

APPENDIX A - SCHOOL PLAN TEMPLATE



EXAMPLE PAGE 1



APPENDIX B - CONTINUOUS SCHOOL IMPROVEMENT ASSESSMENT

Chilliwack Cont	tinuous School Improvement Assessment	Not Aligned	Approaching Alignment	Fully Aligned
GOAL AREA: LITERACY	We are dedicated to ensuring that students are proficient in foundat their abilities, confidence, and willingness to engage with language to	o acquire, constr	uct and	ncrease
We understand, plan, and deliver instruction	communicate in meaningful ways from Early Learning years (pre-K) th	hrough to grade	12.	
using competency-based curriculum.				
We utilize competency-based assessments to assess student progress.				
We implement data driven, timely, and targeted instructional interventions for students.				
GOAL AREA: NUMERACY	We strive to ensure that all students become proficient in numeracy apply and conceptualize mathematics in real world situations from Ea through to grade 12.			
We understand, plan, and deliver instruction using competency-based curriculum (curricular competencies and content).	C			
We utilize competency-based assessments to assess student progress.	1.2			
We will implement data driven, timely, and targeted interventions for students.				
GOAL AREA: HUMAN AND SOCIAL DEVELOPMENT	Equity and inclusion are foundational to learning and leading, and are and fulfillment. We celebrate diversity, embrace inclusion, and foster all students thrive.			
Staff understand how to effectively plan and deliver competency-based curriculum related to Social Emotional Learning and Mental Health Literacy.				
We commit to truth, reconciliation, and healing to address the inequity of outcomes for Indigenous learners. We address unconscious bias, systemic discrimination, and marginalization to transform district culture.				
We ensure that supports are provided for the well-being of all learners.				
GOAL AREA: TRANSITIONS	Students experience pivotal transition points throughout their educa kindergarten, from grade to grade, school to school, and from school situations. We acknowledge our responsibility to support all learners. their education (pre-K through to grade 12) with a sense of dignity ar to meet their goals.	to post-second, so they success	ary or wo sfully cor	nplete
Targeting early years learning to ensure students are well supported during their transition to kindergarten, throughout their elementary years and to middle school.				
Utilizing developmentally appropriate practices through the <u>Middle Years Pillars</u> (Advisory, Teaming, Collaboration, Exploratory) to foster growth through the adolescent years.				
Ensuring students find meaningful pathways throughout secondary school, and beyond graduation, including post-secondary, apprenticeship, college and workplace.	EDUCATED			





APPENDIX C - INITIATIVE BUSINESS PLAN TEMPLATE

6

Date Submitted:	
Information	
ity? Explain how this is the most effectiv	ve means of
	Documen Attached
ing the suscess of the desision	
	Document Attached
urces that this decision will incur. Ensur	re you include
	Documen Attached
12	-1
	Information ity? Explain how this is the most effectiv ine the success of the decision.



APPENDIX D - MINISTRY OF EDUCATION FESL DATA REPORT



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Enhancing Student Learning Report Data

The purpose of this document is to provide a summary of the Ministry data related to the Enhancing Student Learning Ministerial Order (the Order). The report is masked according to the Protection of Personal Information when Reporting on Small Populations policy (https://www2.gov.bc.ca/gov/content/education-training/k-12/administration/legislation-policy/public-schools/protection-of-personal-information-when-reporting-on-small-populations) so it can be shared with the public. Numbers that are masked will not appear on the charts. Please direct questions regarding this report to educ.reportingunit@gov.bc.ca

The student populations specified in the Order are:

Indigenous students	Students who have ever self-identified as Indigenous on an enrolment
	collection.
Indigenous students living on reserve	Based on enrolment records, students who have been identified as 'STATUS
	INDIAN ON RESERVE'.
Indigenous students living off reserve	Based on enrolment records, students who have never been identified as
	'STATUS INDIAN ON RESERVE'.
Children and youth in care (CYIC)	Students who have been identified as Children/Youth in Care in the twelve
	months prior to September by the Ministry of Children and Family
	Development.
Students with disabilities or diverse abilities	All 12 categories including Gifted are used in identifying these students.

The measures specified in the Order are:

Measures	Notes	Page(s)					
Number and percentage of students in grades 4	Five years of resident student data in BC Public schools across						
and 7 on-track or extending literacy	different FSA administrations between Meeting and On						
expectations	Track/Exceeding and Extending.						
Number and percentage of students proficient	As of the 2020/21 school year, only one year of resident student						
or extending literacy expectations as specified	data in BC public schools is available as the Grade 10 literacy						
in the Grade 10 literacy assessments	assessment started in 2019/20. The measure is based on the	4					
	first write of grade 10 students.						
Number and percentage of students in grades 4	Five years of resident student data in BC Public schools across						
and 7 on-track or extending numeracy	different FSA administrations between Meeting and On	5-6					
expectations	Track/Exceeding and Extending.						
Number and percentage of students proficient	Included the 3 years of resident student data in BC Public						
or extending numeracy expectations as	schools as the Grade 10 Numeracy assessments started in	7					
specified in the Grade 10 numeracy	2017/2018. The measure is based on the first-time Grade 10	/					
assessments	students wrote the assessment.						
Number and percentage of students who are	This measure is the rate of Grade 10 and 11 resident students in	8-9					
completing grade to grade transitions on time	BC Public schools transitioning into the next higher grade.	8-9					
Number and percentage of students in grades	Resident students in BC public schools who responded 'Often' or						
4, 7, and 10 who feel welcome, safe, and have	'Always' to the 'Belonging' questions on the Student Learning						
a sense of belonging in their school	n their school Survey.						
	The 'Do you feel safe?" question is anonymous so student						
	population breakdown is not available.						
Number and percentage of students in grades	Resident students in BC Public schools who responded to '2						
4, 7, and 10 who feel there are two or more	adults' or '3 adults' or '4 or more adults' to the question, 'At your	13					
adults at their school who care about them	school, how many adults do you feel care about you?'.						
Number and percentage of resident students	Based on a sub-model of the six-year completion rate process						
who achieved a BC Certificate of Graduation	for residents students in BC public schools; therefore,						
Dogwood Diploma within 5 years of starting	a) Data is not available until one year after the students have	14					
Grade 8	graduated ; and	14					
	b) Data tables refers to year 6 (i.e. one year after the students						
	have graduated).						
Number and percentage of students	Information is based on transitions of resident students in BC						
transitioning to Canadian post-secondary	public schools into BC public post-secondary institutions.	15-16					
institutions within 1 and 3 years	However, the Ministry is pursuing information for Canadian	01-51					
	institutions.						

See the last page for further information about sub-populations and measures captured in this document.

Foundation Skills Assessment (FSA) Literacy - Reading - Grade 4

(Portion of Grade 4 resident writers 'On Track' or 'Extending' or who have 'Met or Exceeded Expectations' on the FSA Reading section)

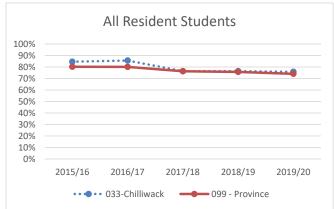


Figure 1: FSA Grade 4 Reading - All Resident Students

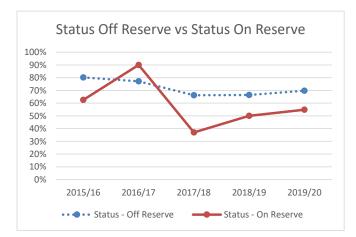


Figure 3: FSA Grade 4 Reading - Status - Off Reserve and Status - On Reserve

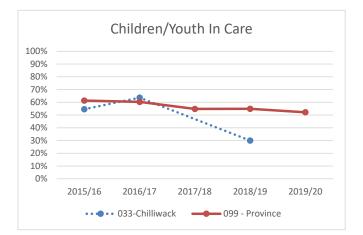


Figure 5: FSA Grade 4 Reading - Children/Youth In Care

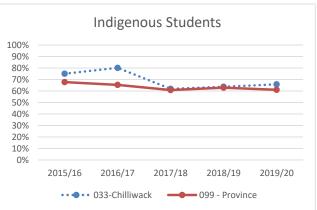


Figure 2: FSA Grade 4 Reading - Indigenous Students

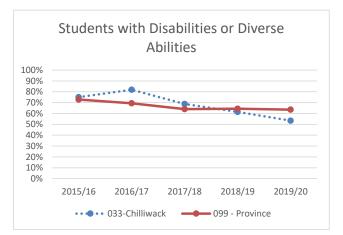


Figure 4: FSA Grade 4 Reading - Students with Disabilities or Diverse Abilities

Foundation Skills Assessment (FSA) Literacy - Reading - Grade 7

(Portion of Grade 7 resident writers 'On Track' or 'Extending' or who have 'Met or Exceeded Expectations' on the FSA Reading section)

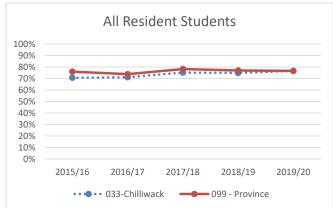


Figure 6: FSA Grade 7 Reading - All Resident Students

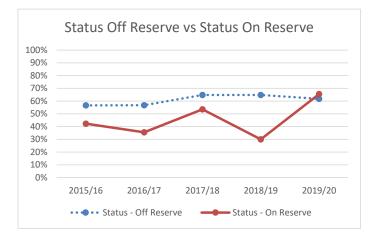


Figure 8: FSA Grade 7 Reading - Status - Off Reserve and Status - On Reserve

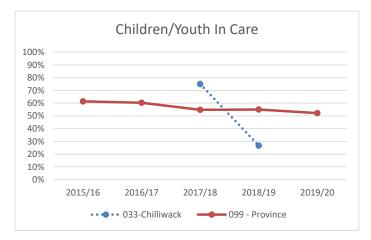


Figure 10: Grade 7 Reading - Children/Youth In Care

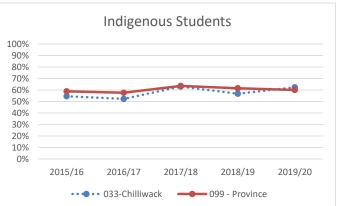


Figure 7: FSA Grade 7 Reading - Indigenous Students

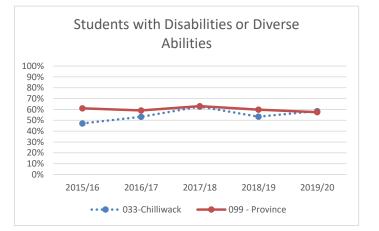


Figure 9: FSA Grade 7 Reading - Students with Disabilities or Diverse Abilities

Graduation Assessment - Literacy 10

(Portion of Grade 10 resident writers 'Proficient' or 'Extending' on the Literacy 10 Assessment)

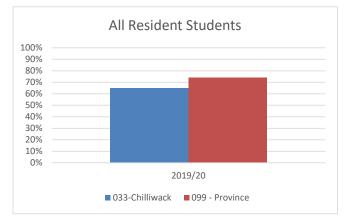


Figure 11: Graduation Assessment Grade 10 Literacy - All Resident Students

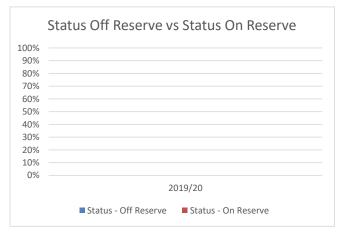


Figure 13: Graduation Assessment Grade 10 Literacy - Status - Off Reserve and Status - On Reserve

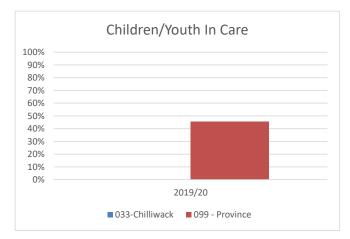


Figure 15: Graduation Assessment Grade 10 Literacy - Children/Youth In Care

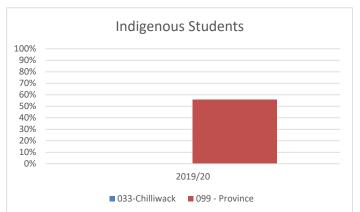


Figure 12: Graduation Assessment Grade 10 Literacy - Indigenous Students

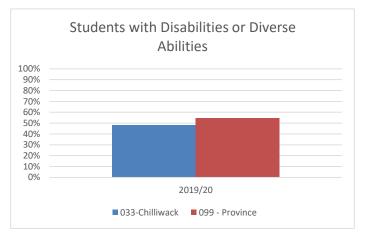


Figure 14: Graduation Assessment Grade 10 Literacy - Students with Disabilities or Diverse Abilities

Foundation Skills Assessment (FSA) Numeracy - Grade 4

(Portion of Grade 4 resident writers 'On Track' or 'Extending' or who have 'Met or Exceeded Expectations' on the FSA Numeracy section)

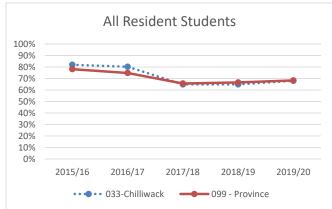


Figure 16: FSA Grade 4 Numeracy - All Resident Students

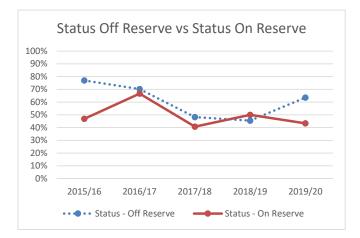


Figure 18: FSA Grade 4 Numeracy - Status - Off Reserve and Status - On Reserve

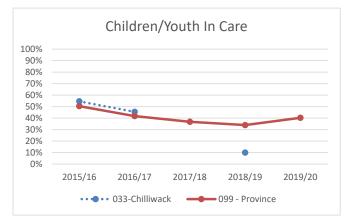


Figure 20: FSA Grade 4 Numeracy - Children/Youth In Care

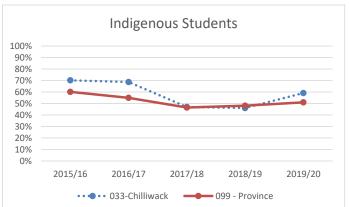


Figure 17: FSA Grade 4 Numeracy - Indigenous Students

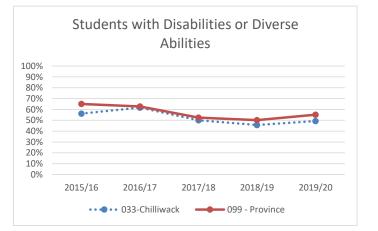


Figure 19: FSA Grade 4 Numeracy - Students with Disabilities or Diverse Abilities

Foundation Skills Assessment (FSA) Numeracy - Grade 7

(Portion of Grade 7 resident writers 'On Track' or 'Extending' or who have 'Met or Exceeded Expectations' on the FSA Numeracy section)

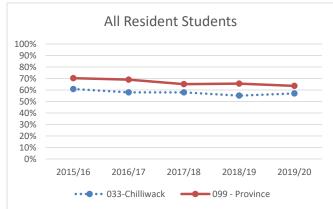


Figure 21: FSA Grade 7 Numeracy - All Resident Students

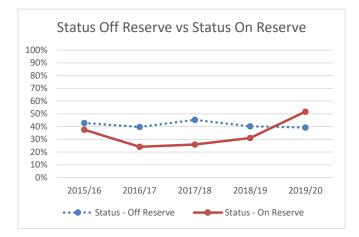


Figure 23: FSA Grade 7 Numeracy - Status - Off Reserve and Status - On Reserve

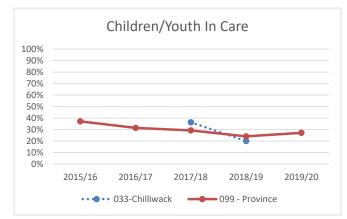


Figure 25: FSA Grade 7 Numeracy - Children/Youth In Care

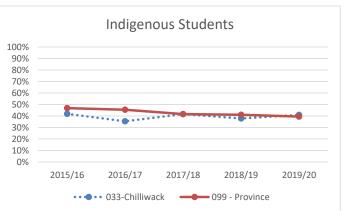


Figure 22: FSA Grade 7 Numeracy - Indigenous Students

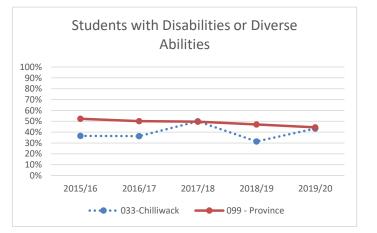


Figure 24: FSA Grade 7 Numeracy - Students with Disabilities or Diverse Abilities

Graduation Assessment - Numeracy 10

(Portion of Grade 10 resident writers 'Proficient' or 'Extending' on the Numeracy 10 Assessment)

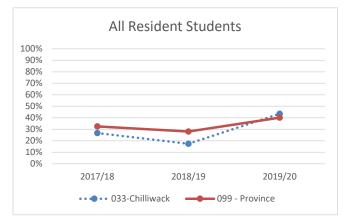
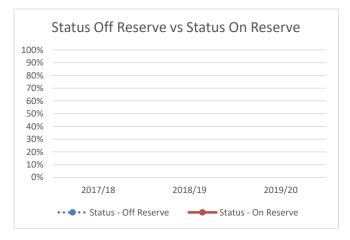


Figure 26: Graduation Assessment Grade 10 Numeracy - All Resident Students





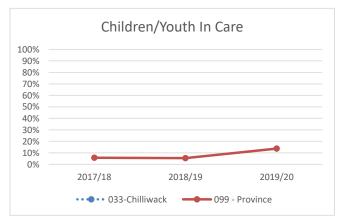


Figure 30: Graduation Assessment Grade 10 Numeracy - Children/Youth In Care

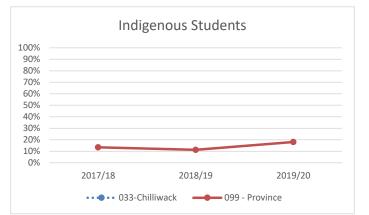


Figure 27: Graduation Assessment Grade 10 Numeracy - Indigenous Students

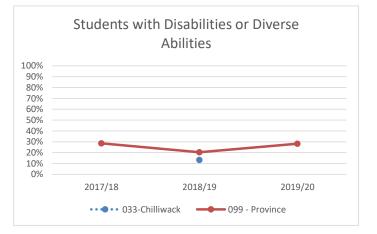


Figure 29: Graduation Assessment Grade 10 Numeracy - Students with Disabilities or Diverse Abilities

Grade to Grade Transition - Grade 10

(Portion of Grade 10 resident students who made the transition to Grade 11 in the next school year)

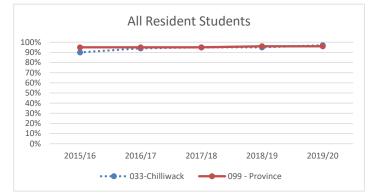


Figure 31: Transition Grade 10 to 11 - All Resident Students

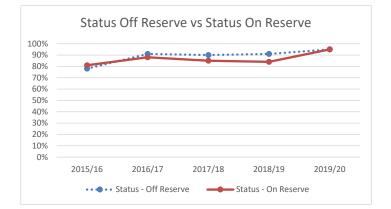


Figure 33: Transition Grade 10 to 11 - Status - Off Reserve and Status - On Reserve

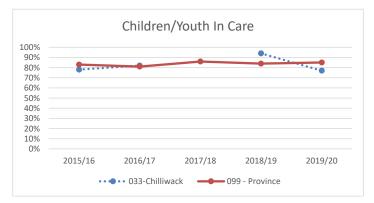


Figure 35: Transition Grade 10 to 11 - Children/Youth In Care

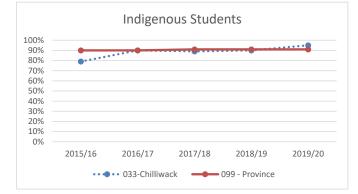


Figure 32: Transition Grade 10 to 11 - Indigenous Students

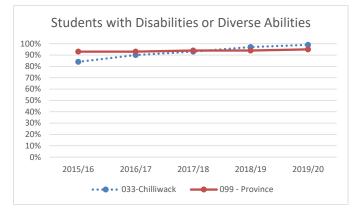


Figure 34: Transition Grade 10 to 11 - Students with Disabilities or Diverse Abilities

Grade to Grade Transition - Grade 11

(Portion of Grade 11 resident students who made the transition to Grade 12 in the next school year)

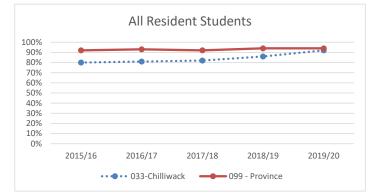


Figure 36: Transition Grade 11 to 12 - All Resident Students

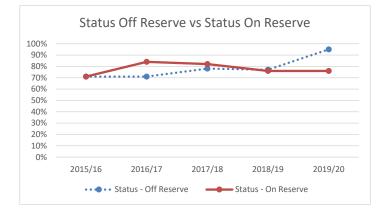


Figure 38: Transition Grade 11 to 12 - Status - Off Reserve and Status - On Reserve

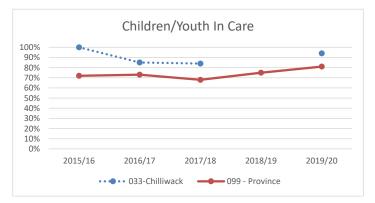


Figure 40: Transition Grade 11 to 12 - Children/Youth In Care

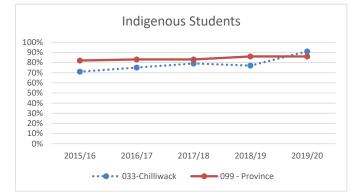


Figure 37: Transition Grade 11 to 12 - Indigenous Students

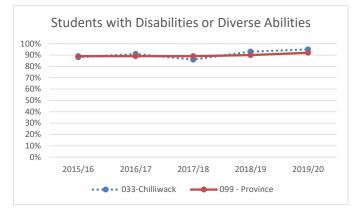
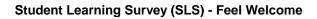


Figure 39: Transition Grade 11 to 12 - Students with Disabilities or Diverse Abilities



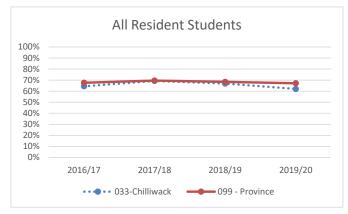


Figure 41: SLS - Feel Welcome - All Resident Students

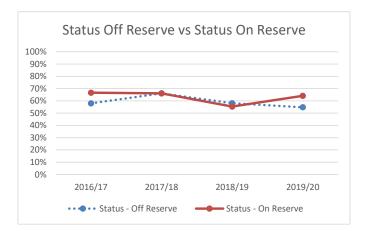


Figure 43: SLS - Feel Welcome - Status - Off Reserve and Status - On Reserve

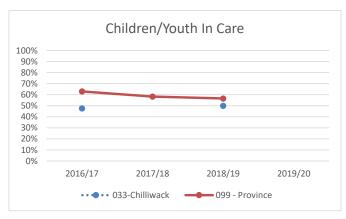


Figure 45: SLS - Feel Welcome - Children/Youth In Care

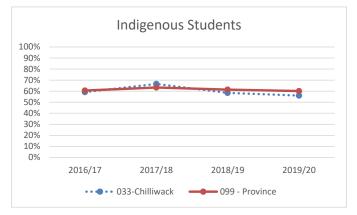


Figure 42: SLS - Feel Welcome - Indigenous Students

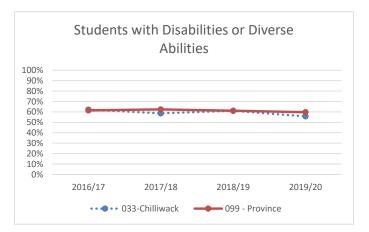


Figure 44: SLS - Feel Welcome - Students with Disabilities or Diverse Abilities

Student Learning Survey (SLS) - Feel Safe

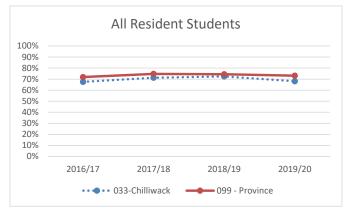
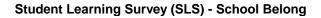


Figure 46: SLS - Feel Safe - All Resident Students



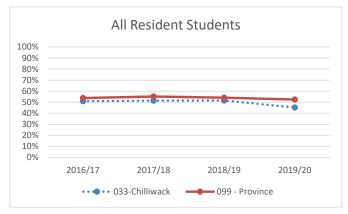


Figure 47: SLS - School Belong - All Resident Students

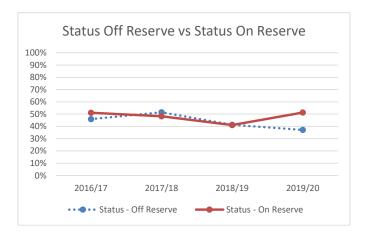


Figure 49: SLS - School Belong - Status - Off Reserve and Status - On Reserve

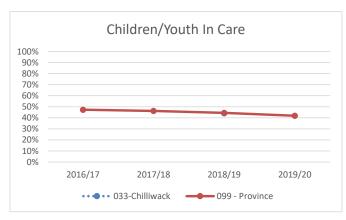


Figure 51: SLS - School Belong - Children/Youth In Care

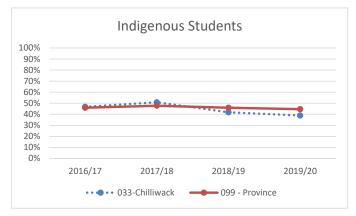


Figure 48: SLS - School Belong - Indigenous Students

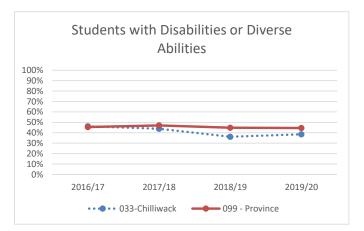
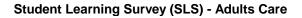


Figure 50: SLS - School Belong - Students with Disabilities or Diverse Abilities



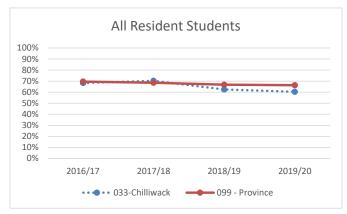


Figure 52: SLS - Adults Care - All Resident Students

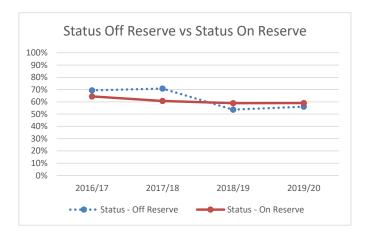


Figure 54: SLS - Adults Care - Status - Off Reserve and Status - On Reserve

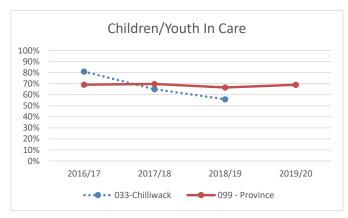


Figure 56: SLS - Adults Care - Children/Youth In Care

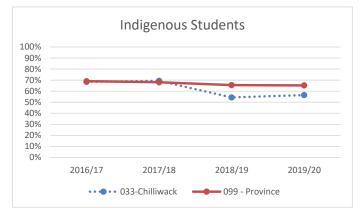


Figure 53: SLS - Adults Care - Indigenous Students

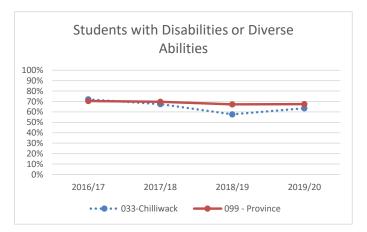


Figure 55: SLS - Adults Care - Students with Disabilities or Diverse Abilities

5 Year Completion Rate

(Portion of students who graduate with a Dogwood or Adult Dogwood within 5 years from the first time they enroll in Grade 8, adjusted for Outmigration)

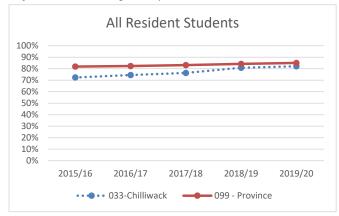


Figure 57: 5 Year Completion Rate - All Resident Students

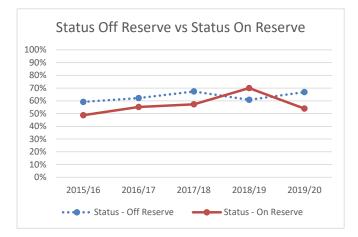


Figure 59: 5 Year Completion Rate - Status - Off Reserve and Status - On Reserve

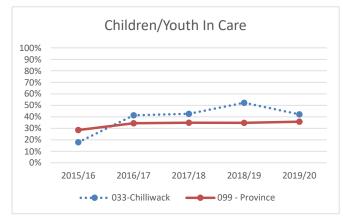


Figure 61: 5 Year Completion Rate - Children/Youth In Care

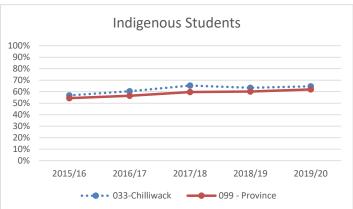


Figure 58: 5 Year Completion Rate - Indigenous Students

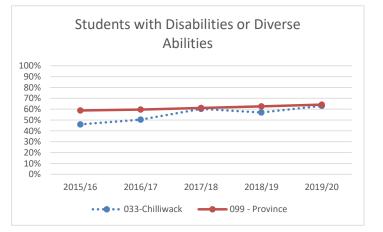


Figure 60: 5 Year Completion Rate - Students with Disabilities or Diverse Abilities

Post-Secondary Institute (PSI) Immediate Transition Rate

(Portion of resident students in the eligible to graduate cohort who have transitioned to a B.C. public PSI program in the year following graduation)

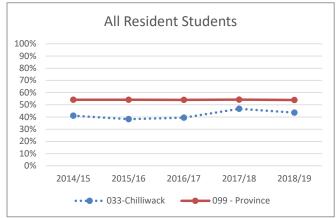


Figure 62: Post-Secondary Institute Transition - All Resident Students

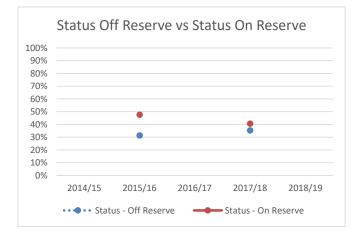


Figure 64: Post-Secondary Institute Transition - Status - Off Reserve and Status - On Reserve

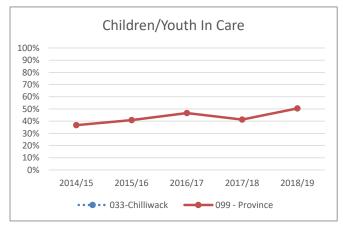


Figure 66: Post-Secondary Institute Transition - Children/Youth In Care

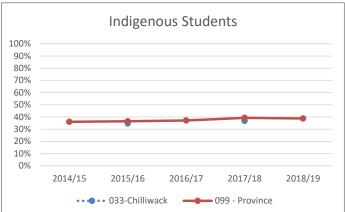


Figure 63: Post-Secondary Institute Transition - Indigenous Students

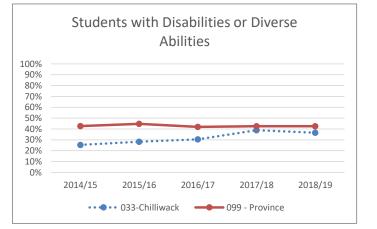


Figure 65: Post-Secondary Institute Transition - Students with Disabilities or Diverse Abilities

Post-Secondary Institute (PSI) 3 Year Transition Rate

(Portion of resident students in the eligible to graduate cohort who have transitioned to a B.C. public PSI program within 3 years of graduation)

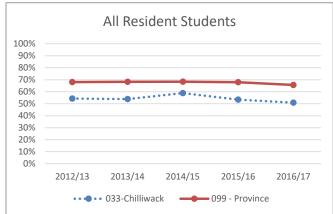


Figure 67: Post-Secondary Institute Transition - All Resident Students

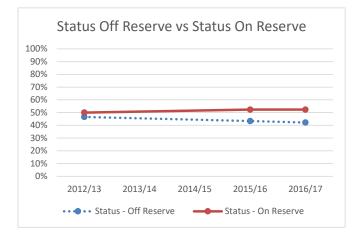


Figure 69: Post-Secondary Institute Transition - Status - Off Reserve and Status - On Reserve

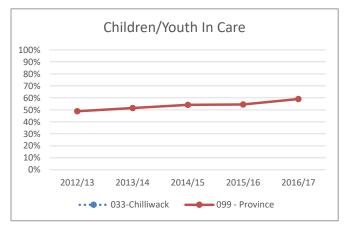


Figure 71: Post-Secondary Institute Transition - Children/Youth In Care

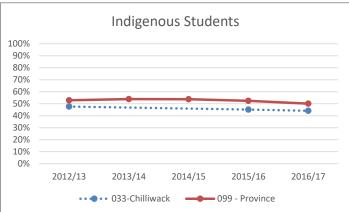


Figure 68: Post-Secondary Institute Transition - Indigenous Students

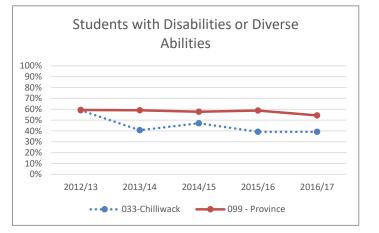


Figure 70: Post-Secondary Institute Transition - Students with Disabilities or Diverse Abilities

Additional notes

Subpopulations

All Resident Students

Students identified as residents through the annual enrolment collections in September and February.

Indigenous Students

Students who have ever self-identified as Indigenous on a enrolment collection.

Indigenous students living on reserve

Based on enrolment records, students who have been identified as 'STATUS INDIAN ON RESERVE'. Indigenous students living off reserve

Based on enrolment records, students who have never been identified as 'STATUS INDIAN ON RESERVE'.

Children/Youth in Care

Students who have been identified as Children/Youth in Care in the twelve months prior to September. **Students with Disabilities or Diverse Abilities**

Students who have been identified in any of the 12 categories: Physically Dependent; Deafblind; Moderate to Profound Intellectual Disability; Physical Disability / Chronic Health Impairment; Visual Impairment; Deaf or Hard of Hearing; Autism; Intensive Behaviour Interventions / Serious Mental Illness; Mild Intellectual Disability ; Gifted; Learning Disability; Moderate Behaviour Support / Mental Illness.

Foundation Skills Assessment (FSA)

Grade 4 and Grade 7 Participation

Participation is calculated as the number of writers of the assessment divided by the number of expected writers.

Grade 4 and Grade 7 Achievement

Achievement is calculated as the number of writers at or above standard divided by the number of writers.

Note: These charts combine two different administrations of the FSA. The 2015/2016 and 2016/2017 administration took place in February and categorized students as Not Yet Meeting Expectations, Meeting Expectations, or Exceeding Expectations. Later administrations took place in November and categorized students as Emerging, On Track, or Extending.

5-Year Completion Rate

This measure is a sub model of the 6-Year Completion Rate which identifies a cohort of students putatively in Grade 8 and tracks them over time. Since it is a sub-model, it is not available until after students complete Year 6. The year represents the year these students are in their sixth year.

Post-Secondary Institute Transition (PSI)

This measure examines the number of students who are eligible to graduate and identifies the proportion of these students who make a transition into a BC public post-secondary institution.

Student Learning Survey (SLS)

Sense of Belonging

This measure is a combination of three questions on the SLS, School Belonging, Feel Welcome, and Feel Safe. The Feel Safe question is anonymous; therefore, it is included as a subcomponent of only the All Resident Students chart. The other three charts combine the results of the questions School Belonging and Feel Welcome.

School Belonging

This measure is a specific question on the survey where the response is connected to a student. **Feel Welcome**

This measure is a specific question on the survey where the response is connected to a student.

Feel Safe

The Feel Safe question is anonymous; therefore, it cannot be broken down by other subpopulations.



APPENDIX E - EDI AND MDI REPORTS



EDI WAVE 7 COMMUNITY PROFILE CHILLIWACK SCHOOL DISTRICT







EDI WAVE 7 COMMUNITY PROFILE

CHILLIWACK SCHOOL DISTRICT





EDI

For more information please contact HELP's EDI Team: Email: edi@help.ubc.ca Website: earlylearning.ubc.ca/edi





ACKNOWLEDGEMENTS

We would like to acknowledge the exceptional support we have received since 2001 from the Ministries of Children and Family Development, Education, and Health. This investment has enabled the expansion of HELP's unique child development monitoring system that supports high quality, evidence-informed decisions on behalf of children and their families.

We are grateful to the teachers and education administrators who work directly with us to gather and use our reports. This includes a commitment to training and completing questionnaires, engaging with parents and caregivers, and using HELP's data and research in schools, districts and communities.

Our thanks also to early childhood and health professionals across the province who have played a substantial role in ensuring that our reports are circulated and used. They have raised awareness of the importance of the early years.

ABOUT THE HUMAN EARLY LEARNING PARTNERSHIP

The Human Early Learning Partnership (HELP) is an interdisciplinary research institute based at the School of Population and Public Health, Faculty of Medicine, at the University of British Columbia. The institute was founded by Drs. Clyde Hertzman and Hillel Goelman in 1999. Clyde's vision for HELP was to advance knowledge about child development and importantly, to apply this knowledge in communities.

HELP's unique partnership brings together researchers and practitioners from across BC, Canada and internationally to address complex child development issues. HELP's research projects explore how different environments and experiences contribute to health and social inequities in children's development over their life course. To learn more please visit our website at **earlylearning.ubc.ca**.

REMEMBERING DR. CLYDE HERTZMAN

This report, and the work of HELP over two decades, would not have been possible without the vision and passion of our Founding Director, Dr. Clyde Hertzman. We honour and remember a pioneer for children and families in BC and across Canada. We miss him!

SUGGESTED CITATION

Human Early Learning Partnership. Early Development Instrument [EDI] report. Wave 7 Community Profile, 2019. Chilliwack School District (SD33). Vancouver, BC: University of British Columbia, Faculty of Medicine, School of Population and Public Health; February 2020. Available from: http://earlylearning.ubc.ca/media/edi_w7_ communityprofiles/edi_w7_communityprofile_sd_33.pdf We express our deep gratitude to the x^wməØk^wəýəm (Musqueam) Nation for the privilege of working on their traditional, ancestral and unceded territory at the Point Grey Campus of the University of British Columbia.

HELP is committed to implementing the Calls to Action of the Truth and Reconciliation Commission. In this regard, we would like to acknowledge and thank the members of HELP's Aboriginal Steering Committee. They guide us in:

- Developing culturally safe research practices, data collection protocols and reporting approaches;
- Implementing cultural safety and humility practices in our workplace;
- Building reciprocal relationships with First Nations, Inuit and Métis communities and organizations in BC.

We are grateful for their friendship and professionalism in guiding us along this path.



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INTRODUCTION

- CHILD DEVELOPMENT MONITORING SYSTEM
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- INTRODUCTION TO THE EARLY DEVELOPMENT INSTRUMENT(EDI)
- EDI DATA & RESEARCH IN YOUR COMMUNITY

"The quality of early childhood affects the quality of the future population and the prosperity of the society in which these children are raised."

Dr. Fraser Mustard

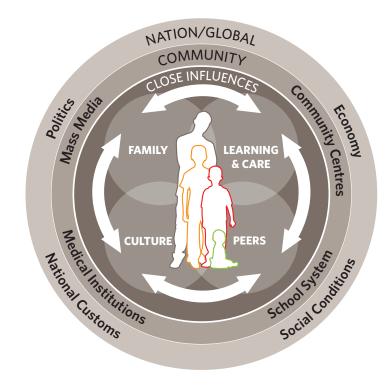
INTRODUCTION

The Human Early Learning Partnership (HELP) considers it a privilege to be able to gather and share important insights into the health and development of children in BC. We share a vision of "All Children Thriving in Healthy Societies" with many individuals, institutions and organizations across the province, and nationally. Our role in gathering valid and reliable data, reporting data in accessible and relevant ways, and working closely with partners to use the evidence toward this vision, is integral to the process of improving outcomes for all children and families in BC.

Children's early development is profoundly important. The quality of children's experiences and environments across every aspect of their lives influences their lifelong health and well-being. Decades of research reinforces the importance of investing more robustly in early development. Ensuring that we, as a society, provide the best possible start for all children is an issue of social justice and health equity. HELP's adapted Total Environmental Assessment Model of Early Child Development (HELP's TEAM ECD Model), in Figure 1, serves as a conceptual model to demonstrate how everything about children and their environments affects how they grow and develop.¹

HELP's data provide insights into how the social, emotional, physical health and well-being, communication, language and cognitive development of children in BC is changing over time. These insights enable evidence-based decisionmaking to improve our investment in children and therefore improve early child development outcomes. This is necessary for improving the overall health and well-being of our society.

FIGURE 1. HELP'S TEAM ECD MODEL



* Adapted from HELP's Total Environment Assessment (TEAM ECD) Model.

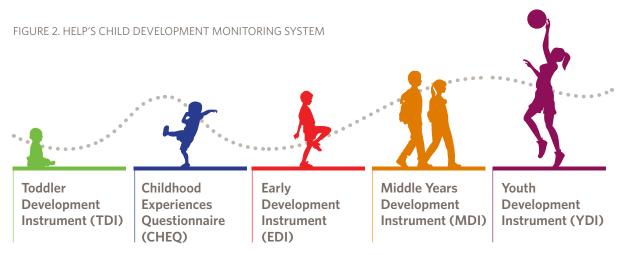
CHILD DEVELOPMENT MONITORING SYSTEM

HELP has long envisioned a series of population-level tools that can be used to collect longitudinal data about child development and the contextual factors that influence development, capturing information at critical transitional points in the early lifespan. We are now closer to realizing this vision of a comprehensive child development monitoring system than ever before.

Along with the Early Development Instrument (EDI), additional questionnaires, including the Toddler Development Instrument (TDI), Childhood Experiences Questionnaire (CHEQ), and Middle Years Development Instrument (MDI), are part of HELP's child development monitoring system (Figure 2). Each of these questionnaires contribute uniquely to a deeper understanding of the contexts in which children are living, growing and learning in their early years and beyond.

While the EDI, completed by Kindergarten teachers, gathers data about children's competencies in five important developmental domains, the TDI and CHEQ, completed by parents and caregivers, collect information on contextual factors such as:

- Early social and emotional experiences;
- Daily physical activity, nutrition, screen time and sleep habits;
- Contact with the health care system;
- Child care arrangements, access and use of early learning and care programs; and
- Family demographics and supports.



The TDI and YDI are tools that are currently in development. For more information please visit:

TDI: earlylearning.ubc.ca/tdi CHEQ: earlylearning.ubc.ca/cheq MDI: earlylearning.ubc.ca/mdi

IMPORTANT CONCEPTS IN UNDERSTANDING EDI DATA

BIOLOGICAL EMBEDDING

Children's early experiences, including those before birth, can have lasting effects on their lifelong social, emotional and physical health and academic success.^{2,3,4} Advances in research on human development has shown that children's earliest experiences 'get under the skin' and can influence their gene expression.⁵ This process, called biological embedding, describes the process by which children's early experiences influence health and behaviour across their lifespan.⁶

EARLY CHILD DEVELOPMENT AS A SOCIAL DETERMINANT OF HEALTH

EDI data provide insights into the healthy development of children in BC across jurisdictions, and, over time. EDI data show that avoidable and persistent inequalities in children's developmental health and well-being exist in BC and have been sustained over time. Inequalities in children's well-being arise because of social inequity in the conditions in which people are born, grow, live, work and age.⁷ The link between social and economic factors – poverty, social exclusion, discrimination – and healthy development is clear from decades of research.^{8, 9, 10, 11}

UNDERSTANDING COMPLEXITY

Many of our children are falling behind in their earliest and most formative years. Improving outcomes will require a collective approach that recognizes complex challenges, reflects the diversity of experiences which exist throughout the province, and focuses on building from existing strengths. Ensuring that we, as a society, provide the best possible start for all children is an issue of social justice and health equity.

"What children experience during the early years sets a critical foundation for their entire lifecourse"

Early Child Development: A Powerful Equalizer¹²

INTRODUCTION TO THE EARLY DEVELOPMENT INSTRUMENT

The EDI is a questionnaire developed by Dr. Dan Offord and Dr. Magdalena Janus at the Offord Centre for Child Studies at McMaster University in Hamilton, Ontario. It has been used across Canada, and internationally, to better understand the development of Kindergarten children. As of 2019, there are over 1.3 million EDI records for children in Canada.¹³ Increasingly, Canadian EDI data are providing a basis for understanding developmental differences and trends in different parts of the country.^{14, 15, 16}

In BC, the EDI questionnaire is used province-wide. HELP has been collecting EDI data since 2001 and over the course of this period we have collected data for 293,039 Kindergarten children in BC (Figure 3). This has created a unique and world-class data set that is not available in most other provinces or countries.

There is robust literature on the validity and reliability of the EDI: a detailed list of publications and studies can be found on the HELP website: **earlylearning.ubc.ca/media/2019_09_edi_citations_help.pdf**

WAVE YEARS	2001 D—	— W1*—	2004 ———————————————————————————————————	— W2—	2007 —	— W3—	2009 — D —	—W4—	2011 — Ф—	— W5 —	2013 — D —	— W6—	2016		2019
NUMBER OF CHILDREN		40,312		38,411		38,184		46,944		42,519		43,292		43,377	
TOTAL NUMBER OF CHILDREN	—					——— Al	L WA	VES					→ [293,039	•

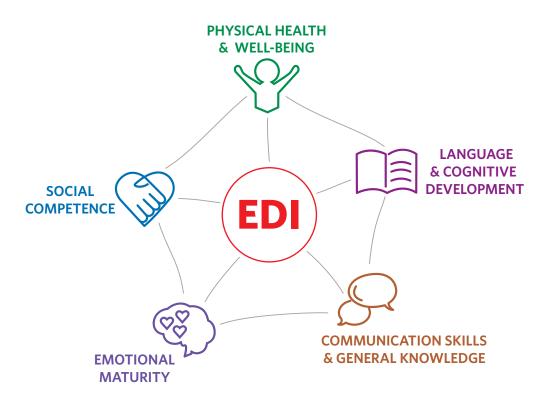
FIGURE 3. EDI DATA COLLECTION HISTORY FROM 2001-2019

EDI DATA COLLECTION EDI data are collected in **February** of every school year included in each 'Wave' (a 2-3 year data collection period, based on the annual school calendar from September to June).

* Due to changes in the EDI questionnaire after Wave 1 data collection, Wave 2 is HELP's baseline and Wave 1 data are not publicly reported.

INTRODUCTION TO THE EDI

THE FIVE SCALES OF THE EDI



VULNERABLE ON ONE OR MORE SCALES

This is a summary measure that reports the percentage of children who are vulnerable on at least one or more of the five scales of the EDI. Children captured by this measure may be vulnerable on only one scale, or may be experiencing vulnerabilities on two, three, four or all five scales of the EDI.

More details for these scales can be found on the HELP website: earlylearning.ubc.ca/edi The EDI questionnaire is also available for download here: earlylearning.ubc.ca/media/edi_survey_2019_20_bc.pdf

QUICK FACTS ABOUT THE EDI

- Completed on a three-year schedule called a "Wave" to capture sufficient data in all school districts in the province.
- Designed as a population-level monitoring questionnaire, not for screening or diagnosing individual children.
- The questionnaire includes 103 questions that gather data about five domains, also called scales, that are important to early child development and are good predictors of health, education and social outcomes in adolescence and adulthood.^{17, 18, 19, 20}
- EDI questionnaires are completed by Kindergarten teachers for students in their classroom in February of the school year.
- Participation in the EDI is voluntary. Parents and caregivers receive information about the project one month in advance and can withdraw their child, if they choose.
- Teachers participate in a standardized training session prior to completing the EDI questionnaires.

10 WAVE 7 EDI DATA

WHAT IS EDI CHILDHOOD VULNERABILITY?

Vulnerable children are those who, without additional support and care, are more likely to experience future challenges in their school years and beyond. Vulnerability is determined using a cut-off for each EDI scale. In order to avoid the use of individual children's EDI data for diagnostic or placement purposes, we only report vulnerability for groups of children.

Over a decade of research, conducted here in BC as well as across Canada and internationally, has demonstrated the predictive capability of EDI vulnerability on each of the scales.^{18, 19, 20} More generally, research has linked higher vulnerability rates at school entry with a range of later life challenges including school drop out, mental health issues and unemployment.^{21, 22, 23}

When considering vulnerability rates, it is important to note that some developmental vulnerability is to be expected in all populations of children. At birth, approximately 3–4% of children have congenital or diagnosable conditions that may limit their development.^{24,25} In addition, in BC, 6.5% of babies are born with low birth weights which is a risk-factor for later developmental vulnerabilities.^{26,27}

At HELP, we consider a rate of 10% to be a "reasonable" benchmark for child vulnerability.²⁸ This rate is based on the data mentioned above, along with vulnerability rates reported in the least vulnerable communities in BC and other jurisdictions over almost two decades of research. With this in mind, the current vulnerability rate of 33.4% is over three times higher than we would consider acceptable.

EDI data show trends in vulnerability over time. Through data analysis and mapping, we are also able to examine regional differences in child vulnerability at multiple geographical levels from a broad provincial snapshot, to community and neighbourhood analyses.

REPORTING ON EDI VULNERABILITY

Vulnerability on the Five EDI Scales

For each of the five scales of the EDI, the proportion of children vulnerable are reported as vulnerability rates.

Vulnerable on One or More Scales

Vulnerable on One or More Scales is a summary measure that reports the percentage of children who are vulnerable on at least one or more of the five scales of the EDI. Children included in this measure may be vulnerable on only one scale or may be experiencing vulnerabilities on two, three, four or all five scales of the EDI.

For more information about vulnerability on the EDI please see our Fact Sheet: earlylearning.ubc.ca/media/factsheet_edi_vulnerability_20191028-web.pdf

EDI DATA & RESEARCH IN YOUR COMMUNITY



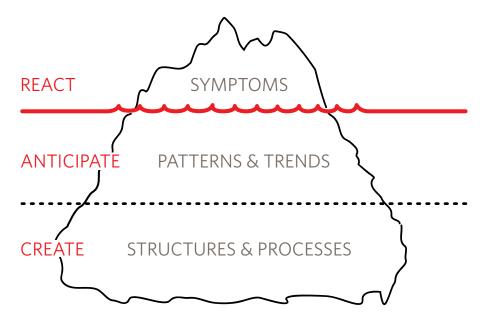
EDI data provide a mechanism for understanding trends and patterns of children's development in communities across the province, and for inspiring action towards improving outcomes. The data do not point toward specific solutions, but rather serve as a common point for continuing collaboration and generative dialogue. EDI data represent the outcomes of the many systems that influence the quality of the lives of young children and families. To shift the kinds of EDI trends that we are currently seeing, we need to shift our attention in a substantial way toward the deeper structures and processes that created them.

"Every system is perfectly designed to achieve the outcomes it gets."

W. Edwards Deming

A useful tool for guiding the use of a systems approach to understanding EDI data within a larger societal context is the "Systems Iceberg" metaphor.^{29, 30, 31} The iceberg provides us with a metaphor. The tip of the iceberg, what we see above the surface of the water, represents the child development problems and challenges (symptoms) that are very real in BC regions and communities. These problems and challenges are the result of the structure of the early child development system and the "processes" or ways of working that we habitually use. These remain hidden, well below the surface of the water. Data (patterns and trends) shine a light on symptoms and guide us in digging deeper into responses that do not simply address immediate problems through traditional programs and services, but also influence the structures and processes that caused them.

FIGURE 4. THE SYSTEMS ICEBERG



* Adapted from Edward T. Hall(29); Peter Senge (30) and Mette Boell (31).

Symptoms: These are the things we see in our world consistently: vulnerability, anxiety, waitlists, bullying. We tend to try to address these symptoms with new programs which, in many cases, do little to address underlying causes, and in the worst case can exacerbate the causes that created the symptom in the first place.

Patterns and Trends: As we dive under the surface of the water, identifying patterns and trends can provide an insight into how well our system has been working over time. Data trends can provide the impetus for deeper learning and inquiry and help us to anticipate what may happen next. EDI data, along with other data and research, provide important insight into the deeper causes of the symptoms that we are seeing.

Structures and Process: Symptoms and the patterns or trends are created by deeper systemic structures and processes. These include how we form our organizations, how we fund and invest, how programs are developed and delivered. They also include how we choose to work together and the underlying values and beliefs we bring to the work.

USING YOUR EDI DATA TO GUIDE A SYSTEMIC APPROACH

EDI data are a foundation for furthering understanding about children's development in our communities. While they do not point to specific solutions, these data provide a common starting point for new areas of inquiry and collaborative conversations across sectors. When data are used within planning and decision-making processes, new ideas for action and investments can emerge. The following section outlines suggested approaches for exploring and using EDI data in communities.

A FOCUS ON LOCAL

EDI data are useful for exploring early childhood outcomes at a neighbourhood-level while also placing these data within the larger regional and provincial contexts. Interpreting EDI data through a local lens can enhance the work of community, planners, coalitions and governments in decision-making and priority setting to improve early child development. Neighbourhood EDI profiles and maps can support this approach.

USING COMPLEMENTARY DATA

EDI data are particularly valuable when used alongside other data and information including census, administrative health and education data, community knowledge and expertise, and information on local services and programs. Listening to the experiences of parents and caregivers can also provide important context to guide conversations and planning efforts.

COLLABORATIVE, GENERATIVE CONVERSATIONS

EDI data can provide a catalyst for facilitating discussion and inquiry across sectors, organizations and communities. They are the foundation for a stronger focus on structures and processes that contribute to child vulnerability rates.

These kinds of conversations are critical to a sustained and comprehensive approach. Only when the perspectives and views of everyone in the community are shared do we start to understand and see the full system more clearly. And this is an essential foundation for more sustainable and effective action.

DECISION-MAKING AND ACTION

As a stronger and shared understanding emerges through conversation and inquiry in a community or region, it is possible to move toward a collective plan of action. This process might include the creation of a shared vision across organizations and sectors, collective strategic planning, partnership development, and finally the selection of new actions and initiatives.

For more information about HELP's emerging work in the area of Systems Leadership in the early years, see the Resources page at the end of this report.



YOUR EDI DATA

- YOUR COMMUNITY PROFILE
- DEMOGRAPHICS & PARTICIPATION
- PROVINCIAL WAVE 7 EDI DATA
- PROVINCIAL EDI TRENDS
- SCHOOL DISTRICT WAVE 7 EDI DATA
- SCHOOL DISTRICT EDI TRENDS
- MULTIPLE VULNERABILITIES ON THE EDI
- DIFFERENCES ACROSS BC SCHOOL DISTRICTS
- NEIGHBOURHOOD DATA & MAPS

YOUR COMMUNITY PROFILE

This Community Profile explores EDI data for Chilliwack School District and its neighbourhoods. These data are reported based on children's home postal codes and include all children who live within the school district boundaries. EDI data are collected from public schools and participating independent and First Nations schools. It provides an overview of the patterns and trends in EDI vulnerability rates for Wave 7 (2016–2019) and explores change over time from Wave 2 (2004–2007) through Wave 7, based on EDI data collected and analyzed for Kindergarten children between 2004 and 2019. This profile also provides information on provincial-level data, intended to help communities situate local data in the broader provincial context.

Please note: Data are **suppressed** for school districts and neighbourhoods with fewer than 35 Kindergarten children to protect children's privacy and to ensure the data displays a reliable and valid picture of child development in the area. The data in this report have been **rounded**.

INTERPRETING MAPS AND DATA

EDI data in this report are presented for each of the five scales of the EDI, and by the summary measure representing children who are vulnerable on one or more scales. Graphs, data tables and maps in this report use colours and shades to indicate rates of vulnerability. Darker colours always represent higher rates of vulnerability.



DEMOGRAPHICS & PARTICIPATION

SD33 CHILLIWACK

EDI PARTICIPATION BY SCHOOL YEAR

		# OF TO	TAL EDI
	SCHOOL YEAR	SD	BC
WAVE 2	2004/05	771	6,830
	2005/06	1	21,847
	2006/07	10	9,734
WAVE 3	2007/08	755	3,164
	2008/09	854	35,020
WAVE 4	2009/10	879	25,033
	2010/11	828	21,911
WAVE 5	2011/12	16	12,485
	2012/13	938	30,034
WAVE 6	2013/14	1	1,289
	2014/15	7	22,733
	2015/16	880	19,270
WAVE 7	2016/17	10	18,317
	2017/18	866	10,065
	2018/19	2	14,995

WAVE 7 DEMOGRAPHIC SUMMARY

	SD	BC
TOTAL EDI	878	43,377
STUDENT MEAN AGE	5.66	5.64
# MALES	462	22,260
# FEMALES	416	21,117
# ELL*	43	8,356
# SPECIAL NEEDS**	40	1,680

Please note the following:

Wave 7 Demographic Summary Table: Total EDI

Total EDI refers to the total number of children in the school district for whom an EDI questionnaire has been started. In a few school districts, for a small number of children, only demographic data is available. These data are considered invalid. This is most often due to a child transferring schools during the school year. Their demographic data is included, but they are not included in the vulnerability data in the report.

EDI Participation by School Year Table

EDI data are collected by schools within a district at specific times during each three-year wave cycle. The number of total EDIs indicated in the table varies across the different years within a wave depending on the number of schools collecting EDI data that year.

The public school district typically collects data in all of their schools in a given year or years, while Francophone, Indigenous, or independent schools may collect EDI data in a different year of a wave cycle. In addition, EDI data are aggregated by where children live using their home postal code. In some cases, a child may live within a school district boundary but not attend a school in that district.

As a result of the above, children may appear in the participation counts in years when the public school district did not participate.

*ELL: Designated English Language Learners by School District administrative data **Special Needs: Designated Special Need by School District administrative data

PROVINCIAL WAVE 7 EDI DATA

The current provincial vulnerability rate (Wave 7, collected between 2016–2019) for children Vulnerable on One or More Scales of the EDI is 33.4% (Figure 5). This means that 14,468 Kindergarten students in the province, start school with vulnerability in one or more areas of their development. These vulnerabilities may have an influence on their future success and well-being. Figure 6 shows the provincial vulnerability rates and the number of children vulnerable across each of the five scales of the EDI.

Number of FIGURE 5. WAVE 7 VULNERABILITY ON ONE OR MORE SCALES FOR BC Children Vulnerable 0% Percent Vulnerable 100% VULNERABLE ON ONE OR MORE SCALES æ This is a summary measure that reports the percentage of children who are vulnerable on 33.4% 14,468 at least one or more of the five scales of the EDI. Children captured by this measure may be vulnerable on only one scale, or may be experiencing vulnerabilities on two, three, four or all five scales of the EDI. FIGURE 6. WAVE 7 SCALE LEVEL VULNERABILITY FOR BC **PHYSICAL HEALTH & WELL-BEING** 15.4% 6,683 Children's gross and fine motor skills, physical independence and readiness for the school day such as, motor control, energy level, daily preparedness for school and washroom independence. SOCIAL COMPETENCE 16.1% 6,976 Children's overall social competencies, capacity for respect and responsibility, approaches to learning, and readiness to explore new things. **EMOTIONAL MATURITY** 17.7% 7,642 Children's prosocial and helping behaviours, as well as hyperactivity and inattention, and aggressive, anxious and fearful behaviour. LANGUAGE & COGNITIVE DEVELOPMENT 10.6% 4,578 Children's basic and advanced literacy skills, numeracy skills, interest in math and reading, and memory. **COMMUNICATION SKILLS & GENERAL KNOWLEDGE** 14.3% 6.214 Children's English language skills and general knowledge, such as their ability to clearly communicate one's own needs, participate in story-telling, and general interest in the world.

Total Number of Children

43,377

18 WAVE 7 EDI DATA

PROVINCIAL EDI TRENDS

There has been a meaningful increase (i.e. worthy of attention) in the vulnerability rate for Vulnerable on One or More Scales of the EDI over the long-term (LT) from 29.9% in Wave 2 (2004-2007) to 33.4% in Wave 7 (2016-2019), and a smaller increase over the short-term (ST) between Wave 6 (2013-2016) and Wave 7 (Figure 7).

Figure 8 shows there has been a steady increase in the vulnerability rate for Emotional Maturity, from 11.9% in Wave 2 to 17.7% in Wave 7. The increase in vulnerability on this scale is the largest among all the EDI scales and constitutes a 49% increase since Wave 2. There has also been an increase from Wave 6 (16.1%) to Wave 7 (17.7%).

Language and Cognitive Development is the only EDI scale with a declining vulnerability rate – from 11.3% in Wave 2 to 10.6% in Wave 7. However, there was a small increase between Wave 6 (9.4%) and Wave 7 (10.6%).

FIGURE 7. WAVE 2-7 VULNERABILITY TRENDS FOR BC



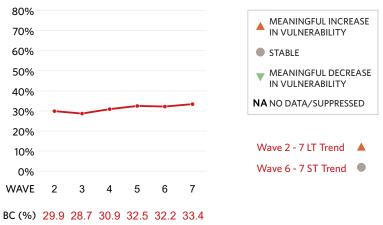


FIGURE 8. WAVE 2-7 SCALE LEVEL VULNERABILITY TRENDS FOR BC

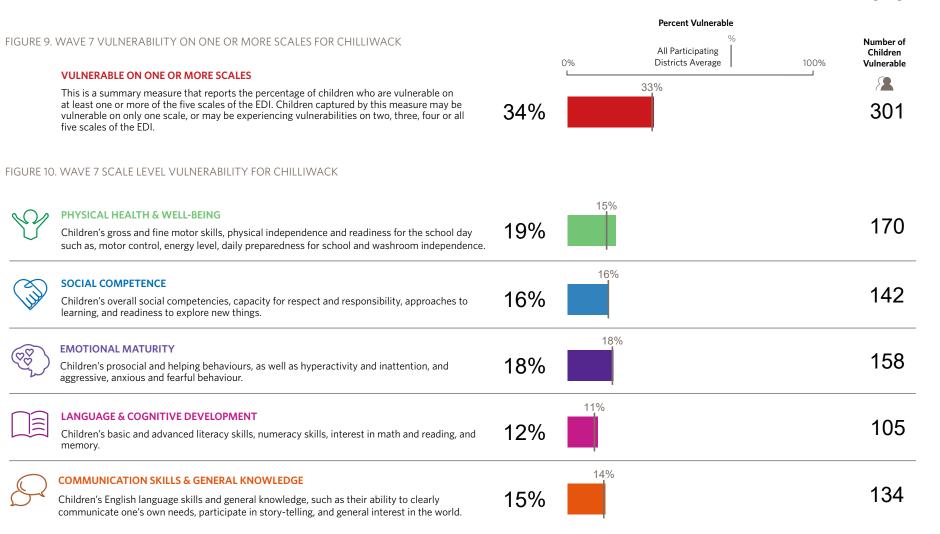
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BC (%)	12.0	11.7	13.4	15.7	14.8	15.4	13.3	12.7	14.5	15.6	15.7	16.1	11.9	12.	4 13.	8 1	4.9 [~]	6.1	17.7	11.3	10.	1 10	.3 9	9.0	9.4	10.6	14.2	13	.2 13.	6 1	3.7 [·]	14.2	14.3
		Wave	2 - 7 L	T Tren	d 🔺			Wave	2 - 7 L	T Tren	d 🔺			Wa	ve 2 - 1	7 LT '	Trend				Wa	ve 2 -	7 LT '	Tren	d 🖣			Wa	ve 2 - 7	7 LT '	Trend		
		Wave	6 - 7 9	ST Trer	nd 🔴			Wave	6 - 7 S	T Trer	nd 🗨)		Wa	ve 6 - 1	7 ST	Trend				Wa	ve 6 -	7 ST	Tren	d 🕚			Wa	ve 6 - 1	7 ST	Trenc		

SCHOOL DISTRICT WAVE 7 EDI DATA

Figure 9 shows that in Chilliwack 34% or 301 children are vulnerable on at least one area of development as measured by the EDI in Wave 7 (2016–2019). Figure 10 explores vulnerability rates, and the corresponding number of children vulnerable, across each of the five scales of the EDI.

Total Number of Children

878



SCHOOL DISTRICT EDI TRENDS

Collecting EDI data over multiple years allows for an improved understanding of trends in children's development. Figure 11 shows that for the summary measure Vulnerable on One or More Scales, the vulnerability rate for Chilliwack was 34% in Wave 6 and 34% in Wave 7. There is no meaningful change in childhood developmental vulnerability for this time period.. The longer-term trend shows that 36% of children were vulnerable in Wave 2 and 34% were vulnerable in Wave 7. There is no meaningful change in childhood developmental vulnerability for this time period.

Figure 12 illustrates EDI vulnerability rates for each of the five scales across five points in time (Waves 2 through 7) for Chilliwack School District. These trend data help identify gradual changes in vulnerability across and between EDI scales over this period.

FIGURE 11. WAVE 2-7 VULNERABILITY TRENDS FOR CHILLIWACK

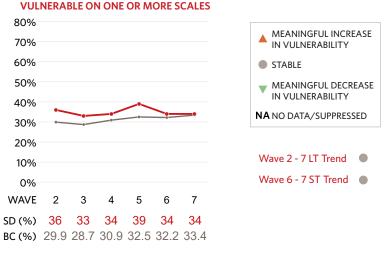
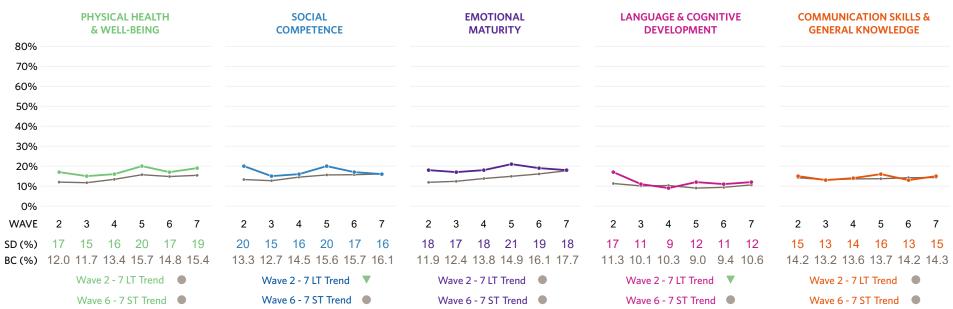


FIGURE 12. WAVE 2-7 SCALE LEVEL VULNERABILITY TRENDS FOR CHILLIWACK



Note: Data are suppressed for waves when there are fewer than 35 Kindergarten children in the school district. See Appendices 1A and 1B for full tables of your school district's EDI data.

2004 WAVE 2 2007 WAVE 3 2009 WAVE 4 2011 WAVE 5 2013 WAVE 6 2016 WAVE 7 2019 21

DIFFERENCES ACROSS BC SCHOOL DISTRICTS

There is a wide range in vulnerability rates across all BC school districts in Wave 7. On the measure Vulnerable on One or More Scales, across **school districts** in BC, the lowest vulnerability rate is 13% while the highest is 54%.

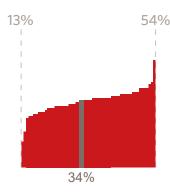
For individual scales, the lowest vulnerability rate across school districts is found on the Communication Skills and General Knowledge Scale at 2%, as well as the highest, at 34%.

Figures 13 and 14 illustrate Chilliwack's vulnerability rates on One or More Scales of the EDI and each of the five scales, for Wave 7, in comparison to data from all other school districts in the province. Each coloured bar represents one school district's vulnerability rate, which are ordered from the lowest to highest vulnerability. The grey bar represents Chilliwack's vulnerability rates.

See Appendices 1A and 1B for a detailed comparison of EDI data for all school districts in the province.

FIGURE 13. WAVE 7 VULNERABILITY IN CHILLIWACK WITHIN A PROVINCIAL CONTEXT

VULNERABLE ON ONE OR MORE SCALES



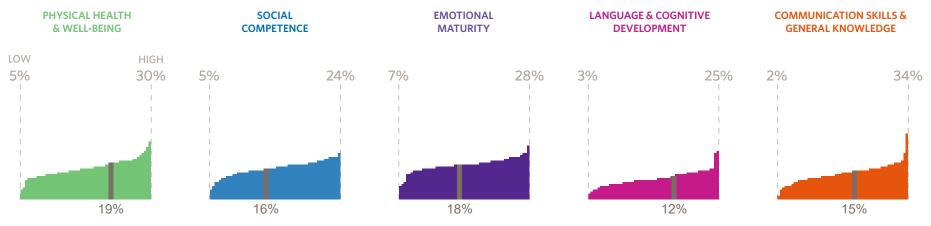


FIGURE 14. WAVE 7 SCALE-LEVEL VULNERABILITY IN CHILLIWACK WITHIN A PROVINCIAL CONTEXT

22 WAVE 7 EDI DATA

MULTIPLE VULNERABILITIES ON THE EDI

While many of the province's children are vulnerable in a single area of development, some are vulnerable on two, three, four or all five scales of the EDI. Assessing the proportion of children who are vulnerable in multiple areas, especially over time, provides a more finegrained perspective on vulnerability in BC.

In addition to the increasing rates of vulnerability in the province, Figure 15 shows that the complexity of vulnerability patterns is also increasing. It appears that children and families are experiencing more complex challenges and vulnerable children are experiencing increased struggles across more areas of their lives.

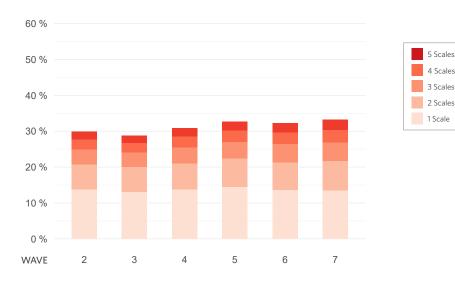
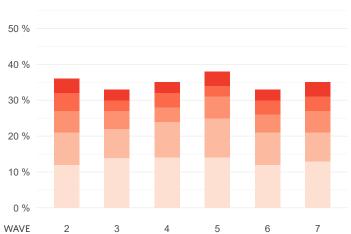


FIGURE 15. NUMBER OF VULNERABILITIES ON THE EDI IN BC, BY WAVE, AS A PERCENTAGE OF THE TOTAL NUMBER OF CHILDREN

In Figure 15 above, EDI data from Wave 2 (2004-2007) to Wave 7 (2016-2019) record a small and consistent increase in the number of children who are vulnerable on multiple scales. The proportion of children with two vulnerabilities went from 7% to 8.1%; children with three vulnerabilities went from 4.1% to 5.2%; children with four vulnerabilities went from 2.9% to 3.4%; and children with five vulnerabilities went from 2.1% to 2.9%.



FIGURE 16. NUMBER OF VULNERABILITIES ON THE EDI IN CHILLIWACK, BY



As shown in Figure 16, for Chilliwack, EDI data from Wave 2 (2004–2007) to Wave 7 (2016–2019) show the proportion of children with two vulnerabilities went from 9% to 8%; children with three vulnerabilities went from 6% to 6%; children with four vulnerabilities went from 5% to 4%; and children with five vulnerabilities went from 4% to 4%.

Note: Data is suppressed for waves when there are fewer than 35 Kindergarten children in the school district. These waves are represented by N/A in the text and an empty column in the bar chart.

NEIGHBOURHOOD EDI DATA & MAPS

Neighbourhoods – whether small or large, rural or remote, urban or suburban – have unique characteristics that provide important context for interpreting and applying EDI data. Reporting and mapping EDI data at the neighbourhood-level improves our understanding of the broader social and economic factors influencing children's development and health by highlighting geographic patterns and trends.

EDI data show that vulnerable children live in every neighbourhood in BC. Yet, these data reveal large differences in vulnerability rates between neighbourhoods, both within and across school districts. While some neighbourhoods sustain low vulnerability rates over time, others experience high and sustained rates. On the measure Vulnerable on One or More Scales, across **neighbourhoods** in BC, the lowest vulnerability rate is 13% while the highest is 68%.

The following section explores Wave 7 (2016–2019) EDI data for neighbourhoods in this school district, highlighting neighbourhood-level trends and patterns over time. HELP-designated neighbourhood boundaries were created using census, postal code and municipal planning boundaries and in consultation with those communities to maintain a threshold of 35 children in each of the 298 neighbourhoods.

In small, often rural school districts, the result is one HELP-designated neighbourhood with the same geographic boundaries as the school district as a whole. In these cases, the school district-level data is the same as the neighbourhood-level data. As a result, these school districts will have Neighbourhood profiles with the same data as the rest of the report. The Neighbourhood profiles showcase these data in a different way and therefore we still provide them in this report. For full tables of neighbourhood-level EDI data for this community, see Appendices 2A and 2B.

- NEIGHBOURHOOD MAPS
- CHANGES IN NEIGHBOURHOOD TRENDS OVER TIME
- NEIGHBOURHOOD PROFILES

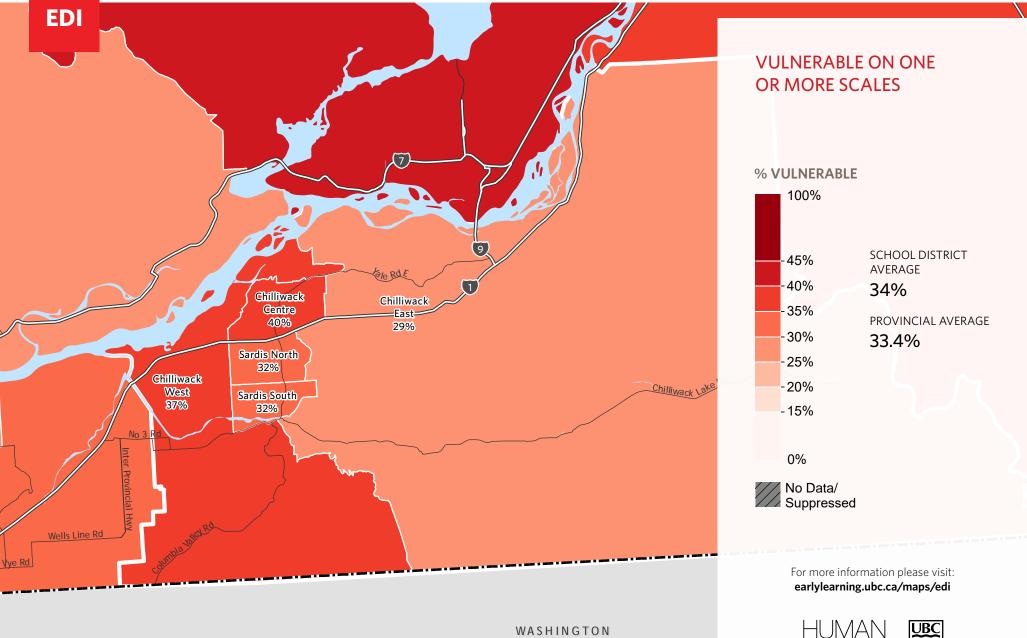


NEIGHBOURHOOD MAPS

- VULNERABLE ON ONE OR MORE SCALES OF THE EDI
- PHYSICAL HEALTH & WELL-BEING
- SOCIAL COMPETENCE
- EMOTIONAL MATURITY
- LANGUAGE & COGNITIVE DEVELOPMENT
- COMMUNICATION SKILLS & GENERAL KNOWLEDGE

"...vulnerable children in BC are not spread evenly throughout the province. EDI research reveals a large 'geography of opportunity' where some children face steep difficulties and others do not..."

Dr. Clyde Hertzman

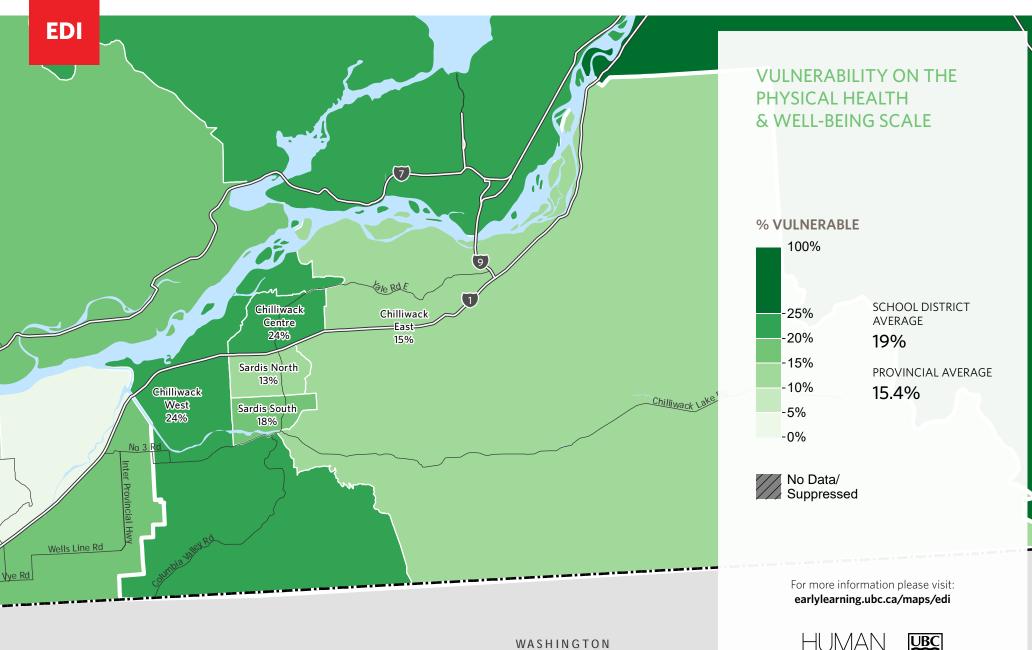


WASHINGTON U . S . A

EARLY LEARNING PARTNERSHIP



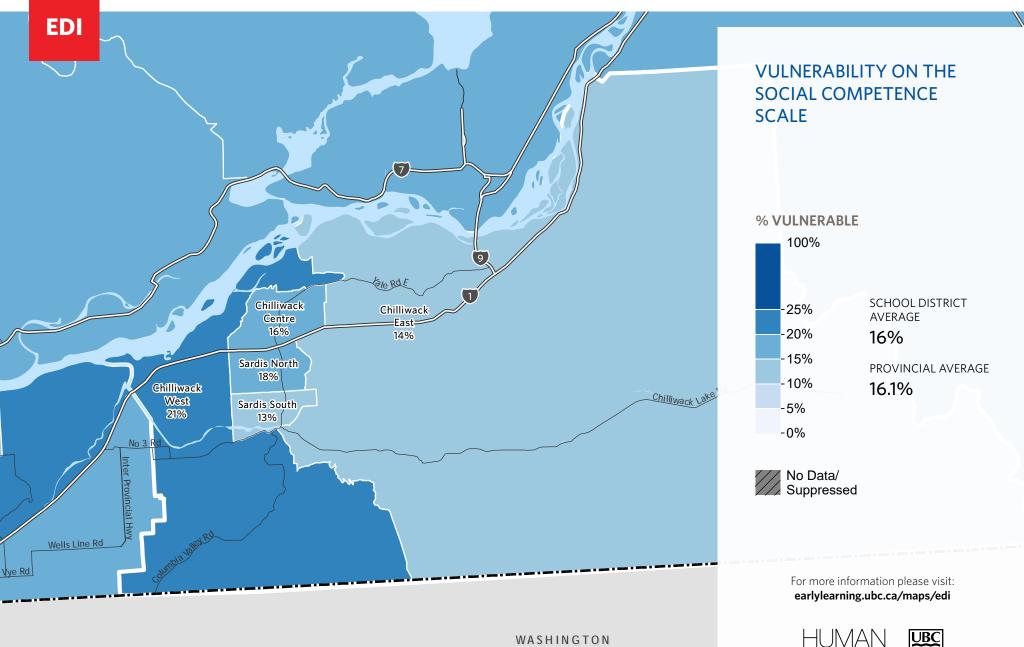
EARLY LEARNING PARTNERSHIP



WASHINGTON U.S.A



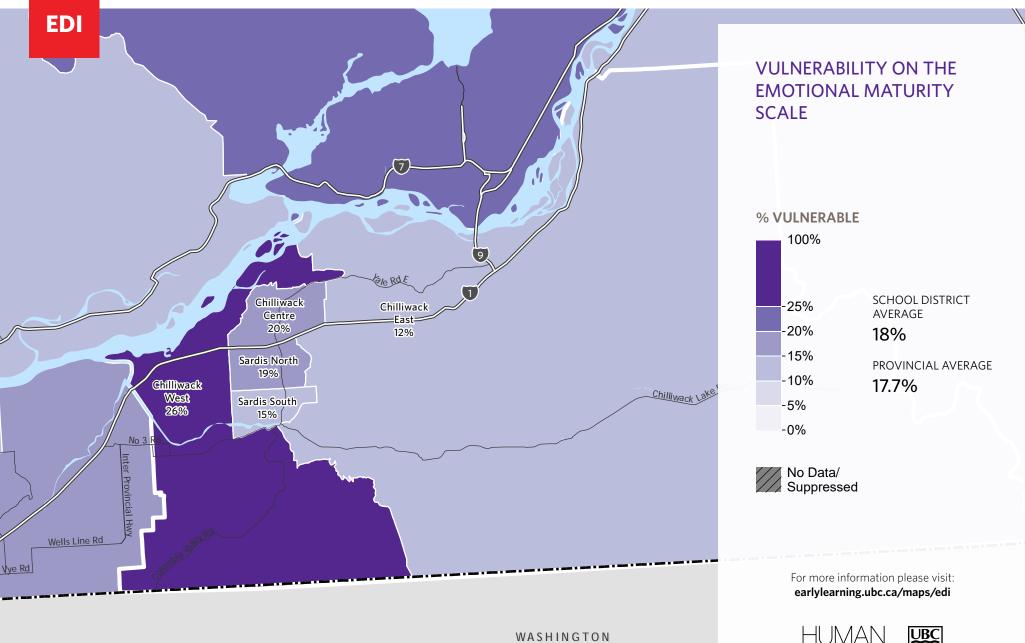
EARLY LEARNING PARTNERSHIP



WASHINGTON U . S . A

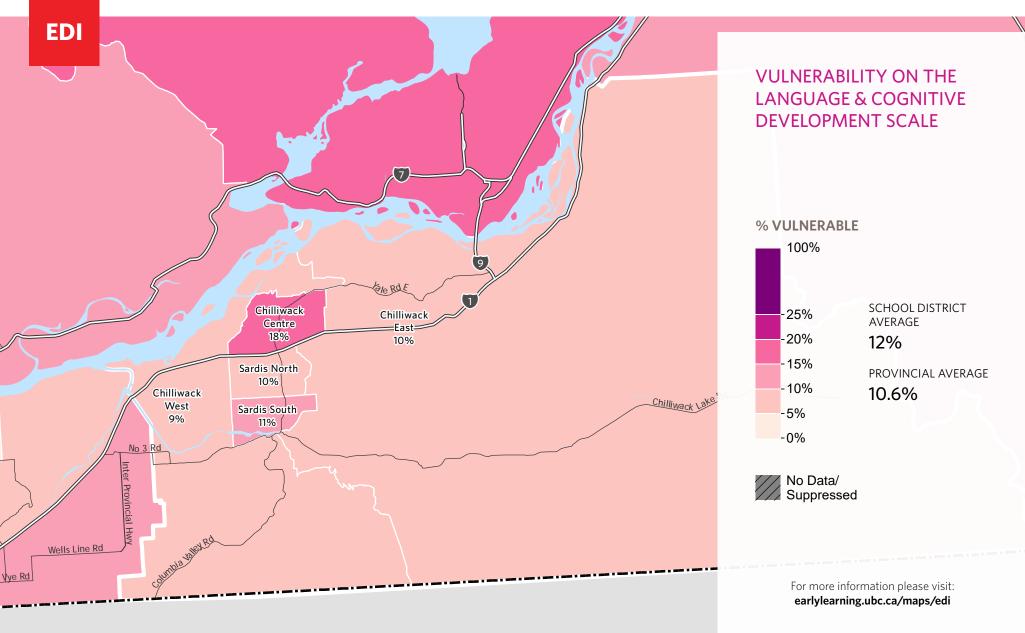


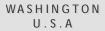
EARLY LEARNING PARTNERSHIP



WASHINGTON U.S.A







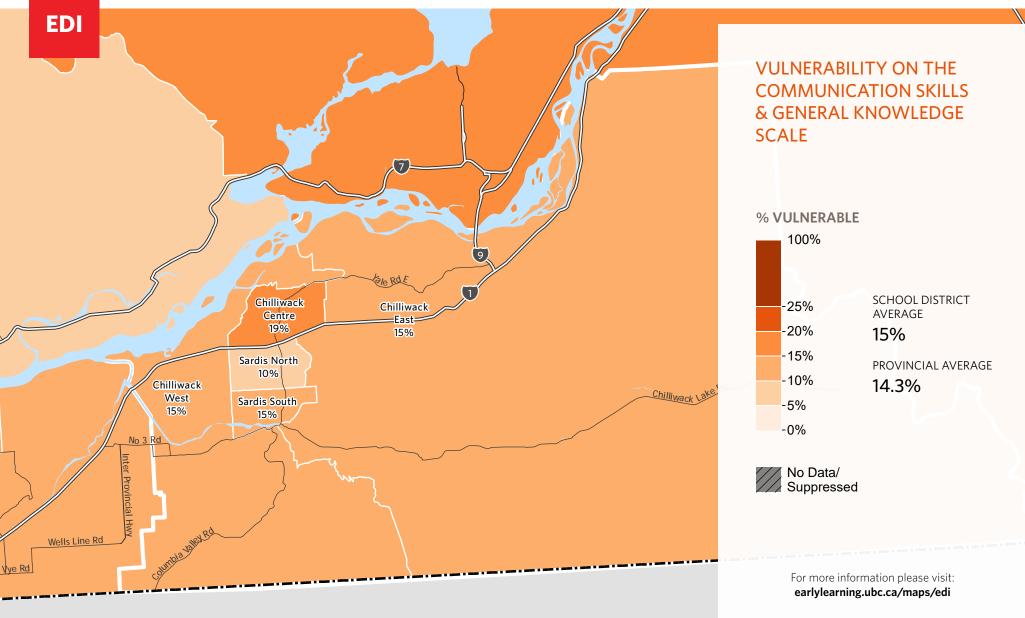






HUMAN

EARLY LEARNING PARTNERSHIP



WASHINGTON U.S.A



CHANGES IN NEIGHBOURHOOD TRENDS OVER TIME

Collecting EDI data over multiple waves allows us to explore trends in children's development and to answer the broader question: "Are our Kindergarten-aged children doing better, worse or about the same as in the past?" With each new wave of EDI data, vulnerability rates change across the province. While some neighbourhoods see improvements over time, others see declines. When looking at all of these changes it is important to identify the amount of change that is meaningful – i.e. change that is worthy of further exploration and discussion.

WHAT IS MEANINGFUL CHANGE?

HELP's definition of meaningful change is a combination of statistical significance and practical significance, and in all cases should be interpreted as a change that is "worthy of attention." We use a method called Critical Difference which is the amount of change over two time points in an area's EDI vulnerability rate that is large enough to be considered meaningful in the statistical sense. A meaningful change means that we are reasonably confident that the change in the vulnerability rate is meaningful, rather than a result of uncertainty due to measurement issues.

Figure 17 provides a summary of the number of neighbourhoods that have experienced each type of trend over the short-term and long-term time periods. The following maps illustrate the long-term (Wave 2 to 7) and short-term (Wave 6 to 7) trends in neighbourhood-level change in Chilliwack School District, highlighting neighbourhoods that have experienced:

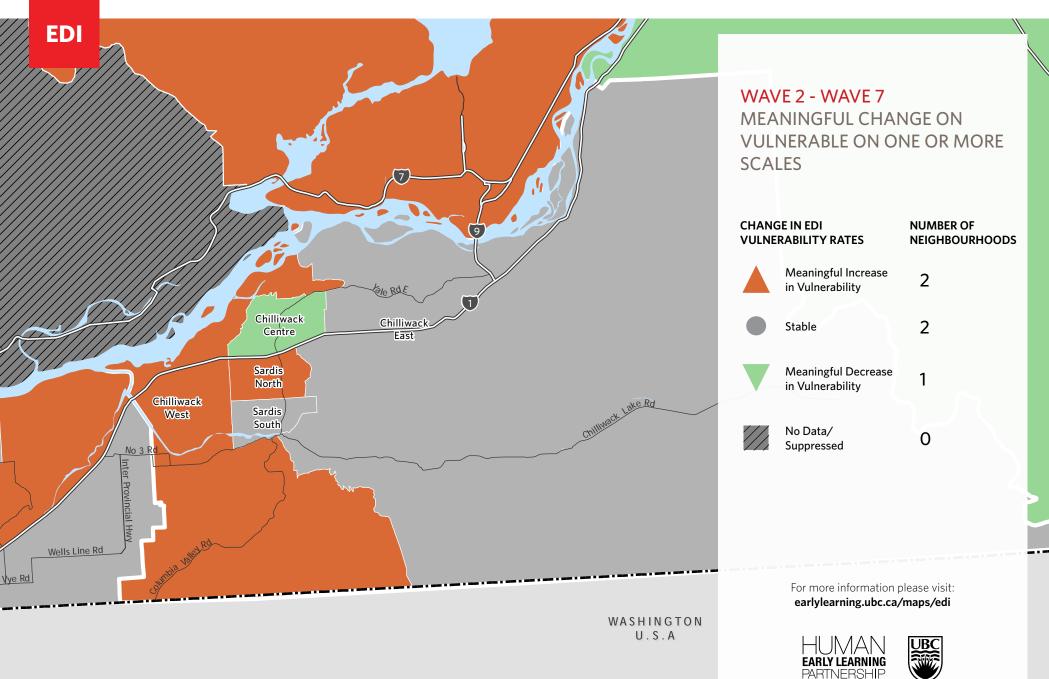
- ▲ A meaningful increase in vulnerability
- **Stable** (no meaningful change in vulnerability)
- A meaningful decrease in vulnerability

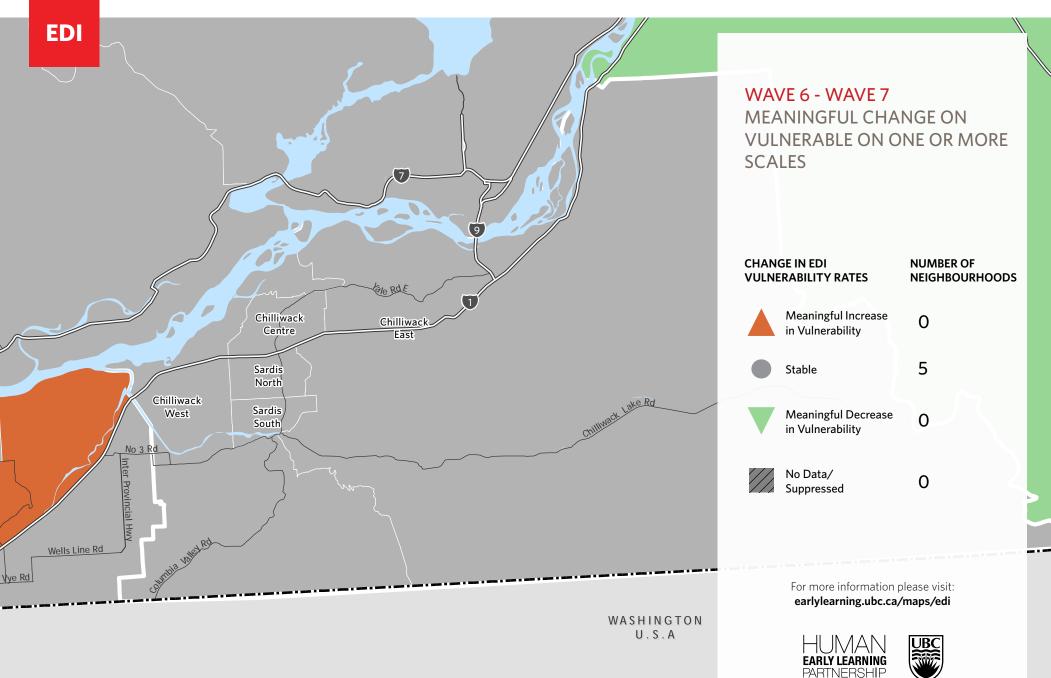
FIGURE 17. NUMBER OF NEIGHBOURHOODS IN CHILLIWACK WITH MEANINGFUL CHANGES IN VULNERABILITY

		NUMBER O	F NEIGHBOURHOODS	
	A MEANINGFUL INCREASE	STABLE	▼ MEANINGFUL DECREASE	NA
LONG-TERM TREND WAVE 2-7	2	2	1	0
SHORT-TERM TREND WAVE 6-7	0	5	0	0

Please note: Neighbourhood trends are not available (NA) if there are fewer than 35 Kindergarten children in one or both waves.

For more information on Critical Difference calculations visit: earlylearning.ubc.ca/supporting-research/critical-difference







NEIGHBOURHOOD PROFILES

The Neighbourhood Profiles (NH) show Wave 7 data and Wave 2-7 trends for every neighbourhood in your community. Data is shown at the neighbourhood level and compares it to your School District (SD) as a whole. These profiles provide a comprehensive but compact look at all of the EDI data for a neighbourhood and can be a helpful tool to share with colleagues, stakeholders, community partners, and others.

Some small, often rural school districts, have only one HELP-designated neighbourhood with the same geographic boundaries as the school district as a whole. In these cases, the school district-level data is the same as the neighbourhood-level data. We include the Neighbourhood Profile regardless as it showcases these data in a different way.

- NEIGHBOURHOOD & SCHOOL DISTRICT DEMOGRAPHICS
- WAVE 7 PERCENT & NUMBER OF CHILDREN VULNERABLE
- YOUR NEIGHBOURHOOD IN RELATION TO THE REST OF THE PROVINCE
- WAVE 2 7 TRENDS IN VULNERABILITY
- MEANINGFUL CHANGES OVER TIME IN VULNERABILITY

CHILLIWACK CENTRE

TOTAL NUMBER OF CHILDREN: 222

NEIGHBOURHOOD (NH) & SCHOOL DISTRICT (SD) DEMOGRAPHICS

	TOTAL EDI	STUDENT MEAN AGE	#MALE	# FEMALE	# OF ELL	# OF SPECIAL NEEDS
NH	222	5.65	109	113	17	12
SD	878	5.66	462	416	43	40

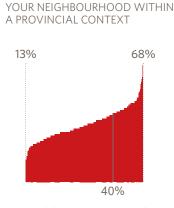
WAVE 7 VULNERABILITY ON ONE OR MORE SCALES

PERCENT OF CHILDREN VULNERABLE

40% 34%

NUMBER OF CHILDREN VULNERABLE

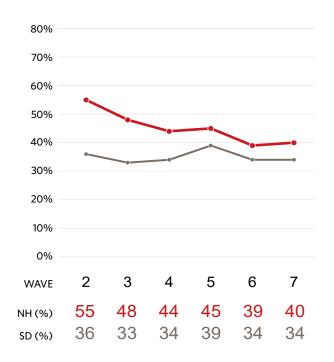




Note: Each bar represents a single neighbourhood (NH) in the province.

WAVE 2-7 VULNERABILITY TRENDS ON ONE OR MORE SCALES

TRENDS IN PERCENT OF CHILDREN VULNERABLE



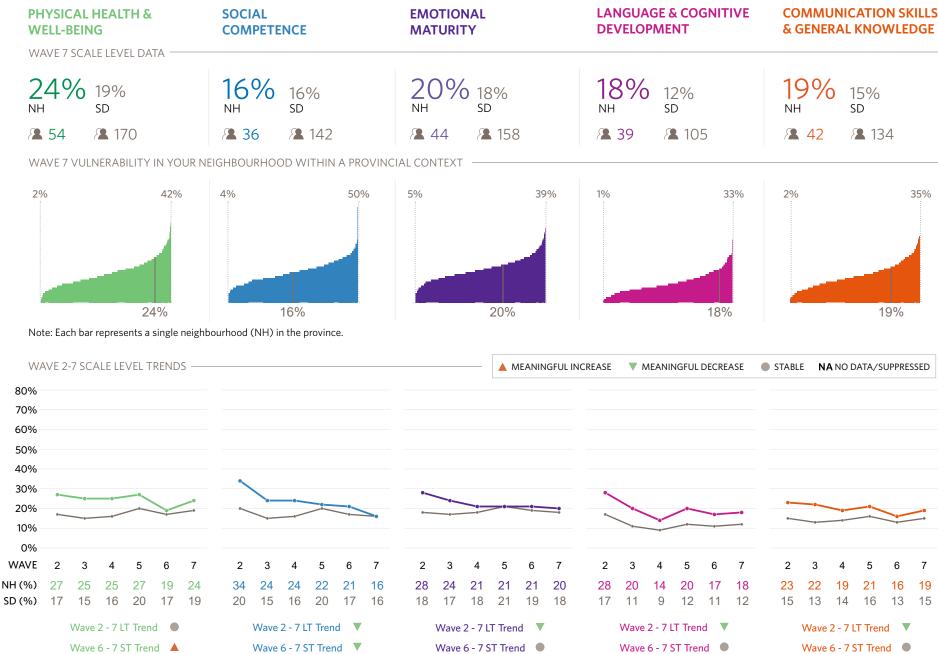
MEANINGFUL CHANGE OVER TIME IN VULNERABILITY

Wave 2 - 7 Long-Term (LT) Trend V

Wave 6 - 7 Short-Term (ST) Trend

🔺 MEANINGFUL INCREASE 🛛 🔻 MEANINGFUL DECREASE 🛛 🛑 STABLE 🛛 🗛 NO DATA/SUPPRESSED

CHILLIWACK CENTRE



Note: Data is suppressed for waves when there are fewer than 35 Kindergarten children in the neighbourhood. For a complete table of school district and neighbourhood results, see the Appendices.

CHILLIWACK EAST

✓▲ TOTAL NUMBER OF CHILDREN: 211

NEIGHBOURHOOD (NH) & SCHOOL DISTRICT (SD) DEMOGRAPHICS

	TOTAL EDI	STUDENT MEAN AGE	#MALE	# FEMALE	# OF ELL	# OF SPECIAL NEEDS
NH	211	5.62	119	92	7	5
SD	878	5.66	462	416	43	40

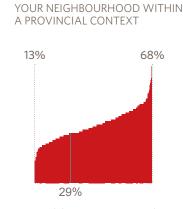
WAVE 7 VULNERABILITY ON ONE OR MORE SCALES

PERCENT OF CHILDREN VULNERABLE

29% 34%

NUMBER OF CHILDREN VULNERABLE

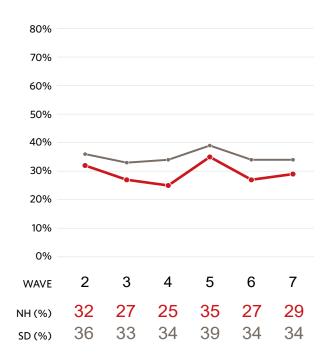




Note: Each bar represents a single neighbourhood (NH) in the province.

WAVE 2-7 VULNERABILITY TRENDS ON ONE OR MORE SCALES





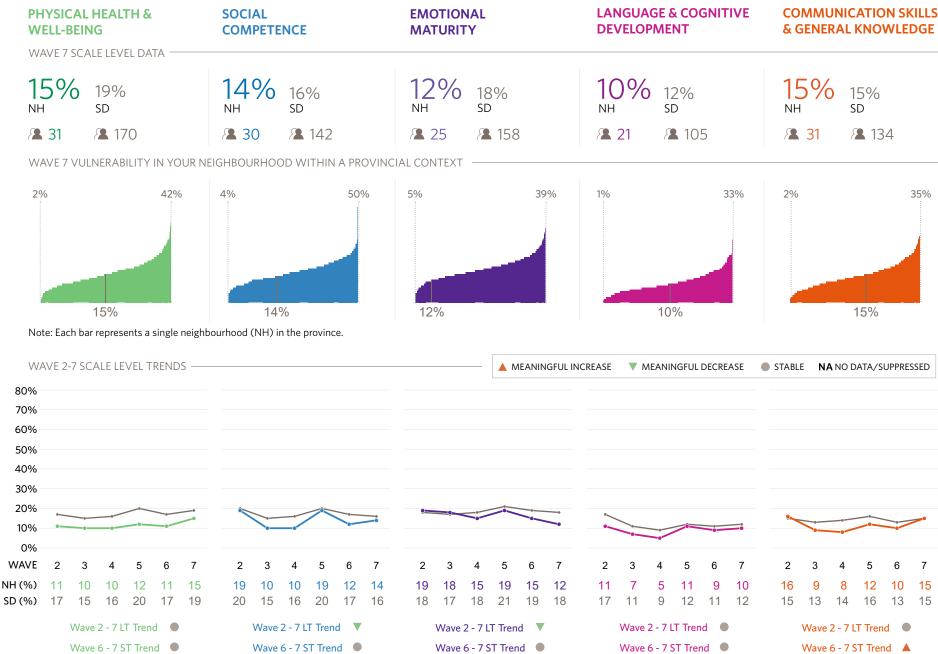
MEANINGFUL CHANGE OVER TIME IN VULNERABILITY

Wave 2 - 7 Long-Term (LT) Trend

Wave 6 - 7 Short-Term (ST) Trend

🔺 MEANINGFUL INCREASE 🛛 🔻 MEANINGFUL DECREASE 🛛 🛑 STABLE 🛛 🗛 NO DATA/SUPPRESSED

CHILLIWACK EAST



Note: Data is suppressed for waves when there are fewer than 35 Kindergarten children in the neighbourhood. For a complete table of school district and neighbourhood results, see the Appendices.

CHILLIWACK WEST

TOTAL NUMBER OF CHILDREN: 179

NEIGHBOURHOOD (NH) & SCHOOL DISTRICT (SD) DEMOGRAPHICS

	TOTAL EDI	STUDENT MEAN AGE	#MALE	# FEMALE	# OF ELL	# OF SPECIAL NEEDS
NH	179	5.68	98	81	8	13
SD	878	5.66	462	416	43	40

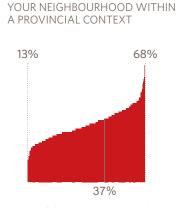
WAVE 7 VULNERABILITY ON ONE OR MORE SCALES

PERCENT OF CHILDREN VULNERABLE

37% 34%

NUMBER OF CHILDREN VULNERABLE

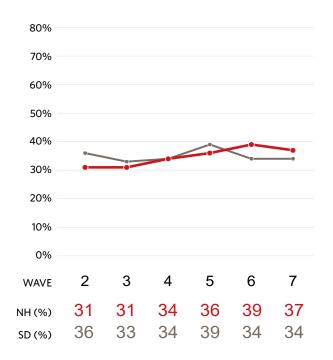




Note: Each bar represents a single neighbourhood (NH) in the province.

WAVE 2-7 VULNERABILITY TRENDS ON ONE OR MORE SCALES

TRENDS IN PERCENT OF CHILDREN VULNERABLE



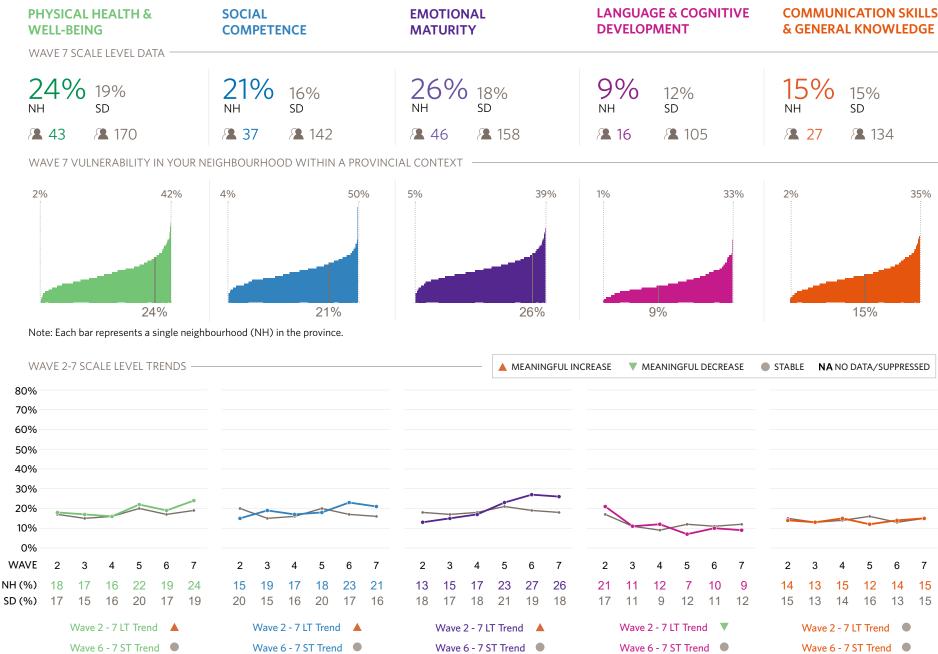
MEANINGFUL CHANGE OVER TIME IN VULNERABILITY

Wave 2 - 7 Long-Term (LT) Trend

Wave 6 - 7 Short-Term (ST) Trend

🔺 MEANINGFUL INCREASE 🛛 🔻 MEANINGFUL DECREASE 🛛 🛑 STABLE 🛛 🗛 NO DATA/SUPPRESSED

CHILLIWACK WEST



Note: Data is suppressed for waves when there are fewer than 35 Kindergarten children in the neighbourhood. For a complete table of school district and neighbourhood results, see the Appendices.

SARDIS NORTH

✗▲ TOTAL NUMBER OF CHILDREN: 100

NEIGHBOURHOOD (NH) & SCHOOL DISTRICT (SD) DEMOGRAPHICS

	TOTAL EDI	STUDENT MEAN AGE	#MALE	# FEMALE	# OF ELL	# OF SPECIAL NEEDS
NH	100	5.63	54	46	8	Less than 5
SD	878	5.66	462	416	43	40

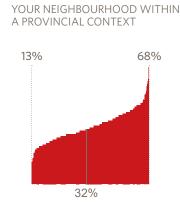
WAVE 7 VULNERABILITY ON ONE OR MORE SCALES

PERCENT OF CHILDREN VULNERABLE

32% 34% sd

NUMBER OF CHILDREN VULNERABLE

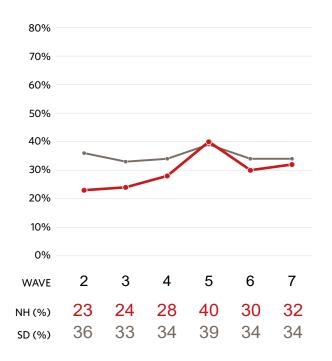




Note: Each bar represents a single neighbourhood (NH) in the province.

WAVE 2-7 VULNERABILITY TRENDS ON ONE OR MORE SCALES

TRENDS IN PERCENT OF CHILDREN VULNERABLE



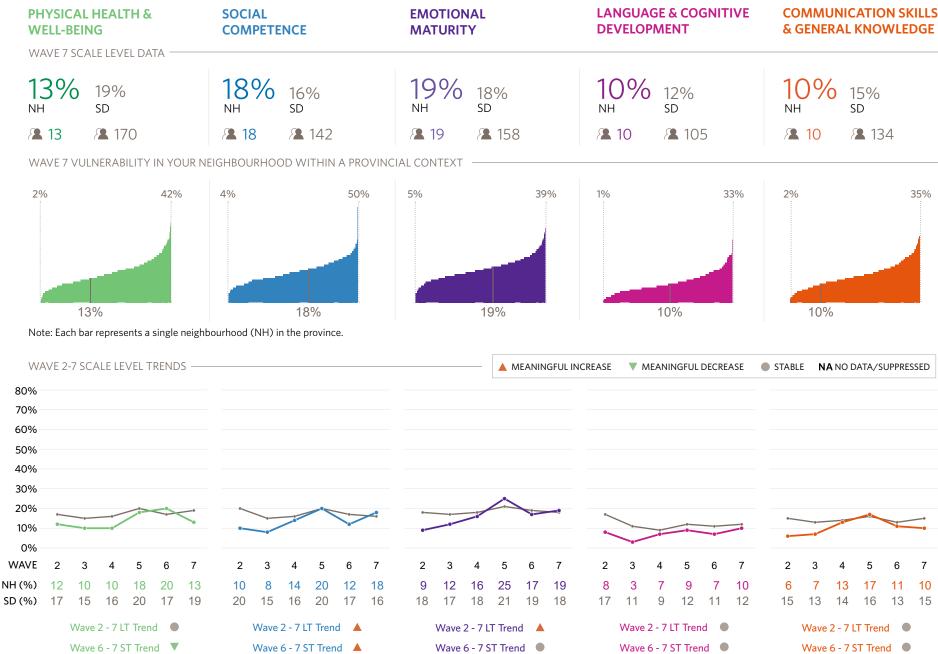
MEANINGFUL CHANGE OVER TIME IN VULNERABILITY

Wave 2 - 7 Long-Term (LT) Trend

Wave 6 - 7 Short-Term (ST) Trend

🔺 MEANINGFUL INCREASE 🛛 🔻 MEANINGFUL DECREASE 🛛 🛑 STABLE 🛛 🗛 NO DATA/SUPPRESSED

SARDIS NORTH



Note: Data is suppressed for waves when there are fewer than 35 Kindergarten children in the neighbourhood. For a complete table of school district and neighbourhood results, see the Appendices.

SARDIS SOUTH

✓▲ TOTAL NUMBER OF CHILDREN: 166

NEIGHBOURHOOD (NH) & SCHOOL DISTRICT (SD) DEMOGRAPHICS

	TOTAL EDI	STUDENT MEAN AGE	#MALE	# FEMALE	# OF ELL	# OF SPECIAL NEEDS
NH	166	5.7	82	84	Less than 5	6
SD	878	5.66	462	416	43	40

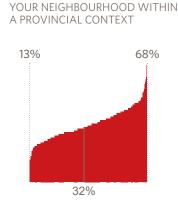
WAVE 7 VULNERABILITY ON ONE OR MORE SCALES

PERCENT OF CHILDREN VULNERABLE

32% 34% NH SD

NUMBER OF CHILDREN VULNERABLE

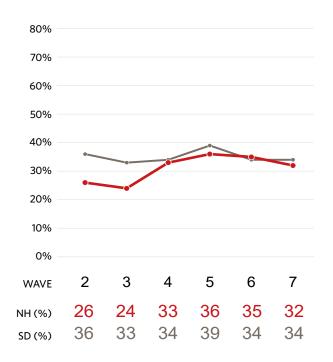




Note: Each bar represents a single neighbourhood (NH) in the province.

WAVE 2-7 VULNERABILITY TRENDS ON ONE OR MORE SCALES





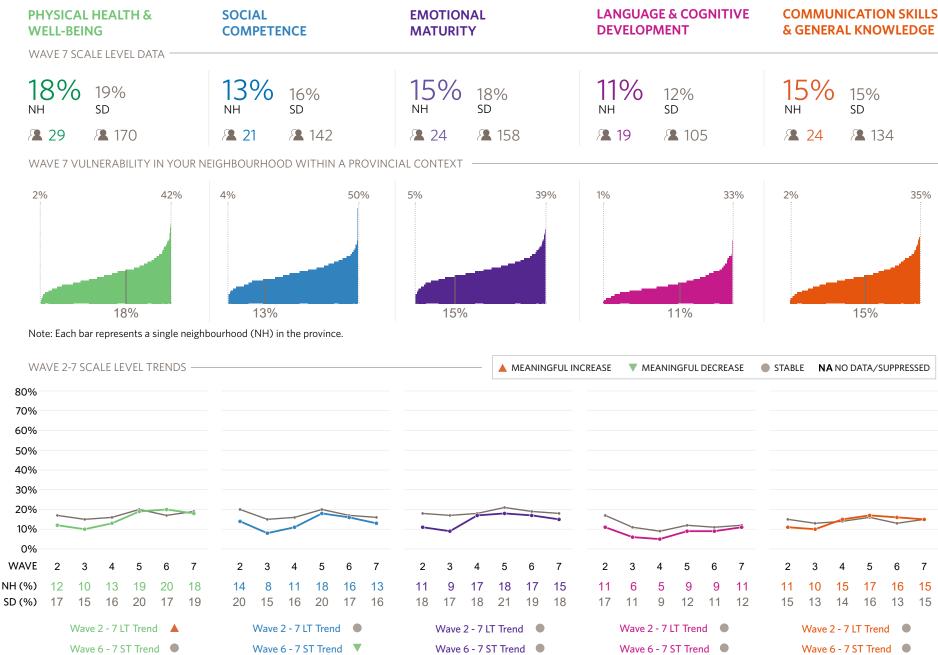
MEANINGFUL CHANGE OVER TIME IN VULNERABILITY

Wave 2 - 7 Long-Term (LT) Trend

Wave 6 - 7 Short-Term (ST) Trend

🔺 MEANINGFUL INCREASE 🛛 🔻 MEANINGFUL DECREASE 🛛 🔵 STABLE 🛛 🗛 NO DATA/SUPPRESSED

SARDIS SOUTH



Note: Data is suppressed for waves when there are fewer than 35 Kindergarten children in the neighbourhood. For a complete table of school district and neighbourhood results, see the Appendices.



RESOURCES



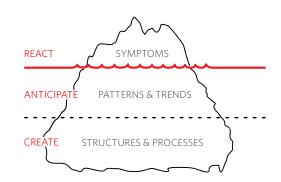
Visit HELP's website to access the Wave 7 Provincial Report and helpful factsheets, research briefs, and published articles related to the EDI: earlylearning.ubc.ca/edi/edi-resources



Visit the Offord Centre for Child Studies to learn more about the EDI: edi.offordcentre.com



Explore EDI data across the province at the School District, Neighbourhood and Local Health Area level using our interactive EDI Map: **earlylearning.ubc.ca/interactive-map**



Learn more about systems approaches and tools:

earlylearning.ubc.ca/media/systems_ toolkit_2019_final.pdf

ACCESSING ABORIGINAL EDI DATA

HELP is committed to working in partnership with First Nations, Métis and Inuit communities and organizations and to engage in research, data collection and reporting in a culturally-responsive and safe manner. To support this approach, HELP established an Aboriginal Steering Committee (ASC) in 2003. ASC members are leaders and experts, elders and community members from First Nations and Métis communities in BC and Canada.

HELP's goal is to ensure our tools and approaches are culturally safe and appropriate, embracing the Truth and Reconciliation Commission's Calls to Action Framework. As a result, HELP has clear guidelines for the release of data and reports that include First Nations, Métis or Inuit children. This ensures data are accessible to, and meet the needs of, various Indigenous governance groups and community organizations.

- HELP is committed to providing access to Aboriginal data to those who can use it to bring about positive changes for children. This includes:
- Chief & Councils
- Métis Nation British Columbia (MNBC)
- School District Aboriginal Education Committees
- Other organizations working specifically with Indigenous children and families

ABOUT EDI DATA

EDI data for Indigenous children may include those who identify as First Nations, Métis or Inuit, some who are connected with their cultural identity and language(s), as well as some who have not yet had this opportunity. These data include Indigenous children living in communities off-reserve, in urban cities and rural regions, and a small number of participating First Nations schools across the province. EDI data for First Nations, Métis or Inuit chilldren are not publicly released and no comparisons are made between Indigenous and non-Indigenous children.

This information helps organizations, communities and governments in making informed decisions about programs and services for Indigenous children and families.

CONTACT US

If you have a specific data request or would like to receive data for First Nations, Métis or Inuit children in your school district, please contact us.

HELP staff will support groups and organizations to navigate the data request process and to provide them with ongoing support in using and understanding community data.

For more information, please contact HELP at edi@help.ubc.ca



APPENDICES

- APPENDIX 1A
 EDI VULNERABLE ON ONE OR MORE SCALES DATA FOR BC
 SCHOOL DISTRICTS WAVE 2–7
- APPENDIX 1B

EDI DATA FOR THE 5 SCALES OF THE EDI FOR BC SCHOOL DISTRICTS – WAVE 2–7

• APPENDIX 2A

EDI VULNERABLE ON ONE OR MORE SCALES DATA FOR NEIGHBOURHOODS IN CHILLIWACK SCHOOL DISTRICT – WAVE 2–7

• APPENDIX 2B

EDI DATA FOR THE 5 SCALES OF THE EDI FOR NEIGHBOURHOODS IN CHILLIWACK SCHOOL DISTRICT – WAVE 2–7

							Vulnerable on One or More Scales of the EDI													
			# of C	hildren				Perc	ent V	ulner	able			# c	f Childre	n Vulnera	ble			
Wave Number	2	3	4	5	6	7	2	3	4	5	6	7	2	3	4	5	6	7		
Abbotsford	2762	1421	28	1316	1396	1438	34	28		33	34	38	916	388		434	475	552		
Alberni	550	205	530	544	549	448	30	26	30	30	32	38	160	52	158	163	178	168		
Arrow Lakes	107	55	78	76	83	79	16	20	23	25	17	18	17	11	18	19	14	14		
Boundary	296	191	204	177	215	244	19	27	30	28	33	36	57	51	61	49	71	88		
Bulkley Valley	151	148	262	196	272	247	29	30	41	32	39	33	42	44	107	62	105	82		
Burnaby	1538	1477	1583	1640	1694	1753	33	32	32	32	33	35	500	456	508	523	552	605		
Campbell River	350	380	606	357	753	1184	31	28	31	32	28	35	107	106	185	114	208	412		
Cariboo - Chilcotin	342	347	640	304	626	673	38	31	33	35	41	40	127	107	210	105	254	271		
Central Coast	59	21	40	16	36	43	24		18		28	28	14		7		10	12		
Central Okanagan	1381	1462	1428	1446	1447	1401	27	21	23	28	28	30	370	296	325	399	397	418		
Chilliwack	782	1609	1707	954	888	878	36	33	34	39	34	34	276	519	572	368	300	301		
Coast Mountains	331	291	632	528	517	480	34	34	40	37	42	42	108	95	249	196	216	201		
Comox Valley	487	492	515	1006	477	583	34	35	37	38	40	36	163	169	188	381	191	210		
Coquitlam	1948	1914	1880	1886	2101	2193	23	27	33	30	31	35	448	514	620	557	651	756		
Cowichan Valley	604	550	1014	1172	575	592	26	23	29	34	35	34	157	124	290	393	200	199		
Delta	995	985	1786	939	957	923	30	27	27	28	29	28	296	258	471	263	272	255		
Fort Nelson	138	124	128	125	183	166	33	24	20	22	26	25	46	29	25	28	47	42		
Fraser - Cascade	235	233	233	224	346	237	36	36	36	45	43	40	82	77	82	99	149	95		
Gold Trail	103	176	184	160	144		54	46	44	52	50		54	80	81	82	72			
Greater Victoria		1268	1285	1334	1468	1397		25	30	28	28	30		309	383	373	413	416		
Gulf Islands	163	81	140	174	270	168	20	26	26	24	30	35	33	20	35	41	79	59		
Haida Gwaii	81	111	85	69	118	95	52	27	36	38	31	37	41	30	30	26	37	35		
Kamloops - Thompson	872	928	1921	1042	1057	1037	23	28	29	31	28	31	193	257	557	327	299	317		
Kootenay - Columbia	269	260	513	549	505	615	21	16	19	26	22	33	55	40	95	140	110	204		
Kootenay Lake	892	546	299	277	314	277	23	26	25	28	35	28	204	136	73	77	109	78		
Langley	1142	1312	1223	1117	1092	1403	23	25	29	31	28	31	259	317	347	347	300	432		
Maple Ridge - Pitt Meadows	866	969	1007	986	1022	1017	25	25	25	32	31	31	210	243	253	315	313	313		
Mission		463	428	412	437	476		35	36	38	31	34		163	152	154	136	162		
Nanaimo - Ladysmith	2738	913	1771	994	1029	1053	29	28	34	35	34	37	796	242	601	348	348	385		
Nechako Lakes	284	479	482	434	481	366	39	34	33	36	37	37	109	159	157	155	178	134		
New Westminster	462	461	836	453	550	491	30	24	28	33	30	27	135	108	229	148	165	133		
Nicola - Similkameen	136	143	281	255	289	280	33	41	35	35	40	29	44	58	98	89	116	80		
Nisga'a	51	25	55	72	71	59	30		33	35	17	32	15		18	25	12	19		
North Okanagan - Shuswap	422	408	827	803	410	441	33	23	31	34	30	36	137	91	254	275	123	160		
North Vancouver		1077	1095	1098	1205	1197		23	21	29	25	26		241	229	315	296	307		
Okanagan Similkameen	194	157	325	319	236	316	36	32	36	32	40	40	70	50	118	103	92	127		

APPENDIX 1A - EDI VULNERABLE ON ONE OR MORE SCALES DATA FOR BC SCHOOL DISTRICTS - WAVE 2-7

Please note: Data are suppressed where there are fewer than 35 Kindergarten children. A complete data file can be found on our website: earlylearning.ubc.ca/maps/data

APPENDIX 1A - CONTINUED

Wave Number2Okanagan Skaha771Peace River North463Peace River South307Powell River139Prince George1018Prince Rupert198Qualicum262Quesnel206Revelstoke153Richmond1362Rocky Mountain637Saanich348Sea to Sky297Sooke535	3 367 445 524 121 832 170	# of Cl 4 663 380 544 272	5 702 807 282	6 710 465 503	7 702 453	2 29	Perc 3	ent V 4	ulnera 5	able 6	7				n Vulnera		
Okanagan Skaha771Peace River North463Peace River South307Powell River139Prince George1018Prince Rupert198Qualicum262Quesnel206Revelstoke153Richmond1362Rocky Mountain637Saanich348Sea to Sky297	367 445 524 121 832	4 663 380 544 272	5 702 807 282	710 465	702		3				7						
Okanagan Skaha771Peace River North463Peace River South307Powell River139Prince George1018Prince Rupert198Qualicum262Quesnel206Revelstoke153Richmond1362Rocky Mountain637Saanich348Sea to Sky297	367 445 524 121 832	663 380 544 272	702 807 282	710 465	702		-	4	5	6	7						
Peace River North463Peace River South307Powell River139Prince George1018Prince Rupert198Qualicum262Quesnel206Revelstoke153Richmond1362Rocky Mountain637Saanich348Sea to Sky297	445 524 121 832	380 544 272	807 282	465		29	21				<i>'</i>	2	3	4	5	6	7
Peace River South307Powell River139Prince George1018Prince Rupert198Qualicum262Quesnel206Revelstoke153Richmond1362Rocky Mountain637Saanich348Sea to Sky297	524 121 832	544 272	282		453			30	34	33	34	220	114	194	236	230	236
Powell River139Prince George1018Prince Rupert198Qualicum262Quesnel206Revelstoke153Richmond1362Rocky Mountain637Saanich348Sea to Sky297	121 832	272		503		29	37	35	34	35	34	131	161	132	276	164	155
Prince George1018Prince Rupert198Qualicum262Quesnel206Revelstoke153Richmond1362Rocky Mountain637Saanich348Sea to Sky297	832		270	2.55	547	36	34	38	32	34	36	109	176	205	91	171	195
Prince Rupert 198 Qualicum 262 Quesnel 206 Revelstoke 153 Richmond 1362 Rocky Mountain 637 Saanich 348 Sea to Sky 297			278	265	235	28	28	31	34	36	37	38	33	83	93	95	88
Qualicum262Quesnel206Revelstoke153Richmond1362Rocky Mountain637Saanich348Sea to Sky297	170	1898	1011	1071	965	28	27	32	34	30	37	285	216	595	346	322	359
Quesnel206Revelstoke153Richmond1362Rocky Mountain637Saanich348Sea to Sky297		126	252	310	119	49	52	49	46	51	43	96	85	61	115	157	51
Revelstoke153Richmond1362Rocky Mountain637Saanich348Sea to Sky297	291	523	510	197	551	32	25	29	35	37	31	84	70	151	180	72	173
Richmond 1362 Rocky Mountain 637 Saanich 348 Sea to Sky 297	232	435	453	474	401	24	32	34	39	38	40	48	73	146	177	179	161
Rocky Mountain637Saanich348Sea to Sky297	154	139	165	207	253	12	7	10	11	9	13	18	10	14	18	19	32
Saanich 348 Sea to Sky 297	1383	2737	1495	1435	1261	30	30	32	34	35	35	394	403	859	501	501	438
Sea to Sky 297	425	455	471	498	475	23	24	27	30	29	30	146	101	121	142	144	144
·	396	738	350	377	775	42	21	26	21	20	26	145	83	193	73	77	201
Sooke 535	285	599	667	784	795	28	30	26	32	31	31	80	84	155	210	246	243
500KC 555	595	685	725	825	838	28	23	23	31	27	27	146	134	159	224	226	227
Southeast Kootenay 1165	785	792	873	944	847	32	28	28	24	30	31	368	219	221	207	282	265
Stikine 70	31	29	29	11	1	29						20					
Sunshine Coast	170	374	399	440	466		42	30	38	36	38		70	111	149	157	178
Surrey 4221	4513	4605	4978	5082	5105	30	28	32	34	34	35	1242	1240	1482	1695	1711	1773
Vancouver 3446	3672	3283	3131	3483	3073	37	38	40	35	36	35	1253	1354	1301	1093	1247	1081
Vancouver Island North 94	193	179	185	249	248	23	32	32	33	41	35	21	60	57	61	101	86
Vancouver Island West 54	26	47	42	58	50	24		55	52	53	54	13		26	22	30	27
Vernon 515	514	1053	933	585	543	24	21	26	33	26	32	122	107	275	305	150	176
West Vancouver 308	378	337	327	506	424	17	22	18	23	29	32	52	81	60	73	144	137
British Columbia 38,411	38,184	46,944	42,519	43,292	43,377	29.9	28.7	30.9	32.5	32.2	33.4	11,300	10,741	14,401	13,797	13,918	14,468

Please note: Data are suppressed where there are fewer than 35 Kindergarten children. A complete data file can be found on our website: earlylearning.ubc.ca/maps/data

							Percent Vulnerable																													
			# of C	hildren					•	l Hea I-bein				c	Soo Comp		e				Emot Matu						angu gnitiv				C			tion S nowle		
Wave Number	2	3	4	5	6	7	2	3	4	5	6	7	2	3	4	5	6	7	2	3	4	5	6	7	2	3	4	5	6	7	2	3	4	5	6	7
Abbotsford	2762	1421	28	1316	1396	1438	14	11		17	16	17	14	12		15	16	18	12	10		13	15	18	11	9		10	9	11	19	16		17	19	20
Alberni	550	205	530	544	549	448	9	9	12	16	18	23	9	11	11	12	15	17	11	13	11	11	14	18	20	15	17	15	12	13	10	14	9	12	16	16
Arrow Lakes	107	55	78	76	83	79	6	7	5	16	12	11	9	9	5	9	11	9	10	13	10	5	10	9	9	2	13	11	6	4	11	0	5	4	7	5
Boundary	296	191	204	177	215	244	7	8	13	12	17	21	8	9	11	10	21	24	9	11	16	13	17	21	10	12	12	10	13	14	7	10	11	10	15	15
Bulkley Valley	151	148	262	196	272	247	12	18	22	22	23	20	14	15	22	11	17	15	12	16	25	18	21	18	14	13	14	9	9	10	13	16	20	12	17	15
Burnaby	1538	1477	1583	1640	1694	1753	10	10	11	13	12	14	14	13	16	15	17	17	11	11	15	12	14	17	15	13	11	8	9	9	21	18	17	17	17	19
Campbell River	350	380	606	357	753	1184	15	13	16	21	14	18	14	12	13	12	12	15	14	14	12	15	14	19	11	12	12	12	9	16	14	13	11	10	8	12
Cariboo - Chilcotin	342	347	640	304	626	673	16	13	19	23	22	22	20	13	13	14	21	18	18	13	15	18	23	22	20	14	14	14	15	14	15	11	15	12	16	17
Central Coast	59	21	40	16	36	43	22		13		19	5	9		3		8	7	7		0		11	19	14		8		14	16	12		8		6	7
Central Okanagan	1381	1462	1428	1446	1447	1401	13	9	10	14	11	13	13	8	11	12	14	14	14	10	10	13	16	17	7	7	7	6	8	9	11	9	9	10	10	12
Chilliwack	782	1609	1707	954	888	878	17	15	16	20	17	19	20	15	16	20	17	16	18	17	18	21	19	18	17	11	9	12	11	12	15	13	14	16	13	15
Coast Mountains	331	291	632	528	517	480	17	14	24	24	23	27	14	13	20	18	18	20	9	11	15	14	15	22	19	12	16	11	17	14	19	19	23	16	20	19
Comox Valley	487	492	515	1006	477	583	15	16	17	20	21	19	20	17	21	22	22	18	16	18	18	19	23	22	14	14	16	10	11	13	14	13	18	15	17	13
Coquitlam	1948	1914	1880	1886	2101	2193	7	10	12	12	12	12	8	13	16	16	14	17	8	11	13	13	17	18	7	8	12	8	8	10	13	13	14	14	14	15
Cowichan Valley	604	550	1014	1172	575	592	12	10	15	19	19	20	12	10	13	15	18	16	12	9	14	15	18	18	15	8	8	11	14	13	12	10	14	15	17	15
Delta	995	985	1786	939	957	923	11	11	12	12	12	14	15	13	11	14	13	12	12	13	12	13	16	15	11	11	9	7	8	8	15	11	10	11	11	12
Fort Nelson	138	124	128	125	183	166	17	16	15	14	13	17	24	13	9	6	11	9	19	9	8	10	15	16	12	6	10	5	5	5	12	4	7	6	7	6
Fraser - Cascade	235	233	233	224	346	237	15	15	22	26	29	24	22	22	17	24	20	18	10	14	13	15	15	16	14	9	8	8	13	15	16	17	15	16	18	18
Gold Trail	103	176	184	160	144		27	28	25	38	32		37	19	14	19	23		27	15	16	19	19		15	18	20	23	18		27	25	28	31	22	
Greater Victoria		1268	1285	1334	1468	1397		12	13	15	14	13		11	15	15	13	15		11	13	13	15	16		7	9	7	6	8		11	13	11	11	14
Gulf Islands	163	81	140	174	270	168	6	9	13	15	17	20	6	5	13	9	11	11	9	13	11	14	15	18	9	11	10	4	8	5	4	8	10	8	11	16
Haida Gwaii	81	111	85	69	118	95	24	14	27	24	19	17	13	16	19	18	16	20	22	15	21	14	15	17	29	11	8	12	9	11	15	12	17	18	16	18
Kamloops - Thompson	872	928	1921	1042	1057	1037	10	11	12	17	13	14	9	12	15	16	14	17	7	12	14	17	16	18	9	10	9	7	10	11	8	12	10	10	10	11
Kootenay - Columbia	269	260	513	549	505	615	8	3	4	11	9	13	8	7	9	15	13	18	11	6	8	12	13	20	6	6	4	7	5	11	7	4	8	7	7	10
Kootenay Lake	892	546	299	277	314	277	10	9	7	16	17	13	8	9	10	14	15	10	13	17	17	15	19	14	8	9	8	7	8	6	7	10	7	11	11	9
Langley	1142	1312	1223	1117	1092	1403	8	10	11	14	12	12	10	11	14	17	14	15	9	11	14	16	15	16	9	8	9	7	7	10	10	11	12	13	12	14
Maple Ridge - Pitt Meadows	866	969	1007	986	1022	1017	10	12	9	13	13	13	12	15	13	14	16	15	10	10	12	16	18	19	9	9	10	8	9	10	10	12	9	11	11	10
Mission		463	428	412	437	476		11	16	17	12	15		16	16	16	19	19		19	16	17	20	20		12	15	11	9	11		15	15	15	12	12
Nanaimo - Ladysmith	2738	913	1771	994	1029	1053	15	9	17	18	17	20	15	14	16	17	17	18	12	10	15	17	18	20	13	12	14	12	10	14	12	11	12	12	13	11
Nechako Lakes	284	479	482	434	481	366	20	17	15	18	19	16	13	15	10	14	17	14	13	16	18	19	20	19	23	16	16	16	13	15	16	15	11	17	16	16
New Westminster	462	461	836	453	550	491	9	7	11	15	10	11	14	8	12	16	12	12	13	7	11	13	13	13	10	9	8	10	7	7	16	11	15	14	15	13
Nicola - Similkameen	136	143	281	255	289	280	19	15	22	25	24	16	10	15	14	16	21	13	14	20	15	15	22	16	9	16	13	11	14	10	15	14	14	12	17	9
Nisga'a	51	25	55	72	71	59	10		13	13	6	10	2		13	24	10	22	12		13	18	6	7	14		15	8	4	10	12		11	14	4	7
North Okanagan - Shuswap	422	408	827	803	410	441	17	11	16	18	15	19	19	11	17	19	17	20	16	12	15	15	16	22	14	6	8	7	13	10	15	8	11	10	12	12
North Vancouver		1077	1095	1098	1205	1197		8	9	14	10	11		11	10	12	12	13		12	10	13	12	15		8	7	5	6	7		11	10	10	11	11
Okanagan Similkameen	194	157	325	319	236	316	13	13	19	14	19	19	14	15	17	17	23	21	18	20	21	18	20	24	13	12	12	8	15	15	20	19	15	13	20	17

APPENDIX 1B - EDI DATA FOR THE 5 SCALES OF THE EDI FOR BC SCHOOL DISTRICTS - WAVE 2-7

Please note: Data are suppressed where there are fewer than 35 Kindergarten children. A complete data file can be found on our website: earlylearning.ubc.ca/maps/data

APPENDIX 1B - CONTINUED

							Percent Vulnerable																													
_			# of C	hildren						al Hea II-beir					So Comp	cial etenc	e				Emot Mat	ional urity					angu gnitiv				C		nunica eral K		Skills & edge	×
Wave Number	2	3	4	5	6	7	2	3	4	5	6	7	2	3	4	5	6	7	2	3	4	5	6	7	2	3	4	5	6	7	2	3	4	5	6	7
Okanagan Skaha	771	367	663	702	710	702	13	14	11	17	14	15	15	14	12	16	15	18	14	15	16	18	18	21	12	10	8	8	8	8	12	13	8	12	13	12
Peace River North	463	445	380	807	465	453	8	17	14	18	19	17	15	15	11	17	16	14	11	12	13	16	17	15	14	17	13	10	10	9	13	10	15	12	14	13
Peace River South	307	524	544	282	503	547	19	16	14	15	18	20	16	14	14	17	15	19	13	14	13	18	17	18	20	15	19	11	13	13	15	15	18	16	15	14
Powell River	139	121	272	278	265	235	11	7	10	21	20	18	11	16	16	15	18	22	16	18	21	19	18	22	14	15	11	9	13	15	11	7	7	8	17	15
Prince George	1018	832	1898	1011	1071	965	14	12	18	17	17	20	15	12	16	20	16	19	10	12	15	17	16	20	12	12	11	11	11	14	12	10	13	12	12	16
Prince Rupert	198	170	126	252	310	119	21	24	23	22	19	21	26	29	28	23	26	21	20	19	25	19	21	20	31	28	24	26	28	25	29	27	27	28	27	24
Qualicum	262	291	523	510	197	551	11	7	12	20	19	17	23	11	19	17	16	18	12	12	15	18	21	19	9	8	10	10	12	10	8	10	11	12	13	11
Quesnel	206	232	435	453	474	401	7	10	16	22	21	25	8	15	11	19	18	22	7	9	12	18	21	28	15	18	16	12	17	15	9	10	12	14	14	14
Revelstoke	153	154	139	165	207	253	4	3	2	5	5	6	5	3	4	2	3	5	4	3	3	4	6	8	4	3	7	2	3	3	4	3	2	4	2	2
Richmond	1362	1383	2737	1495	1435	1261	7	10	10	12	13	12	13	15	16	15	18	16	11	12	15	16	17	17	8	8	8	7	8	8	17	17	18	18	20	19
Rocky Mountain	637	425	455	471	498	475	11	9	15	15	16	16	10	11	12	18	16	11	11	14	13	17	17	15	9	7	7	10	8	9	8	9	8	11	8	8
Saanich	348	396	738	350	377	775	15	10	13	11	11	11	16	12	14	9	11	12	13	13	13	12	12	13	28	9	10	4	6	8	10	9	9	9	7	11
Sea to Sky	297	285	599	667	784	795	13	11	10	16	14	14	15	13	12	14	14	14	13	13	14	17	18	17	7	5	8	6	8	8	11	8	11	12	13	11
Sooke	535	595	685	725	825	838	13	10	8	13	14	12	12	9	11	14	13	14	12	10	13	18	15	16	12	10	8	7	7	9	9	8	6	9	10	10
Southeast Kootenay	1165	785	792	873	944	847	15	12	13	10	14	15	14	14	14	12	14	15	18	17	13	12	17	18	9	8	8	7	5	7	10	10	10	8	10	10
Stikine	70	31	29	29	11	1	18						15						12						15						15					
Sunshine Coast		170	374	399	440	466		26	17	22	20	16		14	13	21	14	19		14	16	17	17	23		19	8	7	5	10		16	13	11	14	16
Surrey	4221	4513	4605	4978	5082	5105	11	12	14	14	15	15	13	12	15	17	17	16	11	11	12	14	16	17	12	11	10	10	11	13	16	14	16	17	17	18
Vancouver	3446	3672	3283	3131	3483	3073	14	15	15	16	14	15	16	16	19	16	17	18	14	16	15	14	15	17	10	11	12	9	9	10	23	22	24	19	20	17
Vancouver Island North	94	193	179	185	249	248	8	12	17	10	23	14	11	12	12	16	15	16	7	9	13	14	25	20	12	8	9	13	9	11	9	12	7	9	7	7
Vancouver Island West	54	26	47	42	58	50	13		26	21	32	30	7		51	19	26	22	9		32	17	26	24	7		15	19	23	24	11		23	29	26	34
Vernon	515	514	1053	933	585	543	11	10	13	18	14	16	13	6	13	14	11	17	7	8	13	15	13	18	9	7	11	11	10	12	10	10	12	13	9	14
West Vancouver	308	378	337	327	506	424	6	8	6	8	11	16	6	11	12	15	14	15	7	10	11	13	13	17	2	4	4	3	5	7	5	7	6	9	13	15
British Columbia	38,411	38,184	46,944	42,519	43,292	43,377	12.0	11.7	13.4	15.7	14.8	15.4	13.3	12.7	14.5	15.6	15.7	16.1	11.9	12.4	13.8	14.9	16.0	17.7	11.3	10.1	10.3	9.0	9.4	10.6	14.2	13.2	13.6	13.7	14.2	14.3

Please note: Data are suppressed where there are fewer than 35 Kindergarten children. A complete data file can be found on our website: earlylearning.ubc.ca/maps/data

APPENDIX 2A – EDI VULNERABLE ON ONE OR MORE SCALES DATA FOR NEIGHBOURHOODS IN CHILLIWACK SCHOOL DISTRICT – WAVE 2–7

									Vu	Inerat	ole on	One o	or More	e Scale	s of th	e EDI		
		:	# of Cl	hildrer	1			Perc	ent V	ulner	able			# of C	hildre	n Vuln	erable	
Wave Number	2	3	4	5	6	7	2	3	4	5	6	7	2	3	4	5	6	7
Chilliwack Centre	214	444	456	255	227	222	55	48	44	45	39	40	115	210	201	113	87	88
Chilliwack East	162	394	399	239	223	211	32	27	25	35	27	29	50	105	98	84	59	62
Chilliwack West	171	320	320	172	161	179	31	31	34	36	39	37	53	98	110	62	62	66
Sardis North	100	169	216	112	109	100	23	24	28	40	30	32	23	40	60	45	33	32
Sardis South	135	282	316	176	168	166	26	24	33	36	35	32	35	66	103	64	59	53
Chilliwack	782	1609	1707	954	888	878	36	33	34	39	34	34	276	519	572	368	300	301

APPENDIX 2B – EDI DATA FOR THE 5 SCALES OF THE EDI FOR NEIGHBOURHOODS IN CHILLIWACK SCHOOL DISTRICT – WAVE 2–7

																				Per	rcent V	ulnera	ble													
		;	# of C	hildrer	ı				Physical Health & Well-being					(Soo Compe		•				Emot Mate						-	age & ⁄e Skil			Com			Skills ledge	& Gen	eral
Wave Number	2	3	4	5	6	7	2	3	4	5	6	7	2	3	4	5	6	7	2	3	4	5	6	7	2	3	4	5	6	7	2	3	4	5	6	7
Chilliwack Centre	214	444	456	255	227	222	27	25	25	27	19	24	34	24	24	22	21	16	28	24	21	21	21	20	28	20	14	20	17	18	23	22	19	21	16	19
Chilliwack East	162	394	399	239	223	211	11	10	10	12	11	15	19	10	10	19	12	14	19	18	15	19	15	12	11	7	5	11	9	10	16	9	8	12	10	15
Chilliwack West	171	320	320	172	161	179	18	17	16	22	19	24	15	19	17	18	23	21	13	15	17	23	27	26	21	11	12	7	10	9	14	13	15	12	14	15
Sardis North	100	169	216	112	109	100	12	10	10	18	20	13	10	8	14	20	12	18	9	12	16	25	17	19	8	3	7	9	7	10	6	7	13	17	11	10
Sardis South	135	282	316	176	168	166	12	10	13	19	20	18	14	8	11	18	16	13	11	9	17	18	17	15	11	6	5	9	9	11	11	10	15	17	16	15
Chilliwack	782	1609	1707	954	888	878	17	15	16	20	17	19	20	15	16	20	17	16	18	17	18	21	19	18	17	11	9	12	11	12	15	13	14	16	13	15

Please note: Data are suppressed where there are fewer than 35 Kindergarten children. A complete data file can be found on our website: earlylearning.ubc.ca/maps/data



REFERENCES

- Human Early Learning Partnership. What makes a difference for early child development? Team Environment Assessment Model for early child development (TEAM-ECD). Vancouver, BC: School of Population and Public Health, University of British Columbia; 2012 Nov. Available from: http:// earlylearning.ubc.ca/documents/304/.
- 2 Glover V. The effects of prenatal stress on child behavioural and cognitive outcomes start at the beginning. Montreal, QC: Encyclopedia on Early Child Development; 2019 Apr. Available from: http://www.child-encyclopedia.com/stressand-pregnancy-prenatal-and-perinatal/according-experts/ effects-prenatal-stress-child.
- 3 Moore T, Arefadib N, Leone V, West S. The first thousand days - our greatest opportunity [policy brief]. Melbourne, Australia: Royal Children's Hospital, Murdoch Children's Research Institute, Centre for Community Child Health; 2018 Mar. Available from: https://www.rch.org.au/uploadedFiles/Main/ Content/ccchdev/1803-CCCH-Policy-Brief-28.pdf.
- 4 Shonkoff J, Boyce WT, McEwen BC. Neuroscience, molecular biology, and the childhood roots of health disparities: building a new framework for health promotion and disease prevention. JAMA. 2009; 301(21):2252-9. Available from: https://www.ncbi.nlm.nih.gov/pubmed/19491187.
- 5 Hertzman C. Commentary on the symposium: biological embedding, life course development, and the emergence of a new science. Ann Rev Public Health. 2013 Jan 4. Available from: http://www.ncbi.nlm.nih.gov/pubmed/23297665.
- 6 Hertzman C, Boyce T. How experience gets under the skin to create gradients in developmental health. Ann Rev Public Health. 2010; 31:329-47. Available from: https://doi.org/10.1146/annurev.publhealth.012809.103538.
- 7 Irwin L, Siddiqi A, Hertzman C. Early childhood development: a powerful equalizer. Final report. World Health Organization, Commission on the Social Determinants of Health. 2018 Jun. Available from https://www.who.int/social_determinants/ resources/ecd_kn_report_07_2007.pdf.

- 8 Marmot M, Bell R. Fair society, healthy lives (the Marmot Review). London, UK. Available from: http://www. instituteofhealthequity.org/resources-reports/fair-societyhealthy-lives-the-marmot-review.
- 9 Brookings Working Group on Poverty and Opportunity. Opportunity, Responsibility, and Security. A consensus plan for reducing poverty and restoring the American dream. Brookings, NY: American Enterprise Institute for Public Policy Research and the Brookings Institution; 2015. Available from: https://www.brookings.edu/wp-content/uploads/2016/07/ Full-Report.pdf.
- 10 Marmot M. The health gap: the challenge of an unequal world. The Lancet. 2015 Sep. Available from: http://www.science direct.com/science/article/pii/S0140673615001506.
- 11 Wei L, Feeny D. The dynamics of the gradient between child's health and family income: evidence from Canada. Soc Sci Med. 2019; 226:182-9. Available from: http://www. sciencedirect.com/science/article/pii/S0277953619301005.
- 12 Guhn M, Emerson SD, Mahdaviani D, Gadermann AM. Associations of birth factors and socio-economic status with indicators of early emotional development and mental health in childhood: a population-based linkage study. Child Psychiatry Hum Dev. 2019 Jul. Available from: https://www. ncbi.nlm.nih.gov/pubmed/31338644.
- 13 Offord Centre for Child Studies. Early Development Instrument. McMaster, Hamilton, ON: Offord Centre for Child Studies, McMaster University; Available from: https://edi .offordcentre.com.
- 14 Canadian Institute for Health Information. Children vulnerable in areas of early development: a determinant of child health. Ottawa, ON: CIHI; 2014. Available from: https://secure.cihi .ca/free_products/Children_Vulnerable_in_Areas_of_Early_ Development_EN.pdf.

- 15 Guhn M, Janus M, Enns J, Brownell M, Forer B, Duku E, et al. Examining the social determinants of children's developmental health: protocol for building a pan-Canadian populationbased monitoring system for early childhood development. BMJ Open. 2016 April 1, 2016;6(4). Available from: http:// bmjopen.bmj.com/content/6/4/e012020.abstract.
- 16 Janus M, Brownell M, Reid-Westoby C, Bennett T, Birken C, Coplan R, et al. Establishing a protocol for building a pan Canadian population-based monitoring system for early childhood development for children with health disorders: Canadian Children's Health in Context Study (CCHICS). BMJ Open. 2018;8(5). Available from: http://bmjopen.bmj.com/ content/bmjopen/8/5/e023688.full.pdf.
- 17 Janus M, Offord DR. Development and psychometric properties of the Early Development Instrument (EDI): a measure of children's school readiness. Can J Behav Sci. 2007;39(1):1-22. Available from: https://psycnet.apa.org/ record/2007-04967-001.
- 18 Janus M, Brinkman S, Duku E. Validity and psychometric properties of the Early Development Instrument in Canada, Australia, United States, and Jamaica. Soc Indicators Res. 2011;103:283-297. Available from: http://dx.doi.org/10.1007/ s11205-011-9846-1.
- 19 Forget-Dubois N, Lemelin J-P, Boivin M, Dionne G, Seguin JR, Vitaro F, et al. Predicting early school achievement with the EDI: a longitudinal population-based study. Early Educ Dev. 2007;18(3):405-26. Available from: https://doi .org/10.1080/10409280701610796.
- 20 Australian Early Development Instrument Census. The predictive validity of the AEDC: predicting later cognitive and behavioural outcomes. Melbourne, Vic: Centre for Community Child Health, Royal Children's Hospital, Melbourne, and the Telethon Kids Institute, Perth; 2014 Oct. Available from: http://www.aedc.gov.au/resources/detail/the-predictivevalidity-of-the-aedc-predicting-later-cognitive-andbehavioural-outcomes.
- 21 Jones DE, Greenberg M, Crowley M. Early social-emotional functioning and public health: the relationship between kindergarten social competence and future wellness. Am J Public Health. 2015:e1-e8. Available from: http://dx.doi .org/10.2105/AJPH.2015.302630.

- 22 Thomson KC, Richardson CG, Gadermann AM, Emerson SD, Shoveller J, Guhn M. Association of childhood socialemotional functioning profiles at school entry with earlyonset mental health conditions. JAMA Network Open. 2019;2(1):e186694. Available from: http://dx.doi.org/10.1001/ jamanetworkopen.2018.6694.
- 23 Green MJ, Tzoumakis S, Laurens KR, Dean K, Kariuki M, Harris F, Brinkman SA, Carr VJ. Early developmental risk for subsequent childhood mental health disorders in an Australian population cohort. Aust N Z J Psychiatry. 2018 Dec 2; 53(4): 304–315. doi: 10.1177/0004867418814943. Retreived from: https://journals.sagepub.com/doi/ full/10.1177/0004867418814943.
- 24 Statistics Canada. Deaths from congenital anomalies in Canada, 1974-2012. Ottawa, ON: Government of Canada; 2016. Available from https://www150.statcan.gc.ca/n1/en/ daily-quotidien/160929/dq160929d-eng.pdf?st=M7tdedAy.
- 25 Centres for Disease Control and Prevention. Data and statistics on birth defects. U.S. Department of Health and Human Services; 2018. Available from https://www.cdc.gov/ ncbddd/birthdefects/data.html.
- 26 Statistics Canada. Low birth weight babies, by province and territory. Ottawa, ON: Government of Canada; 2019 Nov. Available from: https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310040401.
- 27 Canadian Institute of Child Health. The health of Canada's children and youth: rates of low birth weight babies, implications; 2019 Nov. Available from: https://cichprofile.ca/ module/8/section/7/page/rate-of-low-birth-weight-babiescanada-and-the-provincesterritories-20102012/.
- 28 Kershaw P, Anderson L, Warburton B, Hertzman C. 15 by 15: a comprehensive policy framework for early human capital investment in BC. Vancouver, BC: Business Council of British Columbia and the Human Early Learning Partnership, University of British Columbia; 2009. Available from: http:// earlylearning.ubc.ca/documents/27/.
- 29 Hall ET. Beyond culture. New York, NY: Penguin Random House; 1976. Available from: https://www. penguinrandomhouse.com/books/73813/beyond-culture-byedward-t-hall/.

- 30 Senge P. The fifth discipline: The art and practice of learning organizations. New York, NY: Doubleday; 1990.
- 31 Boell MM. Steps towards systemic change [iceberg sketch, p. 28]. Center for Systems Awareness; 2018 Dec. Available from: https://www.systemsawareness. org/wp-content/uploads/2019/05/SSEL_stories_ StepsTowardsSystemicChange_Jan19_mail.pdf.



SCHOOL DISTRICT 33 CHILLIWACK SCHOOL DISTRICT REPORT 2020/2021



ACKNOWLEDGEMENTS

We express our deep gratitude to the x^wməθk^wəỳəm (Musqueam) Nation for the privilege of working on their traditional, ancestral and unceded territory at the Point Grey Campus of the University of British Columbia.

The Middle Years Development Instrument (MDI) project is made possible with funding from BC school districts and school boards across the country. We would like to thank and acknowledge all participating school districts for their support of and collaboration towards this project.

We are grateful to the teachers, education staff and school administrators who work directly with us to gather data and use our reports. This includes a commitment to training and completing questionnaires, engaging with students, parents and caregivers and using HELP's data and research in schools, districts and communities. We also extend our warmest appreciation to the students who take the time to share their experiences with us. Thank you.

We would like to acknowledge the Max Bell Foundation for their contributions and continued support towards the MDI research project.

HELP would like to acknowledge the exceptional support we have received since 2001 from the Ministries of Children and Family Development, Education and Health. This investment has enabled the expansion of HELP's unique child development monitoring system that supports high quality, evidence-informed decisions on behalf of children and their families.

DR. KIMBERLY SCHONERT-REICHL

HELP's Middle Years research is led by Dr. Kimberly Schonert-Reichl. HELP acknowledges Dr. Schonert-Reichl for her leadership and expertise in social and emotional development research, her dedication to exploring children's experiences in the middle years and for raising the profile of children's voices, locally and internationally.

ABOUT THE HUMAN EARLY LEARNING PARTNERSHIP

The Human Early Learning Partnership (HELP) is an interdisciplinary research institute based at the School of Population and Public Health, Faculty of Medicine, at the University of British Columbia. HELP's unique partnership brings together researchers and practitioners from across BC, Canada and internationally to address complex child development issues. HELP's research projects explore how different environments and experiences contribute to health and social inequities in children's development over their life course.

The institute was founded by Drs. Clyde Hertzman and Hillel Goelman in 1999. Clyde's vision for HELP was to advance knowledge about child development and importantly, to apply this knowledge in communities. This report, and the work of HELP over two decades, would not have been possible without his vision and passion.

To learn more please visit our website at <u>earlylearning.ubc.ca (http://earlylearning.ubc.ca/)</u>.

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 - USE OF AFTER-SCHOOL TIME
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INTRODUCTION TO THE MDI

WHY THE MIDDLE YEARS MATTER

Experiences in the middle years, especially between the ages of 10 to 13, have critical and long lasting effects. They are powerful predictors of adolescent adjustment and future success. During this time, children are experiencing significant cognitive, social and emotional changes that establish their lifelong identity and set the stage for adolescence and adulthood. The overall health and well-being of children in their middle years affects their ability to concentrate and learn, develop and maintain friendships and make thoughtful decisions.

During the late middle childhood years (also referred to as early adolescence), children have an increased awareness of themselves and others. During middle childhood they are developing ideas about how they may or may not "fit in" to their social and academic environments (Rubin et al., 2006). These ideas have the power to either promote health and academic achievement or lead to negative outcomes such as depression and anxiety in adulthood (Jacobs et al., 2008). Although middle childhood is a time of risk, it is also a time of opportunity. There is mounting evidence to suggest that positive relationships to adults and peers during this critical time act to increase a child's resiliency and school and life success.

WHAT IS THE MIDDLE YEARS DEVELOPMENT INSTRUMENT?

The Middle Years Development Instrument (MDI) is a self-report questionnaire that asks children in Grade 4 to Grade 8 about their thoughts, feelings and experiences in school and in the community. It is a unique and comprehensive questionnaire that helps us gain a deeper understanding of how children are doing at this stage in their lives. Researchers working at the Human Early Learning Partnership (HELP) are using results to learn more about children's social-emotional health and well-being. In addition, the MDI is being used across sectors to support collaboration and inform policy and practice.

The MDI uses a strengths-based approach to assess five areas of development that are strongly linked to well-being, health and academic achievement. In addition, the MDI focuses on highlighting the promotive and protective factors and assets that are known to support and optimize development in middle childhood. These areas are: *Social and Emotional Development, Physical Health and Well-Being, Connectedness, Use of After-School Time* and *School Experiences*. Each of these dimensions is made up of several measures. Each measure is made up of one or more individual questions.

Combining select measures from the MDI helps us paint a more comprehensive portrait of children's overall well-being and the assets that contribute to their healthy development. The results for key MDI measures are summarized by two indices: The Well-Being Index and the Assets Index.

The following illustrates the relationship between MDI dimensions and measures, and highlights which measures contribute to the Well-Being and Assets Indices.

MDI DIMENSIONS & MEASURES

- A measure in the Well-Being Index
- A measure in the Assets Index
- * A measure in the Grade 6, 7 and 8 MDI only



SOCIAL & EMOTIONAL DEVELOPMENT

Measures

• Self-Esteem

• Happiness

- Optimism
 Empathy
 Prosocial Behaviour
- Absence of Sadness Absence of Worries
 - Self-Regulation (Short-Term)
 - Self-Regulation (Long-Term)
- * Responsible Decision-Making
- * Self-Awareness
- * Perseverance
- * Assertiveness
- * Citizenship/Social Responsibility



PHYSICAL HEALTH AND WELL-BEING

- Measures
- General Health
- Frequency of Good Sleep
- Eating Breakfast
- Meals with Adults in Your Family Food
- Help-Seeking for Emotional Well-
- Transportation To and From School



CONNECTEDNESS

- Measures
- Adults at SchoolAdults in the

Neighbourhood

Adults at Home
 Deex Balancing

Being

- Peer Belonging
- Friendship Intimacy
- Important Adults



USE OF AFTER-SCHOOL TIME

Measures

- Organized Activities
 - Educational Lessons or Activities
- Youth OrganizationsSports
- Music or Arts

How Children Spend their Time After-school People/Places Children's Wishes and Barriers



SCHOOL EXPERIENCES

Measures

Academic Self-Concept School Climate School Belonging Motivation Future Goals Victimization and Bullying

For more information on all of the measures, including questions, response options and scoring for the MDI results found in this report, please refer to the <u>MDI Companion Guide (https://www.discovermdi.ca/resources/mdi-companion-guide/)</u>. For additional resources visit, the <u>Discover MDI Field Guide (https://www.discovermdi.ca/category/mdi-essentials/)</u>.

CONNECTING THE MDI WITH THE PERSONAL AND SOCIAL COMPETENCIES OF THE BC CURRICULUM

Your MDI data provide a unique approach to understanding children's social and emotional development and well-being in relation to the <u>BC Ministry of Education's Personal and Social Competencies (https://curriculum.gov.bc.ca/competencies)</u>.

Areas measured by the MDI reflect facets of the "Personal and Social Competency" domain of BC's Curriculum, providing valuable information for understanding children's growth and progress within this core competency. The MDI questions provide an opportunity for students to self-assess and reflect on their social and personal competency, including reflecting on MDI concepts, questions and results.



PERSONAL & SOCIAL COMPETENCIES

Positive Personal & Cultural Identity

Related MDI Measures:

- Connectedness to Adults at Home, School and Community
- Peer Belonging
- Friendship Intimacy
- Empathy
- School Belonging
- School Climate
- Self-Esteem
- Academic Self-Concept
- Importance of Grades
- Friends & Learning
- Self-Awareness
- Perseverance
- Responsible Decision-Making

Personal Awareness & Responsibility

Related MDI Measures:

- Academic Self-Concept
- Self-Esteem
- Self-Regulation
- General Health
- Optimism
- Self-Awareness
- Perseverance
- Responsible Decision-Making
- Assertiveness
- Use of After-School Time

Social Responsibility

Related MDI Measures:

- Citizenship and Social Responsibility
- Prosocial Behaviour
- Empathy
- School Climate
- Connectedness to Adults at School
- Connectedness to Peers
- Self-Regulation
- Assertiveness

ABOUT THIS REPORT

Important Message about 2020-2021 MDI Results

In 2018-2019, MDI data collection was moved from November to January/February in response to requests from MDI school districts, and this may have had an influence on a range of MDI measures. Please don't hesitate to contact the MDI team at <u>mdi@help.ubc.ca</u> if you have any questions about your MDI results.

HOW THE RESULTS ARE REPORTED

School district data in this report includes all children who participated within the public school district in 2020/2021. Administration of the MDI took place between the months of January to mid-March 2021.

School district data is compared to the **average for all districts**, which includes children from all participating public school districts. Districts with large populations contribute more in computing the **average for all districts** than districts with smaller populations. Results for large districts tend to be closer to the average for all districts. Please see the table below for a list of participating districts, and note that the average is based on participating districts and **does not** represent all school districts in the entire province.

Where school districts or neighbourhoods contain fewer than 35 children, the results are suppressed. The data in this report have been rounded. Many questions on the MDI allow children to provide multiple responses. Totals for some measures and questions may not equal 100%.

#	School District	# of Children	Participation Rate
10	Arrow Lakes	29	82%
23	Central Okanagan	1,528	88%
33	Chilliwack	841	82%
34	Abbotsford	1,293	85%
35	Langley	1,198	76%
38	Richmond	1,009	71%
43	Coquitlam	1,878	83%
46	Sunshine Coast	199	78%
48	Sea to Sky	347	84%
52	Prince Rupert	82	51%
75	Mission	399	76%
83	North Okanagan-Shuswap	458	86%
	Total	9,261	

UNDERSTANDING MDI DATA

The **MDI Companion Guide** provides information on all of the measures, including questions, response options and scoring, for the MDI results found in this report. The guide is available to <u>download here (https://www.discovermdi.ca/resources/mdi-companion-guide/)</u>.

For more information on the MDI, including answers to common questions such as, what is the MDI; why use the MDI and how to use the MDI, visit the <u>Discover MDI Field Guide</u> (<u>https://www.discovermdi.ca/</u>).





2020/2021 RESULTS FOR CHILLIWACK

DEMOGRAPHICS

Population		Gender Identity	
Total Sample	841	Boys	52%
Participation Rate	82%	Girls	46%
Children completing MDI at school	99%	In Another Way	4%
Children completing MDI at home	1%		

A note on how we are asking about gender identity

In the 2017/18 school year, for the first time, children were able to describe *themselves* through choices that included: "boy," "girl" or "in another way."

Following a review of the responses, this question was refined in the 2018/19 school year to instruct children to describe their *gender* as "boy," "girl" or, if they see themselves "in another way," to describe their gender using their own words. This question may continue to evolve.

Languages Spoken at Home

First Nations, Inuit or Métis	1%	Mandarin	0%
Cantonese	0%	Punjabi	2%
English	96%	Spanish	3%
French	5%	Filipino/Tagalog	1%
Hindi	1%	Vietnamese	1%
Japanese	0%	Other	6%
Korean	1%		

Total Sample: Refers to the total number (#) of children represented in this report. Children are included in the sample if they complete a question and the data are reported.

Participation Rate: Refers to the percentage of the Grade 5 population that participated in the MDI survey this year. In 2020/21, due to the global pandemic and in response to requests from school districts, boards and/or associations, the MDI was administered to a small percentage of children at home or in remote settings.

Gender Identity: Children are asked to describe their gender as "Boy," "Girl" or "In another way." Children may choose not to answer the question at all. Children are able to select more than one response and therefore, in some cases, percentages may not add to 100%. Data are suppressed where fewer than 5 children selected the response.

Languages Spoken at Home: Children are able to select more than one language spoken at home.

First Nations, Inuit or Métis Languages: If a child selects "First Nations, Inuit or Métis" as a language spoken in the home, they are then asked to identify, if possible, the specific language. First Nations, Inuit or Métis language data are not publicly available.

Other: A limited selection of languages is offered on the MDI questionnaire. The "Other" category gives children an opportunity to enter their own response(s).

WELL-BEING & ASSETS INDICES

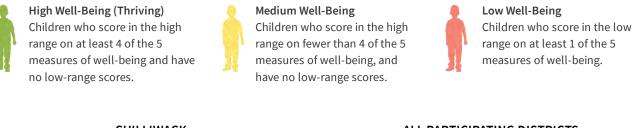
Combining select measures from the MDI helps us paint a more comprehensive portrait of children's overall well-being and the assets that contribute to their healthy development. The results for key MDI measures are summarized by two indices. This section of the report focuses on results for the Well-Being Index and the Assets Index. Learn more about the important relationship between individual measures, the well-being index and the assets index in the <u>Discover MDI Field Guide (https://www.discovermdi.ca/intro-to-mdi-dimensions-and-indices/)</u>.

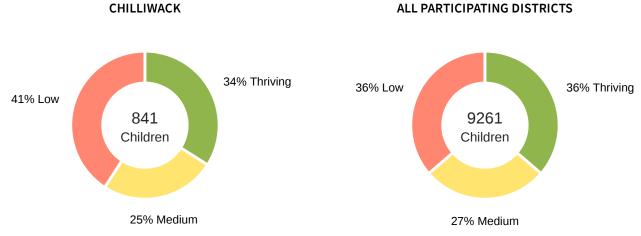
WELL-BEING INDEX

The Well-Being Index combines MDI measures relating to children's physical health and social and emotional development that are of critical importance during the middle years. These are: Optimism, Happiness, Self-Esteem, Absence of Sadness and General Health.

Scores from these five measures are combined and reported by three categories of well-being, providing a holistic summary of children's mental and physical health.

MEASURES Optimism Happiness Self-Esteem Absence of Sadness General Health

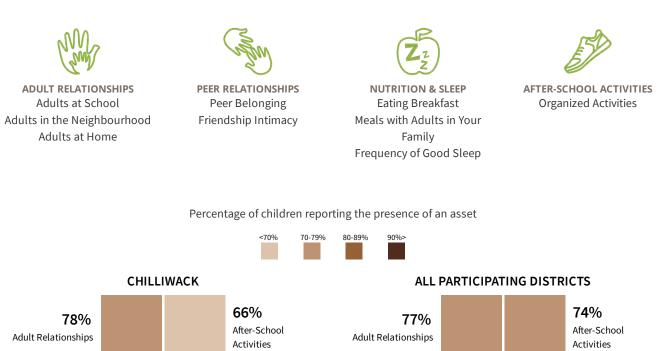




ASSETS INDEX

The Assets Index combines MDI measures that highlight four key assets that help to promote children's positive development and well-being. Assets are positive experiences, relationships or behaviours present in children's lives. Assets are considered actionable, meaning that schools and communities can focus their efforts in these areas to create the conditions and contexts where children can thrive.

Note: School Experiences are also considered to be an asset that contribute to children's well-being; however, this asset is not reported as part of the Assets Index to prevent the ranking of individual schools or sites. Please refer to the School Climate and Bullying and Victimization measures for data related to this asset.



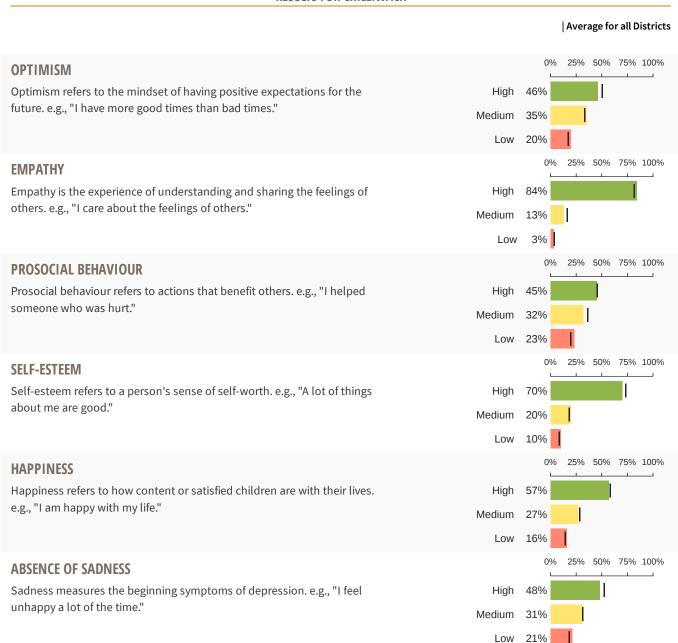
76% Peer Relationships **56%** Nutrition & Sleep





Social and emotional competence is integral to children's social and emotional development and includes the ability to understand and manage emotions, develop caring and empathy for others, establish positive relationships, make responsible decisions, and handle challenging situations effectively (Weissberg et al., 2015). Promoting children's social and emotional competence is critical for their successful development across the lifespan (Jones et al., 2015). For example, social and emotional competence is associated with greater motivation and success in school (Mahoney et al., 2020), as well as positive outcomes later in life, such as earning a college degree, finding stable employment, engaging in a healthy lifestyle, and psychological well-being (Domitrovich et al., 2017). Social and emotional competencies can be best promoted when children experience supportive environments across multiple contexts - at school with teachers and peers, in the home with elders, family, or caregivers, and in after-school programs with peers and community members.

Detailed information on the MDI survey questions and response scales for Social and Emotional Development are available in the Discover MDI Field Guide (https://www.discovermdi.ca/social-emotional-development/).



RESULTS FOR CHILLIWACK

ABSENCE OF WORRIES

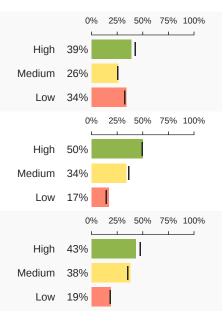
Worries measure the beginning symptoms of anxiety. e.g., "I worry a lot that other people might not like me."

SELF-REGULATION (LONG-TERM)

Long-term self-regulation requires adapting present behaviour to achieve a goal in the future. e.g., "If something isn't going according to my plans, I change my actions to try and reach my goal."

SELF-REGULATION (SHORT-TERM)

Short-term self-regulation is about impulse control. It requires adapting behaviour or emotions to meet an immediate goal. e.g., "I can calm myself down when I'm excited or upset."





RESEARCH HIGHLIGHTS SOCIAL AND EMOTIONAL DEVELOPMENT

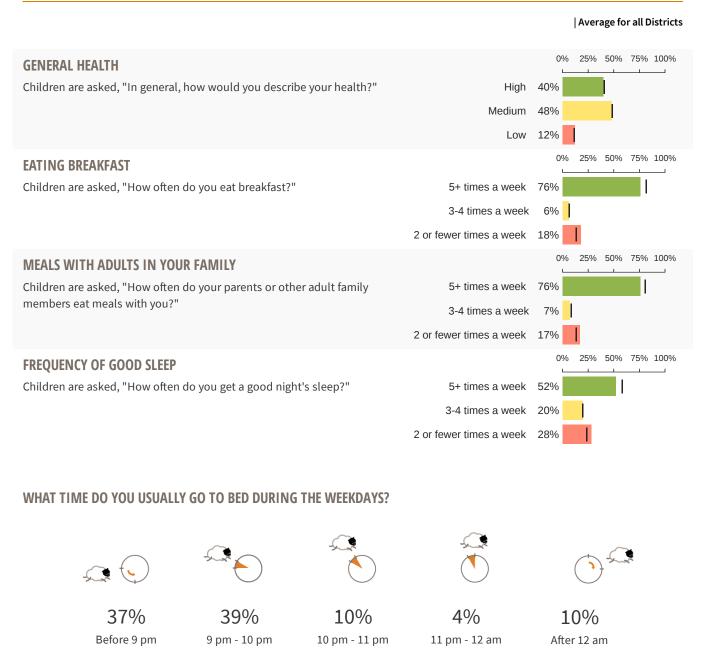
Social and emotional competencies include children's ability to recognize, understand, and effectively respond to emotions, manage stress and be optimistic. They also include showing concern for others, sustaining healthy relationships and making effective personal and social decisions (Weissberg, Durlak, Domitrovitch, & Gullota, 2015). Middle childhood is an important time for promoting self-regulation and problem-solving strategies to help children persevere in the face of obstacles and setbacks. Related skills and strategies learned during middle childhood tend to stick with children throughout the rest of their lives (Skinner et al., 2016). A Vancouver-based study asked Grade 10 children to volunteer 1-1.5 hours per week with elementary school children. After 10 weeks researchers found participants had significantly decreased their risk for cardiovascular disease. The greatest health benefits were seen in adolescents who displayed the highest self-report measures of empathy (Schreier, Schonert-Reichl, & Chen, 2013).



Promoting children's physical health and well-being in the middle years lays the foundation for a healthy lifestyle. Physical health outcomes are not uniquely controlled by genetics. They can also be influenced by external factors such as family relationships, connections with peers, and larger economic and social conditions (Hertzman, C., & Boyce. T., 2010). Children who feel healthy are more likely to be engaged in school, feel a connection to their teachers, perform better academically, and are less likely to be bullied or bully others (Forrest et al., 2013). Being physically active also promotes children's mental health (Moeijes et al., 2018). Children benefit from guidance and opportunities that support the development of healthy habits - such as regular physical activity, quality sleep and healthy meals - that they can carry forward into adolescence and adulthood.

Detailed information on the MDI survey questions and response scales for Physical Health and Well-Being are available in the <u>Discover MDI Field Guide (https://www.discovermdi.ca/physical-health-well-being/)</u>.

RESULTS FOR CHILLIWACK



HOW OFTEN DO YOU EAT FOOD LIKE POP, CANDY, POTATO CHIPS, OR SOMETHING ELSE?



HELP-SEEKING FOR EMOTIONAL WELL-BEING

WHO WOULD YOU TALK TO IF YOU WERE FEELING SAD, STRESSED, OR WORRIED?

Examples provided include a teacher, school counselor, parent, grandparent, older sibling or cousin, elder, after-school program staff, doctor, nurse etc. (Children can select all of the options that apply; therefore, percentages may not total 100%.)

An adult at school	34%
A family member	76%
An adult in my community	9%
A health professional	16%
My friend(s)	60%
Don't know who to talk to	8%
Prefer to handle it on my own	21%
Talk to someone else (someone not on this list)	5%

TRANSPORTATION TO AND FROM SCHOOL

Children are asked, "How do you usually get to school?"; "How do you usually get home from school?" and "If you could choose, how would you wish to get to and from school?"

	To School	From School	Wish
Car	58%	48%	30%
School bus	9%	12%	12%
Public transportation (public bus, train or ferry)	0%	0%	3%
Walk	24%	31%	20%
Cycle, skateboard, scooter or rollerblade	7%	7%	27%
Something else	1%	2%	8%



RESEARCH HIGHLIGHTS PHYSICAL HEALTH & WELL-BEING

Eating meals together as a family often is related to increased self-esteem and school success, and decreased chance of eating disorders, substance abuse, violent behaviour and symptoms of depression (Harrison et al., 2015).

Seeking help for emotional support from appropriate and effective resources, such as school adults, parents and family members, health professional, and counsellors, can help promote positive mental health and resilience, and serve as a protective factor for mental illness (Rickwood et al., 2005; Xu et al., 2018). Children ages 5 to 13 need 9–11 hours of uninterrupted sleep a night (Hirshkowitz et al., 2015). When children do not get enough sleep they are more likely to have troubles at school, be involved in family disagreements and display symptoms of depression (Smaldone, Honig, & Byrne, 2007). Because of changes in the brain that take place around the time of puberty, children are more strongly attracted to junk foods that contain high amounts of fat and sugar than adults (Reichelt, 2016).



Belonging is a fundamental need for everyone. Feeling a sense of connectedness to family, peers, school, and community is one of the most important assets for a child's well-being, health, and success in life (Masten, 2018; Thomson et al., 2018). Research shows that children with positive peer relationships feel better about themselves, experience greater mental health, are more prosocial, and perform better academically (Wentzel, 1998). A single caring adult, be it a family member, coach, teacher, an elder, or a neighbour, can positively influence a child's life and promote resilience (Werner, 2004). Children's life satisfaction is related to their sense of belonging with peers and their supportive relationships with adults even more so than family income or personal health (Gadermann et al., 2015; Oberle et al., 2014). This is true across cultures (Emerson et al., 2018). For children, connectedness to land, language, and culture also can play an important role in encouraging a strong and healthy sense of identity (First Nations Information Governance Centre, 2016).

Detailed information on the MDI survey questions and response scales for Connectedness is available in the <u>Discover MDI Field</u> <u>Guide (https://www.discovermdi.ca/connectedness/)</u>.

RESULTS FOR CHILLIWACK

Average for all Districts

CONNECTEDNESS WITH ADULTS

ADULTS AT SCHOOL

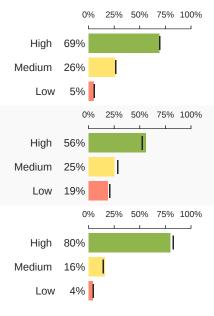
Assesses the quality of relationships children have with the adults they interact with at school. e.g., "At my school there is an adult who believes I will be a success."

ADULTS IN THE NEIGHBOURHOOD/COMMUNITY

Assesses the quality of relationships children have with the adults they interact with in their neighbourhood or community. e.g., "In my neighbourhood/community there is an adult who really cares about me."

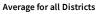
ADULTS AT HOME

Assesses the quality of relationships children have with the adults in their home. e.g., "In my home there is a parent or other adult who listens to me when I have something to say."



NUMBER OF IMPORTANT ADULTS AT SCHOOL





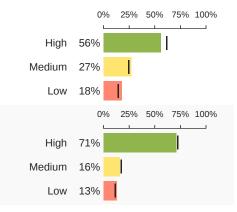
One 11% 12%



CONNECTEDNESS WITH PEERS

PEER BELONGING

Measures children's feelings of belonging to a social group. e.g., "When I am with other kids my age, I feel I belong."



FRIENDSHIP INTIMACY

Assesses the quality of relationships children have with their peers. e.g., "I have a friend I can tell everything to."

RESEARCH HIGHLIGHTS CONNECTEDNESS

Children who do not feel part of a group or feel cast out by their own group are at risk of anxiety and depression. They are also at higher risk of low school attendance and future school drop-out (Veiga et al., 2014). Strong social connections in adolescence are a better predictor of well-being in adulthood than their academic achievement (Olsson, 2013).

For younger students during elementary and middle school years, a nurturing and caring relationship with a classroom teacher is vital. Connections with warm and accepting teachers enhance emotional well-being, increase motivation, engagement and success in school for children in early adolescence. They are also buffers for children who are experiencing mental health problems (Oberle, 2018).

Social competencies and friendship-building skills can buffer children against bullying, anxiety and depression (Guhn et al., 2013).



Children's involvement in activities outside of school hours exposes them to important social environments. After-school activities, such as art and music classes, sports leagues, and community groups provide distinct experiences that help children to build relationship and social and emotional skills (Vandell et al., 2020). Children who participate in structured extracurricular activities experience school success and are less likely to drop out of school (Thouin et al., 2020). Data from the MDI helps to fill a gap in the research on children's participation in activities during the "critical hours" (from 3 pm to 6 pm) when children are most often left unsupervised (Schonert-Reichl et al., 2013).

Detailed information on the MDI survey questions and response scales for Use of After-School Time is available in the <u>Discover MDI</u> <u>Field Guide (https://www.discovermdi.ca/use-of-after-school-time/)</u>.

RESULTS FOR CHILLIWACK

Average for all Districts

AFTER-SCHOOL ACTIVITIES

Children were asked, "During the last week after school (from 3 pm - 6 pm), how many days did you participate in?":

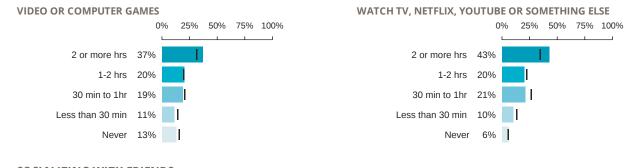
ANY ORGANIZED ACTIVITY		0% 25% 50% 75% 100%
Children who participated in any after-school activity that was structured	Twice or more a week	54%
and supervised by an adult (e.g., educational lessons, youth organizations, music or art lessons and sports practice).	Once a week	12%
	Never	34%
EDUCATIONAL LESSONS OR ACTIVITIES		0% 25% 50% 75% 100%
For example: Tutoring, attending a math school, foreign language lessons,	Twice or more a week	20%
or some other academic related activity.	Once a week	8%
	Never	72%
MUSIC OR ART LESSONS		0% 25% 50% 75% 100%
For example: Drawing or painting classes, musical instrument lessons or	Twice or more a week	18%
some other activity related to music or art.	Once a week	16%
	Never	66%
YOUTH ORGANIZATIONS		0% 25% 50% 75% 100%
For example: Scouts, Girl Guides, Boys and Girls Clubs, or some other	Twice or more a week	6%
group organization.	Once a week	4%
	Never	90%
INDIVIDUAL SPORTS (WITH A COACH OR INSTRUCTOR)		0% 25% 50% 75% 100%
For example: Swimming, dance, gymnastics, ice skating, tennis or another	Twice or more a week	16%
individual sport.	Once a week	9%
	Never	74%
TEAM SPORTS (WITH A COACH OR INSTRUCTOR)		0% 25% 50% 75% 100%
For example: Basketball, hockey, soccer, football, or another team sport.	Twice or more a week	20%
	Once a week	9%
	Never	71%

HOW CHILDREN SPEND THEIR TIME

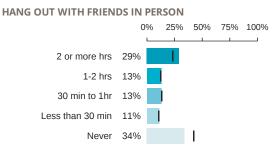
Children were asked how they spend their time during the after-school hours of 3 pm - 6 pm:

Percentage of children who reported:

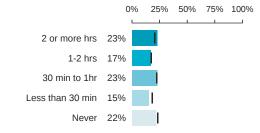
COMPUTER USE & TV



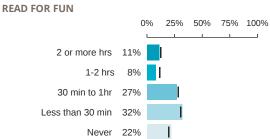
SOCIALIZING WITH FRIENDS



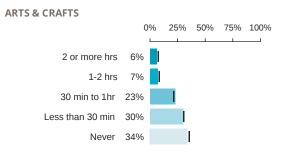
USE A PHONE OR INTERNET TO TEXT OR CHAT WITH FRIENDS

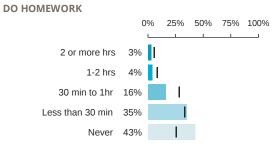


READING & HOMEWORK

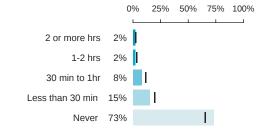


ARTS & MUSIC



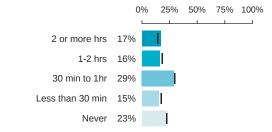


PRACTICE A MUSICAL INSTRUMENT



SPORTS

PLAY SPORTS OR EXERCISE FOR FUN



WHAT CHILDREN WISH TO BE DOING



Children were asked what they want to be doing during the after-school hours of 3 pm - 6 pm:

I am already doing the activities I want to be doing

75%

I wish I could do additional activities

30%

I am doing some of the activities I want, but I wish I could do more

5%

(Number of Children)

(Number of

Children who answered that they wish to be doing additional activities were asked to identify one activity they wish they could do and where they would like to do it. Note: responses are grouped into categories for reporting purposes.

WISHES

	(Number of Children)
Physical and/or outdoor activities	126
Friends and playing	34
Music and fine arts	23
Computer/Video Games/TV	20
Time with family at home	9
Learning new things	6
Other	5
Free time/relaxing	2

WHERE WOULD YOU LIKE THIS ACTIVITY TO BE?

	Children)
Park or Playground	69
Other	66
School	49
Home	48
Community Centre	35

PERCEIVED BARRIERS TO PARTICIPATING IN DESIRED AFTER-SCHOOL ACTIVITIES



Children were asked what prevents them from doing the activities they wish to be doing after school (3 pm - 6 pm):

	(Number of Children)
I have no barriers	318
I have to go straight home after school	281
Other	148
I am too busy	110
The schedule does not fit the times I can attend	83
The activity that I want is not offered	74
I don't know what's available	71
My parents do not approve	66
None of my friends are interested or want to go	65
It costs too much	62
I am afraid I will not be good enough in that activity	58
I need to take care of siblings or do things at home	57
It is too difficult to get there	40
It is not safe for me to go	32
I have too much homework to do	20

AFTER-SCHOOL PEOPLE AND PLACES

WHERE DO YOU GO AFTER SCHOOL? (FROM 3 PM - 6 PM)

	Never	1x /week	2x +/week
Home	2%	2%	95%
Stay at school for an activity	79%	10%	11%
After-school program or child care	84%	5%	10%
Friend's house	54%	27%	19%
Park/playground/community centre	49%	21%	31%
The mall or stores	75%	16%	9%
Someplace else	50%	25%	24%

WHO ARE YOU WITH AFTER SCHOOL? (FROM 3 PM - 6 PM)

(Children can select all of the options that apply)

By myself	35%
Friends about my age	36%
Younger brothers/sisters	36%
Older brothers/sisters	33%
Mother (or stepmother/foster mother)	65%
Father (or stepfather/foster father)	48%
Other adult (for example, elder, aunt or uncle, coach, babysitter)	4%
Grandparent(s)	12%
Other	9%



IN YOUR NEIGHBOURHOOD/COMMUNITY THERE ARE SAFE PLACES WHERE YOU FEEL COMFORTABLE HANGING OUT WITH FRIENDS: IN YOUR NEIGHBOURHOOD/COMMUNITY THERE ARE PLACES THAT PROVIDE PROGRAMS FOR KIDS YOUR AGE:

74%	8%	18%	52%	10%	38%
Yes	No	Don't know	Yes	No	Don't know



RESEARCH HIGHLIGHTS USE OF AFTER-SCHOOL TIME

Participation in after-school programs can result in greater connectedness to school and success in school as well as decreased negative behaviours (Durlak et al., 2010).

Quiet reflection time and daydreaming is just as essential to brain health and development as active and focused activities (Immordino-Yang, 2012). Children who demonstrate a lack of self-control and problem solving skills may experience the greatest benefit from activities such as music, arts and sports that help to develop these skills (Diamond, 2014).

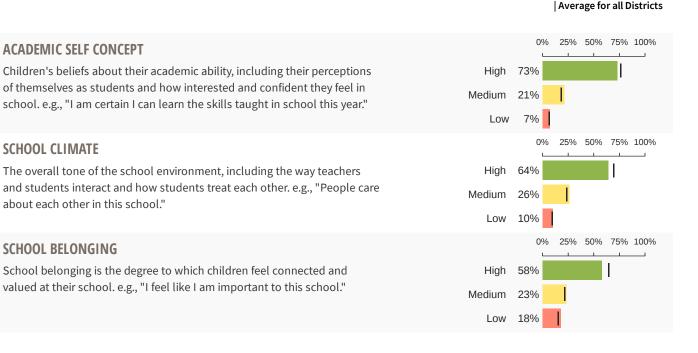
A study examining the experiences of children in Grades 1–5 who participated in after-school programs found that children who participated in high-quality, structured after-school programs had increased socialemotional skills, in addition to fewer conduct problems and higher social self-control and assertion (Wade, 2015). Challenging and enjoyable after-school activities can improve youth's ability to reason and problem solve, exercise choice and discipline and be creative and flexible, which are strong predictors of academic, career, and life success (Diamond, 2014).



Children's sense of safety and belonging at school has been shown to foster their school success in many ways. When children have positive experiences at school, they are more likely to feel they belong within their school, feel more motivated and engaged, and have higher academic achievement (Wang & Degol, 2016). Children who feel a sense of connection and belonging to school are also less likely to engage in high-risk behaviours (Eccles & Roeser, 2011). Understanding children's school experiences improves the ability to both create and cultivate school environments that are safe, caring, and supportive.

Detailed information on the MDI survey questions and response scales for School Experiences are available in the <u>Discover MDI</u> <u>Field Guide (https://www.discovermdi.ca/school-experiences/)</u>.

RESULTS FOR CHILLIWACK



Percentage of children who feel it is very important to:



make friends



get good grades



Percentage of children who agree a little or agree a lot that:

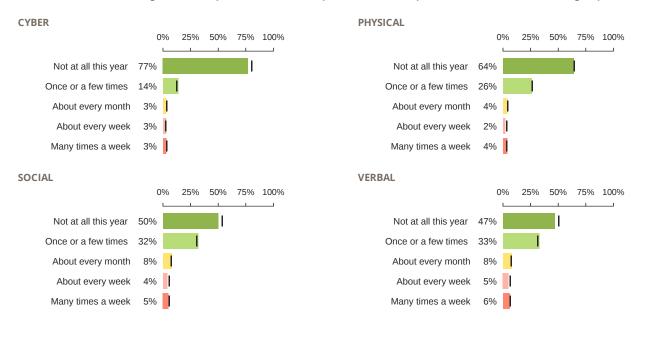
When I grow up, I have goals and plans for the future.

77%



VICTIMIZATION AND BULLYING AT SCHOOL

Children are asked: "During this school year, how often have you been bullied by other students in the following ways?":





RESEARCH HIGHLIGHTS SCHOOL EXPERIENCES

Children's perception of kindness within a school is a consistent indicator of a positive school climate. Students who see kind behaviours in students, teachers and staff also describe their school environments as being safe and encouraging places to learn. As children transition from Grade 4 to Grade 8, perceptions of kindness in schools decrease (Binfet, Gadermann & Schonert-Reichl, 2016). Feelings of belonging are associated with lower emotional distress, the reduction of negative behaviours (such as bullying and mental health issues) and are associated to rates of higher resilience later in life (van Harmelen et al., 2016). Children and youth who demonstrate empathy are less likely to bully others and are more likely to defend against bullying. Research shows that specific empathy skills differ between those who bully, are victimized, defend or are bystanders. Focusing on developing children's understanding of what others feel results both in less bullying and more defending behaviours (van Noorden et al, 2015).

MOVING TO ACTION WITH DISCOVERMDI.CA

MDI data can support planning, foster collaboration and inform action across schools, organizations and communities. There are many opportunities for working with your MDI results and there are examples of successful initiatives from across the province to learn from.

We encourage you to take time to visit **Discover MDI: A Field Guide to Well-Being in Middle Childhood** at <u>discovermdi.ca</u>, an online resource where you can access information and research on the many aspects of well-being in middle childhood, resources and tools for understanding and sharing MDI data and to connect with MDI Champions who are working on similar issues in their schools and communities. Here are some key resources and tools to get you started:

UNDERSTAND YOUR MDI DATA

MDI reports provide information with both detail and depth into the social and emotional lives of children. Approach the results with a lens of curiosity, inquiry and appreciation. The Discover MDI Field Guide can walk you through <u>how to read</u> and interpret your MDI data (https://www.discovermdi.ca/exploring-mdidata/). It also provides background research to support further understanding of the MDI data.

CHOOSING A FOCUS: THINK BIG, START SMALL

It may be overwhelming to consider the many opportunities for change presented in the MDI data. Where will your focus be? What results do you have some influence over? How will you make change? For example, if you are interested in the area of social and emotional development, the Discover MDI Field Guide provides in-depth information on the <u>MDI and its</u> <u>dimensions and measures (https://www.discovermdi.ca/intro-to-mdidimensions-and-indices/)_</u>, including the <u>measures of social and</u> <u>emotional development (https://www.discovermdi.ca/social-emotionaldevelopment/)_</u>.

ENGAGING OTHERS

Increasing local dialogue on the importance of child well-being in the middle years is an excellent way to start improving outcomes for children. Once you are ready, review your MDI report with multiple audiences: children, parents and elders, caregivers and teachers, school administrators, after-school programmers, local early/middle childhood committees, local government and other community stakeholders. Visit the Discover MDI Field Guide for tips and tools to <u>widen the</u> <u>conversation and to think critically about the data together</u> (<u>https://www.discovermdi.ca/sharing-mdi-data/</u>).

MAKING CHANGE

The MDI provides opportunities to weave together data and local knowledge to create a change process that reflects the unique context of your school, district or community. The Discover MDI Field Guide's 'Making Change Workshops' support school and community change-makers through the process of facilitating exploration of MDI data, creating action teams and turning ideas into concrete plans. There are full facilitation guides for each workshop, paired with worksheets and companion slide decks. Explore <u>workshop resources</u> (<u>https://www.discovermdi.ca/workshops/</u>).

SHARING DATA WITH CHILDREN

Do the results surprise you or raise further questions? Conversations with children will help explore and clarify results in these areas. Sharing data with children will provide them with an opportunity to share their perspectives and ideas on how to create environments and interactions that help them thrive. If you are wondering how to involve children of all ages and their families in exploring these results, <u>explore MDI</u> <u>essential resources (https://www.discovermdi.ca/category/mdi-essentials/)</u>

BE INSPIRED AND CONNECT WITH OTHERS

Innovation happens when people build on ideas, rather than simply duplicating them. The Discover MDI Field Guide provides opportunities to learn from seasoned MDI Champions – <u>check</u> <u>out their stories and learn from their approaches</u>,

(https://www.discovermdi.ca/making-change-with-the-mdi/) explore the collection of downloadable tools

(https://www.discovermdi.ca/category/mdi-essentials/) and find upcoming training and learning opportunities

<u>(https://www.discovermdi.ca/category/news-and-events/)</u>. Be inspired, edit, adapt or create new!

If you have any additional questions about the MDI project, please visit our website at <u>earlylearning.ubc.ca/mdi</u> or contact the MDI team at <u>mdi@help.ubc.ca</u>.

NEIGHBOURHOOD RESULTS



Neighbourhoods have unique characteristics that provide important context for interpreting MDI results. Understanding neighbourhood-level differences within a school district or community is essential when considering actions to support children's well-being. The neighbourhood results section includes:

Neighbourhood Maps

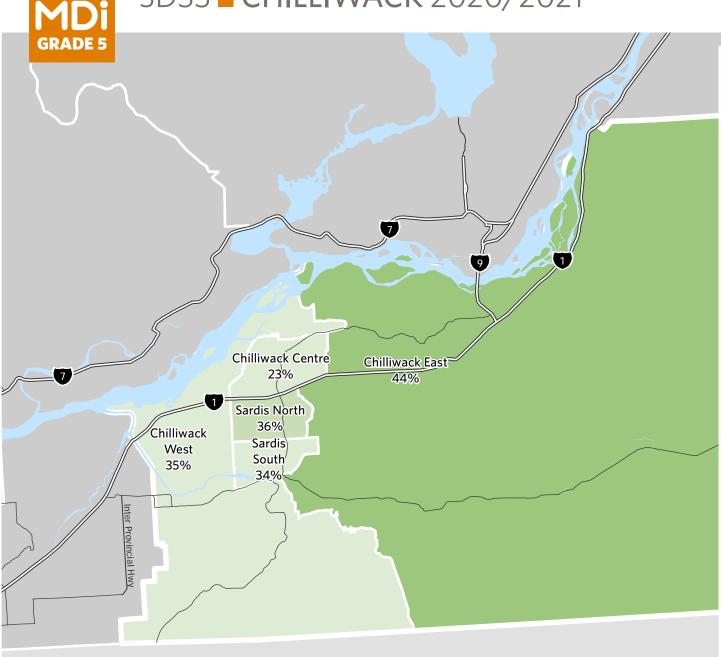
- Well-Being Index Map: representing the percentage of children who are "thriving."
- Assets Index Maps: representing the percentage of children reporting the presence of each of the four assets of the Assets Index: Adult Relationships, Peer Relationships, Nutrition and Sleep, and After-School Activities.

Neighbourhood Data Table – A summary table of the Well-Being Index and Assets Index data.

Neighbourhood Profiles – A summary of MDI data based on the neighbourhoods in which children live, including children from all participating public schools. Results are provided for the Well-Being Index, the Assets Index and a selection of questions related to after-school time and community belonging and safety.

Please note that neighbourhood data are reported based on children's home postal codes and include all children who live within the school district boundaries. Where neighbourhoods contain fewer than 35 children, the results are suppressed.

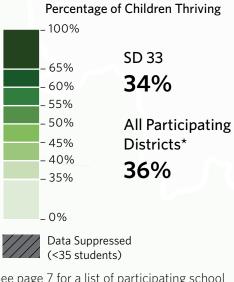
SD33 CHILLIWACK 2020/2021



WELL-BEING INDEX

2

The MDI Well-Being Index is a composite score of 5 measures that are of critical importance during the middle years. Children who score in the high range on at least 4 of the 5 measures of well-being and have no lowrange scores are considered to be "thriving."



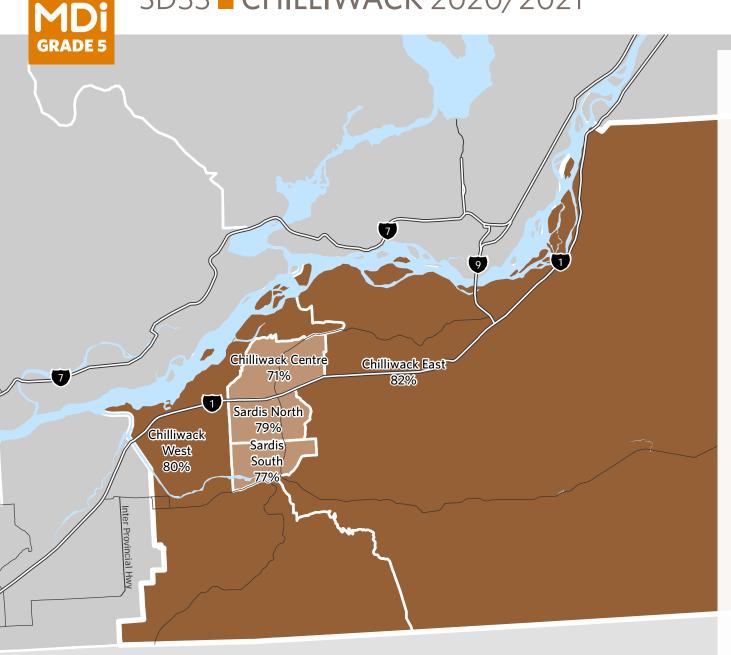
*See page 7 for a list of participating school districts in 2020/21.

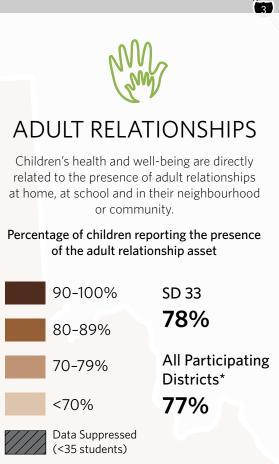
Note: Data are mapped using home postal codes, not by where children attend school.





SD33 CHILLIWACK 2020/2021





*See page 7 for a list of participating school districts in 2020/21.

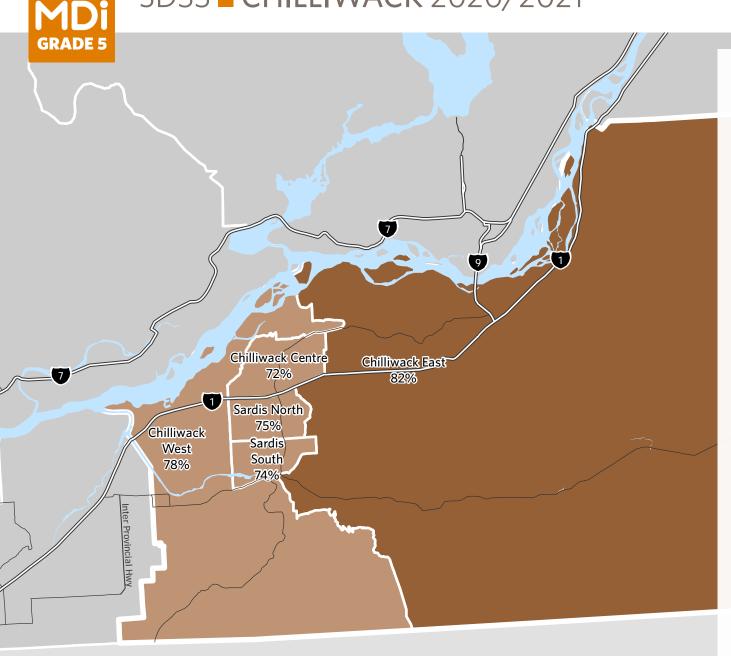
Note: Data are mapped using home postal codes, not by where children attend school.



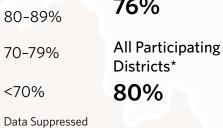


MDI 2020/21

SD33 CHILLIWACK 2020/2021



PEER RELATIONSHIPS Children's health and well-being are directly related to feeling a sense of belonging with their peers and having close or intimate friendships. Percentage of children reporting the presence of the peer relationship asset 90-100% SD 33 76%



3

*See page 7 for a list of participating school districts in 2020/21.

(<35 students)

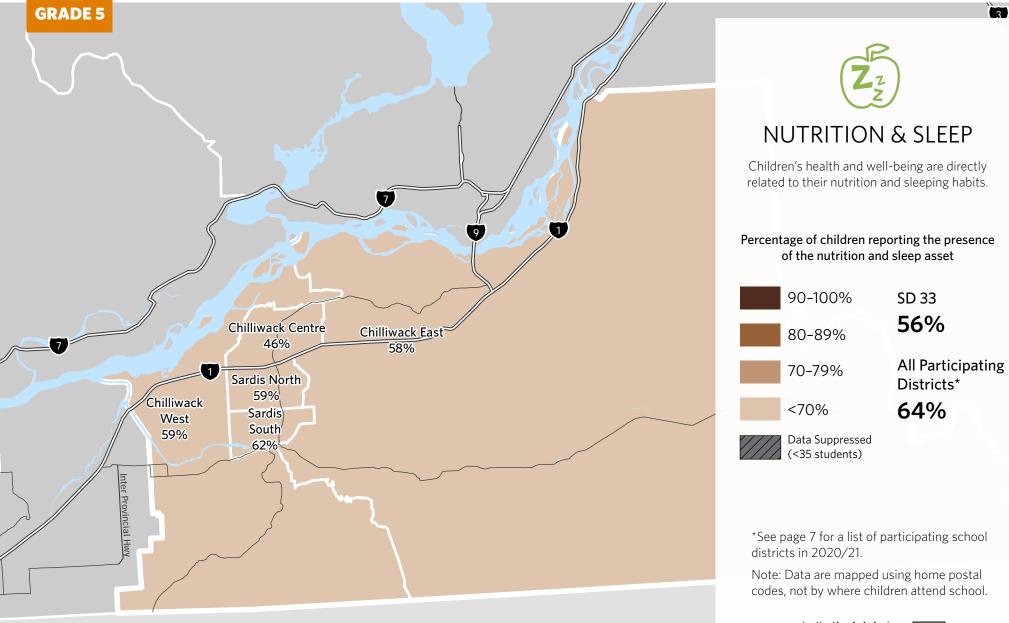
Note: Data are mapped using home postal codes, not by where children attend school.



SD33 CHILLIWACK 2020/2021

MD







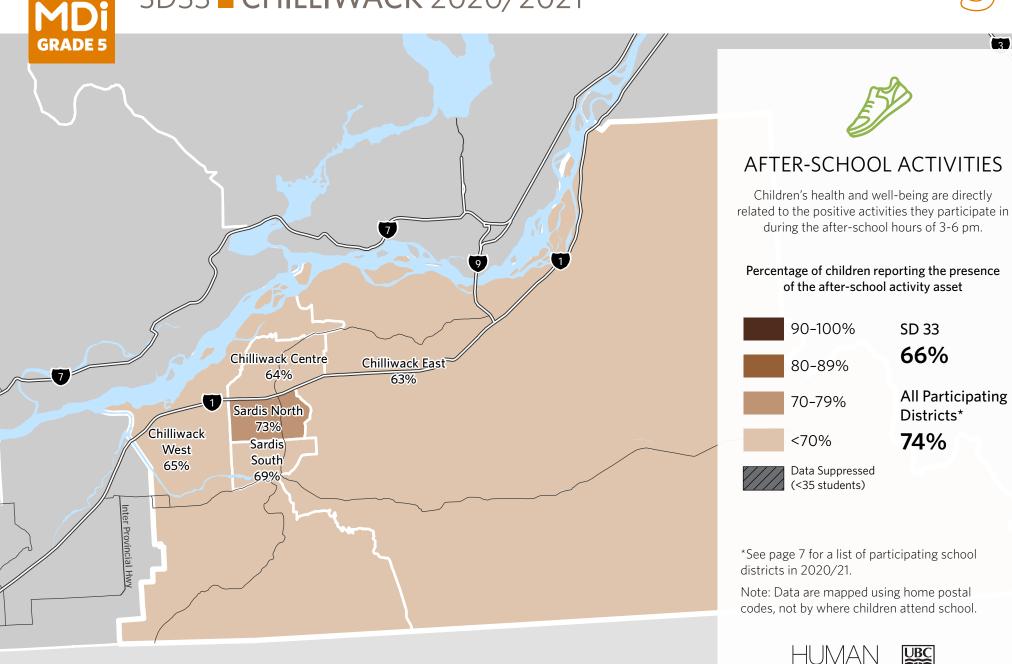
MDI 2020/21

SD33 Chilliwack - Grade 5 - School District & Community Report

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SD33 CHILLIWACK 2020/2021

3



EARLY LEARNING PARTNERSHIP



NEIGHBOURHOOD DATA TABLE

		WELI	-BEING INDEX			ASSETS I	NDEX	
		Percentage o	f children experienc	cing:	Percentage of	children reportin in their		of these assets
		<u>j</u>	<u>İ</u>	ţ,	NM Samp	CALL.		5
Neighbourhood	Number of Children	Thriving	Medium to High Well-Being	Low Well-Being	Adult Relationships	Peer Relationships	Nutrition & Sleep	After-School Activities
Chilliwack Centre	199	23%	25%	52%	71%	72%	46%	64%
Chilliwack East	181	44%	26%	31%	82%	82%	58%	63%
Chilliwack West	165	35%	28%	37%	80%	78%	59%	65%
Sardis North	116	36%	20%	45%	79%	75%	59%	73%
Sardis South	173	34%	25%	41%	77%	74%	62%	69%
Chilliwack (SD33)	841	34%	25%	41%	78 %	76 %	56 %	66%
All Participating Districts	9,261	36 %	27%	36 %	77%	80%	64%	74%

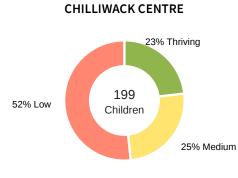
Note: Neighbourhood data are reported based on children's home postal codes and include all children who live within the school district boundaries. Therefore, the number of children in all neighbourhoods may not equal the total school district count. MDI results are suppressed where there are fewer than 35 children.



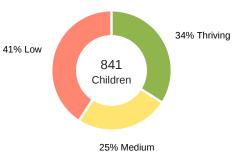
NEIGHBOURHOOD PROFILE 2020/2021 CHILLIWACK CENTRE

NUMBER OF CHILDREN: 199

WELL-BEING INDEX



CHILLIWACK



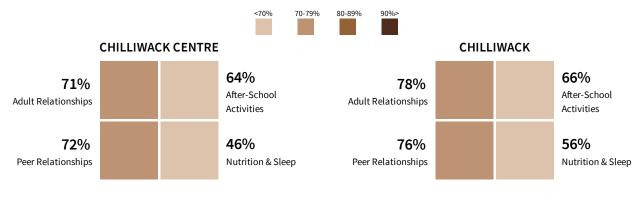
MEASURES COMPRISING THE WELL-BEING INDEX

| School District Average

OPTIMISM		0% 25% 50% 75% 100%
Optimism refers to the mindset of having positive expectations for the	High	39%
future. e.g., "I have more good times than bad times."	Medium	38%
	Low	24%
SELF-ESTEEM		0% 25% 50% 75% 100%
Self-esteem refers to a person's sense of self-worth. e.g., "A lot of things	High	61%
about me are good."	Medium	26%
	Low	13%
HAPPINESS		0% 25% 50% 75% 100%
Happiness refers to how content or satisfied children are with their lives.	High	50%
e.g., "I am happy with my life."	Medium	26%
	Low	24%
ABSENCE OF SADNESS		0% 25% 50% 75% 100%
Sadness measures the beginning symptoms of depression. e.g., "I feel	High	39%
unhappy a lot of the time."	Medium	34%
	Low	27%
GENERAL HEALTH		0% 25% 50% 75% 100%
Children are asked, "In general, how would you describe your health?"	High	35%
	Medium	47%
	Low	19%

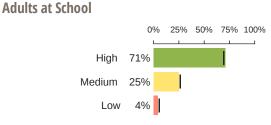
ASSETS INDEX

Percentage of children reporting the presence of an asset

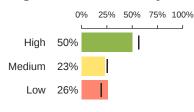


MEASURES COMPRISING THE ASSETS INDEX

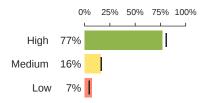
ADULT RELATIONSHIPS



Adults in the Neighbourhood/Community

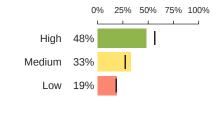


Adults at Home

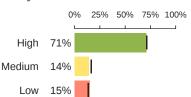


PEER RELATIONSHIPS

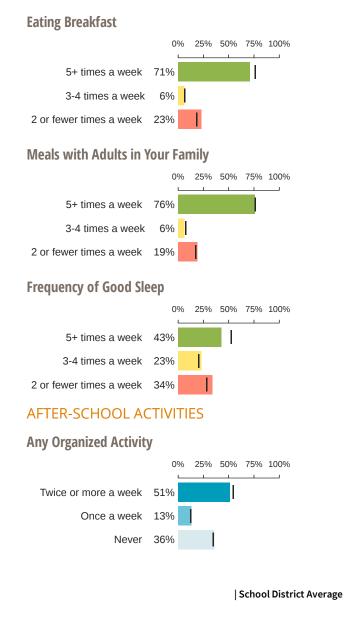
Peer Belonging



Friendship Intimacy



NUTRITION AND SLEEP



USE OF AFTER-SCHOOL TIME

WHAT CHILDREN WISH TO BE DOING



Children were asked what they want to be doing during the after-school hours of 3pm-6pm:

I am already doing the activities I want to be doing

72%

I wish I could do additional activities

33%

I am doing some of the activities I want, but I wish I could do more

4%

AFTER-SCHOOL ACTIVITIES

Children were asked, "During last week AFTER SCHOOL (from 3 pm - 6 pm), how many days did you participate in":

	Not at all	1x /week	2x +/week
Educational lessons or activities	72%	8%	21%
Art or music lessons	67%	16%	17%
Youth organizations	88%	6%	6%
Individual sports with a coach or instructor	71%	12%	17%
Team sports with a coach or instructor	73%	11%	16%



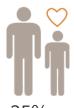
IN YOUR NEIGHBOURHOOD/COMMUNITY THERE ARE PLACES THAT PROVIDE PROGRAMS FOR KIDS YOUR AGE:

46%	10%	43%
Yes	No	Don't know

COMMUNITY BELONGING & SAFETY

IN YOUR NEIGHBOURHOOD/COMMUNITY THERE ARE **ADULTS WHO:**

(Percentage of children who responded "very much true")



35% Really care about me.



29%

25% Believe that I will Listen to me when I have something be a success.

to say.



IN YOUR NEIGHBOURHOOD/COMMUNITY THERE ARE SAFE PLACES WHERE YOU FEEL COMFORTABLE HANGING **OUT WITH FRIENDS:**

65%	12%	23%
Yes	No	Don't know

TOP WISHES

Physical and/or outdoor activities	36
Friends and playing	7
Music and fine arts	7

(Number of students)

TOP BARRIERS	(Number of students)
I have to go straight home after school	69
Other	37
I am too busy	29



NEIGHBOURHOOD PROFILE 2020/2021 CHILLIWACK EAST CHILLIWACK

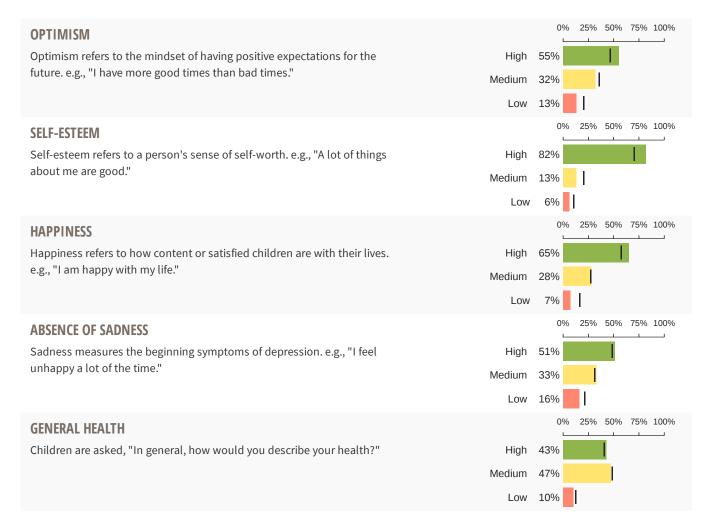
NUMBER OF CHILDREN: 181

WELL-BEING INDEX



MEASURES COMPRISING THE WELL-BEING INDEX

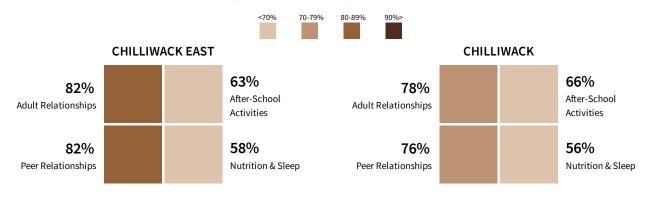
School District Average



MDI 2020/21

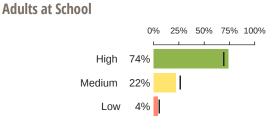
ASSETS INDEX

Percentage of children reporting the presence of an asset

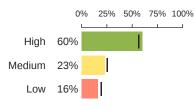


MEASURES COMPRISING THE ASSETS INDEX

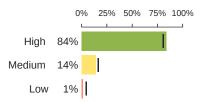
ADULT RELATIONSHIPS



Adults in the Neighbourhood/Community

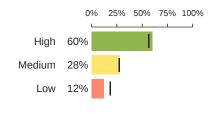


Adults at Home

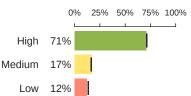


PEER RELATIONSHIPS

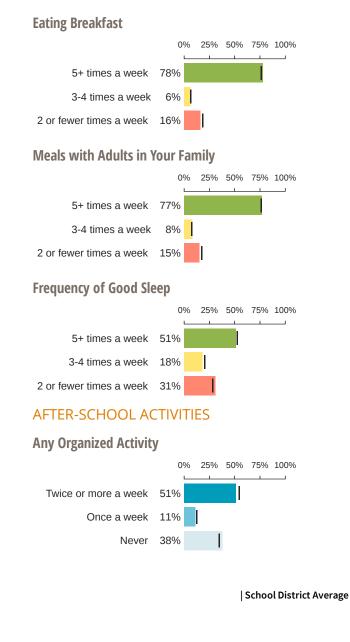
Peer Belonging



Friendship Intimacy



NUTRITION AND SLEEP



USE OF AFTER-SCHOOL TIME

WHAT CHILDREN WISH TO BE DOING



Children were asked what they want to be doing during the after-school hours of 3pm-6pm:

I am already doing the activities I want to be doing

73%

I wish I could do additional activities

33%

I am doing some of the activities I want, but I wish I could do more

6%

AFTER-SCHOOL ACTIVITIES

Children were asked, "During last week AFTER SCHOOL (from 3 pm - 6 pm), how many days did you participate in":

	Not at all	1x /week	2x +/week
Educational lessons or activities	76%	6%	18%
Art or music lessons	72%	14%	14%
Youth organizations	94%	2%	3%
Individual sports with a coach or instructor	78%	9%	13%
Team sports with a coach or instructor	65%	10%	26%



IN YOUR NEIGHBOURHOOD/COMMUNITY THERE ARE PLACES THAT PROVIDE PROGRAMS FOR KIDS YOUR AGE:

59%	9%	32%
Yes	No	Don't know

COMMUNITY BELONGING & SAFETY

IN YOUR NEIGHBOURHOOD/COMMUNITY THERE ARE **ADULTS WHO:**

(Percentage of children who responded "very much true")



36% Really care about me.



29%

34% Believe that I will Listen to me when I have something be a success.

to say.



IN YOUR NEIGHBOURHOOD/COMMUNITY THERE ARE SAFE PLACES WHERE YOU FEEL COMFORTABLE HANGING **OUT WITH FRIENDS:**

79%	4%	17%
Yes	No	Don't know

TOP WISHES

Physical and/or outdoor activities	33
Friends and playing	10
Music and fine arts	6

(Number of students)

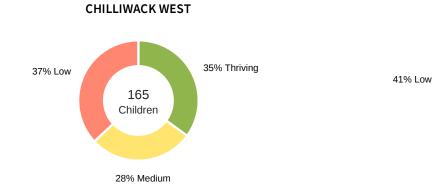
TOP BARRIERS	(Number of students)
I have to go straight home after school	63
Other	44
I am too busy	18



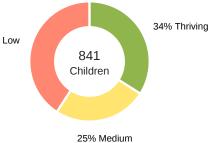
NEIGHBOURHOOD PROFILE 2020/2021 CHILLIWACK

NUMBER OF CHILDREN: 165

WELL-BEING INDEX



CHILLIWACK



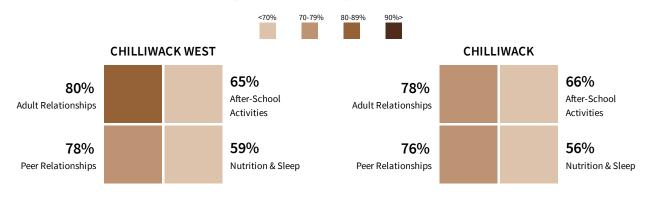
MEASURES COMPRISING THE WELL-BEING INDEX

School District Average

OPTIMISM		0% 25% 50% 75% 100%
Optimism refers to the mindset of having positive expectations for the	High	47%
future. e.g., "I have more good times than bad times."	Medium	33%
	Low	19%
SELF-ESTEEM		0% 25% 50% 75% 100%
Self-esteem refers to a person's sense of self-worth. e.g., "A lot of things	High	66%
about me are good."	Medium	23%
	Low	11%
HAPPINESS		0% 25% 50% 75% 100%
Happiness refers to how content or satisfied children are with their lives.	High	56%
e.g., "I am happy with my life."	Medium	26%
	Low	19%
ABSENCE OF SADNESS		0% 25% 50% 75% 100%
Sadness measures the beginning symptoms of depression. e.g., "I feel	High	52%
unhappy a lot of the time."	Medium	29%
	Low	18%
GENERAL HEALTH		0% 25% 50% 75% 100%
Children are asked, "In general, how would you describe your health?"	High	41%
	Medium	50%
	Low	9%

ASSETS INDEX

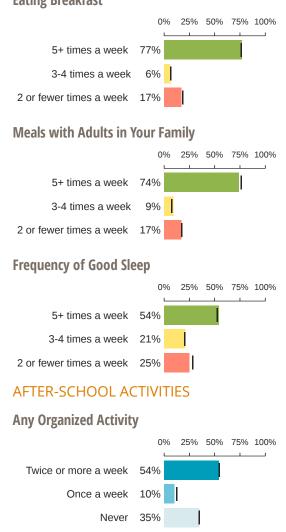
Percentage of children reporting the presence of an asset



MEASURES COMPRISING THE ASSETS INDEX

ADULT RELATIONSHIPS Adults at School Eating Breakfast 0% 25% 50% 75% 100% 69% High Medium 25% 6% Low Adults in the Neighbourhood/Community 0% 25% 50% 75% 100% High 59% Medium 24% Low 17% Adults at Home 0% 25% 50% 75% 100% High 80% Medium 16% Low 4% PEER RELATIONSHIPS **Peer Belonging** 0% 25% 50% 75% 100% High 60% Medium 24% Low 15% **Friendship Intimacy** 0% 25% 50% 75% 100%

NUTRITION AND SLEEP



| School District Average

73%

14%

13%

High Medium

Low

USE OF AFTER-SCHOOL TIME

WHAT CHILDREN WISH TO BE DOING



Children were asked what they want to be doing during the after-school hours of 3pm-6pm:

I am already doing the activities I want to be doing

79%

I wish I could do additional activities

26%

I am doing some of the activities I want, but I wish I could do more

5%

AFTER-SCHOOL ACTIVITIES

Children were asked, "During last week AFTER SCHOOL (from 3 pm - 6 pm), how many days did you participate in":

	Not at all	1x /week	2x +/week
Educational lessons or activities	72%	5%	23%
Art or music lessons	64%	14%	22%
Youth organizations	86%	5%	9%
Individual sports with a coach or instructor	80%	6%	14%
Team sports with a coach or instructor	73%	6%	21%



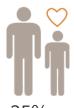
IN YOUR NEIGHBOURHOOD/COMMUNITY THERE ARE PLACES THAT PROVIDE PROGRAMS FOR KIDS YOUR AGE:

50%	8%	42%
Yes	No	Don't know

COMMUNITY BELONGING & SAFETY

IN YOUR NEIGHBOURHOOD/COMMUNITY THERE ARE ADULTS WHO:

(Percentage of children who responded "very much true")



35% Really care about me.



36%

Believe that I will

be a success.

35% Listen to me when I have something to say.



IN YOUR NEIGHBOURHOOD/COMMUNITY THERE ARE SAFE PLACES WHERE YOU FEEL COMFORTABLE HANGING OUT WITH FRIENDS:

74%	10%	16%
Yes	No	Don't know

TOP WISHES

TOP WISHES	(Number of students)
Physical and/or outdoor activities	20
Friends and playing	7
Time with family at home	3

TOP BARRIERS	(Number of students)
I have to go straight home after school	57
I am too busy	21
Other	21

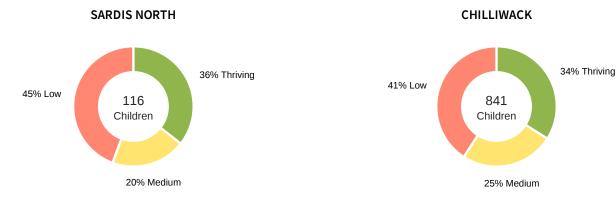


NEIGHBOURHOOD PROFILE 2020/2021

SARDIS NORTH

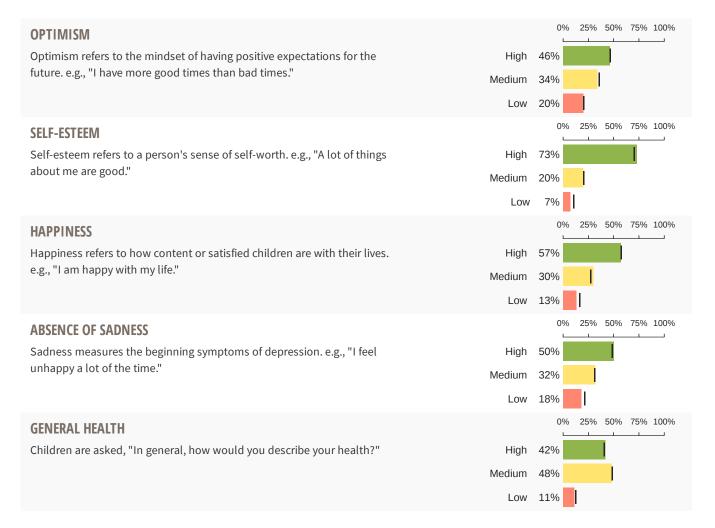
NUMBER OF CHILDREN: 116

WELL-BEING INDEX



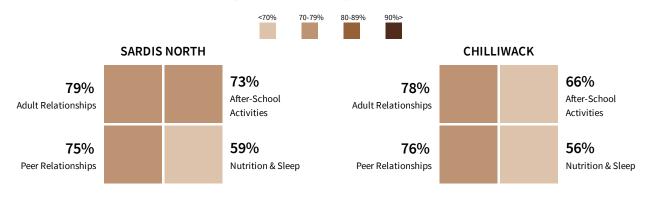
MEASURES COMPRISING THE WELL-BEING INDEX

School District Average



ASSETS INDEX

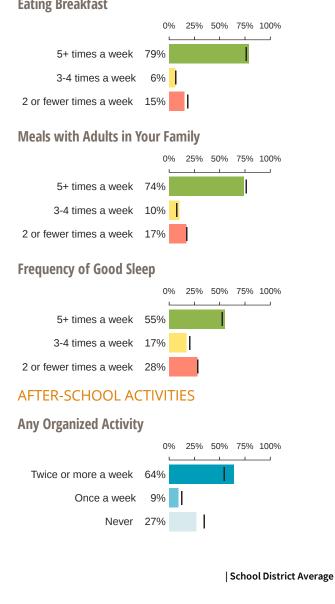
Percentage of children reporting the presence of an asset



MEASURES COMPRISING THE ASSETS INDEX

ADULT RELATIONSHIPS Adults at School Eating Breakfast 0% 25% 50% 75% 100% 67% High Medium 28% 5% Low Adults in the Neighbourhood/Community 0% 25% 50% 75% 100% High 59% 25% Medium Low 16% Adults at Home 0% 25% 50% 75% 100% High 81% Medium 17% 2% Low PEER RELATIONSHIPS **Peer Belonging** 0% 25% 50% 75% 100% High 56% Medium 26% Low 18% **Friendship Intimacy** 0% 25% 50% 75% 100%

NUTRITION AND SLEEP



65%

21%

13%

High Medium

Low

USE OF AFTER-SCHOOL TIME

WHAT CHILDREN WISH TO BE DOING



Children were asked what they want to be doing during the after-school hours of 3pm-6pm:

I am already doing the activities I want to be doing

71%

I wish I could do additional activities

33%

I am doing some of the activities I want, but I wish I could do more

4%

AFTER-SCHOOL ACTIVITIES

Children were asked, "During last week AFTER SCHOOL (from 3 pm - 6 pm), how many days did you participate in":

	Not at all	1x /week	2x +/week
Educational lessons or activities	67%	9%	24%
Art or music lessons	59%	19%	23%
Youth organizations	88%	4%	8%
Individual sports with a coach or instructor	65%	11%	24%
Team sports with a coach or instructor	75%	5%	19%



IN YOUR NEIGHBOURHOOD/COMMUNITY THERE ARE PLACES THAT PROVIDE PROGRAMS FOR KIDS YOUR AGE:

50%	10%	40%
Yes	No	Don't know

COMMUNITY BELONGING & SAFETY

IN YOUR NEIGHBOURHOOD/COMMUNITY THERE ARE ADULTS WHO:

(Percentage of children who responded "very much true")



38% Really care about me.



34% Believe that I will be a success.



35% Listen to me when I have something to say.



IN YOUR NEIGHBOURHOOD/COMMUNITY THERE ARE SAFE PLACES WHERE YOU FEEL COMFORTABLE HANGING OUT WITH FRIENDS:

77%	8%	15%
Yes	No	Don't know

TOP WISHES

TOP WISHES	(Number of students)
Physical and/or outdoor activities	19
Friends and playing	6
Computer/Video Games/TV	5
TOP BARRIERS	

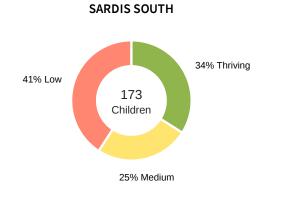
TOT DARRENS	(Number of students)
I have to go straight home after school	42
Other	19
I am too busy	17



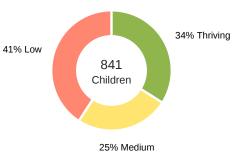
NEIGHBOURHOOD PROFILE 2020/2021

SARDIS SOUTH CHILLIWACK NUMBER OF CHILDREN: 173

WELL-BEING INDEX



CHILLIWACK



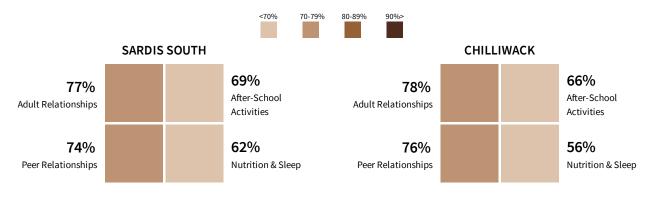
MEASURES COMPRISING THE WELL-BEING INDEX

School District Average

OPTIMISM		0% 25% 50% 75% 100%
Optimism refers to the mindset of having positive expectations for the	High	44%
future. e.g., "I have more good times than bad times."	Medium	36%
	Low	20%
SELF-ESTEEM		0% 25% 50% 75% 100%
Self-esteem refers to a person's sense of self-worth. e.g., "A lot of things	High	69%
about me are good."	Medium	18%
	Low	13%
HAPPINESS		0% 25% 50% 75% 100%
Happiness refers to how content or satisfied children are with their lives.	High	59%
e.g., "I am happy with my life."	Medium	26%
	Low	15%
ABSENCE OF SADNESS		0% 25% 50% 75% 100%
Sadness measures the beginning symptoms of depression. e.g., "I feel	High	50%
unhappy a lot of the time."	Medium	29%
	Low	21%
GENERAL HEALTH		0% 25% 50% 75% 100%
Children are asked, "In general, how would you describe your health?"	High	44%
	Medium	44%
	Low	13%

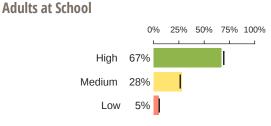
ASSETS INDEX

Percentage of children reporting the presence of an asset

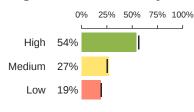


MEASURES COMPRISING THE ASSETS INDEX

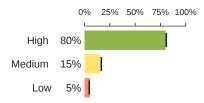
ADULT RELATIONSHIPS



Adults in the Neighbourhood/Community

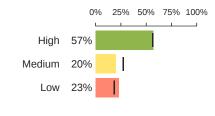


Adults at Home

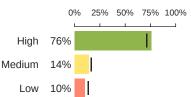


PEER RELATIONSHIPS

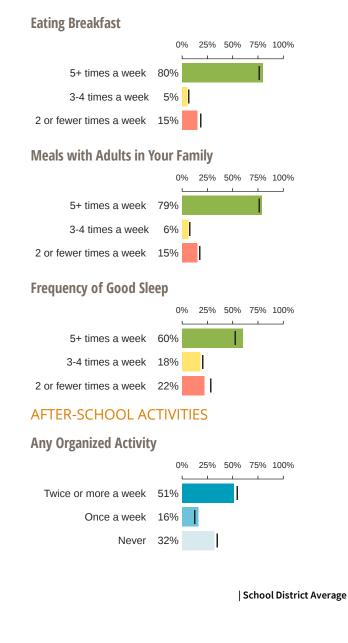
Peer Belonging



Friendship Intimacy



NUTRITION AND SLEEP



USE OF AFTER-SCHOOL TIME

WHAT CHILDREN WISH TO BE DOING



Children were asked what they want to be doing during the after-school hours of 3pm-6pm:

I am already doing the activities I want to be doing

82%

I wish I could do additional activities

21%

I am doing some of the activities I want, but I wish I could do more

3%

AFTER-SCHOOL ACTIVITIES

Children were asked, "During last week AFTER SCHOOL (from 3 pm - 6 pm), how many days did you participate in":

	Not at all	1x /week	2x +/week
Educational lessons or activities	72%	10%	18%
Art or music lessons	65%	20%	15%
Youth organizations	89%	5%	6%
Individual sports with a coach or instructor	75%	10%	15%
Team sports with a coach or instructor	70%	13%	18%



IN YOUR NEIGHBOURHOOD/COMMUNITY THERE ARE PLACES THAT PROVIDE PROGRAMS FOR KIDS YOUR AGE:

57%	10%	33%
Yes	No	Don't know

COMMUNITY BELONGING & SAFETY

IN YOUR NEIGHBOURHOOD/COMMUNITY THERE ARE **ADULTS WHO:**

(Percentage of children who responded "very much true")



30% Really care about me.



30%

be a success.

29% Believe that I will Listen to me when I have something to say.



IN YOUR NEIGHBOURHOOD/COMMUNITY THERE ARE SAFE PLACES WHERE YOU FEEL COMFORTABLE HANGING **OUT WITH FRIENDS:**

80%	7%	14%
Yes	No	Don't know

TOP WISHES

TOP WISHES	(Number of students)
Physical and/or outdoor activities	15
Computer/Video Games/TV	5
Friends and playing	4

TOP BARRIERS	(Number of students)
I have to go straight home after school	46
I am too busy	26
Other	26

REFERENCES

INTRODUCTION TO THE MDI

Jacobs, R. H., Reinecke, M. A., Gollan, J. K., & Kane, P. (2008). Empirical evidence of cognitive vulnerability for depression among children and adolescents: A cognitive science and developmental perspective. *Clinical Psychology Review*, *28(5)*, 759–782. Science Direct.

Rubin, K. H., Bukowski, W. M., & Parker, J. G. (2006). Peer interactions, relationships, and groups. In N. Eisenberg, W. Damon, & R. M. Lerner (Eds.), *Handbook of child psychology: Social, emotional, and personality development* (pp. 571–645). John Wiley & Sons Inc.

SOCIAL & EMOTIONAL DEVELOPMENT

Domitrovich, C. E., Durlak, J. A., Staley, K. C., & Weissberg, R. P. (2017). Social-emotional competence: An essential factor for promoting positive adjustment and reducing risk in school children. *Child Development*, *88*(2), 408-416. http://dx.doi.org/10.1111/cdev.12739

Jones, D. E., Greenberg, M., & Crowley, M. (2015). Early social-emotional functioning and public health: The relationship between kindergarten social competence and future wellness. *American Journal of Public Health*, *105*(11), 2283-2290. <u>https://dx.doi.org/10.2105%2FAJPH.2015.302630</u>

Mahoney, J., Weissberg, R., Greenberg, M., Dusenbury, L., Jagers, R., Niemi, K., Schlinger, M., Schlund, J., Shriver, T., VanAusdal, K., & Yoder, N. (2020). Systemic social and emotional learning: Promoting educational success for all preschool to high school students. *American Psychologist*, 1-16. <u>https://casel.org/wp-content/uploads/2020/10/Design-Systemic-SEL.pdf</u>

Schreier H., Schonert-Reichl K., & Chen E. (2013). Effect of volunteering on risk factors for cardiovascular disease in adolescents: a randomized controlled trial. *JAMA Pediatrics*, *167(4)*: 327–332.

Skinner, E. A., & Zimmer-Gembeck, M. J. (2016). Development of coping during middle childhood: Cognitive reappraisal, mental modes of coping, and coordination with demands. In E. A. Skinner & M. J. Zimmer-Gembeck, *The Development of Coping* (pp. 163–183). Cham: Springer International Publishing.

Weissberg, R.P., Durlak, J.A., Domitrovich, C.E., & Gullotta, T.P. (2015). Social and emotional learning: Past, present, and future. In J.A. Durlak, C.A. Domitrovich, R.P. Weissberg, & T.P. Gullotta (Eds.) *Handbook of social and emotional learning (3–19).* New York, NY: Guildford Press.

PHYSICAL HEALTH & WELL-BEING

Forrest, C. B., Bevans, K. B., Riley, A. W., Crespo, R., & Louis, T. A. (2013). Health and school outcomes during children's transition into adolescence. *Journal of Adolescent Health*, *52*(2), 186-194. <u>https://doi.org/10.1016/j.jadohealth.2012.06.019</u>

Harrison, M. E., Norris, M. L., Obeid, N., Fu, M., Weinstangel, H., & Sampson, M. (2015). Systematic review of the effects of family meal frequency on psychosocial outcomes in youth. *Canadian Family Physician*, *61(2)*, 96–106.

Hertzman, C., & Boyce. T. (2010). How experience gets under the skin to create gradients in developmental health. *Annual Review of Public Health*, *31*(1), 329 - 347. <u>https://doi.org/10.1146/annurev.publhealth.012809.103538</u>

Moeijes, J., van Busschbach, J. T., Bosscher, R. J., & Twisk, J. W. R. (2018). Sports participation and psychosocial health: A longitudinal observational study in children. *BMC Public Health*, *18*(702). <u>https://doi.org/10.1186/s12889-018-5624-1</u>

Reichelt, A. C. (2016). Adolescent maturational transitions in the prefrontal cortex and dopamine signaling as a risk factor for the development of obesity and high fat/high sugar diet induced cognitive deficits. *Frontiers in Behavioral Neuroscience*, *10*, 1–17.

Smaldone A, Honig J., & Byrne M. (2007). Sleepless in America: inadequate sleep and relationships to health and well-being of our nation's children. *Pediatrics*, *119* (*suppl1*): S29-S37.

CONNECTEDNESS

Emerson, S. D., Mâsse, L. C., Ark, T. K., Schonert-Reichl, K. A., & Guhn, M. (2018). A population-based analysis of life satisfaction and social support among children of diverse backgrounds in British Columbia, Canada. *Quality of Life Research*, *27*(10), 2595-2607. https://doi.org/10.1007/s11136-018-1922-4

First Nations Information Governance Centre. Now is the time: Our data, our stories, our future. The national report of the First Nations regional early childhood, education, and employment survey. Ottawa, ON: FNIGC; 2016. Available from <u>https://fnigc.ca/wp-content/uploads/2021/01/FNIGC_FNREEES-National-Report-2016-EN_FINAL_01312017.pdf</u>.

Gadermann, A. M., Guhn, M., Schonert-Reichl, K. A., Hymel, S., Thomson, K., & Hertzman, C. (2015). A population-based study of children's well-being and health: the relative importance of social relationships, health-related activities, and income. *Journal of Happiness Studies*, *17*, 1847–1872.

Guhn, M., Schonert-Reichl, K. A., Gadermann, A. M., Hymel, S., & Hertzman, C. (2013). A population study of victimization, relationships, and well-being in middle childhood. *Journal of Happiness Studies*, *14(5)*, 1529–1541.

Masten, A. S. (2018). Resilience theory and research on children and families: past, present, and promise. *Journal of Family Theory & Review*, *10*(1), 12-31. <u>https://doi.org/10.1111/jftr.12255</u>

Oberle, E., Guhn, M., Gadermann, A. M., Thomson, K., & Schonert-Reichl, K. A. (2018). Positive mental health and supportive school environments: A population-level longitudinal study of dispositional optimism and school relationships in early adolescence. *Social Science & Medicine*, *214*, 154–161.

Oberle, E., Schonert-Reichl, K. A., Guhn, M., & Hertzman, C. (2014). The role of supportive adults in promoting positive development in middle childhood: a population-based study. *Canadian Journal of School Psychology, 29,* 296-316.

Olsson, C., McGee, R., Nada-Raja, S., & Williams, S. (2013). A 32-year longitudinal study of child and adolescent pathways to wellbeing in adulthood. *Journal of Happiness Studies*, *14*(*3*), 1069–1083.

Thomson, K. C., Oberle, E., Gadermann, A. M., Guhn, M., Rowcliffe, P., & Schonert-Reichl, K. A. (2018). Measuring social-emotional development in middle childhood: The Middle Years Development Instrument. *Journal of Applied Developmental Psychology, 55,* 107–118. <u>https://doi.org/10.1016/j.appdev.2017.03.005</u>

Veiga, F., Wentzel, K., Melo, M., Pereira, T., Faria, L., & Galvão, D. (2014). Students'engagement in school and peer relations: A literature review. *In I Congresso Internacional Envolvimento dos Alunos na Escola: Perspetivas da Psicologia e Educação* (pp. 196–211).

Werner, E. E. (2004). Journeys from childhood to midlife: Risk, resilience, and recovery. *Pediatrics*, *114*(2), 492–492. https://doi.org/10.1542/peds.114.2.492

USE OF AFTER-SCHOOL TIME

Diamond, A. (2014). Want to optimize executive functions and academic outcomes?: Simple, just nourish the human spirit. In *Minnesota Symposia on Child Psychology* (Vol. 37, p. 205). NIH Public Access.

Durlak, J. A., Weissberg, R. P., & Pachan, M. (2010). A meta-analysis of after-school programs that seek to promote personal and social skills in children and adolescents. *American Journal of Community Psychology*, *45(3-4)*, 294–309.

Immordino-Yang, M. H., Christodoulou, J. A., & Singh, V. (2012). Rest is not idleness implications of the brain's default mode for human development and education. *Perspectives on Psychological Science*, *7*(*4*), 352–364.

Schonert-Reichl, K. A., Guhn, M., Gadermann, A., Hymel, S., Sweiss, L., & Hertzman, C. (2013). Development and validation of the Middle Years Development Instrument (MDI): Assessing children's well-being and assets across multiple contexts. *Social Indicators Research*, *114*(2), 345-369. <u>https://doi.org/10.1007/s11205-012-0149-y</u>

Thouin, É., Dupéré, V., Dion, E., McCabe, J., Denault, A-S., Archambault, I. Brière, F.N., Leventhal, T., & Crosnoe, R. (2020) Schoolbased extracurricular activity involvement and high school dropout among at-risk students: Consistency matters. *Applied Developmental Science*, 1-14. <u>https://doi.org/10.1080/10888691.2020.1796665</u>

Vandell, D. L., Lee, K. T. H., Whitaker, A. A., & Pierce, K. M. (2020). Cumulative and differential effects of early child care and middle childhood out-of-school time on adolescent functioning. *Child Development*, *91*(1), 129-144. <u>https://doi.org/10.1111/cdev.13136</u>

Wade C. (2015). The longitudinal effects of after-school program experiences, quality, and regulatable features on children's socialemotional development. *Child and Youth Services Review, 48,* 70–79.

SCHOOL EXPERIENCES

Binfet, J., Gadermann, A., & Schonert-Reichl, K. (2016). Measuring kindness at school: psychometric properties of a school kindness scale for children and adolescents. *Psychology in the Schools*, *53(2)*, 111–126.

Eccles, J. S., & Roeser, R. W. (2011). Schools as developmental contexts during adolescence. *Journal of Research on Adolescence*, 21(1), 225-241. <u>http://dx.doi.org/10.1111/j.1532-7795.2010.00725.x</u>

van Harmelen A. L., Gibson, J. L., St. Clair, M. C., Owens, M., Brodbeck, J., Dunn, V., ... Goodyer, I. M. (2016). Friendships and family support reduce subsequent depressive symptoms in at-risk adolescents. *PLoS ONE 11(5):* e0153715.

van Noorden, T. H., Haselager, G. J., Cillessen, A. H., & Bukowski, W. M. (2015). Empathy and involvement in bullying in children and adolescents: A systematic review. *Journal of Youth and Adolescence*, *44(3)*, 637–657

Wang, M.-T., & Degol, J. L. (2016). School climate: A review of the construct, measurement, and impact on student outcomes. *Educational Psychology Review*, 28(2), 315-352. <u>https://doi.org/10.1007/s10648-015-9319-1</u>

For all publications on the MDI including ones on reliability and validity visit, the <u>Discover MDI Field Guide</u> (<u>https://www.discovermdi.ca/references//</u>).



SCHOOL DISTRICT 33 CHILLIWACK SCHOOL DISTRICT REPORT 2020/2021



ACKNOWLEDGEMENTS

We express our deep gratitude to the x^wməθk^wəỳəm (Musqueam) Nation for the privilege of working on their traditional, ancestral and unceded territory at the Point Grey Campus of the University of British Columbia.

The Middle Years Development Instrument (MDI) project is made possible with funding from BC school districts and school boards across the country. We would like to thank and acknowledge all participating school districts for their support of and collaboration towards this project.

We are grateful to the teachers, education staff and school administrators who work directly with us to gather data and use our reports. This includes a commitment to training and completing questionnaires, engaging with students, parents and caregivers and using HELP's data and research in schools, districts and communities. We also extend our warmest appreciation to the students who take the time to share their experiences with us. Thank you.

We would like to acknowledge the Max Bell Foundation for their contributions and continued support towards the MDI research project.

HELP would like to acknowledge the exceptional support we have received since 2001 from the Ministries of Children and Family Development, Education and Health. This investment has enabled the expansion of HELP's unique child development monitoring system that supports high quality, evidence-informed decisions on behalf of children and their families.

DR. KIMBERLY SCHONERT-REICHL

HELP's Middle Years research is led by Dr. Kimberly Schonert-Reichl. HELP acknowledges Dr. Schonert-Reichl for her leadership and expertise in social and emotional development research, her dedication to exploring children's experiences in the middle years and for raising the profile of children's voices, locally and internationally.

ABOUT THE HUMAN EARLY LEARNING PARTNERSHIP

The Human Early Learning Partnership (HELP) is an interdisciplinary research institute based at the School of Population and Public Health, Faculty of Medicine, at the University of British Columbia. HELP's unique partnership brings together researchers and practitioners from across BC, Canada and internationally to address complex child development issues. HELP's research projects explore how different environments and experiences contribute to health and social inequities in children's development over their life course.

The institute was founded by Drs. Clyde Hertzman and Hillel Goelman in 1999. Clyde's vision for HELP was to advance knowledge about child development and importantly, to apply this knowledge in communities. This report, and the work of HELP over two decades, would not have been possible without his vision and passion.

To learn more please visit our website at <u>earlylearning.ubc.ca (http://earlylearning.ubc.ca/)</u>.

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INTRODUCTION TO THE MDI

WHY THE MIDDLE YEARS MATTER

Experiences in the middle years, especially between the ages of 10 to 13, have critical and long lasting effects. They are powerful predictors of adolescent adjustment and future success. During this time, children are experiencing significant cognitive, social and emotional changes that establish their lifelong identity and set the stage for adolescence and adulthood. The overall health and well-being of children in their middle years affects their ability to concentrate and learn, develop and maintain friendships and make thoughtful decisions.

During the late middle childhood years (also referred to as early adolescence), children have an increased awareness of themselves and others. During middle childhood they are developing ideas about how they may or may not "fit in" to their social and academic environments (Rubin et al., 2006). These ideas have the power to either promote health and academic achievement or lead to negative outcomes such as depression and anxiety in adulthood (Jacobs et al., 2008). Although middle childhood is a time of risk, it is also a time of opportunity. There is mounting evidence to suggest that positive relationships to adults and peers during this critical time act to increase a child's resiliency and school and life success.

WHAT IS THE MIDDLE YEARS DEVELOPMENT INSTRUMENT?

The Middle Years Development Instrument (MDI) is a self-report questionnaire that asks children in Grade 4 to Grade 8 about their thoughts, feelings and experiences in school and in the community. It is a unique and comprehensive questionnaire that helps us gain a deeper understanding of how children are doing at this stage in their lives. Researchers working at the Human Early Learning Partnership (HELP) are using results to learn more about children's social-emotional health and well-being. In addition, the MDI is being used across sectors to support collaboration and inform policy and practice.

The MDI uses a strengths-based approach to assess five areas of development that are strongly linked to well-being, health and academic achievement. In addition, the MDI focuses on highlighting the promotive and protective factors and assets that are known to support and optimize development in middle childhood. These areas are: *Social and Emotional Development, Physical Health and Well-Being, Connectedness, Use of After-School Time* and *School Experiences*. Each of these dimensions is made up of several measures. Each measure is made up of one or more individual questions.

Combining select measures from the MDI helps us paint a more comprehensive portrait of children's overall well-being and the assets that contribute to their healthy development. The results for key MDI measures are summarized by two indices: The Well-Being Index and the Assets Index.

The following illustrates the relationship between MDI dimensions and measures, and highlights which measures contribute to the Well-Being and Assets Indices.

MDI DIMENSIONS & MEASURES

- A measure in the Well-Being Index
- A measure in the Assets Index
- * A measure in the Grade 6, 7 and 8 MDI only



SOCIAL & EMOTIONAL DEVELOPMENT

Measures

• Self-Esteem

• Happiness

- Optimism
 Empathy
 Prosocial Behaviour
- Absence of Sadness Absence of Worries
 - Self-Regulation (Short-Term)
- Self-Regulation (Long-Term)
 * Responsible Decision-Making
- * Self-Awareness
- * Perseverance
- * Assertiveness
- * Citizenship/Social Responsibility



PHYSICAL HEALTH AND WELL-BEING

- Measures
- General Health
- Frequency of Good Sleep
- Eating Breakfast
- Meals with Adults in Your Family Food
- Help-Seeking for Emotional Well-
- Transportation To and From School



CONNECTEDNESS

Measures

Adults at SchoolAdults in the

Neighbourhood

Adults at Home
 Deex Balancing

Being

- Peer Belonging
- Friendship Intimacy
- Important Adults



USE OF AFTER-SCHOOL TIME

Measures

- Organized Activities
 - Educational Lessons or Activities
- Youth OrganizationsSports
- Music or Arts
- How Children Spend their Time After-school People/Places Children's Wishes and Barriers



SCHOOL EXPERIENCES

Measures

Academic Self-Concept School Climate School Belonging Motivation Future Goals Victimization and Bullying

For more information on all of the measures, including questions, response options and scoring for the MDI results found in this report, please refer to the <u>MDI Companion Guide (https://www.discovermdi.ca/resources/mdi-companion-guide/)</u>. For additional resources visit, the <u>Discover MDI Field Guide (https://www.discovermdi.ca/category/mdi-essentials/)</u>.

CONNECTING THE MDI WITH THE PERSONAL AND SOCIAL COMPETENCIES OF THE BC CURRICULUM

Your MDI data provide a unique approach to understanding children's social and emotional development and well-being in relation to the <u>BC Ministry of Education's Personal and Social Competencies (https://curriculum.gov.bc.ca/competencies)</u>.

Areas measured by the MDI reflect facets of the "Personal and Social Competency" domain of BC's Curriculum, providing valuable information for understanding children's growth and progress within this core competency. The MDI questions provide an opportunity for students to self-assess and reflect on their social and personal competency, including reflecting on MDI concepts, questions and results.



PERSONAL & SOCIAL COMPETENCIES

Positive Personal & Cultural Identity

Related MDI Measures:

- Connectedness to Adults at Home, School and Community
- Peer Belonging
- Friendship Intimacy
- Empathy
- School Belonging
- School Climate
- Self-Esteem
- Academic Self-Concept
- Importance of Grades
- Friends & Learning
- Self-Awareness
- Perseverance
- Responsible Decision-Making

Personal Awareness & Responsibility

Related MDI Measures:

- Academic Self-Concept
- Self-Esteem
- Self-Regulation
- General Health
- Optimism
- Self-Awareness
- Perseverance
- Responsible Decision-Making
- Assertiveness
- Use of After-School Time

Social Responsibility

Related MDI Measures:

- Citizenship and Social Responsibility
- Prosocial Behaviour
- Empathy
- School Climate
- Connectedness to Adults at School
- Connectedness to Peers
- Self-Regulation
- Assertiveness

ABOUT THIS REPORT

Important Message about 2020-2021 MDI Results

In 2018-2019, MDI data collection was moved from November to January/February in response to requests from MDI school districts, and this may have had an influence on a range of MDI measures. Please don't hesitate to contact the MDI team at <u>mdi@help.ubc.ca</u> if you have any questions about your MDI results.

HOW THE RESULTS ARE REPORTED

School district data in this report includes all children who participated within the public school district in 2020/2021. Administration of the MDI took place between the months of January to mid-March 2021.

School district data is compared to the **average for all districts**, which includes children from all participating public school districts. Districts with large populations contribute more in computing the **average for all districts** than districts with smaller populations. Results for large districts tend to be closer to the average for all districts. Please see the table below for a list of participating districts, and note that the average is based on participating districts and **does not** represent all school districts in the entire province.

Where school districts or neighbourhoods contain fewer than 35 children, the results are suppressed. The data in this report have been rounded. Many questions on the MDI allow children to provide multiple responses. Totals for some measures and questions may not equal 100%.

#	School District	# of Children	Participation Rate
33	Chilliwack	841	77%
34	Abbotsford	1,282	87%
35	Langley	756	45%
37	Delta	1,175	85%
38	Richmond	1,398	82%
43	Coquitlam	2,131	81%
46	Sunshine Coast	177	75%
48	Sea to Sky	302	84%
52	Prince Rupert	59	42%
75	Mission	318	67%
78	Fraser-Cascade	86	59%
83	North Okanagan-Shuswap	406	80%
	Total	8,931	

UNDERSTANDING MDI DATA

The **MDI Companion Guide** provides information on all of the measures, including questions, response options and scoring, for the MDI results found in this report. The guide is available to <u>download here (https://www.discovermdi.ca/resources/mdi-companion-guide/)</u>.

For more information on the MDI, including answers to common questions such as, what is the MDI; why use the MDI and how to use the MDI, visit the <u>Discover MDI Field Guide</u> (<u>https://www.discovermdi.ca/</u>).





2020/2021 RESULTS FOR CHILLIWACK

DEMOGRAPHICS

Population		Gender Identity	
Total Sample	841	Boys	52%
Participation Rate	77%	Girls	47%
Children completing MDI at school	99%	In Another Way	4%
Children completing MDI at home	1%		

A note on how we are asking about gender identity

In the 2017/18 school year, for the first time, children were able to describe *themselves* through choices that included: "boy," "girl" or "in another way."

Following a review of the responses, this question was refined in the 2018/19 school year to instruct children to describe their *gender* as "boy," "girl" or, if they see themselves "in another way," to describe their gender using their own words. This question may continue to evolve.

Languages Spoken at Home

First Nations, Inuit or Métis	0%	Mandarin	1%
Cantonese	0%	Punjabi	2%
English	95%	Spanish	2%
French	2%	Filipino/Tagalog	1%
Hindi	0%	Vietnamese	1%
Japanese	0%	Other	5%
Korean	1%		

Total Sample: Refers to the total number (#) of children represented in this report. Children are included in the sample if they complete a question and the data are reported.

Participation Rate: Refers to the percentage of the Grade 8 population that participated in the MDI survey this year. In 2020/21, due to the global pandemic and in response to requests from school districts, boards and/or associations, the MDI was administered to a small percentage of children at home or in remote settings.

Gender Identity: Children are asked to describe their gender as "Boy," "Girl" or "In another way." Children may choose not to answer the question at all. Children are able to select more than one response and therefore, in some cases, percentages may not add to 100%. Data are suppressed where fewer than 5 children selected the response.

Languages Spoken at Home: Children are able to select more than one language spoken at home.

First Nations, Inuit or Métis Languages: If a child selects "First Nations, Inuit or Métis" as a language spoken in the home, they are then asked to identify, if possible, the specific language. First Nations, Inuit or Métis language data are not publicly available.

Other: A limited selection of languages is offered on the MDI questionnaire. The "Other" category gives children an opportunity to enter their own response(s).

WELL-BEING & ASSETS INDICES

Combining select measures from the MDI helps us paint a more comprehensive portrait of children's overall well-being and the assets that contribute to their healthy development. The results for key MDI measures are summarized by two indices. This section of the report focuses on results for the Well-Being Index and the Assets Index. Learn more about the important relationship between individual measures, the well-being index and the assets index in the Discover MDI Field Guide (https://www.discovermdi.ca/introto-mdi-dimensions-and-indices/).

WELL-BEING INDEX

Medium Well-Being

Children who score in the high

range on fewer than 4 of the 5

measures of well-being, and

have no low-range scores.

The Well-Being Index combines MDI measures relating to children's physical health and social and emotional development that are of critical importance during the middle years. These are: Optimism, Happiness, Self-Esteem, Absence of Sadness and General Health.

Scores from these five measures are combined and reported by three categories of well-being, providing a holistic summary of children's mental and physical health.

High Well-Being (Thriving)

range on at least 4 of the 5

no low-range scores.

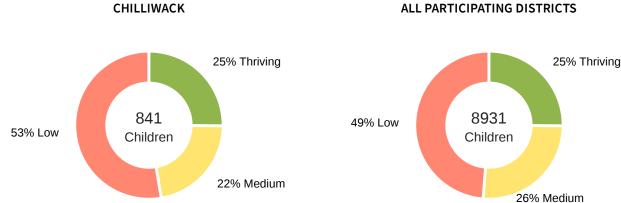
Children who score in the high

measures of well-being and have

MEASURES Optimism Happiness Self-Esteem Absence of Sadness General Health



Low Well-Being Children who score in the low range on at least 1 of the 5 measures of well-being.

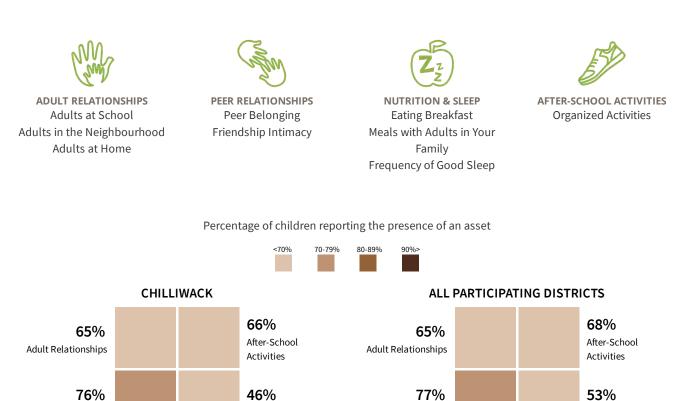


ALL PARTICIPATING DISTRICTS

ASSETS INDEX

The Assets Index combines MDI measures that highlight four key assets that help to promote children's positive development and well-being. Assets are positive experiences, relationships or behaviours present in children's lives. Assets are considered actionable, meaning that schools and communities can focus their efforts in these areas to create the conditions and contexts where children can thrive.

Note: School Experiences are also considered to be an asset that contribute to children's well-being; however, this asset is not reported as part of the Assets Index to prevent the ranking of individual schools or sites. Please refer to the School Climate and Bullying and Victimization measures for data related to this asset.



Peer Relationships

Nutrition & Sleep

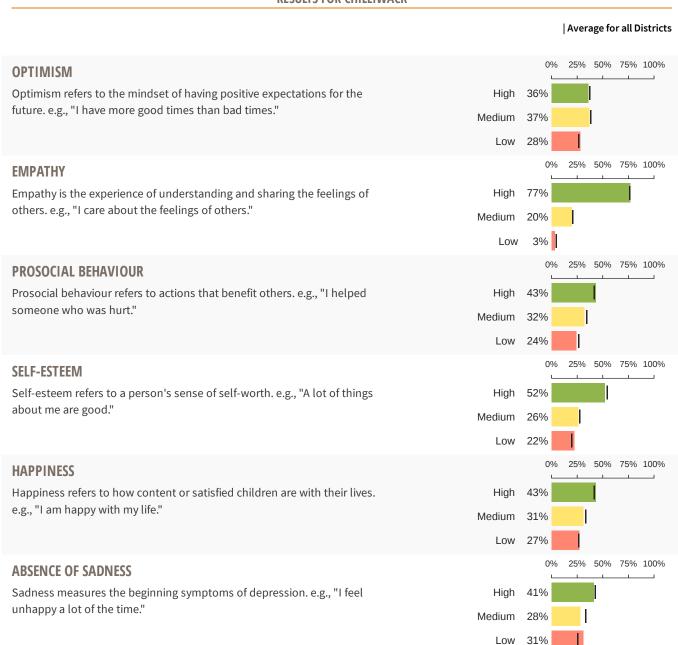
Peer Relationships

Nutrition & Sleep



Social and emotional competence is integral to children's social and emotional development and includes the ability to understand and manage emotions, develop caring and empathy for others, establish positive relationships, make responsible decisions, and handle challenging situations effectively (Weissberg et al., 2015). Promoting children's social and emotional competence is critical for their successful development across the lifespan (Jones et al., 2015). For example, social and emotional competence is associated with greater motivation and success in school (Mahoney et al., 2020), as well as positive outcomes later in life, such as earning a college degree, finding stable employment, engaging in a healthy lifestyle, and psychological well-being (Domitrovich et al., 2017). Social and emotional competencies can be best promoted when children experience supportive environments across multiple contexts - at school with teachers and peers, in the home with elders, family, or caregivers, and in after-school programs with peers and community members.

Detailed information on the MDI survey questions and response scales for Social and Emotional Development are available in the Discover MDI Field Guide (https://www.discovermdi.ca/social-emotional-development/).



RESULTS FOR CHILLIWACK

ABSENCE OF WORRIES

Worries measure the beginning symptoms of anxiety. e.g., "I worry a lot that other people might not like me."

SELF-REGULATION (LONG-TERM)

Long-term self-regulation requires adapting present behaviour to achieve a goal in the future. e.g., "If something isn't going according to my plans, I change my actions to try and reach my goal."

SELF-REGULATION (SHORT-TERM)

Short-term self-regulation is about impulse control. It requires adapting behaviour or emotions to meet an immediate goal. e.g., "I can calm myself down when I'm excited or upset."

RESPONSIBLE DECISION-MAKING

Responsible decision-making is about understanding the consequences of one's actions and making good choices about personal behaviour. e.g., "When I make a decision, I think about what might happen afterward."

SELF-AWARENESS

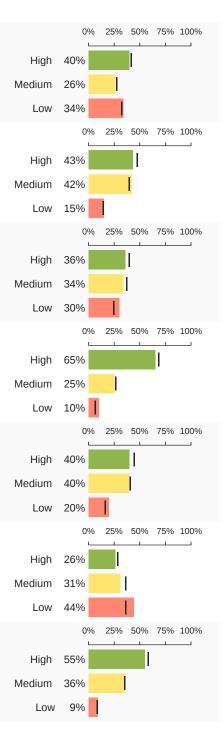
Self-awareness is the ability to recognize one's emotions and thoughts while understanding their influence on behaviour. e.g., "When I'm upset, I notice how I am feeling before I take action."

PERSEVERANCE

Perseverance refers to determination. It means putting in persistent effort to achieve goals, even in the face of setbacks. e.g., "Once I make a plan to get something done, I stick to it."

ASSERTIVENESS

Assertiveness means communicating a personal point of view. It includes the ability to stand up for oneself. e.g., "If I disagree with a friend, I tell them."



CITIZENSHIP AND SOCIAL RESPONSIBILITY

I believe I can make a difference in the world		I try to make the world a better place	
Disagree a lot	16%	Disagree a lot	7%
Disagree a little	11%	Disagree a little	7%
Don't agree or disagree	26%	Don't agree or disagree	25%
Agree a little	28%	Agree a little	37%
Agree a lot	18%	Agree a lot	24%

ARE YOU CURRENTLY VOLUNTEERING?

DO YOU PLAN TO VOLUNTEER IN THE FUTURE?

VOLUNTEERED?		VOLUNTEERING?		IN THE FUTURE?	
61%	39%	8%	92%	71%	29%
Yes	No	Yes	No	Yes	No



RESEARCH HIGHLIGHTS SOCIAL AND EMOTIONAL DEVELOPMENT

Social and emotional competencies include children's ability to recognize, understand, and effectively respond to emotions, manage stress and be optimistic. They also include showing concern for others, sustaining healthy relationships and making effective personal and social decisions (Weissberg, Durlak, Domitrovitch, & Gullota, 2015).

HAVE YOU EVER

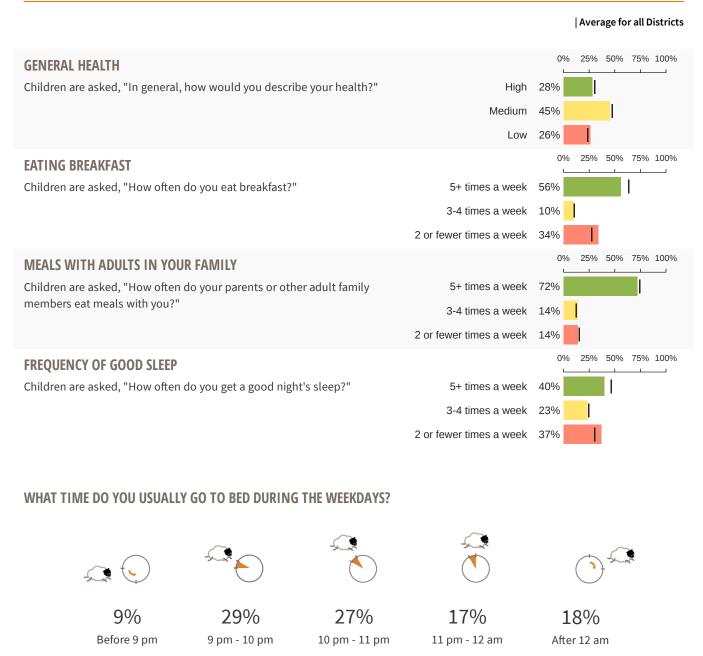
Middle childhood is an important time for promoting self-regulation and problem-solving strategies to help children persevere in the face of obstacles and setbacks. Related skills and strategies learned during middle childhood tend to stick with children throughout the rest of their lives (Skinner et al., 2016). A Vancouver-based study asked Grade 10 children to volunteer 1-1.5 hours per week with elementary school children. After 10 weeks researchers found participants had significantly decreased their risk for cardiovascular disease. The greatest health benefits were seen in adolescents who displayed the highest self-report measures of empathy (Schreier, Schonert-Reichl, & Chen, 2013).



Promoting children's physical health and well-being in the middle years lays the foundation for a healthy lifestyle. Physical health outcomes are not uniquely controlled by genetics. They can also be influenced by external factors such as family relationships, connections with peers, and larger economic and social conditions (Hertzman, C., & Boyce. T., 2010). Children who feel healthy are more likely to be engaged in school, feel a connection to their teachers, perform better academically, and are less likely to be bullied or bully others (Forrest et al., 2013). Being physically active also promotes children's mental health (Moeijes et al., 2018). Children benefit from guidance and opportunities that support the development of healthy habits - such as regular physical activity, quality sleep and healthy meals - that they can carry forward into adolescence and adulthood.

Detailed information on the MDI survey questions and response scales for Physical Health and Well-Being are available in the <u>Discover MDI Field Guide (https://www.discovermdi.ca/physical-health-well-being/)</u>.

RESULTS FOR CHILLIWACK



HOW OFTEN DO YOU EAT FOOD LIKE POP, CANDY, POTATO CHIPS, OR SOMETHING ELSE?



HELP-SEEKING FOR EMOTIONAL WELL-BEING

WHO WOULD YOU TALK TO IF YOU WERE FEELING SAD, STRESSED, OR WORRIED?

Examples provided include a teacher, school counselor, parent, grandparent, older sibling or cousin, elder, after-school program staff, doctor, nurse etc. (Children can select all of the options that apply; therefore, percentages may not total 100%.)

An adult at school	16%
A family member	57%
An adult in my community	8%
A health professional	13%
My friend(s)	65%
Don't know who to talk to	11%
Prefer to handle it on my own	42%
Talk to someone else (someone not on this list)	4%

TRANSPORTATION TO AND FROM SCHOOL

Children are asked, "How do you usually get to school?"; "How do you usually get home from school?" and "If you could choose, how would you wish to get to and from school?"

	To School	From School	Wish
Car	48%	33%	47%
School bus	23%	26%	9%
Public transportation (public bus, train or ferry)	2%	2%	3%
Walk	22%	33%	20%
Cycle, skateboard, scooter or rollerblade	5%	5%	18%
Something else	1%	1%	3%



RESEARCH HIGHLIGHTS PHYSICAL HEALTH & WELL-BEING

Eating meals together as a family often is related to increased self-esteem and school success, and decreased chance of eating disorders, substance abuse, violent behaviour and symptoms of depression (Harrison et al., 2015).

Seeking help for emotional support from appropriate and effective resources, such as school adults, parents and family members, health professional, and counsellors, can help promote positive mental health and resilience, and serve as a protective factor for mental illness (Rickwood et al., 2005; Xu et al., 2018). Children ages 5 to 13 need 9–11 hours of uninterrupted sleep a night (Hirshkowitz et al., 2015). When children do not get enough sleep they are more likely to have troubles at school, be involved in family disagreements and display symptoms of depression (Smaldone, Honig, & Byrne, 2007). Because of changes in the brain that take place around the time of puberty, children are more strongly attracted to junk foods that contain high amounts of fat and sugar than adults (Reichelt, 2016).



Belonging is a fundamental need for everyone. Feeling a sense of connectedness to family, peers, school, and community is one of the most important assets for a child's well-being, health, and success in life (Masten, 2018; Thomson et al., 2018). Research shows that children with positive peer relationships feel better about themselves, experience greater mental health, are more prosocial, and perform better academically (Wentzel, 1998). A single caring adult, be it a family member, coach, teacher, an elder, or a neighbour, can positively influence a child's life and promote resilience (Werner, 2004). Children's life satisfaction is related to their sense of belonging with peers and their supportive relationships with adults even more so than family income or personal health (Gadermann et al., 2015; Oberle et al., 2014). This is true across cultures (Emerson et al., 2018). For children, connectedness to land, language, and culture also can play an important role in encouraging a strong and healthy sense of identity (First Nations Information Governance Centre, 2016).

Detailed information on the MDI survey questions and response scales for Connectedness is available in the <u>Discover MDI Field</u> <u>Guide (https://www.discovermdi.ca/connectedness/</u>).

RESULTS FOR CHILLIWACK

Average for all Districts

0% 25% 50% 75% 100%

CONNECTEDNESS WITH ADULTS

ADULTS AT SCHOOL

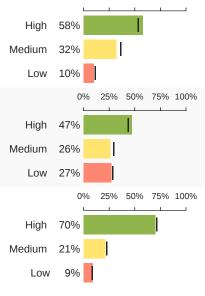
Assesses the quality of relationships children have with the adults they interact with at school. e.g., "At my school there is an adult who believes I will be a success."

ADULTS IN THE NEIGHBOURHOOD/COMMUNITY

Assesses the quality of relationships children have with the adults they interact with in their neighbourhood or community. e.g., "In my neighbourhood/community there is an adult who really cares about me."

ADULTS AT HOME

Assesses the quality of relationships children have with the adults in their home. e.g., "In my home there is a parent or other adult who listens to me when I have something to say."



NUMBER OF IMPORTANT ADULTS AT SCHOOL







Average for all Districts

WHAT MAKES AN ADULT IMPORTANT TO YOU?

(Children can select all the options that apply)

	At School	At Home
This person teaches me how to do things that I don't know.	70%	73%
I can share personal things and private feelings with this person.	31%	70%
This person likes me the way I am.	51%	80%
This person encourages me to pursue my goals and future plans.	56%	79%
I get to do a lot of fun things with this person or because of this person.	38%	76%
The person is like who I want to be when I am an adult.	21%	46%
The person is always fair to me and others.	54%	62%
The person stands up for me and others when we need it.	33%	64%
The person lets me make decisions for myself.	47%	69%

CONNECTEDNESS WITH PEERS

PEER BELONGING		0% 25% 50% 75% 100%
Measures children's feelings of belonging to a social group. e.g., "When I	High	50%
am with other kids my age, I feel I belong."	Medium	29%
	Low	20%
FRIENDSHIP INTIMACY		0% 25% 50% 75% 100%
Assesses the quality of relationships children have with their peers. e.g., "I	High	73%
have a friend I can tell everything to."	Medium	17%
	Low	10%



RESEARCH HIGHLIGHTS CONNECTEDNESS

Children who do not feel part of a group or feel cast out by their own group are at risk of anxiety and depression. They are also at higher risk of low school attendance and future school drop-out (Veiga et al., 2014).

Strong social connections in adolescence are a better predictor of well-being in adulthood than their academic achievement (Olsson, 2013).

For younger students during elementary and middle school years, a nurturing and caring relationship with a classroom teacher is vital. Connections with warm and accepting teachers enhance emotional well-being, increase motivation, engagement and success in school for children in early adolescence. They are also buffers for children who are experiencing mental health problems (Oberle, 2018).

Social competencies and friendship-building skills can buffer children against bullying, anxiety and depression (Guhn et al., 2013).



Children's involvement in activities outside of school hours exposes them to important social environments. After-school activities, such as art and music classes, sports leagues, and community groups provide distinct experiences that help children to build relationship and social and emotional skills (Vandell et al., 2020). Children who participate in structured extracurricular activities experience school success and are less likely to drop out of school (Thouin et al., 2020). Data from the MDI helps to fill a gap in the research on children's participation in activities during the "critical hours" (from 3 pm to 6 pm) when children are most often left unsupervised (Schonert-Reichl et al., 2013).

Detailed information on the MDI survey questions and response scales for Use of After-School Time is available in the <u>Discover MDI</u> <u>Field Guide (https://www.discovermdi.ca/use-of-after-school-time/)</u>.

RESULTS FOR CHILLIWACK

Average for all Districts

AFTER-SCHOOL ACTIVITIES

Children were asked, "During the last week after school (from 3 pm - 6 pm), how many days did you participate in?":

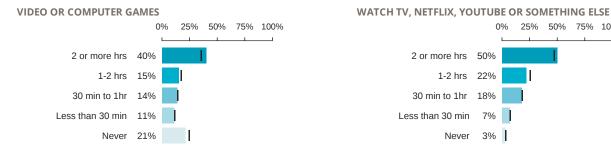
ANY ORGANIZED ACTIVITY		
Children who participated in any after-school activity that was structured	Twice or more a week	52%
and supervised by an adult (e.g., educational lessons, youth organizations, music or art lessons and sports practice).	Once a week	14%
music of art lessons and sports practice).	Never	34%
EDUCATIONAL LESSONS OR ACTIVITIES		0% 25% 50% 75% 100%
For example: Tutoring, attending a math school, foreign language lessons,	Twice or more a week	11%
or some other academic related activity.	Once a week	6%
	Never	82%
MUSIC OR ART LESSONS		0% 25% 50% 75% 100%
For example: Drawing or painting classes, musical instrument lessons or	Twice or more a week	10%
some other activity related to music or art.	Once a week	13%
	Never	77%
YOUTH ORGANIZATIONS		0% 25% 50% 75% 100%
For example: Scouts, Girl Guides, Boys and Girls Clubs, or some other	Twice or more a week	2%
group organization.	Once a week	9%
	Never	89%
INDIVIDUAL SPORTS (WITH A COACH OR INSTRUCTOR)		0% 25% 50% 75% 100%
For example: Swimming, dance, gymnastics, ice skating, tennis or another	Twice or more a week	16%
individual sport.	Once a week	7%
	Never	77%
TEAM SPORTS (WITH A COACH OR INSTRUCTOR)		0% 25% 50% 75% 100%
For example: Basketball, hockey, soccer, football, or another team sport.	Twice or more a week	28%
	Once a week	7%
	Never	65%

HOW CHILDREN SPEND THEIR TIME

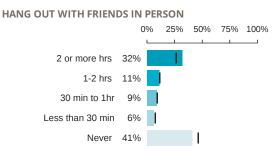
Children were asked how they spend their time during the after-school hours of 3 pm - 6 pm:

Percentage of children who reported:

COMPUTER USE & TV

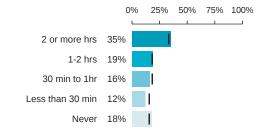


SOCIALIZING WITH FRIENDS

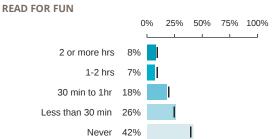


USE A PHONE OR INTERNET TO TEXT OR CHAT WITH FRIENDS

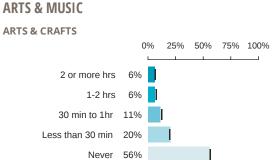
 $0\% \quad 25\% \quad 50\% \quad 75\% \quad 100\%$



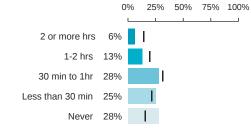
READING & HOMEWORK



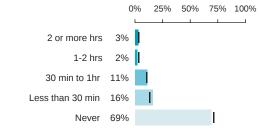




DO HOMEWORK

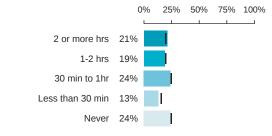




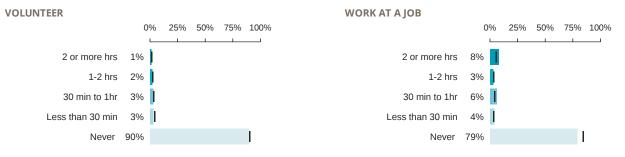


SPORTS

PLAY SPORTS OR EXERCISE FOR FUN



WORKING & VOLUNTEERING



WHAT CHILDREN WISH TO BE DOING



Children were asked what they want to be doing during the after-school hours of 3 pm - 6 pm:

I am already doing the activities I want to be doing

74%

I wish I could do additional activities

30%

I am doing some of the activities I want, but I wish I could do more

4%

Children who answered that they wish to be doing additional activities were asked to identify one activity they wish they could do and where they would like to do it. Note: responses are grouped into categories for reporting purposes.

WISHES

WISHES	(Number of Children)
Physical and/or outdoor activities	112
Friends and playing	55
Music and fine arts	19
Work related activities/volunteering	11
Other	4
Learning new things	3
Computer/Video Games/TV	2
Free time/relaxing	1
Time with family at home	1

WHERE WOULD YOU LIKE THIS ACTIVITY TO BE?

ACTIVITY TO BE?	Children)
Other	105
Park or Playground	53
School	53
Community Centre	48
Home	48

PERCEIVED BARRIERS TO PARTICIPATING IN DESIRED AFTER-SCHOOL ACTIVITIES



Children were asked what prevents them from doing the activities they wish to be doing after school (3 pm - 6 pm):

	(Number of Children)
I have no barriers	341
I have to go straight home after school	162
Other	156
None of my friends are interested or want to go	118
I am too busy	112
I am afraid I will not be good enough in that activity	102
The schedule does not fit the times I can attend	98
It is too difficult to get there	86
The activity that I want is not offered	80
I don't know what's available	75
It costs too much	70
I need to take care of siblings or do things at home	65
My parents do not approve	61
I have too much homework to do	53
It is not safe for me to go	43

(Number of

AFTER-SCHOOL PEOPLE AND PLACES

WHERE DO YOU GO AFTER SCHOOL? (FROM 3 PM - 6 PM)

	Never	1x /week	2x +/week
Home	1%	2%	98%
Stay at school for an activity	79%	8%	12%
After-school program or child care	90%	3%	7%
Friend's house	55%	25%	20%
Park/playground/community centre	59%	20%	21%
The mall or stores	69%	22%	9%
Someplace else	59%	23%	18%

WHO ARE YOU WITH AFTER SCHOOL? (FROM 3 PM - 6 PM)

(Children can select all of the options that apply)

By myself	56%
Friends about my age	46%
Younger brothers/sisters	38%
Older brothers/sisters	27%
Mother (or stepmother/foster mother)	57%
Father (or stepfather/foster father)	45%
Other adult (for example, elder, aunt or uncle, coach, babysitter)	5%
Grandparent(s)	8%
Other	7%



IN YOUR NEIGHBOURHOOD/COMMUNITY THERE ARE SAFE PLACES WHERE YOU FEEL COMFORTABLE HANGING OUT WITH FRIENDS: IN YOUR NEIGHBOURHOOD/COMMUNITY THERE ARE PLACES THAT PROVIDE PROGRAMS FOR KIDS YOUR AGE:

76%	9%	15%	59%	9%	32%
Yes	No	Don't know	Yes	No	Don't know



RESEARCH HIGHLIGHTS USE OF AFTER-SCHOOL TIME

Participation in after-school programs can result in greater connectedness to school and success in school as well as decreased negative behaviours (Durlak et al., 2010).

Quiet reflection time and daydreaming is just as essential to brain health and development as active and focused activities (Immordino-Yang, 2012). Children who demonstrate a lack of self-control and problem solving skills may experience the greatest benefit from activities such as music, arts and sports that help to develop these skills (Diamond, 2014).

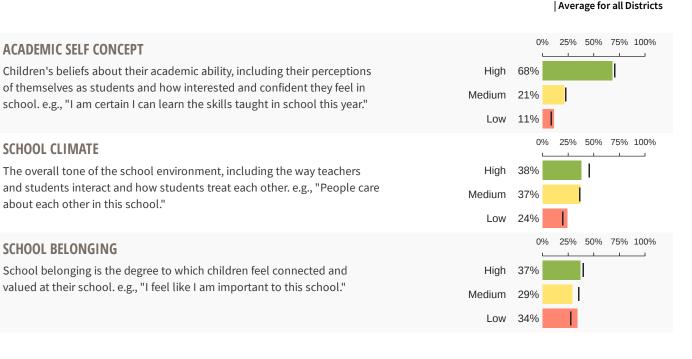
A study examining the experiences of children in Grades 1–5 who participated in after-school programs found that children who participated in high-quality, structured after-school programs had increased socialemotional skills, in addition to fewer conduct problems and higher social self-control and assertion (Wade, 2015). Challenging and enjoyable after-school activities can improve youth's ability to reason and problem solve, exercise choice and discipline and be creative and flexible, which are strong predictors of academic, career, and life success (Diamond, 2014).



Children's sense of safety and belonging at school has been shown to foster their school success in many ways. When children have positive experiences at school, they are more likely to feel they belong within their school, feel more motivated and engaged, and have higher academic achievement (Wang & Degol, 2016). Children who feel a sense of connection and belonging to school are also less likely to engage in high-risk behaviours (Eccles & Roeser, 2011). Understanding children's school experiences improves the ability to both create and cultivate school environments that are safe, caring, and supportive.

Detailed information on the MDI survey questions and response scales for School Experiences are available in the <u>Discover MDI</u> <u>Field Guide (https://www.discovermdi.ca/school-experiences/)</u>.

RESULTS FOR CHILLIWACK



Percentage of children who feel it is very important to:

Percentage of children who agree a little or agree a lot that:



make friends



get good grades



47% learn new things



I plan to graduate from high school.

98%	2%

No

Yes

I plan to graduate from college, university, or some other training after high school. 86% 14%

Yes		No

When I grow up, I have goals and plans for the future.

76%



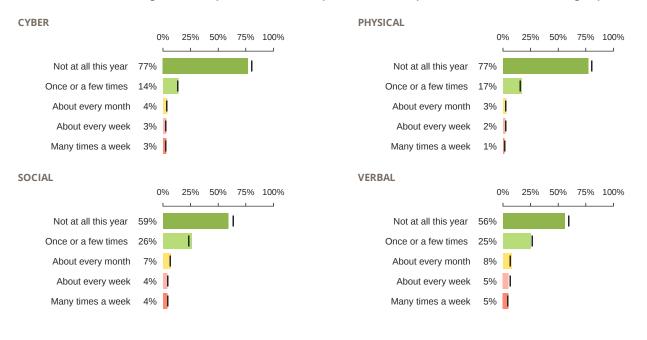
I feel I have important things to do in the future.

70%

MDI 2020/21

VICTIMIZATION AND BULLYING AT SCHOOL

Children are asked: "During this school year, how often have you been bullied by other students in the following ways?":





RESEARCH HIGHLIGHTS SCHOOL EXPERIENCES

Children's perception of kindness within a school is a consistent indicator of a positive school climate. Students who see kind behaviours in students, teachers and staff also describe their school environments as being safe and encouraging places to learn. As children transition from Grade 4 to Grade 8, perceptions of kindness in schools decrease (Binfet, Gadermann & Schonert-Reichl, 2016). Feelings of belonging are associated with lower emotional distress, the reduction of negative behaviours (such as bullying and mental health issues) and are associated to rates of higher resilience later in life (van Harmelen et al., 2016). Children and youth who demonstrate empathy are less likely to bully others and are more likely to defend against bullying. Research shows that specific empathy skills differ between those who bully, are victimized, defend or are bystanders. Focusing on developing children's understanding of what others feel results both in less bullying and more defending behaviours (van Noorden et al, 2015).

MOVING TO ACTION WITH DISCOVERMDI.CA

MDI data can support planning, foster collaboration and inform action across schools, organizations and communities. There are many opportunities for working with your MDI results and there are examples of successful initiatives from across the province to learn from.

We encourage you to take time to visit **Discover MDI: A Field Guide to Well-Being in Middle Childhood** at <u>discovermdi.ca</u>, an online resource where you can access information and research on the many aspects of well-being in middle childhood, resources and tools for understanding and sharing MDI data and to connect with MDI Champions who are working on similar issues in their schools and communities. Here are some key resources and tools to get you started:

UNDERSTAND YOUR MDI DATA

MDI reports provide information with both detail and depth into the social and emotional lives of children. Approach the results with a lens of curiosity, inquiry and appreciation. The Discover MDI Field Guide can walk you through how to read and interpret your MDI data (https://www.discovermdi.ca/exploring-mdidata/). It also provides background research to support further understanding of the MDI data.

CHOOSING A FOCUS: THINK BIG, START SMALL

It may be overwhelming to consider the many opportunities for change presented in the MDI data. Where will your focus be? What results do you have some influence over? How will you make change? For example, if you are interested in the area of social and emotional development, the Discover MDI Field Guide provides in-depth information on the <u>MDI and its</u> <u>dimensions and measures (https://www.discovermdi.ca/intro-to-mdidimensions-and-indices/)_</u>, including the <u>measures of social and</u> <u>emotional development (https://www.discovermdi.ca/social-emotionaldevelopment/)_</u>.

ENGAGING OTHERS

Increasing local dialogue on the importance of child well-being in the middle years is an excellent way to start improving outcomes for children. Once you are ready, review your MDI report with multiple audiences: children, parents and elders, caregivers and teachers, school administrators, after-school programmers, local early/middle childhood committees, local government and other community stakeholders. Visit the Discover MDI Field Guide for tips and tools to <u>widen the</u> <u>conversation and to think critically about the data together</u> (<u>https://www.discovermdi.ca/sharing-mdi-data/</u>).

MAKING CHANGE

The MDI provides opportunities to weave together data and local knowledge to create a change process that reflects the unique context of your school, district or community. The Discover MDI Field Guide's 'Making Change Workshops' support school and community change-makers through the process of facilitating exploration of MDI data, creating action teams and turning ideas into concrete plans. There are full facilitation guides for each workshop, paired with worksheets and companion slide decks. Explore workshop resources (https://www.discovermdi.ca/workshops/).

SHARING DATA WITH CHILDREN

Do the results surprise you or raise further questions? Conversations with children will help explore and clarify results in these areas. Sharing data with children will provide them with an opportunity to share their perspectives and ideas on how to create environments and interactions that help them thrive. If you are wondering how to involve children of all ages and their families in exploring these results, <u>explore MDI</u> <u>essential resources (https://www.discovermdi.ca/category/mdi-essentials/)</u>

BE INSPIRED AND CONNECT WITH OTHERS

Innovation happens when people build on ideas, rather than simply duplicating them. The Discover MDI Field Guide provides opportunities to learn from seasoned MDI Champions – <u>check</u> <u>out their stories and learn from their approaches</u>,

(https://www.discovermdi.ca/making-change-with-the-mdi/) explore the collection of downloadable tools

(https://www.discovermdi.ca/category/mdi-essentials/) and find upcoming training and learning opportunities

(https://www.discovermdi.ca/category/news-and-events/). Be inspired, edit, adapt or create new!

If you have any additional questions about the MDI project, please visit our website at <u>earlylearning.ubc.ca/mdi</u> or contact the MDI team at <u>mdi@help.ubc.ca</u>.

NEIGHBOURHOOD RESULTS



Neighbourhoods have unique characteristics that provide important context for interpreting MDI results. Understanding neighbourhood-level differences within a school district or community is essential when considering actions to support children's well-being. The neighbourhood results section includes:

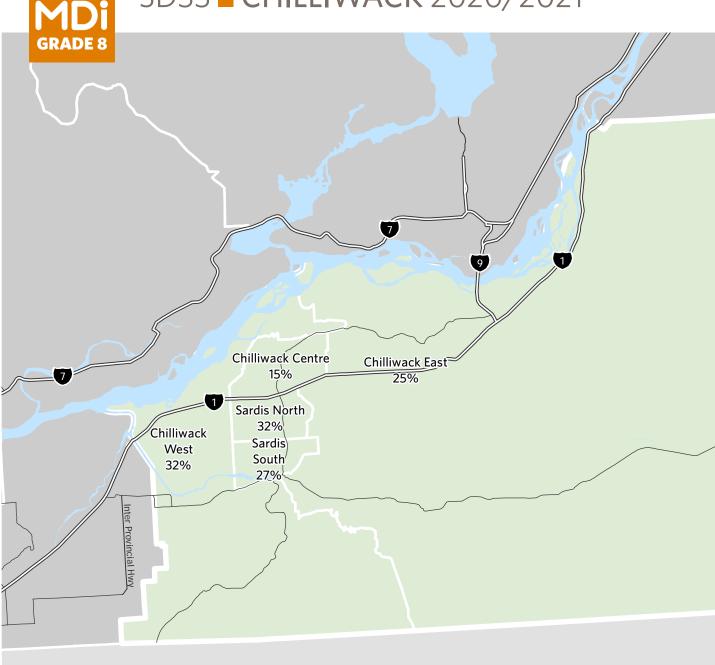
Neighbourhood Maps

- Well-Being Index Map: representing the percentage of children who are "thriving."
- Assets Index Maps: representing the percentage of children reporting the presence of each of the four assets of the Assets Index: Adult Relationships, Peer Relationships, Nutrition and Sleep, and After-School Activities.

Neighbourhood Data Table – A summary table of the Well-Being Index and Assets Index data.

Neighbourhood Profiles – A summary of MDI data based on the neighbourhoods in which children live, including children from all participating public schools. Results are provided for the Well-Being Index, the Assets Index and a selection of questions related to after-school time and community belonging and safety.

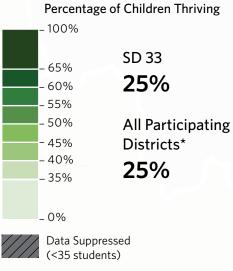
Please note that neighbourhood data are reported based on children's home postal codes and include all children who live within the school district boundaries. Where neighbourhoods contain fewer than 35 children, the results are suppressed.



WELL-BEING INDEX

2

The MDI Well-Being Index is a composite score of 5 measures that are of critical importance during the middle years. Children who score in the high range on at least 4 of the 5 measures of well-being and have no lowrange scores are considered to be "thriving."

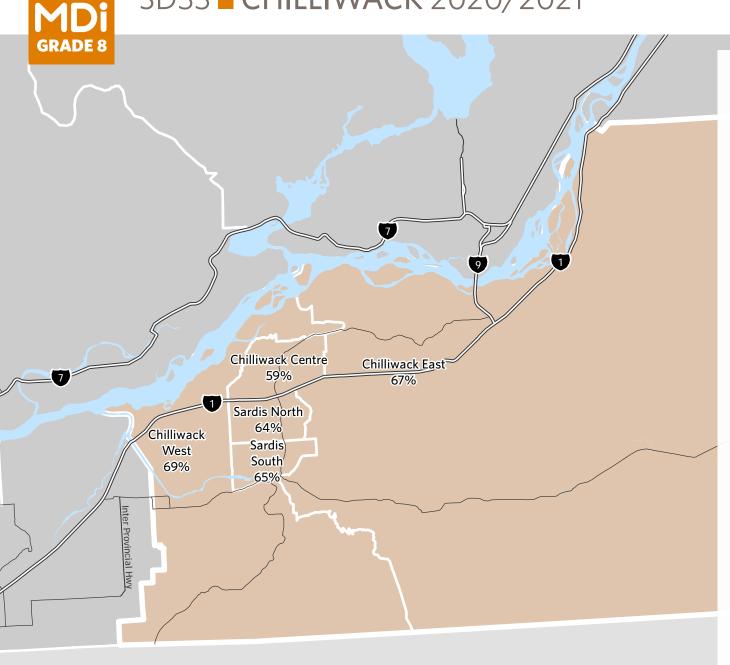


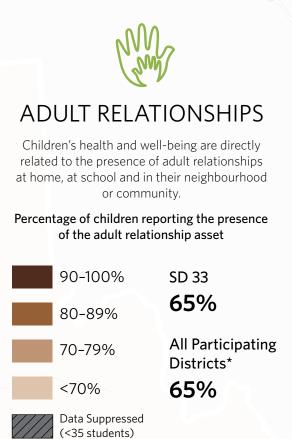
*See page 7 for a list of participating school districts in 2020/21.

Note: Data are mapped using home postal codes, not by where children attend school.







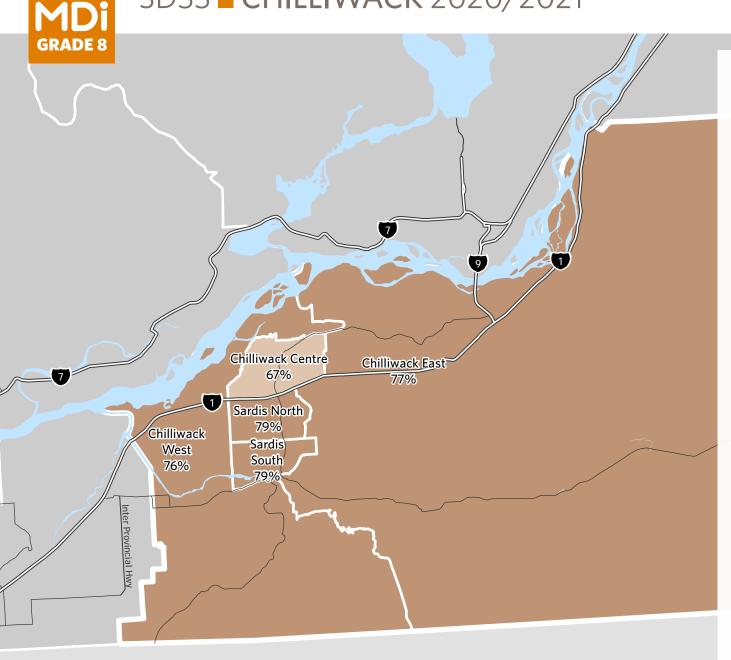


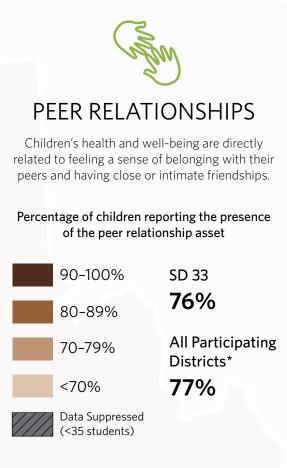
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*See page 7 for a list of participating school districts in 2020/21.

Note: Data are mapped using home postal codes, not by where children attend school.







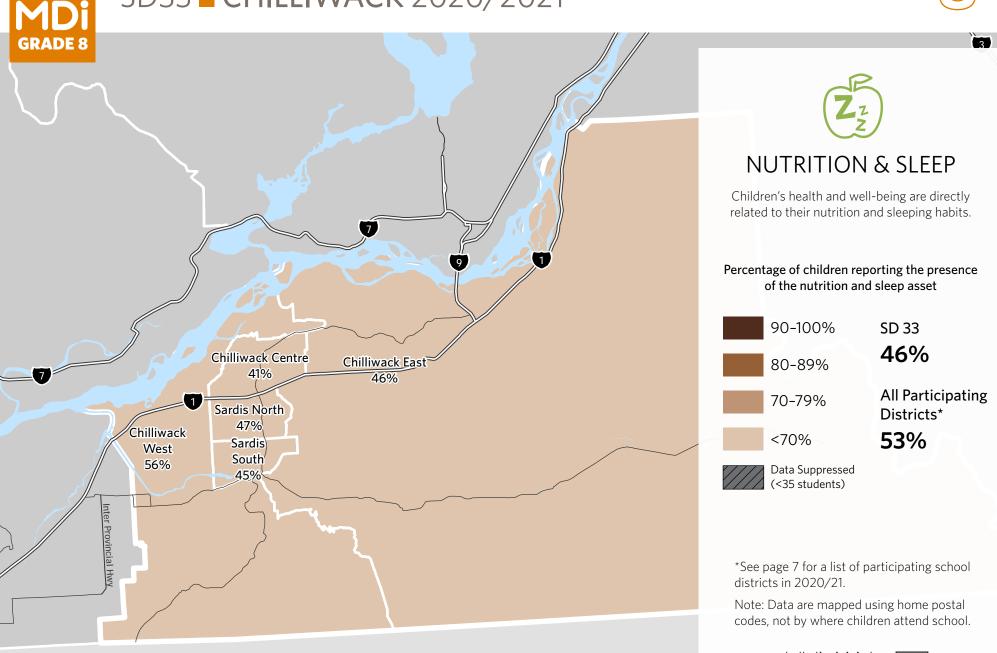
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*See page 7 for a list of participating school districts in 2020/21.

Note: Data are mapped using home postal codes, not by where children attend school.

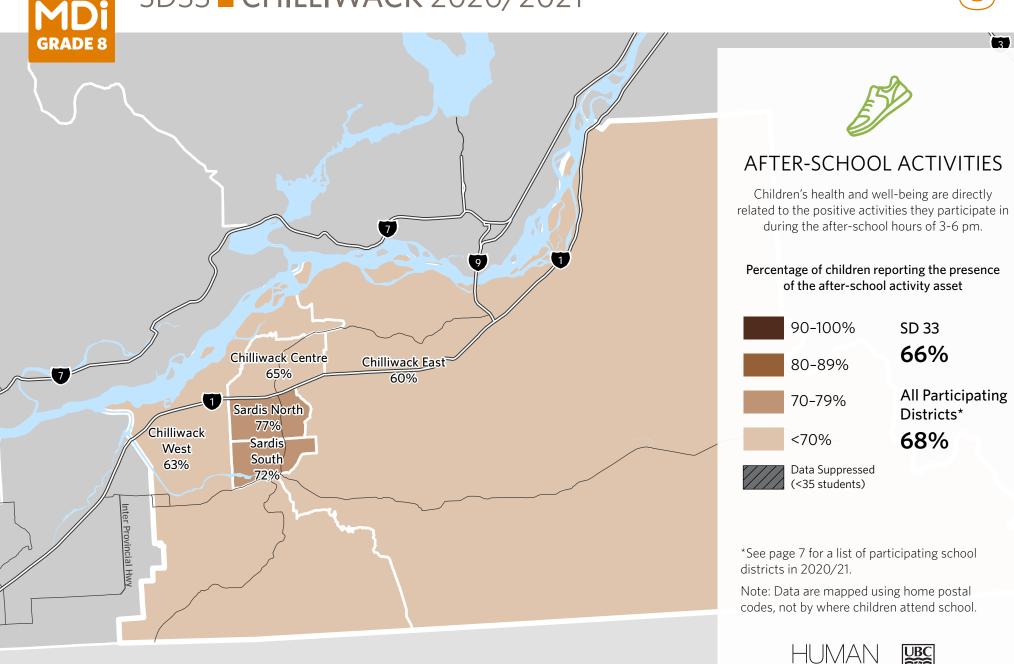








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EARLY LEARNING PARTNERSHIP



NEIGHBOURHOOD DATA TABLE

		WELL-BEING INDEX			ASSETS I	NDEX		
		Percentage of children experiencing:			Percentage of	children reportin in theii	- ·	of these assets
		<u>j</u>	<u>i</u>	ţ.	NN Samp	(MMM		ESP.
Neighbourhood	Number of Children	Thriving	Medium to High Well-Being	Low Well-Being	Adult Relationships	Peer Relationships	Nutrition & Sleep	After-School Activities
Chilliwack Centre	192	15%	26%	59%	59%	67%	41%	65%
Chilliwack East	237	25%	23%	51%	67%	77%	46%	60%
Chilliwack West	127	32%	20%	48%	69%	76%	56%	63%
Sardis North	117	32%	19%	49%	64%	79%	47%	77%
Sardis South	163	27%	20%	53%	65%	79%	45%	72%
Chilliwack (SD33)	841	25%	22%	53%	65 %	76 %	46 %	66%
All Participating Districts	8,931	25%	26%	49 %	65%	77%	53%	68%

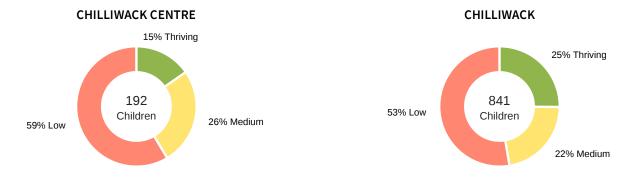
Note: Neighbourhood data are reported based on children's home postal codes and include all children who live within the school district boundaries. Therefore, the number of children in all neighbourhoods may not equal the total school district count. MDI results are suppressed where there are fewer than 35 children.



NEIGHBOURHOOD PROFILE 2020/2021 CHILLIWACK CENTRE CHILLIWACK

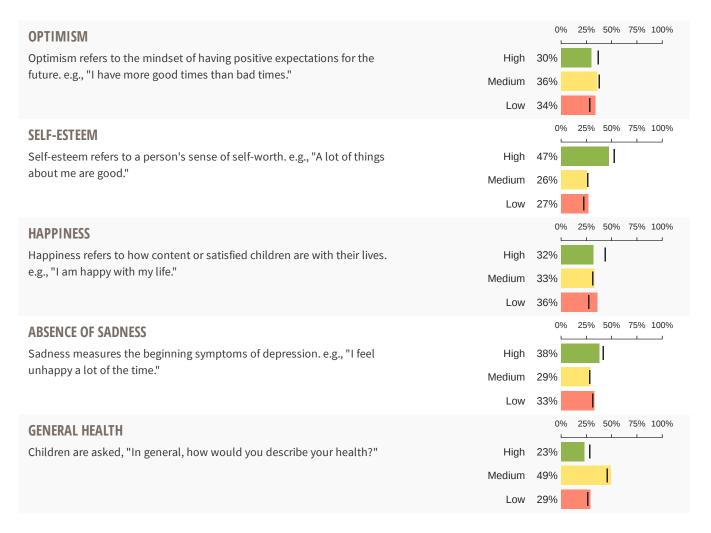
NUMBER OF CHILDREN: 192

WELL-BEING INDEX



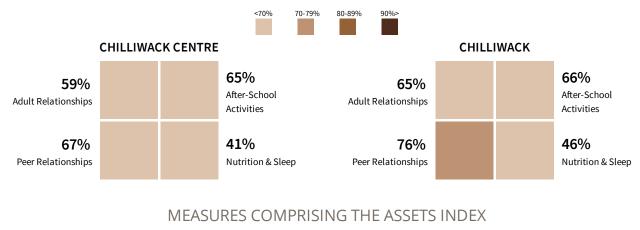
MEASURES COMPRISING THE WELL-BEING INDEX

| School District Average



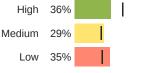
ASSETS INDEX

Percentage of children reporting the presence of an asset

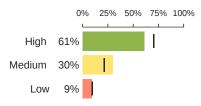


ADULT RELATIONSHIPS

Adults at School 0% 25% 50% 75% 100% High 55% Medium 38% Low 7% Adults in the Neighbourhood/Community 0% 25% 50% 75% 100% High 36%

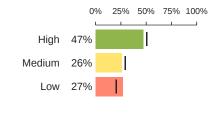


Adults at Home

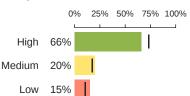


PEER RELATIONSHIPS

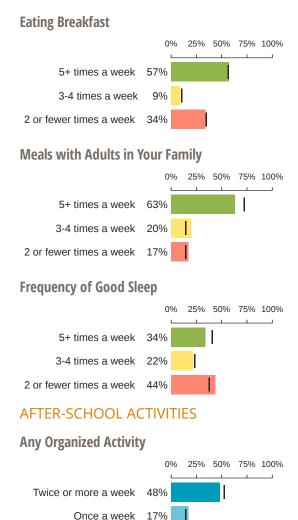
Peer Belonging



Friendship Intimacy



NUTRITION AND SLEEP



Never

35%

| School District Average

USE OF AFTER-SCHOOL TIME

WHAT CHILDREN WISH TO BE DOING



Children were asked what they want to be doing during the after-school hours of 3pm-6pm:

I am already doing the activities I want to be doing

71%

I wish I could do additional activities

33%

I am doing some of the activities I want, but I wish I could do more

4%

AFTER-SCHOOL ACTIVITIES

Children were asked, "During last week AFTER SCHOOL (from 3 pm - 6 pm), how many days did you participate in":

	Not at all	1x /week	2x +/week
Educational lessons or activities	82%	11%	7%
Art or music lessons	73%	13%	13%
Youth organizations	91%	7%	3%
Individual sports with a coach or instructor	78%	9%	12%
Team sports with a coach or instructor	65%	10%	25%



IN YOUR NEIGHBOURHOOD/COMMUNITY THERE ARE PLACES THAT PROVIDE PROGRAMS FOR KIDS YOUR AGE:

50%	6%	43%
Yes	No	Don't know

COMMUNITY BELONGING & SAFETY

IN YOUR NEIGHBOURHOOD/COMMUNITY THERE ARE ADULTS WHO:

(Percentage of children who responded "very much true")



19% Really care about me.



be a success.

16% Believe that I will Lie



19% Listen to me when I have something to say.



IN YOUR NEIGHBOURHOOD/COMMUNITY THERE ARE SAFE PLACES WHERE YOU FEEL COMFORTABLE HANGING OUT WITH FRIENDS:

63%	12%	25%
Yes	No	Don't know

TOP WISHES

I am too busy

Physical and/or outdoor activities	29
Friends and playing	14
Music and fine arts	6
TOP BARRIERS	(Number of students)
TOP BARRIERS I have to go straight home after school	

(Number of students)

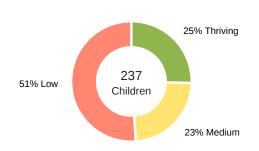
29



NEIGHBOURHOOD PROFILE 2020/2021 CHILLIWACK EAST CHILLIWACK

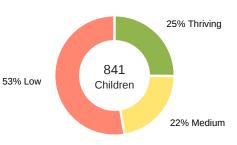
NUMBER OF CHILDREN: 237

WELL-BEING INDEX



CHILLIWACK EAST

CHILLIWACK



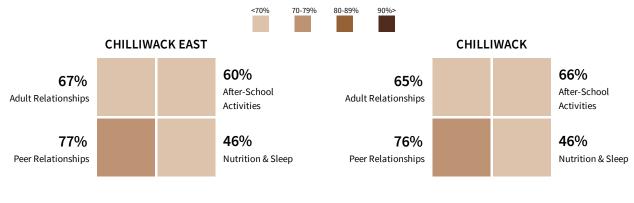
MEASURES COMPRISING THE WELL-BEING INDEX

| School District Average

OPTIMISM		0% 25% 50% 75% 100%
Optimism refers to the mindset of having positive expectations for the	High	33%
future. e.g., "I have more good times than bad times."	Medium	41%
	Low	26%
SELF-ESTEEM		0% 25% 50% 75% 100%
Self-esteem refers to a person's sense of self-worth. e.g., "A lot of things	High	53%
about me are good."	Medium	25%
	Low	23%
HAPPINESS		0% 25% 50% 75% 100%
Happiness refers to how content or satisfied children are with their lives.	High	43%
e.g., "I am happy with my life."	Medium	31%
	Low	26%
ABSENCE OF SADNESS		0% 25% 50% 75% 100%
Sadness measures the beginning symptoms of depression. e.g., "I feel	High	40%
unhappy a lot of the time."	Medium	26%
	Low	34%
GENERAL HEALTH		0% 25% 50% 75% 100%
Children are asked, "In general, how would you describe your health?"	High	32%
	Medium	48%
	Low	21%

ASSETS INDEX

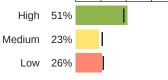
Percentage of children reporting the presence of an asset



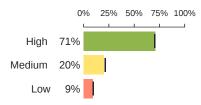
MEASURES COMPRISING THE ASSETS INDEX

ADULT RELATIONSHIPS

Adults at School

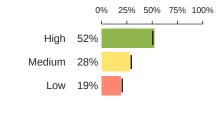


Adults at Home

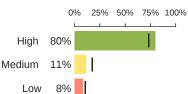


PEER RELATIONSHIPS

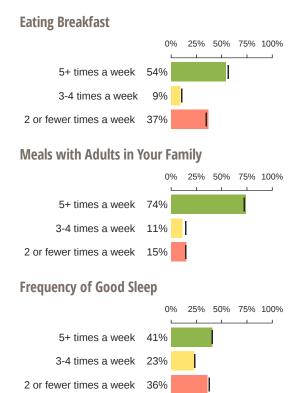
Peer Belonging



Friendship Intimacy

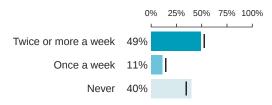


NUTRITION AND SLEEP



AFTER-SCHOOL ACTIVITIES

Any Organized Activity



| School District Average

USE OF AFTER-SCHOOL TIME

WHAT CHILDREN WISH TO BE DOING



Children were asked what they want to be doing during the after-school hours of 3pm-6pm:

I am already doing the activities I want to be doing

74%

I wish I could do additional activities

30%

I am doing some of the activities I want, but I wish I could do more

4%

AFTER-SCHOOL ACTIVITIES

Children were asked, "During last week AFTER SCHOOL (from 3 pm - 6 pm), how many days did you participate in":

	Not at all	1x /week	2x +/week
Educational lessons or activities	82%	4%	14%
Art or music lessons	81%	9%	10%
Youth organizations	93%	7%	1%
Individual sports with a coach or instructor	78%	4%	18%
Team sports with a coach or instructor	66%	6%	29%



IN YOUR NEIGHBOURHOOD/COMMUNITY THERE ARE PLACES THAT PROVIDE PROGRAMS FOR KIDS YOUR AGE:

56%	11%	33%
Yes	No	Don't know

COMMUNITY BELONGING & SAFETY

IN YOUR NEIGHBOURHOOD/COMMUNITY THERE ARE ADULTS WHO:

(Percentage of children who responded "very much true")



26% Really care about me.



29%

Believe that I will

be a success.

25% Listen to me when I have something

to say.



IN YOUR NEIGHBOURHOOD/COMMUNITY THERE ARE SAFE PLACES WHERE YOU FEEL COMFORTABLE HANGING OUT WITH FRIENDS:

82%	7%	11%
Yes	No	Don't know

what they want to

TOP WISHES	(Number of students)
Physical and/or outdoor activities	28
Friends and playing	19
Work related activities/volunteering	3

(Number of students)

TOP BARRIERS

TOP WISHES

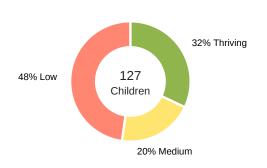
Other	61
I have to go straight home after school	43
I am too busy	32



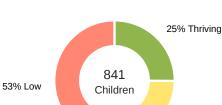
NEIGHBOURHOOD PROFILE 2020/2021 CHILLIWACK WEST CHILLIWACK

NUMBER OF CHILDREN: 127

WELL-BEING INDEX



CHILLIWACK WEST



CHILLIWACK

MEASURES COMPRISING THE WELL-BEING INDEX

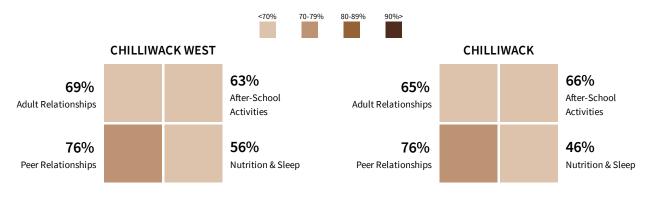
| School District Average

22% Medium

Optimism refers to the mindset of having positive expectations for the future. e.g., "I have more good times than bad times." High 45% Medium 33% I Low 22% I SELF-ESTEEM 5% 5% 75% Self-esteem refers to a person's sense of self-worth. e.g., "A lot of things about me are good." 6% 2% Medium 2% I 1 Low 17% I 1 Keprence 10% 5% 10% Medium 2% I 1 Low 17% I 1 Low 17% I 1 Keprence 10% 10% 1 Medium 2% 10% 1 Keprence 10% 10% 1 Ke	OPTIMISM		0% 25% 50% 75% 100%
Self-eSTEEM0%25%50%75%10%Self-esteem refers to a person's sense of self-worth. e.g., "A lot of things about me are good."High58%58%1HAPPINESS Happiness refers to how content or satisfied children are with their lives. e.g., "I am happy with my life."0%25%0%75%100%HASENCE OF SADNESS Sadness measures the beginning symptoms of depression. e.g., "I feel unhappy a lot of the time."0%25%0%75%100%GENERAL HEALTH Children are asked, "In general, how would you describe your health?"10%25%0%75%100%High54% 54% 54% 54% 54%25%50%75%100%25%50%75%100%ABSENCE OF SADNESS Sadness measures the beginning symptoms of depression. e.g., "I feel unhappy a lot of the time."27% 54% 50%25%50%75%100%GENERAL HEALTH Children are asked, "In general, how would you describe your health?"28%50%75%100%		High	45%
SELF-ESTEEM Self-esteem refers to a person's sense of self-worth. e.g., "A lot of things about me are good." High 58% High 25% 50% 75% 100% Medium 25% 10% 17% 10% 10% 17% 10% Medium 29% 10% 10% 17% 10%	future. e.g., "I have more good times than bad times."	Medium	33%
SELF-ESTEEM Self-esteem refers to a person's sense of self-worth. e.g., "A lot of things about me are good." Heigh 58% Heigh 58% Heigh 25% 50% 75% 100% Happiness refers to how content or satisfied children are with their lives. e.g., "I am happy with my life." High 54% Heigh 25% 50% 75% 100% Low 17% High 25% 50% 75% 100% Low 17% High 25% 50% 75% 100% Low 27% High 25% 50% 75% 100% High 27% High 27% High 27% High 27% 50% 75% 100% High 27% 50% 75% 100% Low 27% 50% 75% 100% High 28%		Low	22%
about me are good."Medium25%HAPPINESS17%10%Happiness refers to how content or satisfied children are with their lives. e.g., "I am happy with my life."High54%Medium29%1Medium29%1Medium29%1ABSENCE OF SADNESS17%100%Sadness measures the beginning symptoms of depression. e.g., "I feel unhappy a lot of the time."High46%Medium27%1Medium27%1Low27%1Low27%1Medium27%1Low27%1Low27%1Medium27%1Low27%<	SELF-ESTEEM		0% 25% 50% 75% 100%
HAPPINESS Happiness refers to how content or satisfied children are with their lives. e.g., "I am happy with my life." Medium 29% Low 17% Low 17% 10w 17% 17% 10w 17% </td <td>· · · ·</td> <td>High</td> <td>58%</td>	· · · ·	High	58%
HAPPINESS Happiness refers to how content or satisfied children are with their lives. e.g., "I am happy with my life." High 54% Medium 29% Low 17% Sadness measures the beginning symptoms of depression. e.g., "I feel unhappy a lot of the time." High 46% Medium 27% Low 27% Comparison 27% Low 27% Medium 27% Low 27% Medium 27% Low 27% Medium 27% Low 27%	about me are good."	Medium	25%
HAPPINESS Happiness refers to how content or satisfied children are with their lives. e.g., "I am happy with my life." High 54% Sequence of SADNESS Sadness measures the beginning symptoms of depression. e.g., "I feel unhappy a lot of the time." High 25% 50% 75% 100% Medium 27% Low 27% Sequence of the time." High 25% 50% 75% 100% Low 27% High 25% 50% 75% 100% Low 27% High 25% 50% 75% 100% Low 27%		Low	17%
e.g., "I am happy with my life." Nedium 29% Low 17% ABSENCE OF SADNESS Sadness measures the beginning symptoms of depression. e.g., "I feel unhappy a lot of the time." Medium 27% Low 27% Children are asked, "In general, how would you describe your health?" Medium 28% Medium 28% Medi	HAPPINESS		0% 25% 50% 75% 100%
ABSENCE OF SADNESS Sadness measures the beginning symptoms of depression. e.g., "I feel unhappy a lot of the time." Medium 27% Low 28%		High	54%
ABSENCE OF SADNESS Sadness measures the beginning symptoms of depression. e.g., "I feel unhappy a lot of the time." High 46% Medium 27% Low 27% Selever the time asked, "In general, how would you describe your health?"	e.g., "I am happy with my life."	Medium	29%
ABSENCE OF SADNESS Sadness measures the beginning symptoms of depression. e.g., "I feel unhappy a lot of the time." High 46% Medium 27% Low 27% Compared to 25% 50% 75% 100% Children are asked, "In general, how would you describe your health?"		Low	17%
unhappy a lot of the time." Medium 27% Low 27% GENERAL HEALTH Children are asked, "In general, how would you describe your health?" Medium 27% 0% 25% 50% 75% 100% 28%	ABSENCE OF SADNESS		0% 25% 50% 75% 100%
GENERAL HEALTH 0% 25% 50% 75% 100% Children are asked, "In general, how would you describe your health?" High		High	46%
GENERAL HEALTH 0% 25% 50% 75% 100% Children are asked, "In general, how would you describe your health?" High 28%	unhappy a lot of the time."	Medium	27%
GENERAL HEALTH Children are asked, "In general, how would you describe your health?" High 28%		Low	27%
	GENERAL HEALTH		0% 25% 50% 75% 100%
Medium 44%	Children are asked, "In general, how would you describe your health?"	High	28%
		Medium	44%
Low 27%		Low	27%

ASSETS INDEX

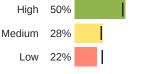
Percentage of children reporting the presence of an asset



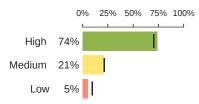
MEASURES COMPRISING THE ASSETS INDEX

ADULT RELATIONSHIPS

Adults at School

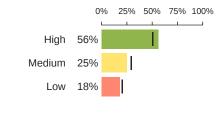


Adults at Home

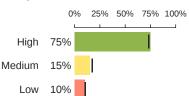


PEER RELATIONSHIPS

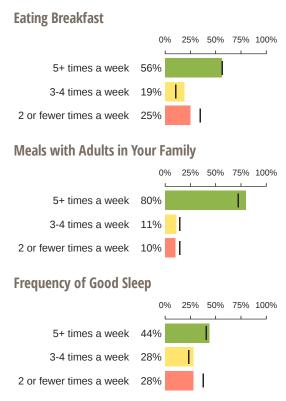
Peer Belonging



Friendship Intimacy

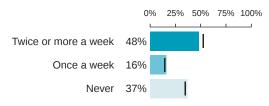


NUTRITION AND SLEEP



AFTER-SCHOOL ACTIVITIES

Any Organized Activity



| School District Average

USE OF AFTER-SCHOOL TIME

WHAT CHILDREN WISH TO BE DOING



Children were asked what they want to be doing during the after-school hours of 3pm-6pm:

I am already doing the activities I want to be doing

74%

I wish I could do additional activities

29%

I am doing some of the activities I want, but I wish I could do more

3%

AFTER-SCHOOL ACTIVITIES

Children were asked, "During last week AFTER SCHOOL (from 3 pm - 6 pm), how many days did you participate in":

	Not at all	1x /week	2x +/week
Educational lessons or activities	87%	7%	6%
Art or music lessons	78%	17%	5%
Youth organizations	83%	15%	2%
Individual sports with a coach or instructor	79%	7%	14%
Team sports with a coach or instructor	69%	5%	26%

TOP WISHES	(Number of students)
Physical and/or outdoor activities	16
Friends and playing	10
Music and fine arts	3
TOP BARRIERS	(Number of students)
Other	23
I have to go straight home after school	22
None of my friends are interested or want	19

to go



IN YOUR NEIGHBOURHOOD/COMMUNITY THERE ARE PLACES THAT PROVIDE PROGRAMS FOR KIDS YOUR AGE:

64%	8%	28%
Yes	No	Don't know

COMMUNITY BELONGING & SAFETY

IN YOUR NEIGHBOURHOOD/COMMUNITY THERE ARE ADULTS WHO:

(Percentage of children who responded "very much true")



34% Really care about me.



31%

Believe that I will

be a success.

30% Listen to me when I have something

to say.



IN YOUR NEIGHBOURHOOD/COMMUNITY THERE ARE SAFE PLACES WHERE YOU FEEL COMFORTABLE HANGING OUT WITH FRIENDS:

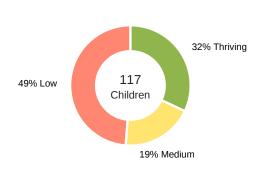
77%	9%	14%
Yes	No	Don't know



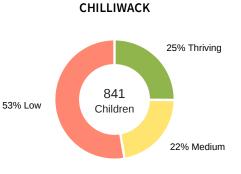
NEIGHBOURHOOD PROFILE 2020/2021 SARDIS NORTH

CHILLIWACK NUMBER OF CHILDREN: 117

WELL-BEING INDEX



SARDIS NORTH



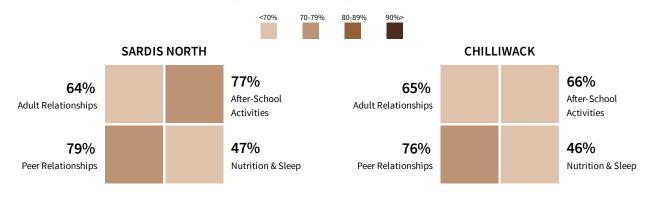
MEASURES COMPRISING THE WELL-BEING INDEX

School District Average

OPTIMISM		0% 25% 50% 75% 100%
Optimism refers to the mindset of having positive expectations for the	High	41%
future. e.g., "I have more good times than bad times."	Medium	37%
	Low	23%
SELF-ESTEEM		0% 25% 50% 75% 100%
Self-esteem refers to a person's sense of self-worth. e.g., "A lot of things	High	50%
about me are good."	Medium	29%
	Low	21%
HAPPINESS		0% 25% 50% 75% 100%
Happiness refers to how content or satisfied children are with their lives.	High	45%
e.g., "I am happy with my life."	Medium	29%
	Low	26%
ABSENCE OF SADNESS		0% 25% 50% 75% 100%
Sadness measures the beginning symptoms of depression. e.g., "I feel	High	45%
unhappy a lot of the time."	Medium	35%
	Low	20%
GENERAL HEALTH		0% 25% 50% 75% 100%
Children are asked, "In general, how would you describe your health?"	High	31%
	Medium	40%
	Low	29%

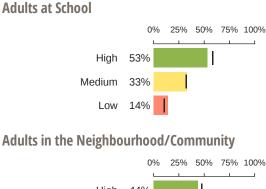
ASSETS INDEX

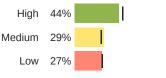
Percentage of children reporting the presence of an asset



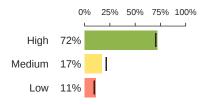
MEASURES COMPRISING THE ASSETS INDEX

ADULT RELATIONSHIPS



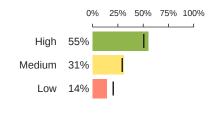


Adults at Home

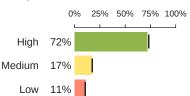


PEER RELATIONSHIPS

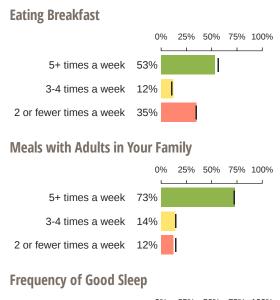
Peer Belonging

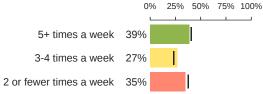


Friendship Intimacy



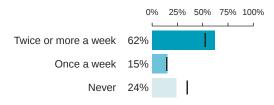
NUTRITION AND SLEEP





AFTER-SCHOOL ACTIVITIES

Any Organized Activity



| School District Average

USE OF AFTER-SCHOOL TIME

WHAT CHILDREN WISH TO BE DOING



Children were asked what they want to be doing during the after-school hours of 3pm-6pm:

I am already doing the activities I want to be doing

77%

I wish I could do additional activities

27%

I am doing some of the activities I want, but I wish I could do more

4%

AFTER-SCHOOL ACTIVITIES

Children were asked, "During last week AFTER SCHOOL (from 3 pm - 6 pm), how many days did you participate in":

	Not at all	1x /week	2x +/week
Educational lessons or activities	81%	6%	12%
Art or music lessons	76%	16%	8%
Youth organizations	83%	12%	5%
Individual sports with a coach or instructor	75%	6%	18%
Team sports with a coach or instructor	61%	9%	30%



IN YOUR NEIGHBOURHOOD/COMMUNITY THERE ARE PLACES THAT PROVIDE PROGRAMS FOR KIDS YOUR AGE:

66%	6%	28%
Yes	No	Don't know

COMMUNITY BELONGING & SAFETY

IN YOUR NEIGHBOURHOOD/COMMUNITY THERE ARE **ADULTS WHO:**

(Percentage of children who responded "very much true")



25% Really care about me.



25%

be a success.

22% Believe that I will Listen to me when I have something to say.



IN YOUR NEIGHBOURHOOD/COMMUNITY THERE ARE SAFE PLACES WHERE YOU FEEL COMFORTABLE HANGING **OUT WITH FRIENDS:**

82%	10%	8%
Yes	No	Don't know

TOP WISHES

	(,
Physical and/or outdoor activities	16
Friends and playing	6
Music and fine arts	3
TOP BARRIERS	(Number of students)
l am too busy	20
None of my friends are interested or want to go	18
I have to go straight home after school	17

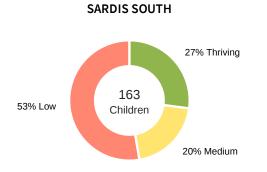
(Number of students)



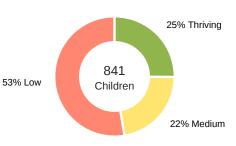
NEIGHBOURHOOD PROFILE 2020/2021

SARDIS SOUTH CHILLIWACK NUMBER OF CHILDREN: 163

WELL-BEING INDEX



CHILLIWACK



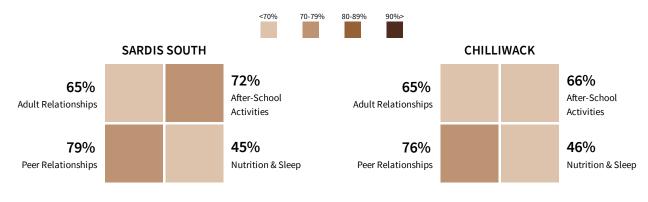
MEASURES COMPRISING THE WELL-BEING INDEX

School District Average

OPTIMISM		0% 25% 50% 75% 100%
Optimism refers to the mindset of having positive expectations for the	High	35%
future. e.g., "I have more good times than bad times."	Medium	34%
	Low	31%
SELF-ESTEEM		0% 25% 50% 75% 100%
Self-esteem refers to a person's sense of self-worth. e.g., "A lot of things	High	55%
about me are good."	Medium	24%
	Low	21%
HAPPINESS		0% 25% 50% 75% 100%
Happiness refers to how content or satisfied children are with their lives.	High	44%
e.g., "I am happy with my life."	Medium	31%
	Low	25%
ABSENCE OF SADNESS		0% 25% 50% 75% 100%
Sadness measures the beginning symptoms of depression. e.g., "I feel	High	40%
unhappy a lot of the time."	Medium	27%
	Low	33%
GENERAL HEALTH		0% 25% 50% 75% 100%
Children are asked, "In general, how would you describe your health?"	High	29%
	Medium	42%
	Low	29%

ASSETS INDEX

Percentage of children reporting the presence of an asset



MEASURES COMPRISING THE ASSETS INDEX

ADULT RELATIONSHIPS Adults at School Eating Breakfast 0% 25% 50% 75% 100% 61% High Medium 25% Low 13% Adults in the Neighbourhood/Community 0% 25% 50% 75% 100% High 50% 23% Medium Low 26% Adults at Home 0% 25% 50% 75% 100% High 75% Medium 15% 3-4 times a week Low 10% 2 or fewer times a week PEER RELATIONSHIPS **Peer Belonging** 0% 25% 50% 75% 100% High 46% Medium 35% Low 19% **Friendship Intimacy**

0% 25% 50% 75% 100%

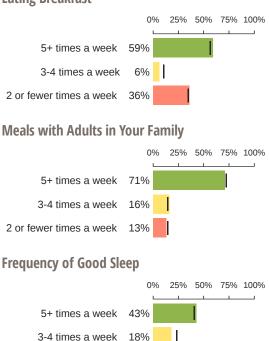
70%

23% 6%

High Medium

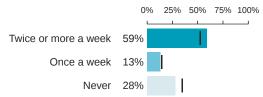
Low

NUTRITION AND SLEEP



AFTER-SCHOOL ACTIVITIES

Any Organized Activity



40%

| School District Average

USE OF AFTER-SCHOOL TIME

WHAT CHILDREN WISH TO BE DOING



Children were asked what they want to be doing during the after-school hours of 3pm-6pm:

I am already doing the activities I want to be doing

77%

I wish I could do additional activities

27%

I am doing some of the activities I want, but I wish I could do more

4%

AFTER-SCHOOL ACTIVITIES

Children were asked, "During last week AFTER SCHOOL (from 3 pm - 6 pm), how many days did you participate in":

	Not at all	1x /week	2x +/week
Educational lessons or activities	81%	5%	14%
Art or music lessons	77%	13%	11%
Youth organizations	89%	9%	1%
Individual sports with a coach or instructor	76%	9%	15%
Team sports with a coach or instructor	65%	5%	29%

TOP WISHES	(Number of students)
Physical and/or outdoor activities	23
Friends and playing	6
Music and fine arts	5
TOP BARRIERS	(Number of students)
Other	37
I have to go straight home after school	29
I am afraid I will not be good enough in tha activity	nt 19



IN YOUR NEIGHBOURHOOD/COMMUNITY THERE ARE PLACES THAT PROVIDE PROGRAMS FOR KIDS YOUR AGE:

68%	9%	23%
Yes	No	Don't know

COMMUNITY BELONGING & SAFETY

IN YOUR NEIGHBOURHOOD/COMMUNITY THERE ARE **ADULTS WHO:**

(Percentage of children who responded "very much true")



24% Really care about me.



28%

20% Believe that I will Listen to me when I have something be a success. to say.



IN YOUR NEIGHBOURHOOD/COMMUNITY THERE ARE SAFE PLACES WHERE YOU FEEL COMFORTABLE HANGING **OUT WITH FRIENDS:**

79%	7%	14%
Yes	No	Don't know

REFERENCES

INTRODUCTION TO THE MDI

Jacobs, R. H., Reinecke, M. A., Gollan, J. K., & Kane, P. (2008). Empirical evidence of cognitive vulnerability for depression among children and adolescents: A cognitive science and developmental perspective. *Clinical Psychology Review*, *28(5)*, 759–782. Science Direct.

Rubin, K. H., Bukowski, W. M., & Parker, J. G. (2006). Peer interactions, relationships, and groups. In N. Eisenberg, W. Damon, & R. M. Lerner (Eds.), *Handbook of child psychology: Social, emotional, and personality development* (pp. 571–645). John Wiley & Sons Inc.

SOCIAL & EMOTIONAL DEVELOPMENT

Domitrovich, C. E., Durlak, J. A., Staley, K. C., & Weissberg, R. P. (2017). Social-emotional competence: An essential factor for promoting positive adjustment and reducing risk in school children. *Child Development*, *88*(2), 408-416. http://dx.doi.org/10.1111/cdev.12739

Jones, D. E., Greenberg, M., & Crowley, M. (2015). Early social-emotional functioning and public health: The relationship between kindergarten social competence and future wellness. *American Journal of Public Health*, *105*(11), 2283-2290. <u>https://dx.doi.org/10.2105%2FAJPH.2015.302630</u>

Mahoney, J., Weissberg, R., Greenberg, M., Dusenbury, L., Jagers, R., Niemi, K., Schlinger, M., Schlund, J., Shriver, T., VanAusdal, K., & Yoder, N. (2020). Systemic social and emotional learning: Promoting educational success for all preschool to high school students. *American Psychologist*, 1-16. <u>https://casel.org/wp-content/uploads/2020/10/Design-Systemic-SEL.pdf</u>

Schreier H., Schonert-Reichl K., & Chen E. (2013). Effect of volunteering on risk factors for cardiovascular disease in adolescents: a randomized controlled trial. *JAMA Pediatrics*, *167(4)*: 327–332.

Skinner, E. A., & Zimmer-Gembeck, M. J. (2016). Development of coping during middle childhood: Cognitive reappraisal, mental modes of coping, and coordination with demands. In E. A. Skinner & M. J. Zimmer-Gembeck, *The Development of Coping* (pp. 163–183). Cham: Springer International Publishing.

Weissberg, R.P., Durlak, J.A., Domitrovich, C.E., & Gullotta, T.P. (2015). Social and emotional learning: Past, present, and future. In J.A. Durlak, C.A. Domitrovich, R.P. Weissberg, & T.P. Gullotta (Eds.) *Handbook of social and emotional learning (3–19).* New York, NY: Guildford Press.

PHYSICAL HEALTH & WELL-BEING

Forrest, C. B., Bevans, K. B., Riley, A. W., Crespo, R., & Louis, T. A. (2013). Health and school outcomes during children's transition into adolescence. *Journal of Adolescent Health*, *52*(2), 186-194. <u>https://doi.org/10.1016/j.jadohealth.2012.06.019</u>

Harrison, M. E., Norris, M. L., Obeid, N., Fu, M., Weinstangel, H., & Sampson, M. (2015). Systematic review of the effects of family meal frequency on psychosocial outcomes in youth. *Canadian Family Physician*, *61(2)*, 96–106.

Hertzman, C., & Boyce. T. (2010). How experience gets under the skin to create gradients in developmental health. *Annual Review of Public Health*, *31*(1), 329 - 347. <u>https://doi.org/10.1146/annurev.publhealth.012809.103538</u>

Moeijes, J., van Busschbach, J. T., Bosscher, R. J., & Twisk, J. W. R. (2018). Sports participation and psychosocial health: A longitudinal observational study in children. *BMC Public Health*, *18*(702). <u>https://doi.org/10.1186/s12889-018-5624-1</u>

Reichelt, A. C. (2016). Adolescent maturational transitions in the prefrontal cortex and dopamine signaling as a risk factor for the development of obesity and high fat/high sugar diet induced cognitive deficits. *Frontiers in Behavioral Neuroscience*, *10*, 1–17.

Smaldone A, Honig J., & Byrne M. (2007). Sleepless in America: inadequate sleep and relationships to health and well-being of our nation's children. *Pediatrics*, *119* (*suppl1*): S29-S37.

CONNECTEDNESS

Emerson, S. D., Mâsse, L. C., Ark, T. K., Schonert-Reichl, K. A., & Guhn, M. (2018). A population-based analysis of life satisfaction and social support among children of diverse backgrounds in British Columbia, Canada. *Quality of Life Research*, *27*(10), 2595-2607. https://doi.org/10.1007/s11136-018-1922-4

First Nations Information Governance Centre. Now is the time: Our data, our stories, our future. The national report of the First Nations regional early childhood, education, and employment survey. Ottawa, ON: FNIGC; 2016. Available from <u>https://fnigc.ca/wp-content/uploads/2021/01/FNIGC_FNREEES-National-Report-2016-EN_FINAL_01312017.pdf</u>.

Gadermann, A. M., Guhn, M., Schonert-Reichl, K. A., Hymel, S., Thomson, K., & Hertzman, C. (2015). A population-based study of children's well-being and health: the relative importance of social relationships, health-related activities, and income. *Journal of Happiness Studies*, *17*, 1847–1872.

Guhn, M., Schonert-Reichl, K. A., Gadermann, A. M., Hymel, S., & Hertzman, C. (2013). A population study of victimization, relationships, and well-being in middle childhood. *Journal of Happiness Studies*, *14(5)*, 1529–1541.

Masten, A. S. (2018). Resilience theory and research on children and families: past, present, and promise. *Journal of Family Theory & Review*, *10*(1), 12-31. <u>https://doi.org/10.1111/jftr.12255</u>

Oberle, E., Guhn, M., Gadermann, A. M., Thomson, K., & Schonert-Reichl, K. A. (2018). Positive mental health and supportive school environments: A population-level longitudinal study of dispositional optimism and school relationships in early adolescence. *Social Science & Medicine*, *214*, 154–161.

Oberle, E., Schonert-Reichl, K. A., Guhn, M., & Hertzman, C. (2014). The role of supportive adults in promoting positive development in middle childhood: a population-based study. *Canadian Journal of School Psychology, 29,* 296-316.

Olsson, C., McGee, R., Nada-Raja, S., & Williams, S. (2013). A 32-year longitudinal study of child and adolescent pathways to wellbeing in adulthood. *Journal of Happiness Studies*, 14(3), 1069–1083.

Thomson, K. C., Oberle, E., Gadermann, A. M., Guhn, M., Rowcliffe, P., & Schonert-Reichl, K. A. (2018). Measuring social-emotional development in middle childhood: The Middle Years Development Instrument. *Journal of Applied Developmental Psychology, 55,* 107–118. <u>https://doi.org/10.1016/j.appdev.2017.03.005</u>

Veiga, F., Wentzel, K., Melo, M., Pereira, T., Faria, L., & Galvão, D. (2014). Students'engagement in school and peer relations: A literature review. *In I Congresso Internacional Envolvimento dos Alunos na Escola: Perspetivas da Psicologia e Educação* (pp. 196–211).

Werner, E. E. (2004). Journeys from childhood to midlife: Risk, resilience, and recovery. *Pediatrics*, *114*(2), 492–492. https://doi.org/10.1542/peds.114.2.492

USE OF AFTER-SCHOOL TIME

Diamond, A. (2014). Want to optimize executive functions and academic outcomes?: Simple, just nourish the human spirit. In *Minnesota Symposia on Child Psychology* (Vol. 37, p. 205). NIH Public Access.

Durlak, J. A., Weissberg, R. P., & Pachan, M. (2010). A meta-analysis of after-school programs that seek to promote personal and social skills in children and adolescents. *American Journal of Community Psychology*, *45(3-4)*, 294–309.

Immordino-Yang, M. H., Christodoulou, J. A., & Singh, V. (2012). Rest is not idleness implications of the brain's default mode for human development and education. *Perspectives on Psychological Science*, *7*(*4*), 352–364.

Schonert-Reichl, K. A., Guhn, M., Gadermann, A., Hymel, S., Sweiss, L., & Hertzman, C. (2013). Development and validation of the Middle Years Development Instrument (MDI): Assessing children's well-being and assets across multiple contexts. *Social Indicators Research*, *114*(2), 345-369. <u>https://doi.org/10.1007/s11205-012-0149-y</u>

Thouin, É., Dupéré, V., Dion, E., McCabe, J., Denault, A-S., Archambault, I. Brière, F.N., Leventhal, T., & Crosnoe, R. (2020) Schoolbased extracurricular activity involvement and high school dropout among at-risk students: Consistency matters. *Applied Developmental Science*, 1-14. <u>https://doi.org/10.1080/10888691.2020.1796665</u>

Vandell, D. L., Lee, K. T. H., Whitaker, A. A., & Pierce, K. M. (2020). Cumulative and differential effects of early child care and middle childhood out-of-school time on adolescent functioning. *Child Development*, *91*(1), 129-144. <u>https://doi.org/10.1111/cdev.13136</u>

Wade C. (2015). The longitudinal effects of after-school program experiences, quality, and regulatable features on children's socialemotional development. *Child and Youth Services Review, 48,* 70–79.

SCHOOL EXPERIENCES

Binfet, J., Gadermann, A., & Schonert-Reichl, K. (2016). Measuring kindness at school: psychometric properties of a school kindness scale for children and adolescents. *Psychology in the Schools*, *53(2)*, 111–126.

Eccles, J. S., & Roeser, R. W. (2011). Schools as developmental contexts during adolescence. *Journal of Research on Adolescence*, 21(1), 225-241. <u>http://dx.doi.org/10.1111/j.1532-7795.2010.00725.x</u>

van Harmelen A. L., Gibson, J. L., St. Clair, M. C., Owens, M., Brodbeck, J., Dunn, V., ... Goodyer, I. M. (2016). Friendships and family support reduce subsequent depressive symptoms in at-risk adolescents. *PLoS ONE 11(5):* e0153715.

van Noorden, T. H., Haselager, G. J., Cillessen, A. H., & Bukowski, W. M. (2015). Empathy and involvement in bullying in children and adolescents: A systematic review. *Journal of Youth and Adolescence*, *44(3)*, 637–657

Wang, M.-T., & Degol, J. L. (2016). School climate: A review of the construct, measurement, and impact on student outcomes. *Educational Psychology Review*, *28*(2), 315-352. <u>https://doi.org/10.1007/s10648-015-9319-1</u>

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