work until they had saved enough money to be able to go. Youth living in government care added that although they were entitled to financial support to attend college, the barriers to accessing further education such as not having an adult to support and encourage them through the process of applying or completing high school were too great to make attending college feel like a realistic option.

> *After graduation, I'm not going to college. A lot of people want to but don't have the money.*

When do you expect to finish your education?

Males
Females

	Before I graduate from high school	When I graduate from high school	When I graduate from community college/tech institute	When I graduate from university/med school/law school	Don't know
Males	1%	8%	22%	52%	15%
Females	1%	5%	14%	66%	13%

Source: 2008 BC Adolescent Health Survey

Youth considered relationships with teachers as very influential in terms of their academic aspirations and whether they believed they could achieve academic success. Youth who had teachers who classed them as 'promising' talked about how they felt supported and how it increased their belief in themselves and motivated them to push themselves to achieve more. Young people living in remote areas talked about the added strains of commuting long distances to school or of having several grades together in one class in smaller schools. They felt that commuting

" *When you are supported it makes you feel like you can do it and it makes you want to try.* "

in particular had a negative impact on how much youth liked school as well as on family and school connectedness. Family connectedness was affected because youth were adding several hours to their day when they were out of the family home travelling to and from school. Commuting long distances also impacted school connectedness because they could not get involved in extracurricular activities or do things with their friends because of the need to leave on time to catch the school bus.

Age and grade were also thought to influence how much children and youth liked school. The transition to high school meant youth were taught by more teachers. These teachers did not know them as well as their teachers had in elementary school. This affected how much they liked school and felt part of it, and also how comfortable they felt participating in class.
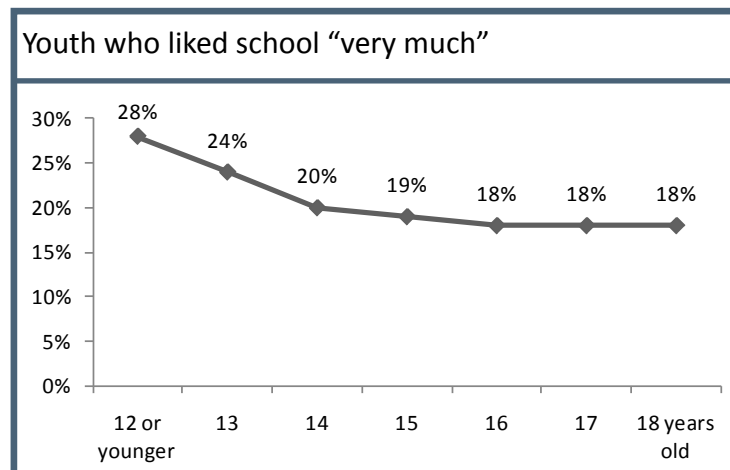
> *I think classes need to be smaller because people are at different places (in their learning).*
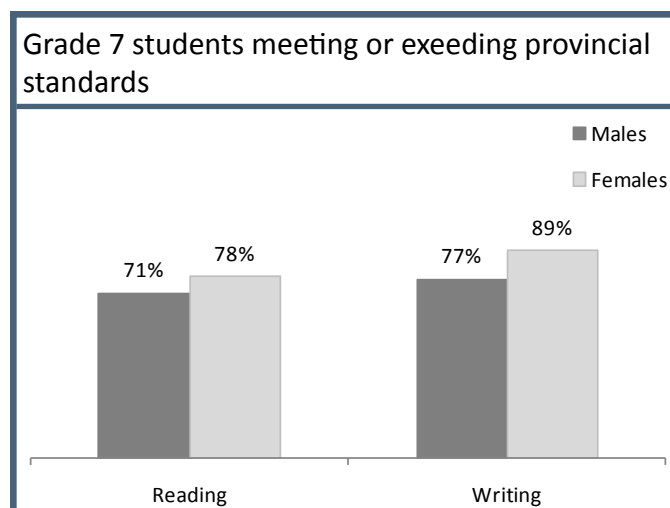
School readiness

Tests for measuring literacy and numeracy skills were condemned by some youth as being an unfair way to measure skills because young people might be so stressed by the test process that they underperform. Having problems at home, and being hungry because there is no money for food were also considered to influence how children and youth perform on literacy tests and other tests of school readiness.

Looking at literacy and numeracy rates based on the scores or grades that children and youth are awarded was also seen as unfair because it does not consider verbal presentation skills and other areas where young people may excel. Youth also thought that males and females learn in different ways. As a result females tend to do better in reading and writing tests and males do better with puzzles and making things.

Immigrant youth with English as a second language suggested that the Canadian education system does not foster a love of reading and believed that reading should be made more enjoyable so that it develops into a lifelong habit rather than being a chore that has to be done in order to pass a test or to learn facts for an exam. Other youth complained that the provincial exam structure meant they had to focus on learning information that was not necessarily relevant to their lives and their communities.

Youth who liked school "very much"

Age	Percent
12 or younger	28%
13	24%
14	20%
15	19%
16	18%
17	18%
18 years old	18%

Source: 2008 BC Adolescent Health Survey

Grade 7 students meeting or exeeding provincial standards

	Males	Females
Reading	71%	78%
Writing	77%	89%

Source: British Columbia Ministry of Education

Youth reported that school breakfast programs assist young people to concentrate in class and perform better on tests and exams. These programs also provided some young people with the only meal of the day that they ate with other people, and it was felt to be an important part of preparing for the school day ahead.

Youth who had received no help with their homework or encouragement to go to school from their caregivers reported that it was difficult to get that help at school, especially if they were First Nations and their parents were unfamiliar with the content of the western education system. Participants also reported that high achievers and disruptive children and youth tended to get all the attention in class so it was hard to stay motivated if they were struggling but not getting any support from teachers.

" *I don't think they help First Nations kids.* "

Participants with experience of alternative schools praised the different ways of learning that were available and the opportunities involving non-academic skills and experiences which improved their life skills, independence and self-esteem.

Suggestions from participants

- Teachers should encourage all youth to do well academically
- Encourage all youth to read and develop lifelong learning habits
- Offer more support to youth in foster care and group homes with homework and getting up for school
- Have foster parents and group home staff remind youth of the consequences of skipping school and not graduating
- Make accommodations at school for the different ways that people learn (e.g., have more hands-on learning opportunities)
- Make more alternative education programs available for youth to learn different skills
- Make post-secondary education more accessible to disadvantaged groups
- Accept more females into the trades
- Find better ways to measure school readiness
- Make reading more enjoyable
- Breakfast programs at schools can assist youth to perform better academically

Crime

Youth felt that the statistics related to crime might be misleading as the data reflects criminal convictions and does not capture all crimes that are committed. However, participants overall felt that crime was decreasing because of the increased police presence on the streets. Youth also reported that there might be a link between declines in youth crime and the increases seen in the amount of time youth spend indoors playing video games.

Discussion topics

Rates of:

- Young offenders
- Community crime
- Children in care
- Recurrence of maltreatment in child protection system
- Serious injuries or deaths of children in care
- School safety
- Neighborhood safety
- Physical abuse (among youth not known to child protection services)
- Sexual abuse (among youth not known to child protection services)
- Domestic violence (with children and youth as witnesses)
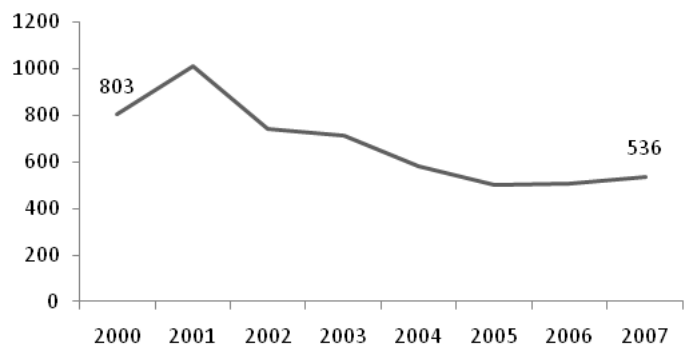- Bullying
- Harassment and discrimination

Participants were disappointed that the media chooses to focus on the negatives about youth crime such as youth gang violence. The message they hear is that youth crime is on the rise, yet this is not reflected in the statistics. They also pointed out that gang involvement is more common among older youth and adults, yet it feels like all youth get branded as potential criminals.
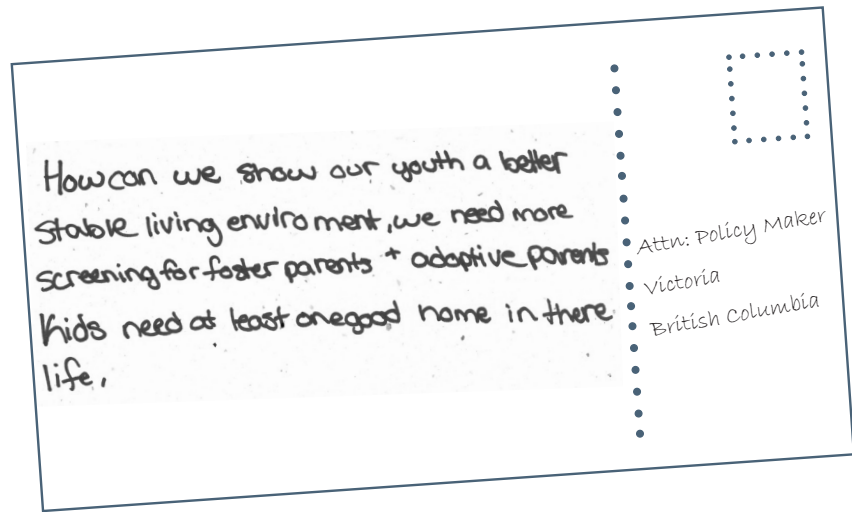
Suggestions from participants

- Teach youth about media influences and biases so they do not believe all the negative information they read about young people

- Provide youth with more accurate information about gangs

Number of youth charged with serious crimes

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

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

Attn: Policy Maker
Victoria
British Columbia

> **Have more programs for youth and young adults to get out and stay out of the system.**

Children in care

Participants who had experienced the government care system were quick to acknowledge when their behaviour had contributed toward them going into care. However, they also recognized the need to support struggling families (ideally before things reached a crisis) as this could reduce the need for children and youth to be admitted into government care.

Once in government care, youth talked about how hard it was to change behaviour that might be destructive or have negative consequences (such as substance use and skipping school) because there were not enough rules, structure or consequences.

> **I wanted someone to stop me doing this.**

They also talked about how difficult it was to function in a school setting when they were dealing with regular changes in their foster placements and incidents in their group homes. Youth who used music to drown out their own thoughts praised teachers who allowed them to wear headphones while working on assignments.

Youth dealing with trauma and disruption in their lives also reported that having a quiet and calm place where they could go and do school work, with a teacher supervising and peer mentors, would help them to keep up with work when they were missing school or were too upset to concentrate in class.

> **When I am dealing with too much my brain just goes into overload and I shut down. There should be more opportunities to work at our own pace.**

> **Lots of us are pretty angry for one reason or another. [Teachers] should just be more understanding.**

Participants in the custody centre and treatment centre focus groups reported that for many of them and their peers, this was the first time that they had experienced rules and structure. These youth reported that they were benefiting from this structure. Youth with experience of foster and group homes suggested many examples of structure and limit setting that they would find beneficial such as having to be home for dinner at a certain time and having structured social activities with others in the foster or group home.
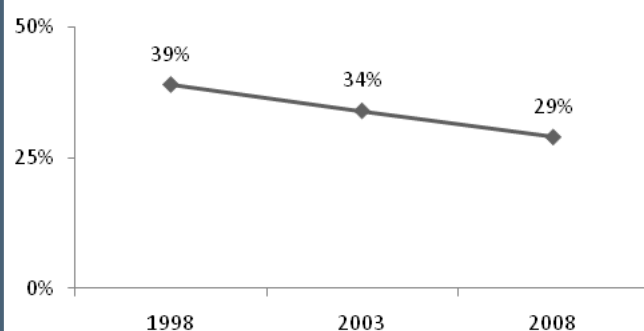
Suggestions from participants

- Target support services at younger youth and their families to prevent them from going into government care

- If children and youth do have to go into government care, do not separate them from their siblings and put them in a placement that is in or near their home community

- Improve training and screening for foster parents and people seeking to adopt

- Teach foster parents and group home staff relationship-building skills

- Offer more structure to youth in government care placements

- Recruit foster parents who will treat their foster children the same as they treat their own children

- Schools should provide homework clubs and other opportunities for youth in care to study and do school work

> " *Group homes should be very structured and about the kids.* "

> " *It's their job, but it's our life.* "

Youth who had experience of foster care were concerned about the screening process used to recruit foster parents and also about the lack of training foster parents receive. A few young people gave examples of foster parents being alcoholics and of being introduced to alcohol by them. Others spoke of foster parents treating them differently than how they treated their own children.

Serious injuries

It was felt that the percentages of serious injuries and deaths had decreased over the past decade for similar reasons as to why crime had decreased. Youth felt that the police are now enforcing the use of helmets and seat belts and more youth are staying home playing video games so their risk of getting injured has decreased.

Youth also reflected that awareness campaigns about the potential consequences of taking risks, such as not wearing a helmet, and increased regulations for sport have been effective in reducing the numbers of serious injuries.

Injured seriously enough in the past year to need medical attention

Source: 2008 BC Adolescent Health Survey

Suggestions from participants

- Enforce helmet use for bikes, skateboards and snowboards

Abuse rates

Youth were not surprised by the abuse rates in BC but thought they were unacceptable and the province should be aiming for no children or youth to be physically or sexually abused. Many felt that there was not much that could be done to decrease abuse rates although they believed that everyone has a right to feel safe. Youth discussed how abuse rates were no longer declining and in some cases were rising. They speculated that this might be as a result of the downturn in the economy and the increased stress this has placed on families.

Participants suggested that schools could play a bigger role in reducing physical and sexual abuse, firstly by creating an atmosphere where no one is abused and secondly by giving youth resources and information so that they know who to contact, what to do and what will happen if they report that they are being or have been abused.
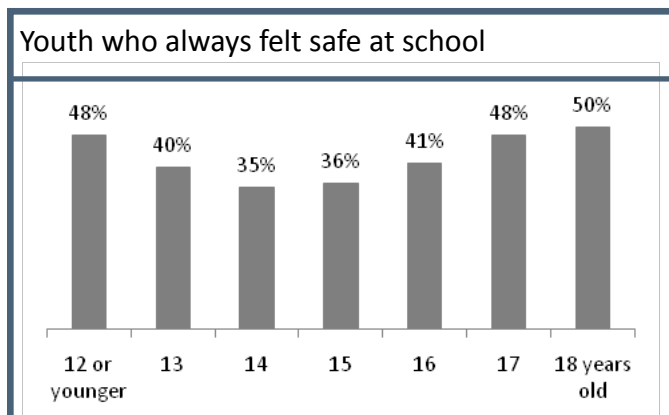
Suggestions from participants

- Increase monitoring of suspected and known sex offenders

- Work with victims of abuse so they do not become perpetrators

- Provide youth with information about how to report abuse and what steps will be taken if they do report that they have been abused

School safety, bullying and harassment

School safety was a topic that interested all youth. Most were not surprised that youth in Grades 7 and 12 were the ones who report feeling safest. Youth in the middle school system were quick to point out that people often assume that the cause of youth feeling less safe in Grades 8 and 9 is that they have gone from being the oldest in their elementary school to being the youngest in their high school. However, this is not the case in a middle school system yet youth still feel at their most vulnerable in those grades. Across the focus groups, youth reported that regardless of the school setting this is the age when their peers are starting to have more influence and they have to make different choices, such as whether or not to try alcohol with their friends. Youth in middle school also pointed out that the Grade 9 students are their mentors yet these are the youth who are the most likely to be starting to experiment with alcohol or drugs, and the ones least likely to feel safe.

Youth who always felt safe at school

Age	Percentage
12 or younger	48%
13	40%
14	35%
15	36%
16	41%
17	48%
18 years old	50%

Source: 2008 BC Adolescent Health Survey

Participants in Grade 7 reported that they anticipated being bullied when they got into Grades 8 and 9, and older participants concurred that this was what had commonly happened to them. Young people reported that they got involved in bullying to avoid being bullied themselves. They also reported that Grade 8 and 9 is when cliques and social groups begin to form and this directly affects bullying and feelings of safety at school.

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 who were bullied would often not reveal the name of the bully, and others who knew of the bullying would also not report what was going on for fear of being targeted themselves. This led to further decreases in feelings of safety among both these groups of youth. Young people were also concerned that teachers may see many minor incidents of bullying and harassment but they would only intervene when it escalated or became physical.

Grade 8,9,10 I was scared of being a complete outcast so I went along with [bullying others] because you are scared it is going to happen to you.

Youth in older grades also reported that by Grades 11 and 12 they felt more comfortable with who they were and where they fitted in. They were more tolerant of each other's differences, which reduced bullying and increased feelings of safety. They also felt that in the older grades they trusted teachers more and felt safer around them than in the younger grades.

> " *You should get teachers patrolling at lunch time.* "

Participants suggested that the statistics might be measuring different things for males and females because in their experience females were likely to think about school safety in terms of emotional safety and males in terms of physical safety. One female participant reported that *"[You don't feel safe because] once you're in cliques, you have to work to stay in them and have to be careful about what you say and do to make sure you don't somehow end up out of them."*

Suggestions from participants

- Have teachers or other adults patrolling the school grounds at lunch time

- Improve the anti-bullying curriculum to be more effective

- Provide more opportunities for communication between youth and teachers so that youth will feel more comfortable telling them about bullying

- Have programs that improve self-esteem so that youth feel less inclined to get involved in bullying

- Have teachers intervene for minor incidents of harassment or bullying before they escalate

- Provide more supports to youth in middle schools

- Have smaller schools so everyone gets to know each other

- Have youth be held accountable to their peers when they bully or harass someone

- Have more programs with non-heterosexual content

- Have an active Gay Straight Alliance at every school

- Create mentorship programs for youth experiencing bullying, harassment or abuse

Had contact with someone on the Internet who made them feel unsafe in the past year

18%

6%

Males   Females
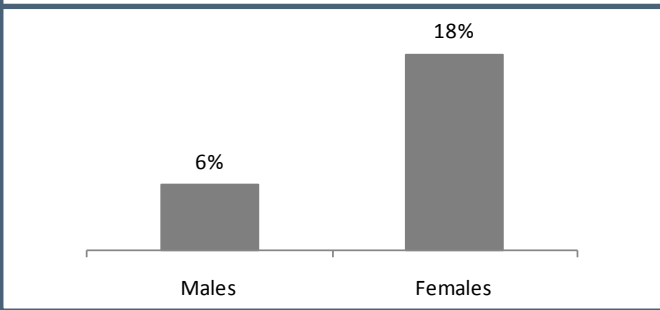
Source: 2008 BC Adolescent Health Survey

" *I had my webcam hacked.* "

" *I talked to someone [in a chat room] and the next day he called me [on my cell phone].* "

Internet bullying and harassment

Female participants in particular talked a lot about Internet safety and bullying. They were surprised that the percentage of female youth who had experienced Internet bullying was not higher than 18%, although they were not surprised that 'only' 6% of males had this experience. They indicated that there were two kinds of ways they felt unsafe on the Internet. The first was when they were approached by older male predators that they encountered in chat rooms and other spaces, and the second was from other females of their own age who were using the Internet for bullying because it provided anonymity.

Male and female youth agreed that female youth were more likely than males to use the Internet to bully others and that the use of group messaging promoted gossiping and bullying. They also reported that the anonymity of the Internet created increased bullying because it was harder to identify perpetrators.

Female youth considered to be more 'at risk' were more likely to report that it was an older male who had made them feel unsafe on the Internet or by getting their phone number from a chat room, whereas less marginalized females were more likely to report that their lack of feeling safe on the Internet was related to other youth bullying or harassing them.
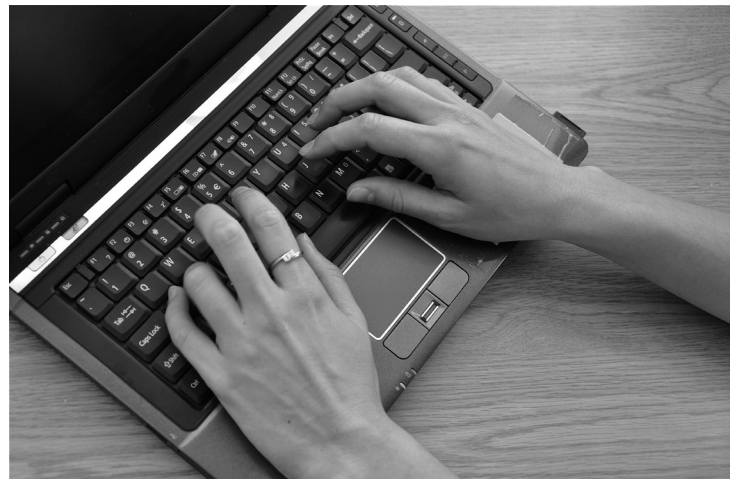
> **"** *Don't add anyone you don't know.* **"**

Youth were concerned about the number of young people who met strangers on the Internet who made them feel unsafe but were generally unclear about what could be done about it. They reported that they had similar concerns about people who contacted them on their cell phones, but again felt unsure about how they could stop this from happening.

Those who had experienced cyber bullying reported that it had affected many other areas of their life and made them feel unsafe in other settings. The experience had felt particularly violating because they had mostly checked the Internet at home and it had felt like they had been bullied or harassed in their own home.

Neighborhood safety

Despite the concerns mentioned above, youth most often listed school as the place where they felt safest within their community, although most also reported that they generally felt safe in their own neighborhood.

Participants credited a high police presence in their neighborhood with making some youth feel safer but others reported that this had the opposite effect. They felt unsafe and wondered why the police were there.

Suggestions from participants

- Have tighter security around Facebook use and other social sites where people can post things anonymously

- Teach youth Internet safety techniques

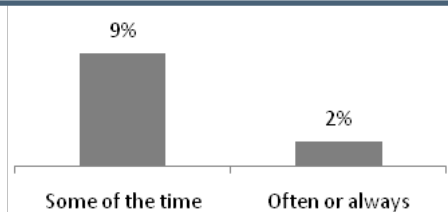- Teach parents about Internet safety for their children

Family economic well-being

The percentage of youth who went to bed hungry because there was not enough money for food was considered unacceptable by participants. They believed that everyone in BC should have access to enough food.

" *My friend does not eat breakfast. She gets really grumpy and doesn't have any focus at school. She's not doing well in school because she is not eating enough.* "

" *You can ask a teacher and get food but people think you are stealing.* "

Discussion topics

Rates of:

- Low income
- Employment
- Financial assistance
- Frequency of unacceptable housing
- Food insecurity
- Youth and caregiver employment
- Youth acting as primary caregiver
- Youth as family wage earner
- Youth homelessness
- Consumption of fast food
- Availability of affordable sports and recreation programs
- Availability of public transport

Went to bed hungry because there was not enough money or food

Source: BC 2008 Adolescent Health Survey

Participants praised the school food program for low income families, as well as the food bank (where these were available) but there was also concern that low income families needed more support than this.
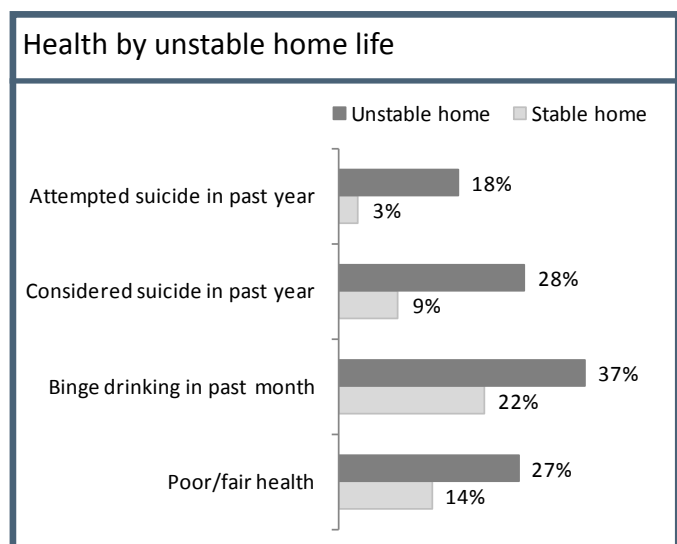
School breakfast programs were praised where they were in operation because they provide children and youth with a non stigmatizing way to get a meal. They were not perceived as being aimed at low income families but were seen as open to all.

> *[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.*
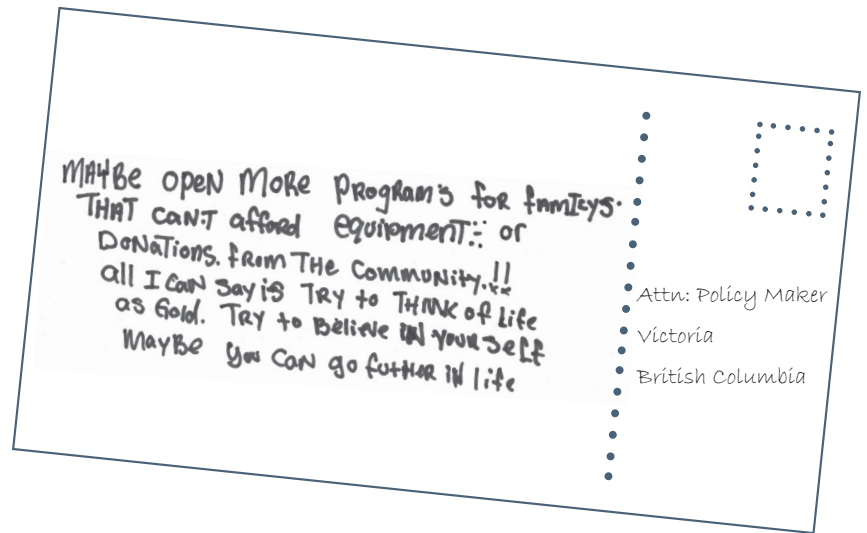
In rural areas a lack of employment opportunities was a major concern. Older youth reported that it may be better to leave school in Grade 11 or 12 if employment becomes available than to stay in school and miss the opportunity to earn money while they had the chance.

> *We don't have money. For people here money is a barrier like for equipment, team sports, membership fees, programs.*

Youth in areas of high unemployment reported that their families had less money to spend on groceries and had given up luxuries such as television to meet basic needs. They also talked about how stressful it was to see people begging for food and sleeping on the streets.

Health by unstable home life

■ Unstable home   □ Stable home

Attempted suicide in past year: 18% / 3%
Considered suicide in past year: 28% / 9%
Binge drinking in past month: 37% / 22%
Poor/fair health: 27% / 14%

Source: 2008 BC Adolescent Health Survey

MAYBE OPEN MORE PROGRAMS for famIlys.
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

Attn: Policy Maker

Victoria

British Columbia

Youth with experience of homelessness and unstable housing agreed with the data that showed it was linked to poor health, binge drinking, and suicide attempts. They particularly reported using alcohol as a way to help them cope with their housing problems, and how this compounded physical and mental health problems.

Suggestions from participants

- Introduce more food banks
- Have more free food programs available at school
- Provide youth in financial need with discounted public transit fare passes
- More families should be entitled to food stamps
- Children and youth should get free food from the government when they need it (e.g., if their parents cannot manage their food budget or if the youth is living alone)
- Provide safe, affordable housing to all families

Family, peer and community connections

Adult in your life

Overall, youth were disappointed by the percentage of young people who had an adult in their life that they could talk to if they had a serious problem. They felt it was very important that every child and youth in BC had an adult that they could turn to for support.
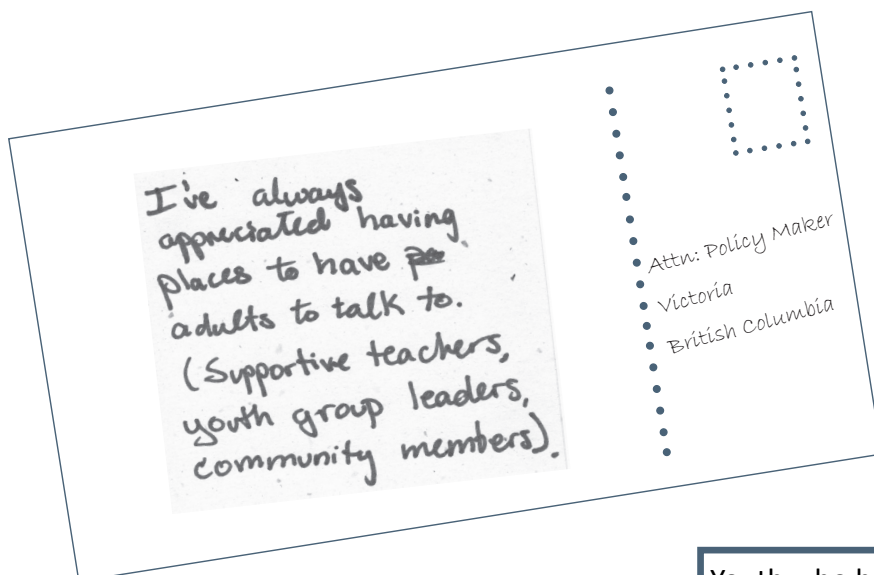
" *I think that youth need a strong support system and people around them who truly care and want the best for them regardless of their situation.* "

They reported that younger youth turn to their family for support because they spend more time with their family compared to older youth. However, youth felt that as young people get older it becomes harder to rely on their parents for support because their parents do not understand what is happening in their lives. However, it was also suggested that later in life it might be easier to talk to parents again once the youth "had done rebelling" and was more mature.
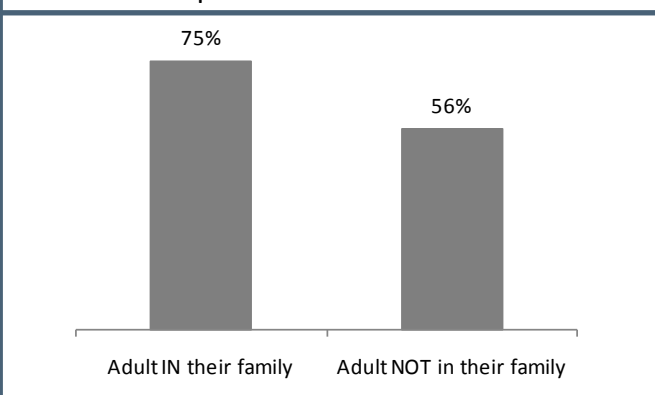
> ### Discussion topics
>
> Rates of:
>
> - Ethno-cultural placement matching rate
> - Cultural belonging
> - Adult in your life
> - Sense of community belonging
> - Presence of a caregiver
> - School connectedness
> - Rates of moving house/neighbor-hood
> - Participation in organized sports
> - Family connectedness
> - Peer relationships
> - Community connectedness
> - Use of social media

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

Attn: Policy Maker
Victoria
British Columbia

Youth who felt unable to talk with their family reported that they were most likely to turn to one of their friend's parents for support but also to talk to youth workers, teachers and counselors (if they were available).

" *Make sure youth know how to contact other adults when there is a problem anywhere.* **"**

Youth also felt that adults often do not offer an opinion when it would be helpful because adults think that youth will not listen to their advice. Many also stated that they wanted an adult in their life who would be as accepting of them as their peers were but who could offer advice and guidance from an adult perspective.

Youth who had an adult they could talk to if faced with a serious problem

Adult IN their family	Adult NOT in their family
75%	56%

Source: 2008 BC Adolescent Health Survey

Suggestions from participants

- Simplify the process of accessing a counselor
- Advertise local counseling services
- Increase confidentiality among counselors and teachers so they feel safe to talk to
- Doctors should be more supportive to diverse youth
- Have a pet for youth to talk to if there are no safe adults in their lives –"animals are great listeners"
- Teach parents and other adults how to be supportive to children and youth

Community belonging and connectedness

Youth were able to give many examples of feeling connected and having a sense of belonging within their community. These included feeling connected to their Aboriginal band through activities and ceremonies, being part of a sports team, after school program, choir or church or being part of an ethnic minority that had its own cultural celebrations.

Youth reported that it was sometimes hard to engage in community activities or after school events because they were reliant on public transport which often did not run late enough in the evening (if it ran at all). This issue was particularly problematic for youth in rural areas.

It was reported to be difficult for new students to meet others when they change school or were attending a Canadian school for the first time. It was suggested that it would help young people to connect if schools organized activities where newcomers could meet other students.

Youth with experience of the government care system talked about how difficult it was to connect to community, school and peers when they were likely to be moved on from one foster home to another. They reported losing touch with so many friends when they moved that they stopped trying to make new ones because losing them would be inevitable when they had to move on again.

> *Wish[ing] you could have that one friend that you grew up with.*

Youth who had a problematic home life also reported that it would be ideal if there was a safe place where they could go in their community if they needed to get away for a night or two (for example if a parent or other caregiver was drunk or abusive). They envisioned a place where they could go until things calmed down at home which was local, so did not disrupt their schooling and kept them linked to their friends and community supports.

Connections to culture and spirituality were seen as both positive and negative influences in young people's lives. Some saw them as providing a sense of belonging whereas those who did not meet their own culture's norms felt isolated and disconnected. Whether their experience was positive or negative, participants agreed that connectedness to community affected their mental and physical health.

> *If you feel like you are part of something, you don't want to let the group down.*

> *My church has a lot of resources for youth – it's like support. It's important for my life, it makes me feel like I am part of something good.*
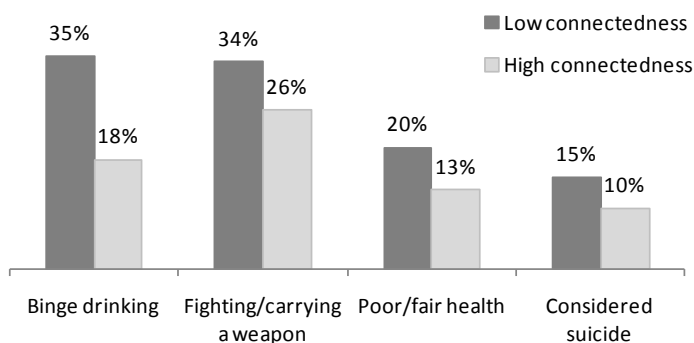
> *I'd like the school district to teach us about different cultures that are in Canada, like the First Nations.*

Immigrant youth appeared to think of cultural connectedness more in terms of their culture of origin and spoke of having gaps in their knowledge and understanding of Canadian culture, and of other ethnic and cultural groups that called Canada home.

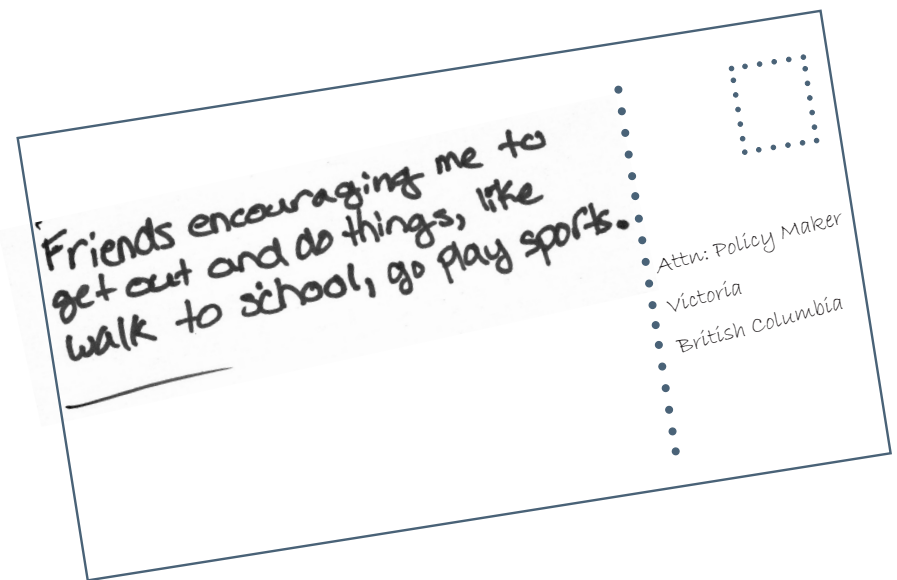> *My family and friends support me and encourage me to create new paths every day and to shine.*

Health and level of ethnic/cultural connectedness

- Low connectedness
- High connectedness

	Binge drinking	Fighting/carrying a weapon	Poor/fair health	Considered suicide
Low connectedness	35%	34%	20%	15%
High connectedness	18%	26%	13%	10%

Source: 2008 BC Adolescent Health Survey

Suggestions from participants

- Operate evening bus services

- Have activities that encourage youth to meet new people

- Make foster placements longer so youth can connect to community, school and peers

- Have a safe house in the community where youth can go for a night if they have had an argument at home or if they cannot go home (e.g., because a parent is drunk)

- Have a youth club in each community or a place for youth to hang out safely

- Teach immigrant youth about Canadian culture (especially First Nations and LGBTQ youth)

- Have more youth leadership programs so youth can learn how to create their own positive community connections

- Help the homeless in every community so that everyone feels connected

> _Friends encouraging me to get out and do things, like walk to school, go play sports._
>
> Attn: Policy Maker
> Victoria
> British Columbia

Peer relationships

All participants agreed that their peers had a big effect on their behaviour, although both genders thought peers were more influential on females' behaviour than on males'. The role of peers was reported to become most influential around 13-14 years of age. This was a time when many young people changed peer groups either because of their diverging interests or because their friends were judgmental of what they were doing, such as trying alcohol or marijuana. While some youth who used drugs and alcohol as a way of coping with the stressors in their lives reported seeking out youth who were having similar experiences, others who had used substances reported that they had not necessarily sought out peers who were doing similar things. It was just that these were the people who were not judgmental about the clothes they wore or how much money they had, and who accepted them for who they were.

> ❝ _Friends are what helps me get through things._ ❞

> ❝ _It all comes back to being accepted._ ❞

Friends were seen as a major source of support for young people because they had often had similar experiences and could empathize with what participants were dealing with. Friends also provided a sense of connection and belonging that was really appreciated by participants, particularly those who had strained relationships with their families or did not have families.

> ❝ _A group of friends is important for safety and belonging._ ❞

Some youth complained that the increasing use of social media had reduced the face to face time that they had with their friends and they missed the personal connection. They felt that as a result of their increasing use of social media, positive social interactions were decreasing and bullying was increasing.

Birth rates/sexual health

Youth reported that they had some serious problems with the way sexual health information is presented to them. The emphasis is on preventing pregnancy and they feel that little attention is paid to preventing sexually transmitted infections. When they considered the rate of condom use among BC youth, they reported that if youth were using other methods of birth control (such as birth control pills) it is unlikely that they would consider it necessary to use a condom.

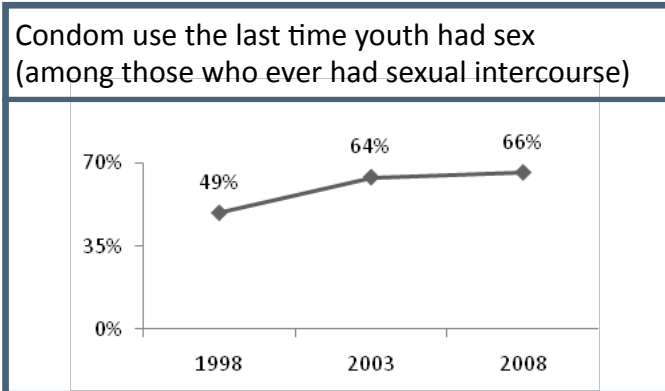> " STI testing should be free and meds for STI's too. "

Participants also complained that the information about sex and protection that they receive in school and from most other sources (including the data presented to them though this project) assumes that they are having heterosexual sex, and does not address other sexual relationships or practices. Despite their misgivings about the curriculum, youth reported that they viewed school as their most reliable source of sexual health information.

Discussion topics

Rates of:

- Teenage births
- Teenage smoking
- Teenage alcohol use
- Teenage drug use
- Positive leisure, recreational pursuits
- Child /youth volunteering
- High risk substance use
- Substance related vehicle accidents (with youth in the vehicle)

Condom use the last time youth had sex (among those who ever had sexual intercourse)

64%

66%

70%

49%

35%

0%

1998   2003   2008

Source: 2008 BC Adolescent Health Survey

Suggestions from participants

- Improve access to free condoms and information about STI's in areas where access is limited

- Continue to offer free condoms where these are currently available

- Increase awareness among youth about when they may need to be tested for an STI

- Have more discussions about sex with youth so that they are not scared to ask questions or bring up concerns

Although not discussed in depth, Aboriginal youth also did not feel that the sexual health information they are given, particularly around pregnancy and contraceptives, is reflective of their experience and is not tailored to reflect their cultural tradition and needs.

Youth in areas with higher condom use reported that condoms were readily available to them and could list many alternative sites where they were able to access them including youth centres, doctors' offices and schools. On the other hand, youth in areas where free condoms were not readily available reported that they were too embarrassed to buy them or could not afford them.

TV advertising campaigns about safer sex were praised as a good source of information. However, participants reported that even if they felt they were fully aware of how to have safer sex, whether or not they used a condom was affected by their mental state at the time, and they were less likely to wear one when under the influence of drugs or alcohol.

Youth surmised that in areas with higher rates of teenage pregnancy and parenting it was likely that the youth had younger parents too. It seemed to them that younger parents tended to have children who became young parents too. It was suggested that it was harder for parents to be role models against teen pregnancy when they themselves had given birth at a young age.

Age first smoked a cigarette
(among students who had tried smoking)

- Less than 9: 5%
- 9 or 10: 7%
- 11 or 12: 16%
- 13 or 14: 35%
- 15 or 16: 31%
- 17 or older: 6%
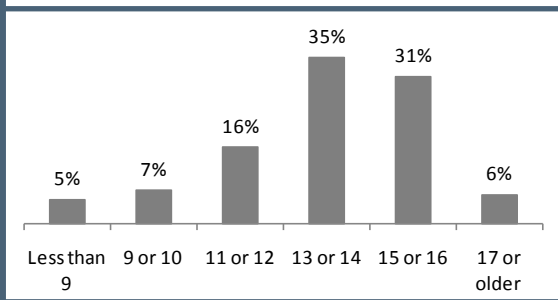
Source: 2008 BC Adolescent Health Survey

Smoking

Youth with experience of the government care system and other challenges thought that most youth started smoking at around age 11 or 12 whereas youth without these experiences thought that youth started smoking later (between 13 and 16 years of age). All participants, whether they had smoked or not, seemed fully aware of the dangers of smoking and the health problems that it could cause.

Participants linked smoking to alcohol use, and explained that often if youth drank alcohol they experimented with cigarettes at the same time. Peers also played a role in whether youth smoked. No one reported that their friends had encouraged them to smoke or put pressure on them to do so. However, they had sometimes smoked if their friends did because they saw it as a social activity that they wanted to be part of. They also sometimes smoked because they wanted to mimic youth who smoked who they thought were cool.

" *Our school had real lungs on display – to see it is so much more effective.* "

Suggestions from participants

- Make it harder for young people to get cigarettes; for example, make it illegal for adults to buy cigarettes for young people

- Keep putting messages on packets about the dangers of smoking; they are effective

- Have advertisements with graphic messages showing the damage smoking does to your body

- Clamp down on underage smoking

- Target younger youth before they start smoking so they know the dangers

Alcohol use

Youth who used alcohol reported that they did so to relax and that it was easy to acquire. Both males and females agreed that alcohol was easier for girls to access than for boys but that "*it is everywhere.*" There was a belief that early alcohol use was linked to issues within families, and several youth reported that their parents bought alcohol for them. As was the case with cigarettes, youth who experienced challenges in their lives such as being in foster care or custody or coming from an unstable family background were more likely to think that most youth started using alcohol, as well as tobacco and marijuana, at 11 or 12 years of age, whereas youth without these challenges were more likely to think that most youth who were going to start using these substances would do so between 13 and 15 years of age.

Among young people who started drinking at an early age, there was consensus that they had first done so with older family members such as uncles, cousins and siblings or with their friends' older relatives, and that these were people whom they respected, looked up to, and wanted to emulate.

66 *You only find out later that it is not cool.* 99

Some immigrant youth spoke of alcohol use being considered less acceptable for females than males in their culture, so they were not surprised that males were more likely to drink at a young age than females. They also reported that they had been surprised that the police did not enforce the alcohol laws as strictly as they were used to in their country of birth.

Age that youth first drank alcohol (among students who had tried drinking)
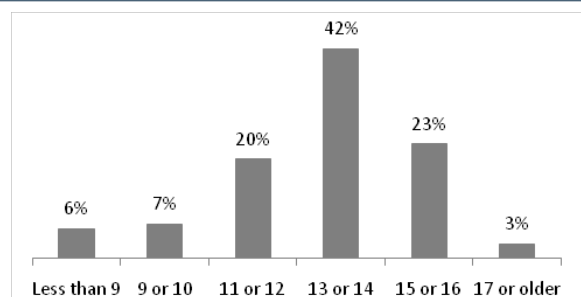
Source: 2008 BC Adolescent Health Survey

In 2008, 16% of males and 10% of females who had tried alcohol had done so before their 10th birthday (a decrease from 2003).

Source: 2008 BC Adolescent Health Survey

Youth believed that regional differences in drug and alcohol use stemmed from boredom and lack of employment and recreational options in rural areas. Youth in rural areas were concerned that their parents could get into trouble with the law if they allowed a group of youth to use alcohol at their house. They thought that it was much safer for them to be drinking under a responsible adult's roof than to be going to potentially unsafe places like the surrounding woods or a local river or lake.

" *Drinking at home is the best idea. You have a bed and people that know you were drinking, they'd take care of you.* "

" *You use alcohol and drugs because there is nothing else to do [in a small community].* "

All participants appeared to be aware of the negative effects that binge drinking could have on their health in the long term as well as in the short term. While some youth reported little to no binge drinking in their social circle, others reported that it was very common and there was social pressure to binge drink, particularly at parties where this type of consumption was most common. Youth who binge drank also reported that they did so to cope with emotional problems and when they felt awkward in social situations.

> Among youth who had tried alcohol, 44% binge drank in the past month.

Source: 2008 BC Adolescent Health Survey

Youth thought that binge drinking rates should more closely reflect the overall drinking rates. Many participants did not know of any youth who drank but did not binge drink, and they felt that if youth were going to drink then it normally would be as part of a binge drinking session rather than just one or two drinks.
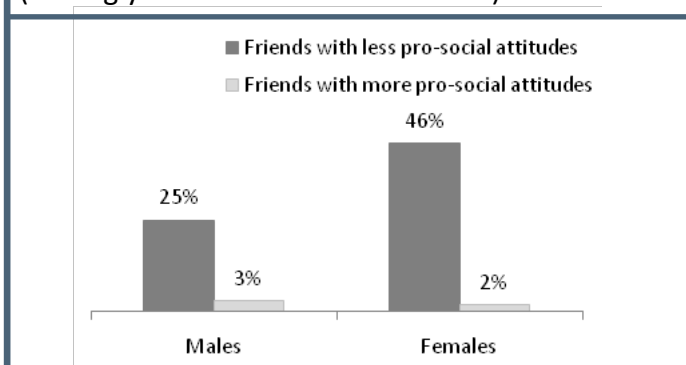
" *Adults don't drink as heavily. Youth drink [alcohol] like it is water.* "

The greater effect of friends' attitudes on binge drinking for females than males was not a surprise to participants. They felt that females experience more pressure to conform to their social group than do males.

One group discussed a recent local incident where youth suspected one of their peers had alcohol poisoning so the youth who were present called an ambulance. Their actions resulted in a call out charge of $350. These youth reported that they would be reluctant to call for help in the future, but were unclear about what else they should do if a similar situation arose again.

Binge drinking in the past month (among youth who had tried alcohol)

■ Friends with less pro-social attitudes
□ Friends with more pro-social attitudes

Males: 25%, 3%
Females: 46%, 2%

Source: 2008 BC Adolescent Health Survey

Suggestions from participants

- Change the law so that adults are not prosecuted if they supervise youth drinking at their house

- Have a safe adult in the community who knows where youth have gone drinking

- Encourage parents, foster parents and group home staff to give youth a curfew so they are not out late partying

- Provide youth with information about what to do if they are with a youth who is severely intoxicated

Other substance use

Marijuana was seen by participants as less damaging to health than alcohol because it was a more natural product. Youth who used marijuana felt that it helped them deal with stress and helped them to be more relaxed in a variety of situations.

Youth were not surprised by any of the substance use data that they reviewed but did comment that prescription pill use without a doctor's consent was high. From their experience youth who used other people's prescriptions (including those of their parents and friends) did so for symptom management as well as for recreational use. They also felt that using prescription medication was safer than using an illegal substance because they were aware of the contents and strength of the dosage. Youth also felt it was easier to get information from the Internet about what a prescription pill should not be mixed with, compared to getting this type of information about other drugs.

It did not appear to be uncommon for youth to be sharing prescriptions for depression, anxiety, attention deficit disorders, muscle relaxants, sleeping tablets and pain killers. One group also reported that it was common to initially share pills for pain management and then find the effects were good for recreational purposes. Easy access to prescription pills was also a factor in their use.

Participants also commented that the small percentage of youth who reported using crystal meth was reflective of their experience and showed that contrary to messages that they received through the media and other sources, most youth are not trying this substance.

" *It's a prescription; it can't be that bad for you.* "

Ever tried substances
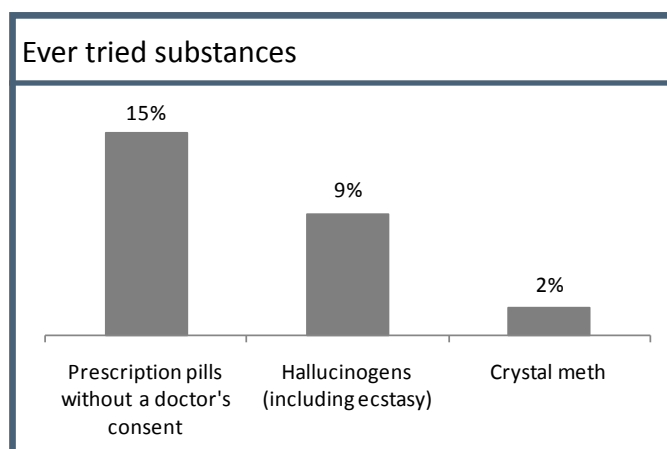
Source: 2008 BC Adolescent Health Survey

Suggestions from participants

- Have drug counselors who can work with younger youth

- Provide more information about the risks of sharing prescription pills

- Offer drug and alcohol free activities

Positive leisure/recreational pursuits

Youth reported that they often did not know what opportunities were available to them locally and often only heard about classes or events after they had happened.

There was a stigma attached to doing art, drama and music for some male participants, and male custody participants also reported that they would be ridiculed if they took up a hobby. It was felt that males were more likely to be involved in music than in drama, dance or art.

Youth living in poverty, in areas with high family unemployment and with experience of the government care system all reported that they were not able to take up recreational and leisure opportunities that were available locally because they could not afford them, and they were not aware of any programs where their costs were covered. Youth who were not in school reported that their access to positive leisure and recreation pursuits
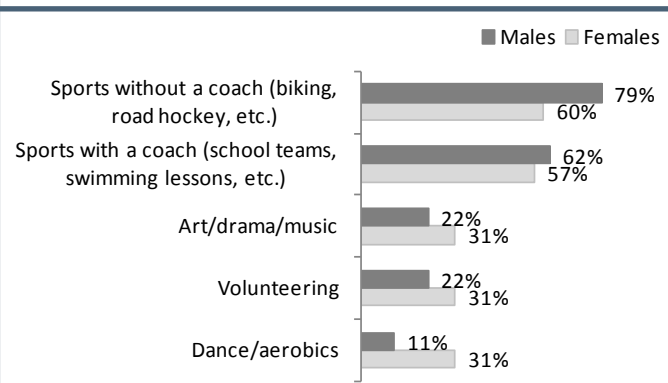
" *I don't go because I can't afford it.* "

was further reduced because not only could they not afford the extracurricular activities but they were also not getting the opportunity to participate in school based clubs and activities.

Another barrier that prevented youth from accessing extracurricular activities was a lack of transport. This was most often noted as a problem in rural areas. One youth noted that restrictions on new drivers driving late at night and carrying passengers stopped them from going to activities.

Finally, youth with challenges in their lives such as drug use, homelessness or family problems reported that these often act as a barrier to them getting involved in positive leisure pursuits.

Weekly participation in activities in the past year

■ Males ■ Females

Activity	Males	Females
Sports without a coach (biking, road hockey, etc.)	79%	60%
Sports with a coach (school teams, swimming lessons, etc.)	62%	57%
Art/drama/music	22%	31%
Volunteering	22%	31%
Dance/aerobics	11%	31%

Source: 2008 BC Adolescent Health Survey

> " *Sports teams and things like that should not be so much money so more people can afford it.* "

Some youth thought that rates of playing sports with a coach should be higher than the statistics they reviewed, because they thought youth would be more likely to stay involved if they had someone pushing them and encouraging them. They also confirmed that when organized sport was not available to them because they could not afford it, they replaced it with sports without a coach such as skateboarding and biking. Other youth reported that their family income was so low that not only could they not participate in sports with a coach but they also did not have money to purchase equipment such as a bicycle or running shoes, so that the range of sports without a coach was also restricted for them.

There were some concerns that sports with a coach were too competitive and those looking for non-competitive options tended to gravitate toward sports without a coach where there was less pressure to perform. Youth reported that gender stereotypes acted as a deterrent for females to compete in coached sports, and also for some males who were not "*part of the jock cliques.*"

Suggestions from participants

- Provide youth with more opportunities to participate in free or low cost extra-curricular activities

- Have more advertising (including local television commercials) of upcoming activities and sports opportunities

- Provide more summer programs that are free of charge

- Make other programs such as sports teams more affordable

- Have more sports and activities aimed at females (e.g., cheerleading and dance)

- Offer more recreational/fun team sports

- Have more local community based teams

- Offer reduced cost or free yoga classes

Volunteer rates

22% of males and 31% of females volunteered in the past year.

Source: 2008 BC Adolescent Health Survey

Looking at the percentage of youth who were involved in volunteer work was considered an important way to measure youth health and well-being for participants. They felt that it was a good indicator of how connected young people were to their community.

Youth reported that there would be a greater take up of volunteer opportunities if they knew where to go and what was needed in their community.

Suggestions from participants

- Advertise where volunteers are needed

- Make volunteer opportunities more accessible (e.g., by covering transport costs, providing food to volunteers)

- Offer school credits for volunteer hours

" *Lots of guys in our community volunteer.* "

Final thoughts

Canada is doing really well, but there is always room for improvement.

Youth from all regions of the province reviewed the available child and youth health data for British Columbia. Not every youth who participated in this project commented on every statistic, yet there was universal agreement across the groups on most of the major themes.

Whether youth participated in a focus group in a small rural area or a large city there was consensus that youth health and well-being in British Columbia could be improved if:

- Youth were given the necessary information and skills to assist them to make healthy decisions
- Youth had more information about how to access services
- There were more programs specifically aimed at youth
- There were no more funding cuts to programs that are working
- Adult support was available to all youth
- Adults listened to what young people had to say and included them in planning decisions
- Youth were seen as part of the solution not as a problem that needed to be corrected.

Feedback from participants who attended the focus groups showed that youth genuinely felt that they had been treated like they mattered through this process. Many reported that this was the first time they had viewed any data about their health and all reported that this was their first experience of being asked about how the health and well-being of themselves and their peers could be improved.

Participants embraced the opportunity to comment on the data about their health, and youth in every group indicated that they would like to remain involved in an ongoing dialogue about the indicators and how to improve child and youth health and well-being across British Columbia. At the time this report went to press, these youth are continuing to create messages based on the data that they reviewed. When completed, these will be available at www.mcs.bc.ca.

Appendix 1

Indictors suggested by youth in first round of focus groups

Having reviewed an initial list of indicators of child and youth health, participants in the first round of focus groups made the following suggestions for indicators that would measure child and youth health in BC

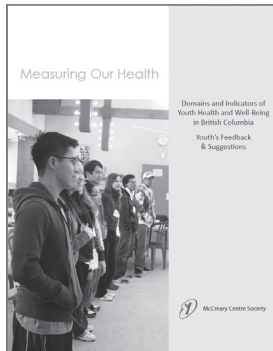| Domain	Indicator
Child Health	Rates of extreme stress Rates of depression Rates of suicidal ideation and attempts Positive self esteem Rates of youth not accessing mental health services Resilience Eating disorder rates Underweight rates Rates of sexually transmitted infections Availability of sexual health information and supplies Rates of accessing sexual health services Rates of not accessing sexual health services Rates of screen time/sedentary activities
Child Learning	Literacy
Child Safety	Rates of physical abuse (among youth not known to child protection services) Rates of sexual abuse (among youth not known to child protection services) Domestic violence rates (with children and youth as witnesses) Bullying rates Harassment and discrimination rates
Family Economic Well-being	Youth and caregiver employment rates Rates of youth acting as primary caregiver Rates of youth as family wage earner Rates of youth homelessness Consumption of fast food Availability of affordable sports and recreation programs Availability of public transport
Family, Peer and Community Connections	Presence of a caregiver School connectedness Rates of moving house/neighborhood Participation in organized sports Family connectedness Peer relationships Community connectedness Use of social media
Child Behaviour	Rates of high risk substance use Substance related vehicle accidents (with youth in the vehicle)
Other	Family/caregiver substance use Youth's goals for the future Spirituality

Appendix 2

Final list of indicators

The indicators discussed with youth have been highlighted throughout this report. Some of the original indicators are no longer being used to measure child and youth health and some additional indicators have been added. These changes were made by RCY/PHO partially as a result of the feedback provided by youth.

| Domain	Indicator
Child Health	Healthy birth weights Risky maternal behaviours Infant mortality Physical activity rates Fruit and vegetable consumption Exposure to second hand smoke
Child Learning	School achievement rates High school completion rates School readiness
Child Safety	School safety Online safety Rates of children in care Child abuse or neglect Injuries, hospitalizations and injury deaths
Family Economic Well-being	Low income rates Financial assistance rates Food insecurity
Family, Peer and Community Connections	Ethno-cultural placement matching rate Community connectedness Youth volunteering Adult in your life Interaction and participation with peers
Child Behaviour	Teenage pregnancy rates Teenage rates of tobacco use Teenage rates of alcohol use Teenage rates of drug use Healthy sexual behaviours Youth involvement with crime Positive leisure, recreational pursuits

McCreary Resources

For any of these, or other materials by the McCreary Centre Society, visit our website www.mcs.bc.ca.

Measuring Our Health: Domains and indicators of youth health and well-being in British Columbia (2010)
Youth from 14 rural and urban communities participated in discussions about the indicators of youth health being proposed for BC. Their feedback and suggestions for additional indicators across six domains are reviewed. *Measuring Our Health* is the first part of a 2 part series on growing up healthy in BC.
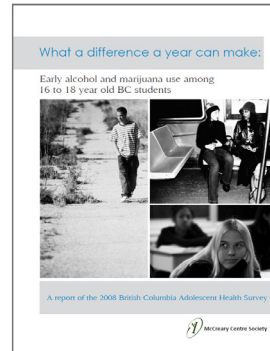
What a Difference a Year can Make: Early alcohol and marijuana use among 16 to 18 year old BC students (2010)
This report uses data provided by 16 to 18 year olds who completed the 2008 BC Adolescent Health Survey. The study examines the different health behaviours and outcomes between those who use alcohol or marijuana at 12 and younger and those who wait longer to try these substances.
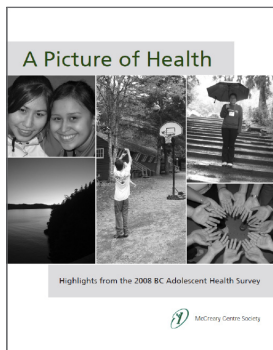
A Picture of Health: Highlights from the 2008 BC Adolescent Health Survey (2009)
The Adolescent Health Survey has been conducted in schools every 5 years since 1992. The 2008 survey asks questions about physical and emotional health, and about factors that can influence health during adolescence or in later life. This report highlights trends in the health status and risk behaviours of BC youth. Reports have also been published for 14 of the 16 Health Survey Delivery Area s in BC.
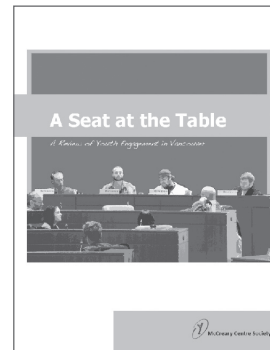
A Seat at the Table: A review of youth engagement in Vancouver (2009)
This report focuses on youth engagement in civic and community decision-making. The report aims to offer a better understanding of the continuum of youth engagement and to show the different ways that youth can be involved in decisions that affect their lives.
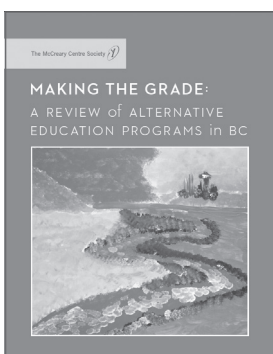
Making the Grade: A review of alternative education programs in BC (2008)
A review of alternative education programs in BC, involving youth attending alternative education programs for "at-risk" and "high risk" youth across the province, and adult stakeholders. The review documents the positive impact of these programs for youth.
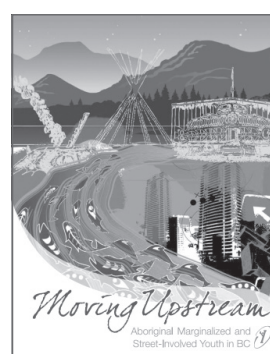
Moving Upstream: Aboriginal marginalized and street-involved youth in BC (2008)
This report analyzes the experiences in nine BC communities of homeless, inadequately housed, street-involved and marginalized Aboriginal youth. The report is a further analysis of McCreary's Marginalized and Street-Involved Youth Survey.