



STATE OF THE CHILD REPORT



2016



RESPECTING THE RIGHT TO CHILD AND YOUTH
MENTAL HEALTH SERVICES

Child and Youth Advocate (Office)

The Child and Youth Advocate has a mandate to:

- Ensure that the rights and interests of children and youths are protected;
- Ensure that the views of children and youths are heard and considered in appropriate forums where those views might not otherwise be advanced;
- Ensure that children and youths have access to services and that complaints that children and youths might have about those services receive appropriate attention;
- Provide information and advice to the government, government agencies and communities about the availability, effectiveness, responsiveness, and relevance of services to children and youths; and
- Act as an advocate for the rights and interests of children and youths generally.

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FOREWORD

A MESSAGE FROM YOUTH AND CHILD ADVOCATE

As the Child and Youth Advocate's Office begins its tenth year of operations, I am pleased to release our Annual State of the Child Report, along with the Child Rights and Well-being Framework. The Advocate's Office is a strong champion for evidence-based policy-making, particularly as it relates to decision-making affecting children and youth in the Province. The UN Committee on the Rights of the Child has repeatedly reminded governments in Canada of the importance of proper data-monitoring to ensure that the rights guaranteed to children here, and everywhere, are a lived reality. In New Brunswick, the Advocate's Office has been working collaboratively with many government departments and agencies over several years to ensure good data monitoring and meet its obligations in relation to this general measure of implementation of child rights.

This report constitutes the eighth report of the Advocate over the past 9 years and the fifth report using the reporting format developed with the support of the New Brunswick Health Council. In 2015, our annual report was not released as our strategic focus was directed towards the publication and release of the *Strategy for the Prevention of Harm to Children and Youth*. With the publication of this year's report we are encouraged to report on continuing positive trends in the data and the indicators, for instance in the area of youth corrections and youth justice.



We will be revising and improving our reporting Framework in 2017 and look forward to the release of an improved and more interactive data monitoring instrument in 2017 and for the years ahead. This enhanced functionality will greatly ease the use of the Framework's data by policy analysts in government departments. It will also aid the referencing of continuously updated data sets in the work of Child Rights Impact Assessment carried out by policy analysts and advisors, Cabinet members and others involved in the legislative process. I am very gratified that the work of our office in this data monitoring task has been recognized by researchers elsewhere and that our experience in this field will be able to contribute to the development of GlobalChild, a universal standardized model for child rights monitoring and reporting, as described in the report below.



I think all New Brunswickers should be encouraged by the policy responses outlined in the thematic focus in this year's State of the Child Report. Our theme this year is the Child's right to the highest attainable standard of health, and in particular, the provision of health care to children and young people facing mental health challenges. This has been a recurring concern of mine and of previous Child and Youth Advocates. The data is continuing to trend towards a deepening problem, with increased rates of anxiety and depression among young people. However, I am optimistic, in that government is beginning to take note and that systems level changes are underway which we hope will help curb these trends and eventually reverse them over time.

This report is an attempt to provide a better understanding of the situations that children and youth face in our Province, and a means of identifying areas where progress can be made in upholding their rights and ensuring their well-being. We touch upon almost all of the rights guaranteed under the UN *Convention on the Rights of the Child* in our analysis below. We seek to emphasize encouraging trends in the data, draw attention to problem areas requiring new focus and program supports, and also highlight areas where more data is needed.

We pay particular attention to children who are at high risk of health challenges, of being victims of violence, victims of discrimination, or marginalized by the social burdens of poverty or social condition.

The report is directed not only at policy makers and program deliverers, but to all of us in the Province who care about children and youth. It will of course continue to serve as a central guidepost in our own advocacy efforts, but all members of the community and all branches of government have duties to children and this report and the data in the Framework can provide direction and guidance for all our efforts. We are much more effective when we mobilize collectively to support children and young people, and this year's report will highlight several examples of this type of child rights based collective impact now emerging in New Brunswick.

For example, I am encouraged that with the release of the *Strategy for the Prevention of Harm to Children and Youth* last year the Government also moved forward with the establishment of an Interdepartmental Working Group on Children and Youth. This group is tasked with monitoring the Strategy's implementation within government (the OCYA plays this role in regard to non-governmental organizations for the Strategy). The Interdepartmental Working Group on Children and Youth is also tasked with monitoring the Child Rights Impact Assessment process and working generally across departmental lines to improve services to children and youth.

This Child Rights and Wellbeing Framework is the result of data contributions from all child and youth serving ministries and from national data sets as well. In my view the Advocate's Office cannot sustain this annual data monitoring effort alone. Either government must commit new resources to the Office to allow us to continue this important data monitoring task, or other branches of government need to step up to share the task. In the medium or longer term this work should be carried out with method and expertise by a specialized research based institution such as a Child Rights Observatory or a National Research Chair on the Rights of the Child.

In the interim however, we will continue our efforts to collate an annual Framework of the most current and salient data concerning the rights and well-being of New Brunswick children and youth.

I want to thank all those who have contributed to the publication of this year's report and all those who will work with it in the months ahead to educate themselves and others, to advocate for child rights based reform, and to encourage the participation of children and young people in decisions which affect them.



Norman J. Bossé, Q.C.
Child and Youth Advocate



INTRODUCTION



The Office of the Child and Youth Advocate works to promote and protect the rights of children and youth in the Province. For the purposes of this report (and our work in general), we define a child between birth and eleven years old, and a youth as aged twelve to nineteen inclusive. Unlike some other jurisdictions in Canada, the New Brunswick Advocate's mandate is most similar to a Children's Commissioner in many other countries. In relation to the United Nations Human Rights system, our Office is a centre of accountability to ensure that we in New Brunswick keep our promises to children. In the lexicon of the UN we are a specialized sub-national human rights institution for children.

As such we have full independence from government; we act upon complaints from children, youth and their families, but may also investigate matters on our own motion. We have a mandate to give advice to government and to inform New Brunswickers about the rights and interests of children and youth. In doing so, we respect the right of children and youth to have their voices heard and considered in matters that affect them. In keeping with our past

practice, the opinions of children and youth are incorporated in this report, through reflection on our office's individual case advocacy, and through discussions with children and youth.

The Advocate's Office since its inception in 2006 has initiated several processes to improve general measures of implementation of child rights in New Brunswick. Most recently such initiatives include the following:

- Since 2011 we have been raising awareness annually about children's rights, both provincially and nationally through our Child Rights Education Week efforts (CREW 2016 runs from November 14-20) and other education and outreach initiatives;
- Since early 2013 all Cabinet policy decisions are required to be vetted through a Child Rights Impact Assessment lens, to make sure that children's rights and interests are protected and advanced in all government decisions;

- We have begun as a Province to strategically advance aspects of children’s rights through collective impact and Coordinated Frameworks, such as the Targeted Action Plan on the Child’s Right to Play under Article 31 of the UN *Convention on the Rights of the Child* (‘the *Convention*’) in 2012, and the Strategy for the Prevention of Harm to Children and Youth under Article 19 of the *Convention* in 2015;
- Civil society has come together to mobilize in support of these efforts. Champions for Children, established in 2013, is an umbrella network of all child and youth serving agencies in the Province. It incorporated last spring as NB Champions for Child Rights, Inc. and is mobilizing to support the Advocate’s educational efforts at the community level;
- Government has established in early 2016 its own Interdepartmental Working Group on Children and Youth to support the above-noted initiatives and to help manage government’s priority strategies and programs directed to children and youth;
- The Interdepartmental Working Group and the Advocate’s Office are also working on establishing a Provincial Youth Voice Committee to support their work and to develop and deliver training materials and programs to NB children and youth in relation to the Strategy for the Prevention of Harm to Children and Youth.

Each of these initiatives is supported and inspired by the Child Rights and Wellbeing Framework and the State of the Child Reports. This annual data monitoring and data analysis exercise is in turn informed by the exchanges and expertise shared every summer at the International Summer Course on the Rights of the Child. Thus through both the Summer Course and the State of the Child process we have as a Province been able to deepen our understanding of important child rights themes including:

- Article 31 and the right to play;
- Article 19 and the child’s right to be protected from violence;
- Article 12 and the child’s right to be heard;
- Article 24 and the right to Health;
- And this summer the child’s right to a separate system of juvenile justice and to not be unfairly deprived of liberty under Articles 37 and 40.



This year's report is again divided into connected but distinct sections. The first section addresses the thematic focus on the rights of children and adolescents facing mental health challenges. The subsequent sections look at the data available to us this year in relation to all other child rights under the *Convention*. This begins with the Guiding Principles of the *Convention* and then turns to the three groupings of rights under the *Convention* in terms of Participation Rights, Provision Rights and Protection Rights. All of this analysis draws upon the updated data tables in the Child Rights and Well-being Framework which is set out at the back of the report.

Before turning to this year's thematic focus we offer a few more preliminary words outlining the purpose and goals, and ways in which this report is intended to be used, and some comments on the data challenges that have arisen these past two years and thoughts on how this reporting tool can evolve to better meet its purpose.



Purpose and Goals of the Report

As many have said: "You cannot change what you do not measure." This report attempts to reflect the challenges we see facing many children and youth in our Province. It is written as a resource for decision-makers and policy developers. But it is also a means by which anyone can better understand these challenges. With proper data monitoring we can better assess what are the most pressing problems facing children and youth, which are the challenges we can most easily address and how we can make the best progress in improving their rights and interests.

The State of the Child report identifies issues affecting children and youth and the implementation of their rights, based on the work of our office in individual cases, in systemic advocacy, and in our connections with various child and youth-serving organizations. It also, very importantly, reflects on how children and youth are faring, by means of our analysis of the data reported in the Child Rights and Wellbeing Framework.

The purposes and goals of the report are as follows:

1. The report provides a benchmark against which the Province's progress in child rights implementation can be continuously monitored and advanced;
2. Proper data monitoring helps level the playing field for all children by pointing out the disparities and inequalities which certain children may face;

3. The annual publication of the report allows the Advocate, the media and others to report accurately on the situation of children and youth in the Province and to build awareness about children's rights and wellbeing;
4. The report helps familiarize all stakeholders in New Brunswick with all the rights guaranteed to children and with the guiding interpretation from the UN Committee on the Rights of the Child and other expert sources, which can help us interpret and meaningfully enforce and apply the rights of children;
5. The report serves to inform the research community and to prompt academic and scientific inquiry into particular challenges faced by children and youth, and to identify gaps in data;
6. By ratifying the *Convention on the Rights of the Child*, Canada and New Brunswick undertook certain obligations. These obligations include a duty to monitor and make known the situation of children and the enforcement and enjoyment of their rights. This report aids the Province in meaningfully fulfilling its legal reporting obligations;
7. Finally, the report also provides an example to other Canadian jurisdictions and governments elsewhere as to how to meaningfully carry out child rights enforcement.

The Office of the Child and Youth Advocate is committed to reporting on indicators of rights and wellbeing, to aid in creating a picture of the lives of children and youth. Monitoring rights and wellbeing builds awareness among the general public, and importantly, among decision-makers and policy creators in government. It is about translating rights into reality.

The Data Challenge and Improving the Child Rights and Wellbeing Framework

The Child Rights and Wellbeing Framework is already a global best practice in child rights monitoring. Each piece of data relates to a particular indicator of rights adherence and physical and mental wellbeing. In the Framework, these indicators of rights adherence and physical and mental wellbeing are grouped into six categories.

These six categories (or, in academic language, 'domains') reflect the areas of a child's life that are deemed most essential by child rights and wellbeing experts globally. The domains roughly correlate to the clustering of rights under the *Convention on the Rights of the Child*, and the Framework notes which indicators are most impactful for measuring specific rights under the *Convention*. In future reports the Advocate's Office would also like to revisit this clustering to achieve greater clarity and consensus upon which indicators of wellbeing are most effective for measuring the enforcement of given rights under the *Convention*.

The categorization of indicators also reflects child development based upon the social determinants of health. This is a blending of the approaches of the United Nations human rights regime and the World Health Organization's campaign to ensure the highest attainable standard of health for all people.

Whenever it is possible, we seek to disaggregate this data, meaning we try to present data that relates to specific groups of children. At the moment this disaggregation is only by groups including binary gender, First Nations status, newcomer status, and ability. In the 2015-2016 Student Wellness survey questions were also asked to allow for disaggregation by LBGTQ+ status, and future releases of the report will allow for this kind of disaggregation across many indicators.

The Child Rights and Wellbeing Framework also allows us to compare what is happening statistically with New Brunswick children to what is happening nationally. It also allows us to compare what is happening statistically with New Brunswick children over years. This in turn allows us to flag priority areas of concern and to map our progress.

Each year the Advocate's Office has sought to improve its data monitoring efforts in the Child Rights and Wellbeing Framework. We have done this by incorporating new indicators, providing further disaggregation of the data, and providing more up-to-date data sets. Last year it was not possible to produce the report. Therefore this year's Framework will provide as much current data as possible for 2016 and will include the 2014 report data for comparative purposes in its "Previous Year" data columns.

To address the challenge of continuity in data reporting, our Office will be changing its reporting format in subsequent years. We are currently making adjustments to the Framework to better emphasize the connection between child rights and wellness outcomes and to add in process and structural indicators of child rights implementation. Moving forward we would anticipate releasing the Framework and updated Data tables in late November of each year. This would be followed up with the State of the Child Report which will appear the following spring to provide analysis and commentary on the data. In this way we will be able to work with the most current data and release it as soon as it is available, we would have more time to carry out a thorough analysis of the data, and we will have two opportunities through the year to comment on the data.

The Child Rights and Wellbeing Framework seeks to provide a Provincial picture. However, it is also crucial that we see how children are faring more locally. At the community level the New Brunswick Health Council provides statistical Frameworks for every area of the Province, in the form of their "My Community at a Glance" profiles to support local efforts in building healthier communities. Anyone whose job or interest it is to care about or for children should be looking to the Child Rights and Wellbeing Framework as well as the Health Council's more local data.

It is also important to note that there are many important aspects of the lives of children about which we have no data or not enough vital data. We face gaps in the availability of important data. This means of course that we therefore have gaps in our understanding of the challenges facing children. We attempt to identify such gaps in this report.

Finally, we are very encouraged by the collaboration of the Advocate's Office with an international team of child rights researchers led by Dr. Ziba Vaghri at the University of Victoria. With a five year Project Scheme Grant from the Canadian Institutes of Health Research to develop GlobalChild, this team will develop a standardized universal child rights monitoring and reporting tool for State Parties to the UN *Convention on the Rights of the Child*. Members of the Advocate's staff were on hand for the launch of GlobalChild in Calgary in August of this year and were invited to present New Brunswick's Child Rights Impact Assessment toolkit and the Child Rights and Wellbeing Framework to the experts gathered there. The Deputy Advocate co-chaired the afternoon working session of the project team with Dr. Vaghri, and New Brunswick has agreed to serve as a test site for the pilot of the French language interface of GlobalChild as it is developed. In this way, New Brunswick's experience in child rights monitoring can inform the global conversation and emergence of new reporting standards. We can therefore look forward to improved reporting mechanisms in New Brunswick based upon globally standardized measures.



A young man with dark hair, wearing a bright green button-down shirt and a blue and orange backpack, stands in the foreground, smiling slightly. He is in a school setting with other students in the background. The background is softly blurred, showing a woman in a pink shirt and another woman in a dark blue shirt sitting on a bench. The lighting is warm, suggesting an indoor or evening outdoor setting.

PART ONE
A FOCUS ON MENTAL
HEALTH



For many years now the Advocate's Office has been raising concerns regarding the delivery of mental health services to young New Brunswickers. Initially, in our 2008 *Connecting the Dots Report*ⁱ we were concerned that the lack of child and youth mental health services was resulting in too many children with problem behaviours spending time in prison. The *Ashley Smith Report*ⁱⁱ dramatically outlined the consequences of not providing the right intervention at the right time to children in need of clinical supports.

More recently we have commented in previous State of the Child Reports that New Brunswick has to do more to curb its reliance on emergency based care and hospitalization to deal with youth mental health patients in situations of crisis. The data from 2016 continues to show that we rely much more heavily than the rest of Canada on hospital based care for youth mental health conditions. Yet we know that these interventions are the most costly and the least effective ways of providing services. The rate of child and youth hospitalization for mental disease and disorders is high in

New Brunswick. For 2015-2016 the rate is 48.8 cases admitted to hospital per 10,000; the national rate is 33.7.ⁱ

The 2015-2016 data shows that New Brunswick children and youth have higher than national rates of hospitalization for depressive episodes, stress reaction and anxiety disorder.ⁱⁱ We are concerned that this situation will continue to get worse before it gets better. Our most recent statistics for 2015-2016 show that only half (51%) of the children and youth in the province who look for mental health service get it within 30 days.ⁱⁱⁱ

At the same time we are very much encouraged by the focussed efforts of government and communities to address this priority area of needs. There are so many ways in which New Brunswickers are developing innovative programs and interventions to support children and youth with Mental Health needs that it is in fact possible to be optimistic about the future.

ⁱ Child Rights and Wellbeing Framework 2016, Table 4, Indicator 20.

ⁱⁱ Child Rights and Wellbeing Framework 2016, Table 4, Indicators 22, 23, 26.

ⁱⁱⁱ Child Rights and Wellbeing Framework 2016, Table 4, Indicator 19.

Our purpose with the thematic focus in this year's Report, is to call attention to our duty to children under Article 24 of the UN *Convention of the Rights of the Child*. We want to ensure that as New Brunswick moves forward across several areas of intervention that the Province is conscious of the child's right to be heard in decision-making which affects them. We want to ensure that New Brunswick offers child centric interventions that will build resiliency and autonomy and place young people challenged by mental ill health on a solid path of recovery.

We also want to showcase the several efforts that are underway and to encourage all stakeholders in these processes to continue working together for collective impact in this important area of health and family services. We begin, as ever, by recalling the important child rights principles at stake and then list the main child and youth mental health initiatives underway in the Province. We then explore how proper data monitoring and coordination of effort can support all of them.



The Right to Health Care and Child and Adolescent Mental Health Services under the Convention on the Rights of the Child

Many Canadians consider the right to health services as a birthright and one of the foundational values of our Confederation. We distinguish ourselves from our American neighbours to the south in part because of our rock bed commitment to universal health care coverage. And yet the Supreme Court of Canada has refused to interpret the security of the person provisions of Section 7 of the Canadian *Charter of Rights and Freedoms*³ as providing any social, economic and cultural rights such as the right to health care. Some are concerned that the Supreme Court may in fact have chipped away at universality in decisions such as *Chaouilli v. Quebec*⁴ and paved the way for two tiered systems of health care in Canada.

Yet access to universal health services remains a core Canadian value. These are in fact health services which we are formally bound to provide under the *International Covenant on Economic, Social and Cultural Rights*⁵ and other core international human rights law treaties such as the *Convention on the Rights of Persons with Disabilities*⁶ and the *Convention on the Rights of the Child*.⁷ The UNCRC proclaims the child's right to health in stringent standards in Article 24 which provides:

Article 24

1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is

deprived of his or her right of access to such health care services.

The *Convention on the Rights of the Child* is also the very first human rights treaty to have proclaimed special measures of protection for disabled persons. Article 23 imposes specific obligations on State Parties to take special measures of protection and provision in relation to disabled children, including mental health services:

Article 23

1. States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.

Both Articles go on to enumerate detailed ways in which States Parties to the *Convention* must meet their health care obligations to children. To help explain State Parties' obligations under the *Convention* in relation to child and adolescent mental health services, health professionals and policy-makers should also consider the General Comments published by the UN Committee on the Rights of the Child. The UN Committee is the treaty body responsible for the Convention's enforcement. It receives regular reports from all treaty members on the implementation of the *Convention* and provides each country with recommendations and advice in the UN Committee's Concluding Observations. The UN Committee also publishes General Comments that provide guidance on specific topical areas of child rights enforcement, to call attention to certain issues and to explain in greater detail governments' obligations.

It is significant that the topic of child and youth mental health has received extensive treatment in at least three of the UN Committee's nineteen General Comments over the past dozen years. General Comment no. 4 published in 2003 dealt with *Adolescent Health and Development in the context of the Convention on the Rights of the Child*. It is clear from that General Comment that mental health was a key concern of the UN Committee leading to this priority focus on adolescent health. The UN Committee underscored its grave concern with the rising rates of suicide among youth in a number of States and also with rising rates of depression, anorexia and self-harm. In terms of program responses that States should support to address these health challenges the UN Committee stated in part as follows:

29. Under article 24 of the Convention, States parties are urged to provide adequate treatment and rehabilitation for adolescents with mental disorders, to make the community aware of the early signs and symptoms and the seriousness of these conditions, and to protect adolescents from undue pressures, including psychosocial stress. States parties are also urged to combat discrimination and stigma surrounding mental disorders, in line with their obligations under article 2. Every adolescent with a mental disorder has the right to be treated and cared for, as far as possible, in the community in which he or she lives. Where hospitalization or placement in a psychiatric institution is necessary, this decision should be made in accordance with the principle of the best interests of the child. In the event of hospitalization or institutionalization, the patient should be given the maximum possible opportunity to enjoy all his or her rights as recognized under the Convention, including the rights to education and to have access to recreational activities. Where appropriate, adolescents should be separated from adults. States parties must ensure that

adolescents have access to a personal representative other than a family member to represent their interests, when necessary and appropriate. In accordance with article 25 of the Convention, States parties should undertake periodic review of the placement of adolescents in hospitals or psychiatric institutions.

In General Comment no. 4, the UN Committee also stressed the importance of involving children and young people in their health care planning and their pathways to recovery. The UN Committee closed its General Comment with a clear exhortation to governments to take concrete measures to enforce the child's right to health and several of these measures called directly for a priority focus on mental health services:

1. In exercising their obligations in relation to the health and development of adolescents, States parties shall always take fully into account the four general principles of the Convention. It is the view of the Committee that States parties must take all appropriate legislative, administrative and other measures for the realization and monitoring of the rights of adolescents to health and development as recognized in the Convention. To this end, States parties must notably fulfil the following obligations:

(a) To create a safe and supportive environment for adolescents, including within their family, in schools, in all types of institutions in which they may live, within their workplace and/or in the society at large;

(b) To ensure that adolescents have access to the information that is essential for their health and development and that they have opportunities to participate in decisions affecting their health (notably

through informed consent and the right of confidentiality), to acquire life skills, to obtain adequate and age-appropriate information, and to make appropriate health behaviour choices;

(c) To ensure that health facilities, goods and services, including counselling and health services for mental and sexual and reproductive health, of appropriate quality and sensitive to adolescents' concerns are available to all adolescents;

(d) To ensure that adolescent girls and boys have the opportunity to participate actively in planning and programming for their own health and development;

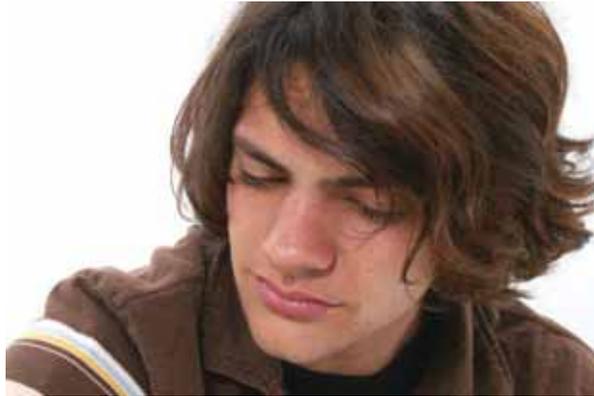
(e) To protect adolescents from all forms of labour which may jeopardize the enjoyment of their rights, notably by abolishing all forms of child labour and by regulating the working environment and conditions in accordance with international standards;

(f) To protect adolescents from all forms of intentional and unintentional injuries, including those resulting from violence and road traffic accidents;

(g) To protect adolescents from all harmful traditional practices, such as early marriages, honour killings and female genital mutilation;

(h) To ensure that adolescents belonging to especially vulnerable groups are fully taken into account in the fulfilment of all aforementioned obligations;

- (i) To implement measures for the prevention of mental disorders and the promotion of mental health of adolescents.



The UN Committee insisted further as early as 2003 that the implementation of these State obligations required a concerted effort by all stakeholders working through a multi-sector strategy. That would be premised on four basic service guarantees of:

- 1) Availability of services responding to adolescent needs – particularly in relation to reproductive health and mental health;
- 2) Accessibility of services, economically, geographically and socially;
- 3) Acceptability of services – having regard to cultural factors, gender identities and medical ethics, both in terms of adolescents perspectives and from the perspective of the communities in which they live; and
- 4) Quality of services, in terms of service specializations for adolescents, and scientific and medical best practices.

A few years later in 2007 the UN Committee again returned to the topic of child and youth mental health in General Comment no. 9 on the *Rights of Children with Disabilities*. The UN Committee referred back to its General Comment no. 4 and insisted that in developing general measures of implementation for children, be it budgets, new legislation, complaint mechanisms or educational programs or interventions that the developmental needs of adolescent children with disabilities be specifically taken into account.

In 2013 the UN Committee released its General Comment no. 15 on *The Right of the Child to the Enjoyment of the Highest Attainable Standard of Health (art. 24)* which insists again on the importance of addressing adolescent mental health service provision as an aspect of the State's plan of action to implement the child's right to health. The Committee insists also on the importance of patient voice and of adherence to the best interests of the child principle in developing such plans of action. The Committee calls for a mobilization of all of society in this task. This mobilization starts with public institutions and services, but includes families, youth, researchers, private sector partners, the media and community sector partners as well, all working from a social determinants of health perspective.

Presently, in 2016 the UN Committee is developing a new General Comment on the Rights of the Child in Adolescence and more guidance in relation to mental health service provision will be forthcoming. Few areas of child rights enforcement have received so much attention and in our view this recurring focus calls the world's attention to the importance of making better and swifter progress in protecting the child's right to enjoy the highest attainable standard of health. Essential to this right is ensuring that the mental health service needs in adolescence are given a higher priority.

Canadian governments including the Government of New Brunswick should be working already at ensuring that they have an adequate response to the UN Committee's comments in the area of mental health which were formulated in the UN Committee's 2012 Concluding Observations to Canada:

66. The Committee recommends that the State party:

(a) Strengthen and expand the quality of interventions to prevent suicide among children with particular attention to early detection, and expand access to confidential psychological and counselling services in all schools, including social work support in the home;

(b) Establish a system of expert monitoring of the excessive use of psycho stimulants to children, and take action to understand the root causes and improve the accuracy of diagnoses while improving access to behavioural and psychological interventions;

(c) Consider the establishment of a monitoring mechanism in each province and territory, under the ministries of health, to monitor and audit the practice of informed consent by health professionals in relation to the use of psychotropic drugs on children.

Canada next reports in 2018 to the UN Committee in its fifth report on the implementation of child rights in Canada. New Brunswick has made good progress in developing plans to improve child and adolescent mental health services, but much more could be done to intentionally consider the Committee's advice and ensure that

proposed solutions in the Province align with Canada's obligations under the *Convention* and with the UN Committee's recommendations.

The initiatives within the province to improve Child and Youth Mental Health Services are too many to list comprehensively in our report. However we want to at least mention the following twelve, and urge the province to develop a plan through which these several efforts can be aligned. The plan should also be aimed at informing all initiatives with a child rights lens. This will ensure that all initiatives are aimed at implementing the child's right to the highest attainable standard of health, and that initiatives are respectful of the *Convention's* guiding principles and rights guarantees.



The Mental Health Action Plan

The first program of note is the Province's Mental Health Action Plan. This framework document outlines the province's commitment to a Recovery model of care and provides high level direction and a strategic focus on child and youth mental health services. The plan was adopted in 2011 and was framed as a seven year plan. However, the key elements of the Action plan in relation to youth have already been significantly implemented, through action items:

- 3.2.1., developing Integrated Service Delivery (ISD);
- 3.2.2 closing the service gap in housing for 16-18 year olds and developing a new service delivery model for youth at risk (Youth Engagement Services);
- 3.2.3., revising the service delivery protocol between Health and Social Development for services to youth in care.

Moreover, a new government was elected in 2014 and many new platform commitments have been made and addressed, particularly in the field of Child and Youth Mental Health. One such commitment is that the Action Plan in relation to Child and Youth Mental Health Services should be significantly revised and updated. Using a rights based approach to this planning task the child and youth elements of a new Action Plan should be added into the Mental Health Priority action items in the *Strategy for the Prevention of Harm to Children and Youth*.

Integrated Service Delivery

Stemming from recommendations in the Advocate's 2008 *Connecting the Dots* report, Integrated Service Delivery (ISD) is an approach to Child and Youth Services which the Government has committed to roll-out to all parts of the Province by 2018. After successful demonstration sites were launched in 2010-11 in the Acadian Peninsula and in Charlotte county those regions saw wait times for access to Mental Health Services virtually disappear. Referrals to psychology for assessment were made less frequently and psychology time available for treatment services increased. Schools noticed significant gains by students supported through early intervention by the program's Child and Youth teams.

In the fall of 2016 the program was expanded to all schools in the Saint-John, Miramichi and Chaleur-Restigouche Regions. A further significant expansion to Moncton, Fredericton and the River Valley is planned for the fall of 2017. A recent report by a committee of the B.C. Legislature earmarked ISD as a Canadian best practice that should be implemented in that jurisdiction. Integrated Service Delivery seeks to connect all public service providers, particularly those in education, child protection, youth mental health and youth correction services as part of one team in support of a common child client. ISD promotes early intervention. It promotes strength-based interventions at the right level of intensity at the right time with the goal of enhancing resiliency factors for positive child and youth development (enhanced family and community attachment, enhanced school engagement and academic success, decreased levels of complex cases, and decreased levels of youth crime). And

it promotes service improvements in terms of accessibility, timeliness and effectiveness of interventions.

Integrated Service Delivery is without a doubt the most ambitious and broad ranging systems reform in the area of child and youth services in New Brunswick since the school reforms of the 1960s and the Robichaud government's Equal Opportunity Program. Properly understood, ISD should allow the Province to complete the work that the Equal Opportunity program began. It is not enough to attempt to equal the playing field for boys vis-à-vis girls, and for Francophones vis-à-vis Anglophones. We also have to ensure an equal playing field for children in child protection services, for children in conflict with the law, for children traumatized by domestic violence, for children who have suffered from neglect and abuse, and for children who suffer from mental health and addictions challenges. Special measures and efforts are needed to ensure equal access to quality mental health services to First Nations children, to children with disabilities, for homeless youth and for gay, lesbian and transgender youth. True equality for all these children requires intensive and sustained intervention and program supports. It requires the wrap around intervention and coordinated team based and strength based services that ISD can offer.



The Integrated Service Delivery model lacks, however, an essential premise upon which the Equal Opportunity Program was founded: a morally and legally binding rights based claim. In the 1960s Equal Opportunity became a mantra. The phrase captured the imagination and the aspirations of a generation. It articulated the vision and the goal for which preceding generations had fought. Of course when one considers the advice and direction in relation to the Right to Health Care from the UN Committee on the Rights of the Child, it would appear that ISD has placed New Brunswick very much on the right track. We have been doing a fairly good job of child rights enforcement through this approach, but we just didn't know it. Or at least we didn't do so intentionally.

This is not surprising, since even if we go back to the Advocate's *Connecting the Dots* and *Ashley Smith Reports* we will find scant reference to child rights. Of course the Advocate's mandate was the same when those reports were drafted as it is today, but the Office was working nonetheless in a needs based framework. Our overall focus was upon vulnerable youth and our advocacy was premised regularly upon the strength of narrative and story-telling. This is Ashley's Story. This is Jessica's Story. This is Juli-Anna's. This is Nicholas'. What can we learn from these stories? How can we avoid the next tragedy?

The narratives were very compelling. Story-telling is an important part of Advocacy. It will very often give us the courage and will to act. Unfortunately it does not assist greatly in ensuring that we will act to good effect. In politics there is also a very great temptation to do something, even before knowing if what we are proposing to do is the right thing. Two things can help guard against these risks: (1) having good data and evidence at hand to guide decision-making;

and (2) knowing the ground rules, in terms of the Rule of Law and foundational human rights principles, so that our proposed course of action contributes to the development of a free and democratic society.

The Advocate's Office has agreed to work with the provincial Integrated Service Delivery team to develop a child rights training module and to review the existing ISD training e-books to ensure that the culture change that ISD will operationalize is child rights based and advances the implementation of all child rights through this innovative and transformative service orientation. We recommend further that the ISD Guiding Principles be revised to incorporate Child Rights Based Principles and that the Anticipated Outcomes of ISD be analyzed and reframed, as appropriate, to ensure that the outcome and performance measurement in relation to ISD will advance the Province's goals and targets in relation to child rights implementation as reflected in the Child Rights and Well-being Framework. We suggest again that appropriate action items in this regard could be included in the *Strategy for the Prevention of Harm to Children and Youth*.

The Centre of Excellence for Complex Needs Youth

It was a great step forward for the Province to finally move ahead with the construction of the Centre of Excellence for Complex Needs Youth. The new facility to be built in Campbellton, represents a new investment of \$12.5 million in youth mental health services and will fill a gap in services for children and young people at the

very apex of needs. These are children who previously have had to receive services very often outside the Province. The Centre of Excellence will benefit from the proximity to the care team at the Restigouche Hospital, but additional efforts will have to be made to support families who may have difficulty travelling to be near their children while in placement and to reduce any stigma associated with the new Centre of Excellence.

Special measures should also be taken as recommended in the UN Committee's General Comment no 4 to ensure that placement at the Centre of Excellence is just in time and for no longer than minimally required. Further measures are necessary to ensure that step-up and step-down services are available to the youth and their family in community so that the transition to and from this acute care facility is as seamless as possible and with minimal disruption to the child's learning and development. We refer the Program administrators in this regard to the Advocate's *Staying Connected* report and reaffirm the recommendations made therein.

We also recommend that a clear protocol or memorandum of understanding be developed between the Centre of Excellence and the Research Chair in Adolescent Mental Health at the Université de Moncton, as was envisioned in the *Staying Connected Report*. This will enable the Centre of Excellence to benefit from the knowledge translation opportunities that the Research Chair offers to ensure that New Brunswick youth with complex needs benefit from service innovations and interventions that are recognized global best practices and that we stay at the forefront of implementation of these best practices in as timely a fashion as possible.

Finally, the Advocate's Office has shared with the Centre's management team the Practical Guide on Monitoring Places where children are Deprived of Liberty, developed by Defence of Children International, together with European monitoring bodies. We have also shared this guide with the administrators at the youth detention and secure custody facility. We have undertaken to adapt this guide to the New Brunswick context and we would urge program administrators to have it in mind as they develop protocols and policies for the administration of their respective centres in order to ensure that all placements in New Brunswick where children are deprived of liberty adhere as conscientiously as possible to the standards of the *Convention* and principles of juvenile justice.

The Research Chair in Adolescent Mental Health

On May 4, 2016, Premier Gallant made an important announcement at l'Université de Moncton with respect to a series of provincial investments in child and youth mental health. This included a \$2.5 dollar funding announcement for a new Research Chair in Adolescent Mental Health at the l'Université de Moncton. This Research Chair position has been held since July 1st of this year by Dr. Jimmy Bourque, formerly director of the Centre de recherche et de développement en éducation (CRDE) in the faculty of Education. The Chair's description insists upon the child rights based approach to the research program. It situates the Chair as a lead contributor to an interfaculty research group on child rights that will promote child rights research initiatives across campus and nurture the development of similar research nodes or poles in other faculties

and departments at the University and in other post-secondary research institutions in the Province. We recommend that the University and the NB Health Research Foundation work with the Advocate's Office and the Medical School to ensure that all the research goals of the Chair are advanced and particularly that collaborative advisory processes are established which will nurture the benefit and value added that the Research Chair will be able to bring to service delivery institutions and programs in the Province.



The Network of Excellence

The recent government platform also contained a commitment to the establishment of a Network of Excellence in Child and Youth Mental Health Services that has now been established. This network will serve as a platform for continuous improvement and integration of government services to complex needs youth and the common clients of Integrated Service Delivery and the Departments of Social Development, of Health, Education and Early Childhood Development, and Justice & Public Safety. The Network of Excellence ensures a continuum of care from primary through to tertiary service settings that is collaborative, child focused and family centred. It will seek to reduce the Province's reliance upon group homes and enhance family based alternative care settings. It serves also as a platform for knowledge transfer of the ISD and other program changes to the broad range of public sector service providers to children and youth.

The Advocate's Office recommends that the Network of Excellence also adopt a child rights lens to ensure that its service transformations are also supported by a reinforce the culture of rights informing other service improvements. The Network of Excellence should also coordinate its efforts with the Interdepartmental Working Group on Children and Youth.

The ACCESS Open Minds NB initiative

ACCESS Open Minds is a national network of Knowledge Transfer with over twelve sites in seven provinces and territories that has

received nearly \$25 million in research funding to demonstrate viable service transformations for young Canadians aged eleven to twenty-five experiencing the onset of mental illness, to ensure rapid access to appropriate service interventions. The ACCESS Open Minds NB program is a \$5 million initiative over five years in New Brunswick to develop a provincial network of youth safe spaces. These safe spaces will serve as service hubs for youth drop in, with peer supports and clinical supports to facilitate the connection of youth mental health patients to informal and formal systems of care. \$1.8 million in funding is being advanced by the ACCESS national research initiative, up to \$ 2.5 million is being contributed by the NB Health Research Foundation and a further \$0.75 million is being fundraised from major donors and local philanthropic efforts.

Three safe spaces are being launched in Saint-John, Elsipogtog and the Acadian Peninsula this fall and six more sites are expected to be rolled out across the Province over the next three years.

It is expected that these sites will encourage young people with lived experience of Mental Health Service Delivery to take charge of their own paths to recovery and to contribute significantly to service improvements in this area by serving as Peer Mentors, as Youth Advisory Council members, as Youth Safe Space administrators and as project staff. Eventually the project will help develop and sustain a Youth Mental Health patient voice network in the Province which will be a major contributor to stigma reduction campaigns and the administration and roll-out of the ACCESS Open Minds transformation provincially and nationally

The Virtual Navigation Support Centre for youth with Complex Needs

At the same May 4th announcement with Premier Gallant, the Province also announced a sizeable contribution to the development of an online and telephone based support service for youth with complex needs and their families, to help them navigate various care systems and networked supports, in terms of service options, availability and accessibility challenges. Funded through the Children's Foundation, the New Brunswick Health Research Foundation and others, the project of \$750,000 will be led by Dr. Shelley Doucette of UNBSJ and Dr. Rima Azar from Mount Allison University



The ACCESS-MH Research Grant into patient journeys

ACCESS-MH is an Atlantic Canadian Research initiative funded through the Canadian Institutes of Health Research in the amount of \$2.5 million. It will carry out qualitative assessments of patient journeys and trajectories through formal mental health care systems in the four Atlantic Provinces and complete a cost benefit analysis of the existing service provision versus proposed improved investments. While the opportunity for synergies and knowledge sharing between research initiatives exists, there is currently in Atlantic Canada no vehicle to ensure that this actually happens or that we avoid recreating in academia silos that have existed for too long in the public sector.

The Advocate's Office recommends that the NB Health Research Council, together with the Maritime Strategy for Patient-Oriented Research Support Unit and the Social Policy Research Network work collaboratively to carry out a complete mapping of child and youth rights and health research activities in the Province. Through this, New Brunswick can develop appropriate knowledge transfer and training mechanisms to maximize the use and collective impact of this research effort to improve children's lives in the near term.

The NB XChange Knowledge Exchange Network

The NB XChange is a knowledge exchange forum supported by DOTS NB and Partners for Youth / Alliance Pro-jeunesse Inc. This knowledge exchange forum grew out of the TRAM – ACCESS partners forum calls in 2013-14 (TRAM: Transformational Research in Adolescent Mental Health; ACCESS: Adolescent/young adult Connections to Community-driven, Early, Strengths-based and Stigma-free services). The discussions have been chaired by the past Dots NB chairperson and former Child and Youth Advocate Bernard Richard. XChange has allowed for an accessible and user friendly knowledge transfer opportunity to keep all interested stakeholders in the Province informed of events, programs and challenges affecting child and youth mental health service delivery across the province. The calls were initially scheduled biweekly, but they have been replaced by bi-monthly calls and are supported now as well by a bi-monthly newsletter. Recently the Exchange has been meeting less frequently, but the concept provides a very helpful forum to support knowledge exchange at the community level and we recommend that measures be taken to ensure the continuation of this service.

The NB Provincial Forum on Mental Health

In October 2015 the first Provincial Forum on Mental Health was held in Moncton New Brunswick. The event drew in roughly 300 participants over three days and constituted a model conference in terms of youth, family and multi-stakeholder engagement in a

forum which was respectful of the Province's linguistic duality, First Nations communities and diversity in general.

In the summer of 2016 a report from the Forum was released. The Advocate recommends that the Forum organizers meet with the ACCESS Open Minds executive and other stakeholders to explore potential synergies and opportunities for ensuring that this important Forum can continue on an annual or bi-annual basis.

The Atlantic Summer Institute three year focus on Child and Youth Mental Health

A further knowledge exchange and networking opportunity that has arisen in this field is through the Atlantic Summer Institute (ASI), a regional think tank in relation to Safe and Healthy Communities that has existed across the Atlantic Region for nearly twenty years. In 2015 ASI committed itself to a three year focus on child and youth mental health, thereby allowing for an important knowledge sharing exercise at the regional level. As rich and necessary as the Provincial Mental Health Forum is, the diversity of experience and approaches and programs and interventions in neighbouring provinces is so great that it is simply not responsible to not avail ourselves of best practices and knowledge sharing that is so immediately accessible. Atlantic Premiers have met and have encouraged greater collaboration in this sector.

The Advocate's Office strongly urges all NB partners in the Child and Youth Mental health field to make this third iteration of ASI's regional focus on this sector be the best and strongest ever. The

organizers of the Provincial Mental Health Forum, New Brunswick Health Research Foundation (NBHRF), Maritime SPOR Support Unit (MSSU) and participants in the Network of Excellence are particularly invited to collaborate in regards to this forum in order to derive maximum benefit from it for New Brunswick Children and youth.

The Strategy for the Prevention of Harm to Children and Youth

This strategy was the outcome document from the Advocate's 2013 *State of the Child Report* followed by a two year process of engagement and child rights strategic planning supported by the Advocate's Office and the Executive Council Office. The Strategy called for a Coordinating Framework to implement in New Brunswick the child's right to be protected from all forms of violence under Article 19 of the *Convention on the Rights of the Child*. A Working Group of Departmental Officials was supported by a small Secretariat housed at the Advocate's Office. This Working Group and Secretariat helped recruit a Provincial Roundtable of forty key stakeholders to guide the Strategy development process. The Board of Champions for Child Rights represented a broad array of community based stakeholders. Twelve young people with lived experience of harm were recruited as members. Nine Deputy Ministers in government represented government interests. Members from academia, from the business sector and from community were included to ensure broad representativity.

Over the course of four meetings from 2014 to 2015 the Provincial Roundtable developed, with the support of the Working Group and its Secretariat, a provincial Strategy. The Strategy included two guiding principles of service coordination and youth engagement and ten priority areas grouped across five main types of harm: physical harm, emotional harm, sexual harm, socio-cultural harm, and neglect. Over 120 action items in relation to the guiding principles and 10 priorities were included in the Strategy which was launched in November 2015. An interdepartmental Working Group on Children and Youth was struck to have the task of monitoring and implementing the Strategy over the next five years, with the help of a Youth Voice Committee and the Board of NB Champions for Child Rights who will monitor the action items contributed from non-government organizations with the help of the Advocate's Office.

The Strategy has a priority focus area on Mental Health and also one on cyberbullying in relation to the emotional harm component of the Strategy. The Strategy also includes indicators which the proposed action items are intended to influence. However, the Strategy as yet does not fully reflect the great confluence of activities, as described earlier in this report, that are supporting improvements in child and youth mental health. The Advocate's office hopes that the Interdepartmental Working Group will discuss finding ways to do so, in order to ensure that those activities are appropriately tracked and monitored in relation to targeted Strategy indicators.

Conclusion

While this enumeration of system improvements is far from complete, it is illustrative of an important change in focus for government and the health and community sector. For decades we have regretted the fact that mental health services were the orphaned system in health care, and that child and adolescent mental health services are the orphan's orphan. We remain hopeful that those days are over.

While the projects mentioned represent over \$25 million in new spending, for child and adolescent mental health, these are often capital costs and project based spending. Government will have to manage its resources effectively to ensure that the changes brought about are made sustainable. What has changed in part is the culture and the focus of health care which recognizes that despite an aging demographic, our youth population in New Brunswick is coping with significant challenges leading to increased demand for mental health services and early intervention and prevention mechanisms are needed now more than ever.

The recommendations outlined above are all supportive of a rights based approach to child and adolescent mental health service delivery. We encourage the Province and service providers to move in this direction, not only because we have a legal and moral obligation to do so, but because we are convinced of the benefits of this culture shift. Rights Based Management approaches in health care create unity of purpose and a sense of common enterprise; they help standardize our practices to emerging global best practices; they support patient centred service delivery and empower young people to take ownership of their own care plan.

Rights based approaches also reinforce the case for accountability and help us stay results-oriented and evidence-based in our operations.

Child rights based approaches are grounded in human dignity. They support empathic care and authentic engagement. They help us reinforce the need for service integration and a whole-child model of care by recalling the intersection of rights and the role of parents, family and community in child-rearing. The Office of the Child and Youth Advocate welcomes the opportunity to work with the Department of Health and all the ISD and Network of Excellence partners including New Brunswick children and youth in developing a revised Mental Health Action Plan with a stronger than ever child and youth strategy, consolidating the several initiatives outlined above and implementing the right of every New Brunswick child to enjoy the highest attainable standard of health.



A close-up photograph of a young girl with Down syndrome, smiling broadly. She has brown hair styled in two braids with bangs. She is wearing a pink and grey plaid shirt. The background is a blurred outdoor setting with green foliage and white flowers.

PART TWO
CHILD AND YOUTH
RIGHTS

GUIDING PRINCIPLES

Human rights are inevitably intertwined. Various rights affect each other. For example, without the fulfillment of a child's right to accommodation and support for an intellectual or learning disability, the child's right to education is negatively impacted, and without meaningful access to education, a child cannot develop to their maximum capacity, may develop addictions issues and may fall into the criminal justice system. This is an extreme example, but it is one we have seen multiple times in our work. The point is that violation of one right can lead to violations of others. All rights are important. However, four particular Articles in the *Convention on the Rights of the Child* act as Guiding Principles. These Guiding Principles are found in Articles 2, 3, 6 and 12 of the *Convention*. These are the essential values upon which all of the rights in the *Convention* are based. None of the rights found in the *Convention* can be fully implemented without regard to these four fundamental Guiding Principles.



Guiding Principle: Article 2 – *The right to provision and protection of rights without discrimination*

Article 2 of the United Nations *Convention on the Rights of the Child* obligates government to ensure that every child and youth has equality in terms of their rights.

Equality does not mean everyone receiving the same treatment. It means receiving the treatment that enables one to achieve what others can achieve. Some groups of children and youth are vulnerable in particular ways and require accommodation and extra support to realize true equality. For example, those who are homeless, LGBTQ+, Indigenous, new immigrants and refugees, and those who have physical or intellectual disabilities. What these children need to attain true equality will be particular to their circumstances.

Guiding Principle: Article 3 – *The right to have the best interests of the child be a primary concern in decisions that affect children*

Article 3 of the United Nations *Convention on the Rights of the Child* obligates government to make the best interests of the child a primary consideration in all decisions that affect children.

There are times when the best interests of the child must not only be a primary consideration, but the predominant consideration. This principle is reflected throughout New Brunswick's *Family Services Act*, including in all matters relating to child protection and adoption, where, for example, courts must place the best interests of the child above all other considerations.

Legislatures must pay heed to this principle, and increasingly they do. In New Brunswick the Child Rights Impact Assessment process incorporates due diligence of the best interests of children in legislative reform. The United Nations Committee on the Rights of the Child has stated that Child Rights Impact Assessments are a necessary mechanism for ensuring that Article 3 is upheld.⁸ Administrative decision-making within government must also uphold the best interests principle. It is the opinion of the Child and Youth Advocate that all government policies and practice standards affecting children and youth should reference the best interests principle in writing.

Guiding Principle: Article 6 – *Right to life, survival and maximum development*

Article 6 of the United Nations *Convention on the Rights of the Child* obligates government to ensure the maximum development of children, both mentally and physically.

Article 6 affirms that children need to live in an environment that supports them in developing, in

maximum health, with empowerment, autonomy and resiliency throughout childhood and adolescence.⁹ Children and youth need a secure foundation for their lives. They need strong attachments, a sense of belonging and security, high self-esteem and a feeling of personal control over their lives in order to be resilient when facing the challenges that confront them.

Some children thrive in spite of the adversity they face, and they do so due to their resilience. External factors such as positive relationships with adults, feeling connected to school, having support in the community, and participation in recreational activities promote resiliency. Services to children should incorporate resilience-building strategies, adapted to the age and circumstances of children.



Guiding Principle: Article 12 – *The right of the child to have his or her opinion voiced and taken into account in all matters that affect him or her*

Article 12 of the United Nations *Convention on the Rights of the Child* is meant to assure that each child can express their opinions freely in any matter affecting them. It also obligates government to listen to and accord due weight to, the opinions of children.

Just as a good parent will listen to their child and take their child's views into consideration, all aspects of government, including the civil service, must give appropriate weight to child and youth views. This is necessary in order to make informed decisions or take meaningful actions in matters that affect children and youth. Their voices should be actively sought out. Consultation and engagement should be meaningful, avoiding tokenistic approaches.

Children and youth must also be provided with adequate information for them to provide informed opinions. This means information about any particular process affecting a child or youth, as well as information about the rights of the child or youth in that process.

Article 12 is examined in depth in the Provision Rights section of this report. At the moment it will suffice to mention that the Guiding Principles ensuring that children do not face discrimination (Article 2), acting in the best interests of children (Article 3), and enabling the maximum development of children (Article 6) are all dependent upon respecting the opinions of children.



A young woman with long, dark hair pulled back, wearing black-rimmed glasses and a red, white, and blue plaid shirt over a blue t-shirt. She is smiling warmly at the camera. The background is a solid, textured blue wall.

PARTICIPATION
RIGHTS

PARTICIPATION

The concerns of children are often unspoken, and when they are spoken, their opinions are often ignored. Empowerment and autonomy can only develop when one's voice is heard. It is through participation in matters that affect them that children and youth learn about responsibility and engagement. Yet even in matters that intimately affect children and go to the core of their identities, their opinions are far too often ignored.

Article 12 – *Respect for the views of the child*

As noted above on page 31, government has an obligation to engage children and youth, and support them in their development. An essential aspect of this support is in respecting the opinions of children and youth and taking those opinions into account in all matters affecting children and youth.

The United Nations Committee on the Rights of the Child has urged mandatory training in Article 12 rights for all those involved in administrative and judicial proceedings involving youth.¹⁰ Engaging youth in their opinions is for some reason seen by many adults as being a daunting endeavour. However, multiple resources to guide effective youth engagement exist.¹¹ Engaging youth in their opinions is also seen by many adults as being unimportant and unnecessary. However, according to the rights of the child,

whenever a decision is being made by government that affects children or youth, they should be engaged and heard. Furthermore, fulfillment of Article 12 requires that we must avoid tokenistic approaches, which limit children's expression of views, or which allow children to be heard, but fail to give their views due weight.

Providing for Student Voice in School Administrative Decisions

The operations of schools should be informed by the people they are meant to serve. Children and youth have opinions about virtually every aspect of school operations, and their opinions are informed by experience. Soliciting and seriously considering student opinion can only improve essential matters such as curriculum design and school policy. When there is meaningful weight given to student voice, schools thereby function better, and in turn students feel engaged and respected in their school lives. One of the consequences of engaged students is that they are more likely to become engaged citizens. It is worth reflecting on the fact that a full quarter of graduating high school students in our Province report that they have no intention of bothering to vote in any elections when they reach voting age.^{iv} An even more disturbing statistic is that Indigenous graduating students report even lower interest in voting – only a third report that they intend to vote (although their reasons for not intending to vote may reflect the history of colonialism and government tactics of assimilation).^v

^{iv} Child Rights and Wellbeing Framework 2016, Table 2, Indicator 64.

^v Child Rights and Wellbeing Framework 2016, Table 2, Indicator 64.

One aspect of school administration that continues to be troubling, and continues to be a large source of advocacy requests to the Child and Youth Advocate's Office, is school placement and suspension. In the spring of 2014 the Department of Education & Early Childhood Development began consultation on a draft Policy document entitled "Preventing and Resolving Disputes." That draft policy focused on building positive relationships with fulsome participation by all affected parties in dispute resolution, in order to build trust and resolve disagreements. An early dispute resolution mechanism could provide an upstream alternative to adversarial processes with much greater adherence to the rights of children and youth to have their opinions heard and afforded due weight. The Department of Education & Early Childhood Development would, we feel, be well-advised to revisit school placement and suspension dispute processes with a greater focus on mediation and student voice.

As a final point on this topic, while we absolutely know that teachers, support staff and administrators across this Province are working very hard and succeeding to a great degree in creating positive school environments, it has to be said that a significant proportion of students still do not feel respected at school. In the 2015 survey of graduating students, one out of every five stated that they did not feel respected at school.^{vi} While the percentage is somewhat better in the Francophone education sector (85% of students feel respected) compared to the Anglophone education sector (where 78% do)¹², there is significant room for improvement in both sectors. While of course students may feel disrespected by their peers, in our experience the issue relates more to relationships

between students and school staff and administration. Whatever the primary causes of feeling a lack of respect may be, it is a fact that no one will feel respected if their voice is ignored, and this is an area in which we feel many schools and the system as a whole can improve.

Youth Voice in the Criminal Justice System

We can keep youth out of the criminal justice system if we build resiliency and confidence in children from an early age, direct children to community supports, and improve the clinical treatment capacity for children facing mental health challenges. However, these interventions will only be effective if we listen to children and youth, and seriously take their views into account.

If we want to address root causes of youth crime, we need to hear from the people in the system. We need to embed Article 12 rights into every aspect of the youth criminal justice system and into the lives of youths generally. The wording of Article 12 is that States Parties (government) "shall assure" the right of children to express views in matters affecting them; government has a strict obligation to undertake measures necessary to implement this right of expression.

The views of the child are to be expressed *freely*, meaning not subject to coercion or any undue influence or manipulation by adults or others. In this respect it is vitally important that defence lawyers uphold their duty to represent their client – the youth facing charges – and not a parent or guardian for that youth.¹³

^{vi} Child Rights and Wellbeing Framework 2016, Table 2, Indicator 51.

The United Nations Committee on the Rights of the Child urges governments to provide independent legal representation for children in all judicial proceedings involving them, and for children and youth to participate fully and be heard.¹⁴ The Committee stated the matter clearly as follows:

A child cannot be heard effectively where the environment is intimidating, hostile, insensitive or inappropriate for her or his age. Proceedings must be both accessible and child appropriate.¹⁵

Participation by youth can only be made meaningful in the criminal justice system if they understand the process. This of course necessitates that in order to express views, youth must be given essential information about the process, their role in it, and all potential outcomes. Youth must make decisions in this criminal justice system, and those decisions must be fully informed. The Child and Youth Advocate's *More Care Less Court* report made recommendations to make the youth criminal justice system in New Brunswick better adapted to positive outcomes for youth.¹⁶ The best place for youth voice to be heard in the criminal justice system is in Extrajudicial Measures – aspects of the system that are outside of the courtroom and are meant to utilize community instead of court in addressing the root causes of youth crime. Case conferencing, and especially restorative justice approaches, offer opportunities for a youth to be fully engaged in accepting responsibility for his or her actions, recompensing the victim when possible, and developing a plan to reintegrate into community. When youth can speak and be heard, they are almost inevitably more engaged in their own rehabilitation.



Article 13 – The Right to Freedom of Expression

The United Nations in its very beginnings called freedom of information (expression) “the touchstone to all the freedoms to which the United Nations is consecrated.”¹⁷ This right is enshrined in the foundational international human rights instruments. And yet it is a right that is far too often silenced by society when it relates to children and youth.

Article 13 of the *Convention on the Rights of the Child* enshrines the right of children and youth to receive and communicate information and ideas. It is only through this right that children and youth will understand all of their rights and the rights of others. It is therefore fundamental to the fulfillment of all *Convention* rights.

Article 15 – The Right to Freedom of Association and Peaceful Assembly

The Committee on the Rights of the Child has called upon parties to the *Convention* to provide statistics on the number and membership of organizations that promote child and youth association.¹⁸ It is good to see that the Department of Education and Early Childhood Development tracks the number of LGBTQ+ student associations in schools across the Province. It would be good to see a more comprehensive list of associations in schools and in civil society more broadly that foster this kind of engagement. The right to

freedom of association is also linked to engagement more broadly, including engagement in government matters, and in civil society.

The benefits of engagement in society are manifold. For example, volunteering can increase self-esteem and combat depression.¹⁹ It also boosts positive characteristics in children and youth such as empathy and helpfulness.²⁰ A recent study of one hundred students at a Vancouver high school found that weekly volunteering with elementary school children lessened their risk of cardiovascular disease, high cholesterol and obesity.²¹ These lower risk markers were associated with high levels of empathy and altruism. These benefits are only a few of the reasons why society should actively foster child and youth rights to association.

Article 16 – The Right to Privacy and Protection of Reputation

The most pressing social issue in regard to children’s privacy is generally thought to be that of protecting children’s privacy on the Internet. Our office worked with Privacy Commissioners and Child and Youth Advocate offices across the country to produce a report in 2009 on the subject of protecting children’s privacy online.²² That report looked at the unrestrained gathering and use of children’s personal information where no clear limits are imposed on how that data can be used, retained, or transferred. The report also looked at coercive online marketing to children. In the years since this report, the situation of online privacy for children has become increasingly concerning.

Websites collect marketing information from users. This information is then used to select products to advertise to children that are specifically aligned with their expressed preferences. Moreover, as a University of Toronto professor in the Faculty of Information has stated:

Data mining is a nonintrusive way to observe millions of kids playing and chatting together. Play habits reveal a lot about kids, as do the conversations they have about their likes or dislikes, their ideals and dreams. All of this is seen as extremely valuable for figuring out new ways to market to them, to create things that they are likely to want and enjoy, but also tap into and manipulate their innermost hopes and fears.²³

In the United States there is dedicated federal law, *The Children's Online Privacy Protection Act*, and various state laws also give specific legal protections to children. No such child-specific law exists in Canada. The Committee on the Rights of the Child has noted this problem, in a General Comment on "State Obligations Regarding the Impact of the Business Sector on Children's Rights":

Children may regard marketing and advertisements that are transmitted through the media, as truthful and unbiased and consequently can consume and use products that are harmful. Advertising and marketing can also have a powerful influence over children's self-esteem, for example when portraying unrealistic body images. States should ensure that marketing and advertising do not have adverse impacts on children's rights by adopting appropriate regulation and encouraging business enterprises to adhere to codes of conduct.²⁴

It is important to raise awareness of privacy issues affecting children, and provide children with guidance to help them protect themselves. The Office of the Privacy Commissioner of Canada has resources that can be used by educators and parents.²⁵ The government of New Brunswick also has responsibilities in this regard, to legislate privacy protections for children.

Article 17 – *The Right of Access to Information*

The right to access information is intimately related to the right to privacy. The United Nations Committee on the Rights of the Child has stressed that "Students should be enabled to relate to and use the media in a participatory manner, as well as to learn how to decode media messages, including in advertising."²⁶

Children and youth live in a digitally connected world, and their access to information is far greater than at any point in history. While there are important safety concerns to bear in mind, children and youth need information to develop to their fullest abilities, and to be able to participate and make informed decisions about matters affecting their lives.

This right is important for all children and youths, but requires special due diligence to foster access to information for those who are in situations where it may be limited. Children in the child protection system living in group homes, children in medical and psychiatric facilities, and those in detention and custody all require access to information. Their access can be severely hampered.



PROVISION RIGHTS

PROVISION

For children to develop to their maximum potential, they must be provided with the means to do so. Education, recreation, cultural opportunity, social services, health care, legal services, housing, and adequate nutrition all require provision by government.

Article 4 – *The right to insist on government’s obligation to implement Convention rights*

In recognition that children deserve the best that society can provide, government has agreed under the *Convention* to undertake all measures necessary to implement all of the rights in this treaty. Even more specifically, under Article 4, government has an obligation to employ the maximum extent of available resources in order to fulfill economic, social and cultural rights.

This means that rights to education, health, standard of living, and adequate housing must be fulfilled to the highest attainable levels. The commitment under the *Convention* to undertake all appropriate measures through law and actions places a profound obligation on government, and one which impacts many of the rights that will be examined in this report.

Articles 5 and 18 – *Government assistance to parents in supporting children’s rights*

Government has an obligation to respect, encourage and support parents in the upbringing of children in accordance with children’s rights. As stated in the Preamble to the *Convention on the Rights of the Child*: “the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community.”

Of course it must be noted that while parents or legal guardians have the primary responsibility for the development of children, government must of course also ensure that parents are acting in the best interests of children.

Family and community connectedness

Attachment to a parental figure is the first necessity of strong emotional health for a child. A stable and interactive relationship with family is foundational to the physical and mental well-being of children.²⁷ Those who grow up in families with low levels of conflict, wherein children are free to express their views and are supported and understood, generally have higher self-esteem and resilience.²⁸

Family attachment is the key factor for healthy development of children, but communities are essential in a support role for families in order for children to grown up healthy.²⁹ In the absence of a healthy family relationship, community members can play the

necessary role to allow a child to develop to their full capacities and become productive adults, happy in their lives. The opportunity for a child or youth to volunteer in the community increases this connection. These benefits have been noted in this State of the Child report earlier, in relation to Article 15 of the *Convention*. Having a supportive mentor relationship with an adult outside of home is another benefit of community connection. Such relationships make children and youth less likely to exhibit bullying behaviours and suffer from depression.³⁰ Having even just one supportive adult in their life can significantly increase the likelihood that a child will develop positively.³¹

Child care

Parents are of course primarily responsible for the upbringing of the child, and many parents are able to ensure the maximum development of their children in a home environment without external child care. However, we know that the majority of parents in New Brunswick require child care from family or paid services. This phenomenon is not unique to New Brunswick. This is the first generation of Canadian children who will be in some kind of child care outside of their homes.³² It is a significant shift and it requires attention.

We have seen that the number of available approved child care spaces has increased again.^{vii} This is good news. Nevertheless, in New Brunswick we know that there are often long wait lists for, and shortages of, quality child care provision. And when parents who need child care cannot find or afford it, they are deprived of career

opportunities.³³ On the other hand, even for those children whose parents do find child care placements, those situations do not always support full cognitive and social development of children. There is particularly a lack of high quality child care spaces for children with special needs. Of course, New Brunswick is not alone in these deficiencies. A report released by the Organization for Economic Co-Operation and Development (OECD) noted that Canada ranked lowest of twenty economically developed countries studied in relation to access to early care and learning services (with Québec being a notable exception). Canada also languishes at the bottom of the rankings in terms of public investment in child care services. Canada falls significantly below the average spending by other OECD countries of 0.7% of Gross Domestic Product. These shortcomings have not changed in the nine years since that report was released.³⁴ However, the need for quality child care continues to grow, in Canada as a whole and certainly in New Brunswick.



^{vii} Child Rights and Wellbeing Framework 2016, Table 3, Indicator 20.

There is little question that a universally accessible, educational, affordable and rights-respecting child care system could address poverty inequalities, improve gender equality in the workforce, and effect positive childhood development educationally, physically, socially and emotionally. A Provincial Child Care Review Task Force released a report in 2016 that highlighted inequities in respect to accessibility, quality, viability and inclusiveness in early learning and childcare in our Province.³⁵ That report included a focus on the rights of the child, and in particular referenced the Guiding Principle of the best interests of the child. The report recommended a move toward a publicly funded and managed system delivered by a not-for-profit early learning and childcare system.

The Family Justice System

Government of course also has obligations to support parents during the dissolution of the family unit. Divorce is a common fact of life in New Brunswick, and it is in everyone's best interests to ensure that the process is the least harmful possible for children. The time that it takes to resolve custody and access issues through the courts, and the conflict involved between parents has severe negative repercussions on children. Furthermore, the child's voice in Family Court matters is too often ignored, leaving children with even less control over what happens to them.

Alternative dispute resolution may not always be the most effective route to take in each case, but the court system must be adapted to focus more on the best interests of children. Increased use of non-adversarial dispute resolution methods allows for greater access to justice for those who cannot afford a lawyer. New Brunswick can look to better processes in other parts of the country.



Support for Single Parent Families

Single parent families can face unique challenges, some of which are mentioned elsewhere in this report. Obviously children grow up in single parent families to be just as healthy, happy, loved and supported as do children in double-parent families. Nevertheless, some single-parent families need extra support from society to face particular obstacles.

For example, New Brunswick suffers from a serious gender wage gap, with women earning only two-thirds what men earn on average, even though more women than men are employed. Nearly half of single-parent women in our Province live in poverty.³⁶ The effects of poverty on children are detailed in this report in relation to Article 27 of the *Convention*.

Article 23 – *The right of children with mental or physical disabilities to special care and assistance to promote his or her dignity, self-reliance, individual development and fullest possible social integration*

Social Inclusion

The concept of ‘disability’ is an ever-evolving one, but in general persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments that hinder their full participation in society and which require accommodation and supports to overcome impediments.

Article 2 of the *Convention on the Rights of the Child* provides that all of the rights in the *Convention* must be respected and ensured without discrimination. Children and youth with disabilities face various added challenges for effective access without discrimination to opportunities for education, association, recreation, social assistance, health, culture and play.

Implementation of the rights of disabled children must aim to allow for their fullest possible inclusion in all aspects of society. Their voices must be heard and their needs met to ensure their maximum development. There is an obvious problem when only 66% of graduating students with disabilities in the Province feel respected

in their schools.^{viii} Only 60% of graduating students with disabilities in the Anglophone sector report that they feel respected at school.³⁷ The Francophone sector is doing better in this regard, with 75% of graduating students with disabilities reporting that they feel respected at school.³⁸

Statistics from New Brunswick high school students who graduated in 2015 show that students with disabilities are less likely to participate in sports organized by their schools.^{ix} In the Anglophone education sector 39% of graduating students with disabilities did so.³⁹ In the Francophone sector 35% of graduating students with disabilities did so.⁴⁰ However, this in fact represents significant progress, because in 2013 provincially only 29% of graduating students with disabilities participated in sports organized by their schools.^x Nevertheless, we have progress we need to make in this Province to provide for opportunities in sport for students with disabilities. For example, only 61% of graduating students with disabilities felt that school has helped them develop positive attitudes toward physical activity.^{xi} In the Anglophone sector only 56% of graduating students with disabilities felt that school has helped them develop positive attitudes toward physical activity.⁴¹ This is compared to 66% of Anglophone graduating students in general.⁴² For this statistic in the Francophone sector the percentages of graduating students with disabilities (69%) and Francophone graduating students in general (73%) are closer to each other, yet still reflect poorly on the system.⁴³

^{viii} Child Rights and Wellbeing Framework 2016, Table .21, Indicator 51.

^{ix} Child Rights and Wellbeing Framework 2016, Table 1, Indicator 20.

^x Child Rights and Wellbeing Framework 2014, Table 1, Indicator 20.

^{xi} Child Rights and Wellbeing Framework 2016, Table 2, Indicator 8.

A somewhat encouraging statistic is the increase in graduating students with disabilities who have taken part in sports *not* organized by their schools. The percentage has increased from 39% in 2013^{xii} to 42% in 2015,^{xiii} bringing the percentage to be exactly equal to the percentage of graduating students in general who have taken part in sport not organized by their schools.

New Brunswick continues to see low percentages in terms of students with disabilities participating in non-sport extracurricular activities within school and outside of school. Only 33% of graduating students with disabilities participated in school-organized activities in 2015 either in school or outside of school^{xiv}

If we delve more deeply into the available data, we can see that in the Francophone sector 25% of graduating students with disabilities participated in school-organized activities in 2015 (compared to 39% in the Anglophone sector).⁴⁴ Only 17% of graduating students with disabilities participated in activities *outside of* school in 2015 in the Francophone sector (compared to 44% in the Anglophone sector).⁴⁵ These are troubling disparities between participation percentages of Anglophone and Francophone graduating students with disabilities.

On the other hand, considerably more graduating students with disabilities in the Francophone education sector than in the Anglophone sector report that they had opportunities to take elective courses that they were interested in (88% Francophone, 63% Anglophone), and that their schools helped them develop

positive attitudes toward healthy and active living (84% Francophone, 64% Anglophone).⁴⁶

Provincially, of grade 12 students surveyed, 73% felt that they had opportunities to take elective courses that they were interested in,^{xv} while 71% of students with a disability provincially who were surveyed that their schools helped them develop positive attitudes toward healthy and active living.^{xvi}

Parents of Children with Special Needs

Many parents who have children with disabilities find it hard to manage financially, their career options become limited, and their parenting duties can become overwhelming. Research has found that families of children with disabilities experience higher than normal levels of illness and marital strain.⁴⁷ A 2006 Participation and Activity Limitation survey found that 35% of parents of young children aged from birth to four years old with disabilities experienced high levels of stress.⁴⁸

Supports do exist, however, in various sectors such as education, health and social services. For example, the Department of Social Development has made changes in the past couple of years to improve the Family Supports for Children with Disabilities program. New Brunswick families benefit from financial assistance and social work supports, such as child care, relief care and medical transportation costs. We have seen significant improvements in the program, though when requested we continue to advocate in individual cases for parents and children requiring support. This

^{xii} Child Rights and Wellbeing Framework 2014, Table 1, Indicator 21.

^{xiii} Child Rights and Wellbeing Framework (Anglophone) 2016, Table 1, Indicator 21.

^{xiv} Child Rights and Wellbeing Framework 2016, Table 1, Indicators 22 and 23.

^{xv} Child Rights and Wellbeing Framework 2016, Table 2, Indicator 1.

^{xvi} Child Rights and Wellbeing Framework 2016, Table 2, Indicator 8.

program is available to all families with disabilities who meet the eligibility criteria.

In the Child Rights and Wellbeing Framework we are presently only tracking the number of families with adopted children with special needs who receive subsidies from the government. As of 2016, 340 such families are receiving subsidies.^{xvii}

Article 24 – *The right to the highest attainable standard of health*

The social determinants of health are recognized universally as primary drivers of child wellbeing. The social determinants of health are the conditions people live in. They include factors such as early childhood development, education, social services, health services, housing quality, family income, food insecurity, ethnicity, disability, social exclusion and gender.

Economic and social factors such as income, education, social connectedness and behaviour have both direct and indirect bearings on health.⁴⁹ Medical care is of course essential for good health; however, addressing the social and economic conditions that cause ill-health is more important for improving the health of a society.⁵⁰ This is apparent in evidence such as that people who are at the low end of the social and economic spectrum are twice as

likely to contract a serious illness and die prematurely than those near the high end.⁵¹

Therefore, addressing the social determinants of health and promoting healthy lifestyles are essential for the physical and mental well-being of New Brunswick’s children. This means that the right to the highest attainable standard of health for children is dependent upon the implementation of all of their rights in a holistic manner. Public policy in these areas can have a profound effect on the health foundations of our young children. An extensive body of scientific evidence now shows that many of the most common chronic diseases in adults—such as hypertension, diabetes, cardiovascular disease, and stroke—are linked to processes and experiences occurring decades before, in some cases as early as prenatally.⁵² It is very clear that society either has to invest in the health of its children now through harm prevention and building well-being (i.e. the ability and resilience to overcome adverse conditions and personal barriers), or pay more for their acute adult health care costs and social services later.

Protection from Environmental Harm

Due to their developing physiology, children absorb a higher percentage of harmful chemicals than adults do when exposed to pollutants; as a result, children’s immune systems are also more easily compromised.⁵³ Children are far more vulnerable than adults to environmental harms in general, be they from human-made products, air quality, or soil and water contamination.

^{xvii} Child Rights and Wellbeing Framework 2016, Table 3, Indicator 16.

Many people in New Brunswick recognize this heightened vulnerability of children and work toward protecting them from environmental harms. For example, the Children's Environmental Health Collaborative of the New Brunswick Environmental Network is a unique coming-together of experts and concerned parties within and outside government. This collaborative seeks to increase understanding of the effects of environmental hazards on children and works to find means of increasing protection.

The Child Rights and Wellbeing Framework presently captures only two indicators related to environmental health.^{xviii} We hope in future editions to have more child-specific indicators for environmental health, and to update our existing ones.



^{xviii} Child Rights and Wellbeing Framework 2016, Table 6, Indicators 23 and 24.

Early Childhood Health

Long-term health is contingent to a large degree on early childhood health. The intensely rapid physical, cognitive and social development that occurs in the early years sets the stage for lifelong health or ill-health.⁵⁴

In order to promote lifelong health and wellness, a primary focus should be placed on reducing adversity and increasing resilience in young children. This means ensuring quality child care, early childhood education, suitable housing, and access to recreation in the community, among other factors. These factors are examined in various parts of this report.

Healthy eating

Obesity

Obesity is a risk factor for diabetes, cardiovascular disease, arthritis and cancer.⁵⁵ It also of course can have repercussions for a child's self-image and confidence, contributing to negative mental and emotional health.⁵⁶

Half of school-aged children who are obese remain obese throughout their lives.⁵⁷ Canada is one of only three nations of twenty-nine studied in the economically developed world that have childhood obesity levels higher than 20%.⁵⁸ More than a third of New Brunswick children in Kindergarten to grade five are overweight or obese.^{xix} New Brunswick is the third most overweight

^{xix} Child Rights and Wellbeing Framework 2016, Table 4, Indicator 28.

and obese province in terms of youth population reporting.⁵⁹ In the 2015-2016 Student Wellness Survey, 28% of youth in grades six to twelve reported overweight.⁶⁰

All government institutions (and civil society organizations) have a role to play in education and leading by example. At one particular hospital in New Brunswick we counted over forty *varieties* of chips for sale. What message is this hospital sending to children, and all of us, about healthy eating? Youth repeatedly state in surveys that they want healthy food options, but fast food is simpler. High-sugar foods are also readily available and cheap. Excessive sugar consumption is linked to cardiovascular disease mortality.⁶¹ It is also linked to likelihood of an overweight child becoming insulin-resistant, and thereby increasing risk of Type 2 Diabetes.⁶² One can of pop contains ten teaspoons of sugar.⁶³ Children aged eighteen and under should consume no more than 6 teaspoons of added sugar daily.⁶⁴ One third of middle and high school students in New Brunswick drink 2 or more sweetened non-nutritious beverages every day.^{xx}



^{xx} Child Rights and Wellbeing Framework 2016, Table 1, Indicator 18.

Statistics in the Child Rights and Wellbeing Framework reveal the amount of fruits and vegetables children and youth in the province consume. These statistics are important because fruit and vegetable consumption protects against chronic disease.⁶⁵ Fewer than half of our Province's youth eat the recommended five or more servings of vegetables and fruit per day.^{xxi} Late-arriving data as we go to print with this report shows that this has remained true for 2015-2016 (46% of youth in grades six to twelve eat the recommended five or more servings of vegetables and fruit per day).⁶⁶

Parents of course have the primary role to play in the promotion of healthy eating. Children in middle childhood who are in families who eat meals together regularly are at lower risk of obesity.⁶⁷ Schools also have a role to play in the promotion of healthy eating. However, in the Anglophone sector only 60% of graduating students in 2015 felt that their schools promoted healthy eating by providing easy access to healthy food.⁶⁸ The Francophone sector is ahead in this regard, as 72% of students reported positively on this indicator.⁶⁹ Among New Brunswick youth in grades six to twelve, 43% notice healthy food options in their school cafeteria or hot lunch program.⁷⁰

Schools can subsidize healthy food options to make them cheaper than high salt and high sugar choices. And society in general has a role to play, in modelling healthy eating habits for our children.

^{xxi} Child Rights and Wellbeing Framework 2016, Table 1, Indicator 16.

Physical activity and healthy behaviours

It is well-established that risks of physical health issues such as heart disease, obesity, and diabetes, as well as mental health issues such as depression, are lowered by regular physical activity.⁷¹ Chronic diseases are preventable to a significant degree. The key to prevention of course is healthy lifestyles that are adopted in early childhood. The ways in which we are active as children often determine how physically active we are as adults.⁷²

Physical activity has also been shown to have significant mental health benefits⁷³ and children who are regularly physically active have been shown to have better educational outcomes.⁷⁴ In 2016 a number of organizations including, the Healthy Activity Living and Obesity Research Group of the Children's Hospital of Eastern Ontario, ParticipACTION, and the Canadian Society for Exercise Physiology, with funding from the Public Health Agency of Canada, created guidelines for physical activity, sleep and sedentary behaviour. These guidelines recommend a minimum of 60 minutes of moderate to vigorous physical activity each day for children aged five to seventeen.⁷⁵ Only 35% of children in grades four and five in New Brunswick meet this standard.^{xxii}

These guidelines also recommend no more than 2 hours per day of recreational screen time for children and youths aged five to seventeen. Unfortunately, 55% of children in grades four and five in New Brunswick exceed this amount, and nearly 80% of youth in grades six to twelve do.^{xxiii}

Everyone in the Province has a role to play in helping children and youth develop positive attitudes toward physical activity and healthy living. Particularly though, as with many aspects of child development, we rely on our education system in this regard. We can see, however, that in 2015 only 66% of graduating youth felt that their school has helped them develop positive attitudes toward physical activity.^{xxiv} Only 70% of graduating youth felt that their school has helped them develop positive attitudes toward healthy and active living.^{xxv}



^{xxii} Child Rights and Wellbeing Framework 2016, Table 1, Indicator 25.

^{xxiii} Child Rights and Wellbeing Framework 2016, Table 1, Indicators 27 & 28.

^{xxiv} Child Rights and Wellbeing Framework 2016, Table 2, Indicator 8.

^{xxv} Child Rights and Wellbeing Framework 2016, Table 2, Indicator 9.

Healthy Childbirth

Risky maternal behaviours

Smoking during pregnancy

Smoking during pregnancy increases the risk of low birth weight, which in turn increases the risk of behavioural and intellectual challenges and chronic health problems.⁷⁶ Smoking during pregnancy also increases the risk of cognitive problems for children.⁷⁷ It also increases the risks of poor health outcomes such as early childhood obesity⁷⁸ and asthma.⁷⁹ And it increases the risk of Sudden Infant Death Syndrome (SIDS)⁸⁰

Health effects may continue into adulthood for children exposed to smoke, including the increased likelihood of lung disease.⁸¹ Interventions can be tailored to women most likely to smoke during pregnancy.⁸² However, general interventions should also start early. Females in New Brunswick are less likely than males to have tried smoking by grade twelve, but 42% of them have tried it. Fortunately only 5% of females in grades six to twelve are regular (daily or occasional) smokers.^{xxvi} Interventions related to smoking during pregnancy need to be targeted to this 5% group.

Drinking alcohol during pregnancy

Consuming alcohol during pregnancy is a highly risky activity and can lead to Fetal Alcohol Spectrum Disorder (FASD). Symptoms of FASD range broadly, but can be lifelong and can include intellectual and psychological issues such as diminished capacity for rational

^{xxvi} Child Rights and Wellbeing Framework 2016, Table 1, Indicator 30.

thought, learning disabilities, obsessive-compulsive behaviours, and depression. Interventions have been shown to improve outcomes in early to middle childhood, but of course prevention is most imperative.⁸³ We do not have statistics for FASD diagnosis in the Province, although our Office encounters FASD-diagnosed children and youth in our case advocacy. We do have some statistics that can aid in measuring targeted prevention interventions. For example, the percentage of females in grades six to twelve in New Brunswick who drink alcohol at least once a month is 28%.^{xxvii}

Healthy birth weight

Healthy, diligent and loving mothers can give birth pre-term and even full-term to babies with low birth weight. This is of course not a developmental risk for these children. However, low birth weight can be a serious problem for some children, in that it increases the risk of developing chronic health problems, as well as emotional, behavioural and learning difficulties.⁸⁴ Babies with high birth weight ('Large for Gestational Age') also disproportionately suffer adverse developmental problems, both physical and intellectual.⁸⁵ The most recent statistics on the percentage of low weight births shows that New Brunswick has gone down to 5.5% compared to 6.0% nationally.^{xxviii}

Medical advances have allowed pre-term births to be successful, and these babies can grow and thrive. However, we must be aware of the risks. A very small percentage of babies (between one and two per cent) are born prior to 32 weeks, and yet these babies account for almost half of all long-term neurobiological illnesses.⁸⁶

^{xxvii} Child Rights and Wellbeing Framework 2016, Table 1, Indicator 32.

^{xxviii} Child Rights and Wellbeing Framework 2016, Table 4, Indicator 2.

Among the risk factors for women in terms of likelihood of having pre-term babies are smoking, low pregnancy weight, and stress.⁸⁷

Infant mortality rate and newborn health

The infant mortality rate is the most universally recognized indicator of the health systems of nations. This rate is reflective of female health generally, socio-economic statuses, and access to health care.⁸⁸ There is positive news to report in that the infant mortality rate in New Brunswick remains lower than the national average.^{xxix} Health services such as newborn and infant screening for hearing remain above 90% for 2015-2016.^{xxx}

Immunization

Vaccination is the best method of protection against serious diseases.⁸⁹ High vaccination rates across the country have led to very low disease rates for those diseases that can be prevented by vaccination.⁹⁰



^{xxix} Child Rights and Wellbeing Framework 2016, Table 4, Indicator 1.

^{xxx} Child Rights and Wellbeing Framework 2016, Table 4, Indicator 4.

However, there are some parents who choose not to immunize their children, in the belief that they will be 'protected by the herd' – that is, their children won't need to be immunized because infectious diseases won't spread since other children are immunized. The obvious logical flaw in this thinking is that when enough parents think this way, the 'herd' is not protected at all, and all children become susceptible to an epidemic.

While New Brunswick immunization statistics will be updated in the next Child Rights and Wellbeing Framework, the most recent statistic we have shows that more than one in five children in Kindergarten do not meet immunization requirements.^{xxxi}

Risky sexual practices

Youth are experimenting with life, and we know that they explore sexual behaviour. They require guidance and practical education for safe sex – education that relates to the actual sexual practices in which youths are engaging. Sexually transmitted infections and teen pregnancy are the costs of poor sex education.

Teen Pregnancy

Pregnancy in the teenage years puts youth at a serious disadvantage educationally and in regard to employment prospects.⁹¹ Children of teenage mothers are also at higher risk of poor educational and employment outcomes.⁹²

^{xxxi} Child Rights and Wellbeing Framework 2016, Table 3, Indicator 27.

These mothers need access to good child care options, supports that can see them continue their education,⁹³ and opportunities to overcome socio-economic disadvantages and move into the workforce when they are ready to do so.⁹⁴ Otherwise the negative effects of poverty, detailed elsewhere in this report, will impact their children.

Sexually Transmitted Infections

Sexually Transmitted Infections (STIs) increase the risks of serious and life-threatening health problems.⁹⁵ In the US, fifteen to twenty-four year-olds account for half of all new sexually transmitted diseases.⁹⁶ The Public Health Agency of Canada similarly reports that young Canadians have the highest reported rates of STIs.⁹⁷

The social determinants of health are very strong factors in STIs. Investing in evidence-based interventions and supports that improve the social conditions of youth can have significant impact on reducing STI rates.⁹⁸

In New Brunswick, the youth Chlamydia rate has increased in 2015. The rate is 1067 cases per 100,000 youths.^{xxxii} The rate for females is 1712 per 100,000 youths, a slight increase over the previous year, and approaching 2 in every 100 female youth aged fifteen to nineteen.^{xxxiii}

^{xxxii} Child Rights and Wellbeing Framework 2016, Table 4, Indicator 18.

^{xxxiii} Child Rights and Wellbeing Framework 2016, Table 4, Indicator 18.

Emotional Health and Well-being

Emotional well-being is related not only to higher levels of satisfaction with life⁹⁹ but with length of life.¹⁰⁰ Emotional health is connected to mental health, but is a somewhat different concept. Mental health relates to cognition and the ability to process information in the brain. Emotional health is a measure of how children handle their emotions and feel about themselves and their lives.

Emotional health is generally something many people think of in relation to older children, youth and adults, but it is important to address behavioural and emotional health issues in the early developing years. Good emotional health in middle childhood (ages 6 to 12) leads to better social and academic outcomes.¹⁰¹ However, the emotional health of a child is “well-established by their first birthday.”¹⁰² Good emotional health enables children in early childhood (ages 0-6) to form relationships and explore their environment in security.

A child with poor emotional health is at increased risk of exhibiting aggressive behaviour later in life.¹⁰³ Children aged two to three who exhibit physically aggressive behaviours are at increased risk of substance abuse, mental disorder and involvement in criminal activities as adults.¹⁰⁴ Insecure attachment of the child to a parental figure, child abuse or neglect, lack of positive adult support, family violence, family addictions, and negative school experiences are all factors that affect emotional health and increase risk for mental disorders.¹⁰⁵ Such factors can be addressed with appropriate supports in order to decrease the risk of emotional and behavioural disorders.

A child's experiences interact with his or her genetics to determine how resilient or vulnerable to adversity he or she may be.¹⁰⁶

Children who experience severe adversity in early years are at heightened risk of physiological disruptions that lead to lifelong impairments in both physical, emotional and mental health.¹⁰⁷ How children are treated in early childhood will impact them throughout their lives and in turn will impact us all.

Substance Abuse

Some youth (and younger children) drink alcohol or use drugs due to peer pressure or experimentation. Others do so as a means of coping with difficulties or trauma in their lives. These difficulties may be the result of family, school or social situations. Some youths use drugs and drink to address depression, anxiety, abuse or other hardships.

It is not much of a challenge for a youth to access drugs such as marijuana or alcohol. When we look at the self-reporting by youths on their use of drugs and alcohol, we should be realistic and pragmatic about how to educate them to be safe and healthy. This is not to say that we as a society should be complacent in regard to youth marijuana use. It is not a given that a certain percentage of youth will use marijuana. The culture of a country effects usage. A report released by the Public Health Agency of Canada in 2016 notes that in surveys of Canadian grade nine and ten students (for 2014), cannabis use is at its lowest level in twenty years.¹⁰⁸

However, another report released in 2013 by UNICEF showed Canada to have the highest rate of teenage cannabis use in the

economically developed world.¹⁰⁹ Other nations have done far better with this issue.

When we have the most recent Student Wellness Survey data we will be able to report on updated substance use in our Child Rights and Wellbeing Framework. The most recent statistics we have in the Framework presently come from the 2013 survey. In this data we see that a third of New Brunswick's male youth in grades six to twelve have tried marijuana. Nearly as many females in those grades have.^{xxxiv} Similarly, nearly a third of our children in those grades consume alcohol at least once a month.^{xxxv}



^{xxxiv} Child Rights and Wellbeing Framework 2016, Table 1, Indicator 35.

^{xxxv} Child Rights and Wellbeing Framework 2016, Table 1, Indicator 32.

Article 27 – *The right of the child to a standard of living adequate for physical, mental, and social development*

Child Poverty

Children who suffer chronic poverty are at heightened risk of facing difficulties throughout life in a multitude of areas such as physical health, mental health, interpersonal relationships, education, and emotional well-being.¹¹⁰ Health outcomes for children living in poverty are challenging, as these children are more likely to suffer from food insecurity,¹¹¹ inadequate nutrition,¹¹² chronic health problems,¹¹³ and injuries.¹¹⁴

Child poverty is also significantly associated with negative educational outcomes.¹¹⁵ The poorest children in society particularly benefit from well-structured early learning initiatives, yet have the least access to them.¹¹⁶

Research has linked the chronic stress that results from family poverty to diminished working memory among children.¹¹⁷ Research has also found that neuro-cognitive brain functioning is affected negatively by low socio-economic status.¹¹⁸ Children living in poverty have been found in US studies to be more likely to grow up in household and parenting situations that are less cognitively stimulating than for more affluent children.¹¹⁹ School readiness and long-term academic achievement are negatively affected by low-

income family situations.¹²⁰ Children living in poverty manifest lower self-esteem and more emotional and behavioural problems, hindering their educational outcomes and their social interactions.¹²¹

Furthermore, these children are at heightened risk of being exposed to violence,¹²² to live in substandard housing,¹²³ to be exposed to environmental hazards,¹²⁴ and to have parents with mental health and substance abuse problems.¹²⁵

Canada is in the bottom third of economically developed countries when it comes to tackling child poverty – 24 other nations have lower rates of child poverty.¹²⁶ New Brunswick is not faring better than the rest of Canada; child poverty rates in our Province are higher than the Canadian Average.¹²⁷ New Brunswick child poverty rates have increased in recent years. This must be addressed as an extremely high priority if New Brunswick is going to ensure a strong province, with engaged and able citizens.

The Child Rights and Well-Being Framework shows that almost 25% of New Brunswick children from birth to 5 years old live in a low-income family, and one in every ten households with children under the age of five face food insecurity. Food insecurity is related to poor health outcomes and low self-esteem.¹²⁸ A recent comparison of statistics found that Saint John recently passed Toronto as the Canadian city with the highest rate of child poverty, at 30%.¹²⁹ In two of the four Saint John wards the child poverty rate is over 40%.¹³⁰

Articles 28 and 29 – *The equal right to education directed toward the fullest possible development of mental and physical abilities*

School-based professionals are in a perfect position to find the talents of children and foster them, with both encouragement and stimulation. It is no small challenge to ensure that all children and youth are engaged in school, and are on track to graduate and continue to post-secondary education and/or the working world. Nevertheless, it is the challenge that the education system is mandated to address.



School readiness

Children who have the social, emotional and mental preparedness to succeed in an intellectually stimulating, structured and safe school environment from the very start have higher likelihoods of completing school and being successful in employment.¹³¹

Parental involvement in activities such as reading to their children has profound effects on school readiness. Access to educational resources such as books and writing materials is a crucial aspect of a parent's ability to stimulate a child's learning.¹³² Children coming from households facing poverty have lower levels of school readiness, and this may be partially the result of lack of access to materials.¹³³ For children prior to school age, their educational trajectories can be set well into the future by parental income levels; when children live in low income before the age of five, even if family income improves for these children in the ages between five and twelve, math and literacy scores for these children are more likely to remain low.¹³⁴ The section on child care in this State of the Child report has examined many of these issues.

A study by the International Association for the Evaluation of Educational Achievement assessed more than 5000 four year-olds in 10 countries, and assessed those children again at age seven. It showed that children's language performance at the age of seven was to a significant degree positively related to the educational qualifications of their pre-school instructors. Cognitive performance for these children was also shown to be related to the availability of educational materials and equipment.¹³⁵

Children who are not ready for Kindergarten tend to remain educationally behind their peers throughout elementary school.¹³⁶ Even with additional supports they may never catch up to their peers.¹³⁷ School readiness is of course not only about preparedness for academic success – the developmental needs of children concern building a strong foundation for lifelong physical and mental health.¹³⁸

Children who come from a safe and caring home environment with stimulating physical and mental activities have a better chance of high cognitive development as well as high educational outcomes.¹³⁹ Day care and early childhood education can also play a key role in providing children with the opportunities to reach their maximum abilities.

Kindergarten school readiness percentages in the 2015-2016 statistics show that the Anglophone sector is at 88% and the Francophone at 83%.^{xxxvi} In both education sectors the percentage of girls who are ready for Kindergarten is higher than boys. The percentages are not as high as we as a Province would like them to be, but they are not dire. Nevertheless, a focus on early childhood (pre-school) education can help to improve the percentages of Kindergarten readiness. School readiness unquestionably strongly impacts early childhood education success, and New Brunswick can improve in both Anglophone and Francophone education sectors. Interestingly, school readiness in the Anglophone Sector was 73% in 2011-2012, evidencing the fact that significant progress is achievable.^{xxxvii}

^{xxxvi} Child Rights and Wellbeing Framework 2016, Table 5, Indicator 1.

^{xxxvii} Child Rights and Wellbeing Framework 2013, Table 9, Indicator 6.

Kindergarten readiness is predicated to a high degree on early childhood education.

Early Childhood Education

Of course it can be extremely beneficial for parents to remain at home with their children in the early years. Strong positive relationships with parents increase the likelihood that a child will develop to have higher self-esteem, better peer relationship, better self-control, and more success in school.¹⁴⁰ For many families, however, it is not financially viable for parents to remain home with their children during the work day. Day care availability and affordability therefore increases parental ability to participate in the labour market or pursue further education and training.

Higher family income is associated with better child well-being generally, and increased access to quality child care is an aspect of this advantage.¹⁴¹ It is important that single parent families be provided with supports to address particular challenges they may have. Single parents with young children are less likely to be employed, which makes these children more likely to live in low-income family situations.¹⁴² Teenage parents require even more specialized support.¹⁴³

We can see from the Child Rights and Well-Being Framework that nearly a quarter of New Brunswick children from birth to 5 years old live in a low-income family.^{xxxviii}

^{xxxviii} Child Rights and Wellbeing Framework 2016, Table 3, Indicator 8.a.

The economic benefits of early childhood education have been well-documented.¹⁴⁴ Nobel-winning economist James Heckman has in fact estimated that there is between \$7 and \$12 in economic benefit to a society for every \$1 spent on high quality child care.¹⁴⁵

More important, though, than economic benefits is that the first five years of life provide a crucial foundation for future learning and abilities.¹⁴⁶ The environments in which children live and learn have an essential role in their healthy brain development.¹⁴⁷ Stimulating child care environments have been shown to lead to better psychosocial and cognitive function.¹⁴⁸

Engaging children and youth in education (school connectedness)

Children who have strong connections with their schools are more likely than children who don't to have success academically.¹⁴⁹

For children in kindergarten, when schools engage economically disadvantaged parents, the children can attain higher literacy levels than if parents are not involved at school.¹⁵⁰

One sad fact for many children, and one which teachers see with dismay, is that the levels of educational performance and the cognitive skills of children and youth are largely determined by what occurs not in the school year but in the summer, when some children are afforded greater developmental opportunities than others.¹⁵¹ Gaps in educational ability begin very early between advantaged and disadvantaged children.¹⁵²

Community also has a pivotal role to play in schools. For example, children gain great educational benefits when mentored by community volunteers.¹⁵³

An important element of school connectedness is of course a feeling of being respected by teachers and administration. Children and youth, like anyone of any age, want people to be sympathetic to their issues and take them seriously. For the most vulnerable children, school can be a lifeline. For children and youth who have suffered abuse and neglect at home, school can provide a structured environment and positive role models that help to counteract the negative effects.¹⁵⁴ If a child or youth feels connected to his or her school, it is a protective factor against many potential harms including alcohol and drug abuse, delinquency, self-harm and suicidal ideation.¹⁵⁵ It is therefore discouraging to see that one in five graduating students does not feel respected at school.^{xxxix}

In terms of engagement, the 2015 survey of graduating students in our Province reveals some telling perspectives. Nearly 30% of these students did not feel that they had opportunities in high school to participate in elective courses they were passionate about.^{xi} Furthermore, this statistic has not been improving. In 2014 78%^{xii} of graduating students felt that they had opportunities in high school to participate in elective courses they were passionate about, but in 2015 only 71% did.^{xiii}

^{xxxix} Child Rights and Wellbeing Framework 2016, Table 2, Indicator 51.

^{xi} Child Rights and Wellbeing Framework 2016, Table 2, Indicator 1.

^{xii} Child Rights and Wellbeing Framework 2016, Table 2, Indicator 1 (Previous NB Data column).

^{xiii} Child Rights and Wellbeing Framework 2016, Table 2, Indicator 1.

We can see the gaps in student interest and engagement in other statistics also. For example, only 66% of graduating students had opportunities to take courses in the skilled trades.^{xliii} At the Office of the Child and Youth Advocate we meet disengaged youth who have hopes of studying a trade and getting a job, but many of them have dropped out of school and are waiting until they turn nineteen to write their General Educational Development (G.E.D.) test to graduate and move on to something that interests them.

Access to opportunities to achieve for students with disabilities

The commitment to inclusive education is no doubt genuine, and it is an extremely important educational philosophy to adhere to. Nevertheless, inclusive education continues to face obstacles in the face of the current resources reality coupled with increased administrative burdens for teachers. Our office has spoken to a great many teachers and invariably they tell us that inclusive education in principle is a very good thing. However, everyone agrees that it would work better if there were sufficient resources and effective implementation. We have never come across a teacher who felt that inclusive education was working in the sense of being resourced sufficiently and implemented effectively. It is a contentious issue that is perennially examined in common conversation and in the media.

This fall the UN Committee on the Rights of Persons with Disabilities released what is only its fourth General Comment, and the subject was the Right to Inclusive Education.¹⁵⁶ New Brunswick shares a

^{xliii} Child Rights and Wellbeing Framework 2016, Table 2, Indicator 2.

shameful history with much of the world in how this province in the past isolated some students from their peers and provided inferior education to them. Article 24 of the UN *Convention on the Rights of Persons with Disabilities* affirms the right to an inclusive education system. The Committee stresses that this right applies “at all levels, including pre-schools, primary, secondary and tertiary education, vocational training and lifelong learning, extracurricular and social activities.”¹⁵⁷ This must be the starting point. What we have found in our interactions with children, youth and parents is that inclusion should be the norm, but that more options are required in order for all students, not only those with disabilities, to reach their highest potential. One absolutely essential aspect of any improvements to the system is that students themselves must be fully consulted, and their opinions must be taken into account. Student voice is, we find, an element that is often woefully absent when decisions are made in the education system.

Performance in Education

High school completion and beyond

At the Child and Youth Advocate’s office we come into contact with youths who have become frustrated with the school system and drop out, but we are reaching only a tiny fraction of these youths.

Completing high school leads to better employment opportunities, income levels, general health levels, and greater levels of participation in society.¹⁵⁸ The Department of Education and Early Childhood Development bases the dropout rate on student enrollment in grades 7-12 from one year to the next. In the Child

Rights and Wellbeing Framework, the percentage of students dropping out for 2015-2016 is listed as 1.6% of students in the Anglophone sector and 0.9% in the Francophone sector.^{xliv} Accurately tracking drop-outs is fraught with difficulties, however. For example, youth who are no longer in the public education system cannot be tracked by that system. What perhaps can be reasonably deduced from the official drop-out statistics is that males are more likely to drop out than females, in both Anglophone and Francophone sectors.^{xlv} However, the Province needs to seriously look at how these numbers are being tracked and determine whether there may be ways to improve measurement. More importantly even, the Province needs to continually find ways to reach out to youth who are known to have dropped out.

Post-secondary education completion leads to better employment prospects, better health and better life satisfaction.¹⁵⁹ While the Province cannot track the numbers of students who go on to post-secondary education (because many students will do so outside of New Brunswick), we do know how many students *say* they will. Provincially, 82% of graduating students say they plan to begin studies at college or university after high school graduation.^{xlvi} There are distinct differences between the Francophone and Anglophone education sectors in this regard. In the Francophone sector, 87% of graduating high school students say they will go on to college or university.¹⁶⁰ In the Anglophone sector, only 77% say they will. Very strikingly, 90% of Francophone girls say they will

continue to post-secondary education, compared to 81% of Anglophone girls.¹⁶¹

Literacy

Reading and writing continue to be major challenges for the education system – challenges that are unmet to a worrying degree. Literacy is not simply reading and writing, but a means by which a person can interpret the world around them and interact with it.

The 2015-2016 literacy assessment results were met with strong public concern and media attention when they were released in late October, 2016. Only 74% of grade 2 students in the Anglophone education sector had reached an appropriate reading comprehension level.^{xlvii} 77% of Francophone grade 2 students had.^{xlviii}

Only 54% of grade 6 students in the Anglophone sector achieved an appropriate level of reading comprehension.¹⁶²

In grade 9 in the Anglophone sectors the 2015-2016 English reading comprehension assessment shows that 80% of students reached an appropriate level.^{xlix}

There are gender differences in literacy levels in both Anglophone and Francophone education sectors, with girls outperforming boys across the board in both sectors. Two of the most striking gender differences are in the Francophone sector: in grade 8 French 81% of

^{xliv} Child Rights and Wellbeing Framework 2016, Table 5, Indicator 22.

^{xlv} Child Rights and Wellbeing Framework 2016, Table 5, Indicator 22.

^{xlvi} Child Rights and Wellbeing Framework 2016, Table 2, Indicator 62.

^{xlvii} Child Rights and Wellbeing Framework 2016, Table 5, Indicator 3.

^{xlviii} Child Rights and Wellbeing Framework 2016, Table 5, Indicator 3.

^{xlix} Child Rights and Wellbeing Framework 2016, Table 5, Indicator 15.

girls reached the appropriate level, but only 61% of boysⁱ; in grade 11 French 67% of girls reached the appropriate level, but only 49% of boys.ⁱⁱ

Mathematics and Science

Math is important for pursuits in all of the applied sciences, of course, but also in the social sciences. The demand for math skills in our high-tech world will surely only continue to increase, but the job market is not the only, or even the most important, reason as to why math skills are important. That reason is simple: math is a core life skill. A basic level of numeracy is necessary to function in society.

The Provincial education assessments for 2015-2016 revealed some startling statistics. In the Anglophone education sector only 20% of students in grade six reached an appropriate level in math.¹⁶³ The range among the four Anglophone school Districts was between 16% and 28%.¹⁶⁴ The results in science assessment were not much more promising, with only 26% of Anglophone sector grade 6 students attaining an appropriate level.¹⁶⁵

Language dualism

While it may be a perennially controversial matter, the great majority of New Brunswickers (82%) support official bilingualism.¹⁶⁶ Moreover, New Brunswick's dual language rights are entrenched in the Canadian *Charter of Rights and Freedoms*, part of our nation's Constitution and the highest law in the land.

ⁱ Child Rights and Wellbeing Framework (Francophone) 2016, Table 5, Indicator 14.

ⁱⁱ Child Rights and Wellbeing Framework (Francophone) 2016, Table 5, Indicator 19.

New Brunswick's French as a Second Language education results have seen a climb in the 2015-2016 assessment. Oral proficiency has gone from 37% of grade 10 students reaching the appropriate level to 45%.ⁱⁱⁱ Although no one would claim a 45% success rate to be a satisfactory achievement, the change is pointing in the right direction.

Educating for Wellbeing

High academic performance is linked to emotional well-being.¹⁶⁷ Schools can have a huge impact on the physical and mental wellbeing of children and youth.¹⁶⁸

However, teachers often tell us that it is increasingly challenging to understand the root causes of student behaviour. We would note that the "Strengthening Inclusion, Strengthening Schools" report on inclusive education commissioned by the Department of Education and Early Childhood Education recommended a ratio of one education support teacher per 120 students, and one school intervention worker per 550 students.¹⁶⁹ Four years later, the New Brunswick education system has not met these needs.

Furthermore, the National Association of School Psychologists in the US notes the following: "The ratio of school psychologists to students is a critical aspect of the quality of services to students... Generally, the ratio should not exceed 1,000 students to 1 school psychologist."¹⁷⁰ The Francophone Sector comes close to this recommended ratio, with 1 per 1116 students. That is a stark

ⁱⁱⁱ Child Rights and Wellbeing Framework 2016, Table 5, Indicator 18.

difference from the Anglophone sector. The current ratio of psychologists to students is, we have been informed, 1 per 3153 students in the Anglophone Sector.

It has been shown that when children and youth suffer from high levels of stress they are at higher risk of mental health problems throughout their lives.¹⁷¹ Mental health problems in childhood can have prolonged negative effects, well into adulthood, in relation to overall health and wellbeing.¹⁷²

Facilitating positive peer relationships is a crucial role of the education system. Children who do not learn to interact well with their peers are at higher long-term risk of not only poor academic achievement but also poor mental health.¹⁷³



Article 30 – *The right of Indigenous children to access and enjoy their culture, religion and language*

The Rights of Indigenous Children and Youth

Undoubtedly a great many Indigenous children and youth in this province are strong, healthy, happy individuals with good connections to their culture. However, we know that the Indigenous population (First Nations, Métis and Inuit) faces many more challenges than the general population, as a result of systemic underfunding of education and social services, historical bigotry, and the legacy of assimilation and the residential schools system. The discrimination and inequality faced over generations by Indigenous peoples in Canada, and the resulting social and health challenges, are matters we as a nation are only beginning to come to terms with.

These issues are our nation's shame on the international stage, and yet acknowledgment and understanding of them is still woefully lacking in our country. The country has apologized. The federal Human Rights Tribunal has held the government to account. The Supreme Court of Canada has repeatedly insisted that Aboriginal rights demand reconciliation. The Truth and Reconciliation Commission has shown the way forward. Perhaps we as a nation might finally act. For the present time, though, the inequality persists for Indigenous children.

The Education System for Indigenous Children and Youth

Pursuant to Article 30 of the UN *Convention on the Rights of the Child*, Indigenous children must be ensured access to quality education¹⁷⁴ that positively reinforces their indigenous identity,¹⁷⁵ including language and culture.¹⁷⁶ The federal government has the primary legal responsibility for funding of Aboriginal treaty-based and other Aboriginal rights, but the Province and communities have a moral responsibility to contribute resources.

The performance of Indigenous children academically is enormously effected by the gross underfunding of education by the federal government for Indigenous children,¹⁷⁷ coupled with gross underfunding of social services (recognized by a 2016 Canadian Human Rights Tribunal decision),¹⁷⁸ harmful assimilationist government policies that have wounded children's connections with their cultures, and the passing of trauma from one generation to the next due to residential schools as well as other harmful 'child protection' actions.¹⁷⁹ As a result, a quarter of Aboriginal people in New Brunswick have no high school diploma.¹⁸⁰

We hear time and again from First Nations youth that they are interested in learning about their culture and heritage. This aspect of education should begin at the earliest possible stage. Early childhood education opportunities such as Aboriginal Head-Start programs can promote cultural identity for Indigenous children, with culturally-based early learning and care – in a manner that supports the self-determination rights of Indigenous communities. Head Start programs in the US provided to African American children have been shown to lead to better reading and writing skills and cognitive development among children, as well as more

emotionally supportive parents.¹⁸¹ Some but not enough of these programs designed for Indigenous children exist in New Brunswick.

The majority of Indigenous children and youth in New Brunswick do not live in First Nations communities, and most of those who do only go to school on reserve for elementary years. After that they attend school in the New Brunswick public school system.

Not only are many Indigenous students deprived of access to culturally-focused education in New Brunswick schools, most (62% of) First Nations students surveyed in middle and high school report having been bullied.^{lviii} Just under a third of Indigenous students (29%) surveyed were subjected to mean comments about their race, religion or personal features.^{liv} Just over a quarter of middle and high school Indigenous students feel unsafe at school.^{lv}

Yet nearly two-thirds (64%) of First Nations middle and high school students do not believe any action will be taken if bullying is reported to a school official.^{lvi}

The most disturbing statistic is that nearly a third of graduating Indigenous students in 2016 did not feel respected at school.^{lvii}

The most recent survey of graduating students in New Brunswick appears to reflect how the education system is not fully engaging Indigenous youths. In the Province as a whole, 71% of grade 12 students in general who felt they had opportunities in high school to

participate in elective courses that they were interested in and passionate about. However, only 63% of grade 12 Indigenous students surveyed did.^{lviii} In the Anglophone education sector only 58% of Indigenous graduating students in 2015 felt that they had opportunities in high school to participate in elective courses that they were interested in and passionate about.¹⁸² Very interestingly, 90% of Indigenous graduating students in the Francophone sector in 2015 felt that they had opportunities in high school to participate in elective courses that they were interested in and passionate about.¹⁸³

A First Nations Children and Youth Coordinator position was created in the fall of 2016 for the Integrated Service Delivery program. This Coordinator is mandated to work with First Nations communities and other stakeholders to develop a strategic plan to adapt ISD across the province in an Aboriginal context. This is good news. It is also important that *all* existing ISD Child and Youth teams across the province have cultural competency in regard to Aboriginal culture. In New Brunswick, nearly a third of status First Nations people live off reserve.¹⁸⁴ And among those who do live on reserve, most will attend a school at some point outside a First Nation community. Also, there are Aboriginal people in New Brunswick who are Métis and Inuit, and who identify as First Nations but do not have status.¹⁸⁵ ISD needs to ensure that it provides culturally appropriate services for all of these groups.

^{lviii} Child Rights and Wellbeing Framework 2016, Table 6, Indicator 3.

^{liv} Child Rights and Wellbeing Framework 2016, Table 6, Indicator 4e.

^{lv} Child Rights and Wellbeing Framework 2016, Table 6, Indicator 2.

^{lvi} Child Rights and Wellbeing Framework 2016, Table 6, Indicator 5.

^{lvii} Child Rights and Wellbeing Framework 2016, Table 2, Indicator 51.

^{lviii} Child Rights and Wellbeing Framework 2016, Table 2, Indicator 1.

Indigenous Children in the Child Welfare System

It is one of our nation's true failings that Indigenous children are grossly over-represented in the child welfare system, taken from their homes and often severed from their cultures. The child welfare system breeds harmful consequences. This is no reflection on the people working in the system, it is a reflection of the inherent problems with the system itself. Across the country, there are now more Indigenous children in child protection than were in residential schools.¹⁸⁶

In New Brunswick, 3% of the child population is Indigenous, but (while percentages fluctuate) at times over 20% of the children in government care in New Brunswick are Indigenous. 1.7% of Indigenous children aged fourteen and under are in foster care in New Brunswick, while only 0.2% of non-Indigenous children are.¹⁸⁷

Coping strategies for these children are often tragically harmful themselves. It is no wonder that some children turn to the numbing effects of alcohol, drugs and self-harm when they cannot bear to face the trauma they have suffered.

Recognizing the Past and Moving Forward with Reconciliation

In the last count, New Brunswick was home to 16,120 First Nations people, 4,850 Métis, 485 Inuit, and 1,020 people reporting more than one or a different Aboriginal identity.¹⁸⁸ However, statistics related to Indigenous children are not easily obtained. Although the poverty faced by Indigenous children in New Brunswick is as great as or greater than that faced by Indigenous children in the most challenged parts of the country, we as a province still know very little about the actual situation of Indigenous children here.

We do know that First Nations children in New Brunswick are nearly twice as likely as non-Aboriginal children to live in a single-parent family (41% compared to 21%). More than one in every four First Nations people in New Brunswick lives in a home requiring major repairs, and more than a third of First Nations people on a Reserve do. First Nations children on reserve are five times as likely to live in crowded homes than non-Aboriginal children in New Brunswick.

Lack of access to recreational facilities and adequate housing are also issues that affect many Indigenous children in New Brunswick. These issues are factors contributing to mental health and addictions challenges.¹⁸⁹

Indigenous culture and language are imperiled. First Nations languages in New Brunswick, an integral part of cultural identity, are being lost. Less than 40% of First Nations people on reserve speak an Aboriginal language in New Brunswick. Only 4% of First Nations people off reserve do.¹⁹⁰ This is one of the dire costs of assimilation. As a First Nations youth in New Brunswick said to us "One of the chances I never got was to learn my own language."

Self-determination has been found to support healthy environments, whereas a lack of control over self-determination has been found to lead to unhealthy environments.¹⁹¹ The call for self-determination for Indigenous peoples in Canada has been made by Indigenous leaders,¹⁹² former Prime Minister Paul Martin,¹⁹³ national reports such as the 4000+ page Royal Commission on Aboriginal Peoples,¹⁹⁴ the UN Declaration on the Rights of Indigenous Peoples, and the multi-volume report from the Truth and Reconciliation Commission.¹⁹⁵ Reconciliation of our country's past injustices and present inequalities requires all of us to understand the situations

of Indigenous peoples and particularly Indigenous children, and work toward solutions.

The education system has an important role. No student in this province should graduate high school without having learned about the history of Indigenous peoples in New Brunswick and Canada, including the residential schools system, treaties with First Nations, and having learned about contemporary Indigenous culture. All schools within the Toronto District School Board are required to read a message acknowledging that they are situated on traditional territory of First Nations. It is a small step yet a hugely symbolic one, and it represents the kind of leadership that is required in order to respond sincerely to the Truth and Reconciliation Commission's calls to action.

Article 31 – *The rights of children to be provided opportunity for unstructured play, organized recreation, and participation in cultural life and the arts, as well as adequate sleep and leisure time*

There are five distinct rights in Article 31 of the *Convention on the Rights of the Child*, all of which are important in terms of healthy childhood development: the right to unstructured play; the right to

engage in recreational activities; the right to rest; the right to leisure; and the right to participation in cultural life and the arts.

All of these rights are essential aspects of fulsome childhood development, educationally, socially, psychologically, and cognitively.¹⁹⁶

The Importance of Play

In the first years of life, play “shapes the brain”¹⁹⁷ and thereby has an imperative role in early childhood development.¹⁹⁸ Parents who foster play in their children stimulate their children’s ability to learn.¹⁹⁹ Conversely, households where children are deprived of play put children in danger of stunted neurological development.²⁰⁰ In more extreme situations such as violent, abusive and severely neglectful households, trauma prevents children from being able to play, and thereby inhibits their neurobiological development.²⁰¹



Governments at all levels, including municipal, have important roles in ensuring the right to play is upheld. The built environment (all human-constructed aspects of our living environments, such as streets, sidewalks, buildings and parks) influences the ability to play. Children use public spaces in developed countries less today than in the past.²⁰² They are often pushed out of public spaces by city planning and enforcement of anti-loitering bylaws.

Supports must be provided to ensure that all children, no matter what level of physical ability, are afforded access to play.²⁰³

Recreation

Involvement in recreational activities positively effects social inclusion, mental health, and logical thinking ability.²⁰⁴ Physically active children tend to have better academic achievement.²⁰⁵ Regular physical activity can reduce levels of stress and depression, while boosting physical development and self-confidence.²⁰⁶ However, recreational options are not always accessible.



Rest

Lack of sufficient sleep can seriously harm children's psychological and cognitive development, with resultant educational and social deficiencies.²⁰⁷ It has been suggested that inhibiting the child's right to rest should be considered a form of child abuse.²⁰⁸ UNICEF has found rest to be "almost as important to children's development as the basics of nutrition, housing, health care and education."²⁰⁹ The Canadian Society for Exercise Physiology along with other expert organizations recommend 9 to 11 hours of sleep per night for five to thirteen year-olds and 8 to 10 hours of sleep for fourteen to seventeen year-olds.²¹⁰

However, there is currently what has been termed a 'sleep epidemic' among young people. Part of the problem may be the wired world children and youth inhabit. Technology unquestionably has myriad benefits. Computer use at home in the early years has been found to have positive effects on cognitive development.²¹¹ In fact, research increasingly points to more developmental advantages than disadvantages for child Internet use.²¹² But technology also has risks. The light emitted from screens such as phones, tablets and laptops acts on the brain as a kind of artificial sunlight, decreasing the production of the hormone that regulates our cycle of sleeping and waking hours.²¹³ The issue of children and youth having screen time close to bed time is contributing to this 'sleep epidemic'. While research is emerging linking high levels of video game time with attention problems, it is the issue of sleep deprivation that appears most worrying.²¹⁴ Dr. Rachel Morehouse, a psychiatrist and sleep expert at the Saint John campus of Dalhousie University, has found in her clinic that teenagers are going to bed with smartphones under their pillow, waking to text

during the night. She states that when youth are sleep deprived, “their immunity suffers, they are more likely to get ill; their mood suffers, they are more likely to be depressed.”²¹⁵ The Canadian Paediatric Society recommends a maximum of two hours of screen time per day, and no screen time close to sleep time.²¹⁶

Few youth in New Brunswick in grades six to twelve appear to be getting sufficient sleep – only 38% report that they even sleep 8 hours per night.^{lix} Parents and youth need to be informed of the dangers of sleep deficiency, and they need to establish healthy sleep routines, limit exposure to screens, and seek expert help if sleep deprivation is interfering with daily functioning.



^{lix} Child and Youth Rights and Wellbeing Snapshot, Table 1, Indicator 29.

Arts and Culture

This right is connected to the development of identity and personality and includes the right of children to participate in the cultural and artistic pursuits of adults and their broader community as well as the right to child-centred culture.





PROTECTION
RIGHTS

PROTECTION

The unique vulnerability of childhood and adolescence is something we can all understand. The rapid shifts in the physical and psychological development of children require special care. Protection rights are aimed at shielding children from potential harms such as exploitation, abuse, neglect, deprivation of liberty, and violence.

These rights are meant to ensure that children develop with resilience, free from debilitating trauma. Children require these special protections all the more because they are often unheard in their victimhood. We know that harm perpetrated against children is less likely to be brought to light than harm perpetrated against adults.²¹⁷ It is also clear from research evidence that the magnitude of the effects of harm to children can far outweigh and far outlast that of harm to adults. Harm to children can result in a child suffering physical health problems, as well as substance abuse, aggressive behavior, and various forms of self-harm.²¹⁸ It can also lead to psychological problems such as anxiety, fear, stress, insecurity, low self-esteem, feelings of rejection, attachment issues, trauma, alienation, depression, suicidal tendencies, and heightened vulnerability to cognitive, social and psychological impairments throughout an entire lifetime.²¹⁹

Article 19 – *The right to protection from all forms of physical or mental violence, abuse, neglect and exploitation*

Abuse and Neglect

Abuse and severe neglect have tragic consequences for children – the harmful mental and physical health ramifications of abuse can be extreme.²²⁰ The trauma of abuse in childhood can disturb neurobiological development in ways such as altering a child's ability to respond rationally to stress. That is to say, a child's stress response system can be set to react with a 'short fuse,' leading to behavioural issues that adults may reflexively react to with harsh discipline. This inability to deal in a healthy way with stress increases the risk for an abused child to suffer from acute and chronic disease.²²¹

The ways in which abuse and neglect harm the biological development of a child can lead to serious health consequences into the adult years.²²² The link between adverse childhood experiences, such as abuse and neglect, as well as health problems and social problems for individuals when they become adults, has been well established.²²³

Sexual Abuse

For those under the age of fourteen, all sexual activity is sexual abuse, and for those aged fourteen and fifteen all sexual activity with anyone more than four years older is sexual abuse. For youths

aged sixteen and older, sexual abuse is any sexual activity wherein the youth is not able or willing to give consent.

A number of statistics are deeply troubling. More than half of all victims of sexual assault in New Brunswick are under the age of eighteen.²²⁴ New Brunswick has the highest rate of sexual offences against male children and youth.²²⁵ The rate of total sexual violations against children in New Brunswick is 30% higher than the national average.²²⁶

Physical Abuse and Severe Neglect in the Family

A 2014 report by the Canadian Medical Association found that 12% of male and 8% of female adults had, when they were children, been kicked, bitten, punched, choked, burned or otherwise physically attacked by an adult.²²⁷

Some encouraging news is that the rate of child victims of family violence has gone down in New Brunswick since we last reported on this statistic in the Child Rights and Wellbeing Framework. The New Brunswick rate of 289.6 for every 100,000 children and youth is significantly lower than the previous rate of 365.

Still, the rate of children and youths who are victims of family violence (violent criminal offences, where the perpetrator and victim are family members) remains much higher in New Brunswick than the Canadian average. The New Brunswick rate of 289.6 remains high compared to a rate of 238.1 nationally. Ontario and British Columbia have significantly lower rates (161.8; 184.5), showing that New Brunswick has a long way to go.²²⁸ Nevertheless, our Province appears to be on the right track.

Children Witnessing Family Violence

Witnessing family (domestic) violence is deeply traumatizing. The resulting fear, shock and even self-blame can incur Post-Traumatic Stress Disorder.²²⁹ According to the 2014 General Social Survey on victimization, many people who had been the victim of family violence during the past 5 years and who had children aged under fifteen years old in the home reported that the children had witnessed the violence.²³⁰ Over half of victims of spousal violence who have children stated that they believed the children had seen the spousal violence take place. Somewhat shockingly, child protective services were contacted in less than one-third of situations where a child witnessed the spousal violence.²³¹ Children who witness family violence are also more likely to be victims of child abuse.²³²

The General Social Survey on victimization has pointed to a potential connection between abuse during childhood and spousal violence later in life: 20% of adult victims of spousal violence were childhood victims of family violence.²³³ The highest prevalence of spousal violence was reported by those individuals who had experienced both physical and sexual abuse as a child. Children who witness family violence, children who are victims of physical abuse, and children who are victims of sexual abuse are all more likely to suffer spousal abuse in later life than children who do not. While this statistic certainly does not capture all of the children who have witnessed family violence, we know that 2.3 out of every 1000

children under the age of nineteen are involved in the Child Witnesses of Family Violence program.^{lx}

Physical Punishment of Children

The UN Committee on the Rights of the Child interprets the *Convention* as obligating all signatory nations to this treaty to prohibit all corporal punishment.²³⁴ The Committee's definition of corporal punishment is: "Any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light."²³⁵

Fifty countries have banned all forms of corporal punishment against children, including in homes.²³⁶ Canada is not yet on that list. Under Canadian law, Section 43 of the *Criminal Code* justifies the reasonable use of force by way of correction on any child in their care by a parent, a person standing in the place of a parent, or a teacher. In 2004, the Supreme Court of Canada upheld the *Criminal Code* defense, but the Court did provide some limitations. For example, corporal punishment must be for "corrective purposes" and the law does not uphold such force for children under the age of two or over the age of twelve.²³⁷

The evidence from a multitude of studies is overwhelming: physical punishment of children is of no benefit to child development, and it can cause severe psychological and physical harm. Criminal law in Canada is under federal jurisdiction, but all provinces and territories, including New Brunswick, can do more to educate its populations on the dangers of corporal punishment of children. New Brunswick can also do more through law to protect children.

^{lx} Child Rights and Wellbeing Framework 2016, Table 6, Indicator 13.

While the federal criminal code and the Supreme Court of Canada allow the teachers the power of corporal punishment of children, the New Brunswick government has banned it in schools. The Department of Education and Early Childhood Development also has authority over day cares, and can limit the authority of day care operators and employees to use physical punishment of children. The Child and Youth Advocate has called for protections to be placed in the *Early Childhood Services Act* to prohibit physical punishment of children, to mirror protections that exist presently in the *Education Act*.

Protection from Bullying

Bullying in and out of schools continues to be a pressing issue notwithstanding the very significant strides that the Department of Education and Early Childhood Development has taken, along with Districts and individual schools, to address it. As we go to print with this report, we have new data from the School Wellness Survey that shows in the 2015-2016 school year, 52% of middle and high school students stated they had been bullied. This is a slight decrease from the previous data, which is reflected in the Child Rights and Wellbeing Framework.^{lxi}

It is common knowledge that the effects of bullying can be severe for both the bully and the bullied. Children who are bullied are at higher risk to suffer negative health effects, depression and

^{lxi} Child Rights and Wellbeing Framework 2016, Table 6, Indicator 3.

anxiety.²³⁸ Mental health problems associated with victimhood from bullying tend to last until later in life.²³⁹ Children who bully, and those who are bullied, are more likely to miss school, show little interest in their studies and suffer poor grades.²⁴⁰ They are also at greater risk of suicide.²⁴¹

Victims of bullying are often at increased vulnerability due to sexual orientation, gender, ethnicity, socio-economic status or disability. Perpetrators of bullying are more likely to come from punitive home environments, and bullying behaviour should be a warning sign of potential violence at home. Of course, this will not always or even usually be the case. However, we must all be mindful of the warning signs; especially teachers who have a legal obligation to report suspected domestic abuse.

The focus of bullying prevention is inevitably placed on schools. This is a difficult burden for schools to bear, when of course parents and communities have essential roles and responsibilities as well. Nevertheless, schools are the places where most bullying occurs. Schools are also the places where true inclusion can be fostered and where children learn to be respectful of one another's differences.

Children and youths have repeatedly provided leadership to address bullying. The origin of anti-bullying days, which are now celebrated around the world, lies in Nova Scotia. It was there in 2007 when two high school students named Travis Price and David Shepherd organized their fellow students to wear pink shirts one day in support of a grade nine student who was bullied for wearing a pink shirt on the first day of school. This kind of student leadership is exhibited in big and small ways throughout our Province. Students need support from teachers and administration in schools, but it is

students who lead gay-straight alliances, feminist groups, and many other school-based associations that bring children and youth together to end discrimination.

Feeling unsafe at school is strongly associated with mental health problems for youth.²⁴² The primary reasons that children and youth feel unsafe at school relate to bullying and assaults by peers. These issues have been addressed earlier in this report. It is important to bear in mind, though, that the school environment provides opportunities to build resilience and protect against many of the harms discussed here. Positive school experiences can act as a counter to negative family environments, and personal safety skills can be learned in schools.²⁴³

Some schools in New Brunswick have embraced the Rights Respecting Schools Program. Others have embraced the Roots of Empathy program. Others have found different ways to influence the school culture to make it more positive and welcoming of all. To end bullying, students need the opportunity to lead. And they must be provided fulsome support in their endeavors.

Unfortunately, one in five elementary school students do not feel comfortable talking to a teacher or other school staff member about bullying.^{lxii}

And discouragingly, less than half of middle and high school students believe that a teacher or school administrator will do anything to address bullying when it is reported.^{lxiii} Barely a third of First Nations and immigrant middle and high school students

^{lxii} Child Rights and Wellbeing Framework 2016, Table 6, Indicator 6.

^{lxiii} Child Rights and Wellbeing Framework 2016, Table 6, Indicator 5.

believe action will be taken.^{lxiv} This is all the more troubling considering the percentages of First Nations students who report being victims of racial slurs.

Cyberbullying

Cyberbullying is a sadly pervasive aspect of the technological world children today inhabit. It is a form of mental violence that can have devastating effects, and its prevalence appears to have been increasing for several years.²⁴⁴



Online safety

Child Pornography

We have often heard from police that the extent of child pornography in New Brunswick is such that the province does not have the resources to prosecute all of the suspected perpetrators. Nevertheless, in the decade since its creation, New Brunswick's Internet Child Exploitation unit has rescued 55 children from sexual abuse and/or Internet luring.²⁴⁵ Still the rate of child pornography incidents in New Brunswick is higher than the national average.²⁴⁶ Educating children about the potential dangers of the Internet, along with parental and public awareness, are essential in prevention and protection.

Injury

Unintentional injuries (i.e. not including intentional injuries such as child abuse, neglect, self-harm, suicide, and assault) are the primary cause of disability and death among Canadian children and youth.²⁴⁷ The same holds true for New Brunswick.²⁴⁸ The majority of these injuries are preventable.²⁴⁹ The leading cause of hospitalization for injuries is falls, which account for well over a third of the total.²⁵⁰

The leading causes of child and youth death by injury are motor vehicle collisions and drowning, which together account for a third of all such deaths.²⁵¹

^{lxiv} Child Rights and Wellbeing Framework 2016, Table 6, Indicator 5.

To be effective, child health strategies must have a strong focus on proven effective prevention interventions, as recommended by the World Health Organization.²⁵² Many factors work together to prevent injury, including: ensuring that the built environment of communities has a strong safety component; educating community members about injury prevention; having strong product safety standards; and having a targeted legal enforcement strategy.²⁵³

Car seats for children, helmets for cycling and skateboarding, and restricted use of ATVs or snowmobiles for children are all common safety measures, yet when one looks at the injury statistics one sees that these measures obviously remain underutilized.

The rate of children and youth (from birth to age nineteen) admitted to hospital for injury has shown progress year over year as we have tracked this statistic in the Child Rights and Wellbeing Framework. In 2015-2016 the hospitalization rate is down to 32 per 10,000 injuries, compared to 34 in 2014-2015 and 41 back in 2008-2009.^{lxv} Nevertheless, the national rate is lower still, at 27.^{lxvi}

The Canadian injury prevention organization Parachute has estimated that injuries cost New Brunswick \$696 million in 2010, and cost Canada \$26.8 billion in that year.²⁵⁴ The New Brunswick Trauma Program (NBTP) has been established to act in collaboration with communities and organizations to provide research, leadership and coordination of injury prevention initiatives.²⁵⁵ The NBTP has collaborated with the Office of the Chief Medical Officer of Health to produce a Framework for the Prevention of Unintentional Injury in New Brunswick, a guiding strategy for the Province.²⁵⁶

^{lxv} Child Rights and Wellbeing Framework 2016, Table 4, Indicator 14.

^{lxvi} Child Rights and Wellbeing Framework 2016, Table 4, Indicator 14.

Premature deaths due to injury for New Brunswick children and youth have been declining during the past decade.²⁵⁷ However, the percentage of injuries that are activity-limiting for youths aged twelve to nineteen are high in New Brunswick compared to the national percentages (34% compared to 27%).

Parentification (Young Carers)

Sometimes children and youth have to assume parental roles in homes where there the parents are incapable of fulfilling all of their responsibilities. This places a difficult burden on children and youth who are trying to balance their school lives and social development while assuming responsibilities at home that are far beyond their maturity and abilities. We call this situation 'parentification' and sometimes these children and youth are called 'young carers.'

Children sometimes have to take care of adult family members who cannot manage to take care of themselves or their own children. Children sometimes have to take on household tasks such as cooking meals and running errands. These children and youth need to be identified, in schools and in communities, so that supports can be brought in to aid them in accessing help for their families.

This presents a gap in our knowledge. The province does not as yet collect information on this situation, but it can be added to the Student Wellness Survey undertaken each year in schools across the province. Statistics Canada's Community Profiles from the 2006 census collected information on children and youths aged fifteen

and younger who looked after other children without pay.²⁵⁸ In New Brunswick this translated to 36% of children and youth. While of course there is considerable subjectivity in this statistic – siblings do sometimes look after siblings and this can be a positive experience in terms of developing responsibility – there are questions behind this figure that need to be examined. There is surely a way to identify the numbers of children and youth who have the burden of acting as parents to other children and even to their own parents.

Suicide and Self-harm

Suicide

Suicide is the second highest cause of death in the country for youths aged fifteen to nineteen, second only to deaths by unintentional (accidental) injuries.²⁵⁹ As Canada has shown major advances in death prevention due to accidental injury since the 1970s, suicide has accounted for an increasingly high percentage of youth deaths. In 1974, suicide was the cause of death for 9% of youths aged fifteen to nineteen, whereas in 2009 it was the cause of 23%. While the percentage of all deaths accounted for by suicide grew, the rate of suicide did not.²⁶⁰ Suicide has accounted for a larger percentage of deaths among this youth age group because deaths by accident have declined significantly. Canada has learned to employ effective strategies to protect its youth against accidental death. The country has not as yet managed such a shift in terms of youth suicide.

In 2015, there was one death by suicide of a youth.²⁶¹ In 2014 there were six.²⁶² For 2013 the Coroner reported four deaths by suicide for New Brunswick children and youth nineteen years old and younger.²⁶³ The Child Rights and Wellbeing Framework reports child and youth suicide on a five year period. In New Brunswick, the suicide rate of children and youth calculated for the years 2008-20012 shows that the rate for males is twice that of females.^{lxvii} The Office of the Child and Youth Advocate has met with the Provincial Child Death Review Committee and has begun to discuss a process whereby our office will work with that Committee to delve more deeply into the life circumstances of children and youth who die from avoidable causes.

In terms of protecting our children from suicide, we all have a role to play, and professionals continue to improve their capacity. Regional suicide prevention committees work throughout the Province. The NB Suicide Prevention Program provides suicide intervention training to mental health workers, nurses, social workers, police officers, school counsellors, psychologists and others. The Chimo helpline and Kids Help Phone are available at all hours.

Self-harm

Self-harm is a way to control emotional pain, although one that is perhaps difficult to understand for the average population. Self-injury can have effects similar to those of drugs, with the release of endorphins that create a temporary feeling of relief. It is a coping mechanism, but a dangerous one.

^{lxvii} Child and Youth Rights and Wellbeing Snapshot, Table 4, Indicator 39.

Children and youth use self-harm to cope with a number of issues such as trauma, loss, or as victims of physical violence. Another issue they use it as a coping mechanism for is anxiety.²⁶⁴ The New Brunswick rate of anxiety disorder hospitalizations for children and youth is significantly higher than the Canadian rate.^{lxviii} The rate for female children and youth in our Province is more than four times that of males.^{lxix} Self-harm is also used as a means to cope with depression. Again, we see that the New Brunswick rate of child and youth hospitalizations for depressive episodes is higher than the Canadian average, and nearly three times higher for females than for males.^{lxx}

As part of the Strategy for the Prevention of Harm to Children and Youth, the NB Trauma Program has committed to share aggregate, epidemiological data from the NB Trauma Registry on child and youth self-harm injuries with the leadership for mental health services in both Regional Health Authorities. Coordination of these and other stakeholders can help to ensure that children and youth receive timely and targeted services to address self-harming behaviour. With greater awareness of the issues throughout society and better understanding of how to access help, the rates of child and youth self-harm can significantly drop.

^{lxviii} Child and Youth Rights and Wellbeing Snapshot, Table 4, Indicator 26.

^{lxix} Child and Youth Rights and Wellbeing Snapshot, Table 4, Indicator 26.

^{lxx} Child and Youth Rights and Wellbeing Snapshot, Table 4, Indicator 26.

Protection from harm and the responsibilities of civil society

Organizations that serve children, have child or youth volunteers, or employ youth need to have adequate protection measures in place. A variety of established protection programs exist for organizations to voluntarily sign on to. Organizations need to put thought into how best to protect children and youth, including taking measures such as screening of adult volunteers, employees and supervisors.

Government has an obligation to ensure that private enterprise respects children's rights. This is the case in all contexts, and very clearly the case when government privatises services to children, like child welfare services. The UN Committee on the Rights of the Child has noted that "States are not relieved of their obligations under the Convention and its protocols when their functions are delegated or outsourced to a private business or non-profit organisation."²⁶⁵

For example, when government takes a child into its care through child protection, government assumes parental rights and responsibilities. The Minister of Social Development could not then shift those responsibilities to a group home operator even though a contract has been made to provide services to that child. That child remains the Minister's responsibility. The same applies in contexts when government contracts with not-for-profit or for-profit organizations for services related to education, public safety, or health. The Strategy for the Protection from Harm for Children and Youth engages not only government but also civil society in these responsibilities.²⁶⁶

Article 20 – *The right to protection and care for children deprived of a family environment*

Children and youth in the child welfare system

Children in permanent care are children whose parents cannot fulfill the parental role, or children have been abandoned, abused or severely neglected. The trauma that these children have faced brings with it a high level of vulnerability. Their traumatic backgrounds and current challenging situations lead to increased likelihood of problems in school, in social relationships, and in managing themselves emotionally.

The Department of Social Development works to minimize a child's time in the child welfare system and to maintain family or kinship connections. Nevertheless, children can spend years being moved from one group home to another and in and out of foster care placements. Disadvantage becomes cemented in their lives. The disadvantages that these youth have from childhood continue to accumulate as they proceed through adolescence and into adulthood.²⁶⁷

Many children and youth in child protection care are doing well, and some are excelling, but it is without question that they are by and large faced with far more adversities in life than most children are. This heightened adversity leads to increased likelihood of negative outcomes. However, it is essential that we all realize that these children and youth are constantly overcoming obstacles and

succeeding in many ways. They need fulsome support and encouragement.

As of 2016, the rate of children under age sixteen receiving either child protection services or family enhancement services is 9.1 per 1000 children.^{lxxi}

Education Challenges for Children in Care

Children and youth who have been taken into government care through child protection generally do not have the kind of parental support in their educational pursuits that most of our children have. They also often have challenges in their lives that deeply complicate their abilities to succeed in school. Dealing with trauma is only one aspect of the challenges these children face, though a huge one.

It is not difficult for most of us to get some sense of what moving homes multiple times can do to a child's sense of connectedness to school and the ability of teachers to understand the educational needs of the child. It is also not hard to imagine how difficult it is for a child to keep on track with his or her studies in class and with homework when he or she is moved again and again between group homes and foster care placements. We recognize that we have gaps in data indicators in the Child Rights and Wellbeing Framework that could provide a better picture of children in care and to measure progress in services.

^{lxxi} Child Rights and Wellbeing Framework 2016, Table 6, Indicators 11.a and 11.b.

Youth in care caught in the youth criminal justice system

Children who have been taken into government care are at higher risk for falling into the criminal justice system.²⁶⁸ This is partly because when children suffer chronic traumatic stress in their early years, as children in the child protection system invariably have, the capacity of the brain to moderate aggressive and impulsive behaviours is lessened.²⁶⁹ It is also partly because childhood trauma increases the risk of substance abuse, as a means of self-medicating.²⁷⁰ And it is partly because being moved from one “home” to another in the child welfare system creates instability and increases the likelihood that a child will exhibit antisocial and delinquent behaviour.²⁷¹

Youth who are in both the child welfare and youth criminal justice systems are sometimes referred to as dual-status (sometimes as “cross-over kids”). While they have been taken out of abusive or extremely neglectful home situations, at the same time their support systems have quite possibly been utterly disrupted. Most of these children and youth require educational supports beyond the norm.²⁷² They need all of the appropriate extra-judicial (non-court) interventions the youth criminal justice system, child welfare system and education system can provide. We have been informed by a representative of the Department of Social Development that the number of dual-status youths in New Brunswick has been declining, and there is no question that the numbers here per capita are far lower than in some other areas of the country. In many ways we are fortunate in this province compared to other jurisdictions. Still, our office continues to see dual-status youth at the youth detention and secure custody facility, and in early 2017 will be working with researchers on the issue of dual-status youths.

Prosecutors should have a means of identifying dual-status youth for Crown screening of charges. Dual status should be considered by all concerned in regard to use of Extrajudicial Measures. Courts should take dual status situations into considerations when imposing bail terms, conditional discharge terms and probation terms on youth, in order to avoid setting youths up to fail. Social Workers should accompany youths to all court dates, advocate for Extrajudicial Measures, and work with defence counsel and Probation Officers on presenting plans and pre-sentence reports for the court. The over-representation of Aboriginal children in the child welfare system in New Brunswick provides reason for even greater use of Extrajudicial (Alternative) Measures, case conferences, and culturally-relevant interventions for Aboriginal children.

Youth voice in the child welfare system

The New Brunswick Youth in Care Network has been a formidable force for youth voice for the since 2010. The Network has impacted the functioning of the child welfare system by amplifying the voices of its members, youth in government care, and bringing their opinions to decision-makers in government. The Network’s report “A Long Road Home” continues to be powerful reading, and its recommendations still resonate.²⁷³ Government officially responded to that report,²⁷⁴ and the Network continues to advocate for progressive implementation of its recommendations.

Since that account of the first Youth in Care Hearings at the provincial legislature, the Youth in Care Network has provided advice and consultation on a number of matters affecting children and youth in care. In 2013 the government extended its “contract”

with the Network for five years, and we would hope that government will continue to provide funding for the Network in perpetuity.

Youth Homelessness

We have no idea of how many youth are sleeping in streets or outdoor shelters, moving from one couch or floor to 'crash' on, or living in exploitative arrangements with unrelated adults. It is difficult to count, but some organizations such as the Human Development Council in Saint John work hard to create a picture of what youth homelessness looks like in our province.

The United Nations Committee on the Rights of the Child voiced its concerns about homeless youth in Canada in a report twenty-one years ago, and yet Canada still has no accurate measure of numbers of homeless youth.²⁷⁵ Nor does New Brunswick have the numbers provincially. We do not have the statistics. The rate of children seeking refuge in transition housing in New Brunswick is 2.6 per 1000 under age nineteen, but this does not reflect youth homelessness.^{lxxii} It is a rate that includes youth who access one of the few youth shelters in the Province, but it also includes children who may be with a parent in a transition house for victims of domestic violence, and it does not reflect the rate of youth who need a safe place to stay. We do see these youths in drop-in day centres and other places, but we do not know their numbers.

There is a lack of safe spaces in the province for them to find shelter. They have often dropped out of school. They are unlikely to access social supports or health services. They are in danger of being exploited sexually. They are at increased risk of drug addiction and criminalization.



^{lxxii} Child Rights and Wellbeing Framework 2016, Table 6, Indicator 12.

Parents are responsible for the care and supervision of their children until they reach the age of majority which, in New Brunswick, is presently 19 years of age. When a parent is unable or unwilling to fulfil this obligation to a child, there exist a range of options to provide alternate care and supervision of the child either within their extended family network or in the public care system. Through a referral to the Department of Social Development a homeless youth may be assessed for the full menu of child protection services, including kinship services, or placement in a foster home or group home. A youth may be offered child protection services, but a youth 16 years of age or older, may refuse child protection services and be immediately considered for Youth Engagement Services. The Youth Engagement Services (YES) program provides funding to eligible youths (those who cannot remain in the parental home due to abuse or neglect) for housing and living expenses, while providing supports to help these youths succeed. This is an excellent program, and it continues to be improved to respond to problems that have been identified by youth and those advocating for them. Nevertheless, some homeless youth may be unaware, unwilling or unable to access this program.

Thankfully in some areas of the Province there are youth shelters such as Chrysalis House in Fredericton, Youth QUEST in Moncton, and, soon, Safe Harbour House in Saint John. Such shelters provide the safe spaces and self-esteem boosting programming to help youth access other supports and transition to stable independent living.

Article 32 – The right to be protected from economic exploitation and from work that may be harmful to health and physical, mental, spiritual, moral or social development

Rights in Employment

Canada is one of the 187 member states of the International Labor Organization, which brings together governments, employers and labour representatives to set global labour standards. These international labour standards take the form of legally binding treaties. One such treaty is the International Labour Organization's *Convention Concerning Minimum Age for Admission to Employment*. This treaty is one of eight fundamental conventions of the International Labour Organization that are considered core to promoting decent work conditions. Canada ratified this treaty in June of 2016, more than forty years after the treaty was opened for signature, and after 167 other countries had ratified it.

There is a problem when youths work too many hours and their education is negatively impacted. We are aware from experience that some youths work excessive hours, in contravention of New Brunswick labour laws. On the other hand, employment opportunities for youth can boost empowerment and confidence. Employment also can build connectedness to community. Still, protections must be in place and enforced.

It is simply important to ensure adequate protections for youth, who are less experienced and more vulnerable in the workplace to various kinds of harm, including injury. For example, there were 327 youths aged fifteen to nineteen in New Brunswick who suffered an injury from a workplace accident in 2015.^{lxxiii}

Article 33 – *The right to protection from the illicit use, production and trafficking of narcotic drugs*

Drug use and abuse

We see time and again how charging youth criminally for drug use is an ineffective way to address addictions issues. This is particularly true when a youth's drug use stems from a need to deal with trauma. For the most part, it is strong family connections that will protect children from drug use. In a survey of over 1000 adolescents, the National Center on Addiction and Substance Abuse found that teenagers who frequently had dinner with their families were far less likely to have used alcohol, tobacco and marijuana.²⁷⁶ However, for the children most at risk, more targeted interventions are necessary. The new Integrated Service Delivery teams in schools can provide early intervention by bringing together teams of health, social services, corrections and education professionals. We

^{lxxiii} Child Rights and Wellbeing Framework 2016, Table 6, Indicator 9.

need to see evidence-based programs that really work to address drug issues.

We have already commented on substance use and abuse by New Brunswick youth earlier in this report in relation to rights to health.

Articles 34 and 35 – *The right to protection from abduction, sexual exploitation and sexual abuse*

Sexual abuse and Internet child exploitation

Protecting children and youth from becoming victims of sexual abuse and exploitation is best achieved by ensuring that children are confident and autonomous, have strong familial, peer and community supports, and are thereby not easily victimized. Children must be taught what is wrong and they must feel trust in friends and adult allies to be able to speak about danger when they encounter it.

Human trafficking and sexual exploitation

The majority of victims of human trafficking in Canada are between the ages of fourteen and twenty-two. The vast majority of these are girls. We do not have reliable statistics on the number of victims of human trafficking in New Brunswick. We have the stories from

police and outreach workers who see first-hand the tragic situations.

In July of this year Partners for Youth / Alliance Pro-jeunesse Inc. released a report on the situation of human trafficking for sexual exploitation in New Brunswick, in the form of a community needs assessment.²⁷⁷ That very thorough report reflects many of the situations we see in individual cases. For example, the heightened vulnerability of youth in the child welfare system and homeless youth puts them at greater risk of sexual exploitation. The young women consulted in that report expressed their desire for supports to be provided by people with whom they can develop long-term trusting relationships. As stated in that report, “we need critical and nuanced perspectives on these intersecting issues to be combined with a women and girl-centred, human rights approach.”²⁷⁸ We are looking forward to the next phase of this project. Work like this, and by others such as the New Brunswick Human Trafficking Working Group led by the Women’s Equality Branch, is vital to better address these issues in the province.

Articles 37 and 40 – *The right to be free from degrading treatment and punishment, to be free from deprivation of liberty, detention and imprisonment unless as a last resort, and to due process rights*

Youth and the Criminal Justice System

In the summer of 2015 the Office of the Child and Youth Advocate produced the *More Care Less Court* report examining issues in New Brunswick’s youth criminal justice system.²⁷⁹ A fundamental premise of that work is that youth criminal behaviour is not an innate personal characteristic. It is a manifestation of society failing children.

We see time and again how youth involved in the criminal justice system too often come from situations of deep poverty, family breakdown, household drug use and addiction, abusive home lives, and unaddressed mental health issues. These youths are more likely than youth on average to have learning disorders, mental health challenges, and substance abuse problems.²⁸⁰ They often come from backgrounds of trauma and require a trauma-informed approach. The most effective thing the province can do is to divert youth away from court when they commit offences, and facilitate community-based supports to prevent recidivism.



The number of youth in correctional services in New Brunswick has gone down every year for the past five,²⁸¹ and we believe that this trend will continue for 2015-2016. In 2014-2015 there were 865 youth in correctional services,^{lxxiv} down from 939 the year before²⁸² and 1236 in the last Child Rights and Wellbeing Framework reporting cycle.

The UN Guidelines for Action on Children in the Criminal Justice System call for “a comprehensive child-centred juvenile justice process.”²⁸³ In New Brunswick we have recently seen very commendable progress in the youth criminal justice system, especially within the past year. Everyone working in that system agrees that much more can be done, however. Earlier in this State of the Child report we have commented about the importance of

^{lxxiv} Child Rights and Wellbeing Framework 2016, Table 6, Indicator 15.

youth voice being heard and taken into account in the criminal justice system. Some other essential aspects of a child-centred juvenile justice process are worth mentioning here.

Rights on Arrest

We hear time and again about youths who waive their right to silence with the police and waive their right to have a parent present. Youths are very susceptible to manipulation and require strong advocacy. Parents have an important role to play under the Youth Criminal Justice Act. However, it has to be noted in terms of defence counsel that the parent is not the lawyer’s client. The social worker is also not the client. The youth is the client and defence counsel must take direction from the youth.

Rights in Pre-Trial Detention

In our experience, prior to any finding of guilt youth are detained in the detention and secure custody facility in New Brunswick in four circumstances:

1. when a young person has been charged with a serious offence;
2. when a young person has a history of outstanding charges or findings of guilt;
3. when a young person is arrested on a weekend and has to wait for a bail hearing on Monday;
4. when a young person appears to have no safe place to stay

In our opinion, only the first two circumstances are legitimate circumstances in which to detain a youth in a secure custody facility under the *Youth Criminal Justice Act*.

Detaining a youth in custody at the secure custody facility in Miramichi (the New Brunswick Youth Centre) can have serious harmful consequences. Pre-trial detention disrupts education, family connection and social and health supports. It also places youths in a negative peer environment, along with youth who have been sentenced to secure custody, sometimes for violent crimes. Another issue that has yet to be addressed in New Brunswick is that it is a violation of international human rights law to detain a youth in the same facility where youth are sentenced to secure custody. Canada has ratified the *International Covenant on Civil and Political Rights* and has legal obligations under it. That human rights law treaty specifically states that “Accused persons must be segregated from convicted persons and shall be subject to separate treatment appropriate to their status as unconvicted persons.”²⁸⁴ New Brunswick is currently in violation of this treaty.

The Child and Youth Advocate has repeatedly criticized the high rates of pre-trial detention in this Province. While we have seen progress in many aspects of the youth criminal justice system, this is one aspect of it where New Brunswick continues to fail. The percentage of youth in pre-trial detention among all youths in corrections services was 30% for 2014-2015, higher than the 24% of 2013-2014.^{lxxv} We rank sixth out of nine reporting jurisdictions in Canada on this issue.^{lxxvi} Our neighbouring province Prince Edward Island has a percentage of 7.8%.²⁸⁵

^{lxxv} Child Rights and Wellbeing Framework 2016, Table 6, Indicator 15.a.

^{lxxvi} Child Rights and Wellbeing Framework 2016, Table 6, Indicator 15.a.

Rights in Incarceration

Both detention and incarceration should only occur in cases of serious violent offences or when youth display a pattern of criminal offences and no other option is likely to be successful in addressing the behaviour. Rehabilitation and reintegration into community are two of the primary principles of the *Youth Criminal Justice Act*. However, by the time a youth is incarcerated interventions become extremely arduous.

Supports for these youths far upstream are essential, to address root causes of behaviour before they manifest in criminal activity. Nevertheless, some youths will invariably end up incarcerated. When they are, it is essential that they are rehabilitated and reintegrated into their communities. They are often faced with difficulties such as having a place to live, being able to be re-enrolled in school, and finding necessary supports in the community.

The most recent statistic, from 2014-2015, for New Brunswick’s incarceration rate is 7.8 youths per 10,000 in the Province.^{lxxvii} This is higher than our Atlantic neighbours of Newfoundland, P.E.I., Nova Scotia, and also higher than provinces that are leaders in youth criminal justice such as Ontario, Alberta, and B.C.²⁸⁶ From what our office has seen in 2016, we believe that the next set of reported statistics will show a significant decrease in incarceration, as a result of good work being done within the youth criminal justice system.

For now however, New Brunswick must redouble its efforts and continue its progress in diverting youth criminal justice matters

^{lxxvii} Child Rights and Wellbeing Framework 2016, Table 6, Indicator 16.

from trial and custodial processes towards community interventions whenever possible.

Rights in Open Custody

Open custody is a sentence option when youths have not committed offences serious enough to warrant incarceration in secure custody. This option is meant to enable community family and connections. However, all of the community-based open custody options in the province have been closed, and now the only two options for open custody are at a drug rehabilitation centre or at a unit at the secure custody facility. Neither is near the home communities or families of the youth who are sentenced to open custody. This presents major challenges for the reintegration of these youths into their communities. The Department of Justice and Public Safety is working toward a continuum of care model for open custody which is meant to have community-based foster homes as an option. We are hopeful for this development, and while we fundamentally continue to oppose an open custody facility being situated at the detention and secure custody facility location, we are reassured by the high quality of staff at that open custody facility.

What is also concerning is the high proportion of New Brunswick youth in corrections who are sentenced to open custody. In 2014-2015 6.8% of all New Brunswick youth in corrections were sentenced to open custody.^{lxxviii} In the last Child Rights and Wellbeing Framework reporting cycle (2012-2013) 3.8% of these

youth in corrections were in open custody. But in the intervening year, 2013-2014, only 2.8% were.²⁸⁷

Community Connections

Youth rehabilitation from criminal behaviour and addictions issues is significantly aided by community connection.²⁸⁸ Community is important. School is important. Health is important. Social supports are important. Many kinds of stakeholders have roles to play in preventing youth crime, and promoting reintegration and rehabilitation. Reintegrating youth back into their communities safely and positively requires tailoring approaches to suit each individual youth, and addressing education system challenges, social support needs, health care issues and other matters. The Preamble to the *Youth Criminal Justice Act* emphasizes that “members of society share a responsibility to address the developmental challenges and the needs of young persons.” Through mentoring, offering opportunities and providing support we can all help youth to develop prosocial behaviours that benefit us all.

^{lxxviii} Child Rights and Wellbeing Framework 2016, Table 6, Indicator 15.d.



CONCLUSION

This report explores many of the issues that present challenges for New Brunswick children and youth. The Office of the Child and Youth Advocate continues to see progress in rights-adherence despite these challenges. The initiatives noted in this report, among many others, contribute to the advancement of New Brunswick in respecting the rights of children and youth. Our province is improved when children and youth participate, when society provides for their maximum development, and when they are protected from harm.

Understanding and adhering to the commitments we as a society have undertaken in regard to the UN *Convention on the Rights of the Child* is a continual trek. This State of the Child report, just as those before it, is a reference that shows some of the roadblocks on that trek. The Child Rights and Wellbeing Framework is tool to help measure how far we have come on that trek. Data is imperative in order to help shed light on how we are treating children in this province. When we have data to create a picture and measure it over time, it can enable decision-makers to ensure that the best interests of children are considered and prioritized.



We are a small but versatile province. Again and again we have seen how this province can shift to better respect the rights of children and youth. New Brunswick is providing leadership in child and youth rights and is being looked to by jurisdictions across and outside of Canada. The province must keep pressing ahead to prove this leadership reflects a fundamental commitment.

New Brunswick's lead in Child Rights Education Week, government's Child Rights Impact Assessment process, and the collaboration between government and civil society on the Strategy for the Prevention of Harm to Children and Youth are all major initiatives in child rights promotion. The new Interdepartmental Working Group on Children and Youth shows again government's commitment to these matters. We would like to see youth themselves provided more opportunities to lead the charge in child rights. The potential for the creation of a Provincial Youth Voice Committee is encouraging, following the lead of empowering initiatives such as the provincial Youth in Care Network.

The Office of the Child and Youth Advocate will continue to support these initiatives and promote others that advance the rights of children and youth. This province will prosper when communities and government unite to work together to empower resilient, stable, strong children and youth. We are very optimistic that we as a province will focus to ensure that the rights of children and youth are upheld to the highest degree possible.



ENDNOTES

ENDNOTES

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What are the Rights of the Child and Youth? Created by UNICEF Canada

UN Convention on the Rights of the Child In Child Friendly Language^c

"Rights" are things every child should have or be able to do. All children have the same rights. These rights are listed in the UN Convention on the Rights of the Child. Almost every country has agreed to these rights. All the rights are connected to each other, and all are equally important. Sometimes, we have to think about rights in terms of what is the best for children in a situation, and what is critical to life and protection from harm. As you grow, you have more responsibility to make choices and exercise your rights.



Article 1

Everyone under 18 has these rights.

Article 2

All children have these rights, no matter who they are, where they live, what their parents do, what language they speak, what their religion is, whether they are a boy or girl, what their culture is, whether they have a disability, whether they are rich or poor. No child should be treated unfairly on any basis.

Article 3

All adults should do what is best for you. When adults make decisions, they should think about how their decisions will affect children.

Article 4

The government has a responsibility to make sure your rights are protected. They must help your family to protect your rights and create an environment where you can grow and reach your potential.

Article 5

Your family has the responsibility to help you learn to exercise your rights, and to ensure that your rights are protected.

Article 6

You have the right to be alive.

Article 7

You have the right to a name, and this should be officially recognized by the government. You have the right to a nationality (to belong to a country).

Article 8

You have the right to an identity – an official record of who you are. No one should take this away from you.

Article 9

You have the right to live with your parent(s), unless it is bad for you. You have the right to live with a family who cares for you.

Article 10

If you live in a different country than your parents do, you have the right to be together in the same place.

Article 11

You have the right to be protected from kidnapping.

Article 12

You have the right to give your opinion, and for adults to listen and take it seriously.

Article 13

You have the right to find out things and share what you think with others, by talking, drawing, writing or in any other way unless it harms or offends other people.

Article 14

You have the right to choose your own religion and beliefs. Your parents should help you decide what is right and wrong, and what is best for you.

Article 15

You have the right to choose your own friends and join or set up groups, as long as it isn't harmful to others.

Article 16

You have the right to privacy.

Article 17

You have the right to get information that is important to your well-being, from radio, newspaper, books, computers and other sources. Adults should make sure that the information you are getting is not harmful, and help you find and understand the information you need.

Article 18

You have the right to be raised by your parent(s) if possible.

Article 19

You have the right to be protected from being hurt and mistreated, in body or mind.

Article 20

You have the right to special care and help if you cannot live with your parents.

Article 21

You have the right to care and protection if you are adopted or in foster care.

Article 22

You have the right to special protection and help if you are a refugee (if you have been forced to leave your home and live in another country), as well as all the rights in this Convention.

Article 23

You have the right to special education and care if you have a disability, as well as all the rights in this Convention, so that you can live a full life.

Article 24

You have the right to the best health care possible, safe water to drink, nutritious food, a clean and safe environment, and information to help you stay well.

Article 25

If you live in care or in other situations away from home, you have the right to have these living arrangements looked at regularly to see if they are the most appropriate.

Article 26

You have the right to help from the government if you are poor or in need.

Article 27

You have the right to food, clothing, a safe place to live and to have your basic needs met. You should not be disadvantaged so that you can't do many of the things other kids can do.

Article 28

You have the right to a good quality education. You should be encouraged to go to school to the highest level you can.

Article 29

Your education should help you use and develop your talents and abilities. It should also help you learn to live peacefully, protect the environment and respect other people.

Article 30

You have the right to practice your own culture, language and religion - or any you choose. Minority and indigenous groups need special protection of this right.

Article 31

You have the right to play and rest.

Article 32

You have the right to protection from work that harms you, and is bad for your health and education. If you work, you have the right to be safe and paid fairly.

Article 33

You have the right to protection from harmful drugs and from the drug trade.

Article 34

You have the right to be free from sexual abuse.

Article 35

No one is allowed to kidnap or sell you.

Article 36

You have the right to protection from any kind of exploitation (being taken advantage of).

Article 37

No one is allowed to punish you in a cruel or harmful way.

Article 38

You have the right to protection and freedom from war. Children under 15 cannot be forced to go into the army or take part in war.

Article 39

You have the right to help if you've been hurt, neglected or badly treated.

Article 40

You have the right to legal help and fair treatment in the justice system that respects your rights.

Article 41

If the laws of your country provide better protection of your rights than the articles in this Convention, those laws should apply.

Article 42

You have the right to know your rights! Adults should know about these rights and help you learn about them, too.

Articles 43 to 54

These articles explain how governments and international organizations like UNICEF will work to ensure children are protected with their rights.

This is not an official version of the *Convention on the Rights of the Child*. The official *Convention* can be found online at: <http://www.gov.mu/portal/sites/HRC/downloads/rights/convention%20on%20the%20rights%20of%20the%20child.htm>



THE CHILD RIGHTS AND WELLBEING FRAMEWORK



1 - CONTEXT

- Who are our children and youth?
- What are they doing?



CONTEXT		Year	Age or Grade	Previous NB Data	Person with a disability	Immigrant	Aboriginal	Gender		NB	Canada	Rank (NB to Canada)
UN Convention on the Rights of the Child: Articles 1, 2, 3, 6, 12, 13, 19, 23, 24, 28, 29, 32, 40								Male	Female			
1	Total population, count ¹	2011	All population	729,997				366,440	364,730	751,171	33,476,688	
1a	0 to 4 years old, % of population ¹	2011	0 to 4 years old	4.7				5.1	4.7	4.9	5.6	
1b	5 to 9 years old, % of population ¹	2011	5 to 9 years old	5.3				5.1	4.7	4.9	5.4	
1c	10 to 14 years old, % of population ¹	2011	10 to 14 years old	6.3				5.7	5.1	5.4	5.7	
1d	15 to 19 years old, % of population ¹	2011	15 to 19 years old	6.5				6.4	5.8	6.1	6.5	
1e	0 to 19 years old, % of population ¹	2011	0 to 19 years old	22.7				22.3	20.3	21.2	23.3	
1f	20 to 64 years old, % of population ¹	2011	20 to 64 years old	62.5				62.7	62	62.3	62	
1g	65 and up years old, % of population ¹	2011	65 + years old	14.8				15.1	17.9	16.5	14.8	
2	Total number of census families, count ²	2011	All population	217,790						224,590	9,389,695	
3	Average number of persons in a census family, count ²	2011	All population	2.8						2.7	2.9	
4	Population with English as language most spoken at home, % of population ³	2011	All population	68.7				68.3	68	68.2	64.1	
5	Population with French as language most spoken at home, % of population ³	2011	All population	29.4				27.9	28	27.9	20.4	
6	Aboriginal identity population who speak an Aboriginal language most often at home, % ³	2006	All population					8.8	8.5	8.7	11.8	
7	Immigrant population, % ⁴	2011	All population	3.67				3.8	3.9	3.9	20.6	
8	Aboriginal identity population, % ⁴	2011	All population	2.45				3.1	3.1	3.1	4.3	
9	Total enrolment in school, count ⁵	2015-16	K to grade 12	98,906				50,060	47,852	97,912		
9a	Kindergarten to grade 5, % of total enrolment in school ⁵	2015-16	K to grade 5	43.9				44.3	44.4	44.4		
9b	Grade 6 to 8, % of total enrolment in school ⁵	2015-16	Grade 6 to 8	22.3				22.1	42.6	22.2		
9c	Grade 9 to 12, % of total enrolment in school ⁵	2015-16	Grade 9 to 12	33.7				33.5	33.1	33.3		
9d	Returning graduates, % of total enrolment in school ⁵	2015-16	Returning graduates	0.1				0.1	0.1	0.1		
10	Enrolment in school by English language of instruction, % ⁵	2015-16	K to Grade 12	51.5				53.7	46.9	50.4		
11	Enrolment in school by French language of instruction, % ⁵	2015-16	K to Grade 12	29.2				29.3	29.7	29.5		
12	Enrolment in school by French Immersion language of instruction, % ⁵	2015-16	K to Grade 12	19.3				16.9	23.5	20.1		
13	Children who eat breakfast daily, % ⁷	2013-14	Grade 4 to 5	22						70		
14	Youth who eat breakfast every day, % ⁸	2012-13	Grade 6 to 12	41		45	32	47	37	42		
15	Children who eat 5 or more fruits or vegetable a day (not including juices), % ⁷	2013-14	Grade 4 to 5	50						51		
16	Youth who eat 5 or more fruits or vegetables a day, % ⁸	2012-13	Grade 6 to 12	40		54	40	42	45	43		
17	Children who consume any sweetened non-nutritious beverages yesterday, % ⁷	2013-14	Grade 4 to 5	57				56	48	52		
18	Youth who consume fewer than 2 non-nutritious beverages a day, % ⁸	2012-13	Grade 6 to 12	64		68	57	58	76	67		
19	Children who usually take part in physical activities not organized by school, % ⁷	2013-14	Grade 4 to 5	68						71		

Legend: Doing Well (ranked 1, 2, 3)
Caution
Lagging (last 3 places)

Bold = Updated indicator
 = Data unavailable
 K = Kindergarten
 Indicator name¹ = source is in ^{after each indicator}
 %Rank includes all provinces when data is available = 10 (maximum)

1 - CONTEXT

- Who are our children and youth?
- What are they doing?

CONTEXT		Year	Age or Grade	Previous NB Data	Person with a disability	Immigrant	Aboriginal	Gender		NB	Canada	Rank (NB to Canada)
UN Convention on the Rights of the Child: Articles 1, 2, 3, 6, 12, 13, 19, 23, 24, 28, 29, 32, 40								Male	Female			
20	Youth who participate in sports organized by the school, % ⁹	2015	Grade 12	42	37.2	50.3	50.0	48.0	38.0	42.0		
21	Youth who participate in sports not organized by the school, % ⁹	2015	Grade 12	45	42.1	53.9	52.9	54.0	38.0	45.0		
22	Youth who participate in activities organized by the school, % ⁹	2015	Grade 12	40	33.5	48.5	25.7	36.0	45.0	41.0		
23	Youth who participate in activities not organized through the school, % ⁹	2015	Grade 12	29	33.5	48.5	34.3	39.0	37.0	38.0		
24	Youth walking and bicycling that is done only as a way of getting to and from work or school in the past 3 months, % ⁹	2013	12 to 19 years old	42				31	37	34	50	8/10
25	Children who spend at least 60 minutes doing hard to moderate physical activity every day, % ⁷	2013-14	Grade 4 to 5							35		
26	Youth physically active at least 60 minutes daily (moderate and hard physical activity), % ⁶	2012-13	Grade 6 to 12	57		52	63	68	53	60		
27	Children who spend 2 hours or less on screen time per day [watching TV video games, computer time], % ⁷	2013-14	Grade 4 to 5	38						45		
28	Youth who spend 2 hours or less per day of screen time, % ⁶	2012-13	Grade 6 to 12	25		22	16	21	23	23		
29	Youth who sleep 8 hours or more each night, % ⁶	2012-13	Grade 6 to 12	52		31	31	39	37	38		
30	Youth current smoker, daily or occasional, % ⁶	2012-13	Grade 6 to 12			9	13	9	5	7		
31	Youth who have never tried smoking by grade 12, % ⁶	2012-13	Grade 6 to 12	60		54	39	50	58	53		
32	Youth frequency of drinking alcohol in the last 12 months (once a month or more), % ⁶	2012-13	Grade 6 to 12			23	37	31	28	30		
33	Youth who always wear a helmet when using a bicycle, % ⁹	2013	12 to 19 years old	46				37	48	42	35	6/10
34	Youth who reported always using protective mouth equipment (for hockey) or protective head gear [for skating, rollerblading, downhill skiing, or snowboarding] % ⁹	2013	12 to 19 years old	11				37	48	42	35	6/10
35	Youth who has ever used or tried marijuana or cannabis (a joint, pot, weed, hash...), % ⁶	2012-13	Grade 6 to 12			23	48	33	28	31		
36a	Youth who rode with a driver under the influence of alcohol, % ¹⁰	2012	Grade 7, 9, 10, 12	20						18		
36b	Youth who rode with a driver under the influence of cannabis, % ¹⁰	2012	Grade 7, 9, 10, 12	22						24		
37	Youth who use sun screen on their body in summer (reported using sun screen always and often), % ⁹	2012	12 to 19 years old	41				39	53	45		
38	Youth unsafe sex - those that engaged in sexual activity and did not use a condom or other latex barrier at their last sexual encounter, % ¹⁰	2012	Grade 7, 9, 10, 12	16						16		
39	Teen pregnancy rate (2011, rate per 1,000 females), rate per 1,000 females ³²	2011	15 to 19 years old	24.9					24.9	24.9		
40	Teens who gave birth, crude birth rate 1,000 females ¹¹	2011	15 to 19 years old	20.9					21.3		12.6	
41	Youth labour participation rate, % ¹⁵	2012	15 to 19 years old	45				43.7	44.4	44.1	40.4	4/10

Legend: Doing Well (ranked 1, 2, 3)
Caution
Lagging (last 3 places)

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 Rank: includes all provinces when data is available = 10 maximum

1 - CONTEXT

- Who are our children and youth?
- What are they doing?

CONTEXT		Year	Age or Grade	Previous NB Data	Person with a disability	Immigrant	Aboriginal	Gender		NB	Canada	Rank (NB to Canada)
UN Convention on the Rights of the Child: Articles 1, 2, 3, 6, 12, 13, 19, 23, 24, 28, 29, 32, 40								Male	Female			
42	20 to 24 year-olds without a high school diploma and not in school, % ¹¹	2007-09	20 to 24 years old	19.9						18.1	14.6	9/10
43a	Total youth crime rate - Charged, rate of all Criminal Code violations -excluding traffic- per 100,000 ¹²	2013	12 to 17 years old	2,520						2,322	1,976	5/10
44b	Total youth crime rate - Not Charged, rate of all Criminal Code violations -excluding traffic- per 100,000 ¹²	2013	12 to 17 years old	3,604						2,540	2,369	5/10
45	Youth charged with impaired driving, rate per 100,000 ¹²	2013	12 to 17 years old	18						12	19	3/10
46	Youth charged with drug violations, rate per 100,000 ¹²	2013	12 to 17 years old	139						110	234	3/10
47	Violent crime done by youth, rate per 100,000 ¹²	2013	12 to 17 years old	840						732	697	6/10
48	Property crime done by youth, rate per 100,000 ¹²	2013	12 to 17 years old	979						918	724	4/10
49	Youth crime severity index, index ¹³	2013	12 to 17 years old	60						66.2	65	6/10
50	Youth violent crime severity index, index ¹³	2013	12 to 17 years old	61.2						55	70	4/10
51	Youth non-violent crime severity index, index ¹³	2013	12 to 17 years old	93						74	61	6/10

Legend: Doing Well (ranked 1, 2, 3)
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Lagging (last 3 places)

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¹²Rate includes all provinces when data is available = 10 maximum

2 - Choice and Expression

- What are the children and youth choosing?
- How are they voicing themselves?



PARTICIPATION		Year	Age or Grade	Previous NB Data	Person with a disability	Immigrant	Aboriginal	Gender		NB	Canada	Rank (NB to Canada)
UN Convention on the Rights of Children: Articles 1, 2, 3, 6, 12, 13, 14, 15, 17, 23, 24, 31								Male	Female			
1	Youth who had the opportunities in high school to participate in elective courses that they were interested in and passionate about, %8	2015	Grade 12	77.8	73	71	63	75	78	77		
2	Youth who had the opportunities in high school to take courses in the skilled trades, %8	2015	Grade 12	56.4	60	58	60	70	59	64		
3	Youth who had the opportunities in high school to take courses in the fine arts, %8	2015	Grade 12	73.8	64	72	75	72	79	75		
4	Youth who had the opportunities in high school to participate in career related learning experiences, %8	2015	Grade 12	64.5	54	60	50	62	65	64		
5	Youth who feel their school has provided them with opportunities to participate in exercise or physical activity other than phys. ed. class, %8	2015	Grade 12	80.2	68	74	68	79	78	78		
6	Youth who feel they had opportunities in high school to participate in cultural activities organized through school, %8	2015	Grade 12	50.8	49	50	49	50	52	51		
7	Youth who feel they had opportunities in high school to participate in cultural activities separate from school, %8	2015	Grade 12	51.5	39	38	40	43	44	43		
8	Youth who feel their school has helped them develop positive attitudes towards physical activity, %8	2015	Grade 12	69.2	61	68	60	73	64	68		
9	Youth who feel their school has helped them to develop positive attitudes towards healthy living and active living, %8	2015	Grade 12	72.4	71	77	67	75	72	73		
10	Youth preferences - Getting good grades (very important or important), %6	2012-13	Grade 6 to 12				93	90	96	94	94	
11	Youth preferences - Making friends (very important or important), %6	2012-13	Grade 6 to 12				86	77	87	85	85	
12	Youth preferences - Participating in school activities outside of class (very important or important), %6	2012-13	Grade 6 to 12				57	42	52	50	50	
13	Youth preferences - Getting to class on time (very important or important), %6	2012-13	Grade 6 to 12				82	74	84	80	80	
14	Youth preferences - Learning new things (very important or important), %6	2012-13	Grade 6 to 12				87	82	85	84	84	
15	Youth preferences - Expressing my opinion in class (very important or important), %6	2012-13	Grade 6 to 12				63	50	56	57	57	
16	Youth preferences - Getting involved in the student council or other similar groups (very important or important), %6	2012-13	Grade 6 to 12				36	19	30	26	26	
17	Youth preferences - Learning about my culture/heritage (e.g. Francophone, First Nations, Irish) (very important or important), %6	2012-13	Grade 6 to 12				60	70	49	48	48	
18	Youth participation in activities at school - Dance, %6	2012-13	Grade 6 to 12				9	9	5	10	8	
19	Youth participation in activities at school - Drama, %6	2012-13	Grade 6 to 12				11	7	6	12	9	
20	Youth participation in activities at school - Music, %6	2012-13	Grade 6 to 12				20	12	10	15	13	
21	Youth participation in activities at school - Art, %6	2012-13	Grade 6 to 12				15	15	9	17	13	
22	Youth participation in activities at school - Science or technology, %6	2012-13	Grade 6 to 12				13	10	10	9	10	
23	Youth participation in activities at school - Student Clubs/groups, %6	2012-13	Grade 6 to 12				16	12	9	21	15	

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2 - Choice and Expression

- What are the children and youth choosing?
- How are they voicing themselves?



PARTICIPATION		Year	Age or Grade	Previous NB Data	Person with a disability	Immigrant	Aboriginal	Gender		NB	Canada	Rank (NB to Canada)
UN Convention on the Rights of Children: Articles 1, 2, 3, 6, 12, 13, 14, 15, 17, 23, 24, 31								Male	Female			
24	Youth participation in activities at school - Sports or intramurals, %6	2012-13	Grade 6 to 12			39	35	44	37	40		
25	Youth participation in activities at school - Other activities, %6	2012-13	Grade 6 to 12			24	24	21	22	22		
26	Youth participation in activities outside of school - Dance, %6	2012-13	Grade 6 to 12					3	15	9		
27	Youth participation in activities outside of school - Drama, %6	2012-13	Grade 6 to 12					3	5	4		
28	Youth participation in activities outside of school - Music, %6	2012-13	Grade 6 to 12					11	16	13		
29	Youth participation in activities outside of school - Art, %6	2012-13	Grade 6 to 12					5	12	9		
30	Youth participation in activities outside of school - Science or technology, %6	2012-13	Grade 6 to 12			6	3	4	2	3		
31	Youth participation in activities outside of school - Community or Youth groups, %6	2012-13	Grade 6 to 12			19	16	12	18	15		
32	Youth participation in activities outside of school - Sports or physical activities, %6	2012-13	Grade 6 to 12			46	44	54	43	48		
33	Youth participation in activities outside of school - Other activities, %6	2012-13	Grade 6 to 12			25	25	21	22	22		
34	Physical activity youth participated in the last 3 months: WALKING, %9	2013	12 to 19 years old	78				70	77	73	70	5/10
35	Physical activity youth participated in the last 3 months: JOGGING OR RUNNING, %9	2013	12 to 19 years old	66				68	68	68	65	3/10
36	Physical activity youth participated in the last 3 months: BICYCLING, %9	2013	12 to 19 years old	45				66	41	54	45	1/10
37	Physical activity youth participated in the last 3 months: HOME EXERCICES, %9	2013	12 to 19 years old	50				43	51	47	49	8/10
38	Physical activity youth participated in the last 3 months: SWIMMING, %9	2013	12 to 19 years old	54				47	38	42	44	9/10
39	Physical activity youth participated in the last 3 months: GARDENING / YARD WORK, %9	2013	12 to 19 years old	46				44	31	38	35	5/10
40	Physical activity youth participated in the last 3 months: SOCCER, %9	2013	12 to 19 years old	32				31	31	31	36	9/10
41	Physical activity youth participated in the last 3 months: POPULAR / SOCIAL DANCE, %9	2013	12 to 19 years old	35				20	35	27	27	7/10
42	Physical activity youth participated in the last 3 months: BASKETBALL, %9	2013	12 to 19 years old	28				41	28	35	40	9/10
43	Physical activity youth participated in the last 3 months: VOLLEYBALL, %9	2013	12 to 19 years old	21				34	36	35	32	5/10
44	Physical activity youth participated in the last 3 months: BOWLING, %9	2013	12 to 19 years old	20				23	16	20	18	6/10
45	Physical activity youth participated in the last 3 months: ICE HOCKEY, %9	2013	12 to 19 years old	17				31	12	22	15	3/10
46	Physical activity youth participated in the last 3 months: BASEBALL / SOFTBALL, %9	2013	12 to 19 years old	15				28	9	19	15	6/10
47	Children who have high level of competence, %7	2013-14	Grade 4 to 5							85		
48	Youth who have moderate to high level of competency, %6	2012-13	Grade 6 to 12	76		73	66	75	77	76		
49	Children who have high level of autonomy [choices], %7	2013-14	Grade 4 to 5							53		
50	Youth who have moderate to high level of autonomy [choices], %6	2012-13	Grade 6 to 12	71		66	60	68	72	70		
51	Youth who feel respected at school, %8	2015	Grade 12	78	67.5	79.0	69.5	84.5	80.0	81.6		
52	Children who feel connected to his/her school, %7	2013-14	Grade 4 to 5							88		
53	Youth who feel connected to their school, %6	2012-13	Grade 6 to 12	91		88	84	89	90	89		

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2 - Choice and Expression

- What are the children and youth choosing?
- How are they voicing themselves?



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UN Convention on the Rights of Children: Articles 1, 2, 3, 6, 12, 13, 14, 15, 17, 23, 24, 31								Male	Female			
54	Youth psychological well-being score, %9	2009-10	12 to 19 years old					78	79	79		
55	Youth satisfied or very satisfied with life, %9	2013	12 to 19 years old	97				97	93	95	96	8/10
56	Children who have pro-social behaviours [being helpful, respectful, thoughtful, etc], %7	2013-14	Grade 4 to 5							79		
57	Youth who have pro-social behaviours [being helpful, respectful, thoughtful, etc], %6	2012-13	Grade 6 to 12	81		77	76	75	87	81		
58	Children who have high levels of oppositional behaviours [being defiant, disrespectful, rude, etc.], %7	2013-14	Grade 4 to 5							24		
59	Youth who have high levels of oppositional behaviours [being defiant, disrespectful, rude, etc.], %6	2012-13	Grade 6 to 12	27		24	29	26	19	22		
60	Youth sense of belonging to their community, somewhat strong or very strong, %9	2013	12 to 19 years old	77				78	80	79	77	5/10
61	Youth who feel treated fairly in the community, %6	2012-13	Grade 6 to 12			36	27	35	39	37		
62	Youth planning to begin studies at a college or university after high school graduation, %8	2015	Grade 12	80.0	66.0	88.0	68.5	77.0	85.5	82.0		
63	Youth who volunteered outside school without being paid, in the last year, %6	2012-13	Grade 6 to 12	69				67	80	76		
64	Youth who plan to vote, once they are legally entitled to, in municipal, provincial or federal elections, %8	2015	Grade 12	70.0	64.0	66.0	66.5	75.0	77.0	76.0		

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3 - DEVELOPMENT WITHIN FAMILIES AND COMMUNITIES

How well are we promoting healthy children and youth development?

Défenseur des enfants et de la jeunesse du Nouveau-Brunswick



New Brunswick Child & Youth Advocate

PROVISION AND PROTECTION		Year	Age or Grade	Previous NB Data	Person with a disability	Immigrant	Aboriginal	Gender		NB	Canada	Rank (NB to Canada)
UN Convention on the Rights of the Child: Articles 1, 2, 3, 5, 6, 9, 12, 18, 19, 20, 21, 23, 24, 25, 26, 27								Male	Female			
1	No high school diploma, % ¹⁹	2011	25 to 64 years old	21				19	15	17	13	
2a	Has a postsecondary certificate, diploma or degree, % ¹⁹	2011	25 to 64 years old	53				55	58	57	64	
2b	Percentage of the Aboriginal identity population 25 to 64 years with postsecondary certificate, diploma or degree, % ¹⁹	2011	All population					50	51	51	48	
3	Employment rate by those 15 and up with less than grade 9, % ²⁰	2013	15 and over	16.8				21.5	10	16.4	19.8	10/10
4	Employment rate by those 15 and up with some high school, % ²⁰	2013	15 and over	37.2				41.5	31.4	36.5	39.5	8/10
5	Employment rate by those 15 and up with high school diploma, % ²⁰	2013	15 and over	59.6				66.3	54.5	60.2	60.6	5/10
6	Employment rate by those 15 and up with either a post-secondary certificate, diploma or degree, % ²⁰	2013	15 and over	66.8				69.4	63.4	66.3	70.6	8/10
7	Unemployment rate, % ¹⁷	2013	15 and over	10.2						10.4	7.1	8/10
8	Living in low-income family (under 18 years old) [change in methodology since 2006] [LIM-AT], % ¹⁶	2011	Under 18 years old							21	17	
8a	Living in low-income family (under 6 years old) [change in methodology since 2006] [LIM-AT], % ¹⁶	2011	Under 6 years old							23	18	
9	Food insecurity in homes with children less than 18 years old, moderate and severe, % ²²	2011-12	Under 18 years old	12.8						12	10.3	7/10
9a	Food insecurity in homes with children 0 to 5 years old present, moderate and severe, % ²²	2011-12	0 to 5 years old	11.8						12.1	11	5/9
9b	Food insecurity in homes with children 6 to 17 years old present, moderate and severe, % ²²	2011-12	6 to 17 years old	13.4						11.9	9.7	8/10
10	Food insecurity at home, moderate and severe (with or without children present), % ²²	2011-12	12 and over	9.6						10.2	8.3	8/10
11a	Household spending on shelter based on average household spending, % ²⁴	2012	All population	17.6						17.2	21	1/10
11b	Household spending on food based on average household spending, % ²⁴	2012	All population	11.6						11.3	10.3	9/10
12	Expectant mother receiving prenatal benefits, % of live births ²⁰	2015-2016	All expectant mother	10.8						12.84		
13	Family receiving Social Assistance or Welfare benefits, % out of all families with children ²⁰	2016	All families	5.8						5.2		
14	Family support payments received, % ²¹	2011-12	All population	91						91	85	
15	Aboriginal on Social Assistance or Welfare benefits as source of income, % ²²	2006	15 and over	10							16	
16	Families receiving subsidies for adopted children with special needs, count ²⁰	2016	Under 18 years old	315						340		
17	Youth receiving social assistance money, % of total youth 16 to 18 years old ²⁰	2014	16 to 18 years old	0.7				0.4	1	0.6		

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3 - DEVELOPMENT WITHIN FAMILIES AND COMMUNITIES

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New Brunswick Child & Youth Advocate

PROVISION AND PROTECTION		Year	Age or Grade	Previous NB Data	Person with a disability	Immigrant	Aboriginal	Gender		NB	Canada	Rank (NB to Canada)
UN Convention on the Rights of the Child: Articles 1, 2, 3, 5, 6, 9, 12, 18, 19, 20, 21, 23, 24, 25, 26, 27								Male	Female			
18	Children receiving special needs services [including Integrated Day Care Services and Enhanced Support Worker], count ²⁹	2015-2016	Early childhood	488						731		
19	Living in a single parent family, % ²⁹	2011	Under 18 years old	10						16	16	
20	Total approved available child care spaces, count ²⁸	2015-2016	Child in childcare	24556						26851		
21	Early intervention services, <i>uniquely clients</i> ²⁸	2013-14	Early childhood	537								
22	Infants placed for adoption[public adoption], <i>annual count</i> ²⁹	2016	Infants	<10						<10		
23	Private adoptions, <i>annual count</i> ²⁹	2016	Under 18 years old	16						11		
24	International adoptions, <i>annual count</i> ²⁹	2016	Under 18 years old	17						17		
25	Breastfeeding initiation, % ⁴⁸	2013	12 years old and up	79					80	80		6/8
26	Proportion of infants exclusively breastfed at 6 months, % ⁴⁸	2013	12 years old and up	27					22	22		6/8
27	Proportion of Kindergarten children meeting immunization requirements (methodology change since 2009), % ²⁶	2012-13	Kindergarten	72						77		
28	Parents who eat 5 or more fruits or vegetables a day, % ²⁷	2013-14	Parents - K to 5	47	52	51	52			54		
29	Parents who consumed 2 or more sweetened non-nutritious beverages day before, % ²⁷	2013-14	Parents - K to 5		22	13	21			17		
30	Parents who spend 2 hours or less per day in sedentary activity [in front of a screen], % ²⁷	2013-14	Parents - K to 5	90	85	88	86			88		
31	Adults who watched TV more than 15 hours in the last week, % ²⁷	2011	20 and over	32						34	31	
32	Parents who participate in leisure activities[crafting, singing, listening to music, playing the piano, etc], % ²⁷	2013-14	Parents - K to 5	86	79	81	78			79		
33	Parent is physically active, as reported by child, % ²⁷	2013-14	Parents - K to 5	65						77		
34	Physical activity of parents, as reported by a youth [at least 3 times in the last week], % ⁶	2012-13	Grade 8 to 12	42		45	39	41	44	43		
35	Parents who say they ate breakfast yesterday with children, % ²⁷	2013-14	Parents - K to 5							57		
36	Children who ate dinner with a parent day before survey, % ⁷	2013-14	Grade 4 to 5	77				72	76	74		10/10
37	Parents who ate at a fast food place or restaurant with child at least once in the last week, % ²⁷	2013-14	Parents - K to 5		58	52	56			58		
38	Children who live with people who smoke or use tobacco, % ⁷	2013-14	Grade 4 to 5	38						35		
39	Youth who have a family member [parent, step-parent, guardian, brother or sister] who smokes, % ⁶	2012-13	Grade 6 to 12	44		34	64	44	45	44		
40	People are allowed to smoke inside home as reported by parent, % ²⁷	2013-14	Parents - K to 5	5						3		

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3 - DEVELOPMENT WITHIN FAMILIES AND COMMUNITIES

How well are we promoting healthy children and youth development?



PROVISION AND PROTECTION		Year	Age or Grade	Previous NB Data	Person with a disability	Immigrant	Aboriginal	Gender		NB	Canada	Rank (NB to Canada)
UN Convention on the Rights of the Child: Articles 1, 2, 3, 5, 6, 9, 12, 18, 19, 20, 21, 23, 24, 25, 26, 27								Male	Female			
41	Youth in contact with second-hand smoke at home, % ⁶	2012-13	Grade 6 to 12	23		18	31	20	19	19		
42	Youth in contact with second-hand smoke in the past week in a vehicle, % ⁶	2012-13	Grade 6 to 12	32		18	40	27	27	27		
43	Teachers show a positive attitude towards healthy living (anglophone), % ⁸	2015	Grade 12		65	71	60	76	71	73		
44	School promoted healthy eating by providing easy access to healthy food and snacks (anglophone), % ⁸	2015	Grade 12		54	61	61	63	59	60		
45	Healthy food choices noticed by youths in schools[at sporting or other events, for fundraising, in the canteen / cafeteria, lower prices for healthier foods, etc], % ⁶	2012-13	Grade 6 to 12	61		56	63	55	64	59		
46	Youth who have moderate to high level of mental fitness [competency, autonomy, relatedness needs met], % ⁶	2012-13	Grade 6 to 12	77		75	69	76	80	78		
47	Children who have moderate to high level of mental fitness [competency, autonomy, relatedness needs met], % ⁷	2013-14	Grade 4 to 5	80						84		
48	Satisfaction of youth mental fitness needs related to family, % ⁶	2012-13	Grade 6 to 12	76		75	69	77	78	77		
49	Satisfaction of youth mental fitness needs related to friends, % ⁶	2012-13	Grade 6 to 12	83		76	78	80	84	82		

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4 - HEALTH

How well are we supporting and providing health prevention and treatments to our children and youth?

Défenseur des
enfants et de la jeunesse
du Nouveau-Brunswick



New Brunswick
Child & Youth
Advocate

PROVISION AND PROTECTION UN Convention on the Rights of the Child: Articles 1, 2, 3, 6, 12, 18, 19, 20, 23, 24, 26, 27, 39		Year	Age or Grade	Previous NB Data	Person with a disability	Immigrant	Aboriginal	Gender		NB	Canada	Rank (NB to Canada)
								Male	Female			
1	Infant mortality rate, <i>rate per 1,000</i> ²⁷	2011	0 to 1 year old	5.8				2.6	4.4	3.5	4.8	
2	Low birth weight, % ²⁸	2012-13	At birth	5.9						6.2	6.2	8/10
3	Congenital malformations, deformations and chromosomal abnormalities, <i>rate per 10,000 total births</i> ²⁹	2000-09	At birth							444.7	407.9	7/9
4	Universal newborn and infant hearing screening, % ²⁶	2015-16	Newborn and infant	92.2						91.5		
5	Youth who have a regular medical doctor, % ³	2013	12 to 19 years old	94				96	98	97	86	1/10
6	Youth who consulted a family doctor or general practitioner within the last year, % ³	2013	12 to 19 years old	62				66	71	68	62	3/10
7	Youth who visited a dental professional within the last year, % ³	2013	12 to 19 years old	77				100	99	99		
8	Aboriginal youth who visited a dental professional within the last year, % ³	2009-10	6 to 14 years old							78	71	
9	Youth who visited or talked to an eye professional within the last year, % ³	2013	12 to 19 years old	38				39	49	44	48	6/10
10	Youth who saw or talked to a health professional about emotional or mental health within the last year, % ³	2012	12 to 19 years old	15				13	13	13	11	1/10
11	Functional health, good to full, % ³	2009-10	12 to 19 years old					84	81	83	85	6/10
12	Injuries in the past 12 months causing limitation of normal activities, % ³	2013	12 to 19 years old	31				36	33	34	27	9/10
13	Aboriginal youth with one or more activity limitation often, % ²²	2006	6 to 14 years old							9	11 ¹	
14	Child and youth rate of hospitalized cases for injuries, <i>rate per 10,000</i> ²⁴	2015-16	0 to 19 years old	34				36.5	28.1	32.4	27.2	
15	Prevalence of diabetes among youth, % ³	2013	12 to 19 years old	0.7 ³				0	0	0	0.3	1/10
16	Prevalence of asthma among youth, % ³	2013	12 to 19 years old	14.4 ³				13	9	11	10	7/10
17	Prevalence of asthma in Aboriginal youth, % ²²	2006	6 to 14 years old							22	14	
18	Youth who have sexually transmitted infections - Chlamydia rate, <i>rate per 100,000</i> ²²	2015	15 to 19 years old	1,023.8				480.8	1712.4	1,067.3		
19	Percentage of service delivery done within 30 days (from referral to first visit) for child and youth mental illness, % ²⁶	2015-16	0 to 18 years old	50.1						51.4		
20	Rate of hospitalized cases for mental diseases and disorders, <i>cases admitted to hospital per 10,000</i> ²⁴	2015-16	0 to 18 years old	46.5				37.8	60.6	48.8	33.7	
21	Childhood/adolescence behavioural and learning disorders, <i>cases admitted to hospital per 10,000</i> ²⁴	2015-16	0 to 18 years old	12.4				13.5	6.5	10.1	4.7	
22	Depressive episode, <i>cases admitted to hospital per 10,000</i> ²⁴	2015-16	0 to 18 years old	9.6				5.7	16.6	11.0	9.7	
23	Stress reaction / adjustment disorder, <i>cases admitted to hospital per 10,000</i> ²⁴	2015-16	0 to 18 years old	8.1				5.7	12.5	9.0	6.6	
24	Schizotypal/delusional disorder, <i>cases admitted to hospital per 10,000</i> ²⁴	2015-16	0 to 18 years old	1.6				1.8	1.0	1.4	1.1	
25	Mood (affective) disorder, <i>cases admitted to hospital per 10,000</i> ²⁴	2015-16	0 to 18 years old	1.6				1.0	3.0	2.0	0.8	
26	Anxiety disorder, <i>cases admitted to hospital per 10,000</i> ²⁴	2015-16	0 to 18 years old	2.7				1.5	6.4	3.9	2.8	
27	Eating disorder, <i>cases admitted to hospital per 10,000</i> ²⁴	2015-16	0 to 18 years old	1.4				0.1	2.9	1.5	1.6	

Legend: Doing Well (ranked 1, 2, 3)
Caution
Lagging (last 3 places)

Bold = Updated indicator
 = Data unavailable

K = Kindergarten

Indicator name¹ - source is in ²⁰⁰⁹⁻¹⁰ after each indicator

(n): includes all provinces, when data is available = 10 maximum

4 - HEALTH

How well are we supporting and providing health prevention and treatments to our children and youth?

PROVISION AND PROTECTION UN Convention on the Rights of the Child: Articles 1, 2, 3, 6, 12, 18, 19, 20, 23, 24, 26, 27, 39		Year	Age or Grade	Previous NB Data	Person with a disability	Immigrant	Aboriginal	Gender		NB	Canada	Rank (NB to Canada)
								Male	Female			
28	Children with unhealthy weight - overweight and obese, % ²⁷	2013-14	Grade K to 5	36						36		
29	Youth with unhealthy weight - overweight and obese, % ⁸	2012-13	Grade 6 to 12	23		43	37	32	23	28		
30	Youth who consider themselves overweight, % ⁸	2013	12 to 19 years old	18				17	24	20	12	2/10
31	Children with unhealthy weight - underweight, % ²⁷	2013-14	Grade K to 5	11						7		
32	Youth with unhealthy weight - underweight, % ⁸	2012-13	Grade 6 to 12	7		11	8	5	10	8		
33	Youth who consider themselves underweight, % ²	2013	12 to 19 years old	9				13	6	9	8	3/10
34	Youth who see their health as being very good or excellent, % ⁸	2013	12 to 19 years old	61				59	71	65	69	7/10
35	Aboriginal youth who see their health as being very good or excellent, % ³	2006	6 to 14 years old							82		
36	Youth who see their mental health as being very good or excellent, % ²	2013	12 to 19 years old	79				70	74	72	75	7/10
37	Child and youth premature deaths from cancer, years of life lost, rate per 10,000 ²⁸	2008-12	0 to 19 years old	18.6	19.4			19.62	23	21.3		
38	Child and youth premature deaths from injuries, years of life lost, rate per 10,000 ²⁸	2008-12	0 to 19 years old	76.9	71.3			78.3	47.6	63.3		
39	Child and youth premature deaths due to suicides / self-inflicted injuries, years of life lost, rate per 10,000 ²⁹	2008-12	0 to 19 years old	19.8	19.9			23.7	10.3	17.2		
40	Life expectancy, years ²⁸	2007-09	At birth	80.2				77.5	82.8	80.2	81.1	

Legend: Doing Well (ranked 1, 2, 3)
Caution
Lagging (last 3 places)

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 Indicator name¹ = source is in ^{where available} after each indicator
¹Rank includes all provinces when data is available = 10 (maximum)

5 - Education

How well are our children and youth learning?

Défenseur des
enfants et de la jeunesse
du Nouveau-Brunswick



New Brunswick
Child & Youth
Advocate

UN Convention on the Rights of the Child: Articles 1, 2, 3, 6, 12, 19, 23, 28, 29	PROVISION	Year	Age or Grade	Previous NB Data			Male			Female			NB			Canada	Rank (NB to Canada)
				English	French	NB	English	French	NB	English	French	NB	English	French	NB		
1	Kindergarten school-readiness, by sectors, % ²⁰	2015-16	Pre K to K	88	82.5		85	79		91	88		88	83			
2	Aboriginal youth who attended an early childhood development or preschool program, % ¹	2007	6 to 14 years old			68									62	1/7	
3	Grade 2 - Reading comprehension - assessment by sector, % students having achieved an appropriate or strong performance ²⁰	2015-16	Grade 2	77	76		70	73		76	81		74	77			
4	Grade 2 - Oral reading - assessment for Francophone sector only, % students having achieved an appropriate or strong performance ²⁰	2015-16	Grade 2		75			74			85			79			
5	Grade 2 - Writing - assessment for Anglophone sector only, % students having achieved an appropriate or strong performance ²⁰	2013-14	Grade 2	Did not write									Did not write				
6	Grade 3 - Math - assessment for Francophone sector only, % students having achieved an appropriate or strong performance ²⁰	2015-16	Grade 3		76			81			80			81			
7	Grade 4 - Reading comprehension - assessment for Francophone sector only, % students having achieved an appropriate or strong performance ²⁰	2013-14	Grade 4	68	69			50			63		N/A	56			
8	Grade 4 - Writing - assessment for Francophone sector only, % students having achieved an appropriate or strong performance ²⁰	2013-14	Grade 4	64									N/A				
9	Grade 5 - Sciences and Technologies - assessment for Francophone sector only, % ²⁰	2014-15	Grade 5		84			Did not write			Did not write			Did not write			
10	Grade 5 - Math - assessment by sector, % ²⁰	2014-15	Grade 5	Did not write	Did not write			Did not write			Did not write		Did not write	Did not write			
11	Grade 7 - English reading comprehension - assessment for Anglophone sector only, % ²⁰	2013-14	Grade 7	77									N/A				
12	Grade 8 - Sciences and Technologies - assessment for Francophone sector only, % ²⁰	2015-16	Grade 8		83			89			79			74			
13	Grade 8 - Math - assessment by sector, % ²⁰	2015-16	Grade 8	58	68			71			79		N/A	75			
14	Grade 8 - French - assessment for Francophone sector only, % ²⁰	2015-16	Grade 8		85			81			81			71			
15	Grade 9 - English reading comprehension - assessment for Anglophone sector only, % ²⁰	2015-16	Grade 9	78			76			84			80				
16	Grade 9 - English writing - assessment for Anglophone sector only, % ²⁰	2014-15	Grade 9	91									N/A				
17	Grade 10 - Oral Proficiency in Second Language - English as a Second Language, assessment by sector, % students performing at intermediate level or higher ²⁰	2014-15	Grade 10		Did not write			Did not write			Did not write			Did not write			
18	Grade 10 - Oral Proficiency in Second Language - French as a Second Language, assessment by sector, % students performing at intermediate level or higher ²⁰	2015-16	Grade 10	37			N/A			N/A			45				
19	Grade 11 - French - assessment by Francophone sector only, % ²⁰	2015-16	Grade 11		61			40			67			60			
20	Grade 11 - Math - assessment Francophone sector only, % ²⁰	2014-15	Grade 11		Did not write			Did not write			Did not write			Did not write			
21	Youth satisfied with mental fitness needs related to school, % ²⁰	2012-13	Grade 6 to 12			59							61				
22	School drop out, % ²⁰	2014-15	Grade 7 to 12	1.8	1.3	1.5	1.8	1.3	1.6	1.3	0.8	1.1	1.6	0.9	1.4		

Legend: Doing Well (ranked 1, 2, 3)
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Rank includes all provinces when data is available = 10 maximum

6 - SAFETY

How well are we protecting our children and youth?

Défenseur des
enfants et de la jeunesse
du Nouveau-Brunswick



New Brunswick
Child & Youth
Advocate

PROVISION		Year	Age or Grade	Previous NB Data	Person with a disability	Immigrant	Aboriginal	Gender		NB	Canada	Rank (NB to Canada)
UN Convention on the Rights of the Child: Articles 1, 2, 3, 6, 12, 19, 20, 23, 29, 32, 34, 35, 37, 40								Male	Female			
1	Children who feels safe at school, % ¹	2013-14	Grade 4 to 5	87						93		
2	Youth who feels safe at school, % ¹	2012-13	Grade 6 to 12			82	74	82	82	81		
3	Youth who have been bullied, % ²	2012-13	Grade 6 to 12	65		58	62	50	66	58		
4a	Methods of being bullied - Being called names, being made fun of, or teased in a hurtful way, % ³	2012-13	Grade 6 to 12			38	44	46	37	41		
4b	Methods of being bullied - Being left out of things, excluded from groups, ignored, % ³	2012-13	Grade 6 to 12			32	32	37	24	30		
4c	Methods of being bullied - Being hit, kicked, pushed, shoved around, or looked in or out, % ³	2012-13	Grade 6 to 12			17	18	11	18	15		
4d	Methods of being bullied - Other students telling lies or spreading false rumours about them and trying to make others dislike them, % ³	2012-13	Grade 6 to 12			30	40	42	26	34		
4e	Methods of being bullied - Mean names and comments about their race/religion/personal features, % ³	2012-13	Grade 6 to 12			33	29	22	18	20		
4f	Methods of being bullied - Other students made sexual jokes, comments, or gestures to them, % ³	2012-13	Grade 6 to 12			22	26	24	18	21		
4g	Methods of being bullied - Using a computer or email messages or pictures, % ³	2012-13	Grade 6 to 12			12	20	19	9	14		
4h	Methods of being bullied - Using a cell phone, % ³	2012-13	Grade 6 to 12			11	15	16	7	12		
5	If a youth complains to an adult at school about bullying, how often is something done about it? (reported often and always), % ⁴	2012-13	Grade 6 to 12			35	38	42	39	40		
6	Children who feel comfortable talking to an adult at school about bullying, % ²	2013-14	Grade 4 to 5	83						83		
7	Age-adjusted rate of ATV Injuries, rate per 100,000 population ⁴²	2009-10	All population							17.8	10.5	8/11
8	Age-adjusted rate of cycling Injuries, rate per 100,000 population ⁴²	2009-10	All population							12.6	13.6	8/13
9	Number of New Brunswick teen workers who suffered a workplace accident, count ⁴³	2015	15 to 19 years old	298				234	90	327		
10	Rate of New Brunswick teen workers who suffered a workplace accident, rate per 1,000 ⁴³	2015	15 to 19 years old	1.82				2.93	1.08	1.97		
11a	Children under 16 receiving Child Protection Services, rate per 1,000 ²⁰	2016	Under 16 years old	9.3						9.1		
11b	Children under 16 receiving Family Enhancement Services, rate per 1,000 ²⁰	2016	Under 16 years old	7.4						9.1		
12	Children seeking refuge in transition housing, rate per 1,000 ²⁰	2016	0 to 19 years old	2.1						2.6		
13	Children involved in Child Witnesses of Family Violence Program, rate per 1,000 ²⁰	2016	0 to 19 years old	2.4						2.3		
14	Children and youth victims of family violence (violence committed by parents, siblings, extended family and spouses), rate per 100,000 population ⁴⁵	2011	0 to 17 years old							365	267	

Legend: Doing Well (ranked 1, 2, 3)
Caution
Lagging (last 3 years)

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 Rank includes all provinces when data is available - 10 maximum

6 - SAFETY

• How well are we protecting our children and youth?



UN Convention on the Rights of the Child ¹ - PROVISION	Year	Age or Grade	Previous NB Data	Person with a disability	Immigrant	Aboriginal	Gender		NB	Canada	Rank (NB to Canada)
							Male	Female			
15 Youth - Total correctional services, <i>count</i> ⁴⁶	2014-15	12 to 17 years old	1236						865	17,752	
15a Youth - pre-trial detention, % of youth - total correctional services ⁴⁶	2014-15	12 to 17 years old	20.7						30	36	5/9
15b Youth - provincial director remand, % of youth - total correctional services ⁴⁶	2014-15	12 to 17 years old	5.3						4.9	1.9	6/7
15c Youth - total secure custody, % of youth - total correctional services ⁴⁶	2014-15	12 to 17 years old	6						5.7	3.3	7/9
15d Youth - total open custody, % of youth - total correctional services ⁴⁶	2014-15	12 to 17 years old	3.8						6.8	4.0	6/9
15e Youth - total community sentences, % of youth - total correctional services ⁴⁶	2014-15	12 to 17 years old	61						53	55	6/9
16 Youth incarceration rate, <i>rate per 10,000 young persons</i> ⁴⁸	2014-15	12 to 17 years old	7.8						7.8	5.6	6/12
17 Youth probation rate, <i>rate per 10,000 young persons</i> ⁴⁸	2012-13	12 to 17 years old	77.1						68.6	57.7	4/8
18 Multi-Disciplinary Conferences for youth in correctional services, <i>count</i> ⁴⁷	2015-16	12 to 17 years old	138						178		
19 Reintegration leaves for youth in secure custody, <i>count</i> ⁴⁷	2015-16	12 to 17 years old	9						22		
20 Escorted leaves for youth in secure custody, <i>count</i> ⁴⁷	2015-16	12 to 17 years old	158						123		
21 Total sexual violation against children, rate of total persons charged, <i>rate per 100,000 population</i> ¹²	2013	12 years and over	7.6						7	4.3	8/10
22 Child pornography, rate of total persons charged, <i>rate per 100,000 population</i> ¹²	2013	12 years and over	1.2						0.9	2.03	1/10
23 Greenhouse Gas emissions per person, tonnes CO ₂ e ³⁰	2012	All population	20.1						16.4	20.1	3/10
24 Radon emissions, <i>Becquerels per cubic meter (Bq/m³)</i> ⁴¹	2009-10	Not applicable							202	n/a	10/10

Legend:

- Doing Well (ranked 1, 2, 3)
- Caution
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SOURCES



SOURCES	
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