

Squamish, BC Community Assessment Report

Prepared by

**COMMUNITIES THAT CARE
SQUAMISH**

February, 2006

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Executive Summary

This report describes the results of the second risk and protective factor assessment completed as part of Communities That Care – Squamish’s Community Assessment. The Communities That Care system is a way for members of a community to work together to prevent youth health and problem behaviours, including substance abuse, delinquency, teen pregnancy, school dropout and violence. This system was developed by Dr. David Hawkins and Dr. Richard Catalano. It is based on their research, which has identified risk factors that predict youth problem behaviours and protective factors that buffer children from risk and help them succeed.

A key goal of the Communities That Care effort is to identify which risk factors, protective factors and problem behaviours are prevalent in our community, and implement evidence-based programs that address our community’s unique profile. To that end, Communities That Care Squamish (CTC) collected and analyzed data based on a Youth Survey administered to 755 students in grades 6, 7, 8, 10 and 12 in April and May of 2005. The Communities That Care Youth Survey is designed to identify the levels of risk and protective factors as well as the actual prevalence of drug use, violence and other problem behaviours among surveyed students. Each category is scored in comparison with the normative average score of 50, which is based on over 280,000 survey responses collected from 2000 to 2002. Scores over 50 indicate the factor is higher than average, below 50 is lower than average. Risk factor scores of over 50 indicate undesirable levels of risk and Protective factor scores of over 50 indicate helpful levels of protection.

Based on the analysis of 2002 and 2005 data¹, the following risk factors were identified within the community, family and individual-peer domain as priorities for community attention. The Communities That Care research base identifies risk factors in four domains (community, family, school and peer-individual).

1. Poor Family Management (includes discipline and supervision) (58) (Family Domain)
2. Laws and Norms Favourable to Drug Use (65/64) (Community and Family Domains)
3. Perceived Availability of Drugs (62) (Community Domain). In 2006, this risk factor is being monitored closely.
4. Context of family stressors/extreme economic deprivation

These risk factors were selected as priorities for prevention action primarily because data indicated that they are elevated throughout the District of Squamish and that prevention activities focused in these areas would provide maximum impact for cost.

Students reported high levels of protection with *Community Opportunities for Prosocial Involvement* (52), *Belief in the Moral Order* (57) and *School Rewards for Prosocial Involvement* (53). Students also reported suppressed levels of the protective factors *Religiosity* (22), *Social Skills* (39) and *School Opportunities for Prosocial Involvement* (44).

¹ Data has been adjusted to show comparisons between 2002 and 2005 results based on responses of grade 8-12 students.

This report recommends that the community give particular attention to the risk factors noted above when developing the community's action plan to prevent youth problem behaviours and promote positive youth development.

Introduction

Communities That Care Squamish

The 2006 Youth Survey conducted by Communities That Care Squamish follows up on the results of the 2002 Community Assessment to monitor progress and reprioritize community action as conditions change. In 1998, Squamish, BC began to implement the CTC prevention and planning process. Communities That Care Squamish implemented the Communities That Care process to achieve the community's vision of a Healthy Caring Community. All young people in Squamish should have the opportunities, skills and recognition to grow up supported and nurtured by their families, schools and community, and become healthy adults who contribute positively to society.

Key accomplishments to date

- Maintaining participation of over 60 citizens of Squamish to fulfill a variety of roles in the project and additional participation of up to 100 for special projects. Since 1998, the project has maintained broad participation including parents, youth, service providers, faith community, ethnic groups, education, law enforcement, healthcare professionals, business, local, provincial and federal government.
- Being the first community in Canada to successfully take an American template for community mobilization aimed at primary prevention (CTC) and follow it through to its completion.
- To reach this stage of implementation, **as a community**, we had to complete an assessment of our community's strengths and weaknesses using a risk and protective factor framework. We are now in the final stages of our second community assessment.
- Having set a high priority for Family management as a key area that needed strengthening in our community, five promising approaches – absolutely new to the community of Squamish – were selected by concerned citizens from a menu of promising approaches. Laypersons and professionals working together selected three of the five approaches for further research. We have now used this process twice in implementing a total of five promising approaches.
- Maintaining program partners who continue to contribute time, expertise, financial and in-kind resources toward the delivery of prioritized programs.
- Hosting three annual conferences that have seen the likes of Drs. Fraser Mustard, Frances Ricks, Michael Hayes and Clyde Hertzman foster and reinforce our community's commitment to population health, evidence-based decision-making and building community capacity. Our fourth conference is now being planned.
- Producing a baseline scorecard of social, health and behavioural indicators that contributed to our understanding of the community and assisted us in setting targets for change
- Having community agencies and volunteers contribute untold hours to the continuation of the project
- Producing two business plans, to support the feasibility of implementation of the first two promising approaches selected for introduction in our community. This is consistent with and exemplifies the strategic shifts defined by the provincial government i.e. programs

and services that are cost-effective, accountable, engage and build the capacity of the broader community; seeking to enhance public-private partnerships. In fact, the rationale for this business plan is to assist our Advisors in working with the private sector toward the development of private sponsorship agreements to support the longevity of this program

- Implementation the Strengthening Families Program which is a new collaboration of public, private and community partners in the CTC project which resulted in over \$32,570 in in-kind resources and 26 volunteers who contributed a combined total of 980 hours of service during a single cycle of programming and which is now in its eighth cycle.
- Certifying two Strengthening Families Program Trainers who can locally train group leaders.
- Implementing the High/Scope Approach to Pre-school at three sites in Squamish. The program is now in place throughout the Sea to Sky Corridor and is being used in infant toddler classrooms as well. Squamish was the first community in Western Canada to implement this gold standard approach.
- Since February 2003, 31 High/Scope Lead Teachers have been trained in the Sea to Sky Corridor and another 16 will complete their training in the fall. 11 teachers from the North Shore will also be graduating in the fall.
- Certifying two classrooms and identifying them as model classrooms.
- Training two highly skilled adult trainers to support teachers. These trainers are now completing their certification requirements and are already supporting classrooms in Squamish and Whistler.
- Partnering with Capilano College in the Faces of High/Scope family and child literacy program, which is now in its third year of providing additional literacy training to families in the High/Scope Program.
- Developing a sustainability plan, which includes having certified members in various evidence-based approaches to assist in the transfer of learnings to other communities. To that end, we have been invited to work toward becoming a High/Scope Centre of Excellence for BC. We now have a certified Strengthening Families Program Trainer.
- Partnering with the University of Ottawa and five communities in Ontario. This partnership will result in the development of Canadianized tools and a Squamish-based trainer who is qualified to provide Communities That Care Process Support to Communities in BC.
- Partnering with the District of Squamish, which has adopted the Municipal Alcohol Policy, a program identified by the Community as being needed and beneficial.
- Launching the Step Up Campaign in December of 2005. The Campaign addresses community laws and norms favourable toward alcohol and drug use. The program uses print, radio, television, bus ads, presentations and other materials targeted to specific populations to reach the community.
- Using CTC's infrastructure over time to service to the community where links to resources and consultation are required. In addition, we have the ability to support the delivery of events like the two family celebrations with have connected families with healthy activities and information about health and community resources. These events have touched over 1250 people and a third event is now being planned. CTC has also acted as a support in the creation of a social planning council for Squamish.

- In 2006, CTC was recognized as a finalist for the 19th Annual Volunteer Recognition Awards (Canadian Volunteerism Initiative)
- On February 17 CTC Squamish endorsed the recommendations of the second community assessment process completed by the risk and protective factor assessment workgroup. This report is the result of that assessment.

The community assessment

Risk and protective factors are characteristics in the community, family, school and individual's environments that increase or decrease the likelihood that a student will engage in one or more problem behaviours. Dr. Hawkins and Dr. Catalano have identified twenty-three risk factors that predict problem behaviours in youth and ten protective factors that help protect young people from those risks. By addressing risk and protective factors, communities can prevent adolescent problem behaviours in their community and develop a plan for completing the community risk factors that are most elevated while enhancing protective factors.

While policies that target any risk or protective factor could potentially be an important resource for student in Squamish, BC, focusing prevention planning in high risk and low protection areas could be especially beneficial. Similarly, factors with low risk or high protection represent strengths that the community can build on. These objective data, in conjunction with a review of community-specific issues and resources, can help direct prevention efforts for Squamish.

Data collection methods

The second Communities That Care Squamish Youth Survey was administered in the classroom in April and May of 2005. Students in Grades 6, 7, 8, 10 and 12 participated in the survey on a voluntary basis and were permitted to skip any questions with which they were uncomfortable. The complete results are provided in the Communities That Care Squamish, BC Youth Survey Report, available online at www.ctcsquamish.com. In addition, Dr. Hawkins and Dr. Catalano have identified archival data indicators that have been shown to be valid and reliable measures of certain risk factors and problem behaviours that are not measured by the survey, namely Extreme Economic Deprivation, Family Conflict, Teen Pregnancy and School Drop-Out. The Risk and Protective Factor Assessment workgroup collected data from local and provincial agencies to supplement the youth survey. Archival data from public records was used to supplement the results of the Youth Survey in order to provide additional context.

How the priorities were identified

The Risk and Protective Factor Assessment workgroup analyzed the data to identify which risk factors are most elevated in Squamish, BC. The survey data was utilized to assess area youths' involvement in problem behaviours. The prioritized risk and protective factors were then presented to the CTC Action and Advisory Committee and Technical Advisors at an annual conference on February 17 at which discussion took place about other considerations such as community ability to have an impact. The recommendations were unanimously accepted by the Board.

The Community of Squamish

Home to over 16,000 people, Squamish, BC is located halfway between Greater Vancouver and the Resort Municipality of Whistler. Squamish covers a geographic area of 100.9 square kilometres. With easy access to rivers, mountains, cliffs, trails and the ocean, the area has become known as the Outdoor Recreation Capital of Canada. It is also a community in the midst of rapid socio-economic transformation driven by a variety of influences that are creating both positive and negative effects. Forestry has historically been the main industry in the area, and its decline has resulted in job losses as has the loss of CN Rail. Replacing these positions and exploring new industries has become a high priority to promote continued economic sustainability. Higher investment in secondary growth sectors such as tourism, film and recreation are being actively promoted and new sectors, including environmental technologies, have been targeted for exploration. Squamish must also prepare for the demands of the 2010 Olympic Winter Games, which is already affecting several aspects of the community. As the entire length of the Sea to Sky highway is upgraded, road construction has become a boon to employment and the bane of commuters and visitors. Residential and commercial construction is also increasing to meet the demands of a growing and changing population. Population density has increased significantly and is expected to continue. 29.9% of Squamish's population is made up of children aged 0-19². The District of Squamish's population includes 945 children aged 0-4 and 2285 (16%) children aged 5-14 which is higher than the BC average of 12.8%. The community includes a strong multicultural mix including 1690 South Asians (11.9%) 360 First Nations (2.5%) followed by 180 Chinese (1.2%). 93.8% of the South Asian Community is of Sikh Religion. 28.8% of residents commute to their place of work. To serve this growing community, new businesses are opening and larger chains are moving into the District, changing the face of the business community. As the community continues to grow and develop, its problems and opportunities will change as well.

Report Overview

The next sections of the report provide detailed information and analysis of the risk factors, protective factors and problem behaviours in Squamish, BC. The conclusion presents the final list of priorities and recommendations for future action.

² www12.statcan.ca/English/profi101/CP01/Details

Report Overview

Many changes are reflected in the differences between the 2002 and 2005 Youth Surveys. In 2005, grades 6 and 7 were included as well as grades 8, 10 and 12. The inclusion of younger students is important in ensuring prevention programs are initiated at the right time, before the behaviour is expected to begin. In order to accurately assess changes since 2002, comparable data from grades 8, 10, and 12 will be used in this report. The full report, including grade-by-grade results for each category, is available at www.ctcsquamish.com.

There have been many improvements, some well beyond the original targets. *School Rewards for Prosocial Involvement*, for example, saw a very encouraging 33% improvement (40-53). Squamish residents are also becoming more settled, with over half of the population at the same address for five years or more and another 40% having moved within the District or province. The risk factor *Low Neighbourhood Attachment* (59-43) improved significantly as a result. While most of the changes between the 2002 and 2005 Youth Surveys were very positive, some risk and protective factors have changed negatively, particularly those related to drug use, such as *Perceived Availability of Drugs* (49-62) and *Low Perceived Risks of Drug Use* (46-55). As these two risk factors have increased from reduced levels to elevated, CTC is monitoring these areas closely. Areas in which there have been significant declines or which have not improved to target levels will also be evaluated as future programs and promising approaches are planned.

A detailed analysis of the Survey Results and other archival data are included in this section of the report, as well as several tables and graphs.

Summary of Results

Risk and Protective Factors

The version of the Communities That Care Youth Survey used in 2002 was revised after it was first used in Squamish. Risk factors *Laws and Norms Favourable to Drug Use and Firearms* and *Perceived Availability of Drugs and Firearms* were divided to allow drugs and weapons to be evaluated separately; *Poor Family Supervision* and *Poor Family Discipline* were combined into *Poor Family Management*; and *Gang Involvement* was removed. The protective factor *Community Opportunities for Prosocial Involvement* was not included in the first survey as it was under revision at that time.

Protective factors are conditions that buffer children and youth from exposure to risk by either reducing the impact of the risks or changing the way that young people respond to them. Strong bonding to family, school, community and peers is important so that these groups are better able to provide support in the development of skills, self-image and other positive beliefs and behaviours. Protective factor scores (Graph 1) range from a low of 22 (*Religiosity*) to a high of 57 (*Belief in the Moral Order*). Overall protective factor scores have increased to 46/50 from 43/50 in 2002.

Religiosity showed the greatest decline among protective factors since 2002. The next lowest scored protective factors were *Social Skills* at (39/50) and *School Opportunities for Prosocial Involvement* (44/50), future programs and efforts will be subscreened to ensure that these two areas are addressed along with targeted risk factors.

Risk factors are conditions that increase the likelihood of a young person becoming involved in drug use, delinquency, school drop-out or violence. Substantial research has demonstrated that exposure to a greater number of risk factors is associated with more drug use and delinquency. Risk factor scores (Graph 2) range from a low of 39 (*Laws and Norms Favourable to Handguns*) to a high of 65 (*Laws and Norms Favourable to Drug Use*), with an average score of 55. Lower scores are desirable for risk factors. All risk factors related to drug use are elevated in the District of Squamish, indicating a need for increased efforts in this area. There was an alarming increase in both *Perceived Availability of Drugs* (49-62) and *Low Perceived Risks of Drug Use* (46-55) to above average levels. This is being monitored and communication is underway to address these beliefs.

All risk factors in the Family domain are higher than average. *Family Management* (58/50) is one of the three risk factors identified for prevention action. In 2001, the risk factor of family stressors/conflict³ was ranked number three in the family domain by community experts reviewing the data. At that time it was noted that the number of single parent families while about the same as BC, the rate had grown twice as fast of that in BC and three times as fast as that of Canada. And that the percentage of growth of low-income economic families was slightly worse than that of the province. In fall 2002, Communities That Care introduced the Strengthening Families Program, a life skills program which improves family communication, parent/child attachment and school performance. Indications are very positive for the eight groups of parents who have completed the program, which will continue to be offered in the Squamish. Parental attitudes and history of problem behaviours are also of concern in this domain, as these risk factors have increased by around 10% and show the most elevated scores. School-related risk factors have decreased, *Poor Academic Performance* (55-49) reaching target levels set in 2002. In the Peer-Individual domain, most risk factors remain elevated, particularly those pertaining to drug use, although both *Rebelliousness* (52-50) and *Sensation Seeking* (51-48) have been dropped from elevated to reduced levels.

Lone Parent family status continues to be a concern in 2006. The rates in Squamish remain modestly higher than BC overall, but the growth in the rates of lone parent families between 1991 and 2001 continue to be a concern with Squamish increasing at 80% over this time period in the same time as provincial rates increased 56.8%. Lone parent family status is of concern not because lone parents are more likely than other parents to have poor parenting skills, but the literature has indicated that lone parents and their families struggle more because of having insufficient income. Squamish continues to see increases in lone parent families at a rate significantly higher than provincial and national rates.

Growth rates in average family income can be calculated for families in Table 3. Average Family Income grew from 1996 to 2001 for all census families in Squamish by 14.1% and in BC by 14.6%. Average family income for Lone Parent Families was a different story. Lone parent

³ This relates to the CTC Risk Factors of Family Conflict and Extreme Economic Deprivation.

average family income in Squamish and BC is substantially below that of other types of families. Average family income for female headed households grew by 18% in Squamish and 18.9% for BC. Lone parent average family income for BC male headed lone parent families increased by 10%, much less than the provincial rate. Squamish headed lone parent families actually lost ground with their income in 2001 declining by 19.3%. In terms of absolute numbers, female headed lone parent families make up the majority of lone-parent families.

However, as with the other indicators of economic hardship, these figures only cover the period up to 2001 and as the comments that open this section indicate, there is some reason to believe that the situation since 2001 has deteriorated for low income and lone parent families.

The “Market Basket Measure” used in the report cited at the beginning of this section identified that more families were living in poverty than when using the Low Income Cut-Off measure and therefore, it is likely that the information presented here on LICO’s greatly under-estimates the true extent of poverty in Squamish.

While there will be many reasons for targeting economic disadvantage, one of the cautions raised by Dr. Clyde Hertzman and others is that the risk of developing a range of biological, psychological and social problems for children exists across the economic spectrum. Dr. Hertzman has said that while the risks may well be somewhat increased at lower income levels, the absolute number of children involved are quite small., and that risk exists at every income level. Therefore, this factor which provides context to the circumstances in our community, has been chosen as having importance to our work in terms of service access and delivery style, but has not been prioritized for programming at this time.

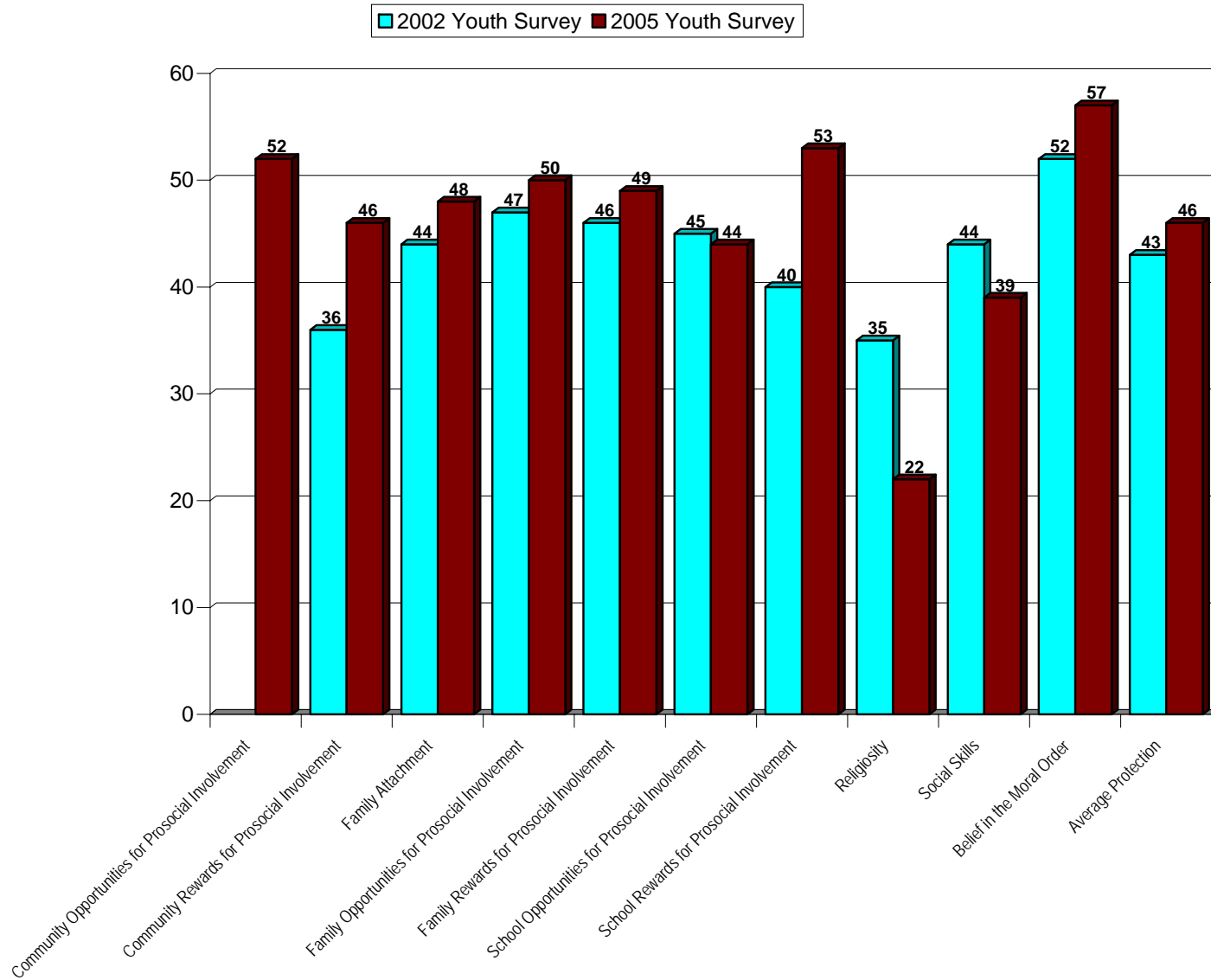
In 2001, the Action Committee, after careful examination of the risk factor data, identified Healthy Families as a helpful focus for future CTC work in Squamish. There are several reasons for identifying this focus:

1. The family is commonly acknowledged to be the most significant influence on youth from infancy to late teens.
2. The family, being the first influence on youth, is therefore the best vehicle for achieving pro-active, preventive approaches to youth problem behavior. Prevention in turn, has proven to be both humane and cost-effective.
3. The family effectively links the four CTC domains (school, community, individual/peer, family). The domain committees agree that a focus on the family is potentially very helpful in addressing their priority risk factors for Squamish.

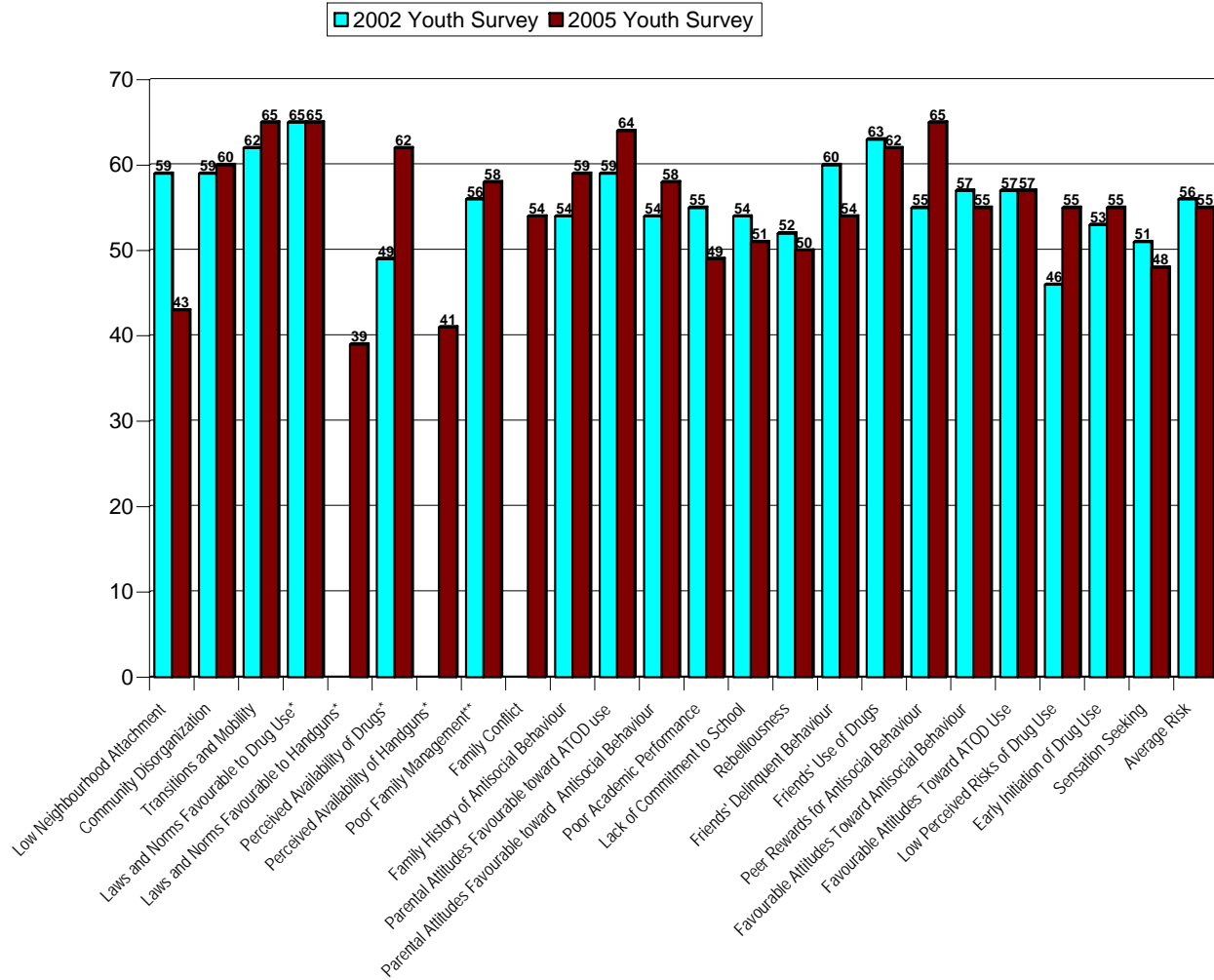
CTC Research Committee August 30, 2001

The Community Focus was chosen as the #2 focus due to the life long impact of alcohol and drug use and the integral role of the community in supporting families. (Based on the current data, these risk factors remain our current focus.)

Graph 1: Protective Factors



Graph 2: Risk Factors⁴



* In the 2002 Youth Survey, these risk factors were combined as Laws and Norms Favourable to Drug Use and Firearms

** In the 2002 Youth Survey, this risk factor had been divided into Poor Family Discipline and Poor Family Supervision

⁴ Adjusted to compare grade 8,10 and 12 results from 2002 and 2005.

Substance Use

Usage levels of alcohol, tobacco and other drugs (ATOD) remain a significant concern, as shown on Chart 3 (Lifetime Reported Substance Use) and Chart 4 (Reported Substance Use During Past 30 Days). Lifetime cigarette use has dropped significantly, from 39% in 2002 to 33% in 2005. Squamish students use tobacco less compared to students surveyed by *Monitoring the Future*, an ongoing research project at the University of Michigan tracking substance abuse attitudes and behaviours since 1975 using responses from 50,000 students per year in grades 8, 10 and 12. Reported alcohol and marijuana use levels are higher than the national average and have increased by 11% and 33% respectively, which may have been affected in part by the time of year each survey was conducted (February 2002, April and May 2005) as social activities tend to increase in the spring. Either way, the increases are significant, particularly the growth in binge drinking and the use of marijuana. Lifetime alcohol use has remained steady at around 80%, an area that is being addressed at present through programs such as the *Municipal Alcohol Policy* and *Step Up!* responsible alcohol use campaign and direct family education, including the *Strengthening Families Program*. The *High/Scope Educational Approach to pre-school* has also shown significant and lasting benefits for children, families and society relating to the problem behaviors and related risk factors such as family conflict and family history of the problem behavior. It is shown to address the protective factors of healthy beliefs and standards, opportunities for prosocial involvement and development of skills to help children contribute in meaningful and developmentally appropriate ways. The family component of the program extends learning into the home and supports parents. Use of alcohol and other drugs are affected by all four domains and will require multiple approaches over time to see reduced levels of use.

Students were also asked about a variety of other drugs, including inhalants, methamphetamine (crystal meth) and LSD. Reported use in the previous 30 days has increased for most of these drugs; however, because usage levels were below 5% for these drugs in both 2002 and 2005, the comparison is only approximate due to the statistical margin of error. Grade 8 students did not report any use of these drugs in the past 30 days. Cocaine and Ecstasy use were reported by 2% of students and 1% reported having used Methamphetamines in the previous 30 days. Heroin use was reported by 1.6% of grade 10 students and 0% by all other grades, 0.5% overall. Recent use of drugs other than marijuana is highest in grade 10, while grade 12 students have the highest lifetime use of these “hard” drugs. Student drug use remains a closely watched issue with ongoing prevention efforts.

Chart 3: Lifetime Reported Substance Use

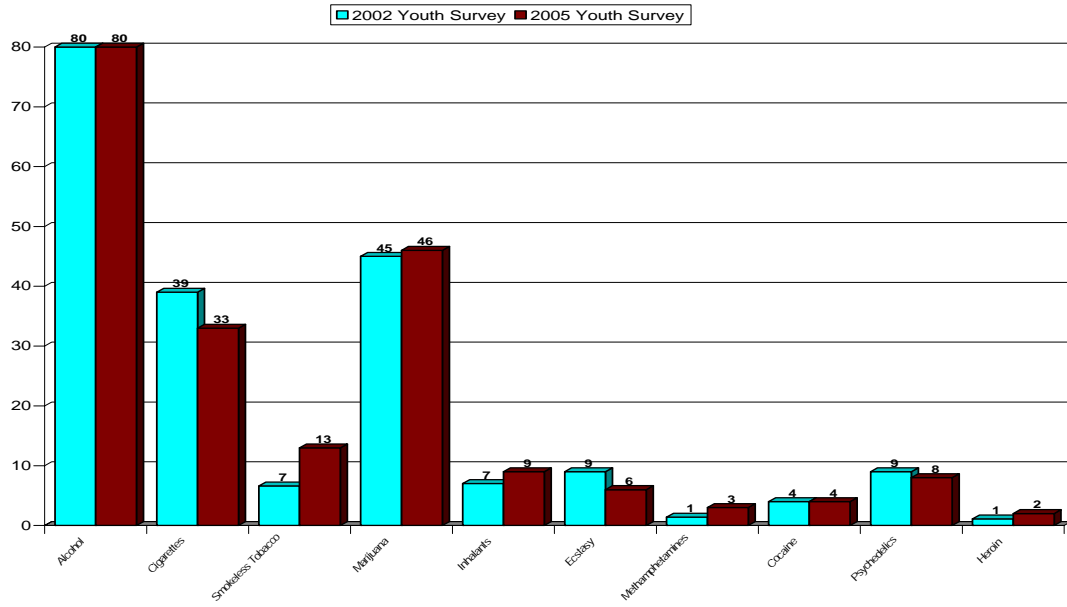
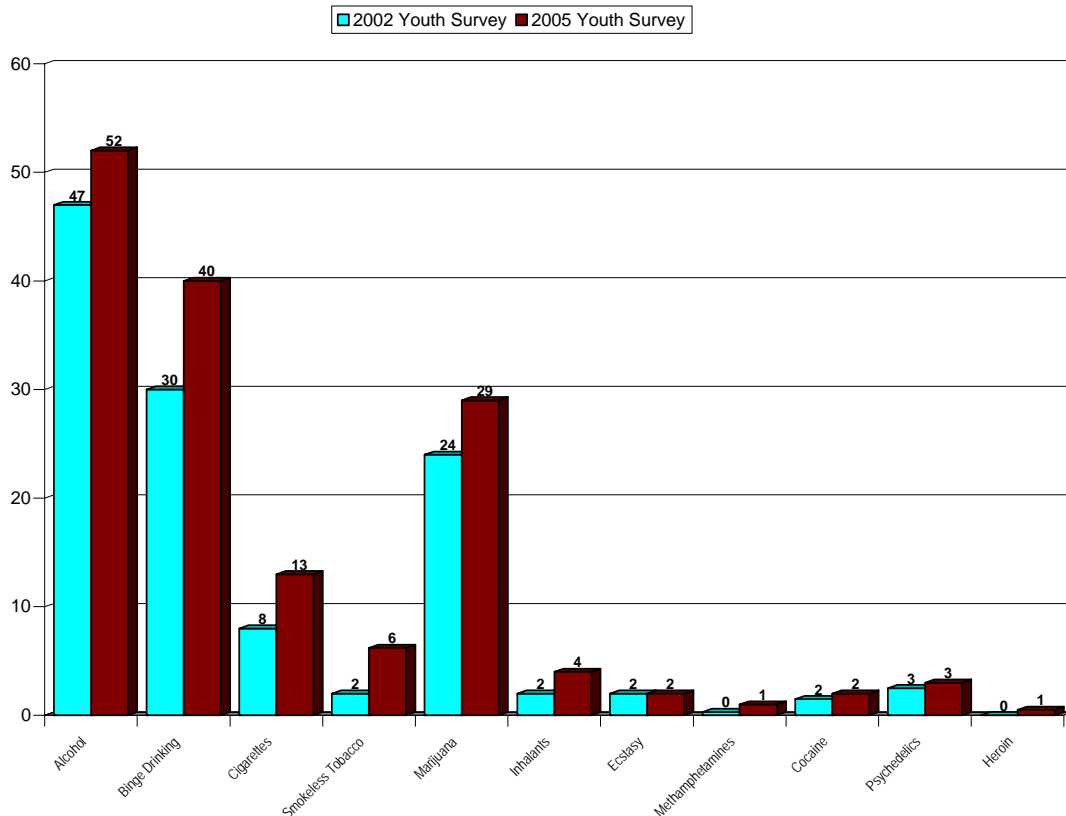


Chart 4: Reported Substance Use in the Past 30 Days



Other Problem Behaviours

The majority of other problem behaviours (Table 1) have decreased since 2002, while those showing increases will be monitored closely. Teen pregnancy has decreased 83% among 10-14 year olds and 13% among 15-19 year olds, rates which have been dropping consistently over the past decade. Over 90% of eligible students graduate from high school, an upward trend expected to continue throughout BC. The provincial government monitors math and reading skills in grades four and seven using the Foundation Skills Assessment (FSA). The results of the 2005 FSA show some improvement over 2002, with the exception of grade 7 reading comprehension. The report also indicates that Squamish students are not performing as well as the provincial average in all categories except grade 4 math skills. Delinquency rates have declined, particularly the number of students who reported having been arrested, attempting to steal a vehicle and selling drugs. The number of students who reported having been drunk or high at school has increased, from 12% to 17% among grade 8 students and 23% to 26% for grade 12's. Violent crime has increased in the District of Squamish while the provincial rate has dropped. Among surveyed students, 12% reported having attacked someone with the intent to harm; while this is an improvement over the 14% reported in 2002, it remains high enough to cause concern.

Table 1

Problem Behaviours and Indicators Data Comparison

Supplementary Indicators Not Measured by the Communities That Care Youth Survey:

Problem Behaviours	2002	2005	Sources
Teen Pregnancy 10-14 YO's 15-19 YO's	0.6 28.4	0.1 (83% decrease) 24.7 (13% decrease)	
School Failure (eligible grade 12 student non-graduation rate)	8.4 2001 Declining below 10% (94.6% graduating)	5.4%	Graduation rates data. Steadily improving since 2000. Statistics Canada report cited in Vancouver Sun December 2005
School Performance: Students not meeting provincial standards Grade 4: Numeracy Reading Comp. Grade 7: Numeracy Reading Comp.	23% (BC 16%) 27% (BC 22%) 34% (BC 19%) 24% (BC 24%)	8.0 % (BC 12.6%) 16.0% (BC 21%) 26.0% (BC 17%) 35.0% (BC 22.3%)	Source: Foundation Skills Assessment – Government of BC Better than BC and improving. Worse than BC improving for math; worsening for reading.
Extreme Economic Deprivation: % incidence of low income economic families (Lico) Now changed to market basket. The report identified female single parent households with a child under the age of 18 years as particularly challenged with income but also identified other groups such as “working poor”, aboriginal families and those with disabilities.		8.4% in 1991, 10.3% in 1996, growing at a rate higher than BC average 8.5% in 2001 vs, 13.9% (BC) 2002 and 2003 data collected by the National Council of Welfare show 23.9% of BC children live below the poverty line, compared to the national average 17.6% .	The “Market Basket Measure” indicates that more families were living in poverty than when using the Low Income Cut-Off measure and therefore, it is likely that the information presented here on LICO's greatly under- estimates the true extent of poverty in Squamish. As data is based on 2001 census it also is perceived as not reflecting the current situation in Squamish.

Unemployment Rate	1991-11.5 vs. BC 10.5 1996 8.5% vs. BC 9.6%	2001-7.3% vs. BC 8.5%	About the same as last report
Average Family Income (% change)	0.5% vs BC 1.3%, 1998 avg income growth for BC 2.5 times that of Squamish		
Family Stressors/Conflict			
Adults without High School Diplomas	% of population over 15 years of age without high school certificate Squamish (31.8 vs. BC 31.1)	In 2001 Population aged 20-64 with less than a high school certificate. 25% vs. Provincial average of 23.5%	This indicator (age category) has changed since last report. Statistically higher for 20-34 year olds (20.7 vs. BC 14.6)
20-34% of population that is a single parent		<p>The number of all types of families in Squamish grew from 2,855 in 1991 to 3,410 in 2001 for a percentage increase of 19%. Over the same time period, the number of lone parent families grew from 330 to 595 – a growth rate of 80%.</p> <p>Provincially, the number of families increased from 780,285 in 1991 to 1,086,035 in 2001 or by 39.2%. During the same period, lone parent families in BC grew from 107,380 to 168,415 or by 56.8%. Lone parent growth has exceeded that of the overall population.</p> <p>This is outlined in Table 1.</p> <p>Table 2 shows that</p>	<p>There are more male lone parent families in Squamish (2.7) vs. BC (2.4) Is this meaningful to our work.</p> <p>A review of census data from 1991, 1996 and 2001 suggest that rates of growth of lone parent families in Squamish are positive and exceed those of provincial growth rates.</p>

		lone parent families, as a percentage of all family types has increased in both Squamish and BC with lone parent families being more prevalent in Squamish (17.5%) compared to BC (15.5%).	
Family Management Spousal assault rates		Spousal assault rates have increased since 1999 from 3.2 to 5.6/1000 while provincial rates have decreased from 2.5 to 2.3/1000.	Supplement to family conflict levels in youth survey which only have current year's data.

Conclusions and Recommendations

Squamish's Strengths

The data identified that young people in Squamish are motivated to follow society's expectations and standards. In particular, young people reported high levels of the protective factor *Belief in the Moral Order* (57). Squamish should build on these strengths while enhancing other protective factors in its prevention efforts.

Community priorities

Based on the analysis of data and input from the community, the following priority risk factors were identified for the community to focus on over the next several years:

1. Poor Family Management (includes discipline and supervision) (58) (Family Domain)
2. Laws and Norms Favourable to Drug Use (65/64) (Community and Family Domains)
3. Perceived Availability of Drugs (62) (Community Domain). In 2006, this risk factor is being monitored closely as peer attitudes are trending upward.
4. Context of family stressors/extreme economic deprivation

These risk factors were selected as priorities for prevention action primarily because data indicated that they are elevated throughout the District of Squamish and that prevention activities focused in these areas would provide maximum impact for cost. CTC Squamish has identified the following strategies or programs to address these 4 risk areas and which comprise the prevention plan.

- A. Sustain current evidence based programs (SFP and High/Scope)
- B. SFP to achieve community dosage level of SFP
- C. Sustain and deepen MAP
- D. Youth communication regarding perceived availability of drugs.
- E. During next resource assessment consider family programming for lower age group e.g. parents of pre-schoolers.
- F. Continue to educate the community to help reduce family stressors/conflict /extreme economic deprivation, and/or partner with those agencies who can implement evidence based programs in these areas.

Next Steps

The next Step in the Communities That Care process is to find out what resources are already in place in Squamish that address the priorities outlined above. The Resources Assessment and Evaluation work group plans to complete this step in September, 2006. Their assessment combined with this report, will make up the profile of Squamish that will be used to identify programs and strategies to promote positive youth development and prevent problem behaviors in Squamish, B.C.

Acknowledgements

Risk and Protective Factor Assessment Workgroup

CTC is grateful to the members of the Committee who shared their time and expertise on reviewing the data:

Michele Mulholland, District Parent Advisory Council

Marilyn Caldwell, District Vice-Principal, School District 48

Pam Gliatis, The Hot Spot (Sea to Sky Freenet Association)

Michelle Lebeau, Regional Literacy Coordinator, Capilano College

Marilyn McIvor, RN, Vancouver Coastal Health Authority

Constable John Marinis, Royal Canadian Mounted Police

Rob Smith, Committee Chair, Community Youth Mental Health Services, Ministry of Child & Family Development

References

“Economic Hardship”

This section contains information on economic hardship in Squamish. Census profile data from 1991, 1996 and 2001 were used in this report. The following should be read in the context of a recent report released by Human Resources and Social Development Canada called, *LOW INCOME IN CANADA: 2000-2002 USING THE MARKET BASKET MEASURE* - JUNE 2006 ([HTTP://WWW.HRSDC.GC.CA/EN/CS/SP/SDC/PKRF/PUBLICATIONS/RESEARCH/2002-000662/PAGE00.SHTML](http://www.hrsdc.gc.ca/en/cs/sp/sdc/pkrf/publications/research/2002-000662/page00.shtml))

It indicates that the poverty rate in British Columbia in 2002 was 22.5% and that this included a child poverty rate of 30% and that 58% of single mothers were living in poverty. This would suggest that economic hardship in Squamish as elsewhere in BC be considered a real concern.

The “Low Income Cut-Off” (LICO) had been discarded because of discussions about “relative poverty” and this report from Human Resources and Social Development Canada was basing its findings on the “Market Based Measure” (MBM) that assessed the actual costs of living in purchasing a standard basket of goods and services.

The report identified female single parent households with a child under the age of 18 years as particularly challenged with income but also identified other groups such as “working poor”, aboriginal families and those with disabilities.

Lone Parent Families

A review of census data from 1991, 1996 and 2001 suggest that rates of growth of lone parent families in Squamish are positive and exceed those of provincial growth rates.

The number of all types of families in Squamish grew from 2,855 in 1991 to 3,410 in 2001 for a percentage increase of 19%. Over the same time period, the number of lone parent families grew from 330 to 595 – a growth rate of 80%.

Provincially, the number of families increased from 780,285 in 1991 to 1,086,035 in 2001 or by 39.2%. During the same period, lone parent families in BC grew from 107,380 to 168,415 or by 56.8%. Lone parent growth has exceeded that of the overall population.

This is outlined in Table 1.

Table 2 shows that lone parent families, as a percentage of all family types has increased in both Squamish and BC with lone parent families being more prevalent in Squamish (17.5%) compared to BC (15.5%).

Lone parent family status is of concern not because lone parents are more likely than other parents to have poor parenting skills, but the literature has indicated that lone parents and their families struggle more because of having insufficient income.

Table 1 – Number of Lone Parent Families, Squamish and BC

	1991	1996	2001
Total Families Squamish	2,855	3,940	3,410
Total Lone Parent Squamish	330	545	595
Total Families BC	780,285	1,008,440	1,086,035
Total Lone Parent BC	107,380	139,005	168,415

Table 2 - Lone Parent Families as % of All Families, Squamish and BC

	1991	1996	2001
Squamish	11.6	13.8	17.5
BC	13.8	13.8	15.5

Average Family Income

Census profile data was used to construct the following tables which show that for all census families in Squamish, average family income grew by 44.2% from 1991 to 2001. This compared to percentage growth of 26.8 for BC. Overall, average family incomes in Squamish grew more than those of BC.

Information about average family income for lone parent families was not available in the census profiles for 1991. However, it can be seen that lone parent incomes are less than half those families overall.

In Squamish, male headed lone parent families saw average income decline by 19.3% in 2001 over 1996. While starting at a lower average income level, lone parent male headed families in BC saw their average income rise to \$47,480 in 2001 or an increase of 10%.

At these 2001 levels, female headed lone parent family average income was only 75% of average family income for male headed lone parent families.

Growth rates in average family income can be calculated for families in Table 3. Average Family Income grew from 1996 to 2001 for all census families in Squamish by 14.1% and in BC by 14.6%. Average family income for Lone Parent Families was a different story. Lone parent average family income in Squamish and BC is substantially below that of other types of families. Average family income for female headed households grew by 18% in Squamish and 18.9% for BC. Lone parent average family income for BC male headed lone parent families increased by

10%, much less than the provincial rate. Squamish headed lone parent families actually lost ground with their income in 2001 declining by 19.3%. In terms of absolute numbers, female headed lone parent families make up the majority of lone-parent families.

Table 3 – Average Family Income for Squamish and BC

	Sq. All Families	BC All Families	Sq. Lone Female	BC Lone Female	Sq. Lone Male	BC Lone Male
1991	46,909	51,126	N/A	N/A	N/A	N/A
1996	59,279	56,527	27,947	28,448	54,900	43,138
2001	67,627	64,821	33,229	33,829	44,283	47,480

Low Income Cut-Off

According to the most recent census data available, Squamish does not appear to have a particular problem with Low Income Economic Families (LICO). Data in the following table indicate that Squamish has a lower proportion of families identified as LICO. At each census year, the percent of LICO families was less than that of the province and 10-year rates of growth for Squamish were lower than for BC suggesting that the growth of low income families in Squamish was not substantially worse than provincial rates.

However, as with the other indicators of economic hardship, these figures only cover the period up to 2001 and as the comments that open this section indicate, there is some reason to believe that the situation since 2001 has deteriorated for low income and lone parent families.

The “Market Basket Measure” used in the report cited at the beginning of this section identified that more families were living in poverty than when using the Low Income Cut-Off measure and therefore, it is likely that the information presented here on LICO’s greatly under-estimates the true extent of poverty in Squamish.

Low Income Economic Families

	Squamish DM N (% All Families)	BC N (% of All Families)
1991	265 (8.4)	105,480 (12.1)
1996	400 (10.3)	152,030 (15.4)
2001	330 (8.5)	144,835 (13.9)

A final comment. While there will be many reasons for targeting economic disadvantage, one of the cautions raised by Dr. Clyde Hertzman and others is that the risk of developing a range of biological, psychological and social problems for children exists across the economic spectrum. Dr. Hertzman has said that while the risks may well be somewhat increased at lower income levels, the absolute number of children involved are quite small., and that risk exists at every income level.

For example, evidence from epidemiological studies of child psychiatric disorder finds that the rate of conduct disorder (a serious behavioural disorder involving serious violation of the rights of others i.e. physical assaults) peaks at very low incomes but also at very high incomes. Furthermore, research conducted around the world has consistently found that low income and lone parenting status are not the most important factors in the development of social, behavioural, academic or other problems in childhood – it is the type of parenting style in the family. Low income, single parent families for example can raise children who function well, so long as the parenting style is an authoritarian one – a style blending emotional attachment as well as positive discipline practices.