HOW THE INDEX WORKS

Technical Background Paper

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@OneYouthCanada
#OurBigSelfie
This is a technical background paper for the Canadian Index of Child and Youth Well-being.

Aussi disponible en français.

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Canada’s children have one chance to be children.

Canada has a chance to be a better country for children.

Stand with children.

What is well-being?

There is no official definition of well-being. Different individuals, cultures, communities and age groups have different concepts and experiences of well-being. They have different goals and values. All citizens, including children, have the right to define what well-being means to them, their community and their society. No single index or approach can do this. However, there are common ideas about what well-being includes.

“Fitness + mental health + wealth + friends.”

What well-being looks like to a youth participant in a UNICEF workshop to build the Canadian Index of Child and Youth Well-being
UNICEF Canada asked hundreds of people in different parts of Canada, Indigenous and non-Indigenous, including children and youth, about their visions of well-being. We are building the Canadian Index of Child and Youth Well-being around their inspiring and achievable vision of children’s lives in an equitable and sustainable society:

A country where no child lives in poverty; where they’re healthy, safe and secure; where they’re free to dream, play, wonder and learn; where they know who they are, where they came from, and where they’re going; where they have access to the resources they need to reach their full potential; where they feel loved and that they belong.

The Canadian Index of Child and Youth Well-being is a snapshot of children’s rights and well-being: a partial view at a point in time. It does not represent the full picture of what well-being means to Canadians, because of different conceptions of well-being, because well-being is complex and because some aspects of well-being can’t be measured with statistical data.

The United Nations Convention on the Rights of the Child is a universal set of entitlements that every child in Canada has, and to the extent we can measure the fulfillment of these rights with available data, they form a unifying framework for the Index. There is substantial overlap between concepts of child well-being and children’s rights. There are also differences. For example, friendships are important for children’s well-being but it is not possible to have a right to a good friend (Tisdall, 2015). Children’s rights might best be understood as a necessary but not sufficient condition for child well-being. It is also possible that young people’s evolving right to self-determination means that they will take actions that do not always maximize specific well-being outcomes. The child-focused indicators of the Sustainable Development Goals are also embedded in the Index because these are policy commitments Canada made with a pledge to leave no child behind.

A pan-Canadian Advisory Reference Group helped guide the decisions about what the Index should be able to do, what to measure (indicators) and how to measure (with the best available data) using agreed

1 There is a global convergence toward measuring social well-being and progress incorporating influences that include positivist (policy and statistics-driven), human rights based, international benchmarking (including the Sustainable Development Goals) and worldviews including Indigenous and Buddhist concepts of well-being.
Design Principles and available evidence. Children and young people were arbiters of what got in and what got left out, respecting their right to be heard about issues affecting them and how their society can support their goals.

The Canadian Index of Child Well-being incorporates these elements to measure the state of children and youth.
“[Statistics have become the] structural DNA codes of nations [which] reflect a society’s values and goals”

Hazel Henderson, American Environmental Economist

“Data is medicine”

Dr. Jennifer Walker,
FNIGC’s First Nations Data Governance conference, March 2017

Data gaps and limitations: Who’s in the picture?

The Canadian Index of Child and Youth Well-being started with theory (with the concepts and indicators we want to measure) and ended in practice (with the data that is actually available to measure the indicators). We first asked, “what matters?”, and then found the best possible data to measure these concepts. The data used to measure the indicators are not collected by UNICEF Canada, but drawn from many reputable sources of statistical, population data. While the Canadian Index of Child and Youth Well-being relies on available data, addressing data deficits is an urgent priority.

The majority of the indicators are measured with data from Statistics Canada surveys and the WHO Health Behaviours in School-Aged Children (HBSC) Survey. In these surveys, young people can report their own well-being status. This is generally preferred to proxies such as adult reporting, given that adults often over- or under-estimate children’s experiences. Other sources of data include federal, provincial and territorial administrative data sets; global data sets; and research studies. Much of the data are public, but required specific data requests and detailed calculations to yield the data aligned to the indicators (see the Metadata for the Canadian Index of Child and Youth Well-being). The diversity of data sources and the sources of data for the Index will change over time, but we have sought to establish measures that will have enduring relevance and data sources that have the greatest likelihood of sustainability.
Data selection/priority criteria includes as far as possible:

- Conceptually fit to the indicator and dimension (valid)
- Compelling contributor to or detractor from well-being
- Reliable
- Gathered regularly and consistently over time
- Internationally comparable
- Representative of the child population
- Disaggregated to different populations of children
- Age-appropriate and age-diverse
- Aligned with SDGs
- Policy-relevant and attainable

UNICEF Canada recognizes that the creation and use of data is not value-neutral and that there can be risks to the rights of data subjects. We seek to uphold international human rights norms and internationally agreed principles for statistical data including:

- Participation
- Non-discrimination
- Transparency
- Privacy
- Accountability

These principles are interrelated and should be applied together in balance.

For some indicators there are multiple sources of available data, and choices were made according to the best fit to our selection criteria and Design Principles (see How We Built the Index). We also worked to reconcile expert opinion and prioritize the views of young people in making choices.

**There are many gaps in the Canadian Index of Child and Youth Well-being because data are not available or is too limited to report.** Overall, we cannot report data for 28 of 125 indicators in the Index. These gaps occur for several key reasons:

- National data may not be available because the indicator is not measured in existing national surveys, or because it is not sufficiently available or comparable to aggregate from regional, provincial and territorial surveys into a national aggregate.
- Data disaggregated according to different groups of children may not be available because the survey does not collect it, or because those population sizes are too small to report data.
Data may not be available at the level of provinces and territories because the population sizes are too small to report data, or because it is not comparable between them due to differences in data design. The lack of common data collection methodologies between provinces and territories and other administrative authorities is a major problem in relation to data for vaccination, breastfeeding, school suspension, children in care and other important aspects of children’s lives. The elective participation of provincial governments in some modules of Statistics Canada surveys also creates challenges to measure and monitor data about children and youth.

There are also a number of challenges and limitations with the use of available data. Data used in composite indexes are generally developed for other, specific purposes such as government administration or monitoring health service use. They have limitations including the age range or age points at which data are collected; the focus of the data (on particular aspects of well-being such as health); sufficiently

**A significant challenge is the ability to collect or break down (disaggregate) data for specific groups of children** – by important distinctions such as where they live, gender, ethnicity, citizenship status, disability and in other ways defined by the Convention on the Rights of the Child. This is critical to measuring equity as well as in aggregating representative data. There are more data about different groups of children for some measures than for others. A related challenge is that data that are available in some parts of Canada or for some populations of children are not available for others, or are not comparable between them. Sampling methodologies used by population surveys often under-represent children farthest from opportunity, including Indigenous children, some racialized children, children who are out of school for various reasons, children who are homeless and children with disabilities. This is a particular challenge for measuring “horizontal” equity – the extent to which different groups of children achieve similar outcomes.

Growing up is a journey that is different for every child, but indicators are measured with data points at particular ages or within a variety of age ranges for the child population (see example figure below). While this approach makes sense for some measures such as immunization, it is more arbitrary for others. Children have rights, such as protection of privacy and expressing their views, that apply from birth, but for which data are not available at all ages (if at all). The data points used in the Index fall along children’s life course from birth to 18 depending on the nature of the measure and the available data. Some indicators apply to a broader population, not specific to children.

Using a rather arbitrary definition of stages of childhood, more data are available for older children than for younger children, and younger children do not have an opportunity to report their own well-being in population surveys:
- Early years (from birth to age 5): 36 indicators
- Middle years (from age 6 to age 12): 64 indicators
- Adolescence (from age 13 to age 18 or just beyond): 108 indicators

For some measures there are big opportunities to find ways to gather data at different ages, particularly among younger children. However, data gathered about older children and youth can represent cumulative childhood experience.

The life course: four examples of child well-being measures for which there are different age points and ranges at which data are available, between birth and age 18

Respecting Indigenous lives

From Indigenous perspectives, well-being is viewed holistically and interrelatedly, encompassing spiritual, physical, intellectual and social/emotional dimensions of a good life. It is embedded in relationships: human to human, human to non-human and human to the Creator - a cumulated body of knowledge vi. Indigenous concepts and metaphors to represent wellness include the Cedar Tree, The Sacred Tree, the Tree of Life, the Medicine Wheel and the Holistic Life Promotion Framework vi. The process of developing
the Canadian Index of Child and Youth Well-being has been shaped by Indigenous voices to surface important priorities and to as far as possible avoid cultural bias. However, UNICEF Canada recognizes that approaches to measuring the well-being of First Nations, Inuit and Métis peoples are rightfully determined by First Nations, Inuit and Métis peoples.

The United Nations Permanent Forum on Indigenous Issues and UNICEF have called repeatedly for states to invest in data that describes the distinct experiences of Indigenous peoples, including children. This kind of data has been critical to identifying the over-representation of children in child welfare systems in Canada and factors contributing to the variability in youth suicide rates among First Nations communities. Measuring parity in outcomes between Indigenous children and other Canadian children is a Call to Action of the Truth and Reconciliation Commission (no. 19). However, there remain considerable limitations to data that are appropriately and comprehensively available to Indigenous peoples.

We respect that Indigenous communities have worldviews and conceptions of well-being, as well as inherent rights, which are culturally distinct. We recognize that data selection, collection, analysis, reporting and use are not neutral, but are embedded in different cultural frameworks. We understand that Indigenous communities and governments have sovereignty over their children and information about them, and we strive to respect the First Nations principles of Ownership, Control, Access and Possession (OCAP®) and other protocols governing their data and information. Indigenous data includes information about children who identify as First Nations, Inuit or Métis and children and are represented in Indigenous data programs, and Indigenous children who are included in broad population surveys. The Canadian Index of Child and Youth Well-being will not publicly report Indigenous-specific data or use it for comparison with other data without collaborations and adherence to protocols that help ensure data sovereignty and the constructive development and use of data to support the rights and well-being of Indigenous children.
Measuring the status of children and youth

Human rights-based indicators include structural indicators (i.e., the legal and institutional measures to implement children’s rights), process indicators (i.e., the efforts of states to put in place programs and other actions in support of children’s rights) and outcome indicators. Outcome-focused indicators are ultimately how we know if children’s rights are realized. They are not measures of effort, but of achievement. Credit is not due when policies are decided, programs are delivered and budgets are spent, but when children’s rights and well-being are achieved.

The indicators and data in the Canadian Index of Child and Youth Well-being therefore focus on children’s status or outcomes. They are aspects of life that are generally observable in or reported by children and youth (including how they think and feel about their experiences).

The Canadian Index of Child and Youth well-being isn’t meant to answer all the questions. It is designed to help us ask new questions. **The status indicators act as points of departure to ask questions and seek to understand what is shaping them** – the nature of children’s relationships, settings, systems, families, communities and cultures and the social, political, environmental and economic conditions that influence children’s well-being. These have been described in Urie Bronfenbrenner’s ecological model and in Indigenous models of well-being such as the First Nations Mental Wellness Continuum Model.

Some child and youth well-being frameworks attempt multi-level, ecological modelling and measuring of inputs (such as social, community and family conditions) as well as children’s status and outcomes. For example, the frameworks developed by the OECD (How’s Life for Children) and the UK Office for National Statistics (which was applied specifically to children in 2014) distinguish between factors that directly measure the status of children and more contextual domains and indicators such as governance, the economy and the natural environment (OECD, 2006; ONS, 2014). Conti and Heckman (2012) discuss the distinction between inputs, proxies and outcomes. Ben-Arieh and Frønes (2011) use the terms input, status and outcomes. Conti and Heckman cite, for instance, parenting time and quality as an input; self-reported health and birthweight as proxies; and health behaviours and educational achievement as outcomes. But the distinctions between inputs, status and outcomes are not always clear. For example, health behaviours can be an input to self-reported health, which might be an outcome. Some inputs may promote one aspect of well-being while having a negative impact on another; for example, pressure to succeed at school may have a positive effect on educational outcomes while at the same time decreasing children’s mental health. Too much of an input such as parenting time can have negative impacts on children, such as free play.
Focusing on the state or status of children, as in the Canadian Index of Child and Youth Well-being, helps avoid difficult distinctions between inputs, proxies and outcomes. It also helps avoid superficial assumptions and ecological fallacies about what contributes to or influences the status of children. For instance, being a child of a single mother in Canada raises the risk of living in poverty. However, that risk is far lower in some countries such as Sweden. Therefore, we focus on the status of the child – do they live in poverty? – rather than ecological fallacies like reporting how many children live with single (autonomous) mothers as an input affecting poverty or well-being. Focusing on the status of children is a starting point for understanding what contributes to and influences it, which can change over time and across populations.

**Measuring positive and negative conditions**

The Index contains a mix of measures of more positive conditions like being immunized and more negative conditions like experiencing bullying. The measures describe conditions that often or strongly support well-being and those that can be significant challenges or risks for children. Some indicators of positive well-being can be reversed and regarded as negative (e.g., immunized or not immunized), but this is not always the case. Generally, we want to see an increase in the value of a positive indicator, and a decrease in the value of a negative indicator, though it may not in every instance be desirable to reach maximum limits (see discussion below). For instance, the “NEET” rate reports a proportion of adolescents who are not in employment, education or training, at an age when these activities would generally be important and desirable. The NEET rate is monitored because these young people are at risk of disengagement and exclusion. However, some youth in this group may be pursuing positive activities such as volunteer work or travel. There are also somewhat neutral indicators such as talk time with family and time spent in leisure that don’t have obvious minimum or maximum thresholds, and are tracked for other reasons such as how they may change over time. Some aspects of child and youth well-being such as screen time are “U-shaped” rather than binary, in that too little or too much may be problematic.
Not all measures should be achieved to their maximum or minimum. UNICEF Canada heard from many young people the importance of balance in their well-being. So there will be some trade-offs such as taking normal risks as young people develop and getting an injury, or achieving in school and having sufficient time for free play and leisure. For some young people, experiencing deprivations in some aspects of life such as adequate housing and nutrition is associated with risks in many other areas of life. However, some young people may be doing well in some aspects of life and not so well in others, and the balance may change as they progress through childhood. Not every child needs or wants a pet or needs to register a business, but every child needs caring relationships and opportunities to participate in shaping their own lives.

“I think that people assumed that because I was functioning, I was going to school, that I didn’t need support. I was a capable young person. And that’s where I think the system failed. Just because I was doing well in school or doing well in certain parts of my life does not mean that I don’t need other supports.”

Youth contributor

Inherent in every measure is the fundamental question: what is the problem here? While we want to identify and celebrate strengths, we are measuring these things because they are important influences on children’s well-being, because children have been assured entitlements and commitments and because where we have challenges we can do better – every measure is sensitive to action.
Measuring “subjective” and “objective” well-being

Many data scientists use the term “objective” to describe indicators and data that describe some objectively measureable things, like breastfeeding and immunization, and might be derived from administrative data sets, research studies or population surveys. “Subjective” data are often considered to be based on peoples’ perceptions of things, and are most often self-reported in surveys.

However, the distinction between objective and subjective data is not always entirely clear. If young people report the number of hours they are physically active, is that objective? If they report being bullied, is that subjective? It may not be useful to think about data in such binary terms, and any form of data has some biases and inaccuracies. Because UNICEF Canada is most interested in young people’s perceptions of their well-being, much of the data in the Index are based on their self-reported experiences. Of the 125 indicators, 68 are self-reported (about 60 per cent of the total) and 45 are not (12 measures do not have available indicators). A challenge is to provide this kind of opportunity to younger children, for whom surveys typically rely on parents and teachers as “proxies” for their views - and who can over- or under-estimate how children experience the conditions we are measuring.

Measuring progress and possibility

The Canadian Index of Child and Youth Well-being begins with a baseline report in 2019. Future reports, every three years, will measure change over time in each indicator, each dimension and the Index overall. For each SDG indicator with a target, the Index will track how Canada is closing the distance to the target. The Index will measure how equitably change is occurring for different groups of children and if gaps between them are widening or narrowing. It will also compare the rate of change in Canada’s wealth measured by the Gross Domestic Product (GDP) with the overall rate of progress in well-being indicators, measuring Canada’s ability to turn economic progress into progress for children.
“Measuring Progress of Societies, [...] has become fundamental for development and policy-making in general. Improving the quality of our lives should be the ultimate target of public policies.”

Angel Gurria, OECD Secretary-General

Many of the measures in the Index are interrelated; for instance, children’s life satisfaction is strongly linked to bullying. By measuring change over time in different indicators, the Index can help us see the ripple effects on some indicators when others change. For instance, is an increase in screen time occurring along with a decline in mental health? If child poverty declines, will food security improve? Research and analysis can help explain how and why changes are co-occurring.

Comparing Canada’s achievements with economic peer countries reveals the possibilities for child and youth well-being. There are insights to be gained from comparing rates of progress in achieving certain indicators of well-being between countries such as lowering infant mortality; comparing the magnitude of equality gaps and the increase or decrease in the gaps over time; and contrasting Canada’s average achievement in different indicators with peer countries to reveal the “possibility gaps”. The gap between Canada’s average achievement in an indicator and that of the top-performing country is a measure of possibility. It is the gap between what Canada achieves and what is achievable in practice with similar resources – the frontiers of the possible. These comparisons will be made in the UNICEF Report Card series (see [www.unicef.ca/oneyouth](http://www.unicef.ca/oneyouth)).

As we iterate the Index, we will look for patterns to identify and explain how and why change is occurring. We will look for surprising and unintended changes. Ultimately, we will focus attention on aspects of children’s lives in which Canada lags farthest behind its economic peers (“possibility gaps”), indicators with wide “equity gaps” and indicators with limited progress (“progress gaps”) where we can focus action on breakthroughs rather than business as usual.
Measuring multi-dimensional concepts of child and youth well-being

Over the past four decades, UNICEF has been at the forefront of efforts to measure the progress of nations, starting with the *State of the World’s Children* reports. Over the past two decades, a global movement has emerged to develop and democratize measures of societal progress that go beyond national economic wealth and draw on community priorities, policy commitments and research. Initiatives have been driven by the international development, environmental and women’s rights movements; world financial crises; and growing income inequality. They are led by civil society, academics, governments and the private sector, with linkages between statistical indicators and democratic assessment of the progress and performance of nations. The Canadian Index of Wellbeing initiated in 1999 is regarded as a world-leading initiative, followed by other national initiatives and the unifying efforts of the Organization for Economic Cooperation and Development (OECD).

“We can define exactly what it takes to make ours truly the smart and caring nation we dream of, and then measure our progress.”


The UNICEF Office of Research-Innocenti modelled how to compare child and youth well-being in rich countries in 1999 (Micklewright & Stewart, 1999). In its Report Card series, UNICEF was among the first to produce a composite index of well-being focused on children in 2007, followed by an index to measure inequality among children in 2010, and in 2014 an index to measure the status of the 2030 Sustainable Development Goals (SDGs) for children. There are well-established child-focused monitoring efforts by governments and by civil society in some countries, such as the Office for National Statistics national well-being framework in the UK and the Kids Count initiative in the United States. National and some international examples presenting multi-dimensional measures of child and youth well-being have emerged (reviewed in Ben-Arieh & Goerge, 2001; Ben-Arieh, 2006) and new approaches continue to evolve. In Canada, monitoring efforts have been established in some provinces, territories and communities and federal frameworks are emerging.
Ben-Arieh (2006) summarizes a number of conceptual shifts; from “survival” indicators to quality of life; interest in positive as well as negative aspects of children’s lives; a greater focus on well-being than well-becoming; and an increasing emphasis on the child’s perspectives. New Zealand’s child well-being framework includes material, health and education dimensions that are common to most child well-being frameworks (O’Hare & Gutierrez, 2012). Its other two dimensions are more innovative and focus on relationships and on children being valued, respected and empowered, which link with the ‘participation’ rights of the Convention on the Rights of the Child. The Canadian Index of Child and Youth Well-being builds on these developments and advances new ideas for multidimensional well-being frameworks, including the recognition of a sustainable environment for children’s well-being and the deliberate integration of “subjective” and “objective” indicators. The Index will continue to evolve in a changing landscape of data and understanding about the lives of children and youth.
The Health Behaviour in School-aged Children Survey:
A Wealth of Information

Dr. Will Pickett, Matthew King and Dr. Wendy Craig
Queen’s University

Health Behaviour in School-aged Children (HBSC) is a cross-national research study aimed at increasing understanding of young people’s health in their social and environmental contexts. HBSC was initiated in 1982 by researchers from three countries, and there are now some 50 participating countries and regions, in Europe, North America and Israel. Canada has participated since 1990. Every four years, HBSC Canada conducts a school-based adolescent health survey typically with over 20 thousand students in grades 6-10 participating from across our country.

Internationally, HBSC is sponsored by the World Health Organization and coordinated out of Glasgow University (Scotland) and the University of Bergen (Norway). Funded nationally by the Public Health Agency of Canada, HBSC in Canada is supported extensively by the Pan Canadian Joint Consortium for School Health. The HBSC Canada research team is coordinated out of Queen’s University in Kingston, Ontario, and consists of applied health researchers located at Queen’s, McGill University, McMaster University, the University of British Columbia, the University of Prince Edward Island, the University of Waterloo, the Université de Montréal and the Public Health Agency of Canada.

HBSC study items cover a range of health behaviours, outcomes and their possible determinants. The study also uses a population health framework, recognizing that the health of young people is determined at individual and more “ecological” levels, including in families, schools, peer groups and communities. In accordance with the World Health Organization perspective, health is acknowledged as a resource for everyday living and not just the absence of disease. As such, the HBSC regards young people’s health in its broadest sense, encompassing physical, social and emotional well-being.

Findings from the HBSC are increasingly used to inform and influence health promotion, education and policy initiatives at national and international levels. Examples include the provision of evidence bases to support national physical activity report cards, anti-bullying and anti-violence campaigns and legislative changes such as the recent cannabis laws implemented in Canada. The survey also provides an important source of data for health surveillance and monitoring. The current report provides an excellent example of such an effort.
HBSC, in Canada and many other countries, is one of the leading adolescent health promotion surveys in the world. In recent years, UNICEF (both internationally and UNICEF Canada) has drawn upon the HBSC study to provide contemporary information on the health and well-being of young people. HBSC is an important ongoing survey that provides foundational data for high profile reports. In the past, this has included several of the UNICEF “Report Card Series”, in which the health of young people is compared and contrasted between developed countries.

In this report, the most recent cycle of HBSC has contributed to the development of the Canadian Index of Child and Youth Well-being. The Canadian Index of Child and Youth Well-being provides an excellent example of how HBSC is being applied to the “benchmarking” of population health indicators for children and young people in Canada. Such evidence is essential for the planning of child and youth health interventions, and ultimately the health of such populations globally.

To request metadata for the Canadian Index of Child and Youth Well-being, please contact oneyouth@unicef.ca.
Data charts

We are Happy and Respected

Percentage of 11- to 15-year-olds who report high life satisfaction (rate life satisfaction as 8 or higher on a ten-point scale)

Percentage of 11- to 15-year-olds who report feeling sad or hopeless
Percentage of 12- to 17-year-olds who report feeling good at managing their own daily responsibilities

- Self-confident
  - National
  - Male
  - Female

- Stressed
  - Series 1
  - Series 2
  - Series 3

Percentage of 11- to 15-year-olds who report having confidence in themselves

Percentage of 15- to 17-year-olds who report finding most days stressful
We Belong

Percentage of 10- to 19-year-olds who report feeling their parents think they are good at things

![Chart showing feeling valued and respected across different provinces and gender]

Percentage of 11- to 15-year-olds in the high family support group, based on the Family Support Scale

![Chart showing supported by family across different provinces and gender]
Percentage of 11- to 15-year-olds who report feeling lonely

Percentage of 11 to 15-year-olds in the high friend support group, based on the Friend Support Scale

Percentage of 11- to 15-year-olds involved in activities or groups
Percentage of 11- to 15-year-olds in the high teacher support group, based on the Teacher Support Scale

Percentage of 12- to 17-year-olds with a strong sense of belonging to local community

Percentage of kindergarten students who are vulnerable on the ‘Emotional maturity’ EDI domain 2006-2017 (provinces have different EDI cycle schedules)
Ratio of youth not charged to youth charged, based on rates for 12- to 17-year-olds, per 100,000 population

Average amount of time spent on pet care in minutes, by households with children under 14 years
We are Secure

Percentage of children under 18 living in households with incomes lower than 60% of the median (LIM)

Children living in severe poverty ('depth')

Percentage of families with children under 18 living in deep income poverty (below 75% of Canada's Official Poverty Line)
Percentage of children under 18 living in low income based on the Market Basket Measure

* Alberta, PEI, Newfoundland & Labrador, use with caution

Percentage of 11- to 15-year-olds who report going to school or bed hungry because there is not enough food at home
We are Participating

Percentage of 10- to 19-year-olds who feel they have a choice about which activities to do with friends

Percentage of 11- to 15-year-olds who feel their family listens to them when they speak

Percentage of 10- to 19-year-olds who report feeling free to express themselves to family and friends
Percentage of working children under 18 who pay income tax
We are Free to Play

Percentage of 5- to 11-year-olds whose parents report them engaging in active play or unstructured activities for at least 1.5 hours a day

Percentage of 11- to 15-year-olds who report there are good places to spend free time
Percentage of 12- to 17-year-olds who report walking or cycling to get to places or visit friends

Getting around on my own

Percentage of 15- to 17-year-olds who report high levels of time pressure

Feeling time pressure

Percentage of 15- to 17-year-olds who report high levels of time pressure
Percentage of 15- to 17-year-olds working 16 or more hours per week

Average percentage of time spent by 15- to 17-year-olds on the previous day in leisure activities
We are Protected

**Violence**

Percentage of 15- to 17-year-olds who have not been victims of violent crime (robbery, physical assault, sexual abuse)

**Having someone to talk to**

Percentage of 11- to 15-year-olds who report finding it easy to talk to someone about things that bother them
Percentage of 11- to 15-year-olds who report experiencing bullying at least twice in the past month

Percentage of 11- to 15-year-olds who have been in one or more physical fights in the past 12 months

Number of lost time claims for 15- to 19-year-old workers, per 1,000 population
Feeling safe in my neighbourhood

- Percentage of 15- to 17-year-olds who report being satisfied with their personal safety from crime.

Having strategies to deal with risky situations

- Percentage of 15- to 17-year-olds who use various strategies to protect themselves or their property from crime.

Discrimination

- Percentage of 15- to 17-year-olds who report experiencing discrimination or being treated unfairly by others in the past 5 years because of various traits/characteristics.
Percentage of 15- to 17-year-olds who think the local police force does a good job of being approachable, providing information, and treating people fairly.
We are Learning

Percentage of 15-year-olds achieving baseline competency in reading, mathematics and science

Achieving in high school

Percentage of students in Grade 4 achieving at least a minimum proficiency level in reading

Reading well in primary school

Percentage of students in Grade 4 achieving at least a minimum proficiency level in reading
Percentage of Kindergarten students vulnerable on one or more EDI domains

Not ready for school with needed skills

Feeling positive about school

Percentage of 11- to 15-year-olds who rate their school high on the School Climate Scale
Percentage of 11- to 15-year-olds reporting they have more school work than they can handle

Percentage of 15- to 19-year-olds not in employment, education or training (NEET)
Parents’ average daily time in interactions with their children under 18 years of age
Number of infant deaths during a given year per 1,000 live births in the same year

Percentage of babies born Small-for-Gestational Age (SGA), of live singleton births with gestational ages from 22 to 43 weeks

Percentage of babies born preterm, of live births with a gestational age less than 37 weeks
Percentage of mothers exclusively breastfeeding for at least 6 months

Percentage of 5- to 17-year olds who are obese
Percentage of 11- to 15-year-olds who report being tired when going to school in the morning

Percentage of 14- to 15-year-olds often taking risks with alcohol, cannabis, and smoking
Live births to 15- to 19-year-old females per 1,000 population

Percentage of 11- to 15-year-olds who report two or more psychological symptoms more than once a week
Percentage of 11- to 15-year-olds who think their body is about the right size

Percentage of 15- to 17-year-olds who have ever seriously contemplated or considered suicide
Percentage of 12- to 17-year-olds with a regular health care provider

Rate of pediatric day surgery for dental caries, per 1,000 population aged 12-59 months

Researchers note that day surgery rates are affected by the surgical capacity for dental procedures and can significantly vary between hospitals and provinces. Accordingly, observed provincial differences might reflect capacity for surgery rather than prevalence of poor dental health.
Percentage of 12- to 17-year-olds who report their health status as being excellent or very good

Percentage of 12- to 17-year-olds who report their activities are limited due to a long-term physical or mental condition or health problem
We are Connected to our Environment

**Having safe drinking water**

- **Percentage of dwellings with children informed of a boil water advisory**

**Having close access to parks and open space**

- **Percentage of dwellings with children with a park and/or public greenspace close to home**
Absolute greenhouse gas emissions (megatonnes of CO2 per year)

Percentage of 15-year-olds familiar with, or knowing something about, five or more environmental issues
References


Endnotes


