Charting Outcomes:
COMMUNITY ACTIONS for HEALTHY DEVELOPMENT of Children and Youth in Ottawa
Acknowledgements

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# Charting Outcomes:
## COMMUNITY ACTIONS for HEALTHY DEVELOPMENT of Children and Youth in Ottawa

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## Community Context

References
Introduction

If you want to make sure that you’ll get to a place you’ve never visited, you’ll need to plan ahead, consult a map and talk to others who’ve been there before. You’ll also want to know what landmarks to look for, so that you don’t get lost.

The Ottawa Child and Youth Initiative envisions a community that is committed to supporting children and youth to reach their full potential. To make this vision a reality, we need a reliable map that outlines each step to help us stay on the right track. We also need reminders to let us know if we’re going in the right direction, or need to change course.

This report card was developed to help us get to the place where all children and youth in Ottawa reach their full potential. It uses Growing Up Great in Ottawa: a Framework to Promote the Healthy Development of Children and Youth to outline key indicators and corresponding data that will help us to monitor progress toward our goal.
Many organizations have developed report cards that describe how various groups of people are faring, or how well governments and organizations are doing on particular issues. Because the optimal healthy development of children and youth depends on broad community socio-economic conditions, available community supports, as well as family and individual factors, we have organized the indicators to reflect this. Our indicators provide data on:

- Individual healthy development outcomes for children and youth;
- Community actions to promote healthy development;
- Broad community conditions and context.

We believe that by monitoring and reporting on how well our community actions promote healthy development, this document will encourage continuous improvement in the quality of programs we provide, increase the number of families who have access to these programs, and ensure that we can be responsive and adaptive to community needs. We hope that this kind of reporting will lead to greater data sharing, common program evaluation measures and a focus on common, collective goals.

This report represents the first phase of a data collection process. Through this process, we learned that the data we wanted wasn't always collected or available. It's our intention to continue to work with our partners to find ways to collect and share such data. In sections where we do not have data to support an indicator, we've instead highlighted community actions or programs designed to address that area of development. As data become available, we will include it in subsequent phases of the report. For our first report, we've used 2011 data to create a baseline for our city. We will work toward including 2012 and 2013 data in the next phase of our work.

THE FUTURE...

This report is a step toward sustainable and systematic improvements in child and youth healthy development outcomes. Our intention is that it will evolve beyond a simple report card to inspire us to consider how we, as a community, are responding to what these indicators are telling us. The indicator data will help us to hold ourselves accountable through our programs, services and actions.

The picture this report paints will also be used to:

- Set specific community targets for improvement;
- Support the creation of common program evaluation tools that will help service providers establish program standards, share data and improve quality of services;
- Promote the development of a 'dashboard' for inter-agency data sharing;
- Initiate online mapping of neighbourhood level data.

Organizations from across Ottawa and from all sectors have a contribution to make as we work toward improving outcomes for children and youth. To maximize our efforts, we must each contribute in a thoughtful, coordinated way. Collectively, we make the most significant impact by rowing in the same direction.

Thank you for joining us on this journey!
How are Ottawa Children and Youth Doing?

A general overview of how Ottawa is doing compared to the province in our four outcome goals. The information reflects 2011 data and acts as the baseline for the next phase in our work.

<table>
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<th>Healthy and Thriving</th>
<th>OTTAWA</th>
<th>ONTARIO</th>
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<tr>
<td>Percent of low birth weight (live births under 2,500 g)</td>
<td>6.7%³</td>
<td>6.5%²</td>
</tr>
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<td>Percent of women who gave birth in the past five years and breastfed exclusively their last child at least six months, 2011–2012</td>
<td>30.6%³</td>
<td>24.9%⁴</td>
</tr>
<tr>
<td>Number of visits to the CHEO emergency department for a mental health issue</td>
<td>2,122</td>
<td>N/A</td>
</tr>
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<td>(3 year moving average at 2011)⁵</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Safe and Supported                                                                  |        |         |
| Rate of unintentional injury Emergency Department visits for children and youth (per 100,000) ages 0–19 years | 10,984 | 12,756  |
| Number of cases where children were exposed to partner violence in the home          | 1,193⁶ | N/A     |
| Number of children and youth who used a homeless shelter                             | 1,900⁷ | N/A     |
| (= 1% of children and youth aged 0–18)                                             |         |         |

| Engaged and Active                                                                  |        |         |
| Percent of 12–19 year olds moderately active or active during their leisure time    | 77%⁸   | 72.7%⁹ |
| Unemployment rate for 15–24 year olds                                               | 13.2%¹⁰| 15.8%¹¹|
| Percent of youth aged 12–17 who were charged                                        | 1.4%¹²,¹³| 2.7%¹⁴|

| Successful in School and the Transition to Work                                      |        |         |
| Percent of senior kindergarten children low on one Early Development Instrument domain (in comparison with the 2004-06 Ontario baseline), 2010–11 cycle¹⁵ | 25.6%  | 28%     |
| Percent of participating grade 6 students at or above the provincial standard (levels 3 and 4) for reading, writing and mathematics, 2011–12¹⁶ | Reading: 83.2% Writing: 82.7% Mathematics: 67.4% | Reading: 78% Writing: 77% Mathematics: 61% |
| Percent of 20–24-year-olds without high school diploma and not in school¹⁷            | 4.9%   | 6.6%    |
GOAL 1
All Children and Youth are Healthy and Thriving

INDICATOR 1: Percent of low birth weight babies

WHAT DOES THIS MEAN?

• The percent of low birth weight births has been increasing slightly in Ottawa.

• A factor in this increase is the increase in multiple births related to fertility treatments. However, the incidence of low birth weight is also increasing for singleton births across Ontario.

• Low birth weight babies are more likely to have health and developmental problems, like learning difficulties, hearing and visual impairments and chronic diseases later in life.

• Babies born at low birth weight are at considerably higher risk of death and disability than those born at healthy birth weights.

• Low birth weight is also important because it tends to occur more in disadvantaged populations.

HOW ARE WE CREATING CHANGE?

The priority in Ottawa is to provide programs which address risk factors for women experiencing disadvantage, particularly poverty.

In 2011, 92% of pregnant women in Ottawa attended a pre-natal visit with a health care provider during the first trimester (compared to 86.3% across Ontario). This prenatal visit provides an opportunity for the health care provider to share information about healthy lifestyle choices during pregnancy, such as avoiding smoking and drug or alcohol use and ensuring good nutrition.

WHAT WORKS?

• Provide education and resources to promote healthy nutrition to pregnant mothers;

• Address risk factors for low birth weight, with a focus on disadvantaged women, by putting in place programs and policies to reduce socioeconomic disadvantage, poor health during pregnancy, poor nutrition during pregnancy, smoking, drug or alcohol consumption during pregnancy and reduction of abuse while pregnant.

Highlight of a Best Practice in Our Community

Since 1991, Better Beginnings Better Futures (BBBF), a program of South-East Ottawa Community Health Centre, has been supporting families with young children, who reside in the Albion/ Heatherington/ Fairlea/Banff and Ledbury area.

The holistic support provided through the program during pregnancy, decreases the chances of a low birth weight baby and supports successful breastfeeding. BBBF provides comprehensive services to families and young children.
GOAL 1: All Children and Youth are Healthy and Thriving

INDICATOR 2: Birth to six months – exclusive breastfeeding

WHAT DOES THIS MEAN?

In 2014, 60% of mothers exclusively breastfed on discharge from hospital and this dropped to 38% by two weeks of age. While the decline in exclusive breastfeeding was small between two weeks (38%) and four months of age (27%), it was more apparent between four and five months (20%) with a larger drop-off of exclusive breastfeeding happening between five and six months of age. On average, 8% of mothers reported breastfeeding exclusively at six months of age or more.

In addition to preventing illnesses like obesity and diabetes later in life, providing breast milk reduces the risk of childhood illnesses like respiratory and middle ear infections and sudden infant death syndrome.

HOW ARE WE CREATING CHANGE?

In 2012, Ottawa Public Health (OPH) began working towards formal Baby Friendly Initiative (BFI) designation, a process established by the World Health Organization to create supportive environments in front-line services, workplaces and in the community to encourage breastfeeding and increase awareness of its benefits.

WHAT WORKS?

• Social marketing strategies to promote breastfeeding;
• Supporting mothers to maintain breastfeeding;
• Foster breastfeeding support groups;
• Comprehensive, coordinated approaches to develop, promote and implement breastfeeding policies and plans, for example:
  » Baby-friendly hospital initiatives
  » Integrating breast feeding support into existing programs
  » Advocating for policies to support breastfeeding in the workplace and public spaces.

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Data revised in 2015.
**GOAL 1: All Children and Youth are Healthy and Thriving**

**INDICATOR 3: Number of visits to the CHEO emergency department for a mental health issue**

**WHAT DOES THIS MEAN?**

The number of emergency department visits related to mental health problems has been increasing. Mental and emotional well-being are critical for healthy development. Positive mental health allows children and youth to develop the resilience to cope with life events and stress throughout their lives.32

For youth, poor mental health is strongly linked to lower success in school, and greater risk behaviours like substance misuse, violence, and sexual activity.33

One in five children and youth in Ontario has a mental health problem. Disorders range from anxiety, depression and conduct disorder to attention deficit hyperactivity disorder, eating disorders, schizophrenia, and bi-polar disorder.34

Youth with conduct disorder are at high risk for becoming involved in criminal activity and being jailed. Those with anxiety or depression have lowered quality of life, report fewer social supports and less likely to be successful at school and work.35

Most mental health problems begin in childhood and adolescence.36

Twenty-eight percent of Ottawa students in grades 7–12 reported excellent mental health in 2011.37

**HOW ARE WE CREATING CHANGE?**

Mental Health and addictions nurses are now available in schools to facilitate access to services and early identification and intervention. And while more services are needed, mental health service providers in Ottawa have learned to make the most of limited resources by working closely together, and by creating a continuum of coordinated services.

For example, the System of Care Practice Review was developed through the collaborative efforts of Coordinated Access, Child Welfare and Mental Health service providers. These partners established a community action plan to address issues identified through analysis of data gathered from families and service providers in 2008/09 and 2012/13. Integration of service plans across agencies and smooth, seamless transitions were initiatives highlighted for priority action.

The Community Suicide Prevention Network was brought together in 2010 by a growing concern about youth suicide and a desire to provide hope and help for youth who are at risk. The network has over 50 organizations working together to make Ottawa a suicide safer community.

**WHAT WORKS?**

- Focusing on mental health promotion for children and youth, particularly through educational curriculum;
- Engaging youth in meaningful mental health promotion initiatives;
- Building resilience in children, youth and families through comprehensive community supports;
- Early identification of risk, and early intervention;
- Coordinating / integrating mental health and addiction services;
- Improving transitions between services (housing, health, employment, education, social services, and justice);
- Standardizing practice across community agencies that provide mental health services;
- Employing technology to improve access to information, self-assessment and support;
- Approaches that are culturally responsive, and meet the needs of diverse ethno-cultural communities;
- Meaningful involvement of youth and families in program design/evaluation/improvement.31
GOAL 2
All Children and Youth are Safe and Supported

INDICATOR 1: Rate of unintentional injury Emergency Department visits for children and youth

WHAT DOES THIS MEAN?
- Injury continues to be the leading cause of death among Ontario children and youth over one year of age, and for every death, many more youth are injured—some seriously.38
- The majority of injuries are predictable and preventable. Reducing injury is critical to improving health and to decreasing the burden on the health care system.39

HOW ARE WE CREATING CHANGE?
Injury prevention practitioners in Ottawa have set a priority to reduce the number and severity of head injuries among children and youth.

To reduce head injuries, and based on the patterns of injury for boys and girls of different ages, Ottawa organizations provide a range of prevention strategies for different age groups, including:
- Parent education programs to prevent shaken baby syndrome;
- Cycling and skating safety training;
- Education and promotion of helmet use;
- Partnerships to reduce the incidence of concussions in sports activities;
- Programs to reduce the risk of brain damage from drug or alcohol use;
- Safe driving education for youth.

WHAT WORKS?
- Building skills in children, youth and families to promote safer driving, safer sports, and water safety;
- Education about how to prevent injuries;
- Engaging youth in personally meaningful injury prevention initiatives;
- Playground equipment that meets CSA standards, and neighbourhood designs that promote safe streets;
- Public health policies like helmet requirements, rule and practice change in sport, licensing requirements, and active transportation;
- Promoting health equity by focusing on the needs of groups at higher risk for particular injuries, and developing approaches to reduce risk.
GOAL 2: All Children and Youth are Safe and Supported

INDICATOR 2: Number of reports received by Children’s Aid Society where children or youth witnessed partner violence in the home

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Reports</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>1064</td>
</tr>
<tr>
<td>2011</td>
<td>1129</td>
</tr>
<tr>
<td>2012</td>
<td>1193</td>
</tr>
</tbody>
</table>

*May not be indicative of an upward trend (possible indicator of an increase in community awareness).

WHAT DOES THIS MEAN?

Children exposed to domestic violence are at risk for a range of psychological and behavioural problems. These include: depression, anxiety, anti-social behaviour, poor relationships, low self-esteem, difficulties in school, slower cognitive development, lack of conflict resolution skills, limited problem solving skills, pro-violence attitudes, victimization as adults (for females).

Trauma (which includes exposure to violence in the home) can lead to substance abuse, mental health problems and poor academic outcomes. Witnessing violence can change how a child views the world and their future.

HOW ARE WE CREATING CHANGE?

There is a long history in Ottawa of collaboration among service providers who support children and youth who witness partner violence. Partners have worked together to ensure that women and their children have access to a coordinated system of service delivery. Examples include:

- Ottawa Coalition to End Violence Against Women;
- Children’s Aid Society/Violence Against Women sector Protocol—resulting in the "Integrated Services Project";
- Children’s Aid Society/Ottawa Police Service protocol for the identification of children experiencing woman abuse;
- Monthly cross-organizational senior management meetings to address system-wide needs;
- Agencies sharing Transitional Housing Support Workers;
- Caring Dads: In collaboration with CAS, New Directions and Western Ottawa Community Resource Centre, this program was implemented in Ottawa to assist offending men in assuming a positive parental role while maintaining safe and appropriate boundaries with women who were victimized. The women benefit from an independent outreach focusing on their safety.

In 2007, the Ministry of Children and Youth Services provided integrated services funding to Children’s Aid Societies (CAS) across Ontario to improve collaboration between the CAS and the Violence Against Women (VAW) sectors.

The ‘Integrated Services Project (ISP)’ was developed in 2009. In December 2011, partners reallocated resources to create navigators to link CAS and VAW community resources and expertise in Ottawa.

In a recent evaluation it was found that one of the benefits of the ISP project is the ability to connect the women with multiple resources to reduce their experience of isolation and build networks to support their personal growth and assist them in protecting themselves and protecting their children.

WHAT WORKS?

- Providing a range of support services and interventions for children, parents and family, including support groups and counseling;
- Improving screening in health and education settings for exposure to violence;
- Training for professionals working with children and youth;
- Programming that builds protective factors and resilience;
- Public education and prevention programs in schools and community;
- Organizational partnerships for outreach and service improvements.
GOAL 2: All Children and Youth are **Safe and Supported**

**INDICATOR 3: Number of children and youth who used a homeless shelter**

**WHAT DOES THIS MEAN?**
- The number of children and youth using a homeless shelter has been increasing slightly. There was a slight reduction in the number of youth, but a slight increase in the number of dependent children in families.\(^{44}\)
- Good quality, stable, and affordable housing provides children and youth with a healthy environment to grow up in, increases their chances of success at school and promotes community interactions.\(^{45}\)
- Becoming homeless can be a traumatic and devastating experience for children that can have potential long-term impacts on personal development, educational achievement, social relationships and health.\(^{46}\)
- Youth homelessness is of great concern due to the vulnerability of youth in terms of life skills, social support networks and work experience. Homelessness may force youth to leave school, becoming easy targets for criminal victimization, sexual exploitation and substance abuse.\(^{47}\)

**HOW ARE WE CREATING CHANGE?**

The Alliance to End Homelessness in Ottawa (ATEH) established targets in 2009 aiming to end homelessness in ten years.\(^{48}\) The targets and the progress related to children and youth are shown at top left.\(^{49}\)

<table>
<thead>
<tr>
<th>ALLIANCE TO END HOMELESSNESS</th>
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<tbody>
<tr>
<td><strong>2011 Results related to children and youth</strong></td>
</tr>
<tr>
<td>Reduce the number of people in emergency shelters (by 500 per year for all ages)</td>
</tr>
<tr>
<td>Achieve shorter shelter stays (by a three-day reduction per year)</td>
</tr>
<tr>
<td>Create housing that’s affordable (1,000 new built units or rent supplements per year)</td>
</tr>
<tr>
<td><strong>PROMISING PROGRESS</strong></td>
</tr>
<tr>
<td>68 families, with 128 children aged 14 and under, who were homeless or at imminent risk of becoming homeless were provided with supports through the new “Families First” program</td>
</tr>
</tbody>
</table>

**WHAT WORKS?**
- Strategies to prevent eviction;
- Household income that reflect local housing costs;
- Increased supply of affordable housing;
- Community supports to keep people housed, including for individuals experiencing challenges like mental illness;
- Supports that assist youth and families to move from shelters to transitional or permanent housing.
GOAL 3
All Children and Youth are Engaged and Active

INDICATOR 1: Percent of 12–19 year olds moderately active or active during their leisure time

WHAT DOES THIS MEAN?
- Almost three-quarters of 12–19 year olds in Ottawa are active or moderately physically active with little change in three years.
- Three out of five students in Ottawa reported spending more than two hours a day on screen time.  
  \[ \text{Percent of 12–19 Year Olds Active or Moderately Active in Their Leisure (3 Year Moving Avg.)} \]
  
  Source: StatsCan, Can. Community Health Survey

HOW ARE WE CREATING CHANGE?
Ottawa Child and Youth Initiative Growing Up Great has come together to ensure children and youth have opportunities to join social recreation activities outside of school. In early 2012, a mapping project was completed to provide a snapshot of the fee and subsidized/free activities taking place between 3 and 9 pm for children and youth.

WHAT WORKS?
- Accessible and available opportunities for active recreation;
- Community supports that ensure all children and youth can participate;
- A culture that encourages physical activity;
- Active pursuit model for social recreation;
- Promoting physical literacy;
- Programs like active transportation to school;
- Quality Daily Physical Activity and creative active spaces both at school and in the community.

Highlight of a Best Practice in Our Community

Addressing Barriers to Social Recreation: THE SOCIAL REC CONNECT PROJECT

The Social Rec Connect (SRC) project consists of a partnership between the Boys and Girls Club, YMCA-YWCA, the City of Ottawa, United Way Ottawa and is led by Christie Lake Kids. Project objectives are to:

1. Assess barriers to accessing social recreation in West Centertown for 6–17 year olds;
2. Address barriers by using outreach, Active Pursuit, and systemic collaboration.

Within this project, the dominant barriers to recreation include financial, transportation, knowledge, equipment, family stability, culture/language, as well as systemic barriers and program location.

Through Active Pursuit, outreach, and implementation of individualized social recreation plans, the SRC project was able to:
- Enroll 152 new participants into exiting social recreation programs, with a 91% retention rate;
- Create 362 new program spaces for a total of 11,398 program hours;
- Bring the average weekly recreation use of participants from 0–2 hours to 3–5 hours.
- The SRC project is continuing to function in West Centertown with the goal of connecting young people to social recreation opportunities.
GOAL 3: All Children and Youth are Engaged and Active

INDICATOR 2: Unemployment rate for 15–24 year olds

WHAT DOES THIS MEAN?

- Youth unemployment has been steadily getting worse since 2009.
- The unemployment rate represents youth who are looking for either full-time or part-time work and cannot find it. This includes youth who are in school as well as those who are no longer in school.
- Moderate levels of employment (between 10–15 hours of work per week) is one of the three main protective factors for reducing early school leaving.  
- Early employment provides a competitive advantage for the future through more work experience and a larger network of professional contacts. Research shows that youth who have no work experience before graduating from high school are less likely to secure a good job in the future. Being unemployed at a young age can have a long-lasting impact on an individual’s career prospects and could lead to persistently lower wages many years thereafter.

HOW ARE WE CREATING CHANGE?

- Local school boards in Ottawa provide a range of experiential learning opportunities which provide pathways to employment while students earn credits;
- Employment Ontario services are coordinating through the Employment Ontario Ottawa Network;
- 14.3% of unemployed youth aged 15–21 years received assistance from one of the 13 Employment Ontario services (in 2012–13).

WHAT WORKS?

- Outcome-oriented employment services for placement, retention and advancement for youth;
- Addressing barriers to employment such as transportation, childcare, and cultural barriers;
- Expanding work transition and career ladder opportunities, through co-op placements, internships, on-the-job training/coaching, experiential education programs, and volunteering positions;
- Creating opportunities for networking and mentorship between youth and professionals in their fields of interest;
- Expansion of work opportunities for youth, especially in rural areas and low income neighbourhoods;
- Working with local business to identify skills gaps and employment needs to ensure skills are used on the job;
- Collaboration among all stakeholders (community agencies, employment services, schools, youth, employers, parents, governments) for holistic supports around education, pre-employment and employment;
- Providing pathways and transition supports for youth to return to school or access continuous learning.
GOAL 3: All Children and Youth are Engaged and Active

INDICATOR 3: Percent of youth aged 12–17 who were charged

WHAT DOES THIS MEAN?

• The percent of youth charged with an offence has been steadily decreasing.

• A reduction in the number of youth charged can indicate that fewer youth are involved in illegal activities and that some youth at-risk of being involved in criminal activity are dealt with more appropriately through alternatives to formal charges.

• To optimize positive outcomes for youth and the community in a cost effective manner, programs must be matched to offenders’ needs and risks.

• Intervening at critical points in a child’s life helps to ensure they have positive opportunities to lead safe and productive lives into adulthood.

• 5.6% of youth aged 12–17 were arrested in 2011, and either charged (1.4% of 12–17 year olds), diverted, warned or let go with no further action. (5,600 per 100,000, 2011)

HOW ARE WE CREATING CHANGE?

As a community, we have put an emphasis on pre-charge diversion for youth involved with the police. Pre-charge diversion is an alternative to processing and charging young offenders through the court system. For a person accused of a minor offence or suspected of being at-risk for criminal activity, diversion is intended to help youth avoid the court system and provide the most appropriate services and supports to reduce the likelihood of offending in the future.

Pre-charge diversion can involve elements of supervision and treatment.

• 6% of 12–17 year olds arrested by the police were processed by pre-charge diversion.

WHAT WORKS?

• Programs designed to reduce risk factors and increase protective factors in children and youth;

• Employment opportunities for disenfranchised youth, particularly in neighbourhoods characterized by high poverty;

• Judicial interventions that help reduce the likelihood young offenders will re-offend.
GOAL 4
All Children and Youth are Successful in School

INDICATOR 1: Percent of children considered vulnerable in at least one domain of the Early Development Instrument (EDI)

WHAT WORKS?
- Diverse, accessible, quality early childhood education opportunities (including childcare);
- Supports to vulnerable families with young children (including education, home visits and supports);
- Developmental screening for early identification of concerns;
- Community service targets focused on the early years based on needs identified by the EDI;
- Child-friendly settings that encourage families to promote positive child development (from parks and community festivals to libraries and family resource centers);
- Workplace flexibility to help balance family demands.

WHAT DOES THIS MEAN?
- The percent of children considered vulnerable in at least one domain of the EDI has not changed significantly over the three cycles from 2005–2006 to 2010–2011.
- The higher the percentage of students that score low on the EDI, the more vulnerable children in a neighbourhood may be in terms of developmental health. Those who score below the 10th percentile, based on the provincial baseline, have the lowest EDI scores and are considered “vulnerable.”
- When comparing Ottawa’s latest EDI results to previous years, the percentage of “vulnerable” children increased significantly in the Physical Health and Well-Being and Social Competence domains, decreased significantly in the Language and Cognitive Development and Communication and General Knowledge domains. There was no change for Emotional Maturity domain.
- The early years have the most important influence of any developmental period of brain development, impacting subsequent learning behavior, and health through school and into adult life."
- Children are more likely to succeed socially and academically if they are ready to learn when they begin school. A child’s developmental health at school entry can affect later life outcomes. Those who are ready to learn at school perform better in early grades than children who are not; in turn, they are more likely to finish high school.

HOW ARE WE CREATING CHANGE?
The priority in Ottawa is to ensure a comprehensive range of early child learning opportunities, particularly quality childcare, accessible to families and young children.
- Ottawa had 17.8 childcare spaces per 100 children aged 0–12.70
- Four and five-year old children have increasing access to full day kindergarten in the school. By the start of the 2014 school year, every elementary school in Ottawa will be running a full day kindergarten program.
GOAL 4: All Children and Youth are **Successful in School**

**INDICATOR 2:** Percent of grade 6 students at or above the provincial standard for reading, writing and math

![Chart showing percent of participating grade 6 students at or above the provincial standard for reading, writing, and math for different years.]

**WHAT DOES THIS MEAN?**

- The percent of Grade 6 students at or above the provincial standard for reading and writing has been increasing slightly.
- The percent of Grade 6 students at or above the provincial standard for mathematics has been decreasing.
- Early assessment in reading, writing, and math are important to ensure students are achieving at grade level. For those who are struggling, additional interventions and supports may be needed.
- The trend in Ottawa is consistent with the province, highlighting the success of school and community efforts to improve reading and writing, as well as the need for enhanced efforts to improve mathematics scores.

**HOW ARE WE CREATING CHANGE?**

- Participation in out of school programs is associated with the development of interests and competencies that support learning and achievement in schools, as well as decreases in risk behaviour.
- As part of its focus on the “critical hours”, the Ottawa Child and Youth Initiative is prioritizing high quality out-of-school programming (such as homework clubs and summer learning opportunities) as a critical part of supporting success at school for all children and youth.
- Children and youth who take part in high quality community programs do better in school, have fewer problem behaviours and drug use, have more self-confidence and higher levels of self-esteem, have fewer school absences and are less likely to drop out of school or be expelled.

**WHAT WORKS?**

- Full range of quality programs during the "critical hours" (time spent outside of school hours);
- Maintaining respectful and trusting relationships between school staff, families, and students;
- Summer programs that address the summer reading slide by increasing accessibility to developmentally appropriate books and integrating literacy into programming;
- Barrier free extracurricular school programs (teams, arts programs, and service groups), especially for at-risk children.

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**Highlight of a Best Practice in Our Community**

Coopérative Enseignants Pas A' Pas (CEPAP) is a co-operative of Franco-Ontarian ethno-cultural teachers that integrates academic supports, leadership development and community services for Francophone students and their families. Activities include:

- weekly Saturday morning homework clubs and March break leadership camps for Francophone students
- mentoring opportunities for Francophone immigrant youth
- workshops for Francophone immigrant parents on supporting their children’s educational success
GOAL 4: All Children and Youth are Successful in School

INDICATOR 3: Percent of 20–24 year olds without high school completion and not in school

 WHAT DOES THIS MEAN?

• On average, a student who drops out of high school can expect an income loss of more than $100,000 in their lifetime, compared to individuals with a high school diploma; students who drop out are overly represented in the prison population; and a student who drops out enjoys fewer years at a reasonable quality of life due to strong associations between education and health across a range of illnesses.75

 HOW ARE WE CREATING CHANGE?

The Province has set a target for a high school graduation rate of 85%.76 For several years the education and community agency sectors in Ottawa have focused on programs to support high school graduation, with excellent success.

• 2.5% of 20–24 year olds in Ottawa in 2011 were without high school completion, were not in school and were not in the labour force.77

WHAT WORKS?

• “School success programs” in schools and communities;
• Equitable access to school-based extracurricular activities;
• Providing appropriate supports for youth who are working poor;
• Improving supports for young people facing distinct challenges, such as disabilities, addictions, poverty or significant family responsibilities;
• Opportunities for young people to “change direction” or make different choices at different points in time along their transition process.79
Community Context

The community context provides a broad picture of the overall health of our community. It provides the context for the conditions that children and youth in our community are living in.

<table>
<thead>
<tr>
<th>Profile of Children and Youth 2011</th>
<th>Ottawa</th>
<th>Ontario</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population 0–6</td>
<td>68,525</td>
<td>988,230</td>
</tr>
<tr>
<td>—as a percent of the total population</td>
<td>7.8%</td>
<td>7.7%</td>
</tr>
<tr>
<td>Population 7–14</td>
<td>80,045</td>
<td>1,192,540</td>
</tr>
<tr>
<td>—as a percent of the total population</td>
<td>9.1%</td>
<td>9.3%</td>
</tr>
<tr>
<td>Population 15–19</td>
<td>58,305</td>
<td>863,635</td>
</tr>
<tr>
<td>—as a percent of the total population</td>
<td>6.6%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Population 20–24</td>
<td>65,960</td>
<td>852,910</td>
</tr>
<tr>
<td>—as a percent of the total population</td>
<td>7.5%</td>
<td>6.6%</td>
</tr>
<tr>
<td>0 to 24 year olds who are of Aboriginal identity</td>
<td>2.5%</td>
<td>3.2%</td>
</tr>
<tr>
<td>0 to 19 year olds with French mother tongue</td>
<td>13.2%</td>
<td>4.2%</td>
</tr>
<tr>
<td>0 to 19 year olds with non-official language mother tongue</td>
<td>16.7%</td>
<td>22%</td>
</tr>
<tr>
<td>0 to 19 year olds with no knowledge of English or French</td>
<td>1.5%</td>
<td>1.6%</td>
</tr>
<tr>
<td>0 to 24 year olds who are of immigrants —recent immigrants, arrived 2006–11</td>
<td>11.0%</td>
<td>12.1%</td>
</tr>
<tr>
<td>4.3%</td>
<td>4.3%</td>
<td></td>
</tr>
<tr>
<td>12 to 19 year olds who reported they have a participation and activity limitation sometime or often (2009–10, Ottawa Public Health Unit)</td>
<td>16.8%</td>
<td>14.1%</td>
</tr>
<tr>
<td>(use with caution)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Households maintained by a person under 25 years of age</td>
<td>4.3%</td>
<td>2.8%</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and youth under 18 years living below the Low Income Measure (after tax)</td>
<td>14.4%</td>
<td>17.3%</td>
</tr>
<tr>
<td>Children and youth under six years living below the Low Income Measure (after tax)</td>
<td>15.2%</td>
<td>18.4%</td>
</tr>
<tr>
<td>Youth aged 15–24 living below the low income measure (after-tax)</td>
<td>17.4%</td>
<td>17.3%</td>
</tr>
<tr>
<td>Families with children living below the low income measure</td>
<td>19.1%</td>
<td>13.5%</td>
</tr>
<tr>
<td>Median income from wages and salaries of 15–24 year olds working full year and full time</td>
<td>$26,162</td>
<td></td>
</tr>
<tr>
<td>12 to 19 year olds who reported that they eat fruits and vegetables five or more times a day (2009–10)</td>
<td>49.1%</td>
<td>46.0%</td>
</tr>
<tr>
<td>Families who could not feed the children a balanced meal in the past year, often true and sometimes true (2009–2010, Ottawa Public Health Unit)</td>
<td>1.5%</td>
<td></td>
</tr>
<tr>
<td>Number of children per month on average using the Ottawa Food Bank (2011–12)</td>
<td>17,760</td>
<td>N/A</td>
</tr>
<tr>
<td>12 to 19 year olds who reported they had a regular medical doctor (2009–10)</td>
<td>85%</td>
<td>92%</td>
</tr>
</tbody>
</table>
### Family, Community and Neighbourhood Characteristics 2011

<table>
<thead>
<tr>
<th>Category</th>
<th>Ottawa</th>
<th>Ontario</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Median after-tax family income (2010)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• all families</td>
<td>$85,635</td>
<td>$71,128</td>
</tr>
<tr>
<td>» Couple families with children</td>
<td>$105,395</td>
<td>$87,820</td>
</tr>
<tr>
<td>» Lone parent families</td>
<td>$52,132</td>
<td>$44,398</td>
</tr>
<tr>
<td><strong>Lone parent families as a percent of all economic families with children:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Ottawa-Gatineau CMA, Ont. Part)</td>
<td>23.7%</td>
<td>23.6%</td>
</tr>
<tr>
<td><strong>20–24 years were living alone</strong></td>
<td>7.7%</td>
<td>5.0%</td>
</tr>
<tr>
<td><strong>Occupied dwellings in need of major repair (for all household types)</strong></td>
<td>6.2%</td>
<td>6.6%</td>
</tr>
<tr>
<td><strong>Households living in housing not suitable to their household size according to the National Occupancy Standards (for all household types)</strong></td>
<td>6.8%</td>
<td>7.2%</td>
</tr>
<tr>
<td><strong>Owner and tenant households spending 30% or more of household income on shelter costs (for all household types)</strong></td>
<td>22.7%</td>
<td>27%</td>
</tr>
<tr>
<td><strong>Population which moved in the previous year</strong></td>
<td>13.5%</td>
<td>11.6%</td>
</tr>
<tr>
<td>• In the previous five years</td>
<td>41.9%</td>
<td>37.5%</td>
</tr>
<tr>
<td><strong>Highest level of education for the population aged 25 to 64</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• less than high school</td>
<td>6.6%</td>
<td>11.0%</td>
</tr>
<tr>
<td>• post-secondary degree or diploma</td>
<td>74.6%</td>
<td>64.8%</td>
</tr>
<tr>
<td><strong>Unemployment rate for the population aged 15 and over</strong></td>
<td>7.0%</td>
<td>8.3%</td>
</tr>
<tr>
<td><strong>Population (all ages) with no knowledge of English or French</strong></td>
<td>1.4%</td>
<td>2.4%</td>
</tr>
<tr>
<td><strong>12 to 19 year olds who reported their sense of belonging to the local community was somewhat strong or very strong (2009–10)</strong></td>
<td>68.8%</td>
<td>74.7%</td>
</tr>
<tr>
<td><strong>Population aged 15 and over not in the labour force (2010)</strong></td>
<td>30.7%</td>
<td>34.5%</td>
</tr>
</tbody>
</table>

### Community Profile 2011

<table>
<thead>
<tr>
<th>Category</th>
<th>Ottawa</th>
<th>Ontario</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Population increase 2006–2011 (all ages)</strong></td>
<td>8.8%</td>
<td>5.7%</td>
</tr>
<tr>
<td><strong>Aboriginal identity population (all ages) as a % of the total population</strong></td>
<td>2.1%</td>
<td>2.4%</td>
</tr>
<tr>
<td><strong>Population (all ages) with French mother tongue</strong></td>
<td>15.1%</td>
<td>4.4%</td>
</tr>
<tr>
<td><strong>Population (all ages) with non-official language mother tongue</strong></td>
<td>21.3%</td>
<td>26.6%</td>
</tr>
<tr>
<td><strong>Immigrants (all ages) as a percent of the total population</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>— Recent immigrants arrived 2006 to 2011 (all ages) as a percent of the total population</td>
<td>23.4%</td>
<td>28.5%</td>
</tr>
<tr>
<td>— 3.7%</td>
<td>4.0%</td>
<td></td>
</tr>
<tr>
<td><strong>Families with children, as a percent of all economic families</strong></td>
<td>60.8%</td>
<td>62.6%</td>
</tr>
<tr>
<td><strong>Households who rent their housing</strong></td>
<td>32.7%</td>
<td>28.4%</td>
</tr>
<tr>
<td><strong>Government transfer payments as a percent of the composition of total income in 2010 of the population 15 years and over (2010)</strong></td>
<td>2.6%</td>
<td>3.4%</td>
</tr>
<tr>
<td><strong>Dependency ratio</strong></td>
<td>54.5%</td>
<td>59.2%</td>
</tr>
<tr>
<td><strong>Crime severity index (Ottawa-Gatineau CMA, Ont. Part)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Violent crime severity index</td>
<td>59.9%</td>
<td>60.7%</td>
</tr>
<tr>
<td>• Non-violent crime severity index</td>
<td>64.5%</td>
<td>72.2%</td>
</tr>
<tr>
<td></td>
<td>58.0%</td>
<td>56.4%</td>
</tr>
</tbody>
</table>
References

1. Better Outcomes Registry and Network (BORN), based on a custom data request provided October 2013.
2. Ibid.
4. Ibid.
5. Children’s Hospital of Eastern Ontario, based on a custom data request provided October 2013.
6. Children’s Aid Society of Ottawa, based on a custom data request provided August 2013.
8. Statistics Canada, Canadian Community Health Survey, CANSIM Table 105-0501.
9. Ibid.
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12. Data from Ottawa Police Service, Planning, Performance and Analytics Section, based on a custom data request provided October 16, 2013.
13. Denominator (i.e. number of 12–17 year olds, 2011), from Statistics Canada, Table 98-311-XCB2011018.
15. Data from Program Effectiveness Data Analysis Coordinators, Parent Resource Centre, Ottawa, ON, based on a custom data request provided September 16, 2013.
16. Calculations by the Social Planning Council of Ottawa based on data from the Education Quality and Accountability Office (EQAO) based on a custom data request provided October 2013. Data is for all schools with non-suppressed results, located within the boundary of the City of Ottawa for all four school boards (i.e. excluding French schools outside of the City of Ottawa), for English and French language students. Percentage presented is for the number of students with overall achievement at or above the provincial standard (Levels 3 and 4 for Reading, Writing and Mathematics respectively, divided by the number of students participating in the assessment for that subject matter, 2011-12.
17. Statistics Canada, National Household Survey, Table 99-012-X2011047.IVT.
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68 Data from Ottawa Police Service, Planning, Performance and Analyt ics Section, based on a custom data request provided October 2013.

69 Denominator (i.e. number of 12-17 year olds, 2011), from Statistics Can ada, Table 98-311-XCB2011018.

70 Diversion can be “pre-charge” i.e.to im prove at-risk behaviour where no charges have been laid, or “post-charge” as one of many options for sentencing when a young person has been found guilty of an offence. Both categories of diversion happen in Ottawa. However, the priority action to reduce the number of youth charged focuses on prevention of at-risk behaviour. The percentage reported here does not include youth who are diverted specifically through programs at the Ottawa Carleton District School Board or through the Aboriginal Diversion Program in Ottawa.


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Ibid.

Ibid.

Ibid.

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Statistics Canada, National Household Survey, Table 99-010-X2011026.

Statistics Canada, National Household Survey, Table 99-014-X2011016.

Statistics Canada, National Household Survey, Table 99-014-X2011016.

Statistics Canada, National Household Survey, Table 99-014-X2011043.

Statistics Canada, National Household Survey, Table 99-014-X2011043.

Statistics Canada, Table 99-014-X2011041. IVT for the Ottawa-Gatineau CMA (Ont. Part), Full year is 49–52 weeks, Full time is 30 hours or more per week.

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Statistics Canada, National Household Survey, Table 99-014-X2011041. IVT for the Ottawa-Gatineau CMA (Ont. Part), Full year is 49–52 weeks, Full time is 30 hours or more per week.

Statistics Canada, Canadian Community Health Survey, FSC, 060 Table 2009-2010.

Statistics Canada, Canadian Community Health Survey, FSC, 060 Table 2009-2010.

Statistics Canada, Canadian Community Health Survey, FSC, 060 Table 2009-2010.

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Statistics Canada, National Household Survey, Table 99-014-X2011016.

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