

2004
Children First
Report
Card



Acknowledgments

The Research Subcommittee of the Mayor and Council's Children First Roundtable is pleased to submit the 2004 Children First Report Card on the status of children in the City of Greater Sudbury. This second Report Card is again the product of collaborative efforts between members of child welfare agencies, community members, private researchers and City staff. We hope that it will be a reference document and a helpful tool in tracking the City's progress towards maintaining and improving the welfare of children as stated in the Children First Charter.

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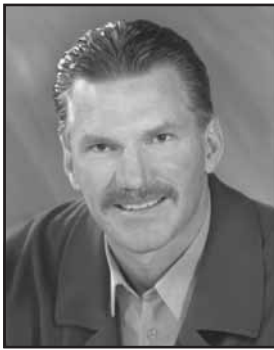


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Message from the Mayor

On behalf of City Council, it is my pleasure to share with the City of Greater Sudbury the efforts of a dedicated group of individuals who put children first in our community. The Children First Roundtable is not only a unique advisory panel that reports to Council, it is also a productive working group that researches, informs and represents the interests of children.

The 2004 Children First Report Card is a consolidated document that highlights the achievements and gaps pertaining to children services, programs and supports. It is hoped that its readers will use this report to enact change and spur program development for the benefit of children living in our community now and in the future.

Congratulations to the members of the Children First Roundtable and the Research Subcommittee for your perseverance in completing this project. Your standing as community members and professionals, in combination with an interest in children's issues, is clearly the driver that will foster positive and productive change.

The City of Greater Sudbury, with the help of the 2004 Children First Report Card, is setting and achieving high standards for our community's greatest assets, our children.



David Courtemanche, Mayor



2004 Children First Report Card



Message from the Children First Roundtable Chair

The Children First Roundtable has been actively involved with improving the quality of life of children in our community since 2001. It has been my pleasure to work closely with many dedicated and enthusiastic individuals from the very inception of the program. In fact, I have had the privilege of being involved with the development of both the 2002 and the 2004 Children First Report Cards.

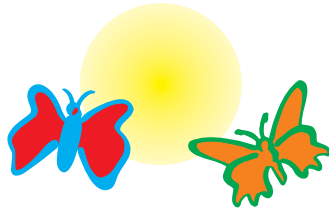
The Children First Report Cards are a means of tracking the progress of the community in meeting the needs of children. The results and outcomes are not only interesting, they are important measures of community wellness. Through the Report Cards, the Children First Roundtable is able to coordinate their activities to ensure gaps and weaknesses in services, programs and policies are being filled and strengthened.

The publication of this report could not have been possible without the assistance from a team of professional volunteers with a passion for enacting change. The Research Committee of the Children First Roundtable is composed of agency representatives who specialize in collecting and deciphering data. Their experience and commitment to the project has been invaluable.

On behalf of the Children First Roundtable, we hope that you find the 2004 Children First Report Card an informative and useful document that will give you a glimpse of the status of children and families in the City of Greater Sudbury.



Councillor Janet Gasparini,
Chair, Mayor and Council's Children First Roundtable



Children First

Children First Charter of the City of Greater Sudbury

GIVEN THAT a thriving community invests its hopes in the future of its children;

AND THAT all children deserve to live in a family and community that believes that the welfare of children is of primary importance;

AND THAT all children deserve the assurance of their inherent goodness;

WE, THE MAYOR AND COUNCIL'S CHILDREN FIRST ROUNDTABLE IN THE CITY OF GREATER SUDBURY RECOMMEND THAT WE, AS A WHOLE COMMUNITY INCLUDING THE PUBLIC, PRIVATE AND NON PROFIT SECTORS, WORK DILIGENTLY AND TOGETHER SO THAT ALL CHILDREN HAVE:

A SENSE OF BELONGING TO A RESPECTFUL AND DIVERSE COMMUNITY THAT:

- preserves and celebrates the child's ethnic, cultural, spiritual and/or religious identity
- protects the child from racism and any form of discrimination including discrimination based on their age

A QUALITY OF LIFE WHICH INCLUDES ACCESS TO:

- safe housing
- nutritious food
- recreation and leisure activities
- health care

SUPPORTIVE AND CARING ENVIRONMENTS THAT INCLUDE:

- family time
- early childhood development activities and parenting supports
- quality childcare
- an educational system that ensures each child attains her or his full potential

SAFE, PROTECTIVE ENVIRONMENTS THAT:

- promote a child's cognitive, physical, social, spiritual and emotional well being
- provide protection from abuse, mistreatment, injury and disease

KNOWLEDGEABLE AND RESPONSIVE GOVERNMENTS THAT:

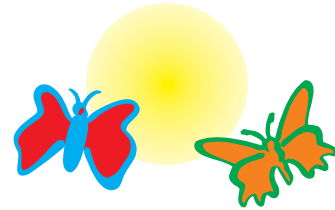
- understand their responsibility towards children
- invite the opportunity for children to have influence on the future
- take action in order to create a sustainable future

AND THAT

These assurances will follow children as they progress through life's stages into adulthood.

DATED in Sudbury, Ontario, this 10th day of October, 2002.

DATÉ à Sudbury (Ontario) en ce 10^e jour d'octobre 2002.



Les enfants avant tout

Charte des enfants « Les enfants avant tout » de la Ville du Grand Sudbury

ATTENDU QUE une communauté florissante fonde ses espoirs sur l'avenir de ses enfants;

ATTENDU QUE tous les enfants ont le droit de vivre dans une famille et dans une communauté pour lesquelles le bien-être des enfants a une importance primordiale;

ATTENDU QUE tous les enfants méritent d'avoir l'assurance de leur bonté inhérente;

NOUS, LES MEMBRES DE LA TABLE RONDE DU MAIRE ET DU CONSEIL « LES ENFANTS AVANT TOUT » DE LA VILLE DU GRAND SUDBURY, RECOMMANDONS QUE NOTRE COMMUNAUTÉ ENTIÈRE, COMPRENANT LES SECTEURS PUBLIC, PRIVÉ ET LES ORGANISMES À BUT NON LUCRATIF, COLLABORE ASSIDÛMENT POUR QUE LES ENFANTS AIENT :

UN SENTIMENT D'APPARTENANCE À UNE COMMUNAUTÉ RESPECTUEUSE ET DIVERSE QUI :

- protège l'enfant et met en valeur son identité ethnique, culturelle, spirituelle et religieuse
- protège l'enfant contre le racisme et toute forme de discrimination, y compris la discrimination fondée sur l'âge

UNE QUALITÉ DE VIE OBTENUE GRÂCE À :

- un logement sécuritaire
- des aliments nutritifs
- des loisirs et des activités récréatives
- des soins de santé

DES MILIEUX POSITIFS ET EMPATHIQUES DANS LESQUELS IL Y A :

- du temps passé en famille
- des activités pour le développement de la petite enfance et un soutien pour les parents
- des services de garde d'enfants de qualité
- un système éducatif qui permet à chaque enfant de s'épanouir pleinement

DES MILIEUX SÉCURITAIRES QUI PROTÈGENT L'ENFANT ET QUI :

- favorisent son mieux-être cognitif, physique, social, spirituel et émotionnel
- le mettent à l'abri de la violence, des mauvais traitements, des blessures et des maladies

DES GOUVERNEMENTS BIEN INFORMÉS ET RÉCEPTIFS QUI :

- comprennent leurs responsabilités à l'égard des enfants
- sont ouverts aux possibilités permettant aux enfants d'influer sur l'avenir
- prennent des mesures pour créer un avenir viable

ET QUE

Les enfants auront cette assurance tout au long de leur croissance vers l'âge adulte.


Jim Gordon, Mayor/Maire



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Supporters of the Children First Charter

The following is a list of organizations and businesses who have officially endorsed the Children First Charter of the City of Greater Sudbury:

- Better Beginnings, Better Futures
- Child Care Resources
- Child Find Ontario - North Regional Office
- Children's Aid Society of the Districts of Sudbury and Manitoulin
- First Baptist Church - Teddy Bear Daycare
- GEODE - Grassroots Economic Opportunity Development and Evaluation
- Human League Association
- John Howard Society of Sudbury
- Jubilee Heritage Family Resources
- Larch Street Kids Childcare Inc.
- Laurentian Child and Family Centre
- Maple Tree Preschool Inc.
- Northern Regional Recovery Continuum - Lakeside Centre Site
- Our Children, Our Future / Nos enfants, notre avenir
- Service familial de Sudbury / Sudbury Family Service
- Social Planning Council
- Sudbury Community Foundation
- Sudbury District Catholic School Board
- Sudbury & District Health Unit
- Sudbury Regional Hospital's Children's Treatment Centre (CTC)
- Valley East Co-op Nursery School
- YMCA Sudbury
- Dinosaur Valley Mini Golf
- Josephine's Vegetables (No Herbicide Farm)
- Rainbow Manitoulin Children's Foundation
- Rainbow District School Board
- Centre de santé communautaire de Sudbury



2004 Children First Report Card

Introduction

In June 2000 the Children's Forum brought together over 150 committed community people who moved beyond philosophizing and identified tangible directions that could be taken to make our community more child-friendly. The Mayor and Council's Children First Roundtable is a direct spin-off from the Action Plan created at that forum.

The Mayor and Council's Children First Roundtable is a committed partnership of elected representatives, local experts, businesses and citizens working together to build a sense of civic responsibility to improve the quality of life for Greater Sudbury's children. It was created to bring together community members with knowledge, skills, insights and experience in the issues impacting children. The Roundtable advises the Mayor and Council on children's issues and promotes community initiatives and actions that put children first.

The Roundtable identified several priority areas from the Children's Forum Action Plan, including policy development, public education, public recognition of success and research. The purpose of the Research Subcommittee is to create a coordinated approach to children's research in the community and ensure that the results of that research are brought forward through Council to the community. This subcommittee was charged with working to meet one of the Roundtable's key goals:

To ensure that a set of indicators to determine our community's progress is developed and to engage local researchers in the development of an annual Report Card on Children that tracks successes and progress.

Benchmarks

The Children First Report Card is setting benchmarks and is intended to fulfill several functions:

- To be a reference document on the welfare of children in the City of Greater Sudbury;
- To measure progress in improving the status of children as stated in the Children First Charter;
- To help raise public awareness and understanding of the needs of children;
- To serve as a planning tool for service providers and elected officials so that they can make decisions about allocation of resources;
- To act as a stimulus for political and community action to improve the situation of children.

The 2002 Children First Report Card highlighted extreme baseline data from community organizations, the 2001 Census and the Northern Ontario Perinatal and Child Health Survey. This present report builds upon the previous document and includes a more broad-based statistical overview of the Greater Sudbury community.



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1. Demographic Profile

1.0 Demographic Profile for the City of Greater Sudbury

In 2001, the census reported that the Greater Sudbury population totaled 155,265, a decrease of 6.1% since the 1996 census. The following table illustrates the younger population distribution by age and sex, as a percentage of the total population:

Population distribution by age and sex, SDHU - Greater Sudbury

Age	Males	Females	Both
0 - 4	2.7	2.6	5.3
5 - 9	3.3	3.2	6.5
10 - 14	3.4	3.4	6.7
15 - 19	3.6	3.5	7.1

Source: Census 2001, Statistic Canada

This younger population represents nearly 26 percent of the total population of Sudbury.

Considering Ontario as a whole, there are approximately 2.9 million children and youth in Ontario, which is about 25 percent of the total population. (Ministry of Children and Youth Services, March 19, 2004)

According to the Public Health Agency of Canada, there are many factors both inside and outside the health care system that affect a population's health. At every stage of life, health is determined by interactions between social and economic factors, the physical environment and individual behavior. These factors are referred to as 'determinants of health'. (Public Health Agency of Canada, 2003) These determinants include income, education, employment, social environment, and healthy child development just to name a few.

1.1 Income/Poverty

Income remains one of the most critical factors that determines the health of individuals and of the population. The Public Health Agency of Canada states that health status improves at each step up the income and social hierarchy. Higher income determines living conditions such as safe housing and the ability to buy sufficient good food. The City of Greater Sudbury still has much work to do to ensure continuous economic growth, which should ultimately benefit all of the community and its citizens. Within the City, the majority of married couples have earnings of \$60,000 or more, whereas most of the lone-parent families have earnings of less than \$30,000 (where one-third earned less than \$15,000). (Sudbury & Nickel Belt Early Years Action Plan, Update 2005).

Census 2001 reported that the average household income in Greater Sudbury is \$54,646, which is approximately twelve thousand dollars less than the provincial average.

The Low Income Cut-Offs (LICO)¹ are utilized to determine the level of poverty and incidence of low-income families. Statistics show that 62 percent of the families headed by a lone parent in the City of Greater Sudbury belong to the low-income category, while the incidence of low-income for the total population living in private households is nearly 15 percent. Of those, 20.7 percent are children under six years of age and 18.1 are children under 15 years of age. It was also reported that one in every five children under six years of age live in poverty in Greater Sudbury. (Statistics Canada, 2001)

¹ LICOs are normally used as a measure of poverty. Statistics Canada does not consider them as poverty lines, but as a tool that identifies those who are substantially worse-off than the average, or the people who are living in "straitened" circumstances. LICOs are based on data from the Canadian household expenditure surveys. Since 1992, data from the surveys have indicated that Canadian families spend about 35% of their income on basic necessities of food, shelter and clothing. Low-income cut-offs are set by adding a difference of 20 percentage points to the basic level of expenditure on necessities. These cut-offs are updated yearly based on changes in the consumer price index (Statistics Canada, 2001 Census Dictionary Catalogue NO.92-378-XIE)



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1.2 Education

The Public Health Agency of Canada states that health status improves with levels of education. It maintains that education is closely tied to socioeconomic status, and effective education for children is a key contributor to health and prosperity for individuals, and for the community as a whole. Education contributes to health and prosperity by equipping people with knowledge and skills for problem solving, and helps provide a sense of control and mastery over life circumstances. (Public Health Agency of Canada, 2003)

According to the 2001 census, the percentage of 15 to 24 year olds, within the Greater Sudbury area, not attending school was 34.1, whereas 61.9 percent were attending school full time, and 4.0 percent were attending school part time.

More specifically, the proportion of 15-19 year olds not attending school was 22% in 2001 compared to 16% in 1996. One factor that could possibly contribute to this increase is the switch from a 5-year to a 4-year high school program.

There are a lower proportion of residents in Greater Sudbury with a university degree (12%) compared to the province as a whole (19%). (Demographic Profile, PHRED Division, Sudbury & District Health, December 2004)

Highest Education level attained for those aged 20 years and over for the Greater Sudbury area:

Education Level	% of Greater Sudbury population	% of Ontario population
Less than grade 9	11.2	8.7
High School without a diploma	18.9	16.9
High School with a diploma	13.9	14.2
Trades	13.5	10.2
College ¹	25.3	23.7
University without a degree	5.2	7.1
University with a degree	12.0	19.2

Source: Statistic Canada, Census 2001, 20% sample

¹Includes non-degree-granting institutions such as community colleges, CEGEPs, private business colleges and technical institutes

1.3 Family Structure

Numerous studies have examined the impact of single and two-parent families on children's developmental outcomes, including measures of academic achievement and social emotional well-being. They have demonstrated that children growing up in single-parent families are more likely to repeat grades, to possess poorer language skills, and to be less healthy than children living in two-parent families. These children are also less likely to get along well with friends and parents than children living in two-parent families (Walker & Hennig, 1997)

According to the 2001 Census, the proportion of "couple" families in Greater Sudbury is 83.5 percent.

- 86 percent are married and 55.1 percent of them have children.
- 14 percent are common-law and 44.2 percent of them have children.

In contrast, the proportion of families led by a single parent is 16.5 percent, with, 17 percent being led by males and 83 percent led by females.

Considering the total number of families in the Greater Sudbury area, 20.6 percent have children under 6 years of age, 38.2 percent have children between 6-14 years of age, and 12.6 percent have children between 15-17 years of age. (Statistic Canada, Census 2001, 20% sample)

Household distribution in the Greater Sudbury area:

Number of individuals	% of Greater Sudbury Area Households
1	26.6
2	34.5
3	16.4
4-5	21.1
6+	1.5

Source: Statistics Canada, Census 2001

Most children in the province of Ontario live in two-parent, dual-income families. One-parent families represent about 15 per cent of Ontario families. (Ministry of Children and Youth Services, March 19, 2004)



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1.4 Language

In this era of global competition, learning Canada's two official languages enhances young Canadians' competitiveness in today's job markets, both at home and internationally. From a cultural perspective, bilingualism opens the door to a different vision of the world. From an economic point of view, having dual language skills improves access to markets and opportunities and facilitates the mobility of Canadians, which in turn means getting the right people for the jobs we have, wherever they are. (Government of Canada, Knowledge Matters: Skills and Learning for Canadians, 2002) Although the City of Greater Sudbury has not been officially declared a bilingual city, the rate of bilingualism is increasing. Forty-nine percent of the youth population is bilingual, compared to 34 percent of seniors. (Sudbury and Nickel Belt Early Years Action Plan, Update 2005) Moreover, English is the mother tongue for 63 percent and French for 28 percent of the Greater Sudbury population, with 40 percent having some knowledge of both official languages (Census 2001, Statistic Canada)

As for the province of Ontario, English is the mother tongue for 72 percent and French for 4 percent of the population, with 12 percent having knowledge of both official languages (Census 2001, Statistics Canada)

1.5 Aboriginal Population and Multiculturalism

Culture is also considered to be a determinant of health. According to the Public Health Agency of Canada, some individuals or groups may face additional health risks due to a socio-economic environment, which is largely determined by dominant cultural values that contribute to conditions such as marginalization, stigmatization, loss or devaluation of language and culture and lack of access to culturally appropriate health care and services. (Public Health Agency of Canada, 2003)

Aboriginal people represent 4.6 percent of the Greater Sudbury population. The highest concentration of Aboriginal people in the Sudbury District is found in the Manitoulin Area, where Aboriginal people represent 37.1 percent of the population. (Statistics Canada, Census 2001) Also, the Sudbury and District Health Unit catchment area encompasses 16 First Nations communities, more than 10 percent of the total number of First Nations Communities in all of Ontario. Eight of the First Nation communities are within the District of Manitoulin. (Statistics Canada, Census 2001)

Other Ethnic Origins in the Greater Sudbury area (Single and Multiple Responses)

	Greater Sudbury District
Canadian	48.8%
French	38.8%
English	19.7%
Irish	16.2%
Scottish	13.9%
German	6.6%
Italian	7.8%
North American Indian	3.9%
Ukrainian	4.6%
Finnish	4.5%
Métis	2.7%
Polish	2.8%
Dutch (Netherlands)	1.8%

Source: Statistics Canada, Census 2001, 20% sample

To address the needs of Aboriginal and other Multicultural groups, the Mayor's Community Multicultural and Race Relations Working Group launched the Diversity Thrives Here! Project on May 14th, 2004. The Mayor's Working Group has developed a Diversity Plan, which was unanimously adopted by Greater Sudbury City Council on Thursday June 30th, 2005.



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The plan seeks to ensure that Greater Sudbury is a more welcoming and inclusive community for all its current and future citizens and visitors, particularly the Aboriginal, Francophone and Multicultural communities. The plan includes several Priority Recommendations in regards to:

- A Marketing Program
- A Community Calendar
- Services Coordination
- Capacity Building/Training Opportunities
- An Employment Program for Aboriginal/Immigrant Youth
- An Entrepreneurship Mentorship Program
- A Provincial Immigration Nominee Program
- An Immigrant Investor and International Student Attraction Program

(Diversity Plan for the Greater City of Sudbury, The Diversity Thrives Here! Project, Diversity Advisory Panel, June 2005.)

Another initiative that is being carried out in the Greater Sudbury area is the Social and Economic Inclusion Initiative sponsored by the Social Planning Council of Sudbury. The focus of this project is the social inclusion of children and it is designed to help “close the distance” between our children and the Greater Sudbury community.

During the 2004/05 school year the Project gave Sudbury's children a voice through social inclusion workshops where children are active participants in creating murals. Having more children participate in this workshop deepens the understanding of what social inclusion is to children in Sudbury. The project will continue to talk to children and youth aged 8-18 years in selected neighbourhoods in Greater Sudbury communities in order to add to the critical mass of experience and knowledge. As part of "closing the distance" the Sudbury project has formed a group of 12 youth (aged 14-19 years) to create a marketing strategy with, by and for young people. This group of young marketing strategists will meet every two weeks to develop a creative method of delivering the message about what it is like to be a young person in Greater Sudbury.

The key message of this project is that by engaging children, families and decision-makers we can make Greater Sudbury a “community where all kids belong”. (Social Planning Council, 2005)





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2. BASIC NEEDS

2.1 Social Assistance/Ontario Works

To alleviate poverty the government provides social assistance or welfare income to those who do not have adequate resources to meet their needs. It is an income of last resort for those who have exhausted all other avenues of financial support. The Ontario Works employment assistance program helps people become and stay employed and includes job search support services, basic education and job skills training, community and employment placement, supports to self-employment, Learning, Earning and Parenting, addiction services and earning exemptions that allow participants to earn income as they move back into the workforce.

(Ministry of Community and Social Services, 2004)

In Greater Sudbury, the average caseload of Ontario Works for the period of January to July 2004 was 4,045 cases per month, slightly less than the monthly average of 4,085 in 2002. Of these cases:

- 54 percent were singles
- 37 percent were sole support parents
- 3 percent were couples
- 6 percent were couples with dependents

On an average, the program provided direct benefit to 7,317 persons per month; one-fifth of whom were children aged 0-6 (Ontario Works, 2004).

The number of beneficiaries of Ontario Works has declined to the current level from close to eight thousand per month in 2002 (Social Planning Council, 2002)

Those who have disabilities that prevent them from working for an income are paid under the Ontario Disability Support Program (ODSP). In Greater Sudbury, there was an average of 4,437 ODSP cases per month for the period of January to December 2004. Of those cases:

- 77 percent were singles
- 8 percent were singles with dependants
- 9 percent were couples
- 6 percent were couples with dependants

There was a total of 856 of dependants under the age of 18 years in the ODSP program.

- 22 percent were children between 0-6
- 36 percent were children between 7-12
- 42 percent were children between 13 and 17 years of age.

(Ontario Disability Support Program Sudbury, 2005)

2.2 Child Support

Child support is another source of income for some families in the Greater Sudbury Area. In 2004, there was an average of 1,408 sole support parents in Greater Sudbury per month receiving Ontario Works financial assistance. A total of approximately \$78,697.63 in support payments were collected monthly for sole support parents. On average, there were 1,294 children per month on Ontario Works with child support deductions (Ontario Works, 2004)



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2.3 Food Security

Food security exists when all persons have the means to access culturally appropriate food that is of sufficient quantity, quality and variety, and nutritional content to help them lead an active and healthy lifestyle (Food Security Network of Sudbury, 2004). Despite the high level of supplies of healthy food in Canada, there are disparities in accessing food and in nutritional well-being. This creates a negative effect amongst the most at-risk population.

To alleviate barriers for those at-risk groups, non-governmental organizations (NGOs) and local administration, with support from federal and provincial governments help provide access to food and other supports needed by vulnerable persons.

Within Sudbury, there are 32 agencies that are members of the Sudbury Food Bank. More than three percent of the households in Greater Sudbury use food banks. In the City, 11,000 persons used food banks in March 2004 compared to 9,402 in March 2003. This increase of 17 percent is much higher than the corresponding increase in the number of households using food banks (9 percent), indicating that more of the larger households are resorting to the use of food banks in Sudbury (Sudbury Food Bank, 2004)

In Sudbury, 24 percent of the population is under 18 years of age, whereas 27 percent of the food bank users were in this age group. Furthermore, 4 percent of the users were college and university students (Sudbury Food Bank, 2004).

The users of food banks are well distributed over different family types. About 25 percent of the users of the households were single-parent families, and an equal proportion were single persons. The highest proportion (30 percent) were two parent families and another 20 percent are couples without any children (Sudbury Food Bank, 2004).

To help children get a balanced and nutritional diet, more than 50 local schools have partnered with the Human League Association, Better Beginnings Better Futures, and Childhood-Enfance to offer breakfast, lunch and snack programs (Courtesy of Angele Young, Better Beginnings Better Futures, 2005).

The Food Security Network has developed a food charter that has been adopted by the City of Greater Sudbury as well as the Sudbury & District Health Unit. The Charter provides the guidelines required to work towards a sustainable community food plan.

There are other local programs that are offered throughout the city such as Collective Kitchens. This type of program allows people to get together to enhance their skills in planning meals, doing budget wise shopping, and preparing healthy and nutritious meals.



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2.4 Housing and Homelessness

Decent and affordable housing is key to establishing healthy and inclusive communities. Without it, poor individuals and families have to pay an excessive amount of their income on rent or mortgage, therefore leaving them with very little or no money to pay for their other basic needs. This increases the risk of homelessness amongst vulnerable individuals and families.

A dwelling is considered affordable if it costs less than 30 percent of the household's before tax income (CMHC, Census Housing Series, May 2004). In Greater Sudbury, 22.2% of tenants and 5.8% of owners are spending more than 50% on shelter. Another 44.6% of tenants and 14.6% of owners are spending more than 30% on shelter (ONHA, Where's Home, 2004)

Canada Mortgage and Housing Corporation states that a rental vacancy rate below 3 percent creates a problem for low-income residents in locating decent and affordable housing since rental prices generally rise quite significantly, increasing the likelihood of them living in shelters or on the streets. From October 1999 to October 2003 the vacancy rate for Greater Sudbury went from 11.1 percent to 3.6 percent. The Canada Mortgage and Housing Corporation released rates in October 2004 and noted the vacancy rate stood at an alarming 2.4%. (CMHC, 2005) Employment growth in call centre and retail sector jobs, coupled with the double cohort effect on first-year enrolment at Laurentian University and the presence of College Boreal and Cambrian College, have all contributed to the demand for rental housing. (OHNA, Where's Home, 2004)

The City of Greater Sudbury administers a total of 4,539 social housing units, with the Sudbury area comprising 84.7 percent of the total stock. As of September 2004 there were 1,219 active applications for social housing. During that same period, 88 applicants were housed. (The City of Greater Sudbury Housing Background Study, November 2004)

One of the most negative outcomes of poverty is being homeless. Communities have responded to the homelessness dilemma by providing shelters for persons or families who have nowhere else to sleep. Twenty percent of shelter beds in Greater Sudbury are geared to youth ages 14 to 18 years.

The Elizabeth Fry Society provides transitional and emergency accommodation specifically for homeless women who are 16 years of age and over and who are, have been, or are at risk of becoming in conflict with the law. However, the organization reported that they mostly serve women who are over the age of 18 years. The younger female clients are mostly referred to L'Association des Jeunes de la Rue / Community Outreach Program. (Courtesy of Carrie Desjardins, Elizabeth Fry Society, August 2005)

L'Association des Jeunes de la Rue (Community Outreach Program) is a not-for-profit organization that offers assistance to young homeless females between the ages of 16 and 19 through a wide array of services aimed at intervention, reintegration, and community and social re-adaptation.

Number of clients served and
the number of nights spent at the shelter:

Year	Number of Beds	Number of Clients	Number of nights spent by youth
2001	7	92	1,674
2002	7	121	2,320
2003	7	137	2,242

Source: Social Housing Strategists, The City of Greater Sudbury Housing Background Study: Housing Demand and Supply Analysis (Draft), November 2004, from l'Association des Jeunes de la Rue, October 2004.

During the summer of 2004, l'Association des Jeunes de la Rue increased their capacity from 7 beds to 9 beds. During the same year they served 186 clients and operated at 99% occupancy. (Courtesy of Lise Sénécal, Foyer Notre-Dame, August 2005)

The Time 7: Report on Homelessness in Sudbury, states that at the time of their study (July 2003), a total of 608 people were identified as being homeless. Thirty six percent of the people were females and 64 percent were males. Furthermore, 12 percent were 0-12 years of age and 20 percent were 13-19 years of age.



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2.4 Housing and Homelessness continued

In terms of homeless males, the Inner Sight Educational Home provides emergency/crisis transitional programming for 16 to 19 year old males (16 beds) who are enrolled in an educational program. The program is based on education and is administered in phases with the objectives of leading the clients to independent living and community support. In 2004, a total of 67 clients were admitted into Inner Sight Educational Homes and on average there were 9 beds utilized each night. The following tables provide an overview of the characteristics of these clients:

Age Groups (2004)	% of clients	Number of times a client returned (2004)	% of clients
16 Years of age	33	Twice	57
17 years of age	36	Three times	41
18 years of age	13	Four times	2
19 years of age	18		

Reasons for Resident Intake (2004)	% of clients	Reasons for Resident Discharge (2004)	% of clients
Asked to leave home	53	Moving in with family	31
Chose to leave home	27	Incarceration	22
From Correctional Facility	4	Independent Living	16
Court ordered out of the family home	3	Moving in with friends	16
Transient	4	Unknown	7
Looking for an apartment	1	Streets	4
Agency placement (CAS)	7	Other	4
Ineligible for assistance	1		

Source: Inner Sight Educational Homes, Statistics for 2004.

The Sudbury Action Centre for Youth offers a Housing Support Program, which assists homeless individuals to find emergency shelter and affordable housing. It also helps youth to address the underlying issues of homelessness such as addictions, mental health, unemployment and lack of education. From April 2003 to March 2004, the Action Centre provided 3,972 interventions to 685 individuals who were homeless. During 2004-2005 fiscal year, the Action Centre reports that it assisted 604 individuals, providing 3,519 interventions. Fifty-one referrals were made for emergency shelter, and 578 referrals were made for permanent housing (Courtesy of Sudbury Action Centre for Youth, August 2005).

Furthermore, there were 146 children housed in Motel / Hotel rooms in 2004 (Ontario Works, 2004)

2.5 Community Efforts

Apart from the social assistance programs offered by the government, there are many agencies in the community that provide direct or indirect assistance to the poor. Through the Community Emergency Fund (CEF), the Social Planning Council disbursed \$7,000 in 2004. The funds were used mainly to pay rent arrears, buy food items, pay for hydro bills, medical bills, and for transportation (Community Emergency Fund, Social Planning Council, January 2005).

In 2004, a total of \$219,000 was disbursed under the National Child Benefit (NCB) Reinvestment fund. This money is generated from the funds clawed back by the Province from each family receiving Ontario Works (OW) or Ontario Disability Support Program (ODSP) eligible to receive the Federal National Child Benefit Supplement allowance. Additionally, \$29,000 was spent on emergency funds to support 2,832 families (consisting of 2,909 children under 18 years of age). The bulk of this money was spent on paying rent arrears (29.4 percent), hydro bills (28.8 percent), and food vouchers (13.7 percent). Other emergencies for which the program provided support were: heat (10 percent), medical and dental (5.7 percent), moving and storage (3.7 percent), transportation (1.3 percent), clothing (3.4 percent), furniture and telephone (2.6 percent) (Community Emergency Fund, Social Planning Council, January 2005).

Another agency that supports the low-income population in Greater Sudbury is the Canadian Red Cross. In 2003, it assisted 2,202 persons with its rent bank and housing list. It also dispersed over \$32,000 directly to the clients (Canadian Red Cross, December 2004). During 2004, \$25,460 of emergency funds were disbursed to 62 families. These families included a total of 44 children ages 0-6 years, 41 children ages 7-12 years, and 35 children over the age of 13 years (Courtesy of the Canadian Red Cross, August 2005).

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3 HEALTH / PROMOTING CHILDREN'S PHYSICAL & EMOTIONAL WELL-BEING

3.1 Access to Health Care

A population's access to health care is increasingly becoming more of a concern within the Greater Sudbury area and throughout the province. Compared to the country and the province, Sudbury has a considerably lower physician-population ratio. While the country has 95 general/family practitioners per 100,000 people, the Sudbury District has only 79 designated general/ family practitioners. The ratio of specialists is listed at 81 per 100,000 people, slightly better than general/ family practitioners. In comparison, the country has 93 designated specialists and the province 96 specialists per 100,000 people (Quality of Life Keyfacts, City of Greater Sudbury, Number of Doctors per 100,000 population, 2001 Data, <http://www.city.greatersudbury.on.ca/content/keyfacts/documents/Doctors%5F1e04%2Epdf>)

Based on the City of Greater Sudbury's population, 8 pediatricians are designated for the community and there are currently 2 vacancies. The City is also in need of 2 Child Psychiatrists. It was reported by the Ministry of Health and Long Term Care that there are 30,000 people within the City of Greater Sudbury without a designated primary caregiver. (Ministry of Health and Long Term Care, 2005)

3.2 Perinatal Indicators

3.2.1 Low Birth Weight

In 2001, 6 percent of babies born to mothers residing in the Sudbury & District Health Unit (SDHU) area were Low Birth Weight Babies (less than 2500g). The following table illustrates the trends of Low Birth Weight Babies in contrast to the number of live births.

Low Birth Weight Babies (LBW)
among live births, to mothers residing in SDHU Area

Year	# of LBW Babies	# of Live Births	% LBW
1996	150	2192	6.8
1997	118	2104	5.6
1998	122	2002	6.1
1999	107	1838	5.8
2000	90	1739	5.2
2001	104	1733	6.0

Source: Provincial Health Planning Database,
Ministry of Health and Long-Term Care. Data retrieved August 9, 2005
from Sudbury and District Health Unit

In comparison, Ontario's rate of low-birth-weight babies is 5.7 per cent. Low birth weight is an indicator of several physical, emotional and cognitive disabilities (Ministry of Children and Youth Services, March 19, 2004)





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3.2.2 Prenatal Care

In 2004, the Sudbury & District Health Unit offered 13 series of prenatal classes where each series consisted of 3 classes on reproductive health and 4 classes on child health. On average, there were 20 couples per series.

Other programs that offer care and support to pregnant women within the Greater Sudbury area include:

Our Children, Our Future / Nos enfant, notre avenir: This organization offers the Creating Healthy Babies / Maman et bébé en santé program where expecting moms are given comprehensive care and access to a variety of support services including nutrition education and food supplement, social supports and health information to reduce the risk of delivering a low birth-weight baby. The program also provides fresh fruits, vegetables, milk, eggs, and orange juice and other protein sources along with vitamin supplements to mothers in need.

Better Beginnings, Better Futures / Partir d'un bon pas pour un avenir meilleur: This organization offers the Baby's Breath / Le souffle d'un bébé program to support young people under 18 years of age, who are pregnant and or who have become parents. They provide care through social, emotional, developmental and nutritional support.

N'Swakamok Native Friendship Centre: This organization offers the Aboriginal Prenatal Nutritional Program to educate, encourage and support women, so they can enhance their physical, emotional, spiritual and mental self. The goal of the program is to improve the health of Aboriginal mothers and their infants up to six months of age. They offer prenatal classes, a labour support person, talk and task, breastfeeding support and home visiting

Birthright / Accueil-grossesse: This program provides caring, non-judgmental support to girls and women who are distressed by an unplanned pregnancy. They provide friendship and emotional support, free pregnancy tests, and maternity and baby clothes. They also refer clients in need to help them meet their legal, medical, financial, and/or housing needs. Birthright services are free, confidential, and available to any woman regardless of age, race, creed, economic, religious, or marital status.

Pregnancy Care Centre for Sudbury: This centre offers pregnancy tests, information, peer guidance, advocacy, and practical help.

It is estimated that approximately 500 pregnant women and new mothers have accessed one or more of these programs in 2004. When considering the live births trends from 1996 to 2001, we are safe to assume that there are more than 1500 live births in Greater Sudbury each year. Access to the above programs and services is very important and has proven to be very beneficial to many mothers. However, Greater Sudbury needs to continue to work towards promoting these programs to target populations, consequently helping to reduce the incidence of Low-Birth Weight Babies.

3.2.3 Teenage Pregnancy

Statistics Canada reports that during the last quarter century, there has been an overall decline in the teenage pregnancy rate in Canada. Nevertheless, in 1997, an estimated 19,724 women aged 15 to 19 years gave birth, and a slightly larger number in this age range—21,233—had an abortion. There are increased risks of serious health consequences for babies born to mothers in their teens. Children of teenagers are more likely to have low birth weights, and to suffer the associated health problems. Pregnant teens themselves are also at greater risk of health problems (Source: Statistics Canada, Health Reports, Vol. 12, No. 1, Catalogue 82-003, <http://www.statcan.ca/english/kits/preg/preg3.htm>, retrieved on August 31, 2005).

Teenage pregnancy in Sudbury from 1996 through 2000:

	1996	1997	1998	1999	2000
Teenage Pregnancy Rates (per 1,000) in Sudbury for teenage girls aged 13-19	49.3	46.8	40.1	38.3	35.6
Number of live births to teenage mothers aged 13-19 in Sudbury	241	173	160	153	129
Number of abortions to teenage girls aged 13-19 in Sudbury	157	172	132	121	122

Source: Ministry of Health and Long-Term Care, 2000
Data retrieved from Sudbury and District Health Unit



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3.3 Breastfeeding

Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants, and has a unique biological and emotional influence on the health of both mother and child (Health Canada. 2002. A practical workbook to protect, promote, and support breastfeeding in community based projects. http://www.phac-aspc.gc.ca/dca-dea/publications/bf_workbook_e.html, retrieved on August 31, 2005.)

Extensive research has indicated that breast milk provides benefits beyond the immediate nutritional needs of the child, including a potential reduction in infant and childhood morbidity and mortality (Davis, 2001)

Seventy eight percent of mothers who had a child within the last five years in the Sudbury and District Health Unit area breastfed or tried to breastfeed their last child. Approximately 20 percent of mothers breastfed exclusively for 6 months (courtesy: Sudbury & District Health Unit, 2004)

The Sudbury Breastfeeding Network was established in Greater Sudbury in 1995, to promote, protect and support breastfeeding. The network is comprised of representatives from local health & community organizations including Our Children, Our Future / Nos enfants, notre avenir, the sponsoring agency. The Network's goals are to:

- collaborate with the community in the responsible identification, development, implementation and evaluation of strategies to promote, support and protect breastfeeding;
- disseminate evidence-based breastfeeding information;
- foster consistency of breastfeeding information within the community; and
- discuss issues and to share resources related to breastfeeding.

The Sudbury Breastfeeding Network works in partnership with its members to increase breastfeeding initiation and duration rates in the Sudbury District by providing breastfeeding information, education and support for all pregnant and new mothers.

3.4 Childhood Immunization

Childhood immunization helps the immune system build up resistance to disease. It works by giving children vaccines containing tiny amounts of viruses or bacteria that are dead, weakened, or purified components. The vaccines prompt the child's immune system to produce antibodies that will attack the virus or bacteria to prevent disease. (Health Canada, It's Your Health, Childhood Immunization, http://www.hc-sc.gc.ca/iyh-vsv/med/immuniz_e.html, retrieved August 30, 2005)

In Greater Sudbury 39.2 percent of Sudbury children aged 12-19 have never received an influenza immunization.

Vaccine coverage rate for 7 year old children as of August 2005 (SDHU 2005)

Vaccine	% of children
Diphtheria, Tetanus, and Pertussis	97.2
Polio	74.1
Measles, Mumps, and Rubella	97.6

Vaccine coverage rate for 17 year old children as of August 2005 (SDHU 2005)

Vaccine	% of children
Diphtheria, Tetanus, and Pertussis	95.7
Polio	98.9
Measles, Mumps, and Rubella	97.3

Data retrieved from Sudbury and District Health Unit

3.5 Childhood Asthma

Asthma is an important cause of suffering, disability, and hospitalization among children in Canada. Estimates from past studies indicate that over half a million children 0-19 years of age in Canada suffer from asthma, and more than 60% of all hospital admissions due to asthma are for children in this age group. (Public Health Agency of Canada, Childhood Asthma in Sentinel Health Units, <http://www.phac-aspc.gc.ca/publicat/ashu-auss/index.html>, retrieved August 30, 2005)

In Greater Sudbury, 19.6%^E of children aged 12-19 years have been diagnosed with asthma by a medical professional.

^E = Data with a coefficient of variation from 16.6% to 33.3% are identified by an "E" and should be interpreted with caution
Data retrieved from Sudbury and District Health Unit.



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3.6 Childhood Obesity

The Canadian Institute of Health Research states that obesity leads to decreased life expectancy, poor health and limits quality of life. It also inhibits the overall dynamics of the Canadian society and contributes to growing health care costs and diminished national productivity (Canadian Institute of Health Research, Obesity Research in Canada, <http://www.cihr-irsc.gc.ca/e/20406.html>, retrieved on August 31, 2005).

According to the 2004 Canadian Community Health survey: Nutrition Cycle, 27.5 percent of Ontario children ages 2-17 are overweight or obese. More specifically, 19 percent are considered overweight, whereas 8.5 are considered obese.

3.7 Childhood Injuries

In the Sudbury and District Health Unit area, 23.8%E of children aged 12-19 years have sustained an injury caused by normal activities. Another 15.5%E of Sudbury children aged 12-19 years have sought medical attention for an injury caused by normal activities.

E= Data with a coefficient of variation from 16.6% to 33.3% are identified by an "E" and should be interpreted with caution (CCHS, 2003, Data retrieved from Sudbury and District Health Unit)

Percentage of households with children 5-17 years who ride a bicycle and who always wear a bicycle helmet, 2003 (Jan-Dec)

Wear bike helmet	Percentage	95% Lower Confidence Limit	95% Upper Confidence Limit
All of the time	66.1%	60.6%	71.6%
Occasionally	22.8%	18.0%	27.7%
Never*	10.7%	7.2%	14.3%
Not stated**	--	--	--
Sample size:	289		

*Interpret with caution, high variability **Not released (Sudbury and District Health Unit)

3.8 Children's Mental Health

Children's mental health and well-being is very important to ensure Healthy Child Development. In Greater Sudbury, the Child and Family Centre offers mental health services to children and their families. In 2004, they served a total of 1,489 children and youth up to the age of 18 years. They also provided prevention services which served a total of 122 children.

3.9 Adolescent Sexually Transmitted Infections

Fifty two percent of Greater Sudbury teenagers aged 15-19 years have reported having sexual intercourse at least once. While 53 percent of sexually active Sudbury teenagers aged 15-19 years have reported that their first time having sexual intercourse was before the age of 18 years (CCHS 2003).

According to the Sudbury and District Health Unit (IPHIS) there were approximately 240 youths between the ages of 10 and 24 years infected with Chlamydia in 2004. More specifically, there were 72 cases for youths aged 15 to 19 and 168 cases for youths aged 20 to 24 (IPHIS, Sudbury and District Health Unit). Since people infected with Chlamydia are asymptomatic, many are not being tested and treated. Therefore, the actual numbers are assumed to be higher.



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4. Education

4.1 School Readiness (Children 0-6)

4.1.1 Child Care – Expansions

The Ontario Ministry of Children and Youth Services has relaxed eligibility requirements for child care subsidies. Effective January 2005, families no longer have to report RRSPs and RESPs as liquid assets when applying for a child care subsidy. Monthly contributions to RRSPs and RESPs count as allowable expenses when calculating available income.

The City of Greater Sudbury is one of the first in the province to offer full access to preschool learning opportunities through local Nursery Schools, Early Years Centres and Child Care Centres. Preschool learning programs offer a half-day program two or three days a week, for children ages two-and-a-half to five years. Children are welcome to attend during the year leading up to Junior Kindergarten or Kindergarten. The subsidy is available to families with a net annual income of less than \$25,000 and whose children will be starting school within a year. Many middle-income families will also qualify for full or partial financial assistance.

Recently the Provincial government announced its Best Start initiative aimed at improving access to high quality, convenient child care for families by investing in early child development and relieving municipalities of their share of the cost of operating new child care spaces. The program will also include increased subsidies for day care that will eventually lead to full day learning opportunities for all children as young as two. Recently over 12 million dollars was announced as funding for Greater Sudbury for 2005. When fully implemented, the program will include:

- A massive expansion of child care, predominantly in Ontario's publicly funded schools;
- More child care subsidies so that more families can access these child care spaces;
- Best Start neighborhood early learning and care hubs that provide one-stop services for families;
- Universal newborn screening and ongoing screening and services to identify needs and provide vital developmental supports; and
- A comprehensive 18-month well-baby checkup.

In 2004, there were 3,081 licensed childcare spaces in the City of Greater Sudbury.

- 1,472 of those were for children 0-5
- 1,220 were for children 6-12
- 389 were for mixed groups in evening programs and licensed homes

(Children Services, 2005)

There were also up to 540 approved recreation spaces for school aged children.

In 2004, 1923 children received childcare subsidy for formal childcare programs and 340 children received subsidy for informal care:

- 4% were infants (0-1 ½)
- 12% were toddlers (1 ½ - 2 ½)
- 45% were preschool and kindergarten age (2 ½- 5); and
- 39% were school age (6-12)

(Children Services, 2005)

4.1.2 Early Development Instrument (EDI)

The Early Development Instrument measures how ready children are to begin learning at school by asking questions in regards to five different domains of their development: Physical Health and Well-Being, Social Competence, Emotional Maturity, Language and Cognitive Development, and Communication Skills and General Knowledge. This instrument is completed for senior kindergarten students across Canada.

The EDI has been completed during the 2001-2002 and 2004-2005 school years throughout the local school boards. The results from 2002 showed that children in Sudbury-Manitoulin scored slightly lower on emotional maturity, and slightly higher on the language and cognitive development, on average, they appeared to be doing just as well as other children in all five domains. It also showed that twenty-five percent of our children had problems in at least one readiness to learn domain, and 13.7 percent had problems in at least two. The results from the 2004-2005 school year will be available shortly. We will now be able to compare results from the previous EDI; determining the differences and the progress made within the last three years.



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4.2 Education (Children 7-18)

4.2.1 Student Enrolment, Teaching Staff & Technology

Sudbury District Elementary and Secondary Student enrolment, Special programs/services, Teachers and Technology for school years 2002-2003 and 2003-2004.

	Elementary		Secondary	
	2002-2003	2003-2004	2002-2003	2003-2004
Enrolment	23,618	23,128	12,299	11,506
% of Students Receiving Special Education Programs and/or Services	9%	11%	10%	15%
Full-Time Equivalent Teachers	1252.40	1254.36	787.32	748.96
% of Schools connected to the Internet	98.75%	98.75%	100%	100%
Number of Students per computer	5.75	5.57	3.8	3.76

Source: Ministry of Education, September 2005.

4.2.2 Peer Mentoring Programs

Youth Mentorship: In September 2005, a project will be launched to spark interest in youth to pursue careers in sciences, mining and the health sectors through current mentor and job shadowing approaches. As part of a pilot project, one class from each of the local four school boards will be matched with community mentors who will spend a 2-month period with students, once per week in the school environment (City of Greater Sudbury Community Development Department, August 2005).

The Sudbury Action Centre for Youth also offers a Youth Peer Mentoring Program, which trains at-risk youth to be leaders in the Centre and in the community. It provides a youth-driven approach to developing life skills and learning about the resources within the community. During 2003-2004 they had 33 peer mentors who were actively involved in the community. Fifty two percent of the program participants returned to school and 42 percent gained full-time employment.

4.2.3 Provincial Testing

Grade 3: On average, Sudbury students in grade 3 scored slightly lower than the provincial average in reading and writing during the 2003-2004 school year. However, most were performing at or above provincial levels in mathematics. As for all three subjects, some improvements have been noted for Sudbury students within the last three years.

Grade 6: In 2003-2004 the average of Sudbury students in grade 6 scored slightly lower than the provincial average in writing and at or above the provincial level in reading and mathematics. Sudbury students have shown some improvements in mathematics within the last three years. However, many students seem to be scoring lower than the previous year in reading and writing.

Grade 9: On average, Sudbury students in grade 9 were performing at or above the provincial level for both Applied and Academic mathematics. Half of the students showed improvements within the last two years.



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4.2.4 Post-Secondary

Cambrian College (2004-2005 Annual Report)

- Cambrian College has over 4,300 full-time students enrolled in business, applied arts, human services, health sciences, technology, communication and creative arts, hospitality and tourism, apprenticeship, skills, and trades, with an additional 9,000 registrations taken annually in part-time personal, professional and human resources development courses and seminars.
- The College offers about 100 full-time programs, a number of which are designed specifically for the Native community, and more than 800 part-time continuing education programs, courses, seminars, customized training packages, and distance education opportunities.
- Cambrian exemplifies the Canadian mosaic with approximately 360 First Nations students and a remaining population that is reflective of the multi-cultural community the College serves.
- The male/female ratio in our full-time programs is about 51% male and 49% female.

Collège Boréal

Enrolment Statistics for the 2004-2005 school year:

- Total of 55 programs offered
- 1198 Full-Time enrolment
- 56 Part-Time enrolment
- 501 students enrolled from high school
- 507 graduates

Source: Collège Boréal, courtesy Laurie Rancourt, Registrar

Laurentian University

(Laurentian University, Facts and Figures, 2004-2005)

Undergraduate Degree Enrollment: 7732

- 5737 Full time
- 1995 Part time

Graduate Degree Enrollment: 471

- 200 Full time
- 271 Part time

Graduates: 1244

- 694 Arts and Science Degrees
- 271 Professional Degrees
- 111 Master's Degrees
- 168 Bachelor of Education Degrees

4.3 Drop-out rates

Although local information is currently not available, it was recently reported by the Ottawa Citizen that the High School dropout rate has risen by more than 45 percent in the four years it took to phase out Grade 13 (Ottawa Citizen, August 17, 2005). The Citizen reported that Education Minister Gerard Kennedy stated that more than 32 percent of Ontario's secondary school students (48,000 students) dropped out during the 2003-2004 school year. In 1999, when the new curriculum phasing out Grade 13 was introduced, the dropout rate was 22 percent.

One rationale in regards to this alarming rate was the intense competition of the double cohort of the graduating class of 2003. Clearly, more needs to be done to ensure that Ontario youth complete their high school education.

4.4 Parent Education

In 2004, The Sudbury & District Health Unit offered 36 parenting classes throughout the City. There are also other local programs in the Greater Sudbury area dedicated to improving parenting skills and educating parents in regards to healthy child development and child rearing. These programs service many of the neighborhoods and communities within the Greater Sudbury area.

There are currently plans to develop a program evaluation that would measure several aspects of parent education programs throughout the Sudbury and Nickel Belt areas.





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5 SAFETY

5.1 Child Abuse and Neglect

The Sudbury-Manitoulin Children's Aid Society provides support and services to many families and children throughout the Greater Sudbury area. This agency deals with many cases of child abuse and neglect every year. As of January 1, 2004 there were 445 children in care and 192 foster homes operating throughout the communities served.

The Sudbury-Manitoulin Children's Aid Society has reported the following for 2004:

- 1,724 new cases
- 278 children taken into care
- 284 children discharged from care
- 20 adoptions
- 37 new foster homes began operating
- 1,938 families served

(Courtesy of Diane Therrien, Children's Aid Society of Sudbury Manitoulin, August 2005)

In Ontario, there are approximately 18,000 children in the care of Children's Aid Societies, and a further 46,000 open protection cases (Ministry of Children and Youth Services, March 19, 2004)

5.2 Foster Care/Adoption

In June 2005, the Ministry of Children and Youth Services announced its intention to reform the province's adoption system so that more children can find a safe, secure family to grow up in. There are approximately 9,000 children who are considered Crown wards in the care of Ontario's Children's Aids Societies. However, current legal and structural barriers make three-quarters of the children ineligible for adoption. Proposed changes would make adoption more flexible and provide a wider range of options so that more children can be placed with a family on a permanent basis.

5.3 Alcohol, Tobacco and Other Drugs

According to the Canadian Community Health Survey conducted in 2000-2001, the majority of Greater Sudbury youth consumed alcohol during that past year and 65% had engaged in binge drinking (more than 5 drinks on one occasion). This is significantly higher than the rest of the province at 45 percent.

The Drug Use Among Ontario Students report, highlights patterns of alcohol and other drug use among Ontario students enrolled in grades 7 - 12 in 2003. The findings of this report are based on the 14th wave of the Ontario Student Drug Use Survey (OSDUS). It also provides data on trends occurring every two years since 1977. The following table provides a breakdown of the drug use reported by students participating in the 2003 survey.

Past Year Drug Use (%) by Total, 2003 OSDUS

Alcohol	66.2
Cannabis	29.6
Binge Drinking	26.5
Cigarettes	19.2
Hallucinogens	10.0
Solvents	6.1
Stimulants (NM)	5.8
Cocaine	4.8
Ecstasy	4.1
Methamphetamine	3.3
LSD	2.9
Ritalin (NM)	2.9
Glue	2.8
Crack	2.7
Barbiturates (NM)	2.5
PCP	2.2
Tranquilizers	2.2
Ketamine	2.2
Rohypnol	1.6
Heroin	1.4
Ice	1.2
GHB	0.7
Any Illicit, including Cannabis	32.2
Any Illicit, excluding Cannabis	15.3

Notes: binge drinking (5+ drinks on one occasion)
refers to the past 4 weeks time period

NM=non-medical use (Source: 2003 OSDUS: Drug Report Highlights)

Although local data is not available, it was reported by the 2003 OSDUS that a significantly higher percentage of Northern Ontario students had consumed alcohol (72%) or smoked a cigarette (26%), at least once in the 12 months prior to the survey. In addition, more students had participated in binge drinking (35%) and a higher percentage were also daily smokers (20%). Furthermore, a significantly higher percentage of Northern Ontario students had used cannabis (35%), stimulants (7.8%), speed (4.8%), LSD (4.3%), Hallucinogens (12.9%), Cocaine (6.2%), Crack (4.8%), and ecstasy (4.6%).



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5.3 Alcohol, Tobacco and Other Drugs continued

Of the 22 drug measures included in the 2001 and 2003 Provincial surveys, 5 showed significant decreases. Cigarette smoking decreased from 23 percent in 2001 to 19 percent in 2003 among all students in grades 7 to 12. Use of barbiturates decreased from 4 percent in 2001 to 2 percent in 2003, as did LSD use (from 5% to 3%) and ecstasy use (from 6% to 4%). Use of any illicit drug excluding cannabis decreased from 18 percent in 2001 to 15 percent in 2003. Between 2001 and 2003, no drug showed a significant increase in use. (2003 OSDUS: Drug Report Highlights)

Locally, the Sudbury Action Centre for Youth offers a Harm Reduction Programs that reaches out to injection drug users who often do not access medical and social services. It provides education and supports the reduction of incidence of HIV/AIDS and Hepatitis in our community.

5.4 Infant Mortality

Infant mortality is low in Canada and has showed a declining trend during the past decade. At the national level, it declined from 6.4 deaths per 1,000 live births in 1991 to 5.2 deaths per 1,000 live births in 2001, a decline of 19 percent.

Greater Sudbury has experienced a higher infant mortality than the country as a whole, but the decline is noted as at 24 percent, from 8.6 per 1,000 in 1991 to 6.5 per 1,000 in 2001 (Statistics Canada, Vital Statistics, 1991-2001).

5.5 Teen Suicide

The suicide rates in Greater Sudbury are higher than the national average. In Canada, 12 persons per 100,000 population committed suicide in 2001. Suicide rates among men are 3.6 times higher than women (Statistics Canada, Vital Statistics, 1991-2001).

In Greater Sudbury, suicide rates are 15 per 100,000 people. The male suicide rate at 21 per 100,000 is 2.4 times higher as compared to the female suicide rate at 9 per 100,000 people (Statistics Canada, Vital Statistics, 1991-2001).

Data obtained from the Northern Health Information Partnership (NHIP) shows that hospital morbidity rate in Greater Sudbury due to suicide attempts was 1.8 per 1000 population in 2001. The rates for the 10-14 and the 15-19 year olds were 0.5 and 2.0 per 1000 population respectively (NHIP data system, courtesy of Vic Sahai).

5.6 Bullying

Although there is yet to be a method developed to measure the rates or incidence of bullying, there are some programs throughout the Greater Sudbury area that aim at reducing the incidence of bullying.

Greater Sudbury Police Service: The goal of the Anti-Bullying program is to teach the art of mind defense and ways to avoid confrontations. Using common sense as their best defense, children are taught what to do when faced with bullies, peer pressure and teasing. Decision-making skills are taught through role-play and “what-if” games.

Roots of Empathy Program: This program, sponsored by Our Children, Our Future / Nos enfants, notre avenir, is offered throughout local schools for children between the ages of 3 and 14 years. It works to build caring and peaceful societies through the development of empathy in children. A neighbourhood infant and parent visit the classroom once each month for the full school year. Students are coached to observe the baby's development, celebrate milestones, interact with the baby and learn about an infant's needs. Roots of Empathy teaches principles of inclusion, respect, problem solving, perspective taking, infant development, safety, and a literacy of feelings.



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5.7 Crime Rates

The Greater Sudbury Police Services reported the following crime rates for the January to December 2004 period.

- Violent crime rate per 100,000 population: **760.7 (less than 1%)**
- Property crime rate per 100,000 population: **3636.1 (3.6%)**
- Other criminal code crime rate per 100,000 population: **1891.0 (1.9%)**
- Total crime rate per 100,000 population: **6287.7 (6.3%)**
- Youths charged per 100,000 youth population: **5362.9 (5.4%)**
- Youths charged and processed per 100,000 youth population: **9475.8 (9.5%)**

(Courtesy of Elizabeth Mazza, Greater Sudbury Police Services, August 2005)

Provincially, Statistics Canada reported that the proportion of youth charged per 100,000 population in 2004 was 3395.5 (3.4%) (Statistics Canada, 2005).

In Ontario, there are approximately 22,000 youth under supervision. Approximately 20,000 are on probation and the remainder are in open or secure custody. Many of these youth are also involved in the child welfare system (Ministry of Children and Youth Services, March 19, 2004)

Although most of the youths in Greater Sudbury are not involved in criminal activities, the community needs to continue its collective efforts to reduce the youth crime rate. In addition, more work needs to be done in crime prevention by concentrating efforts on the underlying causes of criminal behaviour amongst youth.



2004 Children First Report Card

The Mayor and Council's Children First Roundtable Research Subcommittee has endeavoured to create a document that reflects the status of children living within the City of Greater Sudbury. The efforts that were invested in the development of the 2004 Children First Report Card will continue within the coming year.

The assistance from the community in generating information for the 2004 Children First Report Card has been extremely helpful. It is through cooperation, collaboration and teamwork that the Research Subcommittee is able to present this document to you. In order to ensure that future reports are as successful, the Research Subcommittee invites all community members to share their thoughts and provide feedback about what they liked and what is missing. It would, therefore, be greatly appreciated if you could take a few minutes and complete the section below; your feedback is important to us.

Name: Address: _____

Phone Number: _____

What I liked about the 2004 Children First Report Card: _____

What is missing from the 2004 Children First Report Card: _____

I can provide what is missing: Yes No

Please return your comments to: Children Services PO Box 5000, Stn. A.
199 Larch Street
Sudbury ON P3A 5P3
Fax: 705-671-4789



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