

DRAFT #3**CHILDREN, ADOLESCENTS AND YOUTH****Outcomes and Indicators****Discussion Paper**

Children, adolescents and youth are distinct population groups. However, they have issues in common and some that are interrelated. Personal development is constant through from 0 to 24 years of age and children, adolescents and youth are dependent to differing degrees on families, schools, human services and communities throughout this stage of life. As children age, however, their responses to stresses and problems change and, thus the measurements of their well being also change.

Measures of the well being of children, adolescents and youth, in many ways, are indicators that could equally apply to the population as a whole. Moreover, the well being of our younger members of society are reliant on the well being and prosperity of society generally and their families and communities specifically. The well being of the entire population can thus be predicted by determining the well being of children, adolescents and youth. As Dr. Paul D. Steinhauer said so succinctly:

There is no doubt that poor outcomes for youth will be reflected in poor outcomes for economy and community life. Youth whose families, for whatever reason, cannot provide the involvement, sensitive nurturing, cognitive stimulation and consistent structure that children need to develop successfully are likely to have lifelong problems trusting and relating to others. This will put them at risk for chronic relationship problems with schoolmates, with co-workers, with partners and when it comes to raising their own children. Youth who fail to achieve in school and/or drop out prematurely will, for the rest of their lives, have poor job prospects. They will contribute less as taxpayers, and will be subject throughout their lives to higher rates of chronic dependency and antisocial behaviour, which in turn will mean higher welfare, EI, crime control costs for the rest of us. Youth who reject the values of society and who become alienated, emotionally disturbed and antisocial have higher rates of emotional and behaviour disorders, delinquency, and teen-age pregnancy, the latter so often a ticket to lifelong dependency. All such youth will use up a disproportionate amount of our supply of specialized services, services that are increasingly falling behind the growing need for them. Finally, children who fail to develop the self-discipline and motivation that are required for productivity will, throughout their lives, be hard-put to get and to keep decent jobs, even though our industries are increasingly reporting their inability to find enough of the most highly skilled workers they need. Put all these together and the scenario for the future is clear: if one in four of our children enter adult life significantly handicapped, we can look forward to a society that will be less able to generate the economic base required to supply the social supports and services that will be needed by the one in four adults unable to carry their own weight, let alone contribute to the productivity of society. In short, the social and emotional well being of our children and families is a predictor of the future economic well being and the quality of life in Canada for tomorrow.^[1]

There are challenges, however, in determining the causal relationships of the various aspects of society and their impacts on young people. The discussion of indicators in this paper, therefore, has attempted to identify indicators which are driven by the personal or individual circumstances of young people and also capture some of those indicators which are community and economy based.

This paper has combined the discussion of indicators and outcomes for children, adolescents and youth since the issues which affect the well being of children also apply to adolescents and youth as do the issues of adolescents impact youth. The issues of children are discussed first but the following discussion of adolescents and youth does not mean to suggest the issues of children do not apply to adolescents and youth. In reality, many of the indicators for children are either predictors of well being for adolescents and youth or direct measures of their well being.

CHILDREN

There is a wealth of information and analysis produced on children. Many reports have been written recommending a range of interventions to enhance the development of children in families, communities, schools and society. Many others have provided research evidence on the nature of healthy child development. This discussion paper does not attempt to summarize these findings and recommendations nor can it duplicate all the findings of the research that has been completed.

Children are a key group to determine community and population well being. With nurturing and support in childhood, many disadvantages can be overcome in later years. There are ranges of impacts on children and these have implications for the development of their physical, social, emotional and spiritual well being. In using children as a population group, they become a microcosm within the Strategic Social Plan.

Measuring the level of well being for children in this discussion paper represents achievement of the vision in the Strategic Social Plan as it applies to children. Many indicators apply therefore to the population as a whole or to other specific population groups. For example, an indicator related to safety for children might also be an indicator for safety related to youth, families, adults and seniors as well. Nevertheless, there are indicators that would only relate to children if their well being were to be measured and applied to better policy, program and service development. For example, readiness for school may indeed have in the past affected many adults but the indicator is only useful if it informs us about our current interventions that may impact long term well being of the population. As well, because many indicators are related to similar or the same issues and problems, indicators for determining improvement in one issue may also be indicators for determining improvement in another. For example, a teenage mother can be viewed as impacting a child in a number of ways such as the potential the child may live in poverty, have a reduced health status and/or experience a diminished quality of parenting.

In the following discussion of indicators, some will be duplicated in particular outcome areas and indicators for children may be similar or the same as indicators that would be used for other population groups. The community accounts, which provide the baseline information required to measure outcomes and inform the social development process, are organized by sector. Thus the following indicators would form components of several community accounts. For example, benchmark information for the well being of children would be found in such accounts as education, health and income. This paper discusses some of the information that would need to be collected in each separate account which enables the indicators to cross accounts to determine the changes in well being for children.

Indicators

The attempt in this discussion paper is identify indicators associated with the well being of children or with those factors that might influence that well being. These key indicators of healthy child development are related to the outcomes expected in the Strategic Social Plan. Desired results will depend on appropriate interventions provided to enhance the well being of children in Newfoundland and Labrador. It does not discuss specific interventions, although some emerge during the discussion. This lack of attention to specific programs and services does not mean that interventions are not necessary. The discussion, however, focuses on those results that need to be achieved which would indicate the circumstances and development of children are improving in the province.

Family Variables

Children in Poverty

Intuitively, when discussing poverty we mean those children who live in families with very low incomes relative to the rest of the population. Most often Statistics Canada Low Income Cutoff Lines (LICO) levels have been used to determine poverty levels, however, these levels have been considered inadequate. The LICO estimate the level under which 20 percent of the population lives thus 20 percent of the population will continually be regarded as living in poverty. Other approaches to determining poverty, such as the Canadian Council on Social Development, have used a food basket approach and in the past few years a federal-provincial initiative has been undertaken to determine poverty

levels on a more absolute basis. The level of family income at which these negative impacts occur will need to be determined to enable the current extent of poverty to be assessed and improvements in poverty levels to be evaluated during the social audit.

Nevertheless, what we know is that children living in families whose income is very low has negative impacts on their development. There are many stresses on children caused by poverty. Children who are poor often have lower self-esteem resulting from the stigma of poverty. This has significant impacts on behaviour and learning. There is a proven relationship between behavioural problems in children and poverty. As well, children who are living in poverty experience greater difficulty with learning. This is due in part to hunger and nutritional issues, in part because of lower education levels of parents in low-income families and in part to the difficulties in unemployed and low-income families exacerbating social problems for their children. Greater levels of income for families with children are necessary to reduce poverty. This may come from a combination of work and income support. As well, services to mitigate the impacts of poverty are also necessary.

- Outcome: *Greater affluence of low-income families*

- Target Population: Families with children living in poverty

- Goal: Incomes of families with children higher than poverty level

- Objectives and Indicators:

1. to increase incomes for low families with children
 - incomes in families with children
2. to decrease the unemployment rate of families with children
 - unemployment rate for families with children
3. to decrease the numbers of children in poverty
 - children living in low income families (below LICO/LIM or bottom quartile)
 - child poverty rate
 - children living in Social Assistance families
4. to decrease the level of poverty of single parents
 - income for single parents
 - children living in lone parent families

Sources of Information:

- Statistics Canada: Labour Force Survey, Sources of Income, Earnings and Total Income and Family Income
- Tax Filer Data
- Census
- National Council of Welfare: Poverty Profile

Families and Parenting

Parents are the most important people in children's lives and thus, families are the centre of the well being of children. Stability of families and nurturing environments are essential to the healthy development of children. This requires parenting skills, education and reduced psychological and economic stresses in families. There are vast ranges of interventions in health, education and social service areas that cultivate family well being. The following indicators are selected to determine if interventions have achieved the results of greater family stability.

Outcome: *Greater family stability*

Target Population: Families identified "at risk" presenting previously with problems

Goal: Stable and nurturing families

Objectives and Indicators:

1. to increase the effectiveness of parenting
 - parenting skills and knowledge
 - consistent parenting
 - positive interaction with children
 - parental stress and mental health problems: depression, substance abuse
2. to decrease the numbers of children being raised by teen mothers
 - teenage mothers
3. to decrease the numbers of children in lone parent families
 - divorce/separation rates

Sources of Information:

- Statistics Canada: Statistical Report on the Health of Canadians; Marital Status, Common-Law Unions and Family Composition
- Human Resource Development Canada: National Longitudinal Survey of Children and Youth
- Department of Health and Community Services: Client Referral Management System, Child, Youth and Family Programs

Children under Child Protection

Family violence, physical and sexual, as well as neglect has significant impacts on the physical and psychological well being of children and emotional consequences long into adulthood. Protection of all sorts, such a policing, child protection services and community supports, are required to ensure the safety of children. Holistic supports are required for counselling, foster care and in the civil justice system. The aim in the Strategic Social Plan, however, is prevention and early intervention. Outcomes, therefore, should reflect reductions in child safety problems and a reduction in risk factors which have been identified as being related or causing unsafe circumstances for children.

Outcome: *Safer children*

Target Population: Children under child protection and families identified as “at risk”

Goal: Safe environment for children

Objectives and Indicators:

1. to reduce domestic violence and confirmed allegations of child abuse
 - incidents of confirmed allegations of child abuse
 - number of home injuries
 - child sexual abuse cases
 - police interventions on domestic violence calls
 - charges and convictions on domestic violence cases
 - family violence: complaints, arrests and convictions
2. to reduce the numbers of families designated at risk of family violence and child abuse
 - families designated at risk (e.g. poverty level, parental substance abuse, etc.)
 - reported cases of child maltreatment
 - child welfare cases without required intervention
3. to decrease the number of children under child protection
 - children in care/protection
4. to reduce the number of child neglect cases
 - neglect and cases requiring intervention
5. to reduce the amount of time of court interventions on child abuse
 - length of time of court interventions
6. to increase the involvement of communities in preventing child abuse
 - numbers in care in own community

7. to decrease the amount of time children spend in foster care
 - length of time in care

Sources of Information:

- Department of Health and Community Services: Client Referral Management System, Child, Youth and Family Programs,

Children with Behavioural Problems

Behavioural problems are most often thought of as issues of the school system since children with behaviour problems do not learn as well as other children and they are often fairly disruptive. They are, however, equally issues of the health care system where issues of the biomedical causes of some behaviour problems are treated. As a result, the interventions to deal with behaviour problems are difficult to determine. Although a better understanding of the biomedical and social nature of the behaviour and emotional problems in children is needed, particularly as they relate to gender differences, some behavioural issues in children are obviously based in family dysfunction and in poor relationships with peers^[2]. The following indicators address the measures of emotional well being and behavioural competence.

Outcome: *Greater psychological health*

Target Population: Children deemed to have behaviour problems or mental health problems

Goal: Emotional and psychological stability for children

Objectives and Indicators:

1. to decrease violence among peers and towards other children
 - fighting between peers at school/injuries
 - fighting outside home and school/injuries
 - young victims of violence
2. to decrease psychological and behavioural problems in children
 - emotional problems
 - behavioural problems
 - psychological problems
 - emotional and behavioural competence

Sources of Information:

- Human Resource Development Canada: National Longitudinal Survey of Children and Youth
- Department of Health and Community Services: Client Referral Management System, Child, Youth and Family Programs

Early Childhood Development

In the last decade evidence has been put forward that early childhood experiences effect intellectual development, school readiness and learning capabilities. Early childhood circumstances also are an effective predictor of well being and health in later life. Early childhood development is then an extremely important indicator of well being in children. Child care accessibility, nurturing home care settings, early childhood development focuses in pre-school education, early childhood enrichment programs, pre-school education in schools and parenting programs are some interventions that can result in a flourishing childhood and adolescence and in the longer term, healthier, better educated and more prosperous adults.

Outcome: *Greater early childhood development*

Target Population: “At risk” children ages 0 to 5 and their parents

Goal: Infants, toddlers and pre-schoolers achieving their full potential

Objectives and Indicators:

1. to increase the ability of infants, toddlers and pre-schoolers to learn in school
 - school readiness
 - participation of children at risk in enrichment interventions
 - waiting list and numbers in subsidized day care
 - number of child care spaces per child
2. to increase the ability of infants, toddlers and pre-schoolers to thrive at home
 - involvement of parents in families at risk in parenting programs
 - consistent parenting during pre-school years
 - positive parental interaction with pre-schoolers

Sources of Information:

- Canada Assistance Plan for Children (CAP-C) family resource centres with out-reach in 70 communities(federal/provincial)
- Client Management Referral System, Child, Youth and Family Programs, Health and Community Services
- Human Resource Development Canada: National Longitudinal Survey of Children and Youth
- Department of Education

Education Variables

School System

The school system is the main source of academic education of children aged 5 to 18 years of age. As a result, access to a full range of academic programs, equipped facilities, information technology and quality education is essential for all children regardless of geography or size of school. The school can also play another role in the social development of children. As the place where the total population of children are clients, the schools provide the basis for prevention programming that mitigates the impacts of poverty and provides holistic services for children with family problems, behavioural problems and children with safety problems. Nevertheless, indicators in this section address issues of educational attainment which is the primary role of the school system.

Outcome: *Higher educational attainment*

Target Population: All children age 5 to 18 years of age

Goal: Children achieving their full potential in school

Objectives and Indicators:

1. to increase the value of education in families and children
 - families who do not value education
 - literacy level of parents
2. to increase educational achievement by children
 - achievement levels in selected grades
 - children failing an elementary grade
 - defined under achievers
3. to increase retention of children in school
 - positive relationships with peers and siblings
 - school attendance

- self assessed like of school
 - self assessed interest in attending school
4. to increase self esteem of children in education
- self assessed confidence in learning
 - levels of self esteem

Sources of Information:

- Department of Education: educational attainment indicators
- Statistics Canada: International Adult Literacy Series
- Human Resource Development Canada: School Leavers Follow-up Survey
- National Longitudinal Survey of Children and Youth

Children with Learning Disabilities, Developmentally Challenged and Gifted Children

Children with learning disabilities can learn and thrive given the appropriate programs, services and tools to learn. Educator awareness, early testing, diagnosis and treatment for learning disabilities are essential to support children with learning disabilities. Access, therefore, is also an issue which includes access to service by speciality, timing, cost and geography. With interventions children with learning disabilities can thrive and the following indicators attempt to determine the results. Children who are developmentally challenged require supports to meet their own potential as well. This includes teacher aids and special programs to maximize their potential. Equally, gifted children require appropriate programs, services and tools to learn for them to reach their maximum potential.

Outcome: *Greater educational achievement by children with learning disabilities, children who are developmentally challenged and gifted children*

Target Population: Children who have learning disabilities, and developmentally delayed and gifted children

Goal: Children with learning disabilities, children who are developmentally challenged and gifted children achieving their full potential in school

Objectives and Indicators:

1. to increase educational attainment for children with learning disabilities
 - educational attainment of children with learning disabilities
2. to increase access to services for children with learning disabilities
 - access to services for children with learning disabilities
 - early diagnosis
3. to increase educational attainment for children who are developmentally challenged
 - participation of developmentally delayed children in school programs and activities
 - educational and developmental attainment
4. to decrease numbers of physically disabled children in foster care
 - numbers in foster care
5. to increase access to services for gifted children
 - access to enrichment services and accelerated programs for gifted children

Source of Information:

- Department of Education
- Client Referral Management System, Department of Health and Community Services

Children who are Physically Challenged

Although there is some potential to reduce the numbers of children with physical disabilities, the main issue in this section is the support provided to children with physical disabilities. For children who are disabled, equal opportunity to learn and participate is at the heart of the issue. This includes physical accessibility to facilities, access to equipment to fully participate in education and society, teacher aids, special programs to maximize potential, and greater awareness of accessibility issues by educators and the general public. The indicators are intended to measure the results of

providing the required supports that promote equality.

Outcome: *Greater participation and achievement by children who are physically challenged*

Target Population: Physically disabled children in school

Goal: Children who are physically challenged achieving their full potential in school

Objectives and Indicators:

1. to increase participation of physically disabled children
 - participation of disabled children in school programs and activities
 - participation in non-school activities
 - physically accessible buildings in community
2. to increase educational attainment of physically disabled children
 - educational attainment
3. to decrease numbers of physically disabled children in foster care
 - numbers in foster care

Source of Information:

- Department of Education
- Client Referral Management System, Department of Health and Community Services

Health Variables

Children's Health

The health and well being of children are directly related to a wide range of issues as described above. Education, nurturing, good nutrition, health care access and prevention interventions, however, are most likely to keep children healthy. The following indicators would measure the likelihood that children are healthy.

Outcome: *Healthier children*

Target Population: All children 0 to 18 years of age

Goal: Children who are physically and mentally healthy

Objectives and Indicators:

1. to increase physical health of infants
 - breastfeeding practices
 - birth weight
 - tobacco and alcohol use during pregnancy
 - infant mortality
 - perinatal designated at risk
2. to increase nurturing for infants
 - teen pregnancy
 - secure attachments to parents/care givers
3. to increase the physical health of children
 - visits to doctors
 - dental health
 - early childhood immunization
 - reported health problems
 - nutrition and food consumption

Source of Information:

- Canadian Institute of Health Information: Hospital Morbidity Database
- Health Canada: Mortality Summary List of Causes; Infant Mortality
- Statistics Canada: Births
- Department of Health and Community Services: immunizations; Healthy Beginnings
- Medical Care Commission: visits to doctors
- Statistics Canada: Statistical Report on the Health of Canadians
- Janeway Hospital: perinatal database

Community Variables

Social Inclusion

Disadvantaged children often have little opportunity to participate in activities outside of school within the community. Disadvantaged could be defined as all those children who cannot afford to participate or are excluded from participating for a range of other reasons including disability, physical and mental health problems, or social problems or live in environments that are not conducive to supporting participation. Prevention and early intervention initiatives need to be focused on ensuring those disadvantaged children and children at risk are able to participate in activities within communities. These include activities such as Girl Guides and Boys Scouts, recreation programs, social events, and special interventions by voluntary sector agencies and government departments.

Outcome: *Greater inclusion of children in locality activities and receiving preventative interventions*

Target Population: All children participating in community-based activities

Goal: Children involved in community activities

Objectives and Indicators:

1. to increase involvement of disadvantaged children in preventative activities
 - children participating in extracurricular activities in communities
 - disadvantaged children participating in extracurricular activities in communities
 - activities (extracurricular, social and recreational) in communities

Source of Information:

- to be assessed

ADOLESCENTS AND YOUTH

Children in the previous section are defined as 0 to 13 years of age. Adolescents in this section are defined to be ages 14 to 18 years of age and youth are defined as 19 to 24 years of age. This age distinction, however, does not mean that the indicators for children do not apply to adolescents and youth. Most indicators for children equally apply to both groups. There are, however, different issues associated with adolescents and youth that need exploration and indicators and outcomes are specific primarily to adolescents and youth.

The issues dealt with in this section are in two categories. The first are those which apply to the well being of adolescents generally as defined nationally and globally and are considered to be personal indicators. Our adolescents experience many of the stresses and problems to varying degrees that the same age group in other places also experience. Increasing their well being from an individual or personal perspective is an objective of the Strategic Social Plan. Like children, adolescents and youth are also a microcosm of the population and, as such, the vision, goals and objectives in the Plan apply to them as a population group.

The second category is those issues which apply to the involvement, retention and future prosperity of youth in Newfoundland and Labrador specifically. Adolescents and youth in the province are experiencing stresses and problems that are particular to the province primarily due to the lack of employment opportunities. Their feeling of hopelessness

as adolescents has led to social problems. As youth, out migration has become a far too common response to the unemployment circumstances within the province.

The Strategic Social Plan expresses the need to deal with this issue for youth in two actions under Goal II:

Government, in partnership with the federal government, will address youth unemployment using integrated initiatives, such as:

Ø *increasing support to community-based organizations and businesses to cultivate youth entrepreneurship,*

Ø *instituting school-to-work and work-to-school transition programs which emphasize employment opportunities in new sectors of the economy.*

And

Government will invest in and adapt social programs to enhance economic development and reduce barriers to education, job training and work by:

Ø *providing employment generation opportunities which target such groups as youth, women, persons with disabilities, seasonal workers and long-term unemployed people*

Indicators

The attempt in this section is to identify outcomes and key indicators of healthy adolescents and youth that relate to the results expected in the Strategic Social Plan. Desired results will depend on appropriate interventions provided to enhance the personal well being of adolescents and include our youth in work and communities in Newfoundland and Labrador. It does not discuss specific interventions, although a few may emerge during the discussion. This does not mean that interventions are not necessary but focuses the discussion on those results that need to be achieved which would indicate the circumstances and development of adolescents and youth are improving in the province.

Personal Variables

Young people in adolescence, between the ages of 13 and 18 years begin to become more independent. As they gain this independence, however, they make decisions that may have lifelong consequences. They are also attempting to find their own identity while going through the emotional and physical changes of puberty. Although peers become increasingly influential, families, schools and communities remain important to healthy development.^[3] Most of the indicators identified for children in the previous section apply to the healthy development of adolescents and youth. There are, however, additional variables that apply mainly to older children. Psychological well being and healthy social behaviour are two significant indicators of the personal well being of adolescents as well as youth from 19 to 24 years of age.

Psychological Stability

Outcome: *Greater psychological well being*

Target Population: Adolescents and youth identified as having psychological problems

Goal: Psychologically stable adolescents and youth

Objectives and Indicators:

1. to increase psychological well being in adolescents
 - self-esteem
 - sense of mastery
 - sense of coherence
2. to decrease psychological problems in adolescents
 - life stress levels
 - diagnosed and self-assessed depression and mental illness
 - suicides and attempted suicides
 - drug and alcohol abuse

Source of Information:

- Human Resource Development Canada: National Longitudinal Survey of Children and Youth
- Department of Health and Community Services: Client Referral Management System

Anti-Social Behavioural Variables

Outcome: *Increased healthy social development*

Target Population: Adolescents and youth displaying anti-social behaviours

Goal: Socially well-adjusted adolescents and youth

Objectives and Indicators:

1. to decrease adolescents and youth school drop out rates
 - school drop outs
2. to decrease adolescent and youth crime rates
 - youth crime rate: charged and convicted
 - physical assaults on adolescents
 - physical assaults by adolescents
 - charges and arrests
3. to decrease teen pregnancy and sexually transmitted diseases
 - teenage pregnancy and births
 - sexually transmitted diseases
4. to decrease anti-social behaviour
 - emotional and behavioural competence
 - rate of risk-taking behaviours among youth
 - cigarette smoking

Source of Information:

- Human Resource Development Canada: National Longitudinal Survey of Children and Youth
- Department of Health and Community Services: Client Referral Management System

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Transition Variables

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In addition to the Strategic Social Plan, youth unemployment was also a priority issue for the Social Policy Advisory Committee. In its report *Investing in People and Communities*, it recommended:

that the Provincial Government develop an innovative community-driven youth program that is based on community service, and implement it in cooperation with community groups and schools. The youth program should

- *develop social and leadership skills and civic awareness*

- *provide mentors and role models*
- *provide access to the “equivalent of “on the job” experience through community service placements*
- *supply opportunities for community service and contribution to community development*
- *promote meaningful involvement in community activities*
- *create career awareness and develop an employability skills profile*
- *build credits for post secondary education*
- *teach new skills to enhance job readiness*
- *develop entrepreneurial skills.*

It is obvious from the SPAC recommendation that community involvement and retention strategies to reverse out migration trends are needed. This requires addressing issues such as inclusion, awareness of community opportunities, education and skills, work experience, and job readiness.

Participation and Inclusion

Outcome: *Greater involvement of adolescents and youth in community*

Target Population: Adolescents and youth involved in voluntary activities

Goal: Adolescents and youth participating in community activities

Objectives and Indicators:

1. to increase the involvement and experience of adolescents and youth in volunteerism
 - adolescents and youth volunteering
2. to increase the participation of adolescents and youth in activities promoting their development
 - participation levels in extra-curricular activities
 - involvement in community and school events

Source of Information:

- to be assessed

Employment

Outcome: *Greater involvement of youth in employment in the province*

Target Population: Employed youth and youth involved in pre-employment activities

Goal: Youth working in jobs and involved in pre-employment activities

Objectives and Indicators:

1. to decrease youth unemployment
 - youth unemployment rate
 - part-time work, full-time work and full-year work
2. to decrease under employment for youth
 - employment in area of education
 - under-employment
3. to increase participation in pre-employment opportunities

- found summer employment
 - involvement in work experience programs (e.g. SWASP)
4. to retain youth in the province through work opportunities
- employment in locality of birth
 - remaining in province at 24 years of age

- Sources of Information:

- Statistics Canada: Labour Force Survey, Sources of Income, Earnings and Total Income and Family Income
- Tax Filer Data
- National Council of Welfare: Poverty Profile

- **Post-Secondary Education**

- Outcome: *Greater educational attainment in high school and post-secondary education*

Target Population: Youth participating in post-secondary education

Goal: Educated youth residing in the province

- Objectives and Indicators:

1. to increase participation in post-secondary education
 - enrolment in post-secondary education
2. to increase graduation rate from post-secondary education
 - successful completion of post-secondary education
3. to increase graduation rates from high school
 - graduation from high school

Source of Information:

- Department of Education: graduate and enrolment data

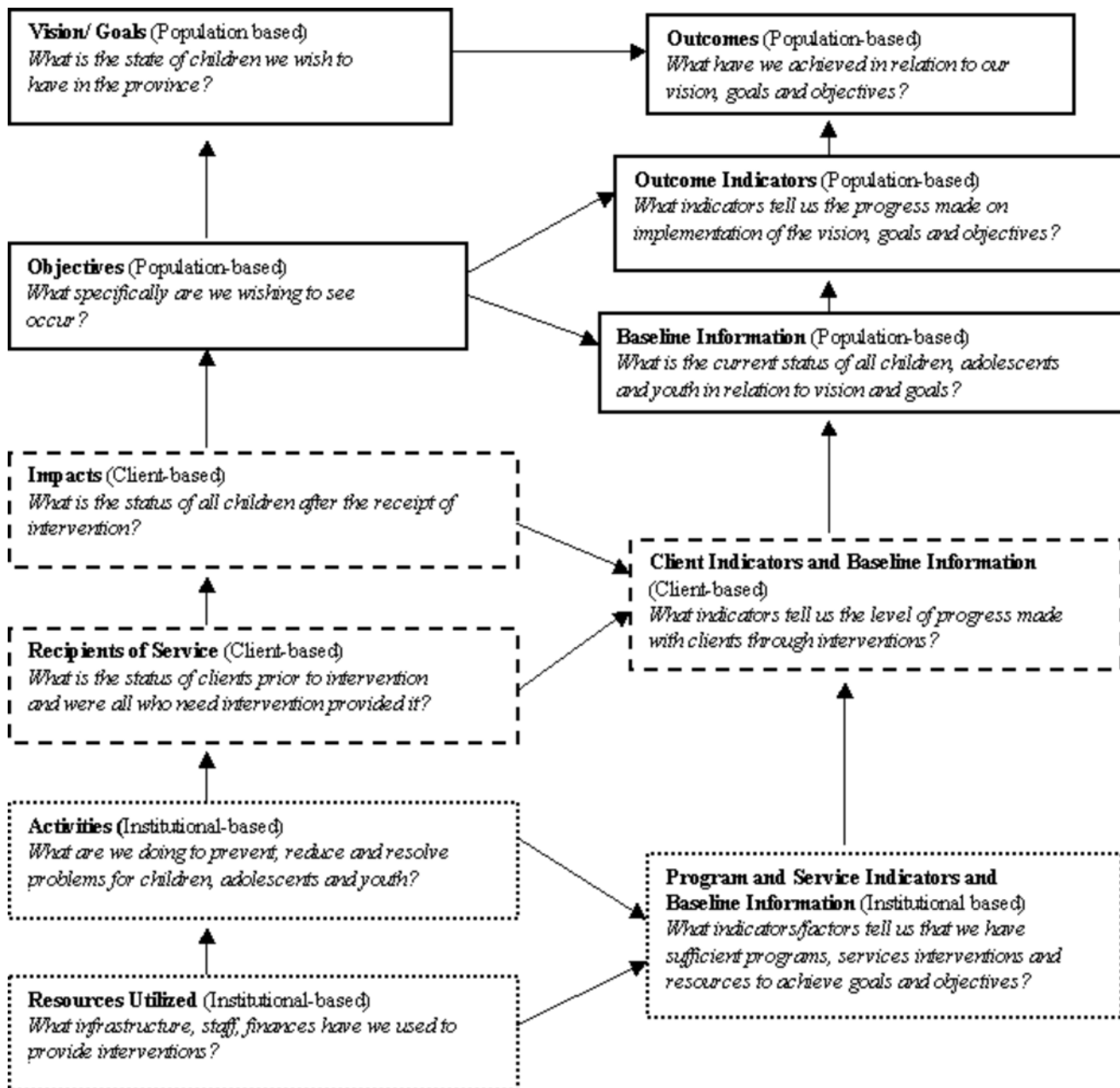
Key Impact Indicators

According to Steinhauer there are twelve essential key indicators for measuring the well being of children, adolescents and youth. Although more indicators, as described above, could be used for specific indicators for children, adolescents and youth in each of the community accounts, the overall social account should include at least the following indicators for well being.

- Well Being Indicators for Children, Adolescents and Youth:

- birth weight
- infant mortality
- waiting list for subsidized day care
- school readiness
- mental illness and teen-age suicide
- teenage pregnancy and births
- school drop -out rates
- youth unemployment rate
- youth crime rate: convicted
- rate of risk-taking behaviours among youth
- incidents of confirmed allegations of child abuse
- child poverty rate

Social Development Process



Population Based Components

What was achieved for all children, adolescents and youth?

Vision and Goals

The following vision is expanded from the Department of Health and Community Services, Child, Youth and Family Services vision for children of the province.

Children, adolescents and youth who are safe, healthy, educated with an adequate level of well being and who live in nurturing, prosperous families and supportive, active communities.

The goals related to this vision are stated in the previous discussion of indicators above:

Children

- Incomes of families with children higher than poverty level
- Stable and nurturing families
- Safe environment for children
- Emotional and psychological stability for children
- Infants, toddlers and pre-schoolers achieving their full potential
- Children achieving their full potential in school
- Children with learning disabilities, children who are developmentally challenged and gifted children achieving their full potential in school
- Children who are physically challenged achieving their full potential in school
- Children who are physically and mentally healthy
- Children involved in community activities

Adolescents and Youth

- Socially well-adjusted adolescents and youth
- Psychologically stable adolescents and youth
- Adolescents and youth participating in community activities
- Educated youth residing in the province
- Youth working in jobs and involved in pre-employment activities

These goals are related to all children, adolescents and youth in the province not solely to those who are experiencing difficulties or problems. It is through the activities and interventions of government and community through programs and services on a preventative, early intervention and remedial basis that incremental change is expected in the population of young people as a whole. The vision and goals reflect states of well being for children, adolescents and youth as well as states associated with the environment, families and communities, in which young people live and develop.

Objectives

For each goal there are several objectives which specifically relate to increases or decreases in variables related to well-being of children, adolescents and youth as well as to the families and communities where they live. The objectives relate more directly to those areas where improvement is expected. For example to achieve greater outcomes in early childhood development objectives include 1. to increase the ability of infants, toddlers and pre-schoolers to learn in school and 2. to increase the ability of infants, toddlers and pre-schoolers to thrive at home.

Outcomes

Outcomes are related to goals. While goals are stated end product, outcomes show that improvements or progress towards these goals have been made. The way in which this progress is through programs, services and interventions. For these to be successful, outcomes must see improvement in all children, adolescents and youth. Although they are primarily delivered to those children, adolescents and youth who were worse off, improvement should be seen in the

added value gained from the resolution of problems so the well-being of young people overall is improved.

It is, however, insufficient to see improvements in young people who have received service while others experience worsening or new problems. Causal relationships between variables need to be understood and root problems tackled in an integrated way for incremental social growth to occur. Shifting social and economic problems from one group to another or neglecting social development in those not presenting with problems may not result in incremental improvement overall. Outcomes then attempt to attain an improved well being for all children, adolescents and youth.

Outcomes in key indicator areas above show directional change towards achieving goals. They include:

Children

- < Greater affluence of families
- < Greater family stability
- < Safer children
- < Greater psychological health
- < Greater early childhood development
- < Higher educational attainment
- < Greater well-being of children with special needs
- < Healthier children
- < Greater inclusion of children in locality activities and receiving preventative interventions

Adolescents and Youth

- < Greater psychological well-being of adolescents
- < Increased healthy social development for adolescents
- < Greater involvement of adolescents and youth in community
- < Greater involvement of youth in employment in the province
- < Greater educational attainment in high school and post-secondary education

Indicators

Indicators tell to what extent the goals and outcomes are being achieved. They measure the enhanced well being of all children, adolescents and youth in outcome areas, particularly in those outcome areas where government and community programs and services have intervened. Indicators measure the level of progress made toward achieving the results aimed for in the vision and goals. Indicators for are found in all the community accounts. The indicators for outcomes in the Strategic Social Plan will also need to determine the causal relationships both in term of clients and in terms of the population as a whole. The difference in the well-being of young people in different communities, localities and regions that occurred as a result of the investments and interventions for children, adolescents and youth will need to be determined.

Baseline Information

Baseline information is the current or past measurement of the status of children, adolescents and youth in the province from which progress over time is assessed. The level of well-being which exists currently needs to be gathered in many areas including health, education, income, labour market, and social accounts. The information also needs to be available by communities, localities, regions and the province. The baseline information needs to inform about the

existing programs, services and interventions but more importantly about the status of well-being of children, adolescents and youth and the status of their environment. Because there is a plethora of programs, services and interventions does not mean increased well-being of young people will occur as many may be exclusionary, activities may not focus on root problem areas, the extent of service provision may be limited or implementation may not be consistent with the vision, goals and objectives in the SSP. The baseline information provides the basis on which to measure success in achieving the vision, goals and objectives defined for children, adolescents and youth. It also provides the basis to evaluate the effectiveness of programs, services and interventions for the clients served.

Client Based Components

Did children, adolescents and youth clients benefit?

Recipients of Service

Although efforts may have been made to provide services and interventions for young people at risk, there are other issues to consider in determining outcomes. The nature of the service, the magnitude of the service the client received and the extent to which it was provided to all or the majority of clients who required the service is equally important. The nature of the intervention is important when determining expected outcomes since a family resource centre approach that impacts parents and preschoolers, carries benefits to the child outside the early childhood development setting while preschools and day care centres may only benefit the child while attending the centre. The magnitude of the service provision will also effect outcomes as a part time or short term programs will not impact the child as significantly as a full time programs and/or family centre approaches. In measuring outcomes, the extent to which a service was offered will often determine the effect it will have on the population of those who need the service and the extent to which it will influence indicators in the general population. For example, if only 5 percent of preschoolers at risk are provided early childhood development, it will have little impact on the status of all preschoolers at risk when they start school. It will also impact the entire population of preschoolers to an even lesser extent.

In each indicator area, examples of outputs include:

Children

- < Extent to which care givers who required service received employment and employability programs
- < Extent to which care givers who required service received family support programs
- < Number of children receiving protection/justice/policing services
- < Extent to which children who required service received psychological counselling, psychiatric and educational supports
- < Extent care givers and children who required service received early childhood development and family resource programs
- < Numbers of children attending and achieving in the school system
- < Extent to which children who required service received special needs assistance in health and education
- < Extent to which children who required service received health care services
- < Extent children received prevention interventions; recreation, children's health and education programs

Adolescents and Youth

- < Extent to which adolescents and youth who required service received psychological counselling services and community youth prevention and early intervention programs
- < Extent to which adolescents and youth who required service received juvenile diversion programs and community service options to incarceration

- < Extent to which adolescents and youth who required service received community based agency programs for adolescent and youth inclusion in voluntary activities
- < Extent to which youth who required service received employment (e.g. SWASP) and entrepreneurship programs and youth membership on community groups (e.g. REDBs)
- < Numbers of youth attending post-secondary education generally and specifically in developing new sectors and numbers receiving student assistance

Impacts

Impacts are related to activities. It is important to know if our activities improved the well being of those children, adolescents and youth who received the programs, services and interventions. Services for children, adolescents and youth at risk can be seen as closing the gap between the advantaged and the disadvantaged. In doing so, the aim is to see improvements in the social and economic circumstances of those who are disadvantaged. Generally, those selected are provided with an opportunity to receive a program intervention or service to assist them to improve their circumstances. Most impacts are determined through program evaluation approaches. In key indicator areas, examples of outputs include:

Children

- < Greater incomes to poor families from work and public investments
- < Family stability of families at risk
- < Safer children at risk
- < Greater psychological health of children at risk
- < Early childhood development enhanced
- < Educational achievement
- < Special needs fulfilled
- < Healthier disadvantaged children
- < Greater activities in localities for disadvantaged children

Adolescents and Youth

- < Greater psychological well-being of adolescents
- < Increased healthy social development for adolescents
- < Greater involvement of adolescents and youth in community
- < Greater involvement of youth in employment in the province
- < Greater educational attainment in high school and post-secondary education

Program and Investment Based Components

What did we do for children, adolescents and youth who needed services?

Activities:

Activities are the programs interventions provided to children, adolescents and youth who require services to resolve problems and enhance their well being. These are delivered to clients, who are disadvantaged in some way, by government, boards and community groups. Activities refer to the programs, services and interventions made to achieve better outcomes. They generally are client focused rather than focused on the population as a whole and as a result are attempting to achieve greater well-being for the disadvantaged portion of the population directly. The assumption is that if those most disadvantaged are assisted, the well being of the whole community will be improved. For young people in particular, this is likely the case as the negative influences on children, adolescents and youth can be mitigated in many cases if through special interventions for them and their families. The environments in which young people live and participate, however, such as the school and the community, are more complex to improve as interventions continue to provide services to individuals. The shift to a more preventative approaches, however, requires a focus on all young people. Both approaches to interventions are considered as activities.

In each indicator area, examples of activities include:

Children

- < Employment and employability programs
- < Family support programs
- < Protection/justice/policing services
- < Psychological counselling, psychiatric, educational supports
- < Child care and family resource programs
- < Education through schools
- < Special needs assistance in health and education
- < Health care services
- < Prevention interventions in localities; recreation, children's health and education programs

Adolescents and Youth

- < Psychological counselling services and community youth prevention and early intervention programs
- < Juvenile diversion programs and community service options to incarceration
- < Community based agency programs for adolescent and youth inclusion in voluntary activities
- < Youth employment (e.g. SWASP) and entrepreneurship programs and youth membership on REDBs
- < Post-secondary education in developing new sectors and student assistance

Resources Utilized

Resources are institutional and program based. They are needed to improve the circumstances of disadvantaged children, adolescents and youth. Resources refer to the human and physical resources, materials and investments

required to provide programs and services to children, adolescents, youth and families who are considered at risk. Decisions on resources are generally based in departmental budgets, program investments and institutional priorities.

In each indicator area, examples of inputs include:

Children

- < Employment counsellors/economic development workers and training institutions/income support
- < Family counsellors/personal counsellors/social workers
- < Police/lawyers and judges/counsellors for victims and perpetrators
- < Psychiatrists/social workers/guidance counsellors and hospitals/clinics/private practice
- < Child care workers and child care centres/ family resource centres
- < Teachers and schools
- < Teaching assistants/diagnosticians and special equipment/accessible facilities and schools
- < Doctors/nurses/and hospitals/clinics/community health services
- < Recreation volunteers/community health nurses and recreational facilities/healthy baby clubs

Adolescents and Youth

- < Psychiatrists/social workers/guidance counsellors and adolescent and youth counselling centres
- < Social workers/police/psychological counsellors and youth correction centres
- < Youth and adolescent volunteer coordinators and community-based agency involvement
- < Employment counsellors and youth involved in economic development opportunities
- < School guidance counsellors and post-secondary education and training institutions

Conclusion

Young people are a priority population group because they are the key to a prosperous and healthy future. To increase the well being of children through prevention of problems and promotion of health child development, early intervention for children and families at risk and effective delivery of services for those with problems has long term positive impacts on children and on those they will affect in the future. It also has long-term impacts on communities, regions and the province. Equally, increasing the well-being of adolescents and youth through inclusion interventions and psychological supports and prevention interventions also has long term impacts as well as short term gains for adolescents and youth and society as a whole. As the Social Policy Advisory Committee stated in *Investing in People and Communities*:

All children deserve an equal chance to develop to their full potential. The commitment should acknowledge that children's well-being depends on circumstances of their families and that strong community support networks are necessary to assist families raise their children.

When we understand outcomes, we are better able to develop good policy, harness resources for interventions and engage people in activities to effect results. The Strategic Social Plan expresses the linkages we think exist between community, economic and social circumstances. The evidence-based social development process, however, will help policy makers, planners, government officials and community agencies involved in implementing the SSP understand how outcomes relate to outcomes and clearly define the linkages between outputs and outcomes as well as between

outcomes.

^[1]Why Improving the Future of Youth Is Such a Good Investment, April, 1996, Adapted from: The Primary Needs of Children: A Blueprint for Effective Health Promotion at the Community Level, Paul D. Steinhauer, M.D.

^[2]Toward a Healthy Future: Second Report on the Health of Canadians, Federal, Provincial and Territorial Advisory Committee on Population Health.

^[3]Toward a Healthy Future: Second Report on the Health of Canadians, Federal, Provincial and Territorial Advisory Committee on Population Health.