



Healthy Child Manitoba
Putting children and families first

2017 Child and Youth Report – Executive Summary



Healthy Child Manitoba

2017 Child and Youth Report – Executive Summary

A Message from Manitoba's Healthy Child Committee of Cabinet

In December 2007, the Legislative Assembly of Manitoba proclaimed its long-time commitment to children and youth in The Healthy Child Manitoba Act. This statute enshrines our province's long-term, whole-of-government partnership with communities to improve outcomes from pre-birth to adulthood through the Healthy Child Manitoba (HCM) Strategy of prevention and early intervention.

This Report on the status of Manitoba's children and youth is a major public report legislated in The Healthy Child Manitoba Act. The Report provides the beginnings of an ongoing story and, we hope, an ongoing public dialogue about what matters most to Manitobans: How are Manitoba's children and youth doing? The Healthy Child Manitoba Act sets out four goals for the strategy: that to their fullest potential, all of Manitoba's children and youth will be physically and emotionally healthy, safe and secure, successful at learning, and socially engaged and responsible (prenatal-18 years). The Report is organized by these four goals, with chapters "growing up" from prenatal, early childhood, middle childhood, to adolescence.

As with every comprehensive report, this tells a story with both successes and challenges, areas to celebrate and areas to keep working on. We invite you to read this report and tell us what you think and how much it matters to you. The future of every one of us depends on what we do collectively for our youngest citizens now. Safe communities, economic prosperity, stewardship of our environment, peace, belonging, identity, and mutual respect, all grow from nurturing environments, right from the start. Our children's futures will be shaped, for better or worse, by our choices today. Will they be healthy, safe, lifelong learners, responsible to themselves and others? It is up to all of us.

Our fervent hope is that we will continue to choose to be champions for all of our children. They do not vote (yet) but we can vote for them and be devoted to them, in our daily lives and in the decisions we make in our homes, in our communities, in our Legislature. As adults, together with our youth, we can create better places and spaces, opportunities and experiences, for our children to flourish. We can learn from data about how they are doing, so that they can do better, live better, and be better.

Thank you for your commitment to the children and youth of Manitoba.

Honourable Ian Wishart

Chair, Healthy Child Committee of Cabinet (HCCC)
Minister of Education and Training

Honourable Eileen Clarke

Minister of Indigenous and Northern Relations

Honourable Scott Fielding

Minister of Families

Honourable Kelvin Goertzen

Minister of Health, Seniors and Active Living

Honourable Rochelle Squires

Minister of Sustainable Development, Minister responsible for the Status of Women, and Minister responsible for Francophone Affairs

Honourable Heather Stefanson

Minister of Justice and Attorney General

Executive Summary

Health is more than the absence of disease – it is an evolving human resource that helps children, youth, and adults adapt to the challenges of everyday life, injuries, cope with adversity, feel a sense of personal well-being, and interact with their surroundings in a way that promote successful development...children’s health is a nation’s wealth, as a sound body and mind enhance the capacity of children to develop a wide range of competencies that are necessary to become contributing members of a successful society.”

Source: Center on the Developing Child at Harvard University. (2010). The foundations of lifelong well-being are built in early childhood. <http://www.developingchild.harvard.edu>

Chapter 1 - Introduction

The health and well-being of children and youth in Manitoba is largely determined by early development. We all have a role to reduce risks and enhance protective factors in Manitoba’s children, families and communities. Strong evidence shows that investments in the well-being of children yield a significant financial return.

In March 2016, Manitoba passed *The Path to Reconciliation Act* to advance reconciliation in Manitoba. The Act requires Manitoba to develop a reconciliation strategy that builds on meaningful engagement with Indigenous nations and people and all Manitobans.

This is the second legislated public report on the status of Manitoba’s children and youth, required every 5 years, under the *Healthy Child Manitoba Act*. The report is organized by four stages of child and youth development (prenatal, early childhood, middle childhood, youth), along with the four outcome goals of the Healthy Child Manitoba Strategy (physical and emotional health, safety and security, success at learning, social engagement and responsibility).

Each chapter discusses key indicators in each stage for each outcome. Where possible, trends over time, and comparisons with Canada, and by gender, socioeconomic status, region, and ethnicity are included. The purpose of the report is to provide descriptive data to inform Manitobans about progress over time and priorities for the future.

Chapter 2 – Who are Manitoba’s Children and Youth?

- Children and youth (ages 0-19 years) represent a quarter of Manitoba’s population (25.3%, over 335,000), proportionally more than Canada (22%). Over the past decade, the number of children ages 0-4 years has increased by 21%.
- Over half of children and youth in Manitoba (56%) live in urban settings.
- Since 2000, most Manitoba children and youth (76%) live in two-parent families. Proportionally more live in single parent families (24%), compared to Canada (21%).
- Our province’s young people are diverse in culture, ethnicity, identity, and language.
 - More than one in four (29%) (90,000 children ages 0-19) are Indigenous (First Nation, Metis and Inuit), almost four times higher than Canada, and growing over time. Thirty

- per cent of Manitoba's children ages 0-5 are Indigenous compared to only 8% in Canada overall.
- Since 2012, the number of newcomer children and youth, born in other countries, who made Manitoba their permanent home has grown by 33%. A larger proportion of Manitoba's newcomers are younger, compared to Canada.
 - The most commonly spoken non-official languages in Manitoba are Tagalog (Filipino), German, Punjabi, Cree, Ojibway, Spanish, and Mandarin.
 - One in five Manitoba young people are from a visible minority group.
 - Since 2001, the number of children in care has grown, from 1.9% to 3.5% of all children; this group is predominantly Indigenous.
 - Socioeconomic status is an important factor in child development. Early childhood socioeconomic status can be an important predictor of brain development, learning, behaviour and other health outcomes. Children living in lower socioeconomic circumstances are more likely to have adverse childhood experiences and to encounter harmful levels of stress.
 - Children in specific demographic segments are more likely to experience poverty than the general population. Acute rates of child poverty exist among lone-parent families and Indigenous families, notably among First Nation families living on reserve where child poverty rate is extremely high. Poverty presents challenges in accessing nutritious food as well as adequate, suitable and affordable housing, contributing to the risk of negatively influencing the health outcomes of children.
 - Adequate housing is considered a basic prerequisite for good health. This is particularly true for young children.
 - Food insecurity is the term used to describe hunger in rich countries, and it is an important determinant of child health outcomes, including chronic conditions and mental health problems.
 - Higher levels of parent educational attainment are strongly associated with positive outcomes for children in many areas of development including school readiness, educational achievement, health and prosocial activities.
 - Child poverty in Manitoba ranges from 12% to 22%, depending on the measure, and is higher than Canada.
 - Children living in female-led lone-parent families are up to four times more likely to live in poverty, children living in compared to couple families.
 - One in two First Nations children, one in four Metis, one in four Inuit, and one in six non-Indigenous children in Manitoba live in poverty, all higher than in Canada overall.
 - Fewer Manitoba parents have completed secondary or post-secondary education (47%), compared to Canada (56%).
 - Fewer Manitoba families live in urban core housing (10-11%), compared to Canada (13%). Indigenous children are more likely to live in housing in major need of repair.
 - Food insecurity is higher for children in Manitoba (11% in 2012), compared to Canada (10% in 2012).

Chapter 3 - Prenatal

The health and well-being of expectant parents influences the health, well-being and development of their unborn children. There are many influences: social and demographic factors, social and physical environments, relationships and supports, and environmental exposures. These influences can be significant and long term. The social and emotional health of the parents and the family are important determinants of their own well-being and the health of their newborns. Supportive families and communities may mitigate the risk of adverse issues.

- Socioeconomic status is an important factor influencing healthy pregnancies and healthy babies. Higher levels of income and education among parents are associated with better outcomes.
- A mother's nutrition during pregnancy influences her own health and facilitates the healthy development of the fetus. Alcohol, tobacco and other drug use during pregnancy can have adverse outcomes for the infant, developing child and beyond into adulthood.
- When women have mental health problems during pregnancy their children are at increased risk of having mental health and development problems.
- Most Manitoba mothers (78%) give birth in young adulthood (ages 20-34), similar to across Canada. Manitoba has a larger proportion of younger mothers (ages 15-19), while Canada has a larger proportion of older mothers (age 35+).
- Teen pregnancy and birth rates continue to decline over time in Manitoba and remain higher in northern Manitoba and lower in southern Manitoba.
- Fewer babies (off-reserve) are being born into socioeconomic hardship over time. For instance, more mothers have a high school education (85% in 2015 compared to 78% in 2003) and family's financial difficulties decreased from 18% in 2003 to 14% in 2015.
- However, fewer women in inner city Winnipeg and northern Manitoba, where needs are greater, are accessing prenatal care over time.
- Alcohol use, smoking, and relationship distress during pregnancy are all declining over time in Manitoba. However, maternal depression and/or anxiety are on the rise.
 - Alcohol use decreased from 14% in 2003 to 10% in 2015
 - Smoking during pregnancy decreased from 21% in 2003 to 13% in 2015
 - Relationship distress decreased from 6% in 2003 to 4 in 2015%
 - Depression and anxiety increased from 13% in 2003 to 18% in 2015
- Fetal alcohol spectrum disorder (FASD) is referred to as an "invisible disability" because the majority of people with FASD do not have the associated facial features.
- Whether or not alcohol exposure leads to FASD depends on a set of biological and social factors that interact in different ways for each person. Biological factors can include a woman's sensitivity to alcohol, metabolism, and size. Social factors like chronic stress, violence, trauma, or poverty can increase the chances that a baby might be born with FASD.

Chapter 4 – Early Years (Birth to Age 5 Years)

The first five years of life are a significant and sensitive period that can profoundly affect the future of a child. In early childhood, brain development is very responsive to all experiences, both positive and negative. Healthy social, emotional, and physical environments in the home and broader community are important for healthy child development.

- Manitoba's preterm birth and low birth weight rates are relatively stable and similar to Canada.
- Manitoba has a larger proportion of babies born large-for-gestational age than Canada, but the rate appears to be declining faster over time in Manitoba.
- Breastfeeding initiation and exclusive breastfeeding have increased over time in Manitoba and are now both higher than in Canada.
 - Breastfeeding initiation increased from 84% in 2007-2008 to 93% in 2011-2012
 - Exclusive breastfeeding for at least six months increased from 25% in 2007-2008 to 31% in 2011-2012. The Canadian rate was 26% in 2011-2012.
- Pediatric dental extractions and surgeries (under age 6 years) have both declined over the last decade.
 - The rate of dental extractions among children under six was 18 per 1,000 in 2006/07, and 11 per 1,000 in 2015/16
- Immunization rates among children at age two are relatively stable, but still lower in children in families living in lower-income, First Nations families, or families led by teen-aged mothers.
- Over the past decade, the early physical health and well-being, and emotional maturity, of Manitoba's Kindergarten children has been stable, at levels similar to Canada.
- Infant (under age 1) injury hospitalization rates appear to be increasing, while preschool (age 1-4) rates appear to be decreasing, with falls as the number one cause.
- Infant mortality continues to be higher in Manitoba than in the rest of Canada, particularly in northern Manitoba.
 - Between 2010/11 and 2014/15, Manitoba's overall crude infant mortality rate was 5.9 per 1,000 live births. This varied by region – the highest rate being in the Northern Region (10.9) and the Southern Region had the lowest rate (4.8).
- One in three Manitoba children under age 6 lives in poverty (1.7 times higher than Canada rate), and one in eight lives with food insecurity, also higher than Canada.
- In 2016/17, 1,371 children and youth under 18 accessed an emergency family violence shelter funded by the Manitoba Government. That number fluctuated slightly over the five preceding years.
- More children under age 6 have access to licensed early learning and child care. Approximately three in four preschoolers do not.
- Over the past decade, the early language and cognitive development (early literacy and numeracy) of Manitoba's Kindergarten children has been stable at a provincial level, but with significant variation across communities.

- Children’s overall readiness to start school in Kindergarten has remained stable over time, with more than one in four children not ready in at least one area of early development (e.g., physical, social, emotional, cognitive and general knowledge).

Chapter 5 - Middle Childhood (Ages 6 to 14 Years / Grades 1 to 8)

Middle childhood is a period in which significant developmental milestones are achieved. For children ages 6 to 14, developmental tasks and stages include increasing physical, emotional, learning, and social abilities and capacities. Physically, children continue to develop rapidly, Children’s brains are also developing in middle childhood. With these changes comes the ability to engage with and explore the world in new and more sophisticated ways. Puberty begins toward the end of the middle years, from around 11 to 14.

- Asthma remains the most common chronic disease in middle childhood and appears to be increasing over time. It is two to three times more prevalent for First Nations and Metis children.
 - In 2013/14, the asthma rates were 9% for boys and 11% for girls in Manitoba, compared to 13% for boys and 9% for girls in Canada.
- The prevalence of attention deficit hyperactivity disorder (ADHD) is increasing over time, as is Autism Spectrum Disorder (ASD).
 - For ages 6 to 12, the prevalence of ADHD was 7.5% in 2005/06-2008/09 and 8.7% in 2009/10-2012/13.
 - For ages 6-12, the lifetime diagnostic prevalence of ASD was 1.2% in 2005-/06-2008/09 and 1.5% in 2009/10-2012/13.
- Diagnosing Fetal Alcohol Spectrum Disorder (FASD) has great benefits for children at any stage in their development. Commonly used parenting and education techniques may not work for children with FASD and can result in frustration for both the child and the adult. By having clear information about the disability, parents, teachers, and other professionals can provide appropriate interventions and advocate for effective supports for the child. Shifting from the perspective of “trying harder” to “trying differently” can help parents and those working with children living with FASD look for ways to assist children to successfully learn, grow and adapt. (<http://fasdmanitoba.com/assessment>).
- Approximately two-thirds of Manitoba 7-year-olds have had all of the recommended immunizations. The Northern Health Regions had the highest rate at 74%.
- Two-thirds of Manitoba Grade 7 and 8 students have healthy weights. Other data indicate overweight and obesity have risen over time to 26% for Manitoba children (ages 12-19), higher than Canada.
 - Only half of Manitoba Grade 7 and 8 students are active for the recommended 60 minutes per day, with one in six being inactive daily.
 - 15% of Grade 7 and 8 students are inactive.
- Less than 40% of Grade 7 and 8 students get the recommended 9 hours of sleep each school night.
- Many students spend 3 or more hours of screen time each weekday (40%) and on weekends (60%).

- Less than half of Grade 7 and 8 students get the recommended amount of fruits and vegetables daily.
- Over one-third of Grade 7 and 8 children are at risk for future mental health problems. Further, 31% of boys and 43% of girls reported that they had felt so sad or hopeless in the past year that they stopped doing their usual activities for a while.
 - Diagnosed anxiety and mood disorders, and conduct disorder, (ages 6-12 years) appear to be on the rise, particularly in lower-income communities.
 - The four-year diagnosed prevalence of mood and anxiety disorders among 6- to 12-year-olds was 1.8% in 2005/06-2008/09 and 2.2% in 2009/10-2012/13.
 - The four-year diagnostic prevalence of conduct disorders among 6- to 12-year-olds was 1.9% in 2005/06-2008/09 and 2.1% in 2009/10-2012/13.
 - One in five Grade 5 children report at least one mental health difficulty.
- Unintentional injury hospitalizations in middle childhood appear to be declining over time, with falls as the leading cause (similar to early childhood).
 - The rate of injury hospitalization among children aged 5-9 was 1.4 per 1,000 population in 2015/16.
 - Motor vehicle collisions continue to be the leading cause of death due to unintentional injury.
- Police-reported family violence among children and youth (ages 0-17 years) is higher in Manitoba, than in Canada. The rate is higher among girls than it is among boys.
 - In 2015, the rate of police-reported family violence among children and youth 0 to 17 years of age was 374 per 100,000 in Manitoba.
- Up to a third of Grade 4-6 students report being bullied (verbal, social, physical, cyber). The rate is similar for Grade 7-8 students (ridicule, body shaming, physical threat or injury, racism).
- Children's (under age 12) exposure to household second-hand smoke has dropped over the past decade.
- Almost half (42%) of all children and youth ages 0 to 18 years who are living in social housing are 6-12 years.
 - More Manitoba children under age 15 live in core housing need (16%), compared to Canada (14%). Children in lone-parent families are 4 times more likely to live in core housing need compared to children living in couple families.
- Food insecurity for children ages 6-17 appears to be declining in Manitoba but is still higher than Canada.
 - In middle childhood (ages 6-14), more First Nations and Metis children in Manitoba live in households that have low or very low food security, compared to Canada.
 - In Manitoba in 2011/12, 10% of children ages 6-17 lived in households that had moderate or severe food insecurity.
 - Manitoba 2012: 26% of First Nation households with children ages 6-14 had low or very low food security, as did 20% of Metis households with children ages 6-14.
- Performance in middle years academic assessments have increased for the most part among Manitoba students.
 - However, less than half of students meet expectations in all areas of Grade 3 numeracy and Grade 7 mathematics, and as low as one in six Indigenous students meet these expectations.

- Between roughly 40-60% of students meet expectations in all areas of Grade 3/4 reading and Grade 8 reading comprehension, and as low as one in six Indigenous students meet these expectations.
- The number of children who are homeschooled in Manitoba has almost quadrupled (3.7x) since 2002.
- In Manitoba, 70% of First Nations children and 40% of Metis children (ages 6-14) thought it was somewhat or very important to speak an Indigenous language.
 - The number of Manitoba students enrolled in public school Indigenous language programs increased by 23% between 2001/02 and 2014/15.
- Most 12- to 14-year-olds in Manitoba feel a sense of belonging to their local communities.
- Most (80%) of Manitoba's Grade 5 students are prosocial (e.g., considerate of others' feelings, share, help, are kind to others).
- Between 40%-60% of Grade 7 students are competently engaged in school learning, based on teacher assessments.
- Based on youth self-report in Grades 7 and 8, more than 80% of students feel they belong and are safe at school, and that the adults at school care about them and can be trusted.
 - 91% feel they belong and are safe at school
 - 90% feel they are a part of the school
 - 87% are happy to be the school
 - 85% feel close to the people at their school
- Three in four Grade 7 and 8 students would talk to a counsellor or other adult if they needed help.
- One in six (15%) of Manitoba's Grade 5 students have some or significant peer relationship problems (e.g., not having at least one good friend, being picked on).

Chapter 6 - Youth (Ages 13 to 19 Years / Grades 7 to 12)

Youth is an important time of transition and transformation, when roles, relationships, and expectations change. Youth are expected to become more independent and responsible, while undergoing dramatic physical and emotional changes, with increased societal and peer pressure. Youth is also a time of exploration, where experiences and behaviours can have long-term effects that last into adulthood.

- In Manitoba, about two-thirds (63%) of youth (ages 15-19) self-rate their health as excellent or very good, lower than Canada (70%). More females (64%) than males (61%) reported their health as excellent or very good.
- Manitoba has one of the highest rates of Type 2 diabetes in children in the world, 12 times higher than any other province in Canada.
- The prevalence of attention deficit hyperactivity disorder (ADHD) in youth (ages 13-19) is on the rise. In the four-year time period 2009/10-2012/13 the prevalence was 4.8%. The prevalence is more than twice as high among boys compared to girls.
- The prevalence of Autism Spectrum Disorder (ASD) and other developmental disorders in youth (ages 13-19) is also on the rise. In 2009/10-2012/13 the ASD prevalence rate was 1.2%.

- Almost three-quarters of Manitoba 12- to 19-year-olds are physically active during their leisure time, similar to Canada.
 - As Manitoba youth get older, they are less likely to meet the recommended 60 minutes of daily physical activity, decreasing from 51% of Grade 7 students to 39% of Grade 12 students, and girls are less physically active than boys at each grade.
 - For Manitoba youth ages 12-24 years, physical activity varies between Indigenous groups: 62% of First Nations youth were moderately active or active (in the combined years 2011 to 2014). As were 66% of Metis youth, and 70% of non-Indigenous youth.
- Over half (54%) of Grade 9-12 students in Manitoba spend 3+ hours daily on screen time during the week, rising to two-thirds (67%) on weekends. Older students spend more screen time than do younger students.
- Overweight and obesity are on the rise. Two-thirds of boys and three-quarters of girls in Grades 9-12 have healthy weights.
- Only 14% of Manitoba Grade 9-12 students get the recommended 9 hours of sleep on school nights.
- Three percent of Manitoba Grade 7-12 students self-identify as being transgender and 5% have questioned their gender identity. Five percent of students reported being attracted to both males and females, and 2% reported being attracted to members of the same sex.
- Three-quarters (74%) of Manitoba Grade 7-12 students report that they have not had sex. This decreases as age increases: 96% in Grade 7 to 51% in Grade 12.
 - The most common age reported as the first time having sex was age 15 years (24%).
 - The most commonly used contraceptive was condoms (81%), while 13% reported not using any method of protection.
 - Of students reporting having sex, 17% reported having sex when they did not want to do so.
 - While half (51%) of the students were comfortable discussing contraception with their partners, over a third (37%) reported having unplanned sex after using alcohol or drugs during the past year.
 - Manitoba youth (ages 15-19) continue to have high rates of sexually transmitted infections (STIs). Between 2012 and 2016, the most commonly reported STIs were chlamydia and gonorrhea. The rate of chlamydia among Manitoba youth ages 15 to 19 was 1,947 per 100,000 population in 2016. The rate had declined from 2012 to 2014, and then increased again in 2016. The rate of gonorrhea among Manitoba youth ages 15 to 19 was 539 per 100,000 population in 2016. That was up 35% from 2012, when it was 398 per 100,000 population.
- Three in four (74%) Manitoba youth (ages 15-17) self-report their mental health as excellent or very good, declining to two-thirds (62%) for young men at ages 18-19, but stable (75%) for young women.
 - In Manitoba, around half of First Nations and Metis youth (ages 18-24) self-report their mental health as excellent or very good. 53% First Nations males and 49% First Nations females report their mental health as excellent or very good, as do 59% Metis males and 56% Metis females).
 - Almost half of Grades 9-12 students are at risk for future mental health problems.
 - In Manitoba, 24% of young women and 16% of young men (ages 15-19) report significant levels of stress in their lives.

- Fewer Manitoba First Nations and Metis youth (ages 15-24) report stress than their counterparts in Canada, and than non-Indigenous youth in Manitoba and Canada.
- Since 2003, youth smoking in Manitoba has dropped by half, from 14% to 7% (in 2014), similar to Canada. Over half of Manitoba youth smokers do so daily.
 - Smoking is more common among Manitoba’s First Nations (35%) and Metis (27%) youth ages 12-24, (in 2011/14)
- In the past month, half of Manitoba Grade 12 students report having at least one alcoholic drink, 38% drank on 1 to 5 days, and 12% drank 6 or more days per week.
 - Alcohol use increases by age: 17% of Grade 9 students and 50% of Grade 12 students have had at least one drink in the past month.
 - One in eight Grade 12 students reported drinking and driving.
- In Manitoba, over a third of Grade 11-12 students have used recreational or prescription drugs to get high in the past year. The rates were similar for males and females, 37% males and 34% females in Grade 12. This increases with age, from approximately one in five Grade 9 students.
 - One in five Grade 7-12 students use marijuana/hashish to get high.
- Mood and anxiety disorders in youth (ages 13-19) are on the rise, particularly for girls.
 - In Manitoba, nearly four times as many 15- to 17-year-old girls (15%) report major depression, compared to boys (4%). These rates higher compared with Canada overall.
- In Manitoba, suicide is the leading cause of injury deaths (intentional and unintentional) in children ages 10 and up. The suicide rate is stable at 74/100,000 for 13- to 19-year-olds.
 - Girls are more likely to complete suicide than boys.
 - Suicide deaths are associated with prior inconsistent school attendance, hospitalization for suspicious injuries, criminal justice system involvement, documented suicidal ideation, parental and youth substance abuse, and frequent placement moves.
 - For Manitoba First Nations youth (ages 15-24), the suicide rates are five times higher for boys and seven times higher for girls, compared to the national average.
 - Almost one in five youth (ages 12-17) in First Nations communities have contemplated suicide, and one in ten (10%) have attempted suicide at least once.
 - Across Manitoba, three times as many girls (ages 13-19) have attempted suicide, compared to boys. Suicide attempts are more prevalent in rural/northern (vs. urban) and lower-income (vs. higher-income) communities.
- Youth (ages 15-19) injury hospitalization rates are decreasing over time. Motor vehicle collisions are the leading cause of unintentional injury hospitalization.
- Youth mobile crisis calls and crisis stabilization unit admissions may be on the rise across Manitoba. Over the past 18 years, youth psychiatric consultations in the Children’s Hospital emergency department have quintupled.
- Compared to young men, young women (ages 15-24) report higher rates of dating violence, twice as high in Manitoba (16% for controlling/emotional abuse and 10% for physical/sexual abuse) than Canada (7% and 5%, respectively).
 - In Manitoba, these rates are similarly higher for Indigenous youth, compared to non-Indigenous youth, and higher than Canada. (In 2014, 12% of Indigenous youth age 15 to 24 reported being victims of emotional abuse in a relationship, and 8% reported experiencing physical/sexual abuse.)

- In both Manitoba and Canada, one in four (26% in Manitoba and 27% in Canada) youth (ages 15-24) is a victim of crime (excluding spousal or dating violence).
- In Manitoba, three times as many Indigenous youth (ages 15-24) witnessed family violence before age 15 (14%), compared to non-Indigenous youth (4%).
- The majority of Manitoba Grade 9-12 students feel safe in their home (98%), school (90%), and community (88%).
 - However, the majority of transgender and gender diverse youth in Manitoba feel unsafe at school (64%). Many experience harassment, bullying, and sexual assault.
- More than a third (39%) of all Manitoba Grade 9-12 students have been body-shamed or bullied, taunted, or ridiculed.
 - One in four have been physically threatened/injured (27%) or subjected to racism (23%).
 - Girls are more likely to be socially or cyberbullied than boys, whereas boys are more likely to be physically bullied. While verbal, social, and physical bullying all decline with age, cyberbullying remains steady from Grades 7-12 in Manitoba.
- Manitoba 18- and 19-year-old youth represent nearly 3% of all people on Employment and Income Assistance (EIA). Youth on EIA represent 5% of all youth in Manitoba.
- Over 3,000 youth (ages 13-18) live in subsidized housing. One in ten (10%) Manitoba youth (ages 15-29) live in core housing need, with higher rates for First Nations, Metis, and Inuit peoples. (34% of Manitoba Status Indians, 24% of non-Status Indians, 21% Inuit and 15% Metis.)
- More than a quarter (1,400 - 27%) of Winnipeg homeless people are youth (ages 16-29): the majority are Indigenous and have spent time in Child and Family Services (CFS).
- Since 2006, nearly thirteen times as many permanent youth wards of CFS have received support from age 18 to 21, that is beyond termination of guardianship. 917 youth received this support in 2017.
- The majority of Manitoba Grade 9 students attain a Mathematics credit (88%) and English Language Arts credit (90%) by the end of the year. 93% and 94% of non-Indigenous and 69% and 74% of Indigenous students, respectively, achieve this credit.
- Average marks for Manitoba Grade 12 provincial exams have been stable over the past decade: between 50%-60% for applied or essential mathematics, between 60%-70% for pre-calculus mathematics, between 60%-70% for language arts. The average marks are slightly higher for French in Français and French Immersion programs.
- In 2015, on the international PISA exams* (*Organisation for Economic Co-operation and Development (OECD) Programme for International Student Assessment (PISA)), 83% of Manitoba 15-year-olds performed at the baseline level of science proficiency, compared to 89% in Canada and 79% across OECD countries.
 - On PISA reading literacy, Manitoba youth scored higher than the OECD average but lower than the Canadian average, with girls doing better than boys.
 - On PISA mathematics literacy, Manitoba scored lower than both the OECD and Canadian averages, with girls and boys doing similarly.
- In 2016, 78% of all Manitoba students graduated from high school “on time” (within four years of entering Grade 9); this reflects 81% of girls, 76% of boys, 86% of non-Indigenous students, and 48% of Indigenous students.
- In 2014/15, nearly 40,000 Manitoba youth under age 25 (57% were female and 43% were male) were enrolled in post-secondary education.

- Over the past decade, female enrolments increased by 26% and male enrolments by 24%.
- Over half of Manitoba First Nations youth (ages 12-17) understand or speak a First Nations language.
- Most Manitoba Grade 9-12 students feel they belong at school (84%) and have at least one close friend (94%).
 - Most feel the adults at school care about them and can be trusted (75%-83%), but fewer (64%) would talk to a counsellor or other adult if they needed help.
- About half of Manitoba youth (ages 15-24) feel satisfied with their level of communication with friends or relatives. The rates are similar between young men (46%) and women (48%).
- In Manitoba, two-thirds (66%) of First Nations youth (ages 12-17) participate in local community cultural events.
- One in two (47%) Manitoba young men and four in five (78%) Manitoba young women (ages 15-24) volunteer, similar to and higher than Canada, respectively.
- Manitoba youth employment rates (ages 15-19) have been steadily declining over the past decade, for both males and females. (Males dropped from 53% to 40%, females decreased from 55% to 46%) For ages 17-24 years, 64% of men and 49% of women in Manitoba were employed full-time, rates that have steadily declined over the past four decades from 82% and 62%, respectively.
- Over the past decade, youth crime rate has declined in both Manitoba and Canada, with the Manitoba rate (4,362 per 100,000) twice as high as the Canadian rate. The Manitoba youth (age 12-17) incarceration rate is up to four times as high as the Canadian rate.

Conclusion

This Report on the status of Manitoba's children and youth provides comprehensive information on our province's progress in improving the lives of our youngest citizens over the past decade and longer. There is extensive evidence and data to support the cross-departmental priorities recently identified by the Healthy Child Committee of Cabinet: truth and reconciliation, early childhood development, child and youth mental health, literacy and numeracy, children in care, and transitions for vulnerable youth. Indicators in this report can be used as baselines and benchmarks to inform future action and to continue measuring results, toward the Manitoba government's commitment to become the most improved province in Canada.

Healthy Child Manitoba

2017 Child and Youth Report – Executive Summary



Healthy Child Manitoba Office

3rd floor - 332 Bannatyne Avenue

Winnipeg, MB R3A 0E2

Phone: 204-945-2266

Toll Free: 1-888-848-0140

Email: healthychild@gov.mb.ca

www.gov.mb.ca/healthychild

Disponible en français.

Available in alternate formats upon request.