



# *It takes a village...*

## 2021 Community Profile



2020 Prevention Needs Assessment Survey Results

SOCIAL PLANNING COUNCIL  
OF WILLIAMS LAKE & AREA

## Acknowledgements

Communities That Care is a cross-sector community initiative that brings together multiple organizations to work collaboratively for prevention related to social issues that affect children, youth and their families. Completion of this report is due to the significant contributions of both individuals and organizations. We are very appreciative of the time, expertise and funds that our many community partners brought to this process.

### **Funding and in-kind support for the project was provided by the following organizations:**

School District #27  
United Way – Thompson-Cariboo-Shuswap  
Cariboo Regional District  
City of Williams Lake  
Axis Family Resources  
Red Cross  
BC Civil Forfeiture Grants  
Williams Lake and District Credit Union  
Rotary Club of Williams Lake

**Report Author:** Anne Burrill, ChangeMaker Consulting

## Executive Summary

Communities That Care<sup>1</sup> (CTC) is a community-based approach to preventing problem youth behaviours, including substance abuse, delinquency (crime), violence, teen pregnancy, school drop out, depression and anxiety. It focuses on promoting positive and healthy youth behaviour, while understanding the root causes of negative behaviour. The Social Development Model is the foundation for Communities That Care. It is a strength-based approach to healthy youth development. It focuses on all aspects of the lives of children and youth (family, Individual/peer, school, community). It is based on nurturing children and providing opportunities to build their skills; it recognizes and rewards positive behaviour. This builds bonds, attachment and commitment to families, positive peers, schools, and communities.

Communities That Care began in 2008 in response to deep concern about the well-being of youth in our community. It sparked a commitment to work collaboratively to affect deep and lasting change that would ensure the best future for children as they grew into adulthood. Over the past thirteen years, dozens of community organizations and hundreds of individuals have played a part in building a better future, building resilience, and strengthening the programs and services children and their families rely on. Engaging in the CTC process as a community has kept us focus on working together to address the needs of children, youth and their families.

This community profile summarizes the data from the 2020 Youth Prevention Needs Assessment Survey, which was administered in November 2020. While we are aware that the pandemic and resulting upheaval in every system has an impact on the survey results, we felt it was important to capture information about the well-being of youth. The results, while not particularly encouraging, do demonstrate that over the long-term we are seeing some positive impacts. We have fewer high-risk youth than we did in 2008 and 2015, and rates for anti-social behaviour and substance use are down overall. However, there is cause for concern. Fewer youth reported high levels of protective factors, and rates of depression are up significantly. Much of the data indicates that youth are struggling. This is not unexpected, given the experiences of our community over the past several years, including the 2017 wildfire experience.

What is before our community now is the opportunity to work collaboratively to support children, youth and their families, to build strong bonds to community and schools, and to focus on prevention and early intervention initiatives that strengthen young people. When we focus on this strength-based approach, we can see the possibility for change. Staying positively engaged with and supportive of children and youth, despite challenging behaviours, despite deficit-based systems, and despite our own exhaustion from navigating the many crises of our professional and personal lives, is the best way to a different future. We can be most effective when we support each other and do this work as a collective, as a village, because we all have influence and a role to play in the lives of the children in our community.

---

<sup>1</sup> Additional information about the CTC model can be found at: <http://www.communitiesthatcare.net/>

## Table of Contents

Executive Summary.....	3
Introduction & Context.....	5
Trauma lens.....	5
About CTC and the Research Foundation/Evidence base .....	5
Social Development Model as a Foundation .....	6
Risk and Protective Factors .....	8
History of Communities That Care in Williams Lake.....	9
Summary of 2010-2015 Activities.....	9
Summary of 2017-2020 Activities and progress.....	10
Youth Engagement.....	11
Pandemic Realities .....	11
Survey Methodology and Results .....	12
About the PNA Survey.....	12
Domains and Risk & Protective Factors .....	12
Survey Results .....	14
Risk and Protective Factor Profiles .....	15
Survey Results by domain .....	19
Individual/Peer Domain .....	19
Use of Alcohol and Other Drugs .....	22
Mental Health Concerns .....	23
Family Domain .....	24
School Domain .....	27
Community Domain .....	30
Monitoring Overall Results .....	31
Contextual/Other Data .....	32
Poverty and economic hardship; affordability and cost of living impacts .....	33
EDI Data.....	33
School data.....	34
Literacy, Numeracy and preparation for Post Secondary education .....	36
Conclusion & Next Steps.....	37
Appendix A.....	38

## Introduction & Context

Communities That Care is an initiative that began in 2008 in response to deep concern about the well-being of youth in our community. It sparked a commitment to work collaboratively to affect deep and lasting change that would ensure the best future for children as they grew into adulthood. Over the past thirteen years, dozens of community organizations and hundreds of individuals have played a part in building a better future, building resilience, and strengthening the programs and services children and their families rely on. This is the third community profile we have produced in this process. Each is a snapshot of how things look at a certain moment in time. We are confident that the data we gather from youth in this process gives us a good understanding of how they are doing, and of where we need to focus our efforts to ensure they are doing better the next time we check in. We are also aware that many outside factors will influence the data, and that has become particularly apparent this time around. What is also apparent is that a collective approach is necessary to make change. Collaboration has been a challenge in this cycle, despite all our best intentions. We know that we are stronger together, and together we can build a foundation for the well-being of children and families in our community.

### Trauma lens

Over the past four years, our community has experienced a series of community level traumas that have left an indelible mark on every person who lives here. We must expect that these experiences have had impact at multiple levels. We must make this a consideration in our understanding of the current realities for children, youth and their families, as well as for the helping organizations and social systems that provide services and supports to the community. However, with trauma there is also resilience<sup>2</sup>. Resilience exists at individual, organizational and systems levels, and this too should be acknowledged. We must find a balance between acknowledging the experiences of trauma and the process of building resilience as we work together to strengthen our community and support the individuals who live here to have a better quality of life. The importance of taking a strength-based approach has never been more apparent.

### About CTC and the Research Foundation/Evidence base

Communities That Care<sup>3</sup> (CTC) is a community-based approach to preventing problem youth behaviours, including substance abuse, delinquency (crime), violence, teen pregnancy, school drop out, depression and anxiety. It focuses on promoting positive and healthy youth behaviour, while understanding the root causes of negative behaviour.

One of the cornerstones of the CTC model is data driven decision making. Research over the past 30 years, across a variety of disciplines, has identified 20 risk factors that can reliably predict problem behaviours in adolescents. The more risk factors present, the greater the chance of problem behaviours, and the more protective factors, the less chance. In addition, 11 specific protective factors have the ability to buffer young people against risks they encounter. Because some risk factors are

---

<sup>2</sup> Ferrara, N. (2018). In pursuit of impact: Trauma and resilience informed policy development. Lexington Books, Lanham, MD

<sup>3</sup> Additional information about the CTC model can be found at: <http://www.communitiesthatcare.net/>

predictive of multiple problem behaviours, implementing programs focused on key risk and protective factors can be expected to produce long term results. Protective factors are embedded in the social development model, the foundation of CTC, and it focuses on building attachment to family, school, community and healthy peers.

The CTC model is a specific way of working collaboratively, called a collective impact approach, and requires significant community engagement and involvement to be successful. Collective Impact<sup>45</sup> is a specific model of collaboration that brings people across different sectors together in a structured way, to work on shared solutions to complex problems. The Communities That Care model uses a five-step process of assessing community readiness, mobilizing the community to work collectively, completing a community assessment (data collection and analysis), setting community priorities, and implementing and evaluating programs.

### Social Development Model as a Foundation

The Social Development Model is the foundation for Communities That Care. It is a strength-based approach to healthy youth development. It focuses on all aspects of the lives of children and youth (family, Individual/peer, school, community). It is based on nurturing children and providing opportunities to build their skills; it recognizes and rewards positive behaviour. This builds bonds, attachment and commitment to families, positive peers, schools, and communities. We need to provide children and youth with healthy beliefs and clear expectations about what behaviours we expect from them. In order to do this, we adults need to be strong healthy role models in all areas of a child's life. The Social Development Strategy has five key components<sup>6</sup>:

**Opportunities:**

*Provide developmentally appropriate opportunities to young people, for active participation and meaningful interaction with prosocial others.*

**Skills:**

*Teach young people the skills they need to succeed*

**Recognition:**

*Provide consistent specific praise and recognition for effort, improvement, and achievement.*

**Bonding:**

*Acknowledge a young person's effort and promote positive bonding — a sense of attachment, emotional connection and commitment to the people and groups who provide that recognition. Bonding can occur with a family member, teacher, coach, employer or neighbor.*

**Clear Standards for Behavior:**

*Through the process of bonding, young people become motivated to live according to the healthy standards of the person or group to whom they are bonded.*

---

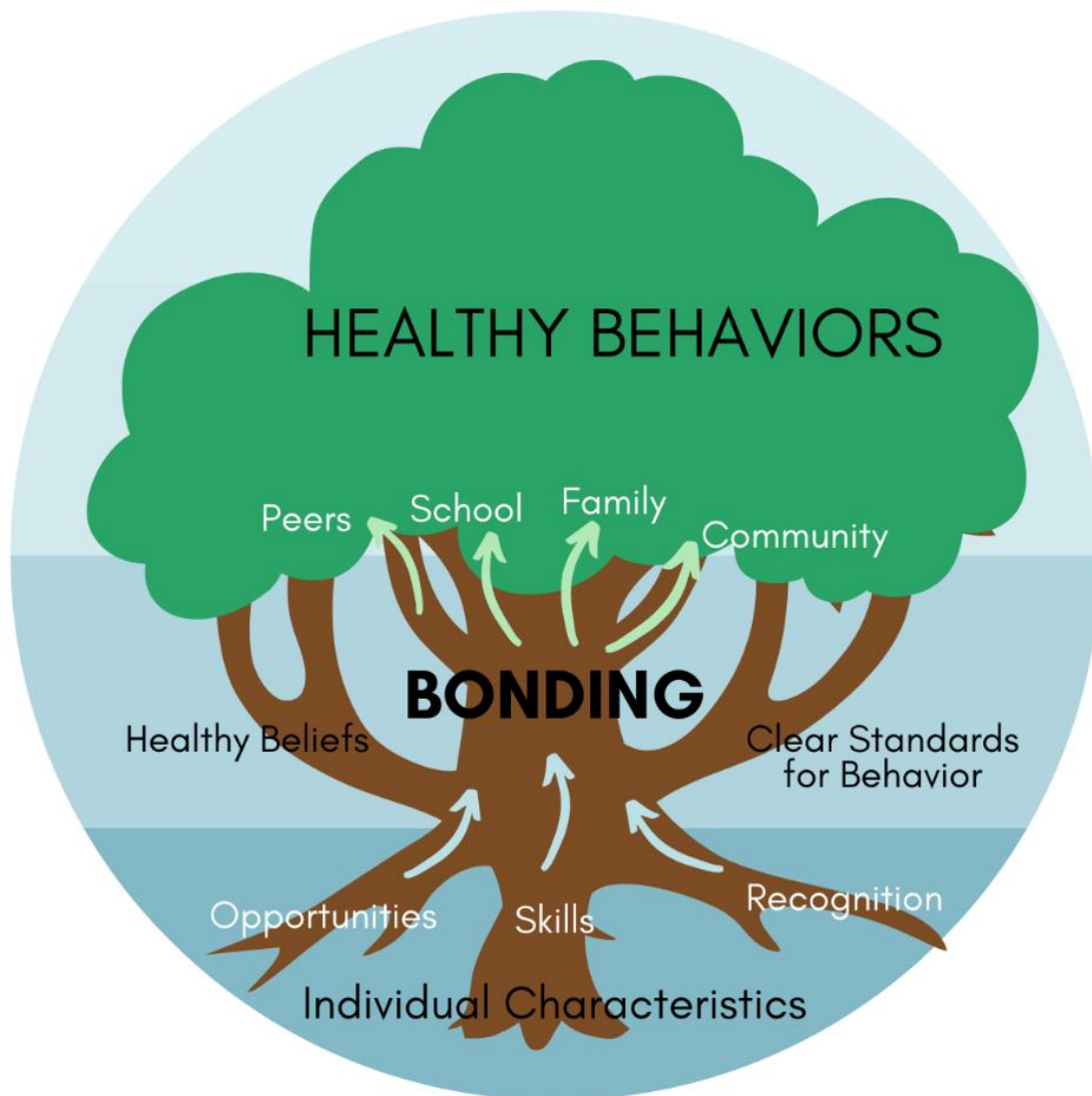
<sup>4</sup> <https://www.collectiveimpactforum.org/what-collective-impact>

<sup>5</sup> Kania, J., & Kramer, M. (2011). Collective Impact. Stanford Social Innovation Review, 9(1), 36–41.  
<https://doi.org/10.48558/5900-KN19> retrieved from: [https://ssir.org/articles/entry/collective\\_impact#](https://ssir.org/articles/entry/collective_impact#)

<sup>6</sup> <https://www.communitiesthatcare.net/prevention-science/>



We will have the biggest impact when we weave this strategy into all areas of youth development and in every relationship we have with children and youth: in the community, in individual relationships, in all children, youth and family serving organizations, and in programs.



*When we focus on this strength-based approach, we can see the possibility for change. Staying positively engaged with and supportive of children and youth, despite challenging behaviours, despite deficit-based systems, and despite our own exhaustion from navigating the many crises of our professional and personal lives, is the best way to a different future. We can be most effective when we support each other and do this work as a collective, as a village, because we all have influence and a role to play in the lives of the children in our community.*

## Risk and Protective Factors

Several decades of research have demonstrated that there are particular risk factors which increase the likelihood that youth will engage in problem behaviours, and that many risk factors are predictive of multiple problem behaviours. Therefore, the principle is that if you address the risk factors, rather than the behaviours, you not only reduce the likelihood of the problem behaviour, but you can impact more than one problem behaviour. It shifts the focus of prevention activities from the behaviour itself to the root causes of that behaviour. CTC defines prevention in terms of delivering programs focused on reducing the existence and prevalence of risk factors, and strengthening protective factors, rather than focusing on intervention with individuals who are already involved in one (or more) of the problem behaviours.

Risk Factors	Substance Use	Delinquency / Crime	Teen Pregnancy	School Dropout	Violence	Depression &
<b>Community</b>						
Availability of Drugs	✓				✓	
Availability of Firearms		✓			✓	
Community laws & norms favourable toward drug use, firearms and crime	✓	✓			✓	
Media portrayals of violence					✓	
Transitions and mobility	✓	✓		✓		
Low neighbourhood attachment and community disorganization	✓	✓			✓	
Extreme economic deprivation	✓	✓	✓	✓	✓	
<b>Family</b>						
Family history of the problem behaviour	✓	✓	✓	✓	✓	✓
Family management problems	✓	✓	✓	✓	✓	✓
Family conflict	✓	✓	✓	✓	✓	✓
Favourable parental attitudes to, and involvement in the problem behaviour	✓	✓			✓	
<b>School</b>						
Academic failure beginning in late elementary school	✓	✓	✓	✓	✓	✓
Lack of commitment to school	✓	✓	✓	✓	✓	
<b>Peer &amp; Individual</b>						
Early and persistent antisocial behaviour	✓	✓	✓	✓	✓	✓
Rebelliousness	✓	✓		✓		
Friends who engage in the problem behaviour	✓	✓	✓	✓	✓	
Gang involvement	✓	✓			✓	
Favourable attitudes toward the problem behaviour	✓	✓	✓	✓		
Early initiation of the problem behaviour	✓	✓	✓	✓	✓	
Constitutional factors	✓	✓			✓	✓



## History of Communities That Care in Williams Lake

Communities That Care was initiated by the community of Williams Lake in 2008 in response to significant concerns about youth crime and violence in the community. The community was in the midst of a major economic downturn, community leaders were acknowledging a significant youth gang problem for the first time, violent crimes had increased, and general concern about youth violence was high. Most of the work to date had been focused on responding to the problem behaviour, rather than focusing on prevention. Communities That Care was chosen as an evidence-based model of prevention that had the potential to have widespread and long-term impacts. Our first Prevention Needs Assessment survey and community assessment in 2009 were eye-opening. Youth told us a lot about the messages that they were getting about what unhealthy behaviours they saw in their peers, families, schools and community. Youth violence and alcohol use among young teens were of particular concern, and we were surprised at how many of our youth were considered 'at risk'. One of the things that stood out in every domain was that youth indicated that adult behaviours and values around alcohol and drug use and violence were sending the message that these behaviours were acceptable among youth.

Communities That Care provides a roadmap that guides the development of a systematic approach to collaboration across multiple agencies and sectors. No single agency, policy or government department can tackle the complexity of the challenges we face. Collective Impact approaches focus multiple sectors on creating a common agenda, developing shared measurement, aligning mutually reinforcing activities, communicating regularly, and providing for facilitated support for the activities of an initiative tackling complex social issues.

### Summary of 2010-2015 Activities

Following the completion of the first Community Profile in 2010, the community identified a number of risk and protective factors to focus on and chose two evidence-based programs for community wide implementation: Positive Action<sup>7</sup> and Roots of Empathy<sup>8</sup>. The Circle of Courage<sup>9</sup> was added as an Indigenous Framework that was consistent with the Social Development Model that is the foundation for CTC.

School District #27 embedded the principle of 'A Sense of Belonging' into their comprehensive school health program, and the Positive Action Program was implemented across almost all elementary schools in Williams Lake and many others in the district. This was the foundation of our work during this period, but it extended into a network of collaborative activities that brought agencies together across sectors, working together to strengthen young people and their families. This collaborative work was centred around the Positive Action program and the use of a 'Word of the Week' concept that linked the school initiative to the community. The outcome was a web of collaboration that represented a new way of working together, and spurred a variety of other collective initiatives and projects.

---

<sup>7</sup> <https://www.positiveaction.net/introduction>

<sup>8</sup> <https://rootsofempathy.org/programs/roots-of-empathy/>

<sup>9</sup> Developed by Dr. Martin Brokenleg of Reclaiming Youth at Risk, the Circle of Courage focuses on the principles of Belonging, Mastery, Independence, and Generosity.

Our Prevention Needs Assessment Survey results showed significant progress in a number of areas of focus. We saw reductions in the number of youth at risk, reductions in substance use, violence, and gang involvement, and we saw strengthened protective factors among all youth. We celebrated the success of working together, this positive news spurring us on to continue our collaborative approach.

### [Summary of 2017-2020 Activities and progress](#)

Following the completion of the 2015 youth survey, and release of the Community Profile in early 2017, community partners gathered to set priorities for the next phase of our work. There was significant concern about the rates of depression among young people and this framed the priority setting session. There was a focus on mental health and trauma informed practice, promoting mental health across the community, increasing access to safe, gender neutral spaces in schools, using Talking Circle processes for addressing issues in schools, and promoting access to nature and outdoor activities for families.

Shortly after the planning was underway, our community experienced a summer of wildfires that spread throughout the region, and resulted in the complete evacuation of the community. For some families the evacuation extended for a number of weeks, and some families lost their homes, jobs and livelihoods. The impact on our community was significant both in terms of the trauma experienced, but also the drain on the community service sector. Social agencies struggled to support the well-being of staff (who had also been personally impacted) while also responding to the increased demand for every type of service offered, from basic needs such as food and housing, to mental health supports, as community members grappled with the ongoing effects. This impacted the capacity of community organizations to focus on the specific initiatives we had identified. However, it did give rise to a number of community wide initiatives focused on trauma and significantly raised awareness in the community of the importance of mental health. A number of trauma information training workshops were offered to both professionals (including to school district staff) and to the community as a whole.

Several youth organizations worked together with the school district to establish a 'safe spaces' change room and gender-neutral bathrooms at the secondary schools. Existing spaces were retro-fitted and school administration were very supportive of this change.

The Integrated Youth Hub working group identified the need for a more integrated youth health service in the community and, with leadership from the Child Development Centre, began planning for a Foundry for Williams Lake. Foundry offers young people ages 12-24 health and wellness resources, services and supports – online and through integrated service centres. This project has now received provincial funding and will open a physical integrated service centre in 2022.

In partnership with Success by Six and the City of Williams Lake, four playboxes were installed in city parks to encourage families to get outside with their children for active play. The boxes included a variety of games and equipment for outdoor activity. This initiative also inspired structured programs to take children outside to use the activities in the playboxes. It also prompted a local community service organization, the Ladies of the Royal Purple, to fundraise and contribute to the cost of adding an additional playbox at a downtown park.

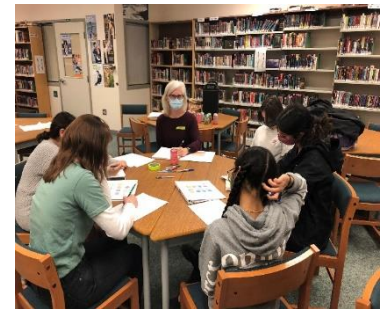
The post-wildfire Mental Health Working Group coordinated a variety of community awareness raising activities, professional speaker series, trauma-impacts training, and other events and activities to raise awareness about the importance of mental health, and of accessing services and supports when needed.

Recognizing the financial impacts of the wildfires and most recently of the pandemic, CTC has also focused on supporting financial literacy in the community. In partnership with Cariboo Chilcotin Partners for Literacy, we undertook an information campaign to encourage families to register for Registered Education Savings Plans to take advantage of federal and provincial education grant contributions for their children. More recently, the CTC Coordinator has been raising awareness about the BC Housing Rental Assistance Program for Families, and supporting families to submit applications for the program.

### Youth Engagement

With support from a Red Cross youth grant, we undertook a youth engagement project. The CTC Coordinator presented information about Communities That Care and the data from the 2015 survey.

Presentations were made to nine grade 12 classrooms, and we recruited five students for the project. Those five student volunteers received training in facilitation using our Youth Engagement Toolkit, as well as more detailed information about the survey data. The students then designed and made presentations to three classes of grade ten students



about depression and anxiety, how to support peers, and where to get help. We had great feedback from student leaders as well as grade 10 students who attended the student presentations.

### Pandemic Realities

The pandemic has taken a toll on collaboration in our community. Organizations have been focused on maintaining direct services as much as possible, and the need and demand for services continues to increase as a result of the impacts of the pandemic. Resources and staff are stretched thin and are required to constantly adapt to changing circumstances. In addition, the challenge of not being able to gather in person, and having to navigate online structures for meeting virtually, has created barriers that make maintaining collaborative relationships difficult.

All of this meant that undertaking a youth survey in the fall of 2020 was a significant decision and undertaking. We ultimately decided that we needed to try to understand the state of well-being among youth, and that going ahead with the survey would at least give us a point-in-time snapshot. We understood the risks that the data might not be representative due to low returns if school attendance was affected by pandemic restrictions, illness, or other issues. While we know that we did not hear from many youth who were not in school during the survey administration, return rates were high enough that we have a good sample size and feel confident that we have useful data, though it may represent students who are doing better overall than those who were not in school regularly to participate.

## Survey Methodology and Results

### About the PNA Survey

The Prevention Needs Assessment Survey is a standardized instrument for measuring the existence of risk and protective factors, or strengths and needs of students in Williams Lake. The survey is designed to assess students' involvement in a specific set of problem behaviours as well as their exposure to a set of risk and protective factors that have been shown to influence the likelihood of academic success, school dropout, substance abuse, violence, delinquency/crime, depression/anxiety, and teen pregnancy among youth.

The survey is administered by teachers and completed in class. Surveys are anonymous and collected into sealed envelopes marked only with the school name and grade level. Survey results are compiled and analyzed by Bach Harrison LLC, a research company in Utah, USA that specializes in the CTC Prevention Needs Assessment Survey. They provide a comprehensive data analysis report for the community, and for the district as a whole.

Williams Lake completed its first survey in 2009, a second survey in late 2015, and this current survey in November 2020. In previous surveys, we have included all students from grade six through 12. For the 2020 survey, we made the decision to survey only grades seven through 12. This decision was primarily due to the challenging logistics of surveying multiple schools in the midst of the pandemic. In Williams Lake, elementary schools include grade six students, while all the grade seven through 12 students attend Lake City Secondary. Students in private schools were not surveyed.

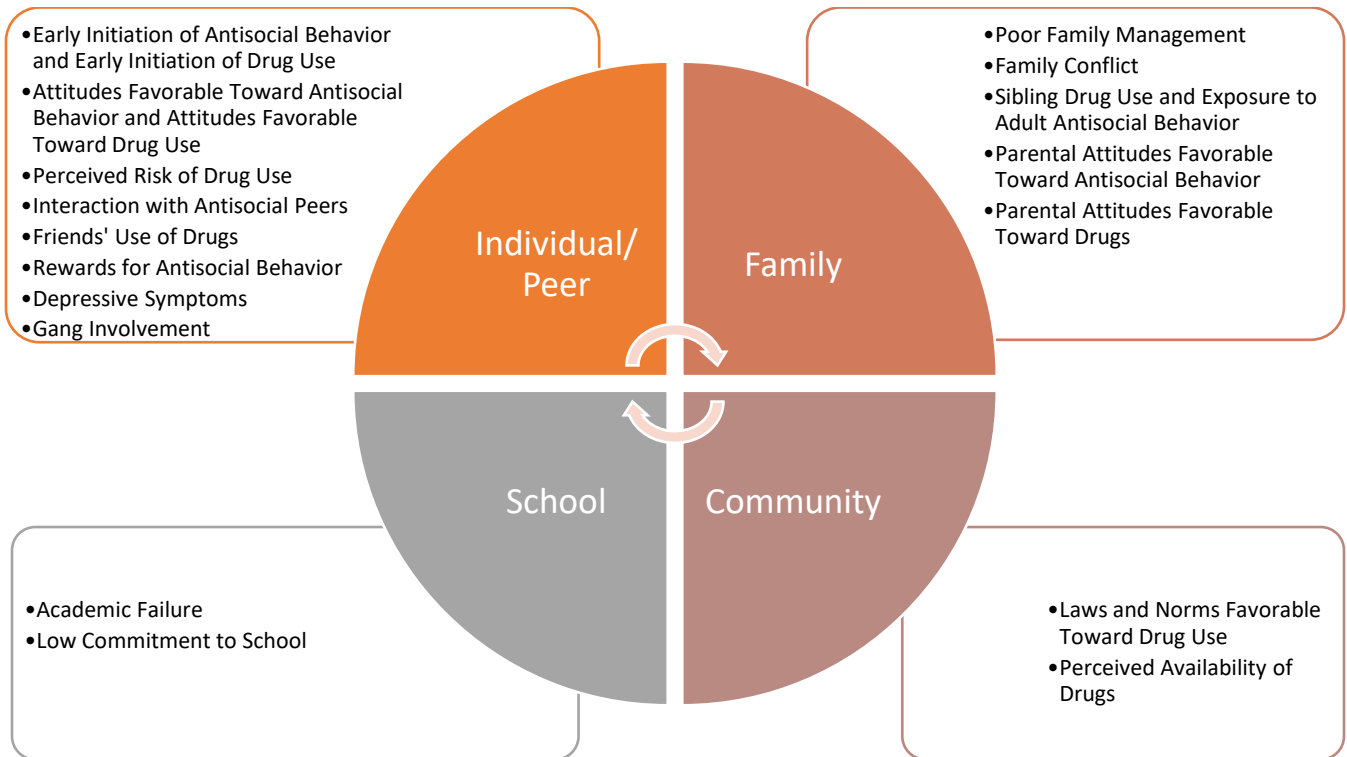
The decision not to survey grade six students has impacted our overall data results when compared over time. To ensure that the data is comparable, the data analysts at Bach-Harrison recalculated all the previous surveys to exclude grade six data. The result is that some indicators, such as the percentage of student with high risk and/or high protection have changed. This is because grade six students overall generally have a lower percentage of students at risk, and higher protection. Young people tend to have increased levels of risk as they get older. This is a developmental norm rather than necessarily a cause for concern, and the data is adjusted to address this.

In Williams Lake, 937 students completed the survey, which is a response rate of 66%. While this is slightly lower than the 2015 survey response rate (70%), the research demonstrates that a response rate of at least 60% gives us confidence that the report is a good indicator of the risk and protective factors in the student population surveyed, given the context of surveying in the midst of a pandemic.

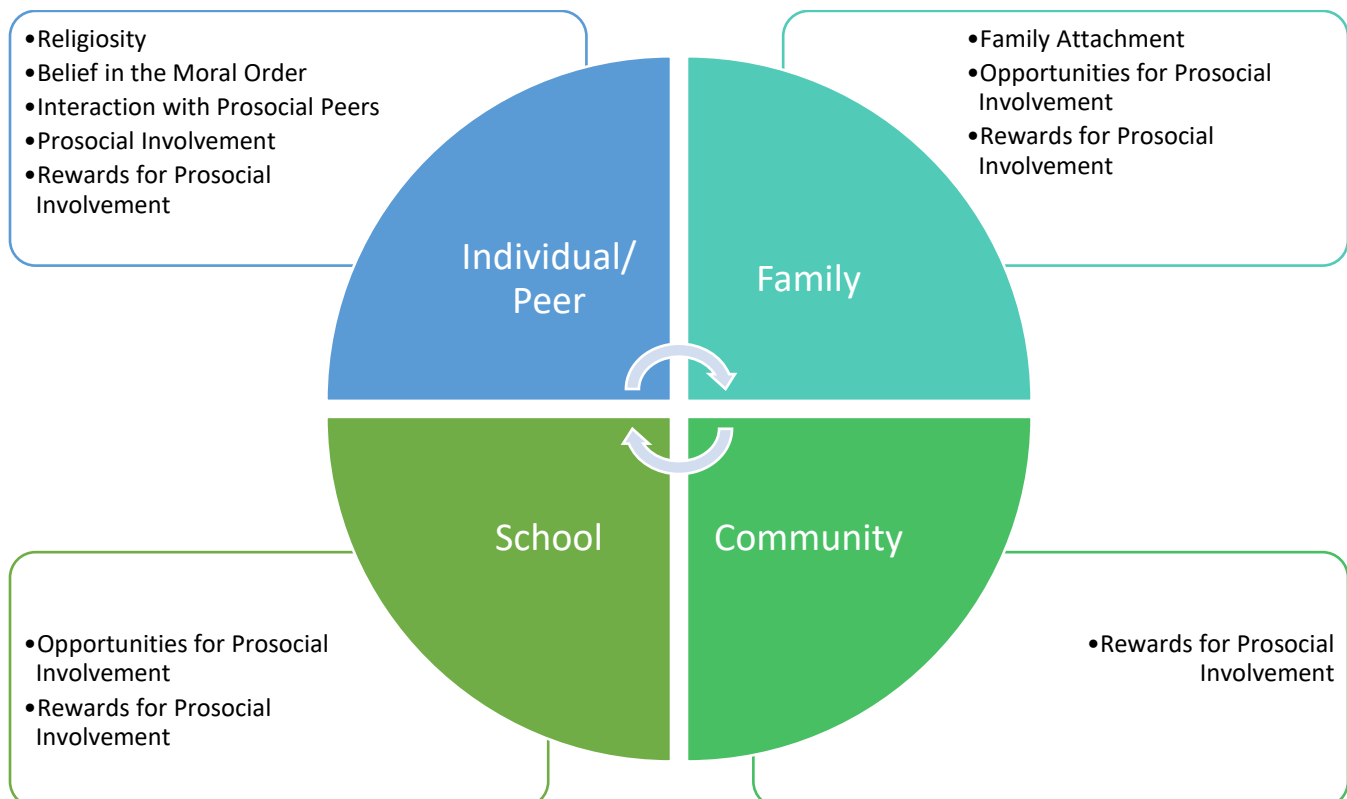
### Domains and Risk & Protective Factors

The risk and protective factors measured in the Prevention Needs Assessment Survey are organized into four domains. Each domain has a varying number of risk and protective factors and responses to several different questions are collected for each factor. This allows us to capture the information about these factors from different perspectives and ensure that the results are reliable. Definitions of each factor can be found in Appendix A.

## Risk Factors



## Protective Factors



## Survey Results

Research on risk and protective factors has important implications for children's academic success, positive youth development, and prevention of health and behaviour problems. In order to promote academic success and positive youth development and to prevent problem behaviours, it is necessary to address the factors that predict these outcomes. By measuring risk and protective factors in a population, specific risk factors that are elevated and widespread can be identified and targeted by policies, programs, and actions shown to reduce those risk factors and to promote protective factors.

Risk and protective factor scales measure specific aspects of a youth's life experience that predict whether he/she will engage in problem behaviours. The scales are grouped into four domains: community, family, school, and peer/individual. The risk and protective factor charts show the percentage of students at risk and with protection for each of the scales. Risk and protective factor definitions and scales can be found in Appendix A.

The survey results report provides us with a substantial amount of data that can help us understand not only the risk and protective factor profile of the population surveyed, but a range of other indicators that contribute to those factors. We have chosen to present data here that is most helpful in understanding what the strengths and needs of our youth are, and what professionals might take notice of when planning programs, services and activities aimed at children and youth.

Please note that the data comparisons below are calculated using only grades seven through twelve data from all past surveys. This means that data reported from previous surveys will be different than that reported in earlier community profile reports due to the removal of grade 6 data from the calculations/analysis.

The survey data results are presented starting with an overview of the risk and protective factor profile for all students based on the 2020 survey data. We then consider the percentage of students considered to be at high risk<sup>10</sup>, and those with high levels of protection<sup>11</sup>. We then look at the changes in the percentage of students with high risk and high protection over time from 2009 through 2020, and follow this with a presentation and discussion of each domain.

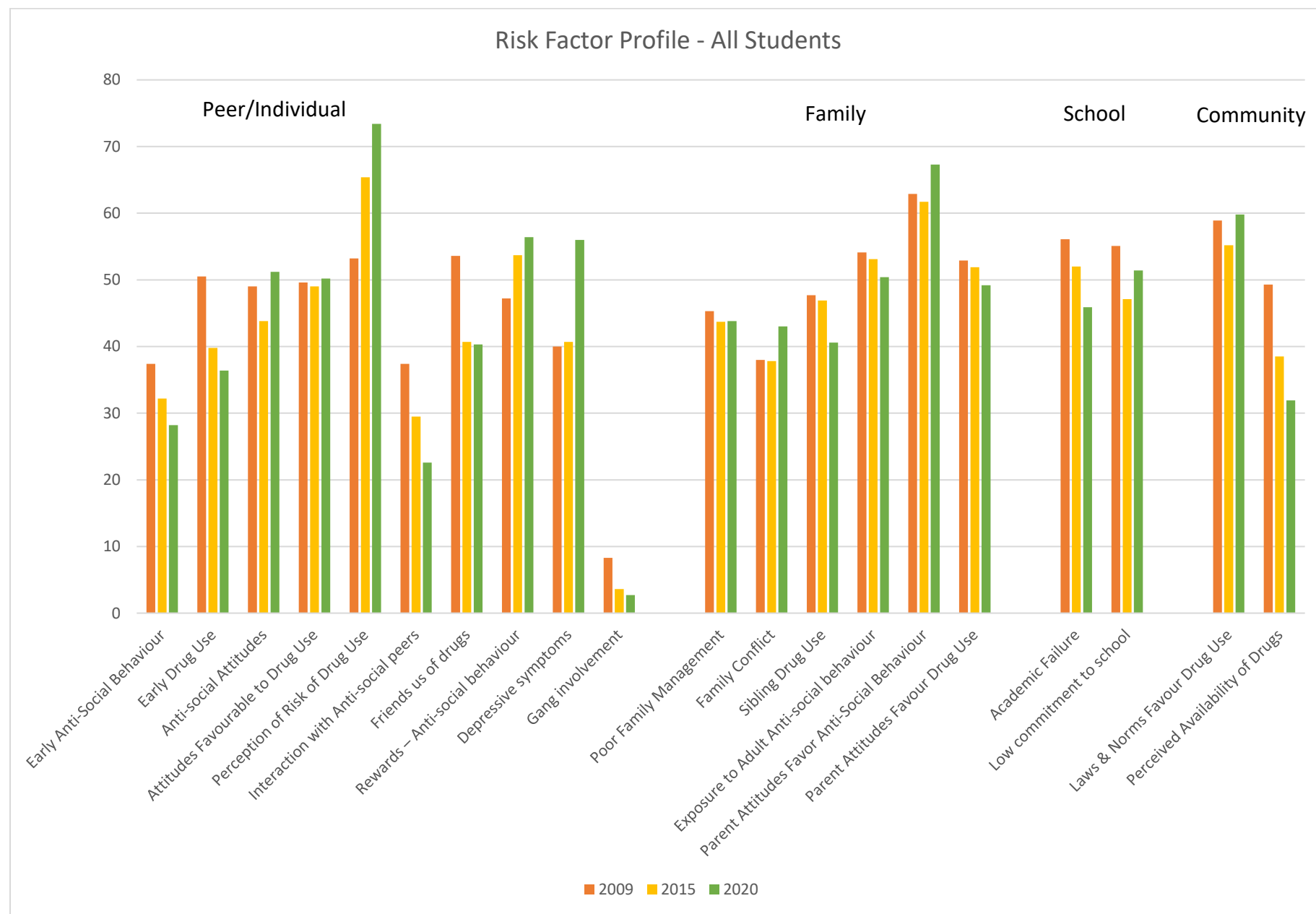
---

<sup>10</sup> High risk refers to the percentage of youth who have six or more risk factors in Grades 7-9 and seven or more in Grades 10-12

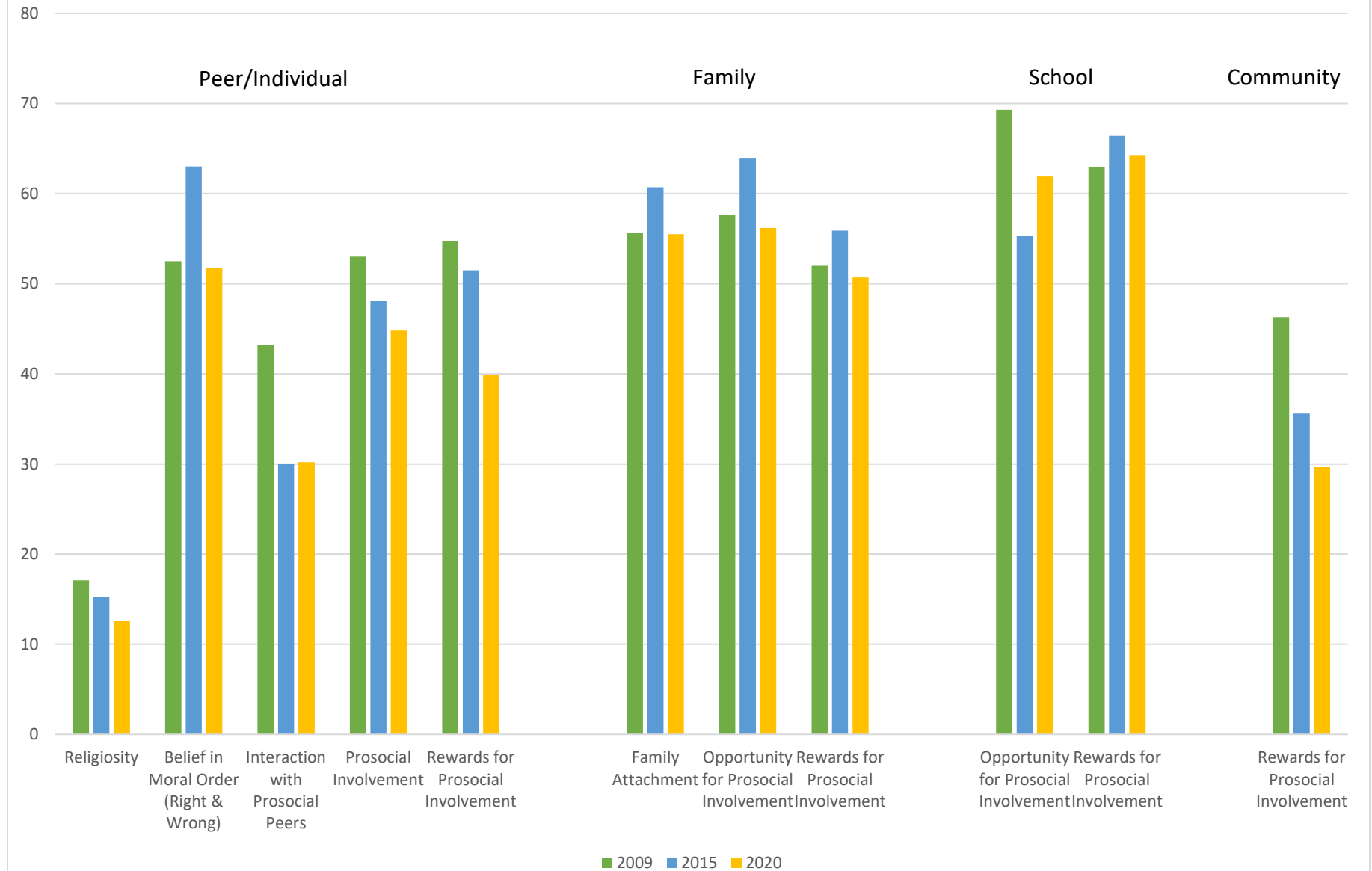
<sup>11</sup> High protection refers to the percentage of youth who have three or more protective factors in Grade 7, and four or more in Grades 8-12.



## Risk and Protective Factor Profiles

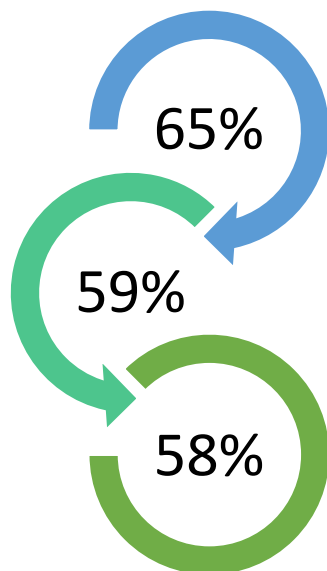


## Protective Factor Profile - All Students

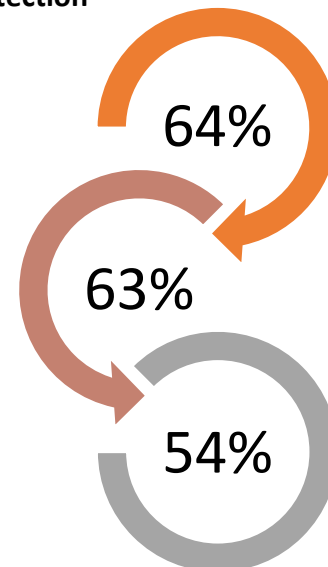


Overall, we can see that while the rate of students at high risk is continuing to decrease overall, it hasn't changed significantly since the 2015 survey. The typical population pattern for high risk is that the percentage of students at high risk increases gradually from grades seven to twelve. This is in line with developmentally typical increases in risk taking activity and risk tolerance. This is why the data analysis requires a higher number of risk factors in order to be considered 'at risk' in the higher grades, which adjusts for this typical shift, but does not remove it entirely.

**Percentage of Students at High Risk**

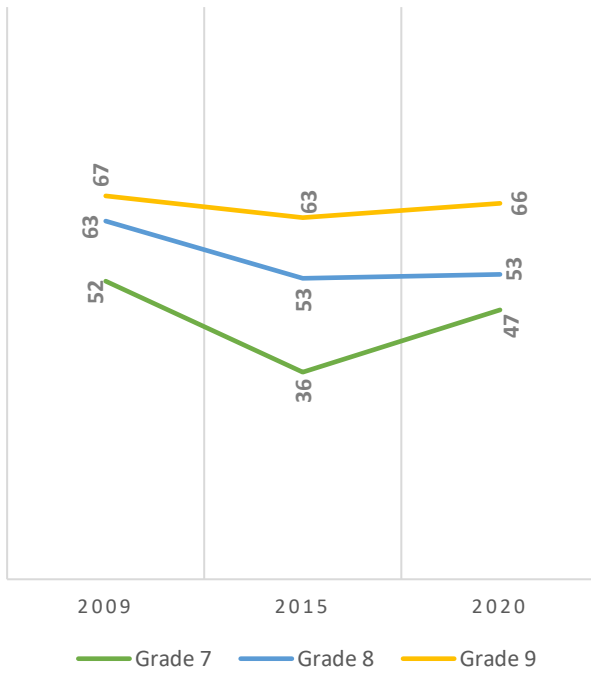


**Percentage of Students with High Protection**

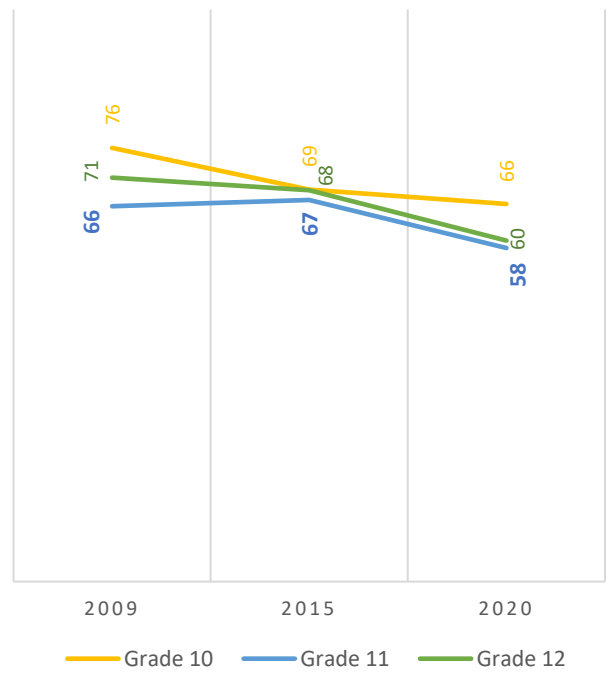


When we look at grade level results, there are some differences that are worth noting. Grade 7 students show an increase in the percentage of students at risk after a significant decline in the 2015 survey. Older students, particularly those in grades 11 and 12, are reporting a substantial drop in the percentage at risk since the previous survey administrations. Students in grades 10-12 were in early elementary school during the period from 2010 – 2014 when a community-wide collaborative evidence-based prevention program, Positive Action, was implemented across elementary schools and community organizations serving children, youth and families. While we cannot draw the conclusion that the results are a direct outcome of this initiative, there is a good research foundation that demonstrates that the program does make a significant impact. As such, I think we can be confident that it did contribute positively in some way to the results we are now seeing for students who experienced the program. However, we are also seeing an erosion in percentage of students who have high levels of protection, across every grade. While we are unable to know exactly why this is the case, there may be correlation to the significant impact of the stress of multiple community level crises that have affected families in a wide variety of ways over the past three years, beginning with the wildfires in 2017. This collective trauma is taking its toll on children and youth in ways that we are only beginning to understand, and has likely also affected both individual and family resiliency.

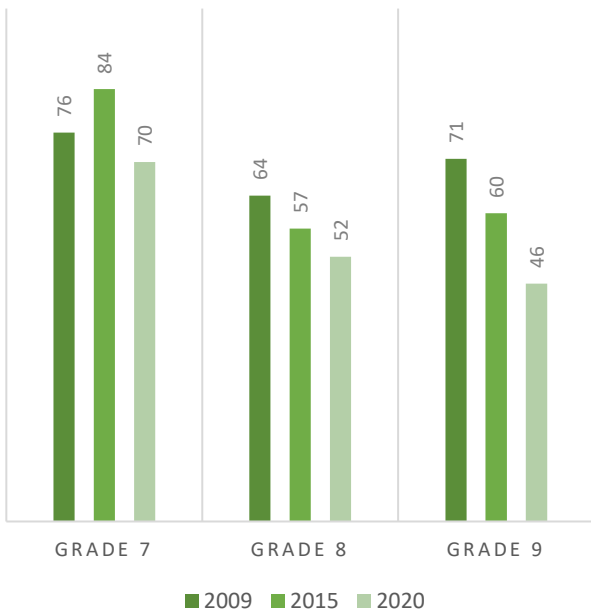
### STUDENTS WITH HIGH RISK - BY GRADE



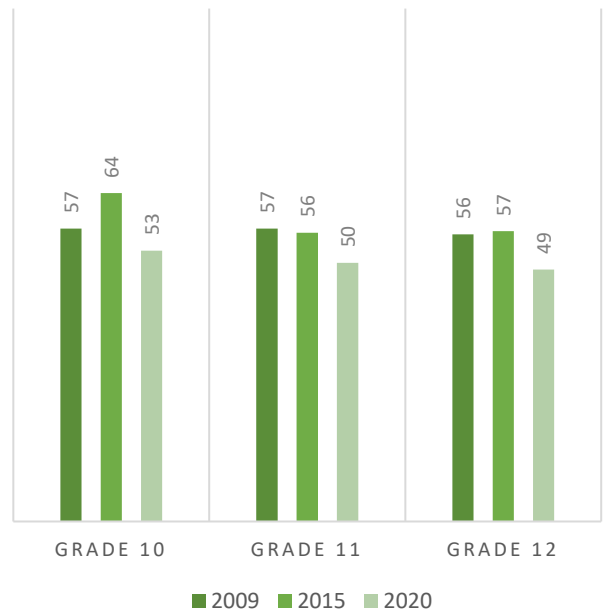
### STUDENTS WITH HIGH RISK - BY GRADE



### STUDENTS WITH HIGH PROTECTION - BY GRADE



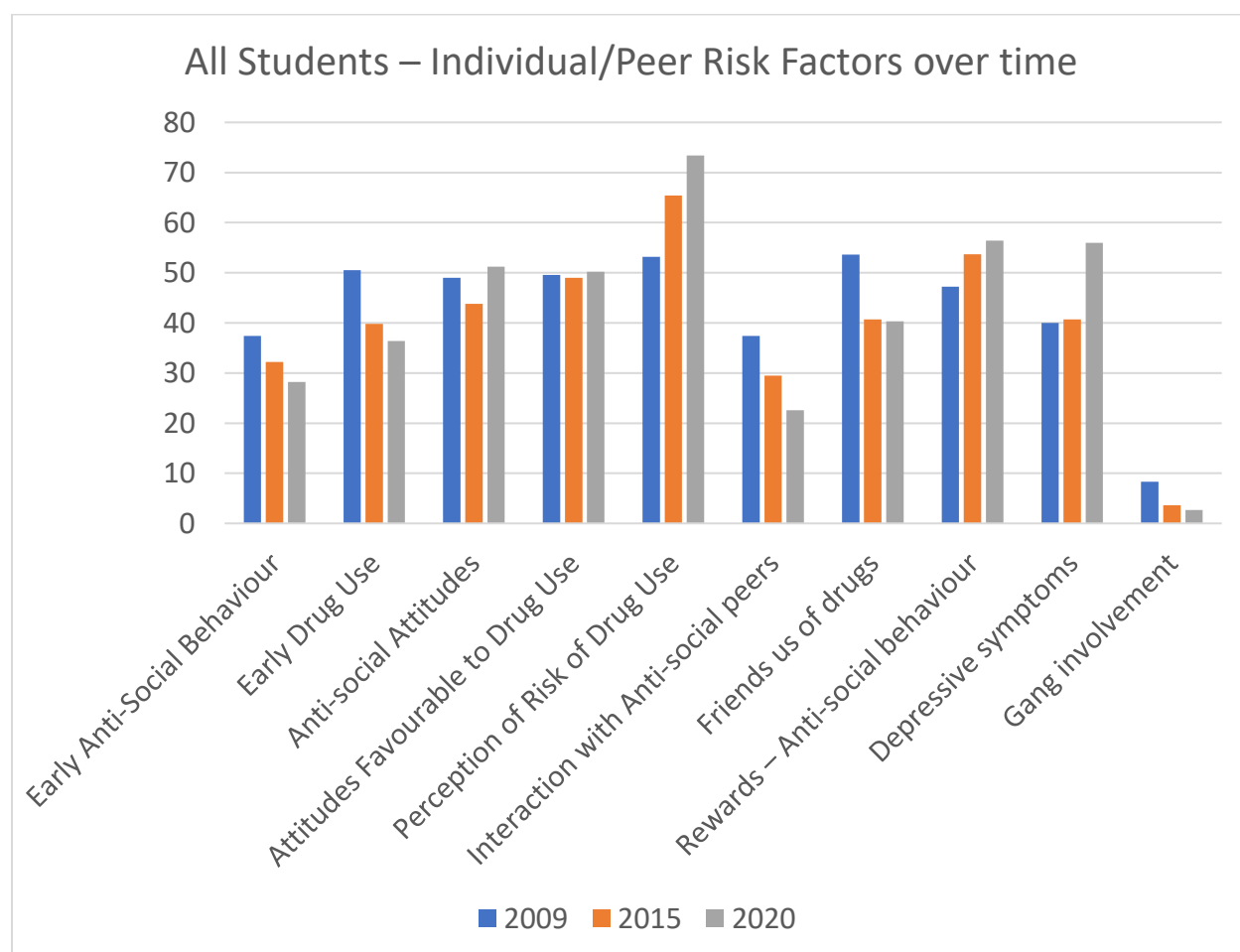
### STUDENTS WITH HIGH PROTECTION - BY GRADE

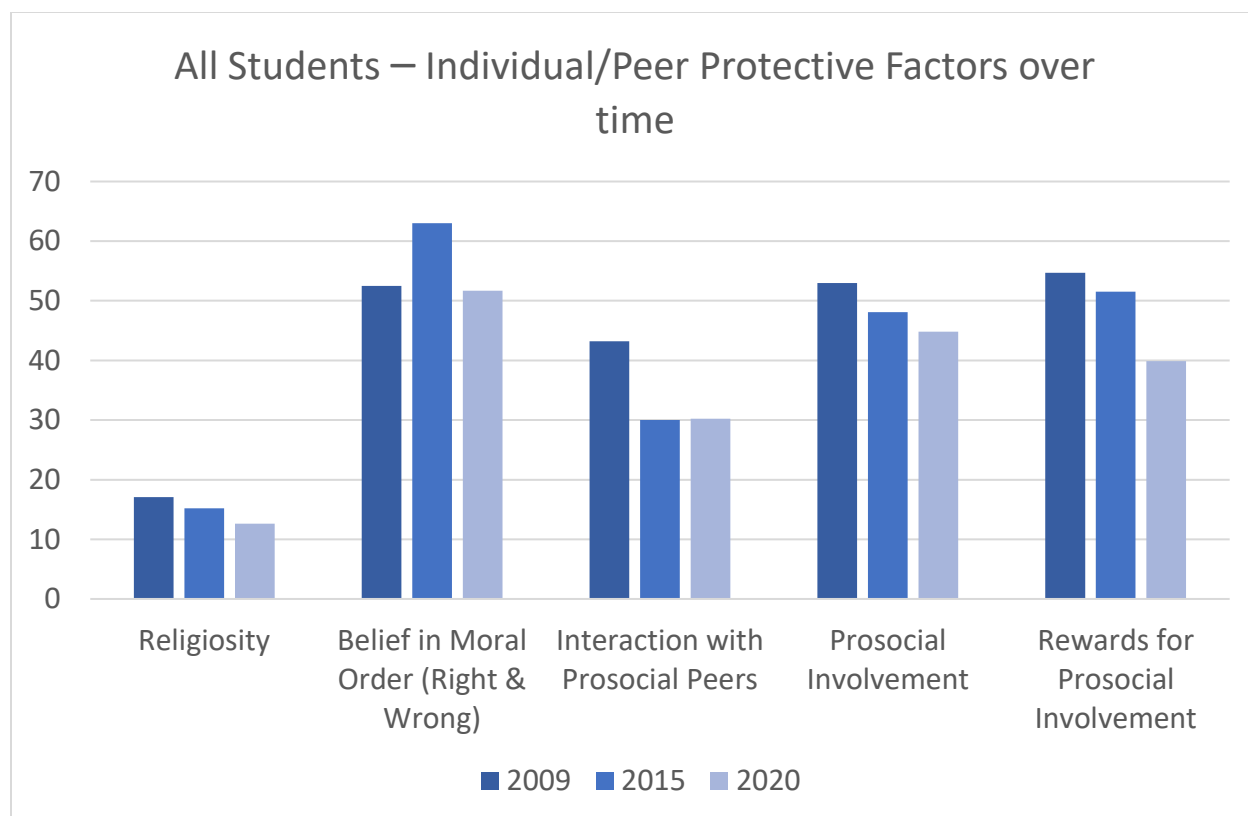


## Survey Results by domain

### Individual/Peer Domain

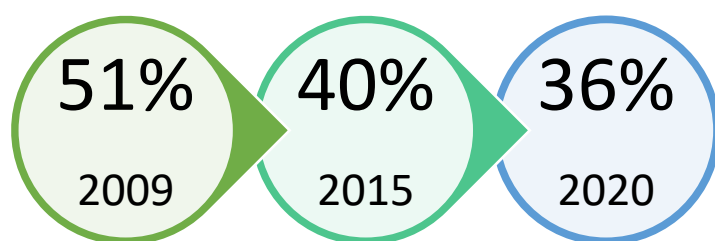
The Individual/Peer domain includes ten risk factors and five protective factors that are inherently individual or related to peer relationships. While there are few distinct patterns or themes in this domain, there are some aspects that are worth highlighting. The risk factor *Perception of the Risk of Drug Use* has increased significantly across all grades except Grade 8. The highest percentage of risk for this factor is Grade 9 & 10 students, 83% of whom have this risk factor present. There has also been a significant decline in the protective factor *Belief in Moral Order (Right & Wrong)* and *Rewards for Prosocial Involvement (from peers)* across all grades. When reviewing both risk and protective factors, Grade 11 & 12 students appear to be doing better overall compared to the 2015 survey, while Grade 7 & 8 students are doing less well overall and have, in fact, seen a significant increase in the percentage of students with risks in this domain. All protective factors in this domain have declined across all grades, with a few exceptions.





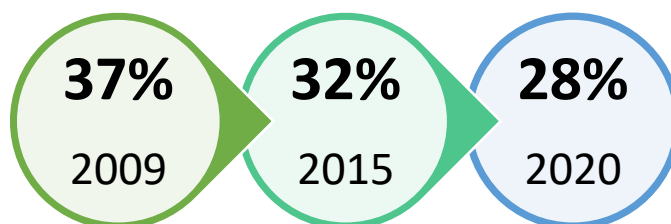
Starting with results from the 2009 survey, our community chose two risk factors from this domain to monitor over time and work to reduce: *Early Initiation of Anti-Social Behaviour* and *Early Initiation of Drug Use*. These risk factors were chosen because even though they were not the highest risk factors in the domain, our community felt they were key risks that underlie some of the serious issues with youth behaviour that our community was experiencing. We are pleased to see continued reductions in these indicators in the 2020 survey, despite the challenges faced by youth during the pandemic.

### Early initiation of Anti-Social Behaviour





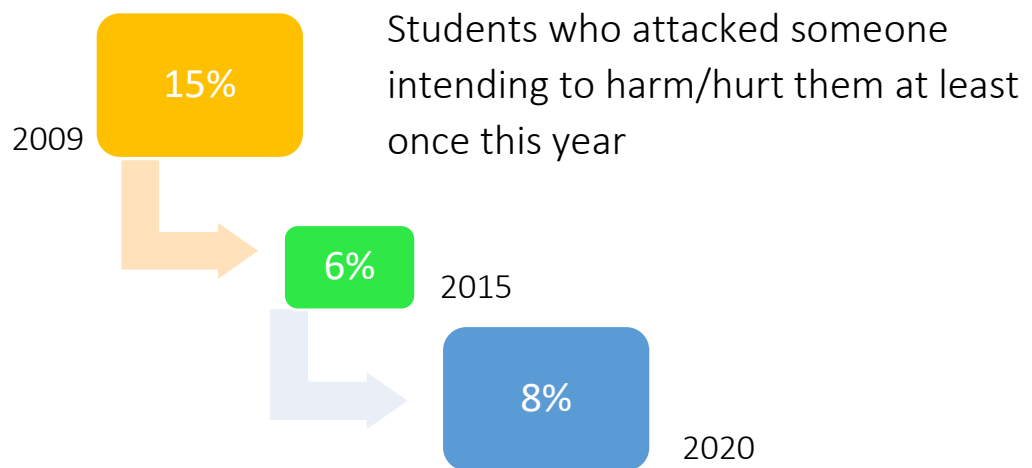
## Early initiation of Alcohol & Drug Use



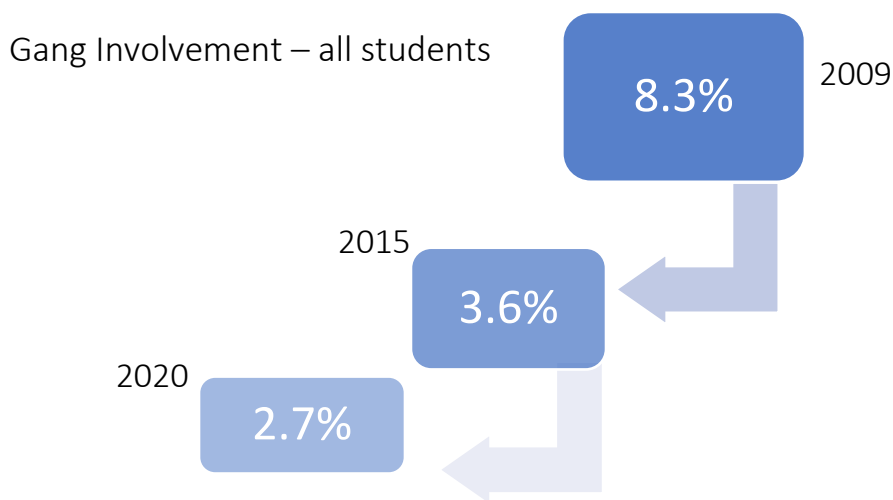
In 2016, we also chose to track the *Depressive Symptoms* risk factor as the percentage of students reporting this was very concerning. Much of the work in the community over the past five years has focused on addressing this factor from both a preventive and intervention-based approach. Our community's experience of the 2017 wildfires and evacuation of the entire community inevitably affected the mental health of both children and youth, and adults as well. This was followed by the pandemic in early 2020, when our community was in many ways still recovering from 2017. At the same time, rates of depression and anxiety in youth have been rising generally across the youth population in Canada. It is not surprising, therefore, that we are seeing an increase in this risk factor among youth in our community. However, this does not lessen our concern and, in fact, both substantiates it and elevates it to a sense of alarm.

Research shows that early onset of alcohol and other drug use (prior to age 15) is a consistent predictor of future drug abuse. Anti-social behaviour is a measure of the percentage of students who report any involvement during the past year with the following eight behaviours:

- Been suspended from school
- Been drunk or high at school
- Sold illegal drugs
- Stolen or tried to steal a vehicle
- Been arrested
- Attacked someone with the intent to seriously harm them
- Carried a weapon
- Carried a weapon to school



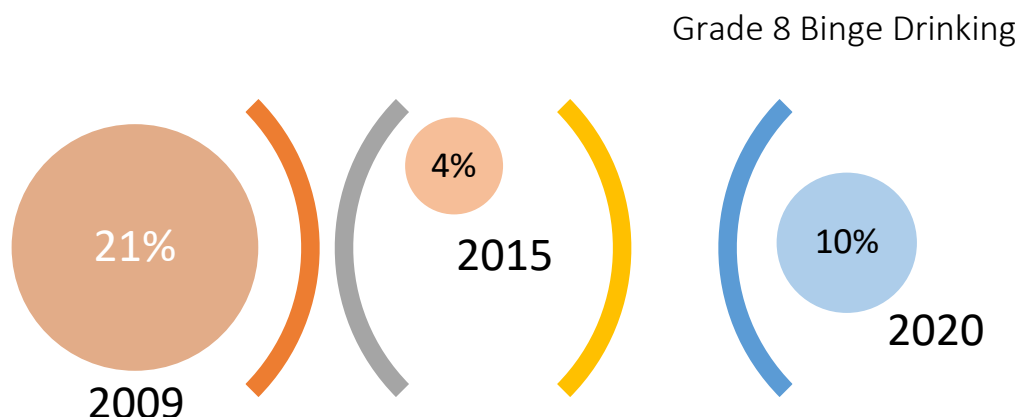
While there has been a slight increase in violence reflected in the 2020 survey results, we are continuing to see a reduction in gang involvement overall, including among Indigenous students where the risk in 2009 was alarmingly high. In 2020, there was only one percentage point difference between all students' and Indigenous students' rate of gang involvement, and both have reduced significantly. Of all students in Williams Lake, Grade 8 & 9 students report a slight increase in gang involvement from 2015, with Grade 9 students having the highest risk for this in 2020 at 5%. This is corroborated by school staff who have anecdotally reported an increase in gang related activity among this age group.



#### Use of Alcohol and Other Drugs

We noted in the 2009 survey results that youth in our community began experimenting with alcohol at a much earlier age and in greater numbers than other youth in BC. In particular,

binge drinking<sup>12</sup> was high starting in Grade 8. While the percentage of students reporting this has increased since 2015, it is still half of the rate in 2009.



For students who reported any substance use in the past 30 days, alcohol continued to be the most frequently used (33% of all students), followed by marijuana at 20%. While cigarette use has dropped to 8%, 28% of students reported using E-cigarettes (vaping). Of particular concern is that alcohol use in Grade 7 has nearly doubled, from 6% in 2015 to nearly 12% in 2020. Of Grade 7 students who reported consuming alcohol, 56% reported they got it from their parents, with permission to consume it. Alcohol consumption is down in all other grades when compared to 2015 rates.

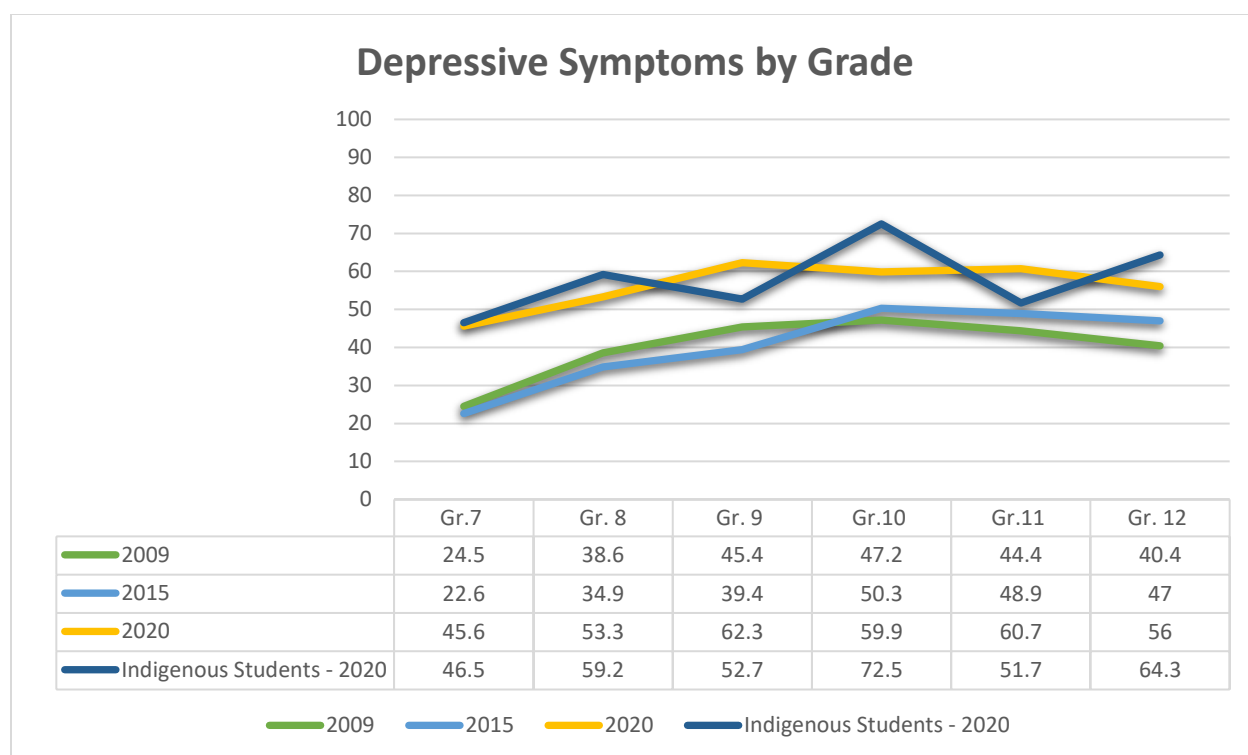
#### Mental Health Concerns

Mental Health professionals have been reporting increased rates of depression and anxiety among youth since well before the pandemic, and that those rates may have doubled since the beginning of the pandemic as the impact of isolation and stress take their toll. The questions in the PNA survey regarding depressive symptoms have been tested and are reliable as a stand-alone depression screening. We are very concerned to see the rate of depressive symptoms reported by youth in Williams Lake continue to rise significantly for students in all grades. The highest rate is reported by Grade 10 Indigenous students at 72.5%.

In the 2020 survey, 21% of student said they had seriously considered suicide, and had made a plan to attempt suicide. Of all students, 11% (97 students) made at least one suicide attempt. Among Indigenous students, the rates are slightly higher, with 30% contemplating suicide, 27% making a plan, and 18% (43 students) making at least one attempt.

---

<sup>12</sup> Binge drinking is defined as having five or more drinks in a short period of time, once or more in the past two weeks.



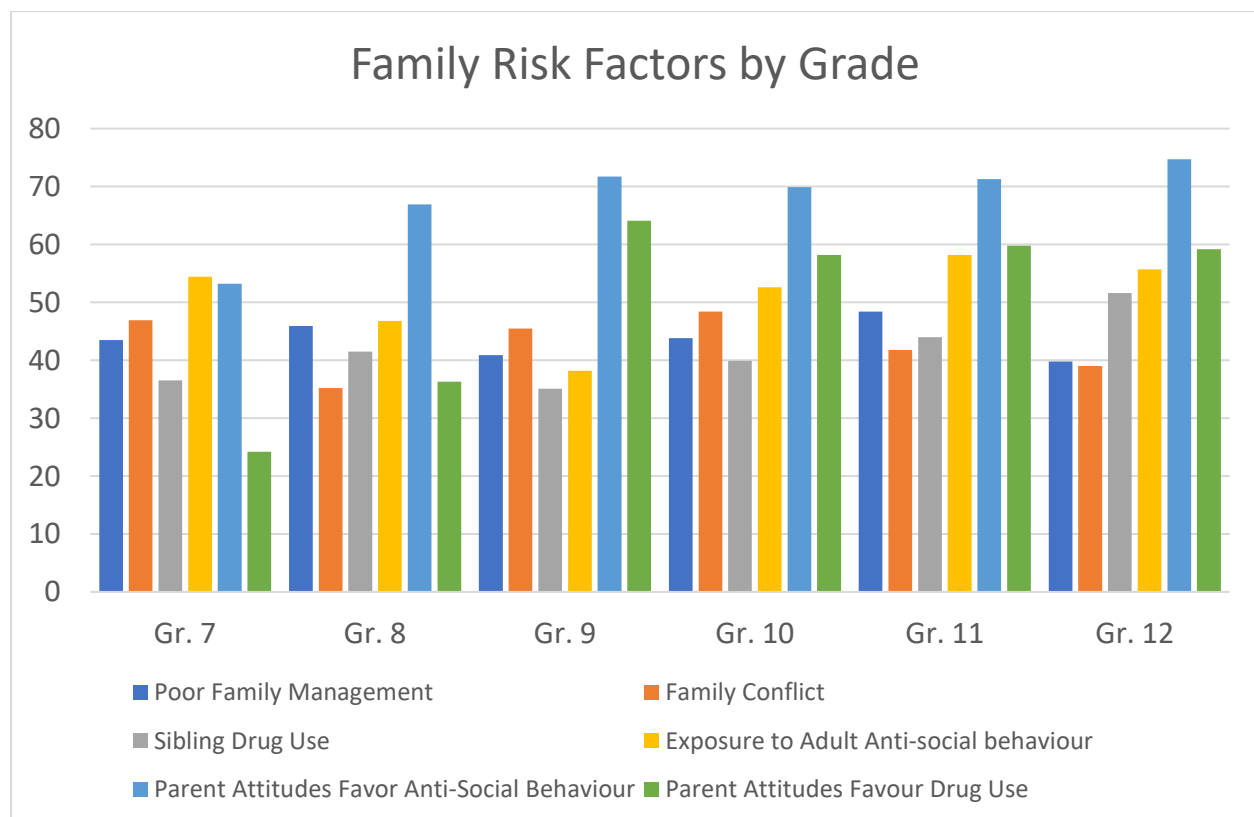
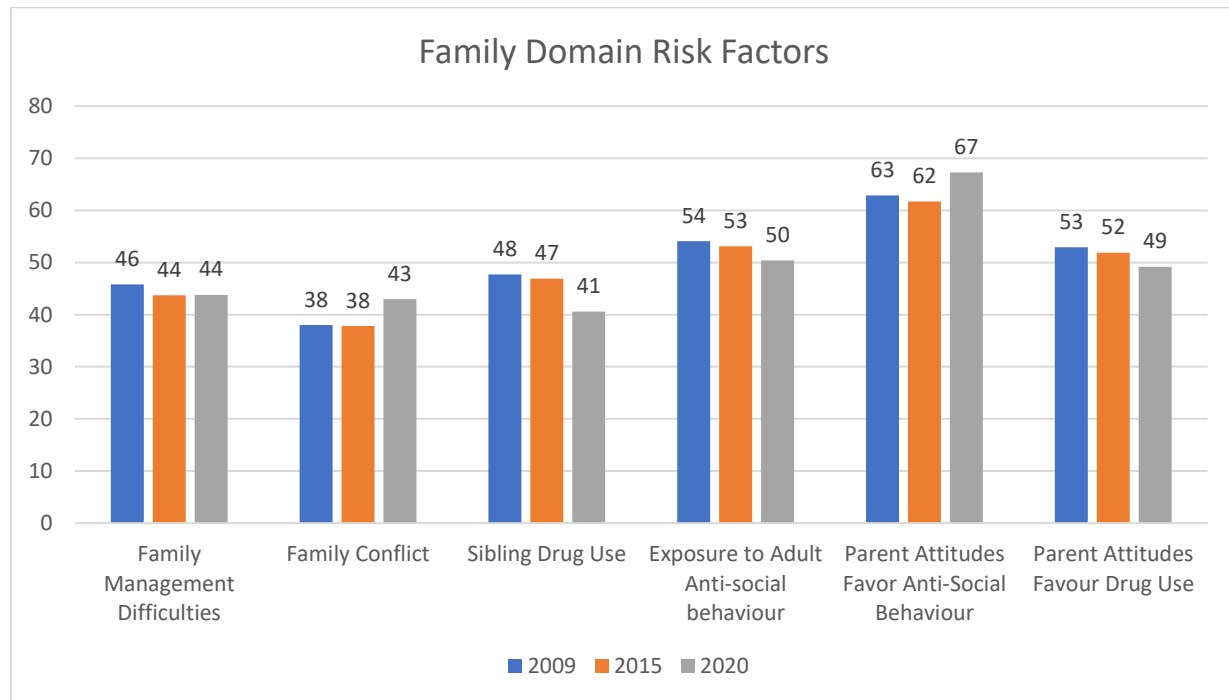
## Family Domain

The family domain is where children and youth are most strongly influenced in their early years. Early attachment and modelling of family values and norms sets the stage for other experiences and influences in their lives. When children have strong family attachment, are valued, have opportunities to participate in a meaningful way and are acknowledged for positive behaviour, they are less likely to engage in alcohol and drug use and other problem behaviour. Families where discipline is inconsistent or unusually harsh or where parents don't provide clear expectations and monitor their children's behaviour (Family Management), are more likely to have children who engage in problem behaviour. Also, children raised in families with high levels of conflict, or with a history of problem behaviours (including children being exposed to adult or sibling anti-social behaviour) are at higher risk. The risk is further increased where parents involve their children in their drug or alcohol using behaviour (such as asking a child to light their cigarette, or get them another drink).

While the pandemic has affected every aspect of children's lives, the family domain has been incredibly impacted. The family domain factors must be viewed through this lens. The pandemic has had dramatic impacts on families who were essentially limited to spending significant time together for several months during the first phase of the pandemic with limited interaction with others, including friends and extended family. For some families, this may have strengthened attachment and bonds; however, it also created considerable stress for almost everyone. For families where there were already challenges and conflict, it is likely that this time exacerbated those difficulties.

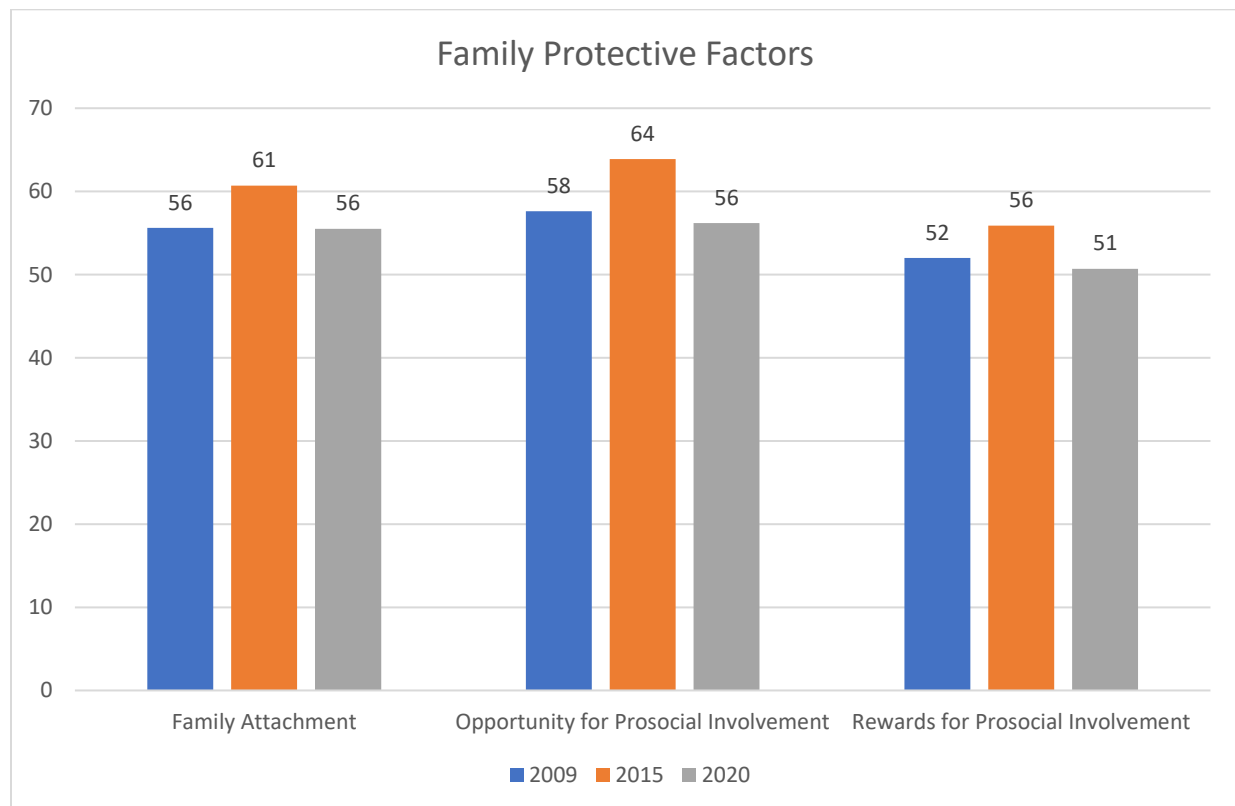
At the same time, family protective factors for older youth are the strongest, and show improvements since 2015. It's not clear whether this is due to development differences such as older students better understanding the importance and value of the family connections and limitations to social contact

during the pandemic's early lockdown phase, while younger students who are more likely to be forming social connections with peers and separating from family developmentally, may have struggled more with limitations to this aspect of their lives.

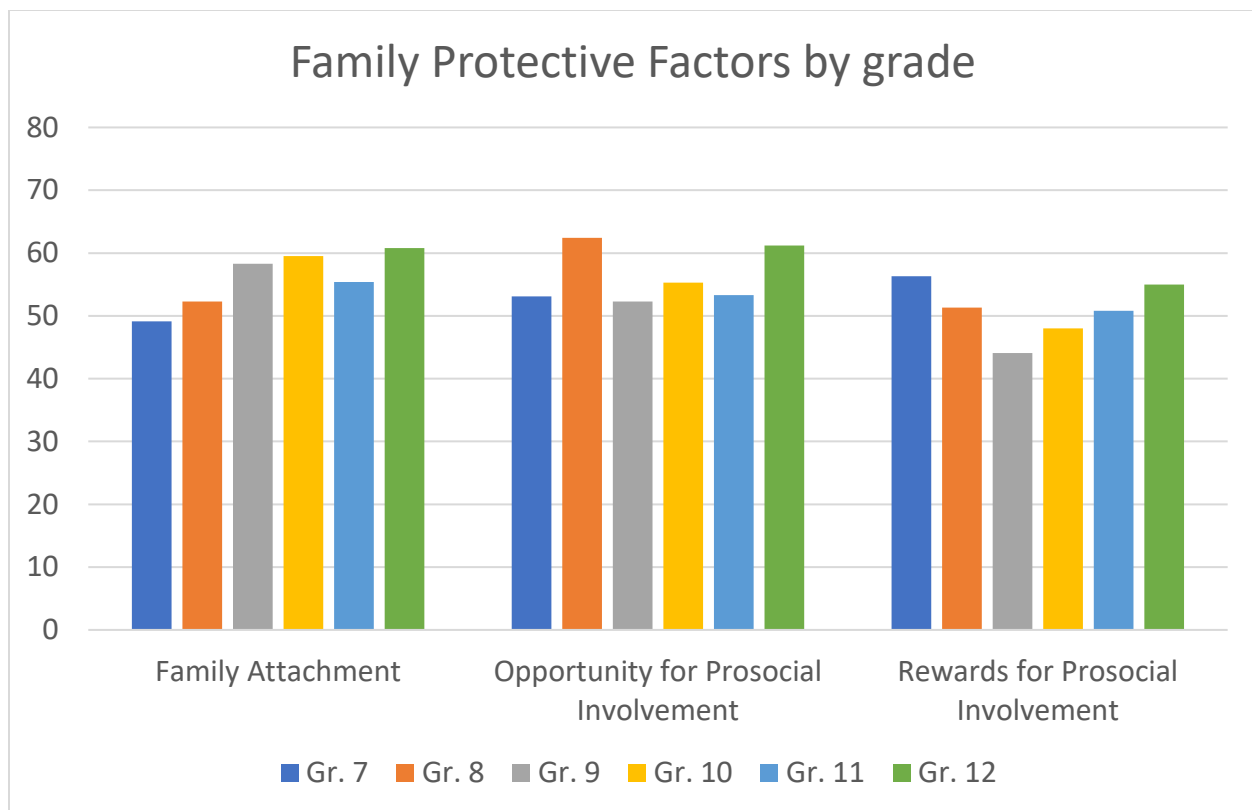


While exposure to adult anti-social behaviour continues to be a significant concern, parent attitudes toward anti-social behaviour, and parent attitudes toward drug and alcohol use (especially for grade 9 and older students) is particularly concerning. This correlates with the data regarding access to alcohol, in which a majority of students indicated that their parents were providing access and permission for alcohol use.

Protective factors in the family domain have declined overall since 2015, dropping to 2009 levels or below. When reviewing grade by grade protective factor results, grades 7-9 and 11 have seen a decline in family protective factors, while more grade 12 students have family protective factors in place than they did in 2015. Indigenous students in grades 11 & 12 reported family protective factors on par or higher than all students (except family attachment for grade 11 students, which was seven percentage points lower). There has been a decline in family protective factors for students in grades 7-11 overall, with the exception of grade 9 Indigenous students where family attachment and opportunities for prosocial involvement have increased.







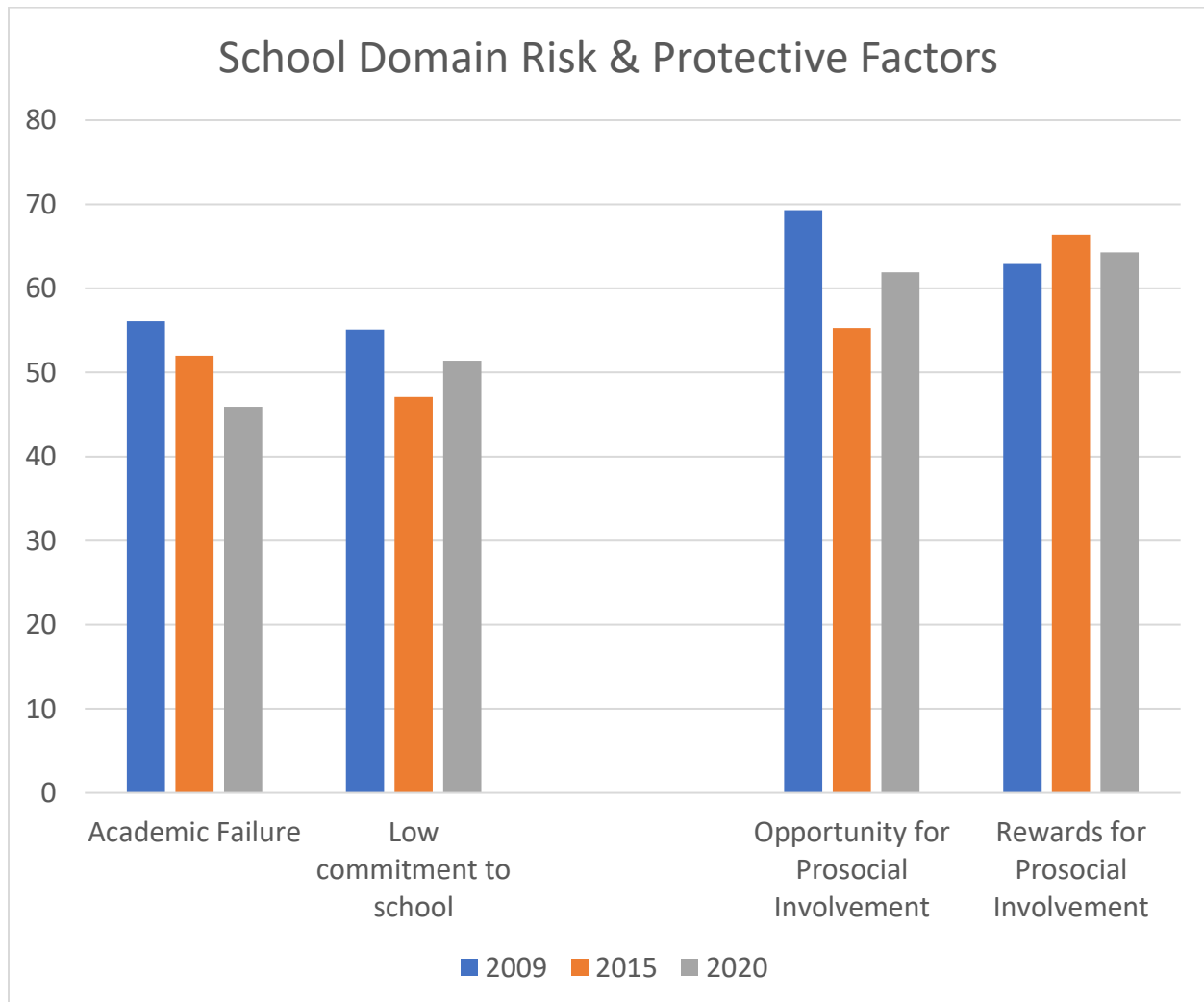
### School Domain

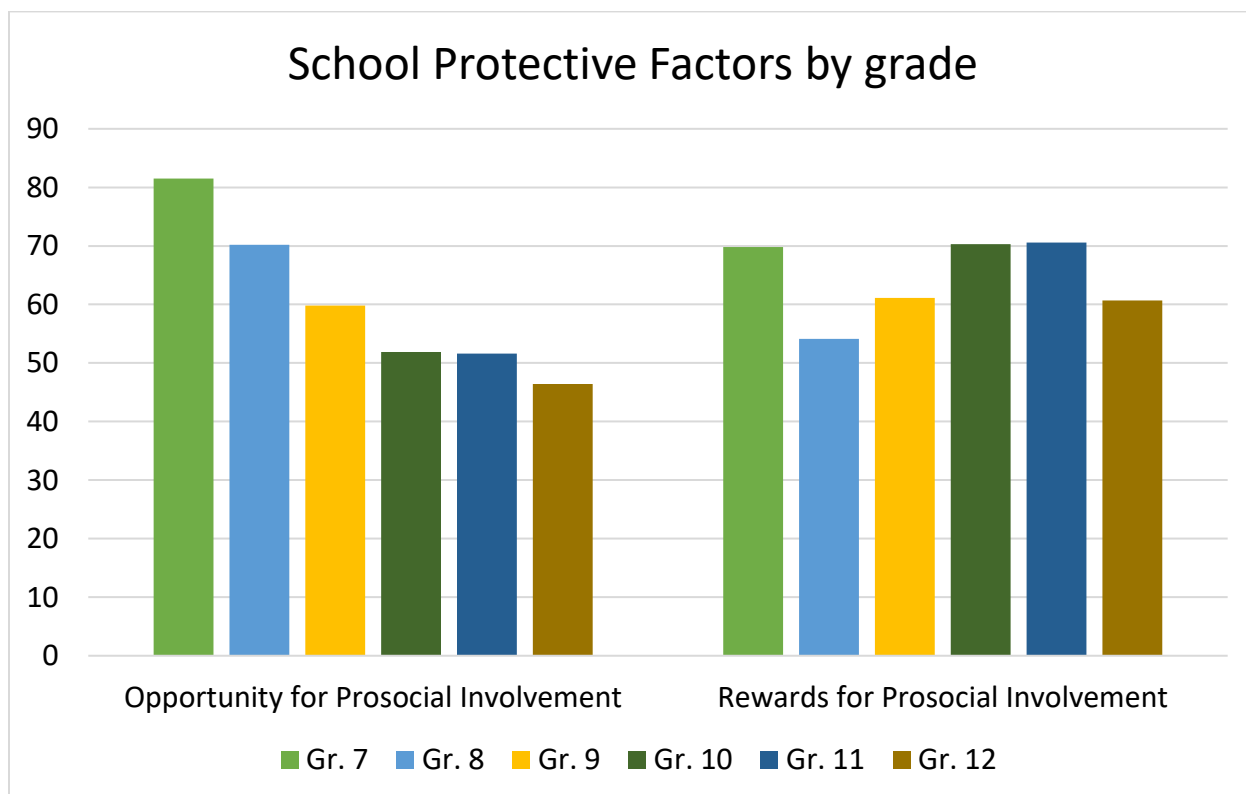
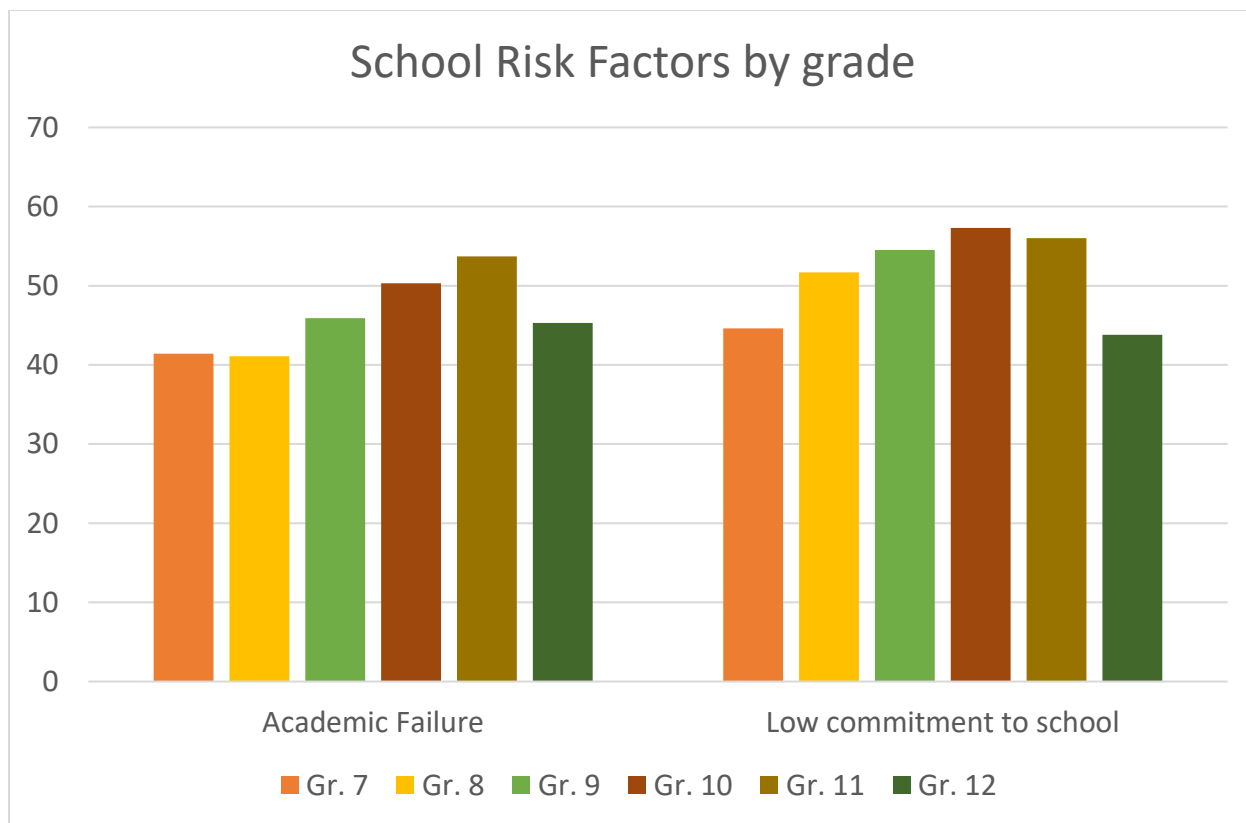
Children and youth spend a significant amount of time in schools, so this is where we have an opportunity to have a substantial influence on them, both in terms of the specific school risk and protective factors, but also on individual and peer factors as well. It is also a structure in which there are opportunities for adults to develop trusted relationships with youth, deliver social-emotional development programs, and opportunities to build skills and acknowledge positive behaviour in both structured and unstructured ways. This is a setting where the social development strategy can be employed in very explicit and intentional ways that strengthen a broad range of protective factors.

School has also been a challenging environment to manage and maintain stability throughout the pandemic. Many students were out of school or doing online programs during the time period that the survey was administered. The majority of extra-curricular activities were also on-hold during this period, and students were limited in terms of interactions with the broader school community due to the use of cohorts to minimize risk of exposure among students. Grade 12 students were particularly disappointed to lose out on not only their regular formal graduation activities, but also many of the traditional school community social activities that mark their final year of school.

There are two risk factors measured in the school domain. *Academic Failure* refers to students' perception of how they are doing academically in comparison with their peers, rather than their actual academic achievements measured by grades. *Low Commitment to School* measures

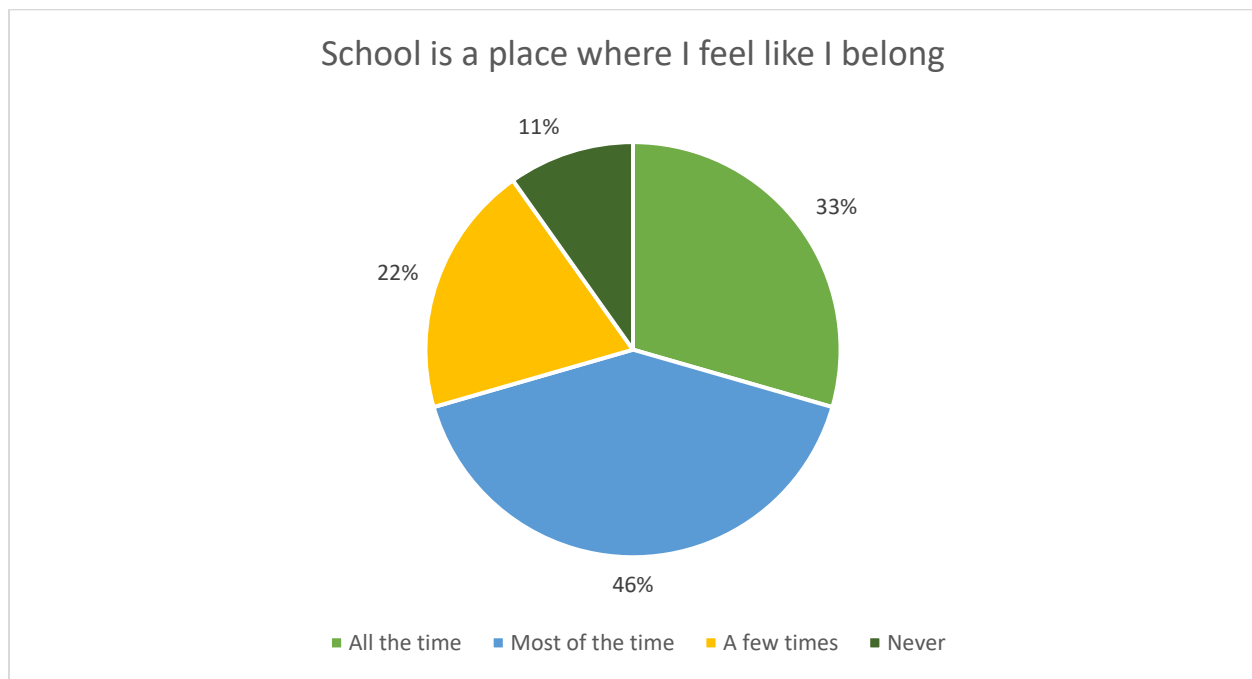
students experience of school as interesting, meaningful, relevant to their future, and enjoyable and whether they are attempting to do their best work. In addition, we asked specific questions about students' sense of belonging, and whether they felt welcome at school. These are questions that correspond with provincial student satisfaction survey questions administered annually to grades seven, ten, and twelve.





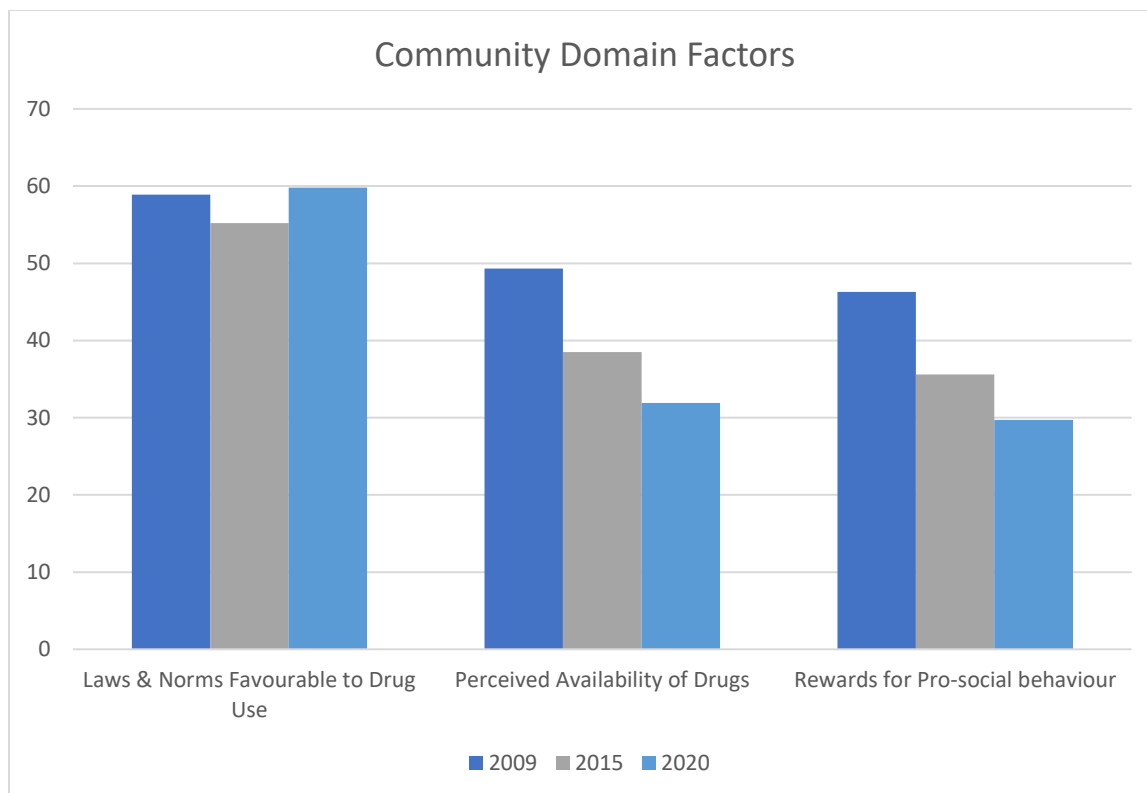
### *Sense of Belonging in School*

A sense of belonging, and feeling welcome in school, are important aspects of keeping youth engaged in the school environment and community. When asked whether they felt welcome in school, just over 20% of kids said they either never or only sometimes felt welcome at school, and about one third did not feel a sense of belonging in their school. The 2020/21 school satisfaction survey data mirrors this, with only 54% of student in grades 7, 10, and 12 indicating they feel like they belong 'most of the time' or 'all of the time'. This is the lowest rate over the past five years of the survey, and lower than the average in BC. Indigenous students were more likely to report a sense of belonging, at 56% which is in the middle of the BC average data and the five year range for the district.



### *Community Domain*

In the community domain, we look at the risk indicators of *Laws and Norms Favourable to Drug Use* and *Perceived Availability of Drugs*. These indicators measure students' perception of the community norms related to under age substance use, in terms of whether they would be caught, whether they would get in trouble, and whether adults would consider the behaviour wrong. *Perception of Availability of Drugs* measures how difficult students would find it to be able to access tobacco, alcohol, marijuana, and other substances. Since the 2015 survey administration, marijuana sales and possession for personal use by adults (age 19+) has been legalized in Canada. It has been somewhat surprising to see this risk factor significantly reduced in the community, as there were concerns that legalization would lead to increased use. Marijuana use rates have actually gone down slightly from previous survey administrations.



## Monitoring Overall Results

The Communities That Care initiative is concerned with prevention and root causes related to six problem youth behaviours. The focus on prevention targets risk factors that are shown to predict an increase in the likelihood that youth will be involved in those six problem behaviours. The Risk and Protective Factors measured with the Prevention Needs Assessment are indicators of the health and well-being of our youth population. Monitoring these indicators, along with indicators directly measuring youth involvement in the behaviours we are trying to impact, gives information to guide decisions about strategic direction for prevention efforts in our community. By setting strategic priorities, and aligning our prevention efforts, we have seen a significant impact on those indicators.

The data below has been adjusted to account for recalculation of data to include only students in grades 7-12 for all survey administrations.

Indicators		2009 Benchmark	2015 Benchmark	2020 Benchmark
PRIORITY RISK AND PROTECTIVE FACTORS	Community Laws and Norms Favorable to Drug Use	59%	55%	60%
	Community Rewards for Pro-Social Involvement	48%	37%	30%
	Parental Attitudes Favorable Toward Anti-Social Behaviour	63%	62%	67%
	Parental Attitudes Favorable Drug Use	53%	52%	49%
	Low Commitment to School	55%	47%	51%
	Early Initiation of Anti-Social Behaviour	37%	32%	28%
	Early Initiation of Alcohol and Drug Use	51%	41%	36%
PROBLEM BEHAVIOUR INDICATORS	<b>Substance Use:</b> Grade 8 Students – Used alcohol in past 30 days	32%	15.5%	19%
	Grade 8 Students – Binge drinking	20%	4%	10%
	<b>Violence:</b> Attacked a person with intent to harm (all grades)	15%	5.5%	8%
	<b>School Completion:</b> Completion of grade 12 within 6 years (all students)	81%	84%	81%
	Completion of grade 12 within 6 years (Indigenous students)	54%	63%	71%
	<b>Depression &amp; Anxiety:</b> Depressive Symptoms (all grades)	40%	41%	56%
	<b>Youth Crime:</b> Number of incidents Gang Involvement	335 8%	245 3.6%	2.7%

## Contextual/Other Data

Socio-economic data is collected by a variety of institutions, and is generally quite dated by the time it is analyzed and reported publicly. As a result, much of the supplementary data generally shared in the CTC Community Profile is older than we would like, and has limited use when compared to PNA data. In addition, one of the challenges of conducting the survey and releasing this profile during a pandemic with wide reaching effects on every aspect of people's lives, is that it is virtually impossible to evaluate whether socio-economic and health related data that was collected and reported pre-pandemic reflects the realities of the population during the pandemic. As a result, we have made the decision not to include most of this type of



data in this report. There are some data pieces directly related to children and youth over time that is still useful for the audience of the report to have access to, with the caveat that it is possible that there are significant and unknown implications that may change population data patterns.

### Poverty and economic hardship; affordability and cost of living impacts

One of the risk factors implicated in all six problem behaviours is economic deprivation (poverty). While poverty is not measured in the PNA survey, we do have some data that helps us understand the rates of poverty among youth in the community. Over the past several years, the Social Planning Council has worked on a poverty reduction strategy, which has included collecting data about poverty rates in the community. The poverty rate for children ages 0-17 is 23%<sup>13</sup>, and for youth aged 15-19 is 27%<sup>14</sup>, the highest of all demographics in the community. Children and youth who grow up in poverty and enter adulthood in poverty, are more likely to struggle with all of the issues Communities That Care is concerned with.

### EDI Data

The Early Development Instrument (EDI) is a population level measure of the developmental vulnerability of children as they enter kindergarten. Kindergarten teachers complete a 104-item questionnaire in February, once they have had time to get to know their students, so they can answer the questions knowledgeably. The EDI measures five core areas of development that are known to be good predictors of adult health, education, and social outcomes.<sup>15</sup> We know that the early years (0-6) are a critical period in children's development, and the EDI helps us to understand population level trends over time in children's early vulnerabilities. Data from the EDI is used to inform planning processes related to community based early child development initiatives. School District 27 has participated in the EDI questionnaire since its inception, and consequently we have a number of years of data. While we have seen shifts over time, it is important to place this data within the context of our community as well as shifts in provincial averages, and to understand which differences are meaningful. EDI data is collected in 'waves' of several consecutive school years to ensure that data is statistically significant and accurate. Data is currently available from Wave's 1 through 7, which span the 2001/02 school year through the 2018/19 school year.

The EDI measures children's development in five areas, or domains:

**Physical Health and Well-being:** Measures things such as motor development, energy level, daily preparedness for school, washroom independence and established handedness.

**Social Competence:** Measures behavior in structured environments including cooperation and respect for others socially appropriate behavior, self-control and self-confidence.

---

<sup>13</sup> BC Child Poverty Report Card (2018 data). [www.still1in5.ca](http://www.still1in5.ca)

<sup>14</sup> Statistics Canada 2015 Census data based on Market Basket Measure

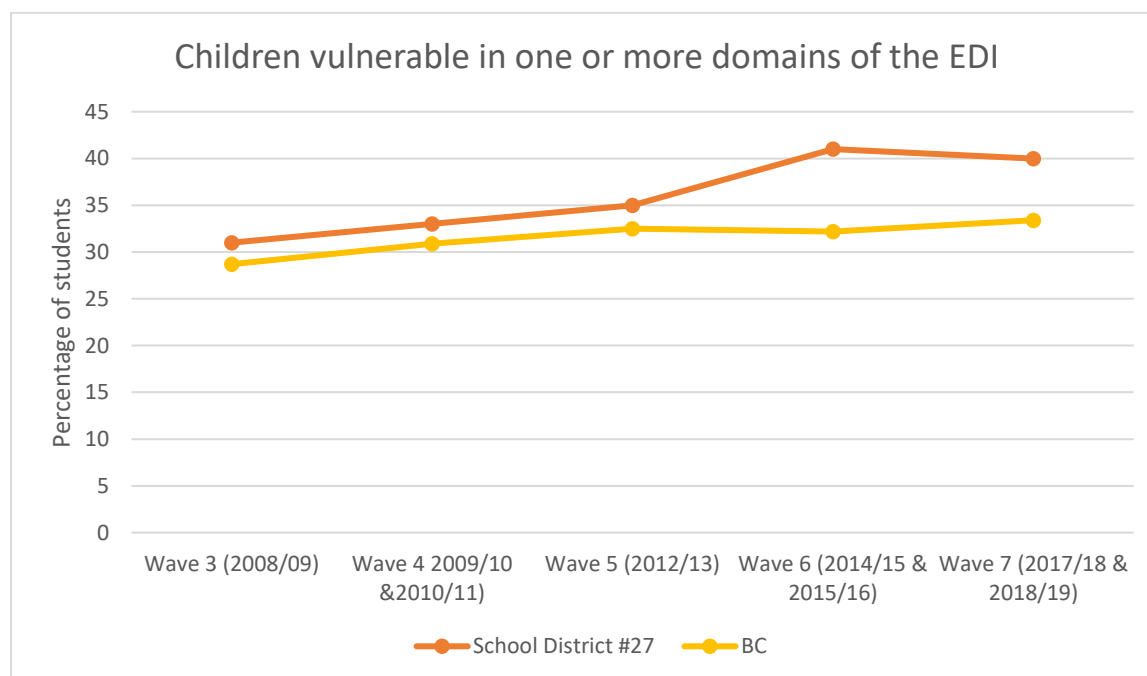
<sup>15</sup> Human Early Learning Partnership, University of British Columbia (2015). <http://earlylearning.ubc.ca/edi/>

**Emotional Maturity:** Measures things such as behavior in less formal environments, focusing on helping, tolerance and ability to demonstrate empathy for others.

**Language and Cognitive:** Measures things such as interest in books, reading, language-related activities, literacy and interest in simple math-related activities.

**Communication Skills:** Measures things such as the ability to communicate one's needs, understand others in English, actively participate in storytelling and general interest in the world.

The vulnerability threshold or cut-off is the EDI score that distinguished the bottom 10% of children in the province from the other 90%. Children who fall below that score are said to be vulnerable on that domain of development. The appropriate interpretation of vulnerability is that the child is, on average, more likely to be limited in his or her development than a child who scores above the cut-off. Results in this summary show the proportion of children who are vulnerable in each domain of development, as well as the proportion that are vulnerable on one or more domain. It is also important to know that the EDI reports data at a neighbourhood and School District level. Children's scores are recorded for the neighbourhood in which they live, not the neighbourhood in which they go to school.

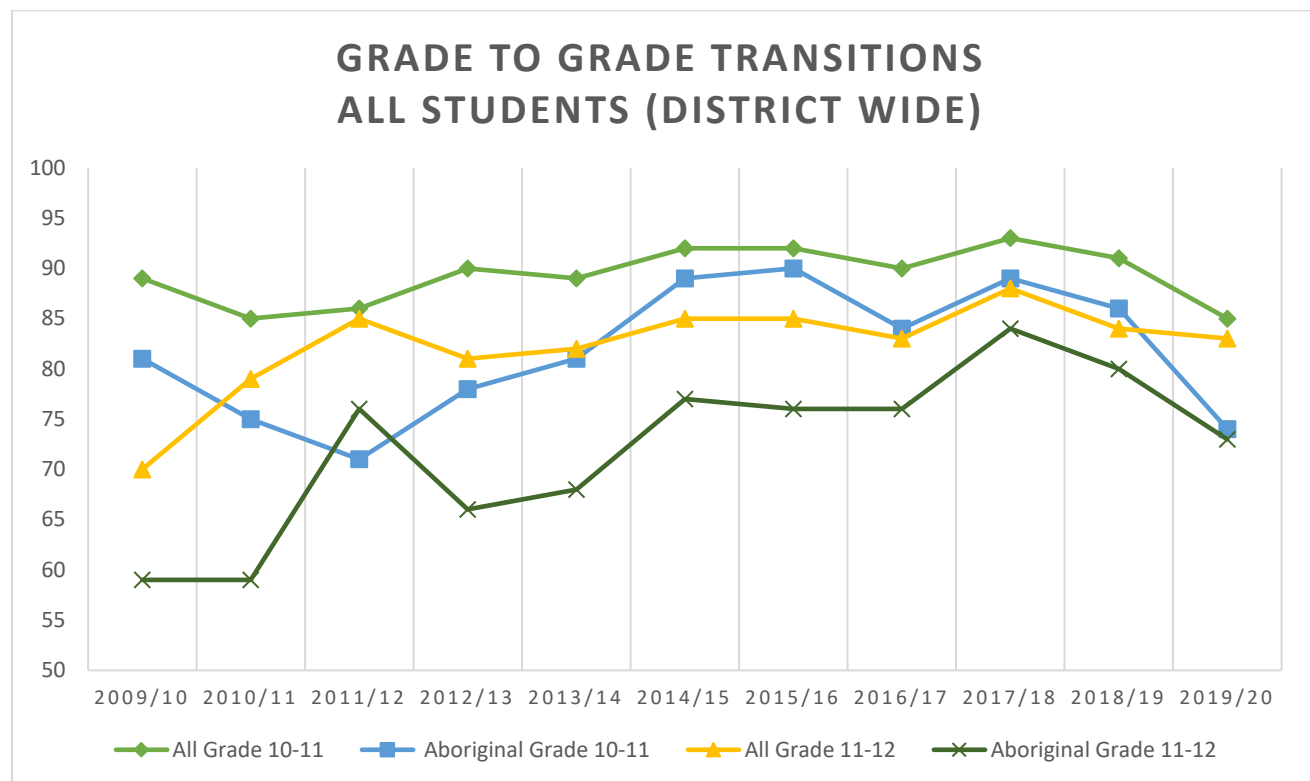


## School data

### Grade to grade transitions and completion

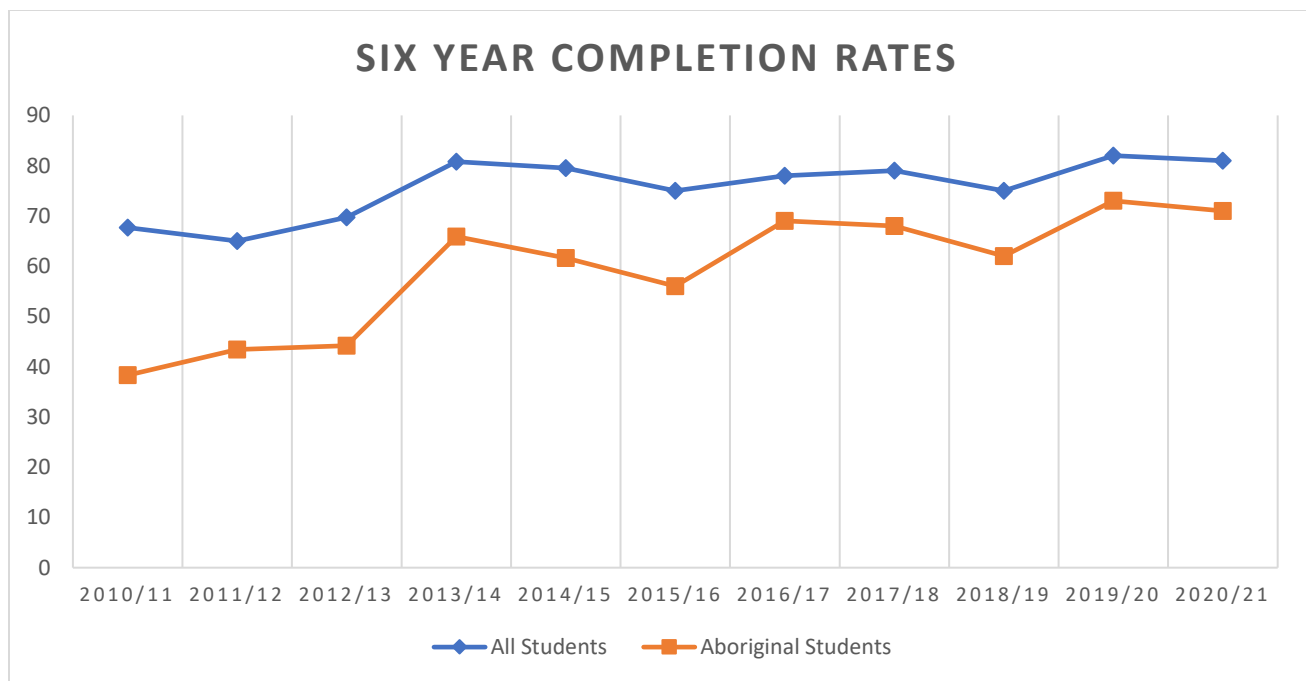
Grade transition data provides us with a picture of the number of students successfully moving from one grade to the next. This data also includes those who leave the district for a variety of reasons: students who move to another jurisdiction or move to an independent school would be shown as not successfully transitioning. The number of students leaving the school district in

grades 8-12 is generally small. Six-year completion rates are generally considered the most accurate data on graduation. It includes all students who complete a dogwood graduation certificate within six years of entering Grade 8.



***Percentage of students successfully moving from one grade to the next***

Measuring high school graduation rates is slightly tricky business. We are utilizing six-year completion rates as the best measure. This is because education data that shows the number of students enrolled in Grade 12 who actually graduate is skewed by at least two elements. The first is that it includes students enrolled in modified programs who complete high school with an “Evergreen Certificate”. These students will leave the high school system, but have not completed the requirements for full graduation (BC Dogwood Certificate). High school completion rates are also significantly skewed because once a student enrolls in a single Grade 12 level course, they are ‘counted’ as a Grade 12 student. If that student is a Grade 11 student, they would not graduate that year and would be counted as ‘not completing’. As a result, six-year completion rates are the best measure of high school completion. It provides a picture of the percentage of students who graduate with six years of entering Grade 8.



***Percentage of students completing Grade 12 (Dogwood) within six years of entering Grade 8***

#### Literacy, Numeracy and preparation for Post Secondary education

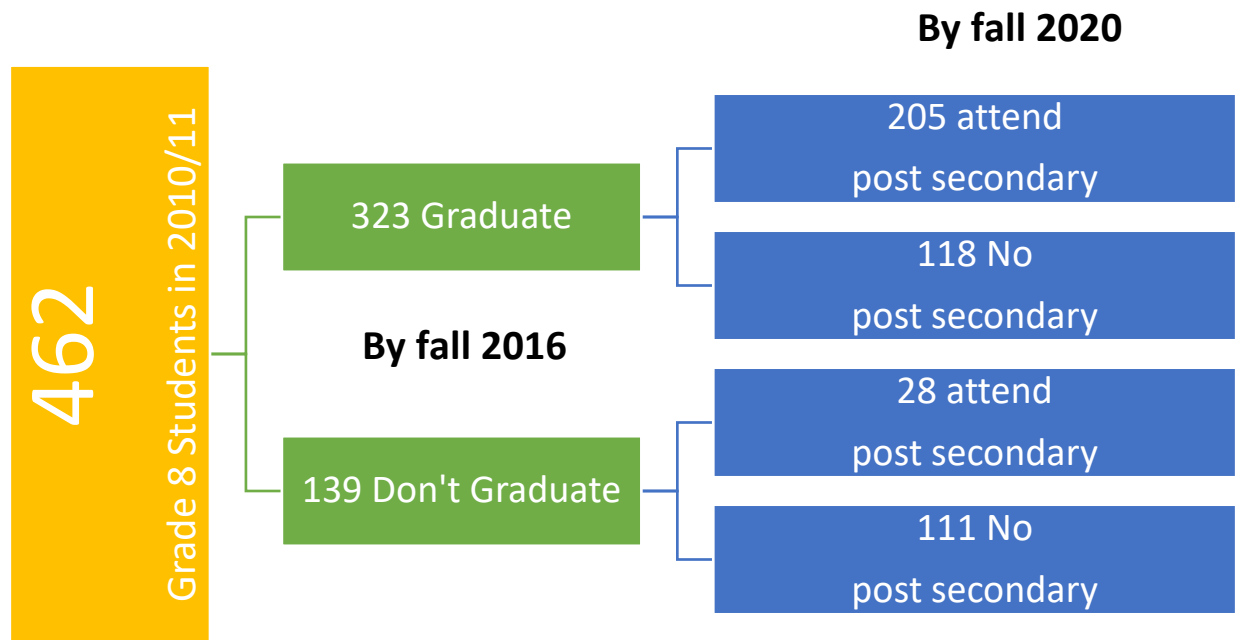
High school students tend to report a low level of satisfaction that school is preparing them for a future job<sup>16</sup>, and only a slightly better sense that school is preparing them for post-secondary education. Only 19% of Grade 10 students and 25% of Grade 12 students feel school is preparing them for a job. They are slightly more optimistic about preparation for post-secondary, but still only about one-third are confident about this (28% of grade 10 and 34% of grade 12 students).

When we look at data indicators for students' future success, there are reasons for concern. Provincial literacy and numeracy assessments show that only 51% of students are proficient in literacy, and less than a quarter were proficient in numeracy. These are well below provincial averages. FSA data for grades four and seven are slightly better, but still on the bottom of the provincial averages.

In terms of progression to post-secondary education, only about 50% of students do so. Of the 462 students who started Grade 8 in 2010, only 69% of students graduated Grade 12<sup>17</sup>. Of those students who did graduate, 64% transitioned to post-secondary by the fall of 2020 (this represents only 44% of the students who started Grade 8 in 2010).

<sup>16</sup> <https://studentsuccess.gov.bc.ca/school-district/027/report/post-secondary-career-prep>

<sup>17</sup> <https://studentsuccess.gov.bc.ca/school-district/027/report/transition-to-post-secondary>



## Conclusion & Next Steps

Our community has been through a very difficult period from 2017 to 2021. The results of the PNA survey reflect some of the impact on youth in our community, but it will be some time before we have a full understanding of the implications for families and young people. While we are concerned about much of the data reflected in this report, we recognize that we have limited influence over the risk factors faced by youth. The most significant and concerning challenges are represented by the erosion in the number of youth with strong levels of protection in all domains of their lives. As we move forward, it seems most logical to focus on building the protective factors that support children and youth, strengthen families and communities, and keep students positively engaged with and connected to schools. Using the framework of the Social Development Strategy as a guide, we need to work collaboratively to build connections and a sense of belonging, set healthy expectations and boundaries, support children and youth to develop the skills they need, recognize them for their resilience and strength, and provide opportunities for them to contribute positively to their families, schools, and the community.

Over the coming months we will be working with community leaders to identify key strategies and initiatives that will bring us together further to support young people and their families in our community.

## Appendix A

### Risk and Protective Factor Definitions

#### **COMMUNITY DOMAIN**

##### **Laws and Norms Favorable Toward Drug Use**

Research has shown that legal restrictions on alcohol and tobacco use, such as raising the legal drinking age, restricting smoking in public places, and increased taxation have been followed by decreases in consumption. Moreover, national surveys of high school seniors have shown that shifts in normative attitudes toward drug use have preceded changes in prevalence of use.

##### **Perceived Availability of Drugs**

The availability of cigarettes, alcohol, marijuana, and other illegal drugs has been related to the use of these substances by adolescents.

##### **Rewards for Prosocial Involvement**

Rewards for positive participation in activities helps youth bond to the community, thus lowering their risk for substance use.

#### **FAMILY DOMAIN**

##### **Poor Family Management**

Parents' use of inconsistent and/or unusually harsh or severe punishment with their children places them at higher risk for substance use and other problem behaviors. Also, parents' failure to provide clear expectations and to monitor their children's behavior makes it more likely that they will engage in drug abuse whether or not there are family drug problems.

##### **Family Conflict**

Children raised in families high in conflict, whether or not the child is directly involved in the conflict, appear at risk for both delinquency and drug use.

##### **Sibling Drug Use and Exposure to Adult Antisocial Behavior**

When children are raised in a family with a history of problem behaviors (e.g., violence or substance use), the children are more likely to engage in these behaviors.

##### **Parental Attitudes Favorable Toward Antisocial Behavior and Parental Attitudes Favorable Toward Drugs**

In families where parents use illegal drugs, are heavy users of alcohol, or are tolerant of children's use, children are more likely to become drug abusers during adolescence. The risk is further increased if parents involve children in their own drug (or alcohol) using behavior, for example, asking the child to light the parent's cigarette or get the parent a beer from the refrigerator.

##### **Family Attachment**

Young people who feel that they are a valued part of their family are less likely to engage in substance use and other problem behaviors.

##### **Opportunities for Prosocial Involvement**

Young people who are exposed to more opportunities to participate meaningfully in the responsibilities and activities of the family are less likely to engage in drug use and other problem behaviors.

##### **Rewards for Prosocial Involvement**

When parents, siblings, and other family members praise, encourage, and attend to things done well by their child, children are less likely to engage in substance use and problem behaviors.

#### **SCHOOL DOMAIN**

##### **Academic Failure**

Beginning in the late elementary grades (grades 4-6) academic failure increases the risk of both drug abuse and delinquency. It appears that the experience of failure itself, for whatever reasons, increases the risk of problem behaviors.

##### **Low Commitment to School**

Surveys of high school seniors have shown that the use of drugs is significantly lower among students who expect to attend college than among those who do not. Factors such as liking school, spending time on homework, and perceiving the coursework as relevant are also negatively related to drug use.

#### **Opportunities for Prosocial Involvement**

When young people are given more opportunities to participate meaningfully in important activities at school, they are less likely to engage in drug use and other problem behaviors.

#### **Rewards for Prosocial Involvement**

When young people are recognized and rewarded for their contributions at school, they are less likely to be involved in substance use and other problem behaviors.

### **INDIVIDUAL/PEER DOMAIN**

#### **Early Initiation of Antisocial Behavior and Early Initiation of Drug Use**

Early onset of drug use predicts misuse of drugs. The earlier the onset of any drug use, the greater the involvement in other drug use and the greater frequency of use. Onset of drug use prior to the age of 15 is a consistent predictor of drug abuse, and a later age of onset of drug use has been shown to predict lower drug involvement and a greater probability of discontinuation of use.

#### **Attitudes Favorable Toward Antisocial Behavior and Attitudes Favorable Toward Drug Use**

During the elementary school years, most children express anti-drug, anti-crime, and pro-social attitudes and have difficulty imagining why people use drugs or engage in antisocial behaviors. However, in middle school, as more youth are exposed to others who use drugs and engage in antisocial behavior, their attitudes often shift toward greater acceptance of these behaviors. Youth who express positive attitudes toward drug use and antisocial behavior are more likely to engage in a variety of problem behaviors, including drug use.

#### **Perceived Risk of Drug Use**

Young people who do not perceive drug use to be risky are far more likely to engage in drug use.

#### **Interaction with Antisocial Peers**

Young people who associate with peers who engage in problem behaviors are at higher risk for engaging in antisocial behavior themselves.

#### **Friends' Use of Drugs**

Young people who associate with peers who engage in alcohol or substance use are much more likely to engage in the same behavior. Peer drug use has consistently been found to be among the strongest predictors of substance use among youth. Even when young people come from well-managed families and do not experience other risk factors, spending time with friends who use drugs greatly increases the risk of that problem developing.

#### **Rewards for Antisocial Behavior**

Young people who receive rewards for their antisocial behavior are at higher risk for engaging further in antisocial behavior and substance use.

#### **Depressive Symptoms**

Young people who are depressed are overrepresented in the criminal justice system and are more likely to use drugs. Survey research and other studies have shown a link between depression and youth problem behaviors.

#### **Gang Involvement**

Youth who belong to gangs are more at risk for antisocial behavior and drug use.

#### **Religiosity**

Young people who regularly attend religious services are less likely to engage in problem behaviors.

#### **Belief in the Moral Order**

Young people who have a belief in what is "right" or "wrong" are less likely to use drugs.

#### **Interaction with Prosocial Peers**

Young people who associate with peers who engage in prosocial behavior are more protected from engaging in antisocial behavior and substance use.

**Prosocial Involvement**

Participation in positive school and community activities helps provide protection for youth.

**Rewards for Prosocial Involvement**

Young people who are rewarded for working hard in school and the community are less likely to engage in problem behavior.