2017

Chilcotin Community Profile

Communities

That Care

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Acknowledgements

Community That Cares 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. A particular thanks to those who reviewed drafts of the report and provided feedback and input.

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Executive Summary

Communities That Care is a collaborative community effort to improve the health and well-being of children and youth in our community. The work of the CTC initiative is based on data from the Prevention Needs Assessment survey, a standardized survey instrument that measures risk and protective factors of all youth from grades six through twelve. In the Chilcotin, the community of Anahim Lake had a CTC initiative from 2008 through 2012. Although other Chilcotin communities have not had active CTC based activities, we feel that a document that provides baseline data from the Prevention Needs Assessment survey would be a useful tool for individual communities and service providers that provide services to children, youth and their families in Chilcotin communities.

There are some challenges in presenting data from across the Chilcotin. One of the challenges is the diversity across such a large rural area. The population in the region is sparse, and there is a lot of diversity among the small community settlements. Some are larger than others, some are more isolated than others, some have no services at all, some are First Nations bands, others are non-Aboriginal settlements. In addition, there are few options for school attendance beyond Grade 9. Many, if not most students end up in Williams Lake for secondary school. Because of this, we included in our data analysis all students who identify a Chilcotin community as their home. As a result of these factors, it is challenging to identify specific trends or areas of strength or concern that are consistent across the Chilcotin student population. What is clear is that the transition to school in Williams Lake is creating challenges for students, whether they move with their families or board with someone.

Grade 9 students show a significant increase in the percentage of students with high risk factors, with a drop in the number of students with high protection. There is a slight improvement among Grade 10 students followed by another increase in high risk and decrease in high protection students in Grade 11. Overall, 68% of students across all grades have high risk factors and 53% have high protection. Opportunities and rewards for pro-social activities in the family domain are strong protective factors for Chilcotin students. At the same time, 40% of students said they don't have an adult in their life that they can turn to for help when they have a problem. In addition, 58% of Grade 11 Chilcotin students report experiencing depressive symptoms.

Overall, the message from the survey data seems clear that students from the Chilcotin are finding the transition to life and school in Williams Lake to be a challenge. This echoes the messages we have been hearing from families and from front-line service providers for some time.

This report also includes comparative data for the Anahim/Nimpo Lake community, as they completed a survey in 2009. We know that this community has had many challenges over the past six years, and that they have also worked hard to build up activities to strengthen the protective factors in their community. The results are mixed, but improvements in the early initiation of anti-social behaviour and drug and alcohol use are very encouraging. They have also seen a small drop in the percentage of high risk youth.

Overall, the Chilcotin CTC profile provides a picture of the challenges faced by these students, as well as the areas in which they are strong and supported. It gives us an opportunity to respond to issues that we have known about for some time, but now have concrete data based on information directly from our youth that supports what we know.

Introduction

Communities That Care is a collaborative community effort to improve the health and well-being of children and youth. It was established in Williams Lake and Anahim Lake in 2009 through a community initiative led by the City of Williams Lake, Ministry for Children and Families, Social Planning Council and several inter-agency network tables. Over the past eight years, many organizations and individuals have worked collaboratively to respond to the data in the first community profile, the priorities set by the community, and the challenge of learning how to collaborate differently. As we moved into the phase of a second round of data collection, several of our funders asked that we include the entire school district in this process and supported the development of separate community profile documents for the South Cariboo and Chilcotin, as a resource for those communities. Information about the implementation of the CTC model, and the activities of the CTC initiative in Williams Lake, can be found in the Williams Lake Community Profile.[1] Even though CTC as a model has had limited reach into the Chilcotin, the data is relevant and informative for a range of community initiatives, and provides information that can be utilized to identify the issues, concerns and priorities for work with children, youth and their families. Anahim Lake completed a youth survey in 2009 as part of the initial implementation of Communities That Care and had a CTC Coordinator working through the Anahim Lake school until March 2016. Data specific to that community is included in this report as an Appendix.

What is Communities That Care?

Communities That Care[2] (CTC) is a community based approach to preventing problem youth behaviours, including substance abuse, delinquency (crime), violence, teen pregnancy, school dropout, depression and anxiety. It focuses on promoting positive and healthy youth behaviour, while understanding the root causes of negative behaviours.

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. Prevention programs focus on reducing the existence and prevalence of risk factors rather than providing intervention with individuals who are already involved in one (or more) of the problem behaviours.

One of the cornerstones of the CTC model is data driven decision making. Research in prevention science 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. Because some risk factors are predictive of multiple problem behaviours, implementing programs focused on key risk and protective factors can be expected to produce long term results.

CTC uses a population level survey of youth, the Prevention Needs Assessment Survey, to identify the existence of risk and protective factors among youth in our community, along with contextual data from all sectors. This data is paired with the knowledge of those working directly with children, youth and their families, to give us a picture of how well youth in our community are doing.

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[1] Available online at http://www.sd27.bc.ca/healthy-schools-healthy-students/communities-that-care/
[2] Additional information about the CTC model can be found at: http://www.communitiesthatcare.net/

Risk Factors	Substance Use	Delinquency / Crime	Teen Pregnancy	School Dropout	Violence	Depression & Anxiety
Community						
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	√	√	√	√	√	
Family						
Family history of the problem behaviour	√	√	√	√	√	√
Family management problems	√	√	√	√	√	√
Family conflict	√	√	√	√	√	√
Favourable parental attitudes to, and involvement in the problem behaviour	√	√			√	
School						
Academic failure beginning in late elementary school	√	√	√	√	√	√
Lack of commitment to school	√	√	√	√	√	
Peer & Individual						
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	√	√			√	√

Figure 1: *Research connections between risk factors and problem behaviours*[3]

The CTC model provides a guided process that uses research based decision making and integrated approaches to prevention, as well as the importance of mobilizing the community to take action. The CTC process is organized into five phases, each having specific benchmarks and milestones.

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[3] http://www.communitiesthatcare.net/research-results/

Figure 2*: CTC Process*

The *Communities That Care* system has been designed to guide communities through the most critical and challenging steps in this process, from community mobilization through outcomes evaluation. The *Communities That Care* system helps communities:

1. Identify and address readiness issues — such as targeting and resolving potential obstacles to a successful community-wide prevention effort.
2. Organize and involve all community members who have a stake in healthy futures for young people by bringing together representation from all of those stakeholders
3. Bring together diverse community efforts that address youth and family issues, by establishing a shared vision, a common language and a collaborative approach to planning and implementing needed changes.
4. Set priorities for action based on a data-based profile of community strengths and challenges.
5. Strengthen funding applications, using a community profile that pinpoints the community's specific needs.
6. Define clear, measurable outcomes that can be tracked over time to show progress and ensure accountability.
7. Identify gaps in how priorities are currently addressed.
8. Select tested, effective (evidence-based) programs, policies and practices to fill community-identified gaps.
9. Evaluate progress toward desired outcomes

Social Development Model

The Social Development Model is a strength based approach to healthy youth development which is the foundation for CTC. It focuses on all aspects of children/youth's lives (individual characteristics, families, peer relationships, schools, and communities). It is based on nurturing the individual characteristics of each child, giving them the opportunity to build their skills, and recognizing positive behaviours. This builds bonds,

attachment and commitment to their families, positive peers, schools and communities. In order to do this, we need to provide children and youth with a whole set of healthy beliefs and clear expectation about what positive characteristics and behaviours we expect from them. This requires strong healthy adult role models in all domains of a child's life, who can reinforce these healthy beliefs. The strategy must be woven into all areas of youth development in the community, including individual relationships, youth serving organizations and programs, and all segments of the community.

Provide
Opportunities, Skills & Recognition
for kids

Adults have:
Healthy Beliefs & Clear Expectations

Build
Bonding Attachment & Committment
to families, schools, communities, peers

Healthy Behaviours in Children & Youth
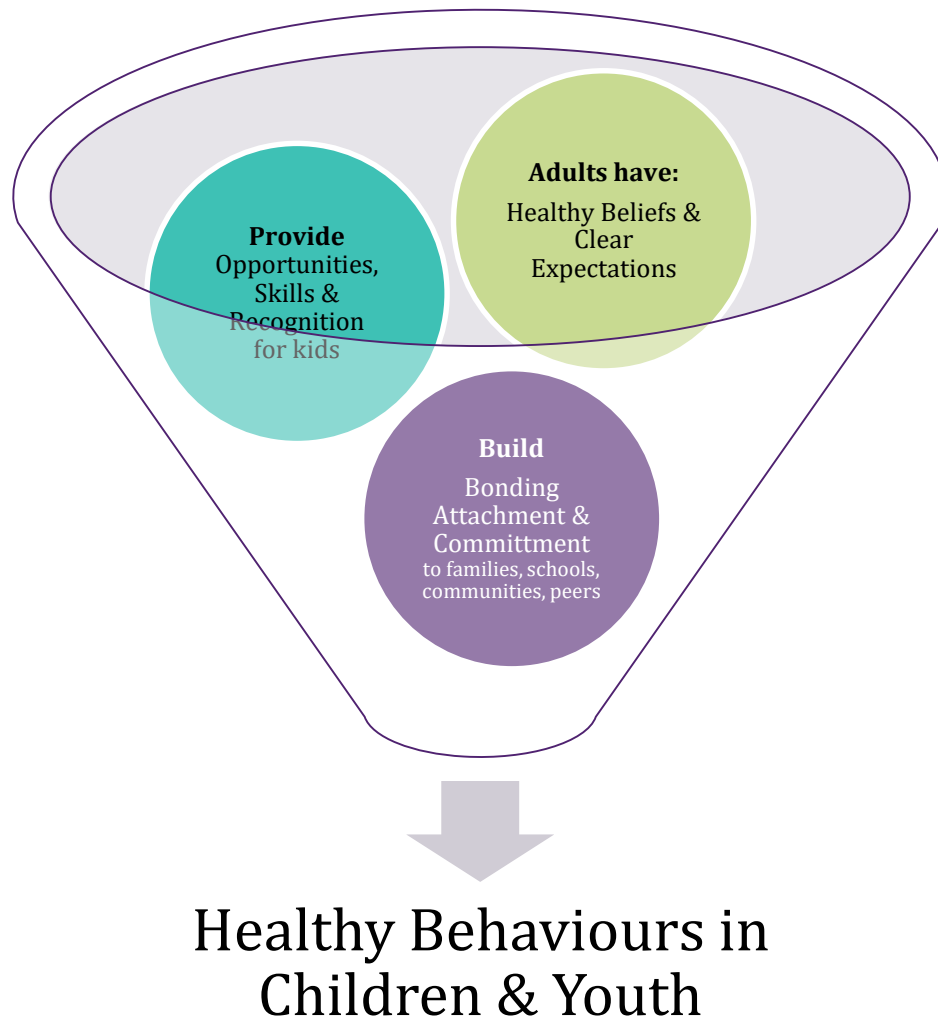
Figure 3*: Social Development Model*

Community Context – About the community/region

In examining the results from the survey, it is important to locate the data in the context of the broader community. The Chilcotin is a large rural region of over 39,000 square kilometres, that is sparsely populated. It includes at least seven First Nations communities (depending on where you draw boundaries). The most recent basic demographic data available from the 2016 Census reports that there are 1040 residents in Cariboo

Regional District Areas J and K. This likely does not include Aboriginal people living on First Nations reserves, so is a significant underrepresentation of the actual population.

Due to the rural nature of the region, there is limited data available that is specific to the region and does not include Williams Lake and its surrounding residential areas. Also, due to the wide diversity in populations and contexts, it is challenging to summarize the information contained in this report with the knowledge that what may be true for one community (ie. Tatla Lake) might be very different for another community such as Xeni Gwet'in. The data contained in this report provides an overview, and a great deal of insight into the strengths and challenges faced by children, youth and their families across the region.

The information below paints a picture of the strengths and vulnerabilities of Chilcotin children and youth from kindergarten entry through Grade 12. It is important to note that data for the Early Development Index reflects the 'rural cariboo' which includes the Horsefly/Likely area.

Children and Youth in the Chilcotin

Early Development Index

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.[4] 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 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 one through six, which span the 2001/02 school year through the 2015/16 school year. Wave six reports data from 2013-2016.

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

Physical Health and Well-being: Assesses children's gross and fine motor skills, physical independence and readiness for the school day. E.g. *Can the child hold a pencil? Is the child able to manipulate objects? Is the child on time for school?*

Social Competence: Assesses children's overall social competencies, capacity for respect and responsibility, approaches to learning, and readiness to explore new things. E.g. *Is the child able to follow class routines? Is the child self-confident? Is the child eager to read a new book?*

Emotional Maturity: Assesses children's prosocial and helping behaviours, as well as hyperactivity and inattention, and aggressive, anxious and fearful behaviours. E.g. *Does the child comfort a child who is crying or upset? Does the child help clean up a mess?*

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[4] Human Early Learning Partnership, University of British Columbia (2017). http://earlylearning.ubc.ca/edi/

Language and Cognitive: Assesses children's basic and advanced literacy skills, numeracy skills, interest in math and reading, and memory. E.g. *Is the child interested in reading and writing? Can the child count and recognize numbers? Is the child able to read simple sentences?*

Communication Skills: Assesses children's English language skills and general knowledge. E.g. *Can the child tell a story? Can the child communicate with adults and children? Can the child take part in imaginative play?*

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. Rural Cariboo data reported below includes children from all schools west and east of Williams Lake but does not include South Cariboo schools.

	Total Number of Children screened		% Vulnerable (one or more domains)		Physical		Social		Emotional		Language		Communication	
	W5	W6	W5	W6	W5	W6	W5	W6	W5	W6	W5	W6	W5	W6
Rural Cariboo	36	126	36	37	22	15	14	20	14	22	14	15	22	13

Table 1: *Percentage of Children Vulnerable by neighbourhood of residence and domain*

Vulnerability rates vary over time and the number of children screened in each neighbourhood can affect whether changes over time are due to real change, or to change in measurement. *Critical difference* is a method used by EDI researchers to determine whether a change reflects a real, statistically significant change in vulnerability rather than a minor change associated with measurement variations. In the Rural Cariboo, between Wave 5 and Wave 6, there was no *critical difference* in vulnerability over the period studied. Vulnerability rates in the Rural Cariboo are lower for Physical Health and Communication in comparison to the district wide vulnerability, with the highest number of children vulnerable in the Social and Emotional domains.
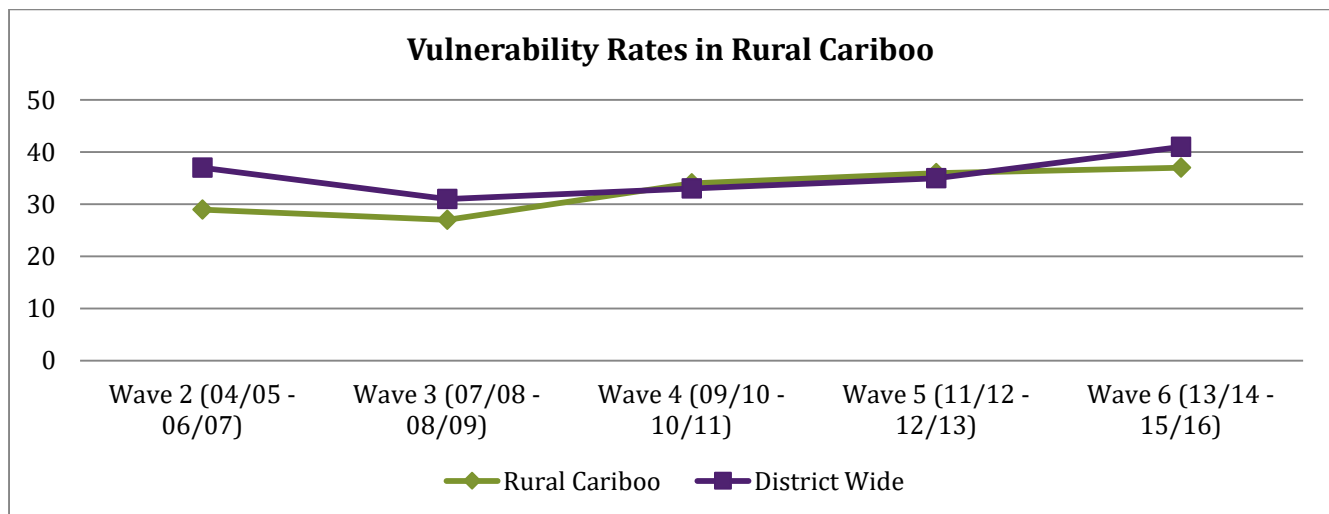
Figure 4: *Percentage of children vulnerable in one or more domains over time*

Prevention Needs Assessment Youth Survey

About the PNA Survey

The cornerstone of the Communities That Care process is the Youth Prevention Needs Assessment Survey. This is a survey of all children and youth from grades six through twelve. It is completed in classrooms, facilitated by a survey implementation team, with support from classroom teachers. 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 a given area or community. 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 youth being involved in or experiencing one or more of the following six behaviours:

- **school dropout**
- **substance abuse**
- **violence**
- **delinquency/crime**
- **depression/anxiety**
- **teen pregnancy**

The survey was completed in November 2015. Students from all public schools in the Chilcotin participated (Alexis Creek, Tatla Lake, Anahim Lake, Naghtaneqed). Survey results from student's whose home community is in the Chilcotin, but who attend school in Williams Lake are also included in the survey results. This is important because most students from grades 10-12 do not attend school in their home community. A total of 226 students who consider the Chilcotin their home completed the survey, with 50% of these students identifying themselves as Aboriginal. Only 75 of those students actually attend school in the Chilcotin. Survey results for the Chilcotin are based on responses from all 226 students. In most grades the majority of students participating in the survey for the Chilcotin do not currently live in a Chilcotin community but rather in Williams Lake

Risk and Protective Factors

Risk and Protective Factors are scientifically validated characteristics of a child and his or her environment that can be used as indicators of how well the children and youth in our community are doing. Risk factors are known to increase the likelihood of negative outcomes for children. Protective Factors exert a positive influence and shield children from the negative influence of risk, thus reducing the likelihood that children and youth will experience negative outcomes. Risk and protective factors are grouped in four domains - community, family, school, and individual/peer - because they represent the key areas where youth live, develop and interact. However, a factor from one domain can also be addressed in another. For example, school-based programs can affect peer influences, and parenting programs can affect children's academic performance. Research has demonstrated that many of the same risk and protective factors predict multiple youth well-being outcomes. Addressing these root causes of youth well-being is a proven method for improving children's health and development.

Community | School

Individual/ Peer | Family
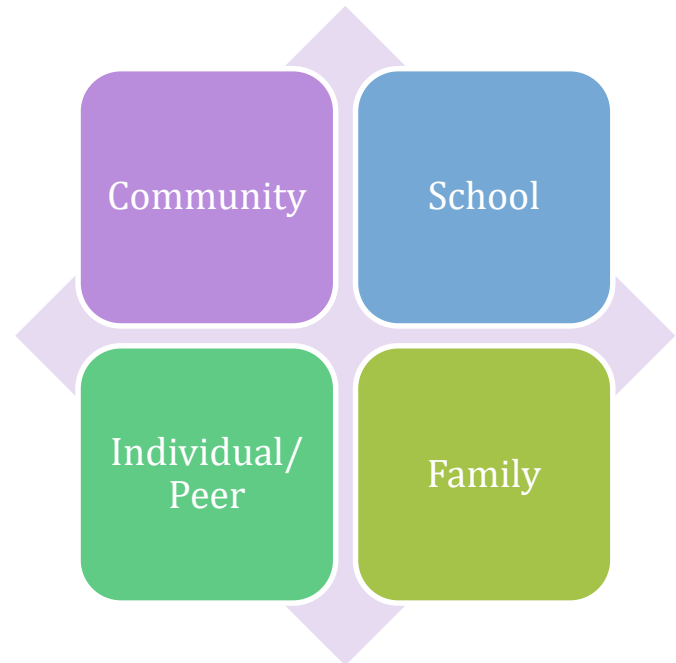
Survey Results

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.

A NOTE ABOUT HONESTY

The PNA survey is completed anonymously and confidentiality is stressed throughout the survey process. This removes most of the reasons for students to exaggerate or deny behaviours on the survey. There are also a number of checks built in to the data analysis to minimize the impact of dishonest responses or students who do not take the survey seriously.

Risk and Protective Factor Profile

The PNA Survey provides a profile of the percentage of children and youth who have each risk and protective factor in their life across the four domains of community, school, family and individual/peer. Students considered high risk are those who have five or more risk factors in Grade 6, six or more in Grades 7-9 and seven or more in Grades 10-12. Those with high levels of protection, which buffer against risk, have three or more protective factors in Grade 6-7, and four or more in Grades 8-12. Of the students who live in or consider the Chilcotin their home, 68% have enough risk factors to put them at high risk for engagement/involvement in one or more of the six problem behaviours identified, while 53% have enough protective factors to be considered to have a high level of protection.

53% High Protection

68% High Risk

Figure 5: *Percentage of students with High Protection/High Risk*

Exploring the levels of risk and protection by grade gives a broader view of how students across the grades are reporting their risk and protective factors. This data represents a snapshot of students at a particular point in time, so it is important to consider contextual factors. In particular, there are only a few students in each grade, so the results may be based on the life circumstances of students who are in that cohort. For example, only 10 students in Grade 6 participated in the survey. With only 13 Grade 6 students in the survey sample, this is a high response rate, but only a small number of students. As a result, having 90% of them 'high risk' may be due to the particular lives of these students and may not speak to the rate of risk for all Grade 6 students across the region more generally. The more students in the sample, and the higher the participation rate, the more representative of the population the results are.

	Total Students registered in participating Chilcotin Schools	Total Students participating in survey
Grade 6	13	10
Grade 7	11	31
Grade 8	17	42
Grade 9	16	40
Grade 10	18	49
Grade 11	0	34
Grade 12	0	20
Total	75	226

Table 2: *Number of students participating in survey*

Although results are corrected for the reality that the number of risk factors in a youth's life increases as they get older, the percentage of students with high risk[5] does tend to rise from younger to older students. Again, the importance of considering the community and cohort context is important, and prevention initiatives need to be focused earlier rather than at the grade level where increased risk levels are observed in the data. Also,

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[5] five or more risk factors in Grade 6, six or more in Grades 7-9 and seven or more in Grades 10-12

the domain in which risk is increasing and the specific risk factors themselves are also important to understand.

For students in the Chilcotin, the uncertainties and challenges of transitions from school in their home community to school in Williams Lake are significant. This is an important consideration when viewing the data from the survey. Across several domains, Grade 9 and Grade 11 cohorts show spikes in risk factors with corresponding drops in protective factors. This combination means these two cohorts are likely to be particularly vulnerable. This may correlate with transition years for school change.
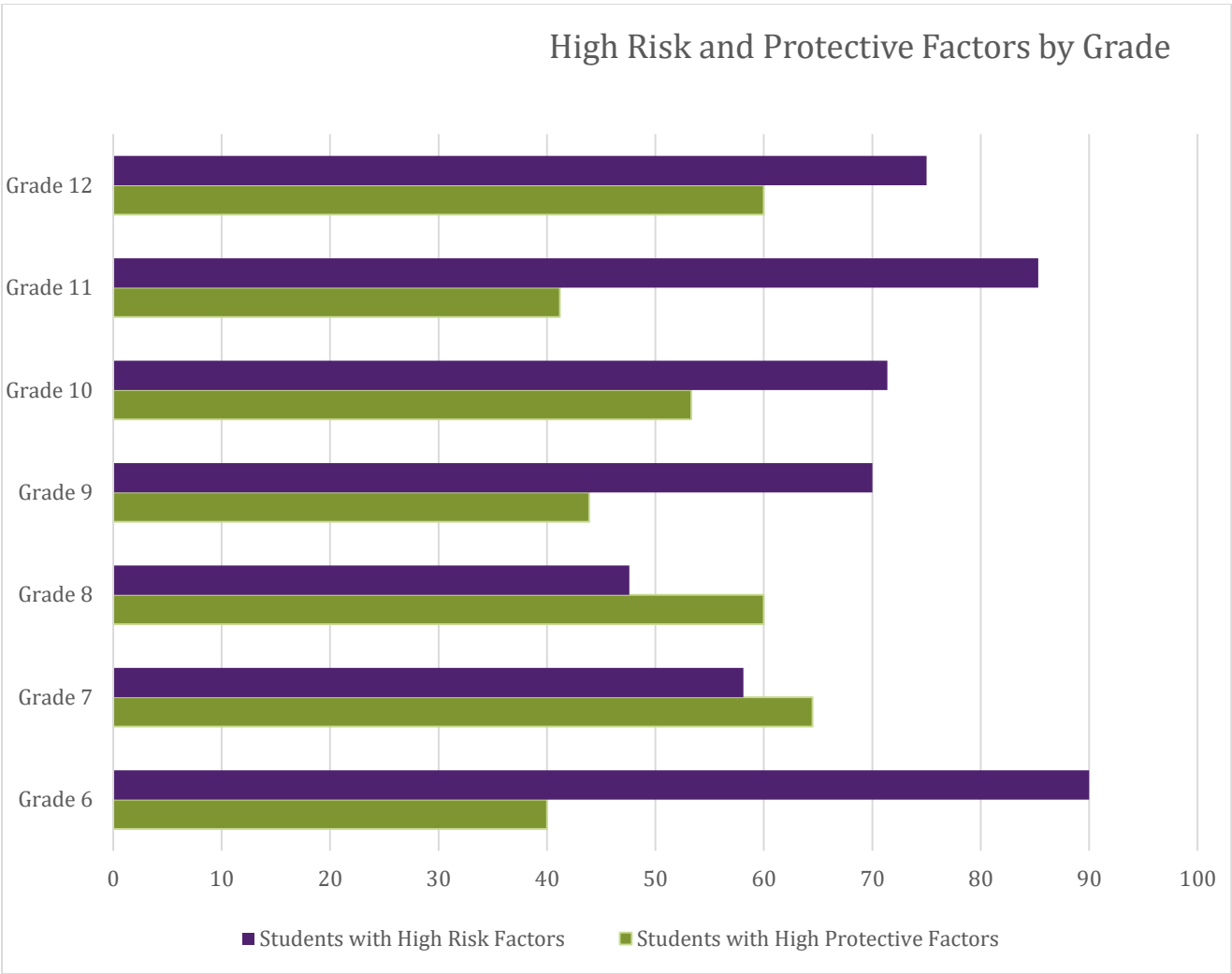
Figure 6: *Percentage of Students with High Risk and High Protection*

Chilcotin Risk Factor Profile - All Grades

Factor	Value
Community Domain	
Low Neighbourhood Attachment	47.2
Laws & Norms Favour Drug Use	56.7
Perceived Availability of Drugs	34.3
Family Domain	
Poor Family Management	56.3
Family Conflict	37.7
Sibling Drug Use	55.6
Exposure to Adults Antisocial Behaviour	58.9
Parent Attitudes to Antisocial Behaviour	68.2
Parent Attitudes Favour Drug Use	52.8
School Domain	
Academic Failure	60.4
Low Commitment to School	52
Individual/Peer Domain	
Early Initiation Antisocial Behaviour	45.1
Early Initiation Drug Use	41.4
Attitudes Favourable Antisocial Behaviour	54.8
Attitudes Favourable Drug Use	54.5
Perceived Risk of Drug Use	72.7
Interaction with Antisocial Peers	48.8
Friends Use of Drugs	44.2
Rewards for Antisocial Behaviour	52.8
Depressive Symptoms	39.6
Gang Involvement	6.8

Chilcotin Protective Factor Profile - All Grades

39.8	52.8	61.3	48.1	51.6	68.4	9.5	53.6	28.1	37.8	45.8
Rewards for Pro-Social Involvement	Family Attachment	Opportunity for Prosocial Involvement	Rewards for Prosocial Involvement	Opportunity for Prosocial Involvement	Rewards for Prosocial Involvement	Religiosity	Belief in the Moral Order	Interaction with Pro-Social Peers	Prosocial Involvement	Rewards for Prosocial Involvement
Community Domain	Family Domain			School Domain		Individual/Peer Domain				

Community Domain

The community domain focuses on the neighbourhood and broader community where children and youth live. Research shows that a low level of bonding to the neighbourhood, neighbourhood attitudes that favour drug and alcohol use, and easy access to tobacco, alcohol, and other drugs increases the risk that children and youth will be involved in these behaviours. The community can increase protection for children and youth by providing opportunities for pro-social involvement, and particularly by recognizing and acknowledging positive behaviour by youth in their neighbourhoods and communities. While this domain may seem as though it is the most challenging domain to address, it is also an important domain, and opportunities for discussion about community values and standards, as well as the role modelling of adults in a broad range of community settings is useful in understanding how communities can tackle factors in this domain.
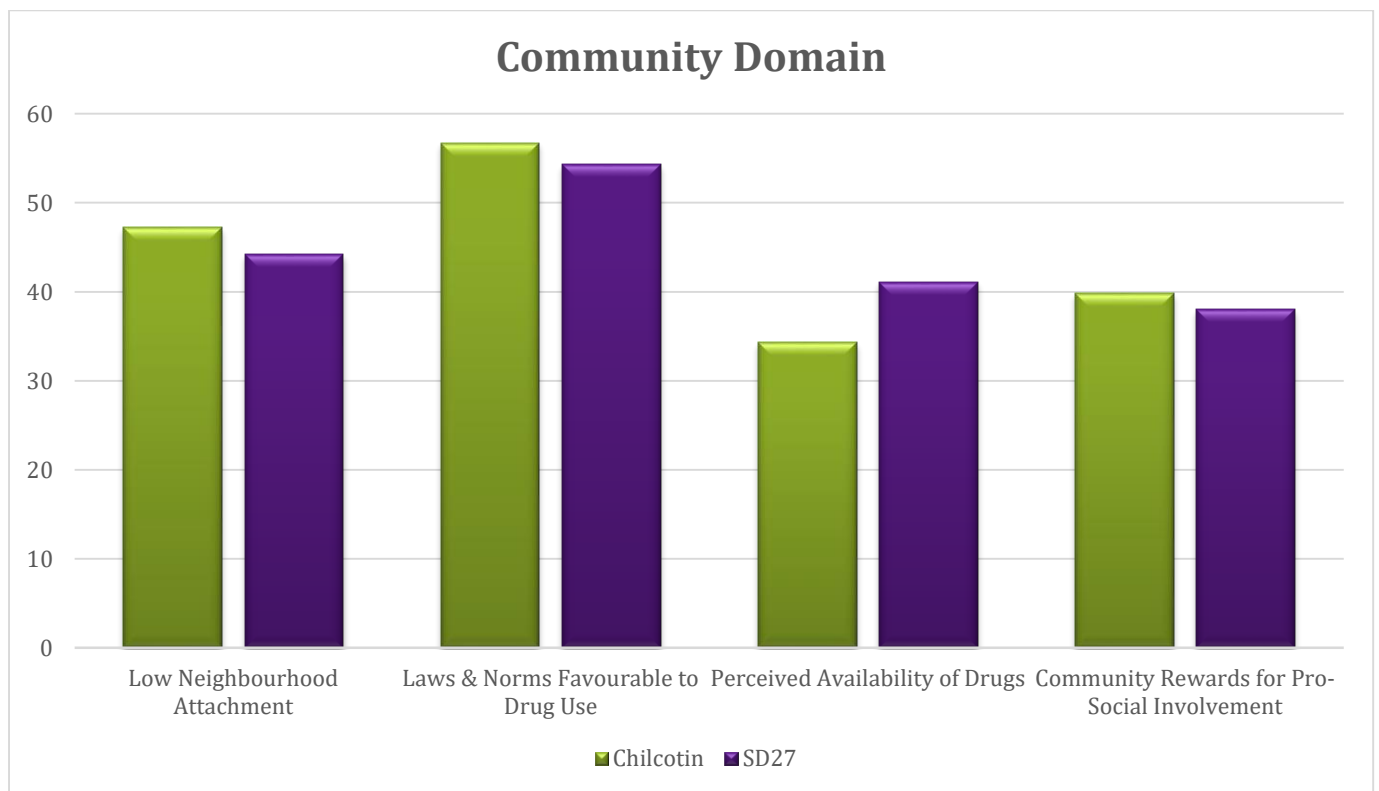
Community Domain

Figure 7: *Community domain risk and protective factors with school district wide comparison*

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 recognized for positive behaviour, they are less likely to engage in alcohol and drug use and other problem behaviour. Families in which 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). Among Chilcotin students, exposure to adult and sibling drug and alcohol use and other anti-social behaviour creates elevated risk for these students. At the same time, opportunities for pro-social family activities is quite high, which is a positive factor. Many Chilcotin youth attending school in Williams Lake board with either extended family, another family they know, or even a family they don't know. This may contribute to increased risk levels for Poor Family Management, for example if parenting is not consistent between the child's family and the boarding family.
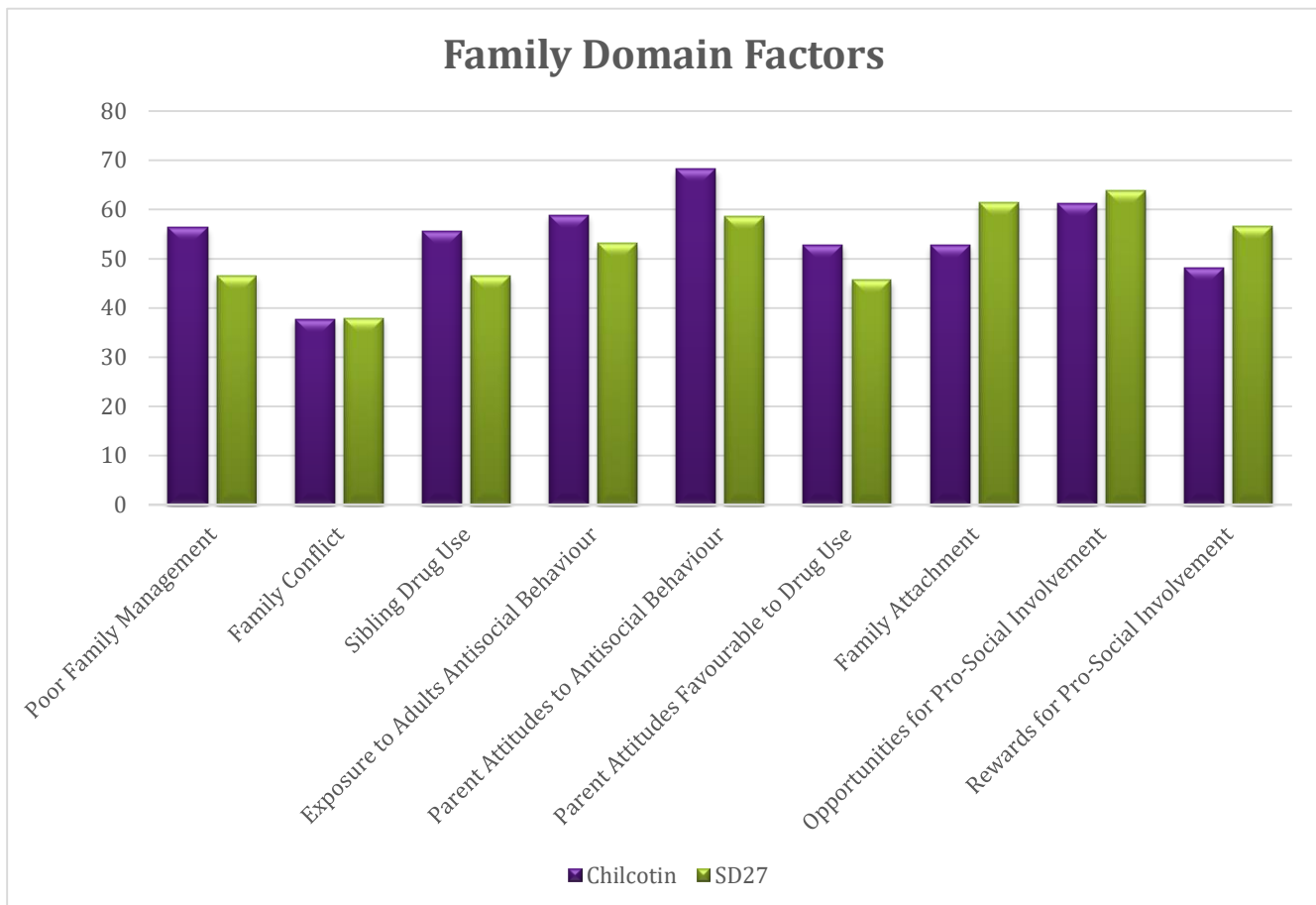

Figure 8: *Family domain risk and protective factors with school district wide comparison*

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 important to highlight that research shows that it is the experience of academic failure that elevates risk, rather than actual failure according to grading schema. *Low Commitment to School* is a measure of how much students like school, spend time on their studies, and see their coursework as relevant.
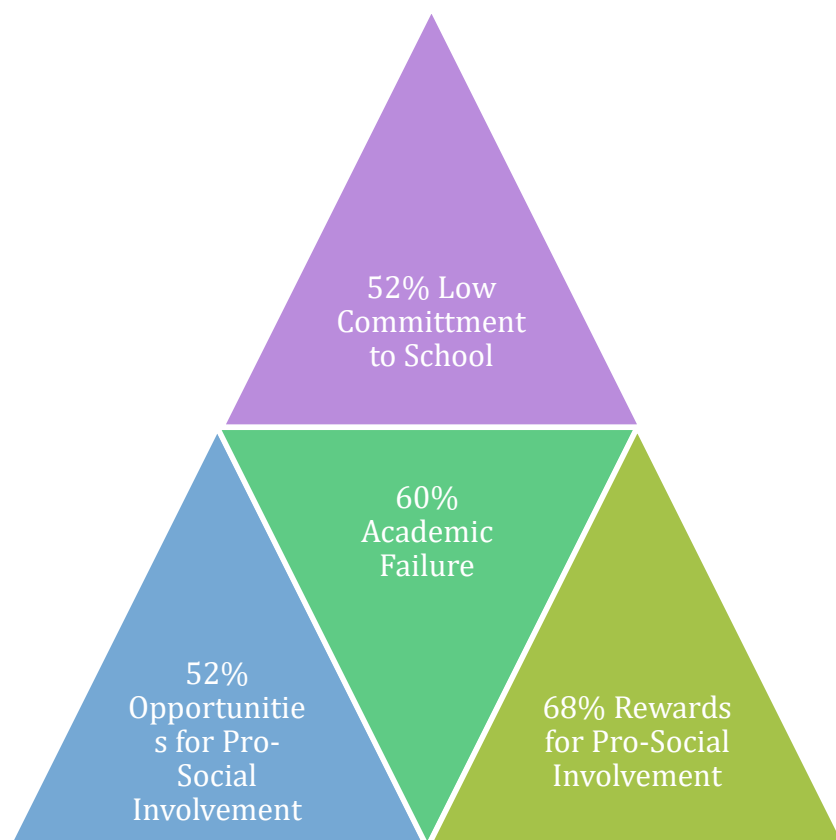
Figure 9: School domain risk and protective factors - all grades

In the school domain, we see a significant shift from 39% of Grade 8 students to 61% of Grade 9 students reporting Low Commitment to School, and an increase in the Academic Failure risk factor in Grade 10. Opportunities for Pro-Social Involvement in the school domain protective factors also drop significantly at Grade 8 and again at Grade 10. It is uncertain whether these are shifts related to transitions from elementary to secondary school settings, or from home community into Williams Lake; however, it is notable that this shift is not observed consistently across the district at the elementary-secondary transition. This suggests there may be some other elements implicated, either for this particular cohort, or as a result of other aspects of these transitions for Chilcotin students. Almost twice as many students from the Chilcotin reported being suspended from school (18% compared with 10% across the entire school district).

	Risk Factors		Protective Factors	
	Low Commitment to School	Academic Failure	Opportunities for Pro-Social Involvement	Rewards for Pro-Social Involvement
Grade 7	43%	52%	77%	68%
Grade 8	39%	54%	56%	68%
Grade 9	61%	55%	51%	81%
Grade 10	56%	68%	44%	68%

Table 3: *Change in school domain factors by grade*

In 2010 the leadership at the School District viewed *Low Commitment to School* as a root cause associated with poor academic achievement. The rationale for this decision is that if we can increase students 'commitment to school, they are more likely to engage in pro-social activities, and academic success is also likely to increase when commitment to school increases. As a result, the School District took a broad view that in addition to offering the Positive Action® to individual teachers for implementation, there would be a district wide approach to this issue. The Circle of Courage, developed by Dr. Martin Brokenleg, was identified as a culturally appropriate framework consistent with building the principles of the Social Development Strategy within the school system. It also fit well with the Comprehensive School Health framework which was the focus for the District's Healthy Schools initiative. With so many components, the district made a strategic decision to align their approach.

Just One Thing… A Sense of Belonging

School District 27 Developed a comprehensive school health program around the Circle of Courage and Communities That Care priorities of Sense of Belonging and School Connectedness as pillars of their Healthy Schools initiative. This focus on building support, relationships and connections among staff, students and community partners focused activities into a single document – the Building Resilient Learners School plan, which each school developed to suit their strengths and needs. This focused all initiatives on one foundation goal rather than insisting that schools do more and more programming to address a wide range of issues. They committed funds to ensure schools had the

Multiple workshops to share this framework with district leadership, school principals, teachers and other staff set the stage for schools to dev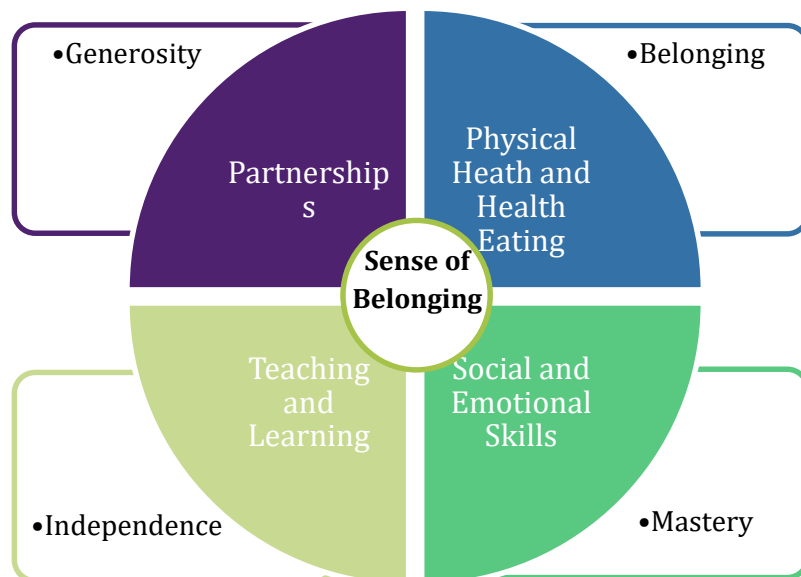elop a Sense of Belonging strategy as a foundation to their school based planning process and Building Resilient Learner plans, which are now required for each school. In recognition of their work on this, in 2015 School District 27 was awarded a School Connectedness grant to produce a video outlining their approach.[6] [7]

School Connectedness

- Generosity
- Belonging

Partnerships

Physical Heath and Health Eating

Sense of Belonging

Teaching and Learning

Social and Emotional Skills

- Independence
- Mastery

Comprehensive School Health

[6] http://www.sd27.bc.ca/healthy-schools-healthy-students/
[7] http://healthyschoolsbc.ca/key-focus-areas/school-connectedness/

Individual/Peer Domain

This domain speaks to the individual characteristics and experiences of children and youth and to the influence of their peers on their attitudes, beliefs, and behaviours. Research shows that early onset of alcohol and other drug use (prior to age 15), in addition to having implications for brain development, is a consistent predictor of future drug abuse.
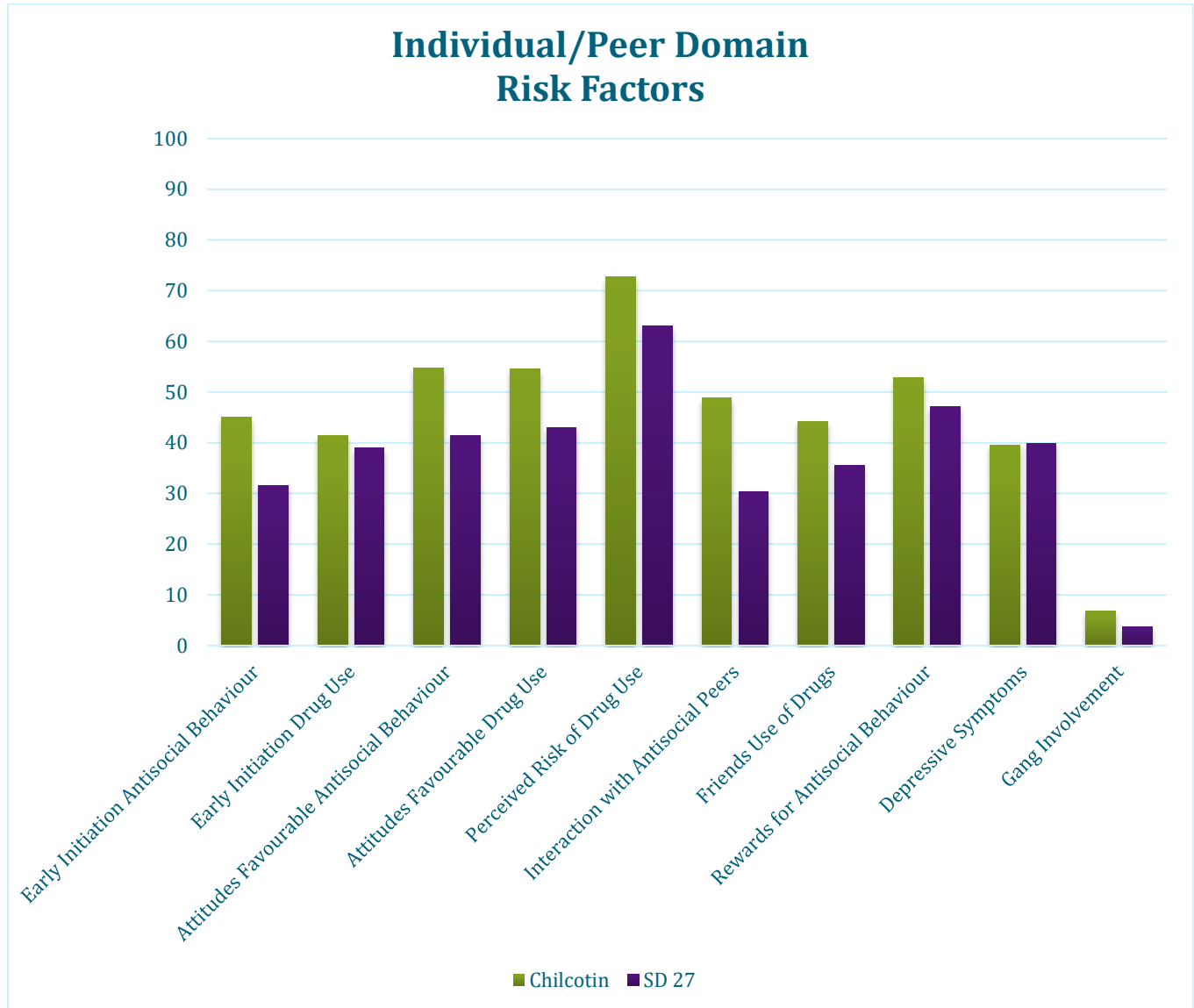
Figure 10: *Individual/Peer domain risk factor profile*

The risk factor *Perceived Risk of Drug Use* has increased across the school district since 2009. There has been some suggestion that this may be due to the public discourse about legalization of marijuana, since the increase contradicts a decrease in the *Community Laws and Norms Favourable to Drug Use* risk factor.

There is a spike at Grade 8 in *Early Initiation of Anti-Social Behaviour* from 29% in Grade 7 to 43% in Grade 8, but a drop in *Early Initiation of Drug Use* from 32% in Grade 7 to only 20% in Grade 8, and then up significantly to 44% in Grade 9 students.

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

The *Depressive Symptoms* risk factor represents students who report experiencing depressive symptoms, not those who have been diagnosed, or accessed services or treatment for depression. Grade level data shows that the percentage of students experiencing depressive symptoms jumps significantly from 19% of Grade 8 students to 40% of Grade 9 students and 51% of Grade 10 students, peaking at 58% of Grade 11 students.

Gang involvement is highest among Grade 9 and Grade 12 students, with 15% of students in each of these grades reporting involvement with a gang.

Of the Chilcotin students 20% reported one or more incidents of self-harming, without suicidal intentions.

58% of **Grade 11** students from the Chilcotin report experiencing **Depressive Symptoms**

We also asked students whether they had an adult in their life that they could share their thoughts with or ask for help with a problem. Across all grades, 40% of students said they did not. This was double the percentage of students in Williams Lake who indicated this. The highest percentages were in Grade 8 and in Grade 10, where 50% of students indicated they do not have an adult they could ask for help if they had a problem.

In terms of protective factors, *Belief in the Moral Order* can be described as having an understanding of right and wrong. 54% of students from the Chilcotin have a high level of protection in this area. Students also report *Rewards for Pro-Social Involvement with Peers* as a strong protective factor.
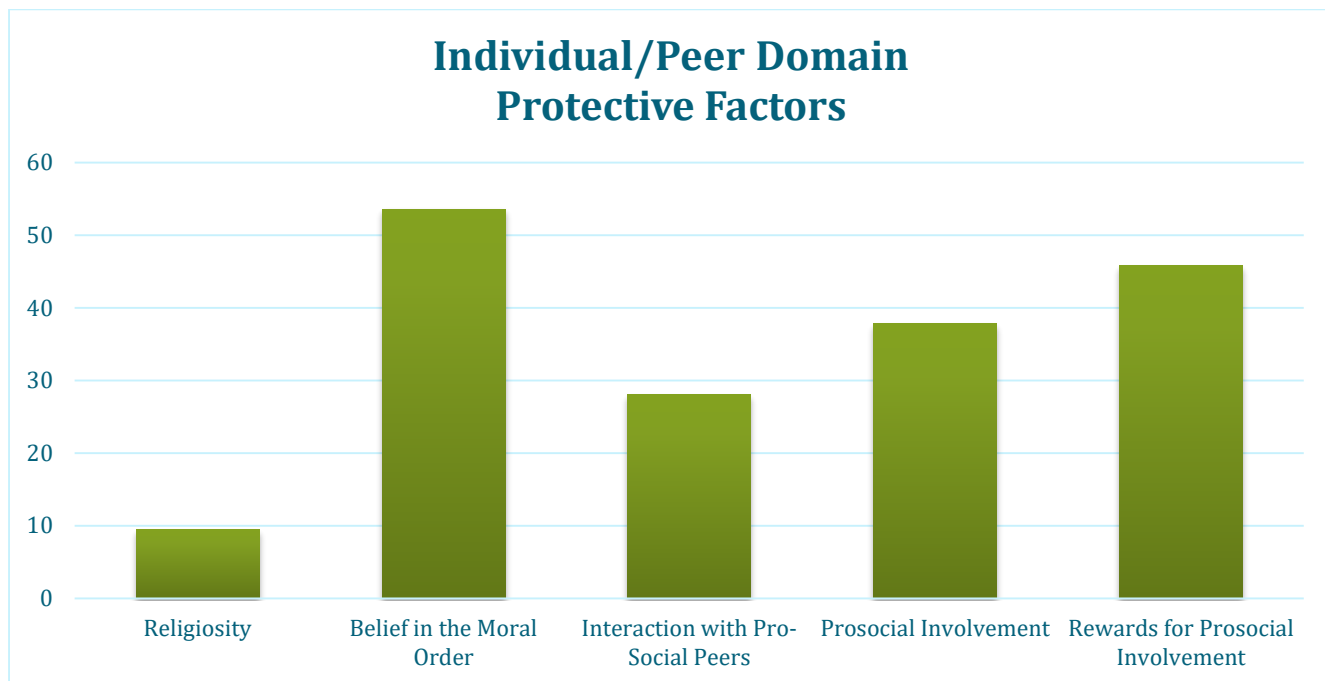
40% of students from the Chilcotin **do not** have an **adult** in their life they can ask for help when they have a **problem**

Individual/Peer Domain Protective Factors

Figure 11: *Individual/Peer domain protective factor profile*

Alcohol and Other Drug Use

Particularly among students in Grades 7 through 9, as well as Grade 12, *Early Initiation of Drug Use* is significantly higher than the average across the district. Youth who engage in alcohol and drug use prior to age 15 risk negative impacts on brain development, and research shows this is a consistent predictor of drug abuse. In addition, binge drinking rates among students in those grades are also significantly higher. Binge drinking is defined as five or more drinks over a short period of time, and the survey measures this over the two weeks prior to the date students take the survey. Lifetime use measures students who have ever used alcohol, which means more than just a few sips.
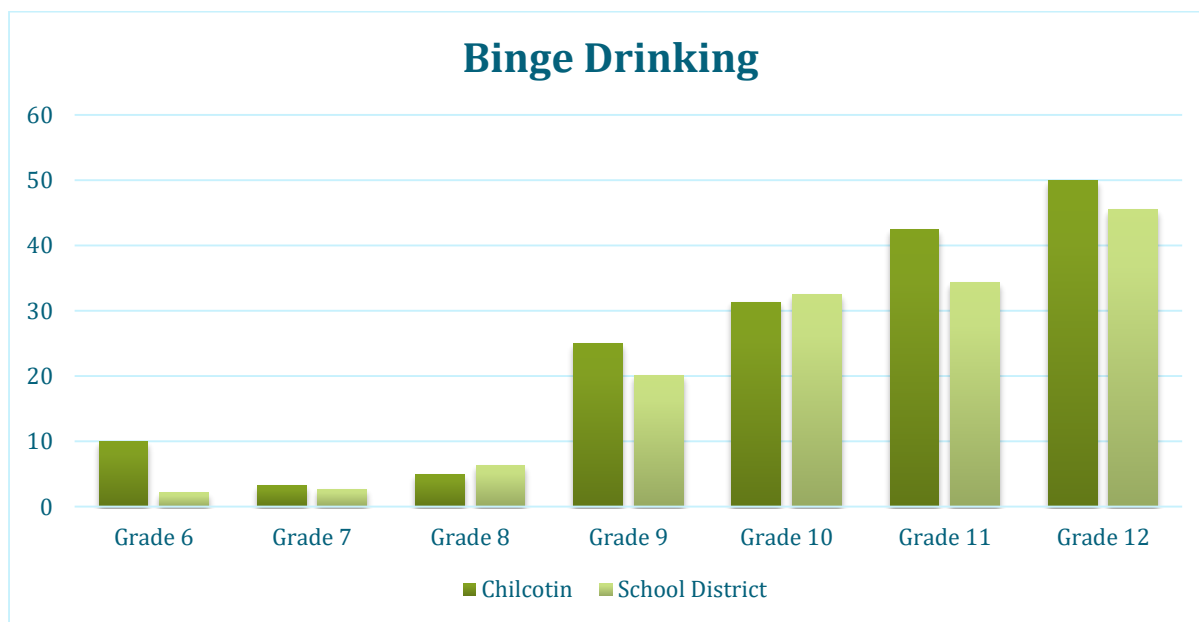

Binge Drinking

■ Chilcotin ■ School District

Figure 12: *Percentage of students reporting an incident of binge drinking in the past 2 weeks*

Lifetime Use

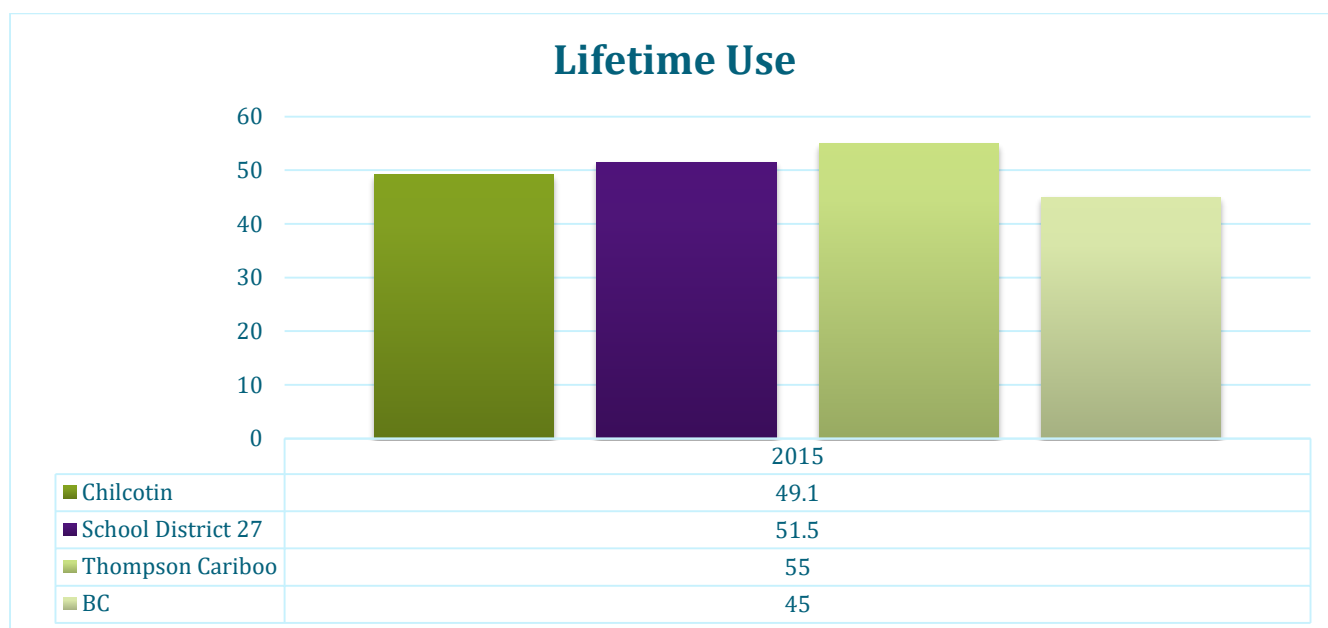|	2015
■ Chilcotin	49.1
■ School District 27	51.5
■ Thompson Cariboo	55
■ BC	45

Figure 13: *Percentage of students who reported using alcohol at least once*

Students shared a substantial amount of information about their access to and use of alcohol and other drugs. Cigarette and chewing tobacco use rates are significantly higher among Chilcotin students in every grade. Marijuana use is lower in grades seven and eight, but spikes up to 37.5% of students in Grade 9. Other types of drug use also increases among Grade 9 students.

Young people are not legally permitted to buy alcohol, so those who are consuming it must find other ways to access it. This is one of the ways communities can influence young people's understanding of the values and standards of their family and community around alcohol and other drug use. Chilcotin students are much less likely to have their parents' permission to consume alcohol than the general student body across the district. They are most likely to get access to alcohol at a party, and by getting it from someone old enough to buy it for them. Approximately 55% of students who consumed alcohol in the past year did so at their own home or a friend's home. Average age of initial use of alcohol is 12.6 for males and 13.3 for female students. Among those who use tobacco and marijuana, onset of use is slightly younger for girls about the same as alcohol for boys.

Anahim Lake

Even though the Communities That Care initiative has not extended to the Chilcotin generally, the community of Anahim Lake has been active in working on priorities set following the initial 2009 survey. Results from the 2016 survey provide comparative data for their community. Thirty-seven students from Anahim Lake and Nimpo Lake schools participated in the 2016 survey, with a response rate of 88%. The community prioritized four risk factors that were of highest concern and they felt had the most opportunity for change in their community:

- Community Disorganization (not measured in 2016 survey)
- Low Commitment to School
- Poor Family Management
- Early Initiation of Anti-Social Behaviour and Drug Use

They developed a community action plan that focused on providing more pro-social youth and family activities in the community, and delivering the Positive Action program in the public school at Anahim Lake. Although

Community Disorganization is not measured in the 2016 survey as it applies more to urban, high density environments, the Low Neighbourhood (Community) Attachment risk factor is provided below for comparison of results, as there are similar elements to these two risk factors.
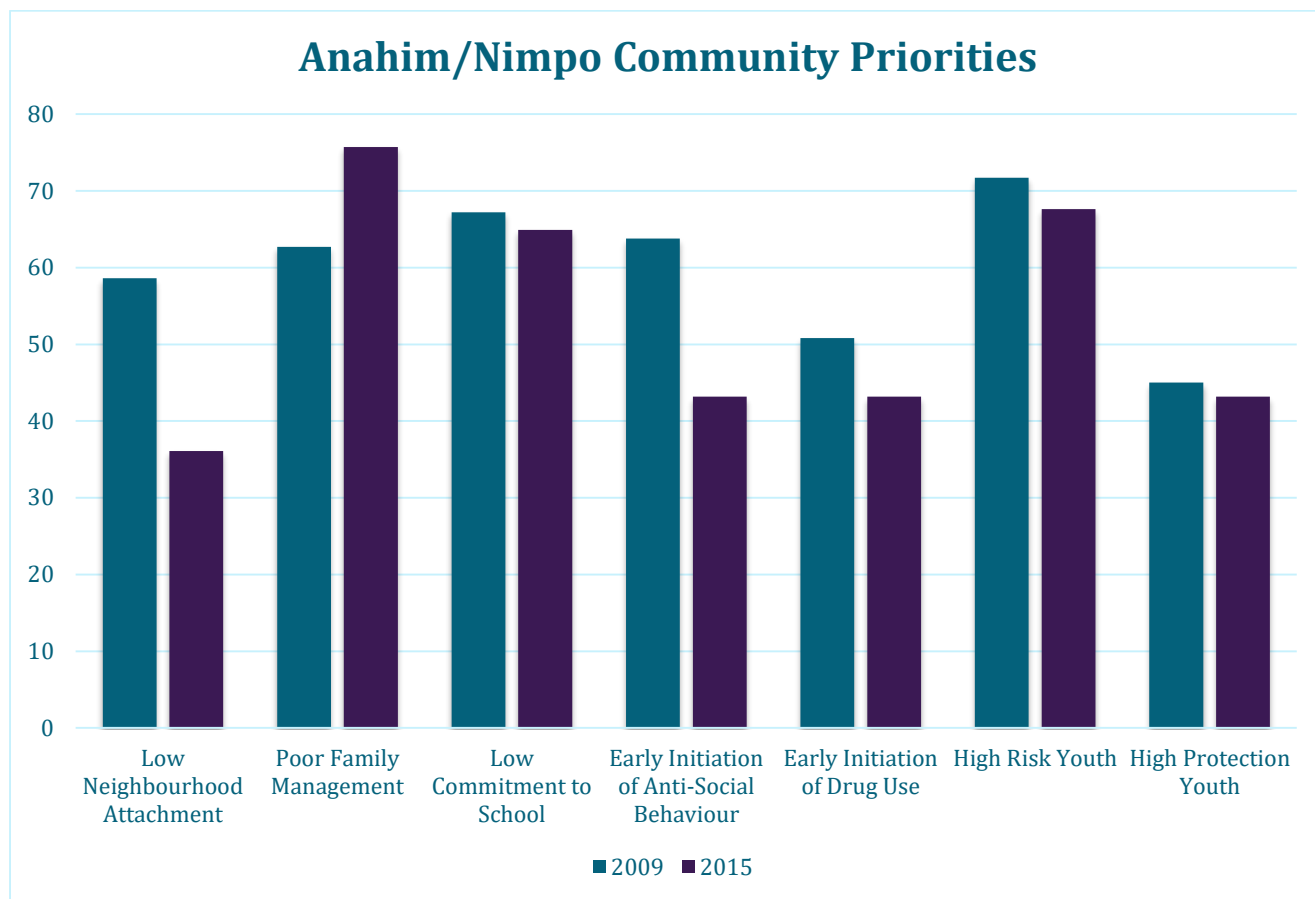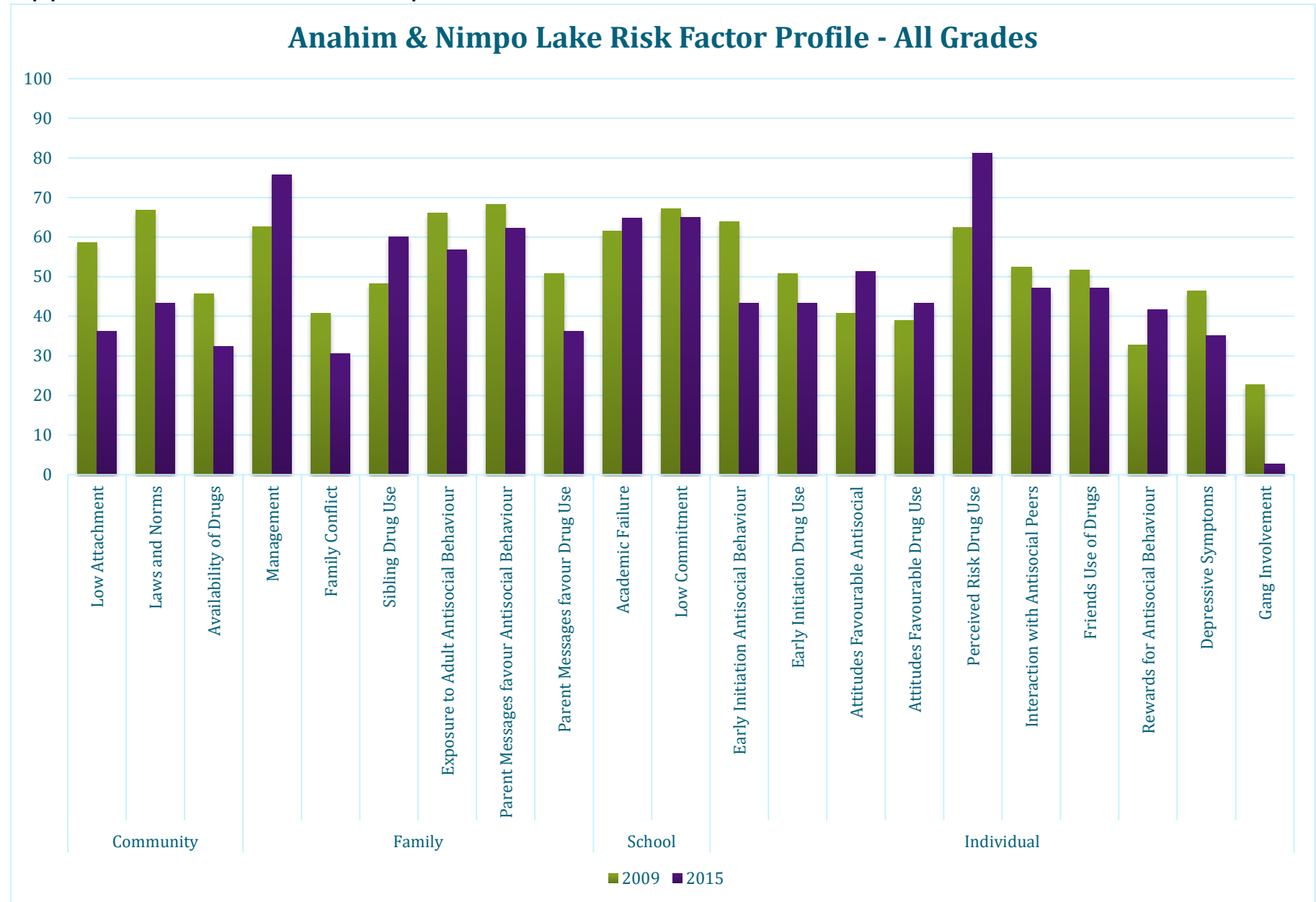

Anahim/Nimpo Community Priorities

Figure 14: *Change in priority risk factors*

This is a community that has seen significant challenges over the past six years. Declining population (including school enrollment) along with a number of serious incidents in the community that have been very traumatic, have left an impact. Given these circumstances, it is heartening to see some of the positive results in the community. A full Risk and Protective Factor profile comparison for the Anahim Lake/Nimpo Lake community is provided in Appendix A.

Responding to the Survey Results

This survey data represents an opportunity to better understand the particular challenges facing children and youth in the diverse communities of the Chilcotin. It is important to honor the information youth have shared, and to recognize that the data is a tool that can be used to explore these challenges more deeply. It tells a story of the strengths and challenges faced by youth in the Chilcotin, and speaks loudly to the challenges of transition from living in your home community in the Chilcotin to going to school in Williams Lake. Grade 9 stands out as a critical point in much of the data, and this may point to the need for a deeper exploration of the age and process of transition. It is an invitation for the community to respond and focus on what their needs are in order to reduce risk and increase protective factors that will help young people to move into healthy adulthood.

Appendix A – Anahim & Nimpo Lake Profile

Anahim & Nimpo Lake Risk Factor Profile - All Grades

Category	Risk Factor	2009	2015
Community	Low Attachment		
Community	Laws and Norms		
Community	Availability of Drugs		
Family	Management		
Family	Family Conflict		
Family	Sibling Drug Use		
Family	Exposure to Adult Antisocial Behaviour		
Family	Parent Messages favour Antisocial Behaviour		
Family	Parent Messages favour Drug Use		
School	Academic Failure		
School	Low Commitment		
Individual	Early Initiation Antisocial Behaviour		
Individual	Early Initiation Drug Use		
Individual	Attitudes Favourable Antisocial		
Individual	Attitudes Favourable Drug Use		
Individual	Perceived Risk Drug Use		
Individual	Interaction with Antisocial Peers		
Individual	Friends Use of Drugs		
Individual	Rewards for Antisocial Behaviour		
Individual	Depressive Symptoms		
Individual	Gang Involvement		

Legend: ■ 2009 ■ 2015

Anahim Lake & Nimpo Lake Protective Factor Profile – All Grades

Percentage of Respondents (y-axis: 0 to 90)

Categories (x-axis):
- Communit Rewards Pro-Social Involve
- Family Attach
- Family Prosocial Involv Opps
- Family Prosocial Involv Rewards
- School Prosocial Involv Opps
- School Prosocial Involv Rewards
- Belief in the Moral Order
- Interact with Pro-Social Peers
- Prosocial Involve
- Rewards Prosocial Involve
- High Protection Youth

Legend: ■ 2009 ■ 2015
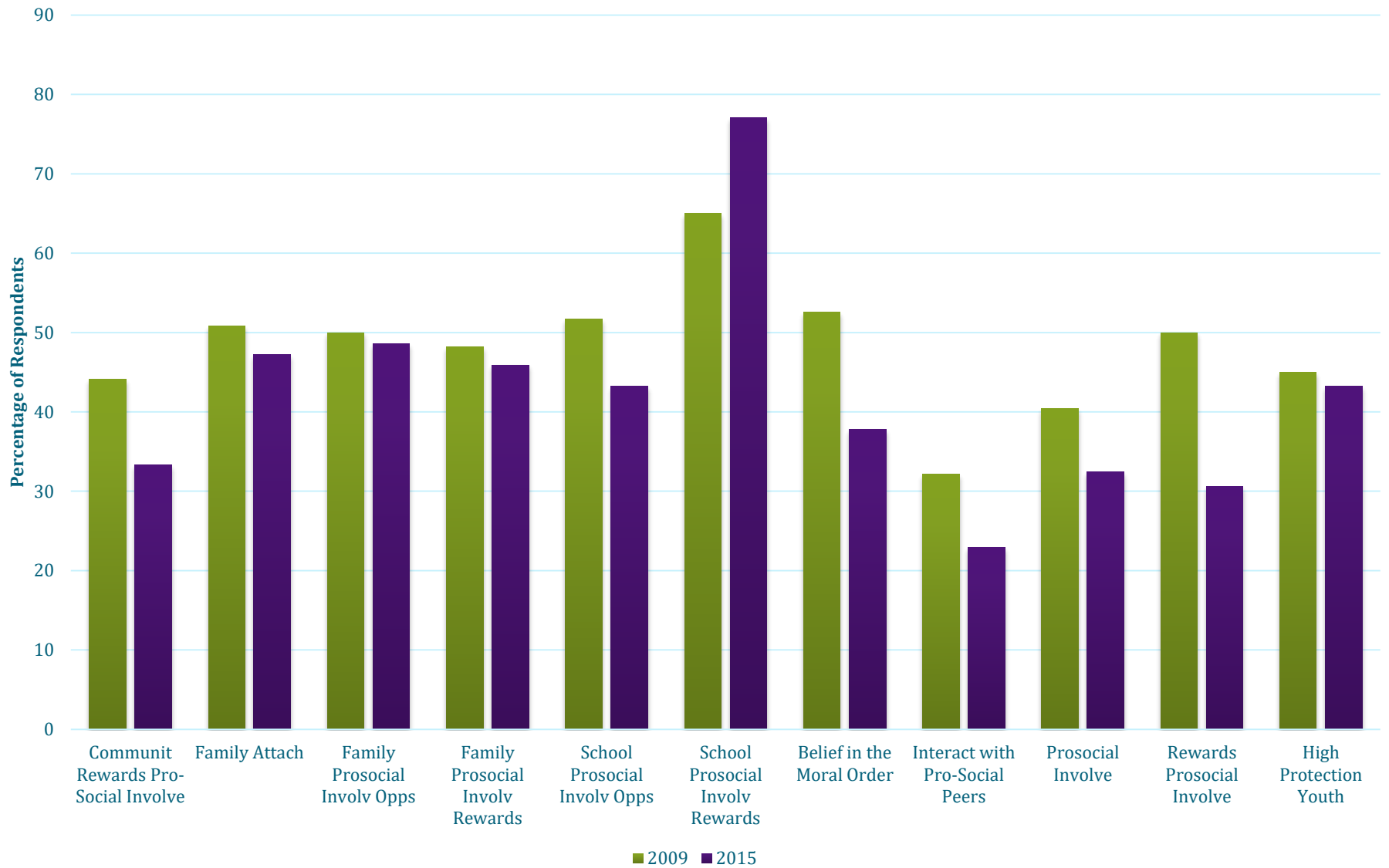
Appendix B – Risk and Protective Factor Definitions

Community Risk and Protective Factors	
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 Risk and Protective Factors	
Poor Family Management	*1* 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 ATOD 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 Risk and Protective Factors	
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.

Individual & Peer Risk and Protective Factors	
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 abuse 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.

Electronic copies are available online at the following location:

Communities That Care
http://www.sd27.bc.ca/healthy-schools-healthy-students/communities-that-care/