

IMPLEMENTATION OF THE CONVENTION ON THE RIGHTS OF THE CHILD
List of issues to be taken up in connection with the consideration of
the second periodic report of Canada (CRC/C/83/Add. 6) by the United Nations
Committee on the Rights of the Child

RESPONSES OF CANADA

The following report responds to advance written issues and questions posed by the United Nations Committee on the Rights of the Child in preparation for the review of Canada's Second Report on the Convention on the Rights of the Child. It includes information provided by the federal and/or provincial and territorial governments.

Part I

A. Data and statistics (if available)

1. **Please provide disaggregated data (by gender, age groups, Aboriginal children and other minority groups, urban or rural areas) covering the period between 2000 and 2002 on the:**
 - a) **Number and proportion of children under 18 living in the State party;**

Population, by age group and sex, 2002

	2002					
	Canada	Male	Female	Canada	Male	Female
Age group	Persons (thousands)			% of total of each group		
Total	31,414.0	15,552.6	15,861.3	100.0	100.0	100.0
0 - 4	1,705.3	872.8	832.5	5.4	5.6	5.2
5 - 9	1,994.6	1,023.0	971.6	6.3	6.6	6.1
10 - 14	2,108.8	1,081.4	1,027.4	6.7	7.0	6.5
15 - 19	2,095.6	1,076.0	1,019.6	6.7	6.9	6.4

Registered Indian Population¹ by age and gender, 2000 to 2002

According to the 2001 Census, 323,955 children less than 15 years of age were reported to have Aboriginal identity; these children make up 33 percent of the total population with Aboriginal identity.

Year	Age	Total			On-Reserve ²			Off-Reserve		
		Total	Male	Female	Total	Male	Female	Total	Male	Female
2000	Total 0-18	255,379	130,814	124,565	165,388	84,979	80,409	89,991	45,835	44,156
	0-4	56,610	28,965	27,645	38,422	19,726	18,696	18,188	9,239	8,949
	5-9	76,270	39,085	37,185	49,873	25,566	24,307	26,397	13,519	12,878
	10-14	71,446	36,595	34,851	45,238	23,304	21,934	26,208	13,291	12,917
	15-18	51,053	26,169	24,884	31,855	16,383	15,472	19,198	9,786	9,412
2001	Total 0-18	259,140	132,797	126,343	166,087	85,413	80,674	93,053	47,384	45,669
	0-4	56,367	28,845	27,522	37,695	19,440	18,255	18,672	9,405	9,267
	5-9	76,546	39,313	37,233	49,477	25,444	24,033	27,069	13,869	13,200
	10-14	73,926	37,816	36,110	46,489	23,829	22,660	27,437	13,987	13,450
	15-18	52,301	26,823	25,478	32,426	19,700	15,726	19,875	10,123	9,752
2002	Total 0-18	261,744	134,077	127,667	167,123	85,986	81,137	94,621	48,091	46,530
	0-4	55,774	28,510	27,264	36,965	19,064	17,901	18,809	9,446	9,363
	5-9	75,685	38,758	36,927	48,596	24,943	23,653	27,089	13,815	13,274
	10-14	76,481	39,294	37,187	48,208	24,765	23,443	28,273	14,529	13,744
	15-18	53,804	27,515	26,289	33,354	17,214	16,140	20,450	10,301	10,149

- Notes: 1. Registered Indian Population refers to those registered under the Indian Act.
 2. On-Reserve includes Crown Land.
 3. Numbers are not adjusted for late and under-reporting of life events (births and deaths).

Source: Indian Register 2000-2002, Indian and Northern Affairs Canada.

b) Number and proportion of children belonging to minority, refugee and internally displaced groups

Refugee Children

	Refugee Children	Immigrant Children	Refugee Children as a % of Immigrant Children	Canada Totals
2000	10,717	63,113	17	227,346
2001	10,140	70,305	14.4	250,484
2002	8,922	62,529	14.3	229,091

Refugee landings of unaccompanied children (under 18 years of age) by gender, 2000 to 2002

	2000			2001			2002		
	Total	Female	Male	Total	Female	Male	Total	Female	Male
Landings in all Canada	564	249	315	609	271	338	529	217	312

Visible Minorities in Canada, by age and sex, 2001

Please see Appendix A for disaggregated data on visible minorities in Canada, by age group and sex.

2. In light of article 4 of the Convention, please provide additional disaggregated data for 2001- 2003, on budget allocations and trends (in percentages of the federal, provincial and territorial budgets or GDP) allocated to the implementation of the Convention, evaluating also the priorities for budgetary expenditures given to the following:

a) Education (different types of education, i.e. pre-primary, primary and secondary education)

In addition to overall education expenditures in Canada, information is provided for the following provinces: Alberta, British Columbia, Ontario and Saskatchewan.

Education expenditures in Canada***Total elementary and secondary education expenditures by source of funds***

	(Dollars x 1,000)	
	2000-2001	2001-2002
Federal Government	1,139,750	1,140,826
Provincial Governments	24,901,631	26,083,201
Local Governments	10,684,848	10,736,685
Fees	1,461,179	1,496,503
Other sources	1,551,437	1,550,817
Total	39,738,845	41,008,032
GDP (Expenditure based)	1,075,566,000	1,154,949,000

Expenditure on educational institutions as a percentage of GDP

Primary and secondary		
	1995	2000
Public	n/a	3.3
Private	n/a	0.3
Total	4.3	3.6

Expenditure on educational institutions per student (2000)

Annual expenditure on educational institutions per student in equivalent US dollars converted using PPPS, based on full-time equivalents.

Pre-primary (children aged 3 and older)	Primary and all secondary education
6,120	5,947

Provincial education expenditures***Government of Alberta******Approximate Government of Alberta Expense of Pre-primary, Primary and Secondary Education***

2001-2002 Actual	2002-2003 Budget
(millions of dollars)	
4,898	4,056

Alberta Ministry of Learning expenses

Expense by Function (millions of dollars)								
Ministry	2001-2002 Actual		2002-2003 Budget		2002-2003 Forecast		2003-2004 Estimate	
	(millions of dollars)	%	(millions of dollars)	%	(millions of dollars)	%	(millions of dollars)	%
Learning	6,100	29	5,335	28	5,436	26	5,766	28

Source: Alberta Learning

Government of British Columbia**Ministry of Education (2003-2004 – 2005-2006 Service Plan)****Public Schools**

The Ministry provides base operating funding to school districts and others to support the K-12 public school system. School districts are held accountable to improve student achievement and report results. The Ministry also provides capital funding for public schools.

The 2003-2004 budget for public school education is \$4,270,817,000.

Independent schools

The Ministry provides operating funding to approximately 340 independent schools as outlined in the *Independent School Act*. Approximately 10.5 percent of the K-12 population is currently enrolled in independent schools.

The 2003-2004 budget for independent school education is \$167,349,000.

Debt Service and Amortization

The Ministry provides funding to public schools to finance capital projects including upgrades, renovations, expansions, new facilities and buses. This area includes servicing debt and amortizing the school assets acquired with that debt.

The 2003-2004 budget for these education related costs is \$569,343,000.

Government of Ontario

Ontario's public education system serves approximately two million elementary and secondary school students.

There are 72 district school boards in Ontario; of these district school boards, 12 are French-language district boards.

Budget Allocations

The Ministry of Education provides school boards with student-focussed funding. Though enrolment is projected to decrease, the elementary and secondary school education funding for 2003-2004 represents a further increase.

Comparing 2003-2004 to 1998-1999, the following percentage increases to funding took place: 15 percent for the Transportation Grant; 31 percent for the Language Grant (English, French, and Native as a second language, French as a first language); 33 percent for the Pupil Accommodation grant; 41 percent for the Special Education Grant; 45 percent for the Geographic Circumstances Grant (for school boards with small schools and/or widely dispersed schools in remote and rural areas and other costs related to geography); 94 percent for the Learning Opportunities Grant (including breakfast and lunch programs, reading recovery, expanded kindergarten, adapted curriculum, summer school, tutors, counsellors, homework clubs, and other programs designed for children from families with low income, low parental education, recent immigrant status, Aboriginal status). Other components of the student-focussed funding formula also got additional funding.

Government of Saskatchewan

The percentage of the provincial budget that is spent on K-12 and postsecondary education has remained steady at 17-18 percent since 1993-94. From 1997-98 to 2001-02, the amount spent on K-12 education has increased by about \$77 million dollars to approximately \$621 million dollars, but as a proportion of the provincial budget, K-12 funding has slipped from 10.6 percent to 9.8 percent in that time (Figure 42). (Source: *2002 Saskatchewan Education Indicators: Kindergarten to Grade 12: Saskatchewan Learning.*)

Figure 42: Provincial Budget Allocations, 1993-94 to 2001-02

Category	1993-1994		1995-1996		1997-1998		1999-2000		2001-2002	
	\$ (000)	%	\$ (000)	%	\$ (000)	%	\$ (000)	%	\$ (000)	%
Agriculture and Food	325,218	6.6	222,262	4.3	203,819	4.0	337,797	5.9	400,420	6.3
Debt Service	873,189	17.6	848,977	16.6	754,598	14.7	696,089	12.1	616,811	9.7
Education	864,519	17.5	868,988	17.0	929,796	18.1	1,031,846	17.9	1,130,024	17.8
K-12					543,663	10.6	568,596	9.8	621,082	9.8
Post-Secondary					386,133	7.5	463,250	8.0	508,942	8.0
Finance	146,154	3.0	169,034	3.3	167,159	3.3	186,139	3.2	211,501	3.3
Health	1,464,324	29.6	1,554,812	30.4	1,677,217	32.7	1,955,736	33.9	2,199,753	34.7
Highways	180,714	3.6	169,482	3.3	212,888	4.2	235,857	4.1	309,306	4.9
Justice	165,750	3.3	177,670	3.5	197,078	3.8	228,748	4.0	237,086	3.7
Municipal Government	169,026	3.4	192,442	3.8	181,647	3.5	178,357	3.1	170,550	2.7
Social Services	502,656	10.2	535,615	10.5	535,968	10.5	577,886	10.0	579,956	9.2
Other	259,988	5.3	374,088	7.3	267,081	5.2	344,998	6.0	482,569	7.6
Total	4,951,538	100	5,113,370	100	5,127,251	100	5,773,453	100	6,337,976	100

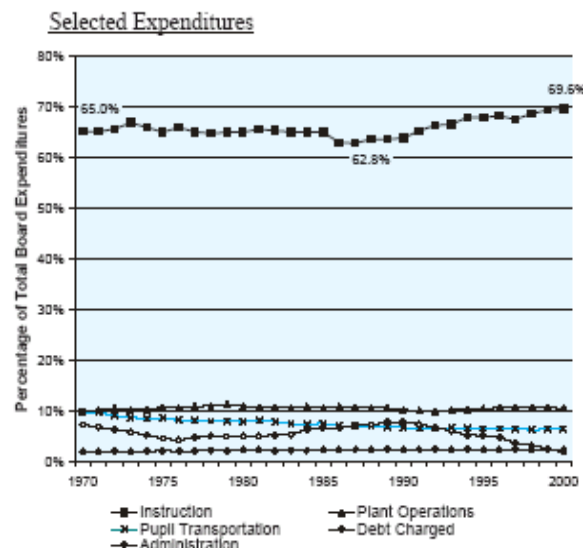
Note: "Education" includes both K-12 and post-secondary education. Columns may not total properly due to rounding. Numbers in Figure 42 are for the fiscal year (April 1 to March 31).

Source: Saskatchewan Finance (1993-94 to 2001-02). *Public Accounts, Volume 1: Main Financial Statements*. Regina, SK.

In the 2000 calendar year, Saskatchewan school divisions spent almost \$1.16 billion dollars in operating and capital costs. Almost 70 percent of these costs were dedicated to instruction. Instruction includes teacher salaries, books, and supplies such as science and physical education equipment that are essential to the instructional program. The second largest category of expenditure was plant operations at 10.7 percent. This includes maintenance and operation of school buildings. In the past 30 years, the percentage of division expenditures dedicated to instruction has seen a gradual overall increase, accompanied by decreased allocations to pupil transportation and debt charges. Plant operation and administration costs have remained steady, as a proportion of total expenditures (Figure 43). (Source: *2002 Saskatchewan Education Indicators: Kindergarten to Grade 12: Saskatchewan Learning*.)

Figure 43: Education Spending by Saskatchewan School Divisions, Calendar Year, 1999 and 2000 Expenditures by Type, 1970-2000 Trends for Selected Expenditures

	1999		2000	
	\$	%	\$	%
Administration	27,906,013	2.5	29,039,654	2.5
Instruction	765,239,258	69.3	806,597,886	69.6
Other Education Services	4,969,839	0.4	5,194,924	0.4
Ancillary Services	4,529,008	0.4	4,149,023	0.4
Plant Operations	118,452,737	10.7	123,372,504	10.7
Pupil Transportation	72,032,578	6.5	76,341,679	6.6
Special Projects	8,850,691	0.8	9,692,010	0.8
Payments to other school divisions	1,210,539	0.1	1,396,295	0.1
Tuition Fees	30,292,230	2.7	31,745,309	2.7
Debt Charges	30,020,323	2.7	23,966,227	2.1
Contribution to Capital	16,571,191	1.5	30,082,901	2.6
Reserves	24,500,198	2.2	16,795,390	1.4
Total	1,104,574,604	100	1,158,373,804	100

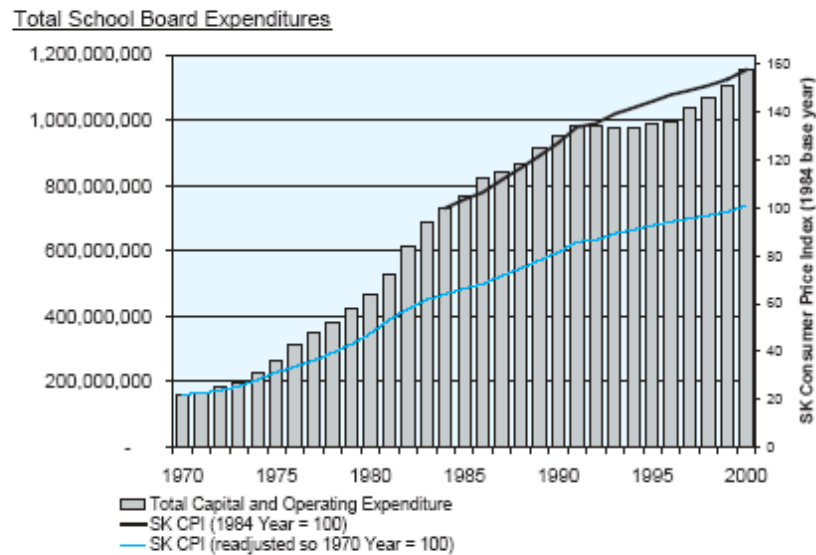


Note: Please note that Figure 43 is for the calendar year. Most of the other data in *Indicators 2002* is for the school year. Columns may not total exactly due to rounding.

Source: Saskatchewan Learning. (2002). *School Finance Data*. Regina, SK.

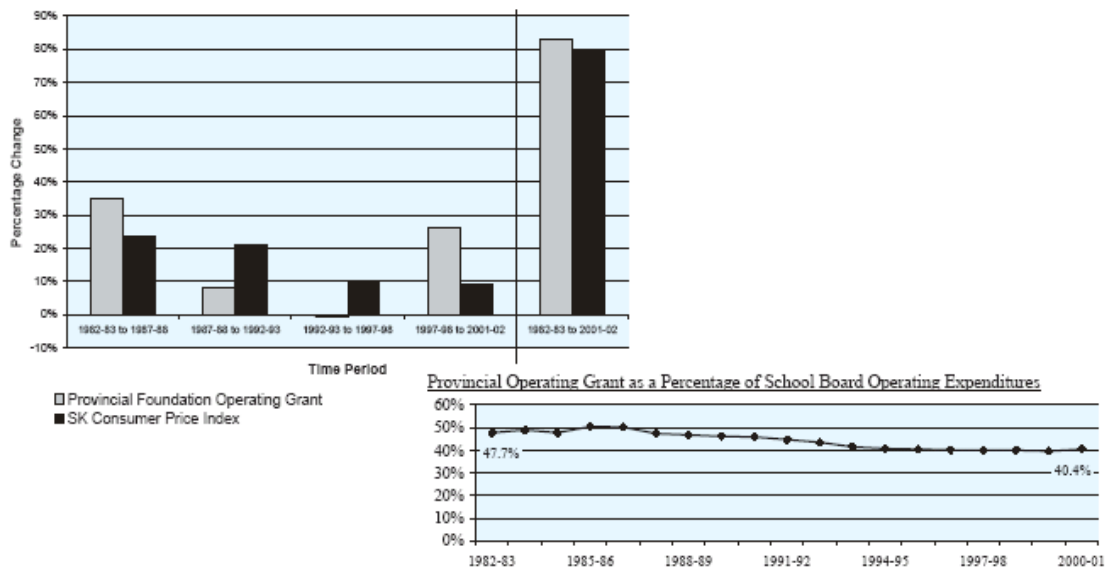
Figure 44 shows how school division expenditures have increased over the past 30 years, relative to the Saskatchewan consumer price index (CPI). These education expenditures outpaced inflation during the mid-70's to mid-80's as shown by the 1970 CPI benchmark. The 1984 CPI benchmark would indicate that school division expenditures in 2000 match those in 1984, when adjusted for inflation. This was the result of a 16 percent increase over the past four years that offset flat expenditures during the first half of the 90's. In 2001-2002, \$467 million were distributed to school divisions through the provincial foundation operating grant. Adjusting for inflation, this amount is slightly higher than the \$255 million granted in 1982-1983. Over the past four years, the foundation operating grant has increased 26 percent, compensating for the previous ten years when increases in the grant did not keep pace with inflation. In 2001-2002, the provincial grant represented 40.4 percent of total school board operating expenditures (Figure 45). (Source: 2002 Saskatchewan Education Indicators: Kindergarten to Grade 12: Saskatchewan Learning.)

Figure 44: Total Education Expenditures by Saskatchewan School Divisions, Calendar Year, 1970-2000



Source: Saskatchewan Learning. (2002). *School Finance Data*. Regina, SK.
 Saskatchewan Bureau of Statistics. (2002). *Consumer Price Index: Annual Averages and Percent Changes*. <http://www.gov.sk.ca/bureau.stats/cpi/Saskatchewan.pdf>

Figure 45: Percentage Change in Provincial Foundation Operating Grant, 1982-83 to 2001-02



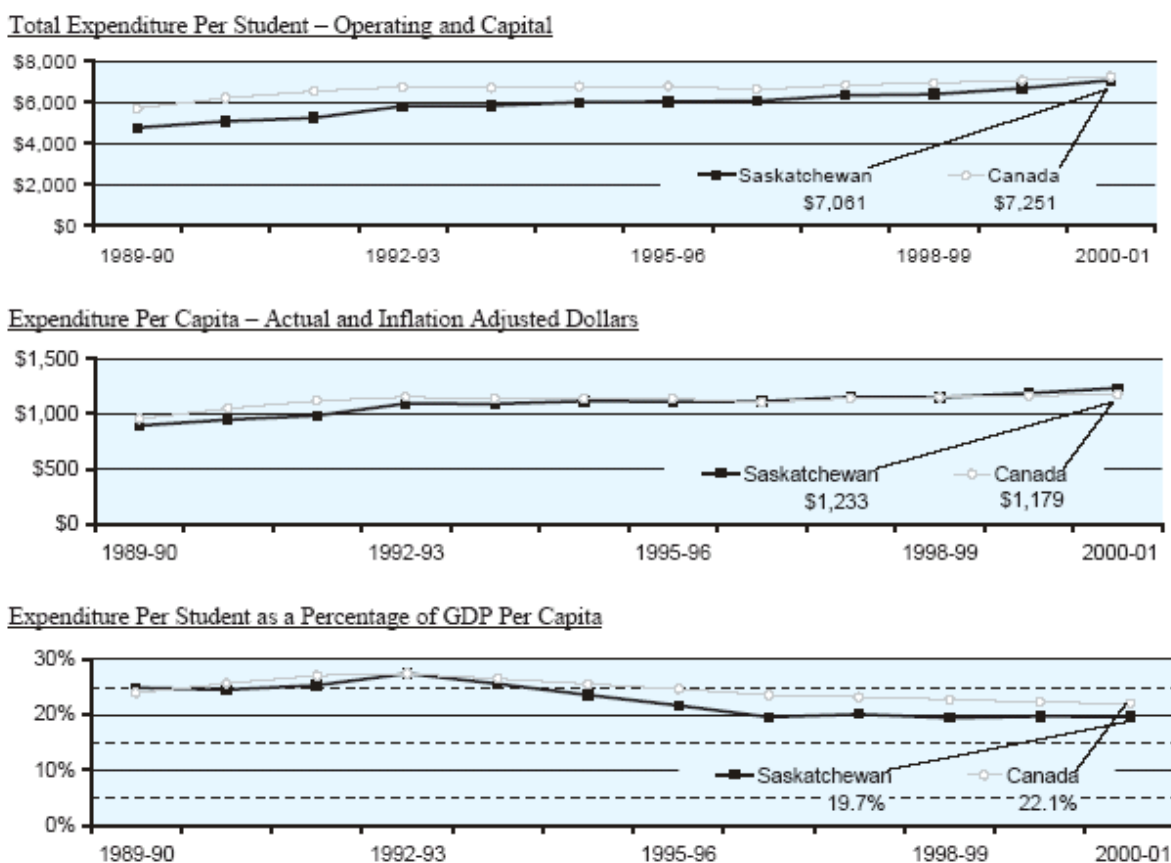
Source: Saskatchewan Learning. (2002). *School Finance Data*. Regina, SK.
 Saskatchewan Bureau of Statistics. (2002). *Consumer Price Index: Annual Averages and Percent Changes*. <http://www.gov.sk.ca/bureau.stats/cpi/Saskatchewan.pdf>

Many factors affect the amount of money that provinces spend on education. Some of these include how well the economy is growing, demographic changes that necessitate the building of new facilities, remuneration of educators, commitment of resources to implement curricular and technological initiatives, and competing demands for public funds. Gauging and comparing funding support for education requires the consideration of multiple measures and factors.

(Source: 2002 Saskatchewan Education Indicators: Kindergarten to Grade 12: Saskatchewan Learning)

Figure 47 shows three comparative measures between Saskatchewan and overall Canada: education costs per student, education expenditures per capita (actual and adjusted for inflation), and cost per student expenditures as a percentage of GDP per capita. Saskatchewan per student costs increased about 40 percent in the past ten years, reducing the gap to almost 3 percent lower than the 2000-01 overall Canada costs of \$7,251 per student. Per capita expenditures on education are slightly higher in Saskatchewan than in Canada, as a whole. The Saskatchewan economy has been growing at a faster pace than increases in education expenditures, as measured by the expenditure per student as a percentage of GDP per capita (a decline from 24.9 percent in 1989-1990 to 19.7 percent in 2000-2001). (Source: 2002 Saskatchewan Education Indicators: Kindergarten to Grade 12: Saskatchewan Learning)

Figure 47: Education Expenditures, Per Student, Per Capita, and Per Student as a Percentage of GDP Per Capita, Saskatchewan and Canada, 1989-90 to 2000-01



Aboriginal Children

Elementary/Secondary Education: Indian and Northern Affairs Canada (INAC) supports elementary/secondary education for on reserve residents, through either First Nation administered school programs on reserve, or provincial school programs. Student enrollment in 2003-2004 is estimated to be in excess of 119,000 students. Currently there are 494 First Nations with Band Operated Schools, and 7 Federal schools. The elementary/secondary program has a total budget of \$1,127.0 million.

Aboriginal Special Education Program: The new Special Education Program (ASEP) will invest \$248.1 million over the next three years to provide high-cost special education services to students living on-reserve. The objective of ASEP is to provide eligible students, within the locality of the First Nations, with special education programs and services of a standard comparable with those of other Canadians.

Post-Secondary Education: In 2003-2004, the Post-Secondary Education program (PSE) will support approximately 26,000 students with a total budget of \$304 million; practically 100 percent of the program will be administered by First Nations.

Parental and Community Involvement: This proposed initiative is intended to enhance the quality and relevance of elementary and secondary schooling by encouraging more parental and community involvement in education, which is important to close the gap in educational attainment for on-reserve students. The initiative aims to support the integration of social and educational services to on-reserve First Nation children and their families, since this holistic program relates to early childhood education, child and family literacy, adult education, income security reform, and labour market preparedness.

International Development

Since 2001, the Canadian International Development Agency has committed itself to the Social Development Priorities, including basic education. In the period 2001-2003, \$241 million of Official Development Assistance has been committed to basic education initiatives. The vast majority of this amount is directed towards beneficiaries under 18.

- b) Health care (different types of health services, i.e. primary health care, vaccination programmes, adolescent health care and other health care services for children);**

Government of Canada

The Government of Canada considers the key determinants of health to be: income and social status, social support networks, education, employment/working conditions, social environments, physical environments, personal health practices and coping skills, healthy child development, biology and genetic endowment, and health services.

In February 2003, the Government of Canada and provincial and territorial governments committed to accelerate primary health care reform so that citizens, including children, routinely

receive needed care from primary health care organizations or teams. The Government of Canada is supporting provincial and territorial renewal efforts through the recently created \$16 billion Health Reform Fund which will transfer funds to provinces and territories over five years to address the priorities of primary health care reform, home care and catastrophic drug coverage. In addition, the \$800 million Primary Health Care Transition Fund, created by the Government of Canada in 2000, is already supporting the renewal of primary health care at both provincial/territorial and national levels for all age groups.

National Vaccination/Immunization Programs

Canada is presently without a national vaccine/immunization program, although recent steps have been taken at Health Canada towards implementing such a strategy. Vaccination programs in this country are primarily a provincial and territorial responsibility, save for some special populations (see *Aboriginal Children* below), and each jurisdiction has discretion over how much money they allocate to this area.

Aboriginal Children

Health Canada and Indian and Northern Affairs Canada (INAC) work closely together on health issues, with Health Canada's focus being on the medical aspects of health and INAC's focus being on the social aspects of health such as income status, education, social supports, and employment.

In particular, in 1999 Health Canada implemented the First Nation and Inuit Home & Community Care Program to build upon INAC's Assisted Living Program. The main objective of the Assisted Living Program is to assist First Nations people with functional limitations (because of age, health problems or disability), to maintain their independence, to maximize their level of functioning, and to live in conditions of health and safety. INAC's Assisted Living policy authority was expanded to include children in 2003-2004, however, service delivery in communities will not likely change until the next fiscal year. This is consistent with the Government of Canada's general policy to provide First Nations people who reside on-reserve with access to services which are comparable to services provided by the provinces to other Canadians. The budget for this initiative is currently in the range of \$73 million annually.

In primary health care, new nursing positions are being created within the First Nations and Inuit Health Branch, Health Canada system, and there will be specific responsibilities which will focus on maternal and child health care. In addition, the 2002 Speech from the Throne committed the Government of Canada to "put in place a First Nations Health Promotion and Disease Prevention strategy with a targeted immunization program." The 2003 Budget committed \$32 million over five years for a national on-reserve immunization strategy to improve immunization rates in First Nations children.

A good example of a cooperative approach between federal government departments and First Nations communities is the joint policy development of a continuum of care in the area of home and community care for adults. Health Canada, and INAC are working jointly with First Nations to develop a cohesive, one-window system of delivery of our services, that will contribute to building healthier First Nations communities.

Environmental Health

First Nations and Inuit Health Branch, Healthy Environments and Consumer Safety Branch and Health Products and Food Branch co-lead the human health component of the federal interdepartmental/intergovernmental Northern Contaminants Program. This program works to reduce and, wherever possible, eliminate contaminants in traditionally harvested foods, while providing information that assists informed decision making by individuals and communities in their food use. This research is key as the types of contaminants found in traditional foods of Inuit (i.e. seals, whale) can have subtle but significant effects on the learning abilities and the immune systems of young children.

Information on this program has allowed Canada to lead contaminant control initiatives based on its concern for our northern peoples and their children under the United Nations Economic Commission for Europe and United Nations Environment Programme Persistent Organic Pollutants conventions.

Budget allocations: \$1,546,050 (1996-1998) (two years)
 \$1,547,000 (1998-1999)
 \$1,690,588 (1999-2000)
 \$1,334,333 (2000-2001)
 \$1,538,298 (2001-2002)
 \$1,763,721 (2002-2003)

Total \$9,419,990 (total 1996-2003)

Government of Alberta***Alberta Health and Wellness statistics***

GENERAL	
Total Alberta Health and Wellness (AHW) expenditures on health services, 2001-2002	\$6,158,671,000
Number of physicians practising in Alberta, 2001-2002	5,079
Reimbursement to physicians practising in Alberta, 2001-2002	\$1,312,818,000
CHILDREN-RELATED	
Infant mortality rate, 1999	4.9 per 1,000 live births
Live births of low weight (500-2499 grams), 1999	5.9%
Total expenditures on immunization campaigns for children, 2001-2002	\$11,279,000
Coverage of diphtheria, tetanus, polio and influenza vaccinations in children age two across Alberta, 2001-2002	79%

Coverage of measles, mumps and rubella vaccinations in children age two across Alberta, 2001-2002	90%
Rate of influenza infection in children under age five, 2001	less than 1 per 100,000
Expenditures on Student Health Initiative (gives health aids to special needs children to assist classroom learning), 2002	\$28,000,000
Children covered by Student Health Initiative, 2001	43,736
Expenditures on Alberta Child Health Benefit (gives subsidies on prescriptions, eye care, ambulance costs etc. to low-income children), 2001	\$17,000,000
Children covered by Alberta Child Health Benefit, 2001	60,500

Government of British Columbia

Ministry of Health Services

a) Medical Services Plan

Medical Services Plan expenditures for children (19 and under) from 1997-1998 to 2001-2002 present a small decrease from 13.7 percent to 12 percent of total medical claims. It is worth noting, however, that this decrease is not significant when considering that the population of registrants aged 19 and under declined from 25.6 percent to 24.3 percent from 1997-1998 to 2001-2002.

Medical Claims by Age Group 1997-1998 – 2001-2002 (x 1000)

Age Group	1997-1998	1998-1999	1999-2000	2000-2001	2001-2002
0-19	\$197,586	\$198,872	\$190,233	\$201,434	\$212,826
Total for BC	\$1,437,198	\$1,463,863	\$1,578,443	\$1,621,998	\$1,782,340
% for 0-19	13.7%	13.2%	12.1%	12.4%	12%

Source: Summarized from MSP Information Resource Manual 2001/2002, Table 11-3

Medical Services Plan Registrants by Age Group 1997/98 – 2001/02

Age Group	1997-1998	1998-1999	1999-2000	2000-2001	2001-2002
0-19	1,014,767	1,010,648	1,001,457	990,451	990,375
Total for BC	3,966,690	3,998,448	3,995,244	4,006,945	4,083,644
0-19 as % of Registrants	25.6%	25.3%	25.1%	25%	24.3%

Source: Summarized from MSP Information Resource Manual 2001/2002, Table 8

b) Acute Care

Acute Care (inpatient and day surgery) expenditures for children (19 and under) from 1998-1999 to 2001-2002, present a slight decline from 12.3 percent to 11.14 percent of total acute care expenditures. Again, this decrease is insignificant given the above noted decline in the number of children registered with the Medical Services Plan during that same period of time.

	Acute Care Cost - Ages 0 to 19	Total Inpatient Costs Acute	Ages 0 to 19 as a % of Total
1998-1999	\$197,982,375	\$1,609,417,733	12.30%
1999-2000	\$223,794,784	\$1,954,813,523	11.45%
2000-2001	\$230,921,895	\$2,055,689,036	11.23%
2001-2002	\$237,020,249	\$2,127,515,681	11.14%

1. Source: Discharge Abstract Database, PURRFECT 8.0, Hospital Comparative Reports 3.01, Comparison Report.

2. Value of Acute Care shown in this table was estimated, based on the total weighted cases for children (0-19 years) in each year, multiplied by the BC average cost per weighted case for that year.

c) Public Health

Public Health expenditures specifically targeting children (18 years old and under) and their parents have increased by \$6.4 million in the last year. The expenditures of the different programs serving children and their parents are listed in the summary table below. These programs represent 1 percent of medical health services expenditures in 2002-2003.

Public Health Program for Children and Parents, 2001-2002 – 2002-2003

Public Health Services	2001-2002 (dollars)	2002-2003 (dollars)
Public Health Nursing/Speech, Audiology, Nutrition, Dental (PHN/SAND)	72,021,584	73,318,768
Parent Information Publications	285,000	285,000
Vision First Check		10,000
Nobody's Perfect Parenting Program	468,603	468,603
Pregnancy Outreach Program	2,396,616	2,396,616
Autism-EIBI Diagnostic/Assessment	542,328	1,112,000
Childhood Vaccine Costs	7,860,295	11,280,314
BC Nurse Line	999,542	1,729,695
Midwifery Program	4,324,127	4,594,609
Licensing of Day Care for Children	1,000,000	1,000,000
Consultation for Complex Condition - Child ⁽¹⁾		109,825
Total Public Health Expenditures for Children and Parents	89,898,095	96,305,430

(1) Updated April 30, 2003. MSP 511 fee item

Source: Public and Preventative Division Staff and Previous Reporting to Federal/Provincial/Territorial Early Childhood Development Agreement.

Government of Newfoundland and Labrador

Cost of vaccination program — \$1 million (does not include cost of administering vaccine).

Government of Ontario

The Early Childhood Development Initiatives are grounded in the key goals of the health system in Canada, which include the preservation, protection and improvement of the health and well-being of all Canadians, as set out in the First Ministers' Meeting Communique on Health. In keeping with these ideals and interpreting section 2-b) to include predominantly primary health care, the following programs have been expanded and developed to meet the needs of children in Ontario.

The Sexual Assault Treatment for Children program provides services and treatment to children who have been sexually assaulted. These services are provided through hospital-based sexual assault treatment centres. The Prenatal and Postnatal Nurse Practitioner Services program is being delivered by 10 selected Public Health Units to improve access to prenatal and postnatal services in isolated and under-served areas with the support of Nurse Practitioners. Health care services are provided to pregnant women, new mothers and their infants/children up to six years of age.

c) Programmes and services for children with disabilities;

Provincial and territorial governments have the primary responsibility for providing health and social services to children with disabilities and their families. The organization and scope of programs differs substantially across these jurisdictions. Consultation with provincial and territorial governments (except Québec) suggests that children with disabilities are eligible for nearly 400 disability-related programs and services. A comprehensive internet database of programs and services available to persons with disabilities has been made available to the public. See Disability WebLinks, at <http://www.disabilityweblinks.ca/>

The Government of Canada provides assistance to families of children with disabilities through several provisions administered through the tax system:

- Disability Tax Credit (DTC) — the DTC, valued at \$400 million for 2002, provides tax assistance to individuals who, because of the effects of a severe and prolonged impairment, require extensive therapy to sustain a vital function, or are markedly restricted in their ability to perform a basic activity of daily living as certified by a qualified medical practitioner.
- Disability Tax Credit Supplement for families caring for children with severe and prolonged impairments.
- Child Disability Benefit (CDB) — the CDB recognizes the heavy economic burden imposed on low- and modest-income families caring for a child with severe disabilities. The CDB provides up to \$1,600 per child who qualifies for the DTC.
- Increased childcare expense deductions with respect to children eligible for the DTC.
- Tax-free rollover of a deceased parent's or grandparent's RRSP or RRIF proceeds to a financially dependent infirm child.
- Medical expense tax credit — provides tax relief for individuals who have sustained significant medical expenses for themselves or certain dependants.

These measures are in addition to more general provisions such as the Canada Child Tax Benefit and the National Child Benefit Supplement that may also assist families of children with disabilities.

Fetal Alcohol Spectrum Disorder (FASD) is a general term for a variety of disabling syndromes caused by the exposure of the fetus to the teratogenic effect of alcohol. Prenatal exposure to alcohol can cause a wide variety of life-long central nervous system, brain, and physical congenital defects. In terms of FASD, numbers are based upon estimated prevalence rates in industrialized countries for FASD of 9 per 1,000 births. It is estimated that in Canada at least one child is born with full FASD each day.

New investments provided an additional \$10 million in 2002-2003, to be increased to \$15 million annually for each year (funds equal \$70 million over 5 years). The FASD initiative

will expand programming, enhance training, develop practical screening tools and improve supports for affected families.

Some provinces and territories have identified FASD as a priority and spend a portion of their \$2.2 billion Federal/Provincial/Territorial Early Child Development funds on this issue for children aged 0 to 6. There are indications that there is a demographic component to the prevalence of FAS and FAE. Data suggest that the prevalence rates for FAS and FAE are significantly higher in rural residents and among Aboriginal people in Canada. Health Canada has \$5 million annually for general work on FASD and \$15 million annually for FASD work specific to First Nations children under the age of six in on-reserve communities.

Aboriginal Children

The new Special Needs Education program of Indian and Northern Affairs Canada (INAC) comes closest to being specifically for Aboriginal children with disabilities. However, Aboriginal children with disabilities also benefit from programs such as the First Nations Child and Family Services program, the on-reserve component of the National Child Benefit, and the education programs administered by INAC in general.

Through INAC's Assisted Living Program, children have access to Types I and II care. Type I is residential care for individuals requiring only limited supervision and assistance with daily living activities for short periods of time each day, and Type II is extended care for individuals requiring some personal care on a 24 hour basis, under medical and nursing supervision.

Housing

Under the Residential Rehabilitation Assistance Program for Persons with Disabilities (RRAP-D), the Canada Mortgage and Housing Corporation (CMHC) offers financial help to homeowners and landlords to undertake work to improve the accessibility of dwellings to meet the special needs of disabled persons, including children. This program is available in all areas including on reserve communities. In some areas of the country, funding for this program is provided jointly by the Government of Canada and the provincial or territorial government.

In 2001, an estimated 1,625 households were served with \$11.4 million of forgivable assistance. In 2002, some 1,525 households were served with \$10.9 million of forgivable assistance. As part of the three-year extension of CMHC's renovation programs, the RRAP-D allocation for the fiscal year 2003-2004 is \$14.6 million.

Transportation

As a member of the Canadian Standards Association, Transport Canada participates in the development of standards for vehicles designed to transport children with disabilities. In addition, Transport Canada develops regulations for restraint systems for disabled persons and restraint systems for infants with special needs, pursuant to the *Motor Vehicle Safety Act*. Money has not been spent on this initiative since 2001.

Government of Alberta

	Service Area Specified in Request by Committee	Related Ministry Program	2000-2001	2001-2002	2002-2003
c)	<i>Programmes and services for children with disabilities</i>	Resources for Children with Disabilities	\$55,527,000	\$63,437,000	\$62,860,000
d)	<i>Support programs for families</i>	Early Intervention Programs, including Early Childhood Development	\$24,383,000	\$30,815,000	\$39,565,000
		Child Care (including subsidies to low-income families)	\$65,072,000	\$59,598,000	\$55,542,000
		Family and Community Support Services	\$37,864,000	\$53,645,000	\$68,237,000
f)	<i>The protection of children who are in need of alternative care including the support of care institutions</i>	Child Welfare	\$330,707,000	\$359,526,000	\$361,332,000
		Child Financial Support			
g)	<i>Programmes and activities for the prevention of and protection from child abuse, child sexual exploitation and child labour</i>	Protection of Children Involved in Prostitution	\$3,048,000	\$4,228,000	\$4,293,000
		Prevention of Family Violence	\$12,200,000	\$12,767,000	\$14,280,000
	TOTAL of selected program areas	Total expenditures for the specified programs and services to children and support to families	\$528,801,000	\$584,016,000	\$606,109,000

Regarding budget priorities, funding for Children's Services will increase by \$36 million in 2003-2004, primarily in the program areas above, including child welfare, early intervention, services for children with disabilities, and family and community support programs.

The Ministry of Children's Services' 2003-2006 business plan clearly sets out priorities for re-defining children's services and for putting kids first. The Ministry continues to work with parents, families and communities to move forward its agenda for change in the areas of:

- Prevention,
- Preservation,
- Protection and permanency planning for children in our care, and,
- Community partnerships

Government of New Brunswick

Community-based Services for Children with Special Needs:

2000-2001:	\$4,360,000
2001-2002:	\$5,368,000
2002-2003:	\$4,657,800

Government of Newfoundland and Labrador

Programs and services for children with disabilities:

2001-2002:	\$3,993,710
2002-2003:	\$3,256,272

Government of Ontario

Since Canada's Second Report, Ontario has significantly expanded programs and services for children with disabilities and their families. Developmentally delayed or disabled children can now receive programs and services at 50 sites across Ontario reducing waiting list times and improving outcomes at a critical age and stage of development. The Aboriginal Fetal Alcohol Syndrome/Effects (FAS/FAE) initiative provides services and supports to FAS/FAE affected children and their families. The Children's Mental Health program enhances early identification, intervention and treatment services for children up to the age of six and their families who have social, emotional or behavioural problems or who have mental or psychiatric disorders. These programs and services are delivered by 58 transfer payment agencies across the province. The Intensive Early Intervention initiative expands the existing program to increase access to Intensive Behavioural Intervention (IBI) service for children with autism who are two to five years of age. Nine regional providers deliver the program directly or provide funding to purchase the service from private providers. The Infant Hearing Communications initiative is aimed at new or prospective parents, parents receiving services through the Infant Hearing Program, health professionals, such as physicians, public health nurses, and prenatal instructors who interact with parents of newborn/infants and prospective parents, and the general public. The public education strategy supports the Infant Hearing Screening and Communications

Development Program that screens infants for hearing problems with a focus on early identification and treatment.

By 2003-2004, there was an increase of 41 percent in special education funding since the introduction of student-focussed funding in 1998-1999. Additional funding for special education allows school boards to put more special education teachers, teacher's assistants and other specialists in the classroom.

Trough student-focussed funding, special education funding is protected — school boards must spend this money on special education programs and services.

The Special Education Grant (10 percent in education budget for 2002-2003) has two parts:

- the Special Education Per-Pupil Amount is based on a board's total enrolment;
- the Intensive Support Amount is based on student files from each board that meet ISA criteria (reflecting each board's share of exceptional students with very high needs). This funding is not attached to individual students.

School boards have the flexibility to use both types of funding to meet the needs of all their students with special education needs. They also use other allocations, such as the Foundation Grant, to provide special education services and programs.

All school boards are required to provide Special Education programs and services to students identified as exceptional. An exceptional student is one whose educational needs cannot be met through regular classroom practices because of their behavioural, communication, intellectual, physical or multiple exceptionalities. *Regulation 181*, revised in 1998, governs the identification and placement of exceptional students. Since 1998, school boards have been required by regulation to prepare Individual Education Plans for exceptional students within 30 school days of placement in a special education program. Each school board is required to prepare and approve a special education plan, to review it annually, and to submit it to the Ministry of Education every two years.

In the Fall 2003, pilot projects will be underway in ten school boards to plan for a “standards-based approach” to the planning and delivery of special education programs and services, using standards for autism as a vehicle.

Government of Saskatchewan

Saskatchewan Community Resources and Employment's Community Living Division supports families whose children have intensive support needs. Individual support plans are developed and facilitated. In 2002-2003, almost \$7.4 million was spent on supports to children and families through the Community Living Division programs.

Funding is available from Saskatchewan Health to assist regional home care programs to provide supports to children with complex care needs so that they can remain in the family home rather than in an institutional setting. Often, children have continuous care needs that are met by the

family during the day and by the health region during the night and for respite. Funding in 2002-2003 is \$231,528.00.

Regina Qu'Appelle and Saskatoon Health Regions have specialized interdisciplinary children's programs for children with neurodevelopmental, orthopaedic, cognitive and behavioural conditions. Many health regions partner with other agencies such as school divisions to provide health-related supports to children in schools.

Saskatchewan Health and Saskatchewan Government Insurance (SGI) have established a unique partnership to create a coordinated and integrated continuum of community-based services for individuals with acquired brain injuries and their families. The budget for 2002 was \$3.79 million. Approximately 15 percent of the clients are under 20 years of age. These services and programs enable clients, families and care providers to receive education, rehabilitation, life enrichment, residential and vocational services as close to their home communities as possible. As of 2002, 45 community-based programs, including three provincial outreach teams, were receiving funding to provide ongoing service and support. Injury prevention programs also receive funding throughout the province in an attempt to prevent some of the approximately 2,200 brain injuries that occur in Saskatchewan each year. A community grant program has been developed to enable groups to establish, enhance and/or deliver programs that address issues in their communities related to traffic safety and injury prevention.

Saskatchewan Aids to Independent Living (SAIL) directly supports persons with disabilities through sub-programs that provide special needs equipment, respiratory equipment, prosthetic and orthotic appliances, children's feeding pumps and supplies, paraplegia supports, and aids to the blind.

Hearing health services are available out of the Regina Qu'Appelle and Saskatoon health regions, with satellite clinics in other communities. Hearing programs offer assessment, hearing aid provision, fitting and minor maintenance, rehabilitation, consultation, diagnostic services.

Saskatchewan's Centennial Student Employment Program (CSEP) has a component that provides funding for employers to hire students with disabilities. In the year 2002-2003, 18 students were hired under the Enhanced Access for Students with Disabilities component of CSEP, for which \$105,000 was available in funding. This program targets students 16 years of age and over, provided they are attending full-time studies at a recognized educational institution. Many of the organizations that hire CSEP students are human service organizations that deliver programs and services to children with disabilities.

In order for children and youth with exceptional learning and behavioural needs to access and benefit from Core Curriculum, school divisions are required to provide appropriate supports and services. Accommodations may be required to ensure that all students with exceptional needs achieve their potential. Through the Foundation Operating Grants to school boards, Saskatchewan Learning provides funding recognition to facilitate access to curriculum and assist with the provision of appropriate programs and supports.

- *Diversity Recognition* is intended to support all aspects of student diversity including cultural diversity, students living in vulnerable circumstances and students with

exceptional learning and behavioural needs. This includes learning difficulties and disabilities, gifted learners, mild and moderate designated disabilities, speech and language disabilities, and social, emotional and behavioural disorders.

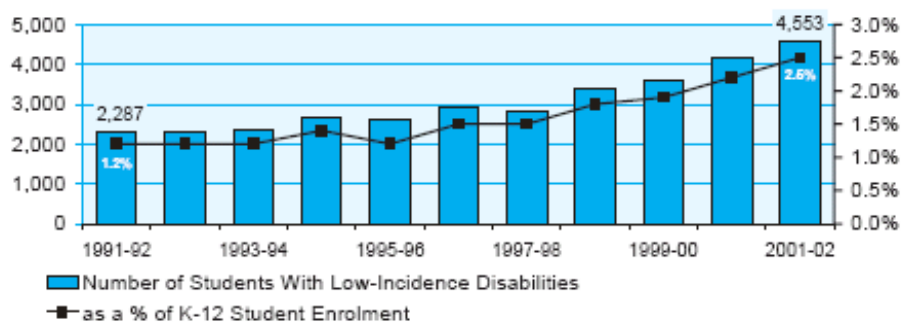
- *Designated Disabled Program* for students with low-incidence disabilities (categorized in Figure 94).
- *Shared Services Program* to assist school divisions outside of Regina and Saskatoon to support student diversity and curriculum actualization.
- *Children with Intensive Needs in Care of Social Services* provides funding to school divisions who are providing specialized programming and supports for children in foster care with social, emotional or behavioural disorders.
- *Technical Aids* is a program that assists school divisions with the purchase of technical aids to enable students with low-incidence disabilities to access curriculum.

Students with exceptional learning and behavioural needs include those with advanced intellectual and artistic abilities, and those with disabilities that affect their ability to learn. This may include intellectual, physical or sensory disabilities, language delay and disorders, behaviour disorders and similar conditions. Disabilities may range from mild to severe and a student may have a disability in one area, but not in another. It is estimated that 10 to 12 percent of the school-aged population have learning disabilities or difficulties that require special education services [Statistics Canada. (1999). Diversity in the classroom: Characteristics of elementary students receiving special education. *Education Quarterly Review*, 6(2), 7-19.]. In 2001, the rate of disability of the Saskatchewan population was 14.5 percent, compared to 12.4 percent of the national population [2001 Participation and Activity Limitation Survey data].

In 2001-2002, 4,553 students with low-incidence disabilities were provided with supports and programs through the Designated Disabled Pupil funding. This included students with physical disabilities, chronic health impairment, intellectual disabilities, multiple disabilities, visual disabilities, or those who are deaf or hard of hearing (Figure 94). (Source: 2002 *Saskatchewan Education Indicators: Kindergarten to Grade 12: Saskatchewan Learning*)

Figure 94: Number of Saskatchewan Students with Low-Incidence Disabilities 1991-92 to 2001-02

	1991-92	1994-95	1997-98	2000-01	2001-02
Physical Disabilities	247	277	304	394	422
Chronic Illness	227	376	469	821	1064
Intellectual Disabilities	718	777	763	1113	1203
Visual Disabilities	100	130	103	111	121
Deaf or Hard of Hearing	296	320	315	338	360
Multiple Disabilities	699	793	856	1366	1383
Total	2,287	2,673	2,810	4,143	4,553



Source: Saskatchewan Learning. (2002). *Special Education Unit Data*. Regina, SK.

More than 2,500 professional and paraprofessional staff are employed by school divisions through Diversity Recognition and Designated Disabled Pupil funding to support the learning of students. These staff include classroom teachers, resource teachers, teacher consultants, special classroom teachers, speech/language pathologists, schools psychologists, and teacher associates. They work together to provide a range of supports and programs to students with exceptional needs, in many instances allowing these students to access and benefit from instruction within inclusive educational settings. Common supports contributing to inclusive practices were additional resource room support and support from a teacher associate, along with access to consultants and specialists for some students. The level of support varies with the nature and level of disability. For example, in 2001-2002, speech and language pathology services were provided for 3 percent of students with visual impairment, 13 percent of students with chronic illness, and 29 percent of students with hearing impairment (Figure 95). Some students received their education in congregated settings including part-time special class, full-time special class, and special schools. In 2001-2002, 16 percent of students with chronic illness, 23 percent of students with intellectual disabilities, 31 percent of students with multiple disabilities, and 5-7 percent of students with other disabilities learned in these settings. (Source: 2002 *Saskatchewan Education Indicators: Kindergarten to Grade 12: Saskatchewan Learning*)

Figure 95: Percentage of Students Receiving Program Supports, by Type of Disability, 2001-02

	Physical Disabilities	Chronic Illness	Intellectual Disabilities	Visual Disabilities	Deaf or Hard of Hearing	Multiple Disabilities
Consultant	13%	12%	12%	25%	20%	13%
Counsellor	1%	10%	1%	3%	1%	1%
Full-time Special Class	3%	7%	15%	3%	3%	19%
Home-based	0%	2%	-	1%	-	0%
Hospital Instruction	-	1%	0%	-	-	0%
Interpreter	-	-	-	2%	5%	0%
Itinerant Specialist	1%	1%	1%	23%	23%	2%
Occupational Therapist	9%	2%	1%	-	-	3%
Part-time Special Class	3%	5%	6%	2%	1%	6%
Physiotherapist	3%	0%	0%	-	-	2%
Preschool	5%	2%	8%	3%	2%	3%
Resource Program	60%	63%	54%	58%	59%	43%
Special School	1%	4%	2%	2%	1%	6%
Speech/Language Pathologist	17%	13%	24%	3%	29%	27%
Teacher Associate	75%	69%	74%	64%	52%	75%

Note: Numbers in the table represent the percentage of students with the designated disability that received the specified program support. Many students receive multiple supports, so percentages will not add to 100 percent. A value of 0 percent means the percentage of students receiving the specified support was between 0.1 and 0.5 percent, before rounding. A dash means the specified support was not received by that group of students.

Source: Saskatchewan Learning. (2002). *Special Education Unit Data*. Regina, SK.

Teachers are eager for information about effective methods of teaching students with disabilities. The ACCESS (Assistance, Collaboration, Consultation, Evaluation, Support Services) team of specialists provides workshops and individual consultations for teachers and parents to support students with disabilities. The ACCESS team is comprised of teachers and specialists seconded from school divisions, as well as contracted personnel. In 2001-2002, they delivered 104 workshops across Saskatchewan (Figure 96). In addition to workshops, individual consultations occurred in 2001-2002 in the areas of autism (34), challenging behaviour (17), deaf and hard of hearing (39), intellectual disabilities (14), and visual disabilities (52). (Source: 2002 *Saskatchewan Education Indicators: Kindergarten to Grade 12: Saskatchewan Learning*)

Figure 96: Number of Workshops Delivered by ACCESS Team, 1999-00 to 2001-02

Topic	1999-00	2000-01	2001-02
Autism	12	11	19
Visual Impairment	5	6	5
Deaf and Hard of Hearing	3	9	8
Fetal Alcohol Syndrome	17	15	25
Non-violent Crisis Intervention	27	23	13
Adaptive Dimension	-	-	9
Creating Opportunities for Students with Intensive Educational Needs	-	-	25
Social Skills Instruction	3	-	-
Behaviour Management	2	-	-
Total	69	64	104

In addition to supporting students with exceptional learning and behavioural needs, schools respond to differences in understanding related to areas of study within the classroom. The Adaptive Dimension of Core Curriculum allows teachers to adjust educational programs to accommodate diversity in student learning needs. The teacher may adjust the curriculum topics and material, instruction and the learning environment so that schooling is meaningful and appropriate for each student. The Adaptive Dimension allows teachers to adapt instruction for gifted students. Typically, gifted students learn more complex material in greater depth than other students. Teachers also use the Adaptive Dimension to accommodate students with disabilities that affect learning. For example, they may provide more practice for some students, give them additional time to learn, offer a more highly structured learning environment, or provide special materials such as large-print books. According to school principals, at least one in ten students had learning problems that required special attention in over 30 percent of Saskatchewan schools attended by 13- and 16-year-olds. More severe needs were identified in 6 percent of the schools where at least one in four students required special attention due to learning problems. Overall Canada results indicate greater prevalence of student learning problems across more schools. Figure 97 shows over 80 percent of Saskatchewan and Canadian schools offer extra support for students struggling with mathematics, but fewer than 50 percent of schools offer special enrichment programs for students gifted in mathematics. Saskatchewan schools are more likely than Canadian schools to organize extra help by offering separate or modified courses for remediation, by planning individual programs for students, and by forming groups within regular mathematics classes. More Canadian than Saskatchewan schools tend to provide for mathematics enrichment experiences by offering advanced or separate course options. Saskatchewan schools tend to organize enrichment opportunities by forming groups within regular mathematics classes or by planning individual programs for students. (Source: 2002 *Saskatchewan Education Indicators: Kindergarten to Grade 12: Saskatchewan Learning*)

Figure 97: Prevalence of Learning Problems, Remedial and Enrichment Activity in Mathematics, Saskatchewan and Canada, 2001

	% of Schools	
	SK	Canada
Remedial Activity		
School provides extra teaching support for students struggling with mathematics	86%	80%
Extra help by forming groups within regular math classes	66%	48%
Extra help by withdrawing students from regular math classes	69%	60%
Extra help by offering separate or modified courses for remediation	85%	66%
Extra help offered outside of regular school hours	86%	82%
Extra help by planning individual programs for students	80%	71%
Enrichment Activity		
School provides special enrichment programs for students gifted in mathematics	41%	49%
Enrichment organized by forming groups within regular math classes	57%	44%
Enrichment organized by withdrawing students from regular math classes	21%	20%
Enrichment organized by offering separate or modified courses for gifted students	27%	44%
Enrichment organized by giving students extra work outside regular school hours	27%	30%
Enrichment organized by planning individual programs for students	45%	30%
Enrichment organized by offering advanced course options	31%	47%
Enrichment organized by allowing students the option of advanced placement	12%	26%
Enrichment organized by using a mentorship program	5%	9%

Percentage of schools where at least 10% of students ...		
	SK	Can
have learning problems that require special attention	31	54
have health or nutrition problems that inhibit learning	19	23
come from lone-parent families	55	69
Percentage of schools where at least 25% of students ...		
	SK	Can
have learning problems that require special attention	6	8
have health or nutrition problems that inhibit learning	3	5
come from lone-parent families	8	18

Note: Percentages in the tables above indicate the percentage of in-school administrators who selected the given statement. Generally, differences between Saskatchewan and Canada administrator responses are not statistically significant unless they differ by about 8 percent.

Source: Council of Ministers of Education, Canada. (2001). *2001 School Achievement Indicators Program: Mathematics Assessment School Questionnaire Unpublished Data.*

d) Support programmes for families;

Taxation

The February 2003 Federal Budget announced a long-term investment plan to increase the National Child Benefit supplement of the Canada Child Tax Benefit (CCTB) by \$965 million-per-year by 2007 for low-income families. This investment brings the maximum annual benefit for a first child provided through the CCTB to \$3,243. Federal, provincial and territorial governments are committed to reporting and evaluating progress made as a result of the National Child Benefit and its initiatives. To inform Canadians on this progress, governments work collaboratively to produce an annual report. The most recent report, *The National Child Benefit Progress Report: 2002*, was released in July 2003.

The National Child Benefit: In partnership with provinces and territories, the Government of Canada introduced the National Child Benefit (NCB) initiative in 1998 to help prevent and reduce child poverty and to promote attachment to the workforce by ensuring that families would always be better off as a result of working.

The NCB is the cornerstone of governments' collective efforts to provide children with a better start in life and is considered to be an important social program on which to build additional supports for low-income families with children. The Government of Canada provided an estimated \$7.6 billion in benefits to families through the Canada Child Tax Benefit in 2001-2002, including \$2.5 billion through the NCB Supplement. This investment brought the maximum annual benefit for a first child to \$2,444.

In 2001-2002, the third full year of the NCB, provincial, territorial and First Nations investments and reinvestments are estimated to be a total of \$692.4 million. In 2002-2003, investments and reinvestments are estimated to reach a total of \$777 million. Investments and reinvestments aim to provide new or enhanced supports for low-income in five key areas:

- child benefits and earned income supplements;
- child care initiatives;
- early childhood services and children-at-risk services;
- supplementary health benefits; and
- other NCB benefits and services (e.g., employment supports for parents and prevention programs)

Statistics provided in the Canada Customs and Revenue Agency *Annual Report* indicate the following amounts paid out for the Canada Child Tax Benefit (CCTB), including the National Child Benefit Supplement (NCBS), as well as the average number of recipient families per month:

Fiscal Year	CCTB (includes NCBS)	Average CCTB families per month	Average NCBS families per month
2000-2001	\$6,822,455,433	2,913,704	1,348,638
2001-2002	\$7,561,796,017	2,890,901	1,372,901
2002-2003	\$7,867,725,929	2,849,082	1,365,236

The NCBS benefits families whose annual net family income is less than about \$33,487.

Goods and Services Tax/Harmonized Sales Tax Credit (GST/HST Credit): For 2001-2003, each year the GST/HST Credit paid about \$.9 billion for approximately 1.7 million families with children.

Child Care Expense Deduction: Allows parents to deduct child care expenses incurred when they work or go to school from their personal income taxes. The Government of Canada invests over \$500 million per year on this initiative.

Tax relief measures introduced in 2000 will reduce the average personal income tax burden for families with children by 27 percent by 2004-2005.

Please refer to Part III for additional information on support programmes for families.

Health

Early Childhood Development (ECD): In September 2000, First Ministers (with the exception of the Province of Québec which receives its share of federal funds, but does not participate in the Agreement) reached an agreement on early childhood development to foster the well-being of Canada's young children. Under the Agreement, the Government of Canada is transferring \$2.2 billion, over five years, to provincial and territorial governments to support improvements and expansion to early childhood development services in four key areas:

- healthy pregnancy, birth and infancy;
- parenting and family supports;
- early childhood development, learning and care; and
- community supports.

Funding began on April 1, 2001 with the transfer of \$300 million to provincial and territorial governments. Funding for fiscal year 2002-2003 increased to \$400 million, and for the current fiscal year of 2003-2004, it has risen to \$500 million.

Community Action Program for Children (CAPC): The CAPC provides long term funding to community coalitions to address the health and development of children (0-6 years) who are living in conditions of risk. Strengthening and supporting families is a guiding principle of CAPC. CAPC targets:

- children living in low-income families;

- children living in teenage-parent families;
- children experiencing developmental delays, social, emotional or behavioural problems; and
- abused and neglected children.

Special consideration is given to Métis, Inuit and off-reserve First Nations children, the children of recent immigrants and refugees, children in lone parent families and children who live in remote and isolated communities.

Reach: 2001-2002: over 60,000 children and over 50,000 parents/caregivers in a typical month
 2001-2002: 59.5 million (52.9 in Grants & Contributions)
 2002-2003: 59.5 million (52.9 in Grants & Contributions)

Canada Prenatal Nutrition Program (CPNP): The CPNP helps communities develop or enhance comprehensive services for pregnant women who face conditions of risk that threaten their health and the development of their babies. The program has an off-reserve component for the general Canadian population and an on-reserve component for First Nations women living on-reserve. CPNP targets those women most likely to have unhealthy babies due to poor health and nutrition. Over 95 percent of (off-reserve) projects target pregnant women living in poverty, teens, or women living in isolation or with poor access to services. Other client groups targeted include women who abuse alcohol or drugs, live with violence, women with gestational diabetes, Aboriginal women, and immigrant and/or refugee women.

Reach for CPNP (off-reserve program):

2001-2002: projects reported that over 44,650 women participated in project
 2001-2002: 30.8 million (27 million in Grants & Contributions)
 2002-2003: 30.8 million (27 million in Grants & Contributions)

Nobody's Perfect: Parent support and education program for parents of children under six living in conditions of risk.

2001-2003: \$110 thousand

The Postpartum Parent Support Program (PPSP): Provides educational support to families during the postpartum period. Support to families/parents is provided through public awareness and education initiatives that provide information on the healthy development of children and youth.

2001-2003: \$75 thousand

Aboriginal Children

National Child Benefit: The National Child Benefit for First Nations was implemented in July 1998 after First Ministers of Social Services agreed that the federal, provincial and

territorial governments, and First Nations that deliver social assistance should work together to address the issue of child poverty in Canada.

There are approximately 600 First Nations across the country that participate in the National Child Benefit program. National Child Benefit reinvestments are an opportunity for First Nations to develop innovative programs that meet the objectives of the National Child Benefit and the unique circumstances of First Nations communities. In 1998-1999, First Nations had approximately \$30.8 million available for reinvestment in National Child Benefit programs. This amount increased by approximately \$20 million in 1999-2000, for a total of \$48.76 million. The types of programs and services for parents and their children fall into five broad areas: child/day care, child nutrition, early child development, employment and training opportunities, and other, e.g., cultural and traditional teachings, recreation, youth development.

Early Childhood Development Agreement (First Nations component): As a complement to the Federal/Provincial/Territorial Early Childhood Development (ECD) Agreement announced in September 2000, in the Speech from the Throne in January 2001 and in Budget 2001, the Government of Canada committed to invest in ECD programs and services for First Nations and other Aboriginal children. Building on this commitment, the Government of Canada announced \$320 million over five years towards ECD for First Nations and other Aboriginal children, which includes:

- expansion of Aboriginal Head Start and First Nations and Inuit Child Care, on and off reserve;
- increased investment to address Fetal Alcohol Spectrum Disorder (FASD) on reserves;
- support for building capacity of Aboriginal organizations; and,
- enhancement in research and knowledge.

Aboriginal Head Start (AHS): Aboriginal Head Start — Urban/Northern (off-reserve program) was approved by Cabinet in 1994 and funding for the program was approved by Treasury Board in March, 1995. The annual allocation for AHS was \$22.5 million with a 2002 funding expansion to \$35 million (increase of \$12.5 million). AHS is a comprehensive early childhood development program for First Nations, Inuit and Métis children and their families living in urban centres and large Northern communities. AHS serves 3,500 annually in 114 communities. AHS targets vulnerable children and families. Program components are:

- Culture and language
- Education
- Health Promotion
- Nutrition
- Social Support programs
- Parental Involvement

Annual Process and Administrative Surveys collect demographic, statistical and descriptive information on each participating site. A three-year National Impact Evaluation is in progress. The budget for national evaluations is \$450 thousand.

Program enhancement funding was announced as part of a federal ECD strategy in October 2002. It is expected that up to 1,000 additional spaces will be created with AHS as a result of this additional funding.

The program was expanded in 1998 to include on-reserve children. In 2002, the annual budget of the Aboriginal Head Start On-Reserve (AHSOR) program of \$25 million was increased to \$46.5 million annually (increase of \$21.3 million). AHSOR is currently serving 7,700 children in 265 communities (309 projects). With the new investments AHSOR will reach an additional 1,300 children bringing the total number of spaces to 9,000. The new funds will go towards the development of new sites, expand the capacity of existing projects, and help Aboriginal people respond to challenges and fill in gaps such as children with special needs and parent outreach.

Canada Prenatal Nutrition Program (CPNP): The CPNP (on-reserve) program provides \$14.12 million annually in support to First Nations pregnant women and new mothers. Approximately 7,000 pregnant or breastfeeding women or high-risk non-pregnant women of child-bearing age were served by CPNP representing approximately 6,000 births. CPNP reaches approximately 90 percent of eligible Aboriginal women living on-reserve.

Fetal Alcohol Spectrum Disorder (FASD): Health Canada includes women at risk of poor birth outcomes due to alcohol addiction within the populations reached by Canada Prenatal Nutrition Program and families with those affected by Fetal Alcohol Spectrum Disorder within the Community Action Program for Children and Aboriginal Head Start. There are no specific Health Canada support programs for families with members affected by the life-long disability of FASD except for those served on-reserve by Health Canada First Nations and Inuit Health Branch (FNIHB).

The 1999 Budget provided \$5 million annually to address FASD (\$1.7 million to FNIHB and 3.3 million for pan-Canadian work). The new investments by the Early Childhood Development Strategy for First Nations and Other Aboriginal Children designated an additional \$10 million in 2002-2003. This figure will be increased to \$15 million annually for each year (funds equal \$70 million over five years) for FASD work on-reserve. The FNIHB FASD Initiative will expand programming, enhance training, develop practical screening tools and improve supports for affected families.

Citizenship and Immigration

Immigrant Settlement programs that support newcomer families are delivered by the Government of Canada in partnership with provincial governments, by provincial governments where provinces have complimentary programs, and by provincial governments who administer and deliver federally funded settlement programs and services.

Settlement programs are as follows:

2001-02 Settlement Program Expenditures: \$35.355 million was spent on the Immigrant Settlement and Adaptation Program, \$2.691 million was spent on the Host Program, and \$90.311 million was spent on the Language Instruction for Newcomers to Canada Program in provinces where Citizen and Immigration Canada (CIC) is responsible for delivery of federally funded programs.

These programs are described below. CIC also provided \$160.921 million to the provinces (British Columbia, Manitoba and Québec) that administer and deliver federally funded settlement programs and services on behalf of CIC.

The Immigrant Settlement and Adaptation Program (ISAP) is delivered through a network of community based immigrant and refugee serving non-governmental organizations across Canada. Services are provided with a focus on the needs of the whole family and include reception, orientation, translation and interpretation, referral to community resources, paraprofessional counselling, general information and employment-related services such as job-finding clubs. In job-finding clubs, for example, newcomers learn about the Canadian labour market, methods of preparing resumes, interview techniques and other job-search skills.

The Host Program aims to facilitate the adaptation, settlement and integration of newcomers to Canada through the promotion and development of means for host communities to welcome and help newcomers participate in their community.

Under the Host Program, funds are provided to recruit, train, and match Canadians and permanent residents, including families, youth and individuals, who are familiar with the Canadian way of life, with newcomers. Host volunteers help newcomers learn about available services and how to use them, practice English and French, get contacts in their field of work and participate in the community. As an added bonus, the volunteers also learn about another culture.

Language Instruction for Newcomers to Canada (LINC) Program provides basic language training in one of Canada's official languages to adult immigrants to facilitate their social, cultural, economic and political integration into Canada. The LINC curriculum uses content that engages students in discussions of the rights, obligations and values of Canadian citizenship. Child-minding and transportation allowances are integral components of the LINC program to ensure equitable access to all eligible immigrants, including women.

Justice

The key activities of the Department of Justice addressing support for families focus on families experiencing breakdown (i.e., divorce), as well as supporting families as part of national efforts to prevent crime and victimization through early social development.

While the Government of Canada does not provide direct services to separated and divorced families, as this responsibility is primarily vested in the provinces and territories, the Department of Justice through the Child-centred Family Justice Fund is committed to assisting and promoting the development and maintenance of family justices services in order to enhance access to the family justice system. The budget for these services has been approximately \$30 million for the two fiscal years of 2001-2002 and 2002-2003.

Family justice services include mediation, parent education and a range of court-based information and support activities to assist parents making decisions about their children's care and to help them work out child-focussed parenting arrangements.

Examples of the types of projects which have been funded, in part, by the federal Department of Justice include: Mediation; Parent Education Programs; Child Support Information Offices, Resource Centres and Specialized Clerks; Administrative Mechanisms for Recalculating Child Support Amounts; innovative enforcement activities that include a range of issues such as credit bureau reporting, license withholding, improving collection mechanisms, audio voice response systems, direct deposit and electronic transfer of funds, automated court order processes, reciprocal enforcement of maintenance orders, tracing defaulters, lock box service and quick collect, and Web site development.

Although the National Crime Prevention Centre (NCPC), with the Department of Justice Canada, is not involved in support programmes per se, it does fund a range of activities that support families as part of efforts to prevent crime prevention through social development. The NCPC has an emphasis on children, youth, women and girls and their personal security as well as Aboriginal communities.

Government of Alberta

See 2-c) above for relevant information.

Government of British Columbia

The provincial government is committed to renewing services for women, children and families by focussing resources on those who are most in need.

Families are the foundation of healthy, prosperous communities. That's way the government has provided tax relief for B.C. families, increased resources for women's health, added more social workers to better protect children at risk, and increased investment in early childhood development.

To improve protection for children at risk, the government has:

- Increased the number of front-line child protection workers by 24 percent in the past year, from 804 to 993.
- Added 20 new post-secondary spaces in 2002-2003 for social work and child protection.
- Added \$20 million in new funding for early childhood and family development.
- Launched a "Make Children First Learning Sites" initiative, together with B.C. communities, to help improve early identification of young children requiring added educational, physical, or social support before they reach school age.

To help ensure supportive and stable family environments for children, the government has:

- Passed new legislation to expand the range of support options available to social workers, by allowing a child to be placed in the custody of extended family members or friends of the family.
- Signed a memorandum of understanding with First Nations leaders, aimed at providing First Nations with greater independence in caring for Aboriginal children in need.

Government of Manitoba

Since 2000, funding for Manitoba's child care program has increased by approximately 32 percent. The increase has improved the salaries of early childhood educators, provided more subsidies for children, increased the number of funded licensed child care spaces and helped to integrate more children with disabilities into the child care system.

The number of licensed spaces have increased from 21,369 in 1998-1999 to 24,009 in 2001-2002. As of March 21, 2002, there were 550 day care centres with 20,039 spaces and 574 homes with 3,970 spaces.

Government of New BrunswickChildren in Care

2000-2001:	\$12,718,000
2001-2002:	\$12,602,000
2002-2003:	\$14,433,200

Children's Residential Services

2000-2001:	\$5,247,100
2001-2002:	\$5,131,600
2002-2003:	\$6,421,600

Early Childhood Initiatives (ECI): The total budget (Department of Family and Community Services and the Department of Health and Wellness) for 2000-2001 to 2002-2003 was \$13,000,000 each year. Within the \$13,000,000, the Department of Family and Community Services has a budget of \$6,300,000 per year for the Early Intervention and Integrated Day Care Services Initiatives.

Early Childhood Development Agenda

ECD Initiative	2001-2002	2002-2003
Prenatal Benefit Program	\$1,400,000	\$1,800,000
Infant-Parent Attachment Pilot	\$100,000	\$40,000
Children's Support Program	\$400,000	\$400,000
Communities Raising Children(includes Excellence in Parenting)	\$650,000	\$550,000
Early Language Pilot Program	\$450,000	\$1,332,000
Enhanced Early Childhood Initiatives	\$1,300,000	\$1,632,000
Enhanced Child Day Care Services	\$3,000,000	\$3,946,000
Total	\$7,300,000	\$9,700,000

Day Care Services Program: The provincial government approves and monitors licensed child care facilities with an emphasis on ensuring the safety and healthy development of young children from birth to age 12.

Day Care Assistance Program (DCAP): The DCAP that offers financial assistance to low-income families to help them access quality, affordable childcare in New Brunswick.

Budget:	2000-2001:	\$7.5 million
	2001-2002:	\$7.5 million
	2002-2003:	\$7.5 million

Government of Newfoundland and Labrador

Individuals and families with dependent children represent approximately 35 percent of the total number of clients receiving benefits under the Income Support Program. The number of cases of clients with children receiving income support has been declining since 2001 as follows:

March 2001:	10,800
March 2002:	10,100
March 2003:	9,900

The estimated income support costs for families with dependent children based on the average annual cost per case of \$7,440 is:

2002-2001:	\$80.0 million
2001-2002:	\$75.0 million
2002-2003:	\$73.5 million

National Child Benefit

Financial support for families with children receiving income support is now provided through the federal-provincial income tested child benefits. Funds budgeted are as follows:

2000-2001:	\$7,800,000
2001-2002:	\$7,540,000
2002-2003:	\$7,560,000

Extended Drug Card

2000-2001:	\$1,000,000
2001-2002:	\$1,000,000
2002-2003:	\$1,000,000

Private Child Care

2000-2001:	\$600,000
2001-2002:	\$600,000
2002-2003:	\$600,000

Mother Baby Nutrition Supplement

Nutritional supplement provided to low-income families and individuals

2001-2002:	\$410,000
2003-2004:	\$1,125,000

Mother Baby Food Allowance

2000-2001:	\$720,000
2001-2002:	\$450,000

Private Child Care

Funds provided when individuals require child care in order to participate in employment

2000-2001:	\$450,000
2001-2002:	\$370,000
2002-2003:	\$260,000

Employment Programs

Employment programs focussed on youth received the following funding

2000-2001:	\$5,880,000
2001-2002:	\$6,850,000
2002-2003:	\$6,843,000

Government of Saskatchewan

Saskatchewan Community Resources and Employment's Income Security, Community Living and Child and Family divisions provide a variety of programs designed to assist vulnerable families to care and support their members. The department provides basic income support for children, families and individuals; provides protection for children from abuse and neglect, and promotes quality child care; and supports independent, community based care for persons with mental and physical disabilities.

In 2002-2003, approximately \$19.5 million was spent on child day care supports for families, including an increase of \$1.7 million for the development of 150 new licensed childcare spaces. This support assists parents in attending school or in finding and keeping employment.

e) Support for children living below the poverty line;***Government of Canada*****National Child Benefit**

Please see discussion under Part 1-A-2-d).

Housing

The Canada Mortgage and Housing Corporation continues to provide \$1.9 billion annually in assistance through its social housing programs for some 640,000 social housing units. This benefits lower-income Canadians, including families with children, people with disabilities, seniors, and Aboriginal people.

Health

Many Aboriginal Head Start Urban/Northern (Health Canada) projects target low-income families but the program does not systematically collect data on below poverty line participation.

Community Action Program for Children/Canada Prenatal Nutrition Program (Health Canada) also assists low-income families - please see discussion in Part 1-A-2-d).

Aboriginal Children

The National Child Benefit Reinvestment (NCBR) initiative allows First Nations to address community social development priorities for low-income families with children. Funding is provided in the areas of: child nutrition, child care, home-work transitions, parenting skills and cultural enrichment with the goal of reducing the depth and incidence of child poverty while promoting parental attachment to the labour force.

As the amount of funds available under the NCBR is determined by a number of factors, total funding can vary from year to year. NCBR funding for 2002-2003 was \$51.8 million.

In 2001-02, approximately 35 percent of the on-reserve population received social assistance benefits. This is a substantial decrease from 43 percent in 1994-1995.

Justice

Although the National Crime Prevention Centre (NCPC), with the Department of Justice Canada, is not involved in support programmes per se, it does however, address the issue of poverty as a risk factor, and the combined effects of poverty with other factors in terms of victimization and offending.

Government of Alberta

Alberta Human Resources and Employment (AHRE) provides Supports For Independence (SFI), a program of last resort, that provides financial support and medical benefits. SFI is meant to assist employable people for a short time while they find ways to get back into the labour force, or to help people who are unable to work and have no means of support. In 2001-2002, a monthly average of 25,500 children live in families receiving SFI. In 2002-2003, the monthly average was 24,000 children. The SFI program provides benefits for children such as food, clothing, shelter, medical benefits, funding for special diets, and a children's school allowances at the beginning of the school year. Other support is available which assists families with the costs of raising children, such as babysitting, day care (costs after subsidy), natal allowance, and emergency support.

In addition to the SFI program, the joint federal/provincial/territorial National Child Benefit initiative provided approximately \$244 million in NCB Supplement (NCBS) payments to a monthly average of 288,450 Alberta families with 549,444 children from July 2001 to June 2002. From July 2002 to June 2003, approximately \$231 million in NCBS payments flowed to a monthly average of 278,053 Alberta families with 528,208 children. As agreed to by federal and provincial governments, Alberta reduces benefits paid to families on SFI by the amount of the NCB Supplement and the savings to the provincial government are reinvested along with additional provincial dollars into initiatives that best meet the needs of low income children and their families in Alberta. SFI families end up with the same net level of benefits. In 2001-2002, the province invested/reinvested approximately \$33,450,000 into provincial NCB initiatives. In 2002-2003, the province invested/reinvested approximately \$42,456,000 into provincial NCB initiatives. Provincial NCB initiatives under AHRE include the Alberta Child Health Benefit, increased SFI Shelter Benefits, and the SFI School Allowance Benefit.

Government of British Columbia

The BC Family Bonus and National Child Benefit programs provide financial support for children under 18 years of age living in low- or modest-income families through the tax system rather than the welfare system for children.

As the *Employment and Assistance Act* (BCEA) and the *Employment and Assistance for Persons with Disabilities Act* define a "child" as "an unmarried person under 19 years of age," the Ministry continues to provide income assistance to support dependent children of BCEA clients up to the month they turn 19 years of age. Additional support is also provided to clients who do not receive, or receive a reduced amount of BC Family Bonus and National Child Benefit for their children. The monthly support rate for each child has increased from \$106.83 in 2001 to \$123.50, effective July 2003.

BCEA parents may also receive additional shelter, health and other supplements for their dependent children. In some cases, additional shelter may also be provided to parents who have their children living with them for not less than 40 percent of the time.

Income assistance may be provided to children who are not living with and do not receive sufficient support from their parents through the Child in the Home of a Relative program for

children living with relatives and the Income Assistance program for children living on their own.

The estimated expenditure attributed to support children in the fiscal year 2002-2003 is \$103.5 million.

Government of Manitoba

Children who are 16 or 17 years old may receive assistance in their own right if a parent is not supporting them and there are no child protection issues.

In 2002-03, the average monthly number of households assisted by the provincial government and municipal governments was 31,414, with an estimated 24,590 children, and an expenditure for assistance-related costs of \$316.1 million.

In 2002-03 the Child Related Income Supplement Program served 1,230 families with 2,690 children at an expenditure of \$0.9 million.

Government of New Brunswick

The provincial government continues to offer the New Brunswick Child Tax Benefit and Working Income Supplement to low-income families with children under age 18. The provincial government continues to allow the full amount of the National Child Benefit to pass-through to New Brunswick families receiving social assistance.

Government of Newfoundland and Labrador

Support for children living below the poverty line (National Child Benefit and Early Childhood Development Initiative):

2001-2002:	\$15,770,347
2002-2003:	not yet available

Government of Ontario

Support for children living below the poverty line cuts across many of the Early Childhood Development initiatives. The following provides an overview of those initiatives targeted to support children and their families, which impact directly on Ontario's commitment to article 4 of the Convention. The Learning, Earning and Parenting (LEAP) (Ontario Works) program assists young parents to complete high school by providing help with tutoring, parenting skills, child care, school expenses and job finding. Participation in LEAP is mandatory for parents 16-17 years of age and voluntary up to 21 years of age. A LEAP Forum held provincially is planned to promote the development of better planning and delivery of integrated services for families and children at the local level, and to provide the opportunity for front-line staff to network, collaborate and share best practices. The Support for At-Risk Pregnant Women project provides outreach and early intervention at at-risk pregnant women and their families. This initiative is expected to contribute to improved birth and child health and development outcomes

for the children of pregnant and parenting homeless/underhoused youth through the achievement of the following:

1. Enhanced capacity for outreach and early prenatal intervention;
2. Improved accessibility and promotion of services; and
3. Stronger linkage with other service providers.

Government of Saskatchewan

Saskatchewan Community Resources and Employment introduced the Saskatchewan Child Benefit in 1998 that provides a monthly allowance to assist low-income families. In 2002-2003, the Child Benefit was provided to an average of 29,086 families with 53,530 children totalling almost \$19.5 million. The Saskatchewan Employment Supplement program provided almost \$17.5 million dollars to 7,900 working families throughout the province. The program assists low-income families in coping with child-related costs of working. In 2002-2003, an average of 29,683 individuals and families received Saskatchewan Assistance benefits, representing a decrease of 9,614 cases from 1996-1997.

f) The protection of children who are in need of alternative care including the support of care institutions;

Child Welfare Services are primarily a responsibility of the provinces and territories. Assistance is provided by the Government of Canada by the Children's Special Allowances (CSA) which provides support to children in the care of foster parents, government departments, or agencies. Statistics provided in the *Annual Report* of the Canada Customs and Revenue Agency indicate the following amounts paid for the Children's Special Allowances per fiscal year, as well as the average number of children per month on behalf of whom CSA payments were made:

Fiscal Year	CSA	Number of children
2000 - 2001	\$102,688,928	49,627
2001 - 2002	\$125,025,617	52,837
2002 - 2003	\$134,520,126	54,168

Aboriginal Children

As a matter of policy, Indian and Northern Affairs Canada (INAC) provides funding to First Nation Child and Family Services (FNCFS) agencies to support programs and services aimed at reducing child abuse and neglect on-reserve. These funds are divided into three categories:

- 1) Maintenance (reimbursements of actual costs for maintaining children in alternate care, i.e. placements outside of the parental home),
- 2) Operations (formula-driven funding to cover agency operating costs for administration, prevention and protection caseworkers, prevention programs, legal costs and in-home services), and
- 3) Developmental (one-time start-up funding for new FNCFS agencies).

In 2001-2002, 5.9 percent of children aged 18 or younger living on reserve were placed in care, an increase from 3.9 percent in 1995-96. Children in Care refers to the number of children who were placed away from parental care to prevent or protect them from neglect and/or abuse. These children were placed in either foster care, group homes or institutional care. Also, in 2001-02, there were approximately 5,600 on-reserve children who resided out of the parental home. These children were usually placed by their parents with another family member, i.e. grandparent, aunt, uncle, etc. Through initiatives such as the First Nations Child and Family Services program, the Government of Canada is supporting First Nations' efforts to heal their families and communities.

There were 103 operational and 19 developmental agencies located on reserves across Canada in 2001-2002. The Budget for this time period was \$341 million.

Government of Alberta

See 2-c) above for relevant information.

Government of New Brunswick

2000-2001:	\$10,898,500
2001-2002:	\$11,439,400
2002-2003:	\$10,897,500

Government of Newfoundland and Labrador

Protection of children in need of alternate care, including the support of care institutions:

2001-2002:	\$13,828,491
2002-2003:	\$12,130,629

Government of Saskatchewan

Saskatchewan Community Resources and Employment Child and Family Services Division has an 2002-03 budget of approximately \$35 million to provide out of home care for children who cannot safely remain with their parents. In 2002-03, there was a daily average of 2,313 children in the care of the Minister. Of those, 623 were being cared for by relatives or persons having a sufficient interest in the child.

g) Programmes and activities for the prevention of and protection from child abuse, child sexual exploitation and child labour;

The Royal Canadian Mounted Police provide tools and resources for police, parent, school and community use to increase awareness of child sexual exploitation and its prevention. However, budget allocations and trends are not currently available from the RCMP.

Justice

The Government of Canada addresses the issue of child protection from abuse and sexual exploitation through a multi-pronged approach. Firstly, it continues to ensure that the criminal law (*Criminal Code*) adequately prohibits all forms of abuse and exploitation. Secondly, federal police services have developed a variety of law enforcement tools and strategies to address the problem of exploitation of children. Thirdly, in recognition that legislation and law enforcement alone cannot provide the solution, programs and initiatives are undertaken to encourage the mobilization of communities and non-governmental organizations as they work to protect children and youth from exploitation.

Sexual abuse: The Department of Justice has funded numerous programmes to prevent the sexual abuse of children and youth. For example, in 2000-2001 it funded “Le groupe jeunesse” to conduct an Information Awareness Campaign on Dating Violence. The project supported the production and mailing-out of educational materials on dating violence to Personal and Social Education teachers in secondary schools in the province of Québec’s major urban areas. During the same period, the Department also funded the Vancouver School Board for a project entitled “Let’s Talk About Touching” designed to equip young people with basic knowledge of child sexual abuse and some self-protection strategies. Another notable program, funded in 2002-2003, involves the Big Brothers Big Sisters of Canada (BBBSC) organization. This project supported the development of a training program to help support children who witness domestic violence. The funding for these three programmes was approximately \$100,000.

The National Strategy on Community Safety and Crime Prevention has adopted an approach of crime prevention through social development or early intervention to target the causes of crime and victimization before it happens — e.g., family violence, poor parenting, substance abuse, low literacy skills, and poverty. Children and youth have been one of the Strategy’s priorities. Supported activities have covered a wide-range of programming including: the production of a documentary film, “Stolen Lives,” which documented the difficult lives of young persons involved in the sex trade in two Canadian cities (Vancouver and Calgary); programs that educate parents, teachers and others about child sexual exploitation; and programs that provide early intervention and outreach/support to youth involved in the sex trade.

Child Prostitution: The Government of Canada has supported a multitude of activities that have had, as part of their objectives, enhanced education and awareness for children/youth, social service and criminal justice professionals, and the general public relating to the sexual exploitation of children including through the sex trade.

Building upon the success of the Summit in 1998 entitled, “Out of the Shadows: International Summit of Sexually Exploited Youth”, the Government of Canada has funded Save the Children Canada to develop and present at the 2001 Second World Congress, an “exit routes” manual for youth who want to leave the sex trade by providing them with work experience and employment opportunities, including life skills, leadership development and capacity building programs. The Government also funded the same group for a comprehensive program from 1999 to 2002 entitled “Out from the Shadows” designed to assist children exit the sex trade.

In November 2000, criminal justice and social service sector officials from across Canada met to discuss best practices and to explore areas of collaboration regarding children and youth

involved in prostitution. This, in turn, led to the establishment of an on-going information network on these issues for officials in both sectors, across the country.

Child Sex Tourism: As was stated in Canada's Second Report, the *Criminal Code* has, since 1997, prohibited child sex tourism (CST). Since the enactment of this provision, the Government of Canada has since undertaken measures to facilitate implementation of these new provisions. For example, in 1999, the Department of Justice prepared and since distributed a fact sheet for law enforcement professionals on the CST legislation which was also used by the Department of Foreign Affairs and International Trade (DFAIT) to develop consular guidelines on the CST legislation (these are currently being updated). DFAIT has included a reference to the legislation in its publication *Bon Voyage* (which is used in consular offices) and produced a pamphlet for Canadian tourists entitled, "What No Child Should Endure" (currently being updated) which explains that it is a crime to engage in CST.

Female genital mutilation: Although the criminal law already prohibited the practice of female genital mutilation (FGM) in Canada or the removal of a girl child from Canada for the purpose of having FGM performed on her, the *Criminal Code* was amended in 1997 to specifically prohibit FGM as a form of aggravated assault. The Government of Canada has also undertaken an integrated, multidisciplinary approach to promoting public and professional awareness of FGM issues — for justice, health, social service sector professionals as well as community members. For example, the Government of Canada held consultations on the issue with affected communities in September 1999 and a Network on FGM was formed, consisting of representatives from affected communities, government, non-governmental organizations and health care providers. The resulting document, "Female Genital Mutilation and Health Care: Current Situation and Legal Status: Recommendations to Improve Health Care of Affected Women" was released in the fall of 2000. The Government of Canada also supported the development of *Female Genital Mutilation: Workshop Manual* (1998), in consultation with affected communities, for use as a training tool for these communities, addressing FGM related health, legal and cultural issues.

Child Pornography: Canada has prohibited making, distributing and possessing child pornography since 1993. In July 2001, these provisions were further strengthened to address the growing misuse of new technologies, such as the Internet, to commit child pornography offences. Accordingly, in Canada, it is an offence:

- to make, print, publish, publish or possess for the purpose of publication child pornography;
- to transmit, make available, distribute, sell, import, export or possess for the purpose of transmission, making available, distribution, sale or exportation of child pornography;
- to possess child pornography; and
- to access child pornography.

These amendments also included new provisions to enable courts to order the deletion of child pornography posted on Canadian computer systems, such as websites. They also created a new offence to prohibit the use of the Internet to lure a child for the purpose of committing a sexual offence against that child.

Additional criminal law reforms related to child pornography reforms are currently before the Canadian Parliament (Bill C-20, introduced on December 5, 2002). These include broadening our existing definition of “written child pornography” to include written materials where their predominant characteristic is the description of unlawful sexual activity with children and this description is done for a sexual purpose. This proposed amendment recognizes the very real risk of harm that such material can pose to children, and indeed to society, by portraying children as a class of objects for sexual exploitation.

In 1998, Canada’s federal law enforcement authorities developed the National Coordinated Law Enforcement Strategy that served as a framework for federal law enforcement activities, including for investigations into child sexual exploitation offences. In 2003, the Government of Canada announced the formation of a National Steering Committee on Internet Child Pornography, co-chaired by the Royal Canadian Mounted Police and the Ontario Provincial Police. The National Steering Committee is currently exploring options to enhance domestic coordination and collaboration on child sexual exploitation issues across the country.

The Government of Canada has also supported related programming activities such as the piloting of a 24/7 hotline, “Cybertip.ca”. Launched in 2002 and based in Manitoba, Cybertip.ca receives reports from Manitoba as well as elsewhere in the country about on-line child sexual exploitation of children and, when appropriate, forwards information to appropriate law enforcement authorities. This hotline has helped to shut down numerous websites that hosted child pornography and has led to related arrests. Opportunities to expand the hotline to serve the country are being explored.

Housing

As part of the Family Violence Initiative (FVI) discussed in Canada’s Second Report, the Canada Mortgage and Housing Corporation initiated the Shelter Enhancement Program (SEP) in 1995-96. See discussion under Part 1-A-2-h).

Combatting discrimination

The Women’s Program of Status of Women Canada provides funding and other assistance to equality seeking women’s organizations to do action research to identify the root causes of inequalities and violence and work towards improving community and government policies and programs.

The Women’s Program has approved funding targeted to the girl child, other children, teenagers and young women to improve the situations they face. The portion of funding invested in projects with a focus on the girl child and youth per fiscal year is summarized as follows:

2000-2001:	\$1,312,326	(14 percent of total funding)
2001-2002:	\$1,268,085	(13 percent of total funding)
2002-2003:	\$923,549	(8 percent of total funding)

Aboriginal Children

First Nations shelters and Community Based Prevention Projects receive funding to provide culturally appropriate family violence protection and prevention services to First Nations people ordinarily resident on reserve. Indian and Northern Affairs Canada (INAC) has contributed resources to help establish the National Aboriginal Circle Against Family Violence, which will coordinate First Nations input to INAC on family violence issues.

In 2001-2002, 34 shelters across Canada assisted 4,194 First Nations people on-reserve. A further 1,034 individuals were assisted in provincial/territorial off-reserve emergency shelters. During the same period, INAC funded 335 Family Violence Prevention Projects in selected First Nations communities. Included were public awareness and education campaigns, conferences, workshops, stress and anger management seminars, support groups, and community needs assessments for First Nations communities.

Prevention and Family Violence

For 2001-2002, the Family Violence and Prevention Unit (Health Canada) had a budget of \$250,118 for child abuse. It's budget for 2002-2003 is \$257,252 for child abuse prevention.

Government of Alberta

See 2-c) above for relevant information.

Government of Newfoundland and Labrador

Programs and activities for the prevention of and protection from child abuse, child sexual exploitation and child labour:

2001-2002:	\$2,192,853
2002-2003:	\$1,818,528

Government of Ontario

Within the Early Childhood Development Initiatives, there has been an emphasis placed on the prevention of family violence. The aim is to create safer environments and to increase identification and response to family abuse. This initiative operates out of 37 Public Health Unit sites and some satellite sites. This initiative is a population-based, health promotion/primary prevention strategy for expectant parents, children up to the age of six and their parents and caregivers, and community service providers such as midwives, physicians, and early childhood educators. Activities under this initiative which reflect the provisions set out in article 3 and 19 of the Convention and embody the principles set out in article 4 and include advocacy efforts for the repeal of section 43 of the Criminal Code of Canada. Additionally, there is a concerted effort within this initiative to explore the knowledge, beliefs and attitudes of multicultural families as they pertain to child abuse and family violence and subsequently address positive parenting strategies that are compliant with article 3, 4 and 19 of the Convention. Public awareness campaigns on the impact of family violence and the use of the Rapid Risk Factor Surveillance System (RRFSS) in obtaining baseline data with regards to public views on family

violence are important components of this initiative in meeting the social context set out in article 4.

The *School Based Services Program* provides funding to school boards and school authorities to contract with local women's shelters and other agencies working with abused women and children, to provide support to children who have witnessed and/or experienced domestic violence.

The *Safe School Act, 2000*, recognizes that responsible citizenship as an education goal involves appropriate participation in civic life and that active and engaged citizens accept responsibility for protecting their own rights and the rights of others. The *Ontario Schools Code of Conduct* (released in April 2000) sets, clear consistent, province-wide standards for behaviour for everyone in the school system. The Code states that all members of the school community should be treated with respect and dignity and are expected to use non-violent means to resolve conflict.

The *Student Protection Act*, it sets out a clear and broad definition of sexual abuse that recognizes not only physical abuse, but also sexual harassment and inappropriate behaviour of teachers towards their students. Under this Act, teachers in publicly-funded schools who have been charged with sexual offences involving minors will be automatically removed from the classroom. The Act also strengthens reporting requirements by all employers of certified teachers to prevent teachers who have been disciplined or charged with a sexual offence involving minors from moving, undetected, to another jurisdiction. The Ontario College of Teachers, the regulatory body for teachers in the public education system collects the reported information and ensures that it is acted upon. The College has issued a Professional Advisory to all its members reminding them of their obligations under this Act, and advising them on appropriate conduct towards students.

Government of Saskatchewan

Family violence programs are offered by eight community-based agencies in five Saskatchewan cities. Provincial money was initially provided for the expansion of existing family violence programs so they would be more comprehensive and would offer a more holistic approach to victims, offenders, children, other family members and community. Funding was allocated to Aboriginal service organizations delivering services to urban Aboriginal people. Children Who Witness Domestic Violence programming is also available in Saskatchewan's three largest cities.

There are a number of initiatives that address the needs of victims of family violence in the Victim's Services Program. These include: treatment groups for children who witness violence, early intervention services for spousal assault victims, high school peer counselling groups, teen parent alternatives to violence programs, spousal assault protocol development, training for justice system personnel, conference funding for community organizations, and child victim/witness court assistance.

Saskatchewan Community Resources and Employment provides almost \$5 million (2002-2003 budget) in funding to community based organizations that provide counselling, outreach and

emergency residential services to victims of domestic violence. This includes ten staffed shelters, six programs for victims of sexual assault and the Family Violence outreach programs.

In addition to the department's overall child protection services, an additional \$1,000,000 (2002-2003) is spent on services specifically targetted to children and youth who are exploited through the sex trade. The department had new legislation passed on October 1, 2002, entitled *The Emergency Protection for Victims of Child Sexual Abuse and Exploitation Act*. The legislation allows child protection staff, police and other designated persons to apply by telephone to a Justice of the Peace for an Emergency Protective Intervention Order to protect children under the age of 18 who are at risk of sexual abuse, including exposure to the sex trade. These orders are directed at perpetrators and can contain conditions restricting contact with the child and keeping the person from entering stroll areas.

Saskatchewan's Child Abuse protocol has been in place since 1995. The protocol is intended to provide direction and guidance to professionals responding to allegations of child abuse. It describes the principles guiding the response to child abuse and sets out the roles and responsibilities of the communities, professionals, individuals and organizations involved.

h) Programmes and services for street children and abandoned children;

National Homelessness Initiative

In December 1999, the Government of Canada launched the *National Homelessness Initiative* (NHI) to foster effective partnerships and investments for alleviating and preventing homelessness across Canada. This included \$305 million in funding under the NHI's cornerstone program, the *Supporting Communities Partnership Initiative* (SCPI). The SCPI is designed to help communities across Canada, in partnership with all levels of government and not-for-profit and private stakeholders, to plan and implement comprehensive local strategies addressing the needs of homeless men, women, children and youth. Based on community-identified priorities, services ranging from emergency shelter to those vital to independent living have been supported by the SCPI. In many cases, these serve the special needs of homeless youth and women with children fleeing situations of family violence who seek shelter and appropriate support services such as crisis counselling and residence relocation to make the transition to more stable lives.

A total of \$161 million in additional funding was also made available to address the needs of particularly vulnerable and/or over-represented groups within the homeless population, namely Aboriginal persons (\$59 million), youth (\$59 million) and victims of family violence (\$43 million).

The Government of Canada is unaware of any national level data on the number of street children in Canada.

Housing

As part of Canada's Family Violence Initiative (FVI), Canada Mortgage and Housing Corporation's (CMHC) Shelter Enhancement Program (SEP) received funding of \$13.9 million annually between fiscal years 2000-2001 to 2002-2003 — \$1.9 million of funding from the FVI and \$12.0 million from the National Homelessness Initiative (NHI).

SEP provides fully forgivable loans to sponsors of first-stage shelters and second stage housing for women and children, as well as youth experiencing family violence. SEP also provides assistance to repair and improve existing shelters in areas such as security, access for women and children as well as youth with disabilities, and improvements to children play areas. SEP also assists in the acquisition or construction of new shelters and second stage housing where needed. Sponsors include non-profit community organizations and Indian Band Councils.

Health and Homelessness

To address the concerns surrounding street youth, Health Canada's Community Acquired Infections Division launched a pilot project in 1998 to study this hard to reach population. Estimated spending for 2002-2003 was \$100,000. The Division partners with NGOs and governments at the federal, provincial and community levels to conduct the Enhanced Surveillance of Canadian Street Youth, which provides a national, multi-centre, cross-sectional surveillance system of Canadian street youth that monitors risk determinants and the rates of STIs, hepatitis B (HBV) and C (HCV). This sentinel surveillance network is also providing Canadians with data they can use to determine the links between sexual abuse, sexual exploitation and the vulnerability to HIV, hepatitis and STIs in street youth.

International Development

Canada's International Development Agency (CIDA)'s five year program, "Social Development Priorities: A Framework for Action", includes the Child Protection Action Plan which focuses on supporting programming in developing countries that focus on war-affected children, exploitative child labour and children exploited in the sex trade. During the period 2001-2003, CIDA provided at least \$500,000 (ODA) to support work with street children in developing countries.

l) Juvenile justice.

Government of Canada

The Government of Canada's Youth Justice Renewal Initiative was launched in May 1998. The Initiative is based on three key directions: prevention, meaningful consequences for youth crime, and intensified rehabilitation and reintegration to help youth safely return to their communities. Although the new *Youth Criminal Justice Act* (YCJA) is a key element of the Initiative, the Youth Justice Renewal Initiative looks beyond legislation and the youth justice system to explore how society as a whole can address youth crime and its associated factors. The Government's commitment to this Initiative is reflected in the \$1 billion allocated over five years

for cost-sharing agreements that will help provinces and territories implement youth justice renewal.

Youth Criminal Justice Act (YCJA): The YCJA creates a comprehensive regime to deal with all aspects of the youth justice system. The new Legislation (April 2003) respects the rights of young persons, and aims to increase community responses to youth offending, reduce over-reliance on incarceration, and increase rehabilitation and reintegration of young people. It sets out measures to deal with early intervention outside the formal court process; the youth court process following a charge; special rules for sentencing of young persons found guilty of an offence; the treatment of young persons sentenced to custody along with measures respecting their reintegration and rehabilitation; the safeguarding and use of information about young persons. In addition, it enhances the role of victims to be informed of and participate in the process and strengthens the involvement of parents and family. Key elements of the legislation include the following:

- *Preamble and principles:* Guidance on the use of these measures is found in the preamble to the Act, and in the Act itself, in several statements of principles (which refers to the *Convention on the Rights of the Child*).
- *Non-court measures:* The YCJA promotes the use of measures outside the court process, particularly through police diversion and youth committees, as the most timely and effective way to address most types of youth crime.
- *Judicial measures:* Limits the use of pre-trial detention, and eliminates transfer of a youth to adult court – all proceedings are to take place in youth court.
- *Sentencing:* There is a clear statement of the purpose and principles that should govern youth sentencing, emphasizing rehabilitation and proportionality and restricting the use of custody.
- *Custody and reintegration:* Youth custody sentences are to include a period of supervision in the community, with support during this critical period aimed at reintegrating youth.
- *Publication and records:* The publication of names of youth is prohibited, except for the most serious violent crimes.

Government of Newfoundland and Labrador

Juvenile justice (estimated expenditures for Youth Corrections systems):

2001-2002:	\$19,457,093
2002-2003:	\$20,522,492

Government of Nova Scotia***Youth Justice Budget as a percentage of provincial budget. Reported in \$ millions***

Fiscal year	Provincial Budget	Youth Budget	Percentage
2000-2001	\$4,795.0	\$12.2	.25%
2001-2002	\$5,135.0	\$11.7	.22%
2002-2003	\$5,307.0	\$11.7	.22%

Government of Saskatchewan

The Young Offenders program budget for 2002-2003 in Saskatchewan was approximately \$42 million.

- j) **Please also indicate the expenses of the private sector, in particular for health and education.**

Please see Appendix B for total health expenditures for 1996-2000. Appendix C outlines provincial and territorial government sector health expenditures as well as total government expenditures.

3. **With reference to children deprived of a family environment and separated from parents, please provide disaggregated data (by age and gender) for the last three years on the number of children:**

- a) **Separated from their parents;**

For purposes of clarification, Canada has interpreted the request for information regarding children separated from parents to mean children separated from both parents, i.e. not children of separated or divorced parents. The provincial governments are primarily responsible for the care of children who are deprived of a family environment by being placed in an institution or with foster parents. The provinces are also primarily responsible for intercountry and domestic adoptions. In the context of the "Inherent Right of Self-Government Policy", some First Nations have negotiated self-government agreements which recognize their authority for child welfare and adoption matters within their communities.

Aboriginal Children***Number of On-Reserve Registered Indian Children in Care¹, Canada, 1999-00 to 2001-02***

Fiscal Year⁹	Total Number of Children in Care^{2,3,4,5,7,8}	Number of On Reserve Children Aged 18 and Under⁶	Percent of Children in Care
1999-2000	7,762	148,664	5.2
2000-2001	8,791	147,108	6
2001-2002	8,828	150,646	5.9

- Notes:
1. "Children in Care" refers to the number of children who were placed away from parental care to prevent or protect them from neglect and/or abuse, either in foster care, group homes or institutional care.
 2. The total number of children in care represents all children under the care of Operational and Developmental First Nations Child and Family Services Agencies, Provincial care and CSS Care (Québec and Ontario only).
 3. Children in care include foster, institutional and group home care.
 4. Child care cases do not include preventive and alternate approaches to child and family services.
 5. Registered Indian children in care were resident on a reserve, Crown Land or settlement prior to the provision of care.
 6. The total number of 0-18 population is as of December 31 from the Indian Register and represents only those First Nations which were administered under a Child and Family Services Agreement. Data exclude NWT, Nunavut as well as Self-governing First Nations.
 7. The above information may be underestimated due to non-reporting.
 8. All data exclude residents in the N.W.T and Nunavut as they are funded by the territorial government and excludes Self-Government First Nations which are funded through other funding mechanisms.
 9. Children in Care as of March 31.

Source: *Basic Departmental Data 2002*. Indian and Northern Affairs Canada: March 2003.

Government of Alberta

See Appendix D for data on children separated from their parents for 2001-2003.

Note: The caseload numbers reflect the March child protection cases in March of 2001, 2002, and 2003. The "placement" categories in the table reflect the following caseload groupings:

Agency Foster Care: a placement in which a child resides in an Agency Foster Home.

Government Foster Care: a placement in which a child resides in a foster home approved by a Director.

Group Care: includes group placement to provide community integration and family involvement as well as group placement to receive assessment, stabilization and integration services.

Independent Living: includes supported independent living and independent living arranged by the child.

Residential/Other: includes residential treatment, remedial care, secure treatment, mental health treatment, residential education, auxiliary or long-term medical care, drug and alcohol (addictions) management, behavioural adaptation therapy for children with disabilities, Y.O.A. (young offenders) facility, out of province residential treatment, interim placement (other not defined but not temporary).

View to Adopt: child placed for adoption.

Government of British Columbia

Children separated from their parents:

(Proxy measure — new children in care)

2000-2001: 5,729

2001-2002: 5,025

2002-2003: 4,322

Government of New Brunswick

If children are separated from their parents, they are placed in the temporary or permanent care of the Minister and placed in a foster home or group home.

Average number of children per month in:

Temporary care: 439/month (2000-2001)
477/month (2001-2002)
Awaiting data for 2002-2003

Permanent care: 849/month (2000-2001)
906/month (2001-2002)
Awaiting data for 2002-2003

b) Placed in institutions;***Government of Alberta***

See Appendix E for data on children separated from their parents and placed in institutions for 2001-2003.

Note: The caseload numbers reflect the March child protection cases in March of 2001, 2002, and 2003. The “placement” categories in the table reflect the following caseload groupings:

Agency Foster Care: a placement in which a child resides in an Agency Foster Home.

Government Foster Care: a placement in which a child resides in a foster home approved by a Director.

Group Care: includes group placement to provide community integration and family involvement as well as group placement to receive assessment, stabilization and integration services.

Independent Living: includes supported independent living and independent living arranged by the child.

Residential / Other: includes residential treatment, remedial care, secure treatment, mental health treatment, residential education, auxiliary or long-term medical care, drug and alcohol (addictions) management, behavioural adaptation therapy for children with disabilities, Y.O.A. (young offenders) facility, out of province residential treatment, interim placement (other not defined but not temporary).

View to Adopt: child placed for adoption.

Government of British Columbia

See “Other Resources”, in table under 3-c), below.

Government of New Brunswick

See 3-a) above for relevant information.

c) Placed with foster families;***Government of Alberta***

See Appendix F for data on children separated from their parents and placed with foster parents for 2001-2003.

Note: The caseload numbers reflect the March child protection cases in March of 2001, 2002, and 2003. The “placement” categories in the table reflect the following caseload groupings:

Agency Foster Care: a placement in which a child resides in an Agency Foster Home.

Government Foster Care: a placement in which a child resides in a foster home approved by a Director.

Group Care: includes group placement to provide community integration and family involvement as well as group placement to receive assessment, stabilization and integration services.

Independent Living: includes supported independent living and independent living arranged by the child.

Residential / Other: includes residential treatment, remedial care, secure treatment, mental health treatment, residential education, auxiliary or long-term medical care, drug and alcohol (addictions) management, behavioural adaptation therapy for children with disabilities, Y.O.A. (young offenders) facility, out of province residential treatment, interim placement (other not defined but not temporary).

View to Adopt: child placed for adoption.

Government of British Columbia

Placement as of the end of the fiscal year

Placement Type	Mar-03	Mar-02	Mar-01
Foster Families			
Regular Family Care	576	610	815
Restricted Family Care	835	935	905
Level 1 Care	1,081	1,196	1,358
Level 2 Care	2,192	2,249	2,228
Level 3 Care	1,169	969	893

Other Placements			
Contracted Resources	1,604	2,116	2,269
Support Service	4	6	7
Living Independently	405	389	122
Parents/Relatives	476	445	405
Adoption Residency Period	328	250	489
Other Resources	236	228	195
Missing/Runaway	76	95	250
Aboriginal Resources	523	449	112
Not Coded	76	112	426
TOTAL	9,581	10,049	10,474

Government of New Brunswick

See 3-a) above for relevant information.

d) Adopted domestically or through inter-country adoptions.

The provincial and territorial governments have constitutional jurisdiction for child and family services, including adoption, inter-country adoption and child welfare (placing children in foster care etc.). Moreover, all jurisdictions except Québec and Newfoundland and Labrador have enacted legislation implementing the 1993 *Hague Convention on the Protection of Children and Co-operation in Respect of Intercountry Adoption*, which further highlights Canada's commitment to complying with international standards on adoption. Both Québec and Newfoundland and Labrador operate their own non-Hague intercountry adoption system, which applies similar standards. In the context of the "Inherent Right of Self-Government Policy", some First Nations have negotiated self-government agreements which recognize their authority for child welfare and adoption matters within their communities.

Citizenship and Immigration***Inter-Country Adoptions by age and gender (1999-2002)***

	1999	2000	2001	2002	1999-2002
Less than 1 year of age					
Total	738	830	657	751	2976
Females	556	644	444	568	2122
Males	182	186	213	183	754
1 year olds					
Total	567	388	628	625	2208
Females	425	255	494	483	1657
Males	142	133	134	142	551
2 to 4 years old					
Total	219	216	182	212	829
Females	129	129	108	114	480
Males	90	87	74	98	349
5 to 9 years old					
Total	148	107	116	91	462
Females	86	66	57	56	265
Males	62	41	59	35	197
10 years old and up					
Total	346	317	289	244	1196
Females	194	190	164	154	702
Males	152	127	125	90	494
All ages					
Females	1390	1284	1267	1375	5316
Males	628	574	605	548	2355
Unknown gender or age	2	8	3	2	15
Total	2020	1866	1875	1925	7686

Government of Alberta

See Appendix G for data on children adopted domestically or through inter-country adoption for 2001-2002 and 2002-2003 (includes adoption placements).

Government of British Columbia

Gender breakdown by Fiscal Year 2002-03			Gender breakdown by Fiscal Year 2001-02			Gender breakdown by Fiscal Year 2000-01		
Gender	%	Total	Gender	%	Total	Gender	%	Total
Female	51.5%	169	Female	46.5%	113	Female	42.9%	70
Male	48.5%	159	Male	53.5%	130	Male	57.1%	93
Total	100.0%	328	Total	100.0%	243	Total	100.0%	163

Age Groupings breakdown by Fiscal Year 2002-03			Age Groupings breakdown by Fiscal Year 2001-02			Age Groupings breakdown by Fiscal Year 2000-01		
Age Categories	%	Total	Age Categories	%	Total	Age Categories	%	Total
0 - 2	29.3%	96	0 - 2	37.4%	91	0 - 2	46.6%	76
3 - 5	23.5%	77	3 - 5	28.0%	68	3 - 5	25.2%	41
6 - 11	43.3%	142	6 - 11	29.6%	72	6 - 11	27.6%	45
over 12	4.0%	13	over 12	4.9%	12	over 12	0.6%	1
Total	100.0%	328	Total	100.0%	243	Total	100.0%	163

Government of New Brunswick

Domestic adoptions:

2000-2001:	35
2001-2002:	37
2002-2003:	51

Government of Saskatchewan

There were 182 adoptions finalized in 2002-2003 by Saskatchewan Community Resources and Employment: 42 Ward adoptions; 86 step-parent adoptions; 23 independent adoptions; 21 inter-country adoptions; and 10 agency adoptions.

4. Please specify the number of children with disabilities, up to the age of 18, disaggregated by sex and age (with specific data for Aboriginal children) covering the period 2000-2002:

Statistics Canada

The number of children with disabilities by age groups and sex, according to the 2001 Physical Activity Limitation Survey (PALS) (numbers have been rounded):

Children with disabilities	Total	Males	Females
Aged 0 - 14	180,930	113,220	67,710
Aged 0 - 4	26,210	16,030	10,180
Aged 5 - 9	70,370	45,050	25,320
Aged 10 - 14	84,350	52,130	32,220

Please note that persons living in institutions, on Indian reserves, and in the Yukon, Northwest Territories and Nunavut were excluded from the survey.

Separate estimates of the numbers of Aboriginal children with disabilities are not available. While the PALS survey may have included Aboriginal children not living on reserves as part of its random sampling strategy, separate Aboriginal estimates cannot be produced. PALS did not include the on-reserve population. Information regarding the rate of disabilities among Aboriginal people ages 15-19 will be available following release of the Aboriginal Peoples Survey in the fall of 2003.

National information regarding the number of children with disabilities living in institutions is not available as PALS did not survey institutional populations. Generally however, recent policy of jurisdictions within Canada has been to support children with disabilities and their families in the community. Thus the total institutional population of children in Canada is likely to be quite small.

National information regarding school attendance for children with disabilities will become available with the December 2003 release of PALS.

a) Living with their families;

Government of Alberta

See Appendix H for data on children with disabilities living with their families, 2001-2003.

Government of New Brunswick

Following are data from the *Community-based Services for Children with Special Needs (CBSCSN) Program* and only include children with disabilities who are receiving services under this program.

2000-2001:	923 children
2001-2002:	1,004 children
2002-2003:	1,013 children

b) In institutions;***Government of Alberta***

See Appendix I for data on children with disabilities living in institutions, 2001-2003.

Government of British Columbia

Children with disabilities living in institutions: 14 in-patient beds in Sunny Hill.

c) Attending regular schools***Government of New Brunswick***

New Brunswick's Department of Education has recently begun to collect data regarding students with exceptionalities attending public school. The methodology used varies by sector. The Anglophone sector began collecting data in school year 2000-2001, and the francophone sector began in 2001-2002.

There are no data collected separately for Aboriginal students.

All school-aged children with disabilities are served within regular schools.

Students with Exceptionalities Provincially by Grade		
Based on September 30, 2000, English School Districts Population of 86,555 Students		
Grade	Frequency	Percentage of Total Number of Students with Exceptionalities
K	509	3.4
1	968	6.4
2	1,209	8.0
3	1,289	8.6
4	1,302	8.6
5	1,292	8.6
6	1,283	8.5
7	1,251	8.3
8	1,220	8.1
9	1,469	9.8
10	1,143	7.6
11	840	5.6
12	642	4.3
Unaccounted	643	4.3
Total	15,060	

Number of exceptionalities by gender (English school districts)	
Provincial Total Males	9,106
Provincial Total Females	5,048
Total Males and Females	14,154

Students with Exceptionalities Provincially by Grade		
Based on September 30, 2000, French School Districts Population of 37,103 Students		
Grade	Frequency	Percentage of Total Number of Students with Exceptionalities
K	158	4.9
1	225	7.0
2	222	6.9
3	262	8.2
4	263	8.2
5	320	10.0
6	251	7.8
7	302	9.4
8	318	9.9
9	229	7.1
10	277	8.6
11	253	7.9
12	128	4.0
Total	3,208	

Government of Ontario

About 9.2 percent of Ontario students (or 190,000) are identified as exceptional. The Ministry of Education provides definitions for identifying students as exceptional using 12 specific categories: behaviour disorders, communication disorders (autism, deaf/hard of hearing, language impairment, speech impairment and learning disabilities), intellectual (mild intellectual disability, developmental disability, giftedness), physical (blind/low vision, physical disabilities), or multiple exceptionalities. Exceptional students are considered to need placement in a special education program. Placement may be:

- in a regular classroom with supports;
- regular classroom with withdrawal to receive instruction outside by a qualified special education teacher for a part of the day;
- special education class with partial integration;
- special education class for entire day;
- referral to a provincial committee for consideration of provincial or demonstration school eligibility.

A school board may also refer a student to a provincial committee for consideration of provincial or demonstration school eligibility (see below).

d) Attending special schools***Government of Ontario***

In 2002-2003, Ontario's five provincial and four demonstration schools served 836 students who are deaf, blind, deaf-blind or who have severe learning disabilities. These schools provide a residential program, with students returning home each weekend. They also provide outreach services and teacher in-service for school boards.

5. With reference to child abuse, please provide disaggregated data (by age, gender and types of violations reported) over the period 2000-2002 on the:**a) Number of individual complaints received per year in the last three years;**

Provincial child welfare legislation enables the particular provincial government to remove a child from an abusive environment. Data with regard to such removals would be collected by the provinces. In comparison, the information received from the Royal Canadian Mounted Police indicates when a criminal offence of child abuse has been established.

Each province and territory has specific legislation providing protection for neglected and abused children. Reporting suspected cases of child maltreatment (abuse and neglect) is required in law in all provinces and territories. Not all reported cases, however, are necessarily investigated in all jurisdictions because some are screened out due to lack of information or because they are beyond the mandate of the child welfare services (for example, some jurisdictions limit their mandate to children under the age of 16 while others extend their mandate to youth under 19).

Because of differences both in definitions of maltreatment and methods for counting, it is not possible to aggregate data across jurisdictions. However, the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) provided, for the first time, national estimates of child abuse and neglect reported to child welfare services. According to the CIS, an estimated 135,573 child maltreatment investigations were carried out in Canada in 1998, an annual incidence rate of 21.52 investigations per 1,000 children. An estimated 61,201 child maltreatment investigations (45 percent) were substantiated, an estimated 29,668 (22 percent) remained suspected, and an estimated 44,704 (33 percent) were unsubstantiated. The primary categories of maltreatment in child investigations in 1998 were estimated to be physical abuse in 31 percent, sexual abuse in 10 percent, neglect in 40 percent and emotional maltreatment in 19 percent of investigations. After the initial investigation, 34 percent of cases remained open for ongoing services and 64 percent were to be closed (2 percent had not yet been determined). Eight percent of child maltreatment investigations led to a child being placed in care (foster placement, group homes, or residential/secure treatment) during the initial investigation. Police investigation occurred in an estimated 21 percent of child maltreatment investigations and charges were laid in 10 percent.

Criminal Investigations of Child Abuse

It should be noted that national survey codes have a tendency to be unscored on operational files. As well, these numbers do not represent calls for service (reports of abuse), but should only be scored when a child abuse offence can be established.

	2000	2001	2002
DK95 - Child Abuse (sexual), male	322	273	229
DK96 - Child Abuse (sexual), female	1,006	804	686
DK97 - Child Abuse (other), male	644	464	430
DK98 - Child Abuse (other), female	490	392	366

Government of Alberta

See Appendix J for data on child abuse complaints for 2001-2002 and 2002-2003.

Government of British Columbia

Number of individual complaints received per year in the last three years

	Protection Reports	Closed Investigations	Physical Abuse	Sexual Abuse	Neglect	Other Abuse	Multiple Types	Total Closed
2002-2003	31,780	20,702	3,371	662	6,509	828	9,332	20,702
2001-2002	33,522	23,298	3,853	899	7,078	1,059	10,409	23,298
2000-2001	34,794	22,723	3,973	905	7,200	1,148	9,497	22,723

Government of New Brunswick

Number of individual complaints received per year in the last three years

- 2000-2001: approximately 6,300 protection referrals
- 2001-2002: approximately 6,396 protection referrals
- 2002-2003: awaiting data

Government of Newfoundland and Labrador

See Appendix K for data on the number of children found to be in need of protective intervention for the years 2000, 2001 and 2002.

b) Number and percentage of reports which have resulted in either a court decision or other types of follow-up.

All allegations of child abuse are considered and investigated by child welfare authorities.

Government of British Columbia***Response to Investigations by Fiscal Year in BC***

	2002-2003	2002-2001	2000-2001
Offer Care Agreement	432	476	443
Agreement with Kin and Others	119	0	0
Apply for Court Order	2,626	2,980	3,002
Family Group Conference	35	0	0
No Service Required	7,517	8,335	8,103
Offer Support Services	5,671	6,070	5,709
Offer Youth Services	125	182	254
Refer to Community Agency	4,177	5,255	5,212
TOTAL	20,702	23,298	22,723

Government of Newfoundland and Labrador

Following are statistics regarding the number of children in care or custody as a result of a protective intervention.

Provincial Protective Intervention & In Care Custody, New and Re-opened Stats for 2000, 2001, 2002

Re-opened Programs, 2000		
Region/Board	Protective Intervention	In Care/Custody
St. John's Region	947	63
Eastern Region	330	18
Central Region	289	28
Western Region	316	53
Grenfell Region	30	0
Labrador Region	109	24
Provincial Total	2,021	186

Re-opened Programs, 2001		
Region/Board	Protective Intervention	In Care/Custody
St. John's Region	751	69
Eastern Region	322	31
Central Region	239	19
Western Region	303	37
Grenfell Region	28	4
Labrador Region	111	45
Provincial Total	1,754	205

Re-opened Programs, 2002		
Region/Board	Protective Intervention	In Care/Custody
St. John's Region	829	96
Eastern Region	385	32
Central Region	240	34
Western Region	269	48
Grenfell Region	15	2
Labrador Region	113	12
Provincial Total	1,851	224

Government of Saskatchewan

Saskatchewan Community Resources and Employment Child and Family Division investigated 4,787 reports of child abuse and neglect in 2000-2001; 5,120 reports in 2001-2002; and 4,282 reports in 2002-2003. Child Protection Services were provided to an average of 3,043 families per month in 1999-2000, 2,723 families per month in 2001-2002, and an average of 2,288 families per month in 2002-2003. Approximately \$2.7 million was allocated in 2003-2004 for the child protection program.

- 6. Please provide disaggregated data (including by gender, age, and urban/rural areas, as well as, if available for Aboriginal children and other minority groups) covering the period between 2000 and 2002 on:**
- a) The enrolment and completion rates in percentages of the relevant group in pre-primary schools, in primary schools and in secondary schools;**

Enrolments in Canadian Schools by Age for public schools, private schools, federal schools and visually and hearing impaired schools by age, 1999-2000

	Public schools	Private schools	Federal schools*	Visually and hearing impaired schools	Total 1999-2000
4 yrs	147,422	12,589	5,832	93	165,936
5 yrs	353,273	20,046	6,154	83	379,556
6 yrs	367,509	20,579	5,896	65	394,049
7 yrs	376,705	20,138	5,864	58	402,795
8 yrs	380,866	19,425	5,586	64	405,941
9 yrs	382,192	19,171	5,504	63	406,930
10 yrs	373,633	18,761	5,178	65	397,637
11 yrs	367,149	18,882	4,941	74	391,046
12 yrs	358,001	29,837	4,622	90	392,550
13 yrs	361,305	29,057	4,288	95	394,745
14 yrs	362,108	27,110	3,775	92	393,085
15 yrs	361,142	25,363	3,195	95	389,795
16 yrs	348,929	23,261	2,857	121	375,168
17 yrs	273,493	10,535	2,368	118	286,514
18 yrs	138,962	4,259	1,753	79	145,053
19 yrs	33,000	1,718	1,314	73	36,105
20 yrs	32,227	3,634	4,262	70	40,193
Total	5,017,916	304,365	73,389	1398	5,397,068

* Enrolments in federal schools include overseas schools from the Department of National Defence (259 enrolments in 1998-99 and 238 enrolments in 1999-2000). The remaining enrolments reflect enrolments in Aboriginal schools subsidized by Indian and Northern Affairs Canada (INAC). However, this excludes Aboriginals enrolled in schools not subsidized by INAC.

Enrolment rates (Canada, 2001) full-time and part-time students in public and private institutions by age

Ending age of compulsory education	Number of yrs at which over 90% of the population are enrolled	Age range at which over 90% of the population are enrolled	Students 4 and under as a % of the population of 3 and 4 yrs old	Students 5-14 and under as a % of the population of 5-14 yrs old	Students 15-19 and under as a % of the population of 15-19 yrs old
16	12	6 - 17	20.8	97.2	75

Total elementary-secondary enrolment. By grade. Canada. 1999-2000

Pre-elementary	525,000
Grade 1	104,856
Grade 2	406,342
Grade 3	406,963
Grade 4	409,643
Grade 5	398,056
Grade 6	388,930
Grade 7	401,876
Grade 8	400,129
Grade 9	407,138
Grade 10	407,870
Grade 11	389,707
Grade 12	398,000
Elementary Ungraded	34,946
Secondary Ungraded	19,214
Subtotal	5,395,670
Visually and Hearing Impaired	1,398
Total	5,397,068

1. Includes all registrations in public, private and federal schools and schools for the visually and hearing impaired, as well as Department of National Defence schools overseas.
2. Includes Ontario students enrolled in Ontario Academic Course (O.A.C.).
3. Includes estimates for Ontario private schools

Aboriginal Children

The total number of on-reserve children enrolled in kindergarten, elementary and secondary schools increased 24 percent between 1991-1992 and 2001-2002, from 96,600 to approximately 119,600 respectively.

The number of Registered Indians and Inuit enrolled in post-secondary schools increased to 25,800 in 2001-2002 .

On-Reserve Registered Population, Age 6-16, Enrolment Rate, Canada 1999-00 to 2001-02

Year	On-Reserve Population 6-16 Yrs^{1,2,3,4}	On-Reserve Enrolment 6-16 Yrs^{1,2,3,4}	Enrolment Rate⁵
1999-2000	92,213	78,178	84.8
2000-2001	94,263	78,647	83.4
2001-2002	95,358	82,515	86.5

- Notes:
1. On-reserve population includes recognized Indian settlements on Crown Land.
 2. Excludes Yukon, N.W.T. and Nunavut as kindergarten, elementary and secondary education is funded by the territorial governments.
 3. Excludes individuals from the Nuu-chah-Nulth Tribal Council, Miawpukek, Sechelt and James Bay Cree and Naskapi of Québec.
 4. The 6-16 age group has been used in order to be consistent with numbers reported for all Canadians. Previously, the 4-18 age group was used.
 5. Enrolment rates are calculated by dividing the on-reserve enrolment by the on-reserve population and multiplying by 100. Please note the limitation to the Indian Register, residency is recorded by event-driven occurrences and may be outdated. This limitation should be kept in mind as it likely deflates the enrolment rate.

Source: Basic Departmental Data 2002. Indian and Northern Affairs Canada: March 2003.

School Year	Enrolment^{1,2,3,4}	Graduates⁵	Graduate Rate
1990-2000	6,463	2,072	32.1
2000-2001	7,063	2,168	30.7

- Notes:
1. On-reserve population includes recognized Indian settlements on Crown land.
 2. Total enrolment includes Registered Indians, Non-Registered Indians and Inuit living on a reserve and/or community and attending Grades 12 or 13 (where applicable).
 3. Excludes individuals from the Nuu-Chah-Nulth Tribal Council, and James Bay Cree, Inuit and Naskapi of Québec.
 4. Excludes Yukon, N.W.T. and Nunavut as Secondary Education is funded by the territorial governments.
 5. Only includes students that were enrolled in Grade 12 or 13 that graduated. Due to movement of students between on and off reserve, graduation rates are limited and the Department of Indian and Northern Affairs is not able to track this impact.

Source: Basic Departmental Data 2002. Indian and Northern Affairs Canada: March 2003.

Government of Alberta

Enrolment:

Sex	Age Group	2001-2002	
		#	%
Female	< 5	7,680	1.3%
Male	< 5	8,694	1.5%
Female	5 - 9	101,649	17.2%
Male	5 - 9	107,387	18.2%
Female	10 - 14	109,074	18.5%
Male	10 - 14	114,628	19.4%
Female	15 - 19	65,542	11.1%
Male	15 - 19	69,529	11.8%
Female	> 19	4,145	0.7%
Male	> 19	2,576	0.4%
Total		590,904	100.0%

Note: Student population refers to counts of students for whom a school authority has received funding as well as non-funded students who have registered as of September 30th of that school year. Therefore, these enrolment numbers should not be used in conjunction with the budget figures, i.e. calculating funding per student.

Completion rates:

2001-2002: Percentage of students who entered Grade 10 for the first time in 1999-2000 and completed high school in 2001-2002: 65.3 percent

Government of British Columbia**2002-2003 School Year**

	Enrolments				
	Total	Female	Male	Elementary	Secondary
Public Only	623,344	304,318	319,026	344,215	279,129
Public and Independent	685,945	N/A	N/A	385,399	300,546

	Aboriginal Enrolments				
	Total	Female	Male	Elementary	Secondary
Public Only	50,415	24,756	25,659	33,278	17,129
Public and Independent	54,205	26,606	27,599	36,199	17,992

Proportion of students obtaining Dogwood Certification (high school graduation certificate) within six years of entering Grade 8 for the first time; 2001-2002 school year:

All Students	Female	Male	Non-Aboriginal	Aboriginal
77%	81%	73%	80%	43%

Government of Manitoba**Provincial Public Enrolments by Grade Distribution**

Grades	2000-2001	2001-2002
Non-graded	1,615	1,259
Nursery	2,387	2,195
Kindergarten	13,543	12,919
Grade 1-8	113,507	113,082
Senior 1-Senior 4	71,366	61,647
Total	202,418	191,102

Note: 2000-01 enrolments include 10,119 pupils attending Adult Learning Centres. School divisions/districts no longer reported these pupils in 2001-2002 as the enrolment and funding of these pupils was moved to the jurisdiction of Adult Learning and Literacy.

Public Enrolments by Region (Urban/Rural) of Manitoba

Grades	2000-2001	2001-2002
Winnipeg (Urban)	106,544	105,070
Central (Rural)	17,787	16,781
SouthEast Interlake (Rural)	37,514	29,948
Parkland West (Rural)	26,655	25,532
North/Remote (Rural)	13,918	13,771
Total	202,418	191,102

Government of New Brunswick

See Appendix L for data on enrolment in New Brunswick. (Data are collected for primary and secondary schools only. First Nations enrolment is included in the enrolment numbers in the first three tables, but is shown separately in the last three tables.)

Number of Secondary School Graduates, School Year 2001-2002*

	Total	Male	Female
Anglophone Schools	5,902	2,828	3,074
Francophone Schools	2,672	1,256	1,416
Province	8,574	4,084	4,490

* Includes students who graduated after first semester (February 2002) in June 2002 and subsequent to the 2002 summer session

Number of Secondary School Graduates, School Year 2000-2001*

	Total	Male	Female
Anglophone Schools	5,728	2,776	2,952
Francophone Schools	2,824	1,364	1,460
Province	8,552	4,140	4,412

* Includes students who graduated after first semester (February 2001) in June 2001 and subsequent to the 2001 summer session

Government of Newfoundland and Labrador

	2000-2001			2001-2002			2002-2003		
	M	F	Total	M	F	Total	M	F	Total
Provincial									
Enrolment	46,361	43,806	90,167	44,782	42,116	86,898	43,413	40,855	84,268
Graduation Rate	67.1	83.1	74.8	71.2	81.7	76.3			
Pass Rate	81.7	90	86	78.7	85.6	82.1			
Pupil-Teacher Ratio			13.9			13.4			13.5
Urban									
Enrolment	26,720	25,457	52,177	26,170	24,854	51,024	23,683	22,499	46,182
Pass Rate	81.9	89.4	85.5	77.4	85.4	81.4			
Pupil-Teacher Ratio			15.7			15.3			15.4
Rural									
Enrolment	19,641	18,349	37,990	18,612	17,262	35,874	19,730	18,356	38,086
Pass Rate	81.4	90.9	85.7	81.3	87	84.2			
Pupil-Teacher Ratio			12.6			12			12.2

	2000-2001			2001-2002			2002-2003		
	M	F	Total	M	F	Total	M	F	Total
Francophone District									
Enrolment	125	131	256	117	131	248	111	119	230
Pass Rate	100	100	100.0 (only 8 students)	100	100	100.0 (only 3 students)			
Pupil-Teacher Ratio			7.4			7			6.9
Native¹									
Enrolment	704	736	1,440	710	751	1,461	692	730	1,422
Pass Rate	72.2	88.9	80.6	73.3	66.7	69.7			
Pupil-Teacher Ratio			10.9			10.6			10.5

NOTE: 1. Figures for native schools may include non-native students attending the same school.

*Government of Ontario**Enrolment, by age and gender, in elementary schools*

Age	2000-2001			2001-2002		
	Male	Female	Total	Male	Female	Total
3 & under	1,028	1,211	2,239	873	888	1,761
4	55,852	53,996	109,848	58,480	56,441	114,921
5	71,613	68,106	139,719	68,459	65,432	133,891
6	74,302	70,103	144,405	74,189	70,329	144,518
7	74,525	70,607	145,132	75,305	71,216	146,521
8	75,933	72,474	148,407	75,483	71,471	146,954
9	76,634	72,988	149,622	77,026	73,346	150,372
10	78,080	73,625	151,705	77,624	74,082	151,706
11	76,483	72,634	149,117	79,362	74,928	154,290
12	73,887	70,789	144,676	76,676	72,952	149,628
13	71,764	68,265	140,029	72,912	69,598	142,510
14	5,191	3,176	8,367	5,442	3,460	8,902
15	356	307	663	786	743	1,529
16	114	83	197	152	92	244
17	100	67	167	77	72	149
18	68	72	140	81	55	136
19	74	58	132	55	56	111
20	69	48	117	63	43	106
21	21	17	38	5	4	9
22 & over	15	10	25	7	5	12
TOTAL	736,109	698,636	1,434,745	743,057	705,213	1,448,270

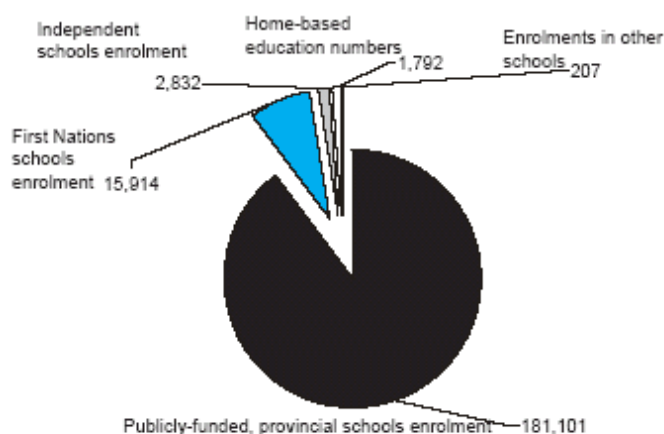
Enrolment, by age and gender, in secondary schools

Age	2000-2001			2001-2002		
	Male	Female	Total	Male	Female	Total
11 or under	44	52	96	17	16	33
12	38	25	63	39	33	72
13	1,082	1,202	2,284	1,068	1,135	2,203
14	70,482	68,771	139,253	70,336	69,052	139,388
15	75,530	72,072	147,602	76,313	72,541	148,854
16	74,222	70,891	145,113	74,408	71,334	145,742

Age	2000-2001			2001-2002		
	Male	Female	Total	Male	Female	Total
17	69,758	67,048	136,806	72,066	69,140	141,206
18	53,448	49,207	102,655	53,729	50,022	103,751
19	12,296	7,477	19,773	12,008	7,344	19,352
20	3,534	2,526	6,060	3,163	2,291	5,454
21	719	719	1,438	708	674	1,382
22 +	2,404	5,538	7,942	2,532	4,869	7,401
TOTAL	363,557	345,528	709,085	366,387	348,451	714,838

Government of Saskatchewan

Figure 22: Number of Saskatchewan Youth Receiving Elementary or Secondary Education, by School Type, 2001-02



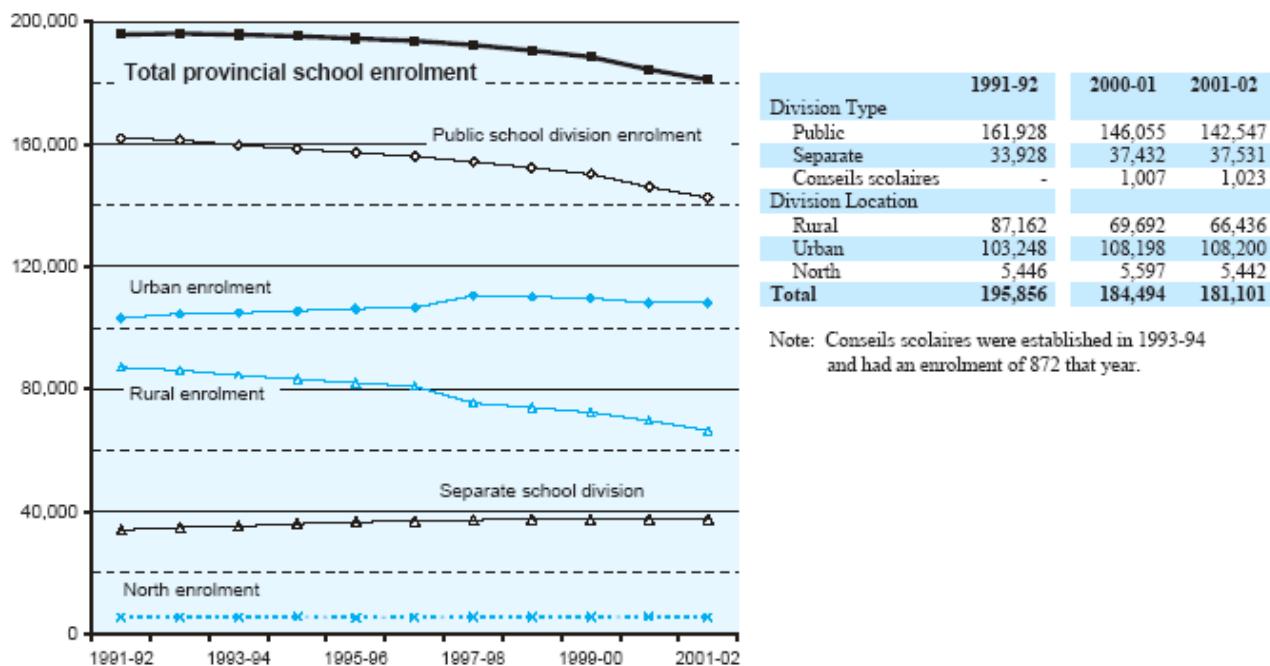
Note: Double counts can occur as student counts may occur at different times for different institutions. Student counts would include some children younger than five and some youth older than seventeen. Not all youth age 5-17 may be included in the totals. Other schools are those not registered as recognized independent schools.

Source: Saskatchewan Learning. (2002). *School Finance Data*. Regina, SK.
 Saskatchewan Learning. (2002). *Independent Schools Data*. Regina, SK.
 Department of Indian and Northern Affairs Canada. (2002). *Unpublished Data*. Regina, SK

During the 2001-2002 school year, there were 181,101 Kindergarten to Grade 12 students in Saskatchewan’s provincially-funded education system. This is a decrease of 3,393 students from the previous school year and a decrease of almost 15,000 since the 1991-1992 school year. In the past decade, enrolments in public school divisions have declined 12 percent to 142,547 and enrolments in rural school divisions have fallen 24 percent to 66,436. Some of the rural student decline can be attributed to reporting changes when a school division is re-classified from rural to urban (e.g., when a town such as Humboldt becomes a city). Since 1991-1992, enrolments have increased by a small percentage in urban school divisions to 108,200, and by over 10 percent in separate school divisions, while remaining rather flat in the mid-5000’s in the North.

Since their inception in 1993-1994, the enrolment in *conseils scolaires* (our francophone school system) have increased from 872 to 1,023 (Figure 23). (Source: 2002 *Saskatchewan Education Indicators: Kindergarten to Grade 12: Saskatchewan Learning*)

Figure 23: Numbers of Students in Publicly-Funded Provincial Schools by Type and Location of School Division, 1991-92 to 2001-02, as of September 30



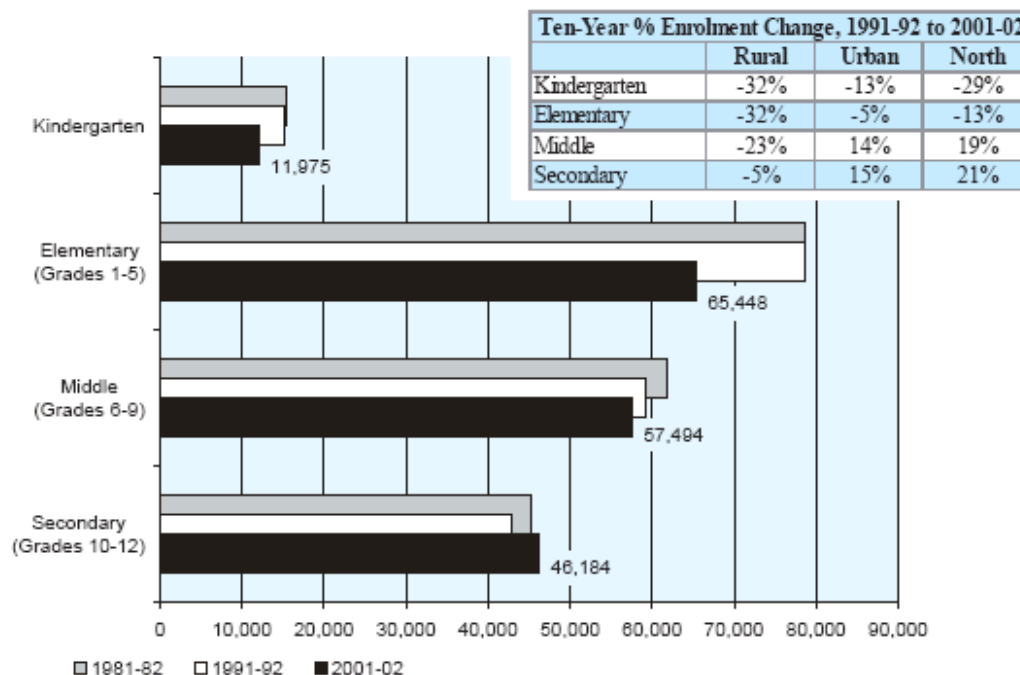
Note: Some numbers are slightly different from those reported in previous years' *Indicators* reports. This is because of late reporting, ongoing record maintenance, inclusion of enrolments in independent schools now associated with provincially-funded school divisions, and school division restructuring.

All enrolments within a school division are categorized as rural and urban based on the rural/urban classification of the school division. Some of the shift in enrolment from rural to urban is explained by the re-classification of school division enrolments when a town becomes a city (e.g., Melville and Humboldt).

Source: Saskatchewan Learning. (2002). *School Finance Data*. Regina, SK.

Saskatchewan's student population decline is most evident at the Kindergarten and elementary levels. In 2001-2002, there were almost 16,500 fewer K-5 students than in 1991-1992. The crest of the baby boom echo moving into our high schools accounts for most of the 3,400-student increase at the secondary level. Rural Saskatchewan school enrolments at the younger grades have experienced the most dramatic declines (Figure 24). (Source: 2002 *Saskatchewan Education Indicators: Kindergarten to Grade 12: Saskatchewan Learning*)

Figure 24: Saskatchewan Students by Grade Level, Urban, Rural, North, Province, 1981-82, 1991-92 and 2001-02



Source: Saskatchewan Learning. (2002). *School Finance Data*. Regina, SK.

An independent school is officially registered pursuant to *The Education Act*, provides education to students who are of compulsory school age, and is controlled and administered by a person or agency that is not a public authority. There are a number of categories of independent schools — some recognized for contributing to secondary level credit attainment (8 historical high schools and 20 other independent schools in 2001-2002) and others not recognized for secondary level attainment or who do not have students in Grades 10-12 (18 independent schools in 2001-2002).

Of the 46 schools categorized below, eight had become ‘associated’ by 2001-2002. These schools had a combined enrolment of 1,252 students. An ‘associated’ school is one that has worked out a contractual arrangement with a school division. The contract is unique in each associated relationship; however, advantages can include teachers employed and paid by the associated school board, opportunity for consultative support and professional development, and improved quality of resources in the schools. The schools remain registered as independent schools, allowing them to operate consistent with the vision on which they were founded. The number of students enrolled in independent schools has fluctuated around 3,000 over the past eight years, less than two percent of the province’s total school population. About half of these are secondary-level (Grade 10-12) students. Enrolments shown in Figure 25 do not include enrolments in independent schools with associated status. (Source: 2002 *Saskatchewan Education Indicators: Kindergarten to Grade 12: Saskatchewan Learning*)

Figure 25: Number of Students in Independent Schools, 1994-1995 to 2001-2002, as of September 30

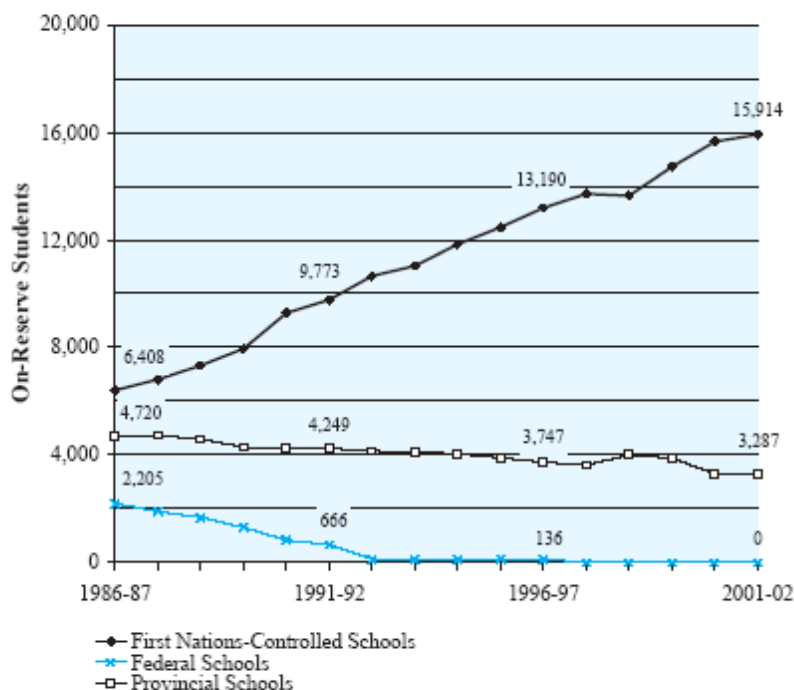
	1994-1995	1996-1997	1998-1999	2000-2001	2001-2002
Kindergarten	140	114	76	136	134
Elementary (Grades 1 to 5)	551	529	373	582	641
Middle (Grades 6-9)	913	911	685	684	730
Secondary (Grades 10-12)	1,665	1,700	1,272	1,260	1,327
Total # of Students	3,269	3,254	2,406	2,662	2,832

Note: Some numbers are slightly different from those reported in previous years because of late reporting by schools and ongoing record maintenance. Also, numbers in the table have been adjusted to not include student enrolments in independent schools that are 'associated' with school divisions (1,252 students in 2001-2002). These numbers were already included in Figure 23.

Source: Saskatchewan Learning. (2002). *School Finance Data*. Regina, SK.
Saskatchewan Learning. (2002). *Independent Schools Data*. Regina, SK.

The number of K-12 students living on reserves increased from 13,333 (48 percent) in 1986-1987 to 19,201 (83 percent) in 2001-2002 (Figure 26). These percentage increases have occurred at all grade levels, most notably at the Kindergarten to Grade 9 levels. The vast majority (95 percent) of on-reserve Kindergarten students attended First Nations schools. The percentages decreased from elementary to middle to high school levels such that 71 percent of on-reserve high school students attended First Nations schools in 2001-2002. (Source: 2002 *Saskatchewan Education Indicators: Kindergarten to Grade 12: Saskatchewan Learning*)

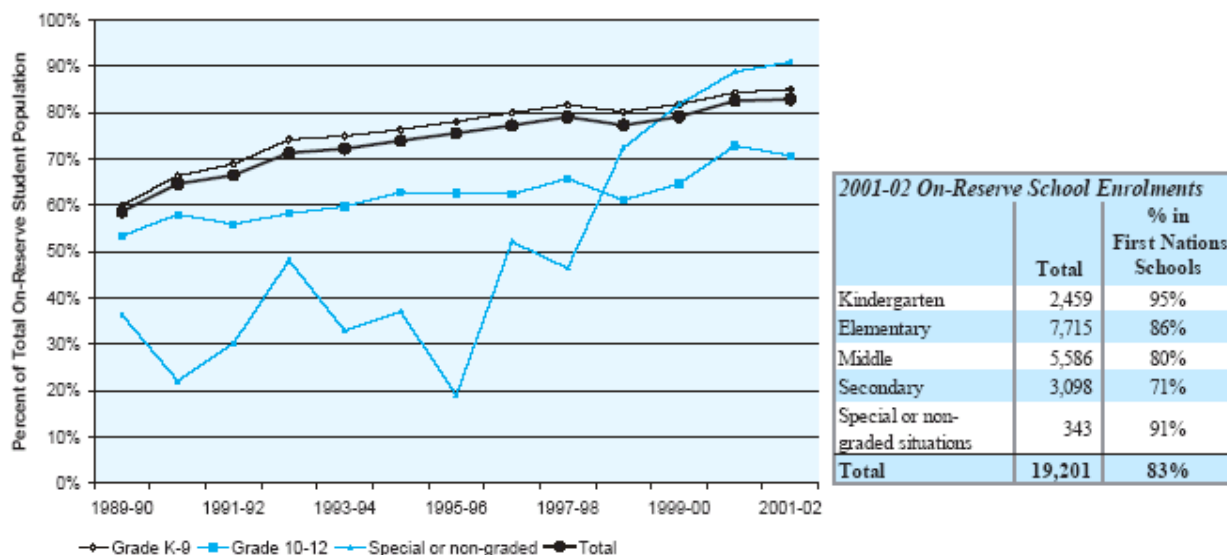
Figure 26: Saskatchewan On-Reserve Student Population, by Type of School Attended, 1986-87 to 2001-02



Source: Department of Indian and Northern Affairs Canada. (2002). *Unpublished Data*. Regina, SK

Since the mid-90's, the percentage of on-reserve students in special or non-graded situations attending First Nations schools has increased dramatically (Figure 27). First Nations and provincial school boards have cooperated in shared planning and decision making processes to better serve the educational needs of Aboriginal students. For instance, the Flying Dust First Nation and the Meadow Lake School Division have a joint management agreement involving five schools in the town of Meadow Lake and one school operated by the First Nation. The agreement includes capital, operating and programming responsibilities. Another example is the partnership among the Battlefords Tribal Council, Battlefords School Division and North West Catholic School Division to operate the Battlefords First Nations High School in North Battleford through a joint board. (Source: 2002 *Saskatchewan Education Indicators: Kindergarten to Grade 12: Saskatchewan Learning*)

Figure 27: First Nations School Enrolments as a Percentage of the On-Reserve Student Population, by Grade, 1989-90 to 2001-02



Source: Department of Indian and Northern Affairs Canada. (2002). *Unpublished Data*. Regina, SK

Some Saskatchewan students learn through home-based education, usually because of their parents' religious or philosophical beliefs regarding the type of education they want for their children. In 2001-2002, there were 1,792 students in home-based education. Most of these students were at the elementary and middle levels (Figure 28).

Figure 28: Home-Based Education, Number of Students, 1994-1995 to 2001-2002

	1994-1995	1996-1997	1998-1999	2000-2001	2001-2002
Kindergarten	28	39	22	39	53
Elementary	537	715	768	835	826
Middle	354	523	583	623	651
Secondary	102	155	191	235	262
Total	1021	1432	1564	1732	1792

Source: Saskatchewan Learning. (2002). *School Finance Data*. Regina, SK.
 Saskatchewan Learning. (2002). *Independent Schools Data*. Regina, SK.

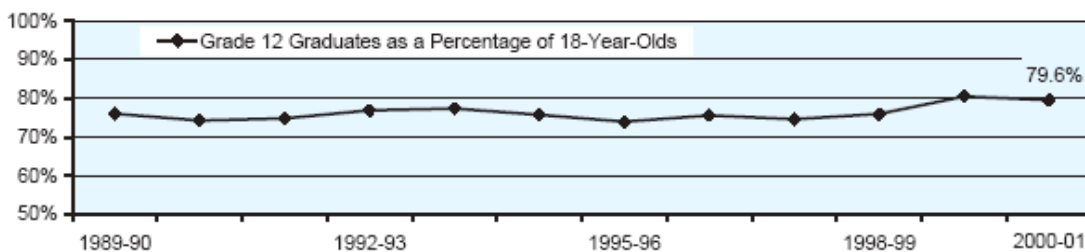
The vast majority of Grade 12 completers attain their certificate through the 24-credit policy outlined in the Regular Program, the French Immersion Program and the Programme Fransaskois. In these programs, students must complete a minimum of 24 high school credits, of which at least five must be at the Grade 12 level. Students must also satisfy a core set of requirements to ensure they have developed a well-rounded skill set across a broad array of subject areas. Most students take more than these minimum numbers of credits, broadening their options after they graduate, and preparing them with more skills and background knowledge to succeed in the pursuit of post-secondary options. There were 12,360 Grade 12 graduates in 2000-2001, about 1,500 higher than the number of Grade 12 graduates ten years earlier.

Expressed as a percentage of the 18-year-old population, the 80 percent rate is slightly higher than the rate over the previous ten years (Figure 48). On average, a Grade 12 graduate attained 27.8 Grade 10-12 credits including 9.8 Grade 12 credits in 2000-2001. The increase in Grade 12 credits over the past ten years may be partially explained by changes in course requirement policy (e.g., an additional math course offered at the Grade 12 level). In 2000-2001, rural high school students took an average of 28.2 high school credits — more than urban, northern and correspondence students. Rural students also took more Grade 12 credits (an average of 10.1) than students in other locations. (Source: 2002 *Saskatchewan Education Indicators: Kindergarten to Grade 12: Saskatchewan Learning*)

Figure 48: Number of High School Graduates and Average Credits Attained, 1989-90 to 2000-01, by Location, 2000-01, and as a Percentage of the Age 18 Population, 1989-90 to 2000-01

	Graduates	Average Number of:	
		Grade 10-12 Credits	Grade 12 Credits
1989-90	10,965	26.9	8.3
1990-91	10,866	27.6	8.5
1991-92	10,909	27.9	8.6
1992-93	11,378	27.9	8.7
1993-94	11,595	28.0	8.8
1994-95	11,736	28.0	8.9
1995-96	11,535	28.1	9.0
1996-97	12,040	28.0	9.0
1997-98	11,810	28.0	9.5
1998-99	12,013	27.9	9.6
1999-00	12,491	27.8	9.8
2000-01	12,360	27.8	9.8

	For 2000-01:		
	Graduates	Average Number of: Grade 10-12 Credits	Grade 12 Credits
Rural	5,157	28.2	10.1
Urban	6,975	27.5	9.6
North	170	26.2	8.7
Correspondence	60	24.8	7.6
Province	12,360	27.8	9.8



Note: Numbers in this table may differ slightly from those reported in previous Indicators reports due to ongoing maintenance and updating of the Student Records System.

Source: Saskatchewan Learning. (2002). *Student Services Data*. Regina, SK.
 Statistics Canada. (2002). *CANSIM II data (Table 051-0001)*.

b) Number and percentage of drop-outs and repetitions;

Government of Manitoba

Analysis of Manitoba data indicates that almost all students in each grade get promoted each year. Each year, approximately 98 percent of students get promoted into their next grade of

studies, with approximately 0.6 percent being promoted two grades. Annually, approximately 1.4 percent of students repeat their grade.

Canada has one of the highest rates of high school completion in the world. Manitoba's graduation rate is at par with the Canadian average and, like most provinces, the Manitoba rate has remained fairly stable in recent years.

Manitoba "On-Time" High School Graduation Rates

Graduation Year	Total Graduates	Secondary 1 Enrolments 4 Years Before	Graduation Rate %
June 2000	12,143	16,024	75.8
June 2001	12,282	16,243	75.6

Government of New Brunswick

Please see Appendix M for data on repetitions in New Brunswick, 2000-2001.

Number of Male Dropouts by Grade, September 30, 2000 to September 30, 2001

	Grade Level							Total	Rate	Enrolment 00 - 09 - 30
	7	8	9	10	11	12	Non-graded			
Total	10	26	186	274	297	314	2	1,108	3.6	31,179

Number of Female Dropouts by Grade, September 30, 2000 to September 30, 2001

	Grade Level							Total	Rate	Enrolment 00 - 09 - 30
	7	8	9	10	11	12	Non-graded			
Total	3	16	72	149	196	185	1	622	2.1	29,366

On-Reserve First Nations Students Attending New Brunswick Public Schools			
Dropout for September 30, 2001 to September 30, 2002			
Grades 9-12			
		Total	
	Total	Males	Females
Academic reasons	6	1	5
Financial reasons	0	0	0
Personal reasons	33	14	19
Alternate education	0	0	0
Employment	3	0	3
Suspended for remainder of year	2	1	1
	44	16	28

On-Reserve First Nations Students Attending New Brunswick Public Schools			
Dropout for September 30, 2000 to September 30, 2001			
Grades 9-12			
		Total	
	Total	Males	Females
Academic reasons	7	7	0
Financial reasons	1	0	1
Personal reasons	32	19	13
Alternate education	5	4	1
Employment	2	1	1
Suspended for remainder of year	1	1	0
	48	32	16

Note: Data are collected for primary and secondary schools only. Data are not collected regarding urban/rural areas. Data are not available by age. Only First Nations students living on-reserve are identified and can be tracked. Dropout data are only available for grades 7-12.

Government of Saskatchewan

For a variety of reasons, some students do not complete Grade 12 in a lock-step one grade per year. Instead, there is a trend for students to continue taking classes toward the completion of Grade 12, by remaining at high school, taking correspondence school courses, or enrolling in post-secondary institutions. Staying in school or enrolling in courses until they successfully complete Grade 12 allows for greater opportunities in the world of work and greater potential for success in life. This trend is illustrated in Figure 49. For instance, 70.6 percent of students who were in Grade 10 in 1991-1992 graduated three years later, in their normal graduating year.

However, some of the students who did not graduate in their normal graduating year continued on with their studies. By 2000-2001, 78.8 percent of the students who were in Grade 10 in 1991-1992 had graduated from Grade 12 and 0.4 percent were still taking classes. Figure 49 also shows that the percentage of Grade 10 students who graduate three years later, in their normal graduating year, is gradually increasing. Over 74 percent of students who were in Grade 10 in 1998-1999 graduated three years later compared to 71 percent of those in Grade 10 in 1991-1992. The approximately one-quarter of students who do not graduate may:

- enter the labour market without completing Grade 12
- attain Grade 12 status through the General Equivalency Diploma (GED)
- transfer to another province to complete their studies.

(Source: 2002 *Saskatchewan Education Indicators: Kindergarten to Grade 12: Saskatchewan Learning*)

Figure 49: Years After Grade 10 Required to Complete Grade 12, Percentage of Saskatchewan Students Graduating, 1991-1992 to 1998-1999 Cohorts

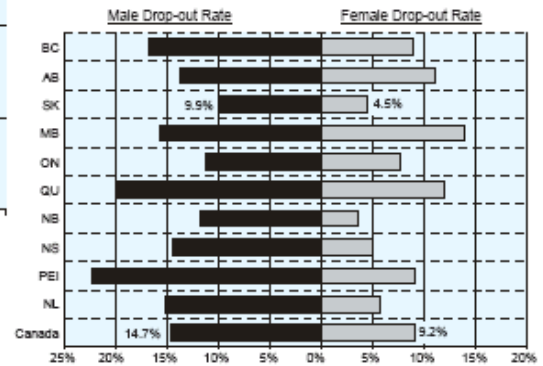
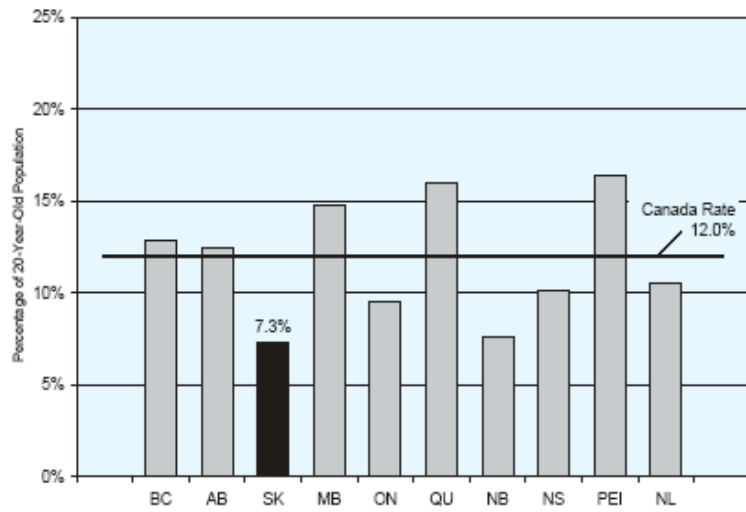
Grade 10 Year	Years from Start of Grade 10 to High School Completion						Still Registered
	3	4	5	6	7	≥ 8	
1991-1992	70.6%	75.9%	77.3%	78.0%	78.3%	78.8%	0.4%
1992-1993	70.4%	75.9%	77.4%	78.0%	78.3%	78.7%	0.5%
1993-1994	71.0%	76.7%	78.1%	78.8%	79.2%	79.4%	0.6%
1994-1995	72.2%	77.0%	78.4%	79.1%	79.6%		1.2%
1995-1996	72.4%	77.1%	78.6%	79.2%			1.8%
1996-1997	72.9%	78.0%	79.2%				3.6%
1997-1998	74.0%	78.3%					9.7%
1998-1999	74.5%						15.6%

Note: Numbers in this table include all students registered on the Student Record System (including those from correspondence, independent and First Nations schools). These numbers may differ slightly from those reported in previous Indicators reports due to broader inclusion of all students on the system, and due to ongoing maintenance and updating of the Student Records System.

Source: Saskatchewan Learning. (2002). *Student Services Data*. Regina, SK.

Data from the Youth in Transition Survey of the 18- to 20-year-old cohort provide further evidence of the persistence of Saskatchewan youth to complete or work toward completion of Grade 12. Using a definition of dropout as being an individual who was not enrolled in high school and had not completed the requirements for a high school diploma by December 1999, Saskatchewan had among the lowest dropout rates in Canada for 20-year-olds (Figure 50). Compared to findings of a 1991 School Leavers' Survey, there were improvements in the dropout rates in all provinces of Canada. In all provinces, the dropout rate for 20-year-old males is higher than that of 20-year-old females. For both genders, Saskatchewan's dropout rates are among the lowest in the country. (Source: 2002 *Saskatchewan Education Indicators: Kindergarten to Grade 12: Saskatchewan Learning*)

Figure 50: High School Dropout Rates at Age 20, Canada and Provinces, Male and Female Dropout Rates, 1999



Note: Youth in Transition Survey sampling methodology results in less reliable data for dropout rates in the Atlantic provinces. When aggregated by gender, dropout rates stated for males and females are based on less reliable data for most provinces.

Source: Human Resources Development Canada and Statistics Canada. (2002). *At a Crossroads: First Results for the 18 to 20-Year-old Cohort of the Youth in Transition Survey*. Hull, QC.

c) Pupil/educator ratio by province.

Pupil/educator ratio in public elementary-secondary schools, Canada, provinces and territories, 1999-2000

Canada	15.9
Newfoundland	14.1
Prince Edward Island	16.8
Nova Scotia	15.9
New Brunswick	16.7
Québec	14.5
Ontario	16.3
Manitoba	14.7
Saskatchewan	16.9
Alberta	16.9
British Columbia	16.9
Yukon	12.7
Northwest Territories	13.1

Government of Manitoba

In April 2002, a report on the *Commission on Class Size and Composition* was released.

In January 2003, a new Class Size Fund was introduced to support school divisions/districts where class size and composition are a concern. The fund is intended to improve learning outcomes in the early years and promote research and evaluation activities on promising ways of addressing class size and composition issues.

Student-Educator Ratios (FTE students/FTE educators)

	2000-2001	2001-2002
Regular Instruction	18.9	18.5
All Educators	15.4	15

Government of New Brunswick

Pupil/Educator Ratio*

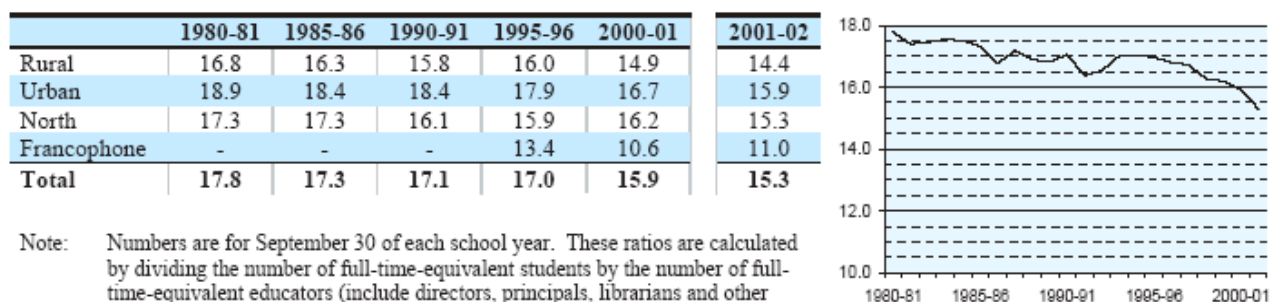
2000-2001	2001-2002	2002-2003
16.5	16.4	16.1

* This ratio is defined as the total student enrolment divided by the number of full-time equivalent educators.

Government of Saskatchewan

Since 1980-1981, the numbers of full-time-equivalent educators in Saskatchewan have fluctuated between 11,000 and 11,500 at the same time that the student population has declined by about 10 percent. This has resulted in lower student-educator ratios. In 2001-2002, Saskatchewan's student-educator ratio was 15.3 students to one educator, down significantly from the previous year. Student-educator ratios have been lower in rural and northern areas than in urban areas (Figure 30). (Source: 2002 Saskatchewan Education Indicators: Kindergarten to Grade 12: Saskatchewan Learning)

Figure 30: Student-Educator Ratio, by Rural, Urban, and Northern, Francophone, Saskatchewan, 1980-81 to 2001-02



Note: Numbers are for September 30 of each school year. These ratios are calculated by dividing the number of full-time-equivalent students by the number of full-time-equivalent educators (include directors, principals, librarians and other instructional staff in addition to classroom teachers). A Kindergarten student is counted as a 0.5 full-time-equivalent student.

Numbers in this Figure may be different from those reported in previous years due to late reporting, re-examination to ensure consistent definitions of "educator", and adjustments for appropriately weighting calculations.

Source: Saskatchewan Learning. (2002). *School Finance Data*. Regina, SK.

7. **Please provide disaggregated statistical data (including by gender, age, region, including Aboriginal children and those living on reserves) on adolescent health, including early pregnancy, sexually transmitted diseases (STDs), mental health, suicide, drug, alcohol and tobacco abuse as well as rates of infant and child mortality and of malnutrition covering the period between 2000 and 2002. Also, please provide numbers of health professionals working in the health care services for children.**

a) **Adolescent health issues**

Early Pregnancy

In terms of teen pregnancy, the number has declined steadily since 1994, when the estimated total was 46,753. By 1997, it stood at 42.7 pregnancies per 1,000 women aged 15-19. Older teens are more likely than younger teens to be sexually active, this reflects the higher pregnancy rates among groups ages 18 to 19 than those ages 15 to 17 (68.9 vs. 25.5 per 1,000 respectively).

Aboriginal Children

Both the First Nations and Inuit teen birth rates are higher than in the Canadian population as a whole. In the Northwest Territories and Nunavut, it was 61.8 pregnancies per 1,000 females aged 15 to 19 reported in 2000. In 1999, there were 108 still births reported in all the regions of the First Nations and Inuit Health Branch. No deaths were reported among First Nations in 1999 from complications of pregnancy and childbirth.

Estimated number of pregnancies by age, Canada, 1998

	Under 15	15 - 19	15 - 17	18 - 19
1998	673	41,588	14,630	26,958

Government of British Columbia

Early pregnancy rates for children (ages 10 to 14 years) indicate higher rates for Status Indian (SI) adolescents as compared to the general adolescent population (3.1 per 1000 for SI and 0.2 per 1000 for other British Columbians in 2001). However, those rates have declined from 5.2 and 5.6 for Status Indian adolescents and 0.5 and 0.4 for other British Columbians in 1993 and 1994, indicating improvement in the prevention of early pregnancy in both SI and the general population.

Similarly, there are higher rates of early pregnancy for children (ages 15 to 18 years) among Status Indian adolescents as compared to other British Columbians in 2001 (respectively 105.42 and 23.86) but again, both sets of rates have declined since 2000.

Pregnancy Rates (Ages 10-14), British Columbia 2000-2001

Status and Rates	2000	2001	Total 1993-2001
Status Indian (SI) –Numbers	15 for 6,710	22 for 7,126	214 for 53,985
Rates per 1000	2.2	3.1	4
Other BC Population - Numbers	53 for 254,471	39 for 255,016	674 for 2,243,576
Rates per 1000	0.2	0.2	0.3

Pregnancy Rates (Ages 15-18), British Columbia 2000-2001

Status and Rates	2000	2001
Status Indian (SI) -Numbers	526	517
Rates per 1000	110.32	105.42
Other BC Population - Numbers	2600	2407
Rates per 1000	25.85	23.86

See Appendix N for Status Indian and Other British Columbia Pregnancy Rates (Ages 10-14 years), 1993 to 2001.

Government of New Brunswick***Age specific birth rate for selected age groups in New Brunswick, 1999-2001 (Provincial Epidemiology Service, 2003 draft)***

Age Group	1999		2000		2001	
	Number of Births	Births/1000	Number of Births	Births/1000	Number of Births	Births/1000
<15 yrs	5	0.1	3	0.0	0	0.0
15-17 yrs	180	11.8	140	9.2	135	9.0
18-19 yrs	408	40.2	412	41.2	359	35.8
20-24 yrs (married)	625	24.4	583	23.0	575	22.7
20-24 yrs (never married)	1,173	45.8	1,176	46.4	1,093	43.2
20-24 yrs (other)	35	1.4	24	1.0	21	0.8
All Ages	7,553	19.8	7,306	19.1	7,141	18.7

Government of Saskatchewan

There were 12,140 live births in Saskatchewan in 2000, 25 of these were to individuals under 15 years of age; 1,338 were to individuals aged 15-19.

Sexually Transmitted Infections (STIs)

Rates of Sexually Transmitted Infections (STIs) in Canada in 2000 (age 15-19):

Gonorrhea	67.1 per 100,000
Chlamydia	714.4 per 100,000
Syphilis	.3 per 100,000

Since 1997, Health Canada has seen an increase in the rates of reportable STIs (chlamydia, gonorrhea and syphilis) in Canada, which has disproportionately affected adolescents and young adults age 15-24. The rate of chlamydia among female cohorts in this age range is six times the national average. In light of these current trends, surveillance and treatment of STIs is more important than ever, particularly since current research has demonstrated that these infections can facilitate the transmission of HIV.

A substantial proportion of teenagers are sexually active. An estimated 43 percent of adolescents aged 15 to 19 has had at least one sex partner in the previous year, and about 13 percent reported having at least two partners during that time. Of this population, 51 percent reported having sex without a condom in the past year (excluding the small numbers who were married, in a common-law relationship, divorced or widowed, or who had had a single sex partner).

If left untreated, infections such as genital human papillomavirus (HPV) can also pose serious health complications for young females in the long run, as some sub-types have been closely linked to cancer of the cervix. HPV is not reportable in Canada, hence the exact prevalence of HPV is unknown. Based on limited population-based studies in Canada, it is estimated that at any point in time, one in seven young, sexually active women may carry detectable oncogenic (causing tumours) HPV.

Comparisons between Aboriginal children and other children living in Canada: As Table 3.2 below shows, the 1999 reported rate of genital chlamydia was very high in the First Nations population, 947.0 cases per 100,000 population. At a rate of 6,218.5 cases per 100,000 population, females aged 15 to 24 comprised 54.5 percent of the cases where age and sex were recorded. This was similar to the overall Canadian population: 52.9 percent of reported cases occurred among females aged 15 to 24 (Health Canada 2001). Sex- and age-specific rates of chlamydia for the First Nations and Canadian populations are presented in Figure 3.14. These show the elevation of First Nations rates in all categories. By age, the largest difference between the two populations is seen in the 15 to 19 age group.

Table 3.2

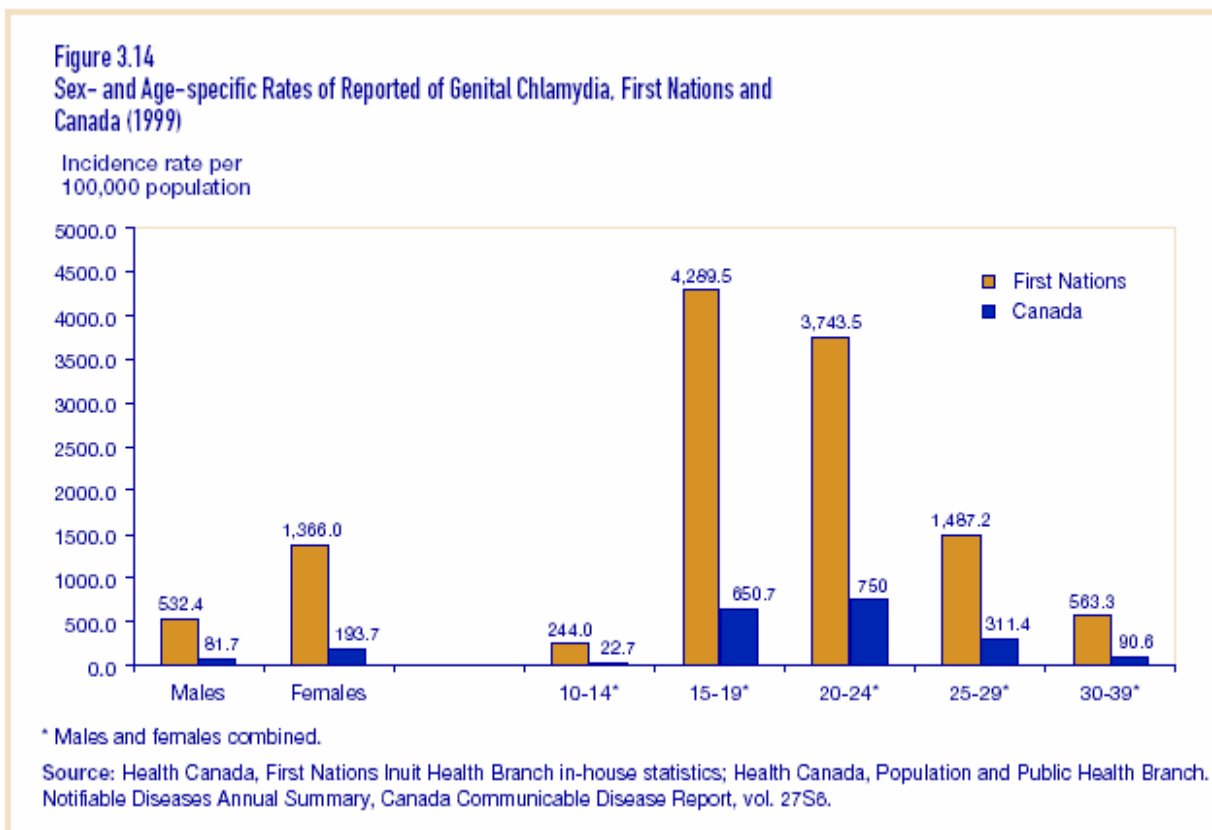
Notifiable Disease Incidence Rates for First Nations¹ and Canada, 1999

Notifiable disease	First Nations (cases per 100,000)	Canada (cases per 100,000)
Diseases preventable by routine vaccination		
<i>Haemophilus influenzae Type b</i>	0	0.1
Measles	0	0.1
Mumps	0.8	0.3
Pertussis	57.6	20.0
Rubella	0.3	0.1
Sexually transmitted and bloodborne pathogens		
Genital Chlamydia ²	947.0	138.2
Hepatitis C	67.9	63.6
Enteric, food and waterborne diseases		
Giardiasis	26.8	17.2
Hepatitis A	15.4	2.9
Shigellosis	69.6	3.6
Verotoxigenic <i>E. coli</i>	0	4.9

¹ Notifiable disease data were not available from 47 of the 144 communities in Ontario, and 29 of the 41 communities in Quebec. Data for the overall Canadian population are from Health Canada, 2001.

² Includes data from all Regions except Alberta.

Source: Health Canada, First Nations Inuit Health Branch in-house statistics; Health Canada, Notifiable Diseases Annual Summary, Canada Communicable Disease Report, vol. 27S6.



Government of British Columbia

Some sexually transmitted diseases affect adolescents disproportionately more as compared to rates found among the general population. Gonorrhoea and chlamydia affect respectively 1.8 and 8.8 times more adolescents than the rest of the population. Detailed graphs of Disease Rates by Age Group and Sex for 2002 are attached at Appendix O. The following table summarizes the information for children 19 years and under.

Sexually Transmitted Diseases Affecting Children (0-19 years) and the General BC Population, 2002

STDs	0 to 19 Years-Old Numbers	0 to 19 Years-Old Rates per 1000	BC Population Numbers	BC Population Rates per 1000
Gonorrhoea	42	31.2	709	17.2
Chlamydia	2,117	1,624.8	7,647	185
Syphilis	4	3	186	4.5
HIV	6	4.5	441	10.7
AIDS ⁽¹⁾	0	0	26	0.6

(1) There were no AIDS cases reported for children 19 years and under in 2002. Only 3 confirmed cases reported since 1980 and the last case was in 1997.

Government of New Brunswick

The following is the best and most current New Brunswick information available in these areas. Separate information is not available regarding Aboriginal persons.

Sexually Transmitted Illnesses in children 18 years and under in New Brunswick*Cases of Chlamydia by Region and Gender, January 2000 – May 2003*

Chlamydia		Region							
Year Reported	Gender	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Grand Total
2000	Female	52	39	66	16	10	28	24	235
	Male	9	4	14	1	1	1	8	38
2000 Total		61	43	80	17	11	29	32	273
2001	Female	60	56	56	13	7	24	15	231
	Male	10	4	9			3	2	28
2001 Total		70	60	65	13	7	27	17	259
2002	Female	60	52	61	12	16	29	13	243
	Male	13	6	9	1		6	3	38
	Unknown			1					1
2002 Total		73	58	71	13	16	35	16	282
2003	Female	26	25	30	3	4	10	7	105
	Male	10	1	4	1	1	7		24
2003 Total		36	26	34	4	5	17	7	129
Grand Total		240	187	250	47	39	108	72	943

Cases of Chlamydia by Age and Gender January 2000 – May 2003

Chlamydia		Age							Grand Total
Year Reported	Gender	10	13	14	15	16	17	18	
2000	Female	1	1	9	14	39	85	86	235
	Male			2		5	11	20	38
2000 Total		1	1	11	14	44	96	106	273
2001	Female			6	20	32	67	106	231
	Male				1	6	8	13	28
2001 Total				6	21	38	75	119	259
2002	Female		1	5	27	48	77	85	243
	Male				3	5	12	18	38
	Unknown							1	1
2002 Total			1	5	30	53	89	104	282
2003	Female			7	9	16	35	38	105
	Male				1	4	8	11	24
2003 Total				7	10	20	43	49	129
Grand Total		1	2	29	75	155	303	378	943

Cases of Gonorrhoea by Region and Gender January 2000 – May 2003

Gonorrhoea		Region							Grand Total
Year Reported	Gender	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	
2001	Female	1							1
	Male								
2001 Total		1							1
2002	Female	2	1				1		4
	Male	1							1
2002 Total		3	1				1		5
2003	Female					1			1
	Male								
2003 Total						1			1
Grand Total		4	1			1	1		7

Cases of Gonorrhoea by Age and Gender January 2000 – May 2003

Gonorrhoea		Age				Grand Total
Year Reported	Gender	15	16	17	18	
2001	Female			1		1
	Male					
2001 Total				1		1
2002	Female	1	1	2		4
	Male	1				1
2002 Total		2	1	2		5
2003	Female				1	1
	Male					
2003 Total					1	1
Grand Total		2	1	3	1	7

Cases of Genital Herpes by Region and Gender January 2000 – May 2003

Genital Herpes		Region							
Year Reported	Gender	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Grand Total
2000	Female	6	6	6	1	2	1	1	23
	Male	2						1	3
2000 Total		8	6	6	1	2	1	2	26
2001	Female	4	5	6			1	1	17
	Male	1	1	1					3
2001 Total		5	6	7			1	1	20
2002	Female	8	10	9	1		4	1	33
	Male			1					1
2002 Total		8	10	10	1		4	1	34
2003	Female	3	1	5	1		1		11
	Male	1		1			2		4
2003 Total		4	1	6	1		3		15
Grand Total		25	23	29	3	2	9	4	95

Cases of Genital Herpes by Age and Gender January 2000 – May 2003

Genital Herpes		Age								
Year Reported	Gender	5	11	13	14	15	16	17	18	Grand Total
2000	Female			1		1	2	6	13	23
	Male						1	2		3
2000 Total				1		1	3	8	13	26
2001	Female					2	4	5	6	17
	Male					1		1	1	3
2001 Total						3	4	6	7	20
2002	Female	1			2	3	9	9	9	33
	Male						1			1
2002 Total		1			2	3	10	9	9	34
2003	Female				1		5	3	2	11
	Male		1			2		1		4
2003 Total			1		1	2	5	4	2	15
Grand Total		1	1	1	3	9	22	27	31	95

Government of Saskatchewan

Attached as Appendix P are charts showing the Saskatchewan 2001 Chlamydia and Gonorrhoea rates by age and sex.

Mental Health

The Canadian Community Health Survey (CCHS) provides cross-sectional estimates for Canadians aged 12 and older for health determinants, health status and health system utilization for 133 health regions across Canada, plus the territories. In the Fall of 2003, Cycle 1.2 of the CCHS will be released. The cycle focuses on Mental Health. The major objectives of this cycle are to provide national estimates of major mental disorders and problems, and to illuminate the issues associated with disabilities and the need and provision of health care. Topics studied include access to and use of mental health care services; comorbidity and disability associated with mental health; first lifetime episode of mental health disorder. The survey also collects information on many determinants and correlates of mental health such as socio-demographic information, income, stress, medication use and social support.

The National Longitudinal Survey of Children and Youth (NLSCY) is a comprehensive survey that monitors children's development and measures the incidence of various factors that influence this development, both positively and negatively. Recently released Cycle 4 results highlight findings from information that has been collected from youth aged 16 and 17 in 2000-2001 who were followed from the time they were aged 10 and 11 in 1994-1995. Data show that reports of symptoms of depression, anxiety and distress among adolescents increased as they grew older from 1996-1997 to 2000-2001. Young people also reported more symptoms of depression as they grew older, with 24 percent of 16- and 17-year-olds reporting symptoms of depression, compared with 9 percent when they were 12 and 13.

Number of Canadian children who had contact with health professionals about mental health issues, by age group and sex for 2000-2001

Age Group	Male	Female	Total
12 - 14 years	601,795	552,851	1,154,646
15 - 19 years	1,060,785	1,027,850	2,088,635
12 - 19 years	1,662,580	1,580,701	3,243,281

The Hospital Mental Health Database (HMHDB) is a national database containing information on separations (discharges and deaths) involving mental illness from Canadian psychiatric and general hospitals. The HMHDB is an event-based rather than a person-based system, meaning the same individual could be represented more than once in the database if they were separated multiple times during a single fiscal year. Increases in the number of separations may be related to increases in the number of separations per patient, increases in the number of patients being separated, or both.

It should also be noted that information for a given hospital stay is only captured once the individual is separated either through discharge or death. Therefore, one must exercise caution when calculating measures of utilization since the total days stay captured in the database only reflects discharges during that fiscal year. The HMHDB excludes patients treated for mental illness as outpatients, in residential care facilities or group homes, in day and night centres and in the offices of private practitioners. It also excludes individuals treated in institutions for the mentally handicapped, and alcohol/drug treatment agencies.

Separations involving mental illness/addiction for psychiatric and general hospitals, by province/territory and by age group, 2000-2001

	Age Group		Total
	Less than 10 yrs	10-19 yrs	
Newfoundland	20	341	361
Prince Edward Island	-	-	155
Nova Scotia	21	462	483
New Brunswick	25	796	521
Quebec	395	3685	4080
Ontario	223	6592	6815
Manitoba	16	776	792
Saskatchewan	21	748	769
Alberta	126	1973	2099
British Columbia	127	2875	3002
Yukon, Northwest Territories and Nunavut	-	-	120
Canada	982	18215	19197

There are few scientifically rigorous epidemiologic studies that specifically address the mental health of Aboriginal youth.

Government of New Brunswick

Services for children and adolescents with mental health conditions that impair their development and functioning are provided in 13 Community Mental Health Centres located throughout the province.

In 2001-2002, 6,377 children and adolescents received services. These services include screening, assessment, treatment, crisis and consultation components.

Government of Ontario

Centres of Excellence for Child and Youth Mental Health — The Ontario Government announced in its March 2003 Budget, the commitment to create a provincial Centre of Excellence in Child and Youth Mental Health at the Children's Hospital of Eastern Ontario. The Centre will be based on four key pillars — intervention, research and development, education and key networks and partnerships. The Centre would also have a clearinghouse function to disseminate new knowledge and evidence-based practice to a range of stakeholders in the field.

Problem Gambling

3 of a Kind — This is a stage performance for secondary high schools that seeks to raise awareness of problems that can occur with gambling. It also raises the visibility of local problem gambling treatment services. The project incorporates three techniques to communicate with a youth-oriented audience — the play itself, follow-up discussion, and materials for distribution.

Know the Score — This is an interactive gambling awareness program that provides post-secondary students with information on the risks of problem gambling, common myths regarding randomness and probability, where they can get help in their local community with gambling-related problems, and ways to gamble responsibly.

Social Marketing Campaign — This is a multi-year responsible gambling awareness campaign aimed at an 18-to-24 year old audience. The objective is to have the targeted age group become more informed of the risks associated with gambling, more empowered to act sensibly, and more capable of recognizing a problem in themselves or someone else and to get help. The campaign has not launched yet, but is currently being developed.

University of Toronto — This is a prevention and treatment of adolescent gambling problems project using the Internet. Its purpose is to develop, implement and evaluate the use of information technology for adolescent gambling problem prevention and intervention.

YMCA, Toronto — The purpose of this project is to implement prevention and educational strategies for problem gambling among youth in selected communities across Ontario. YMCA youth workers go into the school classrooms to discuss gambling and problem gambling with students.

St. Joseph's Health Centre, Thunder Bay — This project provides outreach and counselling to youth problem gamblers and children of problem gamblers in the North-Western Ontario Communities.

Designated Problem Gambling Treatment Agencies — The Ministry of Health and Long-Term Care provides funding and training to designated problem gambling treatment agencies across Ontario to provide treatment, education, training and prevention services to the community in which they operate. Each designated agency is funded to work with people of all ages, which includes youth.

Government of Saskatchewan

Saskatchewan Health funds a full range of mental health services, including Child and Youth Services. In 2002-2003, approximately \$11 million was allocated to child and youth mental health services. Services include intakes/screening/referral, assessment, case consultation, treatment, program consultation, education and training, and assessment and treatment for young offenders. An estimated 4,500 children and youth are seen annually by child and youth mental health services delivered by regional health authorities, representing approximately 2 percent of the general child and youth population in Saskatchewan.

The average number of youth (ages 0-24 years) suicides from 1993 to 1999 was 37 per year. The suicide rate for Aboriginal youth is 3-5 times that of the non-Aboriginal population. While there are no mental health programs delivered by regional health authorities that are specifically dedicated to Aboriginal children and youth, many programs serve a significant proportion of these children and youth.

During the last five years, there has been a significant increase in resources to address the problem of children and youth involved in misconduct, including:

- *The Early Skills Development* — an intensive school and home-based early intervention program for kindergarten and grade one children with aggressive and violent behaviour.
- *The Coordinated Behaviour Management Initiative* — a program to better coordinate services for children and youth with challenging behaviours using an integrated case management approach.
- *The High Risk and Violent Offender Initiative* — a new program to address the needs of high risk young offenders.
- *The Youth Services Model Pilot Projects* — a program to address the needs of youth with misconduct, in Prince Albert and Regina, relying less on the youth criminal justice system.
- *The High Risk Child and Youth Initiative* — a program to support intersectoral work on meeting the needs of high-risk children and youth.
- *The Implementation of the Youth Criminal Justice Act* — Mental Health and Alcohol and Drug Services will be expanded to provide more court-ordered health assessments and conferences to assist the courts in their decision-making about sentences and reintegration planning for youth who offend.
- *Mental Health and Alcohol and Drug Services* will be expanded to provide the health component to a specialized treatment program for the most serious and violent offending youth with contributing mental or psychological disorders.

Suicide***Suicide/Intentional Self-harm in Canada, 2000***

Age Group	Males	Females	Total
10-14 years	29 deaths	17 deaths	46 deaths
15-19 years	173 deaths	52 deaths	225 deaths

Source: Statistics Canada

Statistics for 2002 are unavailable. Following are statistics for 1999 on adolescent suicides, by province, age and gender.

Suicide deaths for Children and Youth in Canada, 1999**Newfoundland**

Males

10-14 years
1 death

15-19 years
3 deaths

Females

10-14 years
0 deaths

15-19 years
2 deaths

Prince Edward Island

Males

10-14 years
0 deaths

15-19 years
1 death

Females

10-14 years
0 deaths

15-19 years
0 deaths

Nova Scotia

Males

10-14 years
0 deaths

15-19 years
4 deaths

Females

10-14 years
0 deaths

15-19 years
1 death

New Brunswick

Males

10-14 years
1 death

15-19 years
6 deaths

Females

10-14 years
0 deaths

15-19 years
3 deaths

Québec

Males

10-14 years
6 deaths

15-19 years
86 deaths

Females

10-14 years
2 deaths

15-19 years
19 deaths

Ontario

Males

10-14 years
7 deaths

15-19 years
40 deaths

Females

10-14 years
2 deaths

15-19 years
6 deaths

Manitoba

Males

10-14 years
1 death

15-19 years
11 deaths

Females

10-14 years
2 deaths

15-19 years
3 deaths

Saskatchewan

Males

10-14 years
3 deaths

15-19 years
5 deaths

Females

10-14 years
0 deaths

15-19 years
2 deaths

Alberta

Males	Females
10-14 years 4 deaths	10-14 years 1 death
15-19 years 22 deaths	15-19 years 7 deaths

British Columbia

Males	Females
10-14 years 2 deaths	10-14 years 0 deaths
15-19 years 14 deaths	15-19 years 5 deaths

Yukon

Males	Females
10-14 years 0 deaths	10-14 years 0 deaths
15-19 years 0 deaths	15-19 years 0 deaths

Northwest Territories

Males	Females
10-14 years 0 deaths	10-14 years 0 deaths
15-19 years 12 deaths	15-19 years 0 deaths

See Appendix Q for overall mortality rates for children and adolescent suicide rates.

Aboriginal Children

Suicide was among the leading causes of death in First Nations for those aged 10 to 44. In 1999, suicide accounted for 38 percent of all deaths in youth (aged 10 to 19) and 23 percent of all deaths in early adults (aged 20 to 44) in First Nations.

All First Nations age groups up to 65 years are at increased suicide risk when compared with the Canadian population. First Nations males are at higher risk than females. Using data for the period 1989 to 1993 (Lemchuk-Favel 1996), the highest First Nations rates were among males aged 15 to 24 and 25 to 34, at approximately five and four times the Canadian rates, respectively.

The widest gap with the Canadian rates was seen in females aged 15 to 24 and aged 25 to 39, approximately eight and five times the Canadian rates, respectively. (Age-specific suicide rates could not be calculated for 1999 because of limited data for detailed age comparisons.)

The rates of completed suicides are typically much higher among males. However, in general, females attempt suicide far more often than males, a pattern also seen in the Canadian population (FPT 1999). Suicides may occur in clusters, either by time or geographic area and so the resulting rates can be extremely high.

Government of New Brunswick

The present report provides a description of suicide deaths that occurred in New Brunswick during the 2000 and 2001 calendar years.

Table 1: Suicide deaths and death rate* by age group and gender, New Brunswick, 2000 and 2001

Age Group	Year	Male		Female		Both Genders	
		Number	Rate	Number	Rate	Number	Rate
0-9 years	2001	0	0.0	0	0.0	0	0.0
	2000	0	0.0	0	0.0	0	0.0
10-14 years	2001	1	3.9	0	0.0	1	2.0
	2000	1	3.9	0	0.0	1	2.0
15-19 years	2001	3	11.4	1	4.0	4	7.8
	2000	6	22.7	0	0.0	6	11.6
20-24 years	2001	4	15.0	0	0.0	4	7.7
	2000	10	37.6	1	3.9	11	21.2

* per 100,000 population, based on population estimates for 2000, Statistics Canada, January 25, 2001

Note: Suicide deaths include New Brunswickers who committed suicide in the province.

Table 2: Suicide Death Rate* by Community Mental Health Centre and Gender, New Brunswick, 2000 and 2001

CMHC	Male		Female		Both Genders	
	Rate		Rate		Rate	
	2001	2000	2001	2000	2001	2000
Moncton	14.7	21.3	0.0	5.1	7.2	13.1
Richibucto	18.0	42.0	12.2	0.0	15.2	21.2
Saint John	13.1	14.7	10.8	3.1	11.9	8.7
St. Stephen	0.0	14.4	0.0	0.0	0.0	7.0
Sussex	16.9	16.9	0.0	0.0	8.5	8.5
Fredericton	22.4	27.2	0.0	6.4	11.2	16.8
Woodstock	13.7	9.1	0.0	0.0	6.8	4.5
Edmundston	44.6	76.4	6.2	6.2	25.1	40.7
Grand Falls / Grand-Sault	25.7	51.5	0.0	0.0	12.8	25.7
Campbellton	27.9	11.1	21.7	5.4	24.8	8.3
Bathurst	29.0	48.4	9.6	9.6	19.3	28.9
Caraquet	49.5	37.1	16.8	4.2	33.3	20.8
Miramichi	8.0	19.9	0.0	4.1	4.0	12.1
N.B.	20.0	25.9	5.2	4.2	12.6	14.9

* per 100,000 population, based on population estimates for 2000, Statistics Canada, January 25, 2001

- Notes: a) Rates are based on place of residence, not place of occurrence of death.
 b) Rate differences should be interpreted with caution because of the small numbers involved.
 c) Information on this chart includes individuals of all ages.

Government of Saskatchewan

See "Mental Health" above for relevant information.

Alcohol Abuse

Population aged 12 to 19 years who are current drinkers and who reported drinking 5 or more drinks on at least one occasion in the past 12 months

Age Group	Males	Females	Total
12-14 years	142,545	121,262	263,807
15-19 years	754,094	715,062	1,469,155
12-19 years	896,639	836,324	1,732,962

Source: The Canadian Community Health Survey (2000/01)

There is significant concern about substance abuse, including drug and alcohol use, among Aboriginal youth. Again there is very limited information about the extent and pattern of use among Canadian Aboriginal young people. Prevalence rates of substance use are difficult to obtain, particularly since most surveys of youth have focussed on US Aboriginal populations.

Government of Alberta

In the fall of 2002, Alberta Alcohol and Drug Abuse Commission (AADAC) commissioned *The Alberta Youth Experience Survey 2002 (TAYES)*, a comprehensive study of alcohol, tobacco, other drug and gambling behaviour. The study included measures of use and abuse as well as factors that protect from or increase the risk of use and abuse. The percentage of Alberta youth who have used substances or participate in gambling activities is presented here.

Percent of Alberta youth who have used substances or participated in gambling activities in the last 12 months

	OVERALL	GRADES 7-9	GRADES 10-12
USED ALCOHOL			
Alcohol	56.3	35.8	75.4
USED TOBACCO			
Smoked cigarettes	16.2	7.2	24.6
Chewing tobacco or snuff	7.8	4.3	11
USED CANNABIS			
Cannabis (marijuana or hash)	27.6	11.8	41.9
USED OTHER DRUGS			
Magic mushrooms or mescaline	10.4	5	15.3
Inhalants	5.6	6.8	4.6
Club drugs (ecstasy or crystal meth)	5.3	2.7	7.6
Uppers without a prescription	4	2.1	5.6
Hallucinogens	3.9	1.6	6.1
Cocaine	2.9	0.5	5.1
Crack	2.8	0.8	4.7
Downers without a prescription	2.3	1.7	2.9
Heroin or opium	1.4	1.1	1.7
Steroids	1.2	0.7	1.6
PARTICIPATED IN GAMBLING ACTIVITIES			
Scratch tabs	30.8	25.9	35.4
Cards for money	23	18.5	27.1

	OVERALL	GRADES 7-9	GRADES 10-12
Bet on sporting events with a friend	21.1	18.2	23.7
Bingo	9.5	11.8	7.3
Any other lottery	6.7	5.7	7.6
Sports Select lottery	3.7	1.9	5.4
Video lottery terminals (VLTs)	3.3	1.4	5.1
Bet on sporting event	3.2	3.2	3.3

While over half of adolescents drank at least once in the past 12 months (56 percent drank, 44 percent did not), most adolescents did not smoke, use cannabis, use other drugs, nor gamble in the year before taking the survey. A minority of adolescents used cannabis (27 percent), smoked cigarettes (16 percent), used magic mushrooms or mescaline (10 percent), played Scratch Tabs (31 percent), played cards for money with friends (23 percent), bet on sports with friends (21 percent) or played bingo (9.5 percent). In all cases except for the use of inhalants, adolescents in grades 10 to 12 were more likely to use substances or gamble than were adolescents in grades 7 to 9. Inhalant use was more common among adolescents in grades 7 to 9 (8 percent) than among adolescents in grades 10 to 12 (4 percent).

Government of Saskatchewan

Alcohol and drug services are available for youth and their families in all 13 Saskatchewan Regional Health Authorities. Services for youth include outpatient services, detoxification services (16 years and over), and inpatient services. Addictions services are typically offered to youth aged 12-18 years. However, children and youth under the age of 12 may be seen as “principal” clients (i.e. as a result of their own substance abuse) as circumstances necessitate. More commonly, children under 12 are involved as ‘collateral’ clients, as part of family week activities, and are seen because of problems that result from another family member’s substance abuse. In addition to providing direct counselling and intervention services, many agencies provide education through alcohol and drug awareness and prevention programs in the schools and in other milieus. Most large urban centres, such as Regina, Saskatoon, Prince Albert and Swift Current have counsellors devoted specifically to youth chemical dependency. Some community-based organizations, like the Métis Addictions Council of Saskatchewan Health Inc., also have workers devoted to treating youth addictions.

With respect to the youth client profile, the following tables indicate the number of children and youth admitted to addictions treatment and approximate youth treatment expenditures for 2002-2003. Approximate youth treatment expenditures for 2001-2002 were \$2.7 million, and for 2002-2003, \$2.9 million.

Sex	UNDER 15	15 TO 19	Grand Total
1. MALE	210	1,947	2,157
2. FEMALE	206	966	1,172
NR		3	3
Grand Total	416	2,916	3,332

Presenting Problem	UNDER 15	15 TO 19	Grand Total
1. ALCOHOL	43	699	742
2. DRUGS	76	545	621
3. ALCOHOL & DRUGS	232	1,549	1,781
4. ALCOHOL/DRUGS & GAMBLING	1	13	14
5. OTHER	64	107	171
NR		3	3
Grand Total	416	2,916	3,332

Aboriginal Status	UNDER 15	15 TO 19	Grand Total
1. STATUS INDIAN	157	888	1,045
2. NON-STATUS INDIAN	11	87	98
3. METIS	65	357	422
4. NON-ABORIGINAL	182	1,580	1,762
Grand Total	415	2,912	3,327

Approximate youth treatment expenditures 2002-2003: \$2.9 million

Saskatchewan Health also provides funding to several organizations such as the Saskatchewan Institute on Prevention of Handicaps, the University of Saskatchewan and the regional health authorities to provide Fetal Alcohol Spectrum Disorder (FASD) prevention programs, secondary prevention, diagnostic services, research and training. FASD is an umbrella term used to refer to a range of disabilities caused by prenatal exposure to alcohol. In 2002-2003, Saskatchewan Health allocated approximately \$236,000 to targeted programs. Saskatchewan Health is leading an Interdepartmental Committee on FASD in the development of a provincial framework intended to assist government and others in addressing the effects of FASD in a more effective way.

Tobacco Abuse

The Canadian Tobacco Use Monitoring Survey (CTUMS) was developed to provide timely, reliable, and continual data on tobacco use and related issues. The survey's primary objective is to track changes in smoking status and amount smoked, especially for populations most at risk for taking up smoking, such as 15-24-year-olds.

The latest CTUMS results confirm that the prevalence of smoking continues to decline in Canada. In 2000, 25 percent of Canadian teens aged 15-19 were smokers, slightly down from the 28 percent reported in CTUMS results from 1999. In 2002, 22 percent of teens aged 15-19 reported themselves as current smokers, down from 25 percent in 2000.

Smoking among youth was unevenly distributed across Canada, tending to follow adult smoking patterns. British Columbia again reported the lowest prevalence of smoking among Canadians aged 15 years and older (17 percent), closely followed by Ontario (19 percent). The highest rates were in Québec (27 percent) and Newfoundland and Labrador (25 percent). Québec also

reported the highest average number of cigarettes consumed per day by daily smokers (17.4), closely followed by Prince Edward Island at 17.3 and Saskatchewan at 17.2, while Manitoba reported the lowest average (14.7).

Youth smoking increased sharply from the 15-17 age group to the 18-19 age group. This increase was true of both sexes, but was especially true of males; at ages 15-17 — and only in this age group — females were more likely to smoke than males (25 percent and 19 percent, respectively).

Not only was there a large increase in the proportion of teens aged 18-19 who smoke, but much of the jump was an increase in daily smoking rates, particularly among males. Between ages 15-17 and ages 18-19, there was an increase of 10 percent in daily smoking among males (from 13 percent to 23 percent), but only a 3 percent gain in non-daily smoking (from 6 percent to 9 percent). Among females in these age groups, daily smoking rose from 17 percent to 22 percent and non-daily smoking, from 8 percent to 10 percent.

In parallel with the increase in daily smoking by males aged 18-19, these young men had the highest scores of all youth of both sexes on the “Heaviness of Smoking Index,” a measure that combines amount smoked daily with time to the first cigarette in the morning. Twelve percent of males aged 18-19 scored high on heaviness of smoking, compared with 4 percent of female daily smokers of the same age and 2 percent of male daily smokers aged 15-17. This increase in the prevalence of smoking and in the level of nicotine dependence during the late teens underlines the importance of effective prevention measures and of providing opportunities for early cessation.

Cigarette smoking appears to be a significant health problem among Aboriginal youth. In a survey of Cree children residing in northern Québec, 51.4 percent of children ages 11 through 18 years were classified as current smokers. Two surveys which assessed the smoking behaviour of children and adults in the Canadian Arctic showed that among the youth, Inuit females between 15 and 19 years had the highest smoking rates, followed by the Dene and non-Aboriginal groups. The use of smokeless tobacco by Aboriginal youth in the Northwest Territories and northern Saskatchewan poses a significant health problem based on recent surveys. The health risks associated with the use of smokeless tobacco are similar to those associated with cigarette smoking. They include discolouration and abrasion of teeth, gingival recession, elevation of blood pressure, nicotine addiction, and increased risk of cancer (particularly of the oropharynx).

Government of Alberta

See “Alcohol Abuse” above for relevant information.

Government of British Columbia

Tobacco use prevalence in British Columbia for adolescents aged 15 to 19 was 17 percent in 2001 and 16.8 percent in 2002. The rate of smoking in BC is the lowest in Canada for the youth population aged 15 to 19 years. Rates have been dropping since 1994 (cf. Ministry of Health Services, *2001/02 Annual Report — A New Era Update*, p. 50).

Government of New Brunswick***Current (daily and occasional) teenaged smokers (ages 12-19), by gender, Canada and New Brunswick***

Year	Both Genders		Males		Females	
	Canada	NB	Canada	NB	Canada	NB
2000-2001	18.7	15.9	17.6	15.4	19.8	16.4

Other Substance Abuse

On May 27, 2003, the renewal of Canada's Drug Strategy was announced. The government will invest \$245 million over five years in the new strategy. One of the key target populations to be addressed through the Strategy activities will be youth. This will include new funding for research activities, on drug trends to enable more informed decision-making. Under the Renewed Drug Strategy there will be a dedicated Youth Substance Use Survey.

While there is a lack of national data on substance use, Canada has participated in the Health Behaviours in School-Aged Children Survey (HBSC). This survey, done in partnership with government and academia, is a 36-country World Health Organization cross-national collaborative study addressing the behaviours, attitudes and environments of children 11 to 15 years of age. It provides a source of data on various youth health risk behaviours including substance abuse/use. Following are findings from the 2001-2002 survey.

From 1998 to 2002, marginally more boys used drugs than did girls. The use of marijuana was much more prevalent than the use of other drugs such as LSD, cocaine, and heroin/opium/morphine. The use of Ecstasy in Grade 10 increased only very slightly by 3 percent for males and 2 percent for females since 1998. Since 1998, amphetamine use decreased by almost half for Grade 10 females. Both amphetamine and cocaine use dropped slightly for Grade 9 males and females. There was a significant gender difference in the use of amphetamines and cocaine by Grade 10 students, with twice as many males using these substances. The proportion of students who used heroin/opium/morphine remained unchanged from 1998, and fewer girls used this group of drugs compared to boys. Only half as many boys, and a quarter as many girls reported using LSD in 2002 as compared to 1998. In the HBSC survey, the use of glue or solvents in 2002 dropped slightly compared to 1998. The drug Ritalin was added to the HBSC survey in 2002. The proportion of those trying it was slightly higher for boys across both Grades 9 and 10 (8 percent), than for girls (5 percent). Other research findings in Atlantic Canada indicate that 8.5 percent of children in Grades 7 to 12 have taken Ritalin for non-medical purposes, compared to 5.3 percent who have been prescribed the drug for medical reasons. In the HBSC study, anabolic steroids were more popular among males than females, but their use has remained unchanged over the past four years.

Some provinces and territories have designated youth drug use surveys. Following are current findings.

The 2001 *Ontario Student Drug Use Survey (OSDUS)*, which provides the best set of trend data (among students from Grade 7, 9, 11 and 13), reports an increased use, from 1993 to 2001, of the following substances:

- alcohol (from 56.5 percent to 62.6 percent)
- binge drinking (from 17.7 percent to 25.3 percent)
- cannabis (from 12.7 percent to 28.6 percent)
- solvents (from 2.3 percent to 5.9 percent)
- Ecstasy (MDMA) (from 0.6 percent to 6.0 percent)
- PCP (from 0.6 percent to 2.4 percent)
- hallucinogens (from 3.1 percent to 10.3 percent)
- cocaine (from 1.5 percent to 3.8 percent)
- any illicit drug use (from 18.5 percent to 33.2 percent)
- percentage using four or more drugs (from 8.0 percent to 14.0 percent)

The Youth Smoking Survey (YSS) will be in the field during the Fall of 2003 and results will be available early 2004. This survey reaches children aged 10 to 14 years old in schools. A special module on rates of use of alcohol and of other licit or illicit substances was added to this survey. The production of these data will enable Health Canada to update the state of knowledge on rates of use of substances in Canada amongst 10 to 14 year old students.

Government of Alberta

See “Alcohol Abuse” above for relevant information.

Government of Ontario

Early Childhood Education — Since 2002, the Government of Ontario has funded 17 addiction treatment projects as part of Ontario’s Early Years Initiative to develop services for substance abuse involved pregnant and parenting women and their children under six years of age. The projects include substance abuse treatment as well as other activities: public education about Fetal Alcohol Syndrome and substance abuse treatment; ancillary programming such as childcare, life skills, and parenting skills; improving client access and linkages to health care, housing and social services.

Youth Treatment Initiatives — Out of a total of 160 funded substance abuse agencies, the Government funds about 44 to provide treatment specifically for youth. These services include assessment and referral (client centred treatment plan and referrals to appropriate services), early intervention (outreach and educational activities to schools, youth agencies, parents, and professionals working with youth), outpatient treatment (individual and group counselling) and residential treatment. Some agencies offer additional programming such as recreational and art activities. About \$5 million is directed at youth-specific substance abuse services.

Government of Saskatchewan

See “Alcohol Abuse” above for relevant information.

Aboriginal Children

There is significant concern about substance abuse, including drug and alcohol use, among Aboriginal youth. Again there is very limited information about the extent and pattern of use among Canadian Aboriginal young people. Prevalence rates of substance use are difficult to obtain, particularly since most surveys of youth have focussed on US Aboriginal populations.

Some First Nations communities have identified use of inhaled intoxicants as a major health problem but there is little data available about the extent of this problem. There are reports that solvent use, including the inhalation of volatile substances such as gasoline, glue and cleaning products is increasing among isolated Aboriginal communities. A survey carried out in 1985 among Aboriginal youth on 25 reserves in Manitoba reported that 20 percent of respondents used solvents. The median age of children using solvents was 12 years, although sniffing was reported for those as young as 4 years of age.

Infant Mortality

Infant mortality rate for Canada for the year 2000:

Canada (Ontario is excluded due to quality concerns)

200,454 live births

1,023 infant deaths

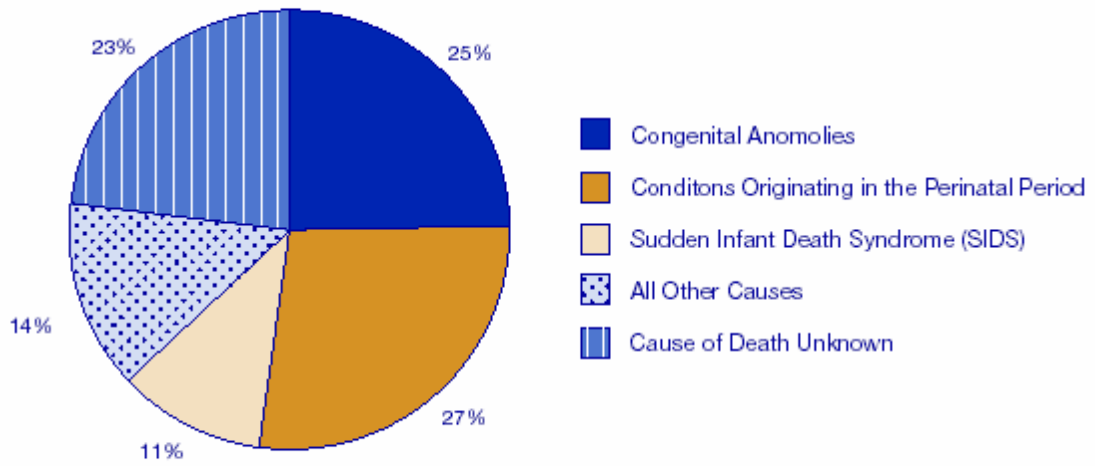
5.1 infant deaths per 1,000 live births

Aboriginal infant mortality rate: In 1999, the First Nations infant mortality rate (0 to 1 years) was 8.0 deaths per 1,000 live births (based on 65 deaths), compared with 5.5 for Canada as a whole. However, the First Nations infant mortality rate, which has been much higher historically, has been steadily decreasing since 1979, when it peaked at 27.6 deaths per 1,000 live births or 2.5 times the Canadian rate. The steady decrease could be due to a number of factors such as improved health outcomes, data variability in a single year or reporting difficulties in some regions.

In 1999, the leading individual cause of First Nations infant mortality was sudden infant death syndrome (SIDS).

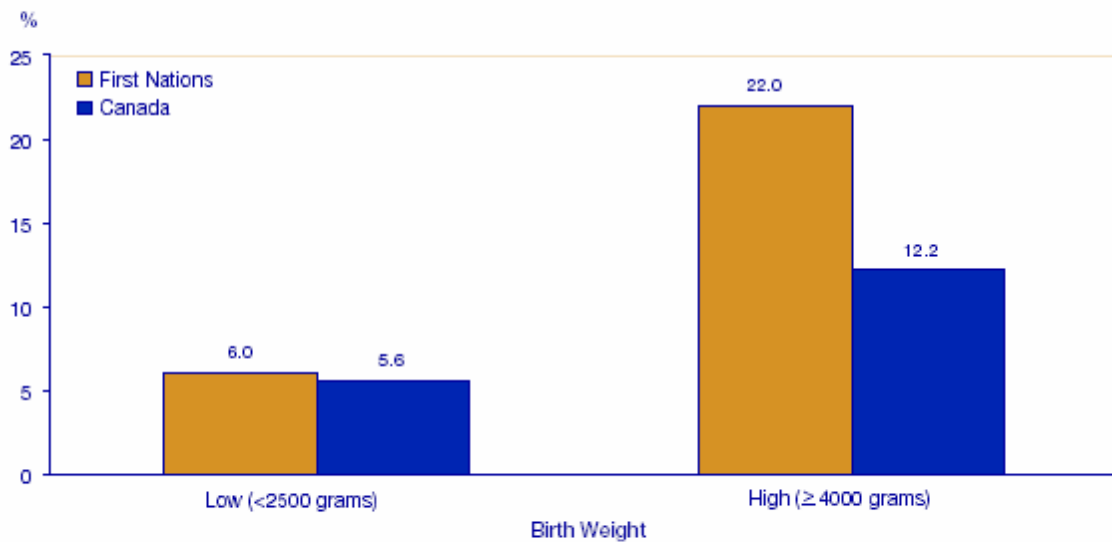
In 1999, there were 108 still births reported in all the regions of the First Nations and Inuit Health Branch. No deaths were reported among First Nations in 1999 from complications of pregnancy and childbirth.

Figure 3.1
Infant Mortality in First Nations, 1999



Note: There were 65 deaths within the 1st year of life.
 Source: FNIHB in-house statistics.

Figure 3.2
Low and High Birth Weights as a Percentage of Total Live Births, First Nations and Canada

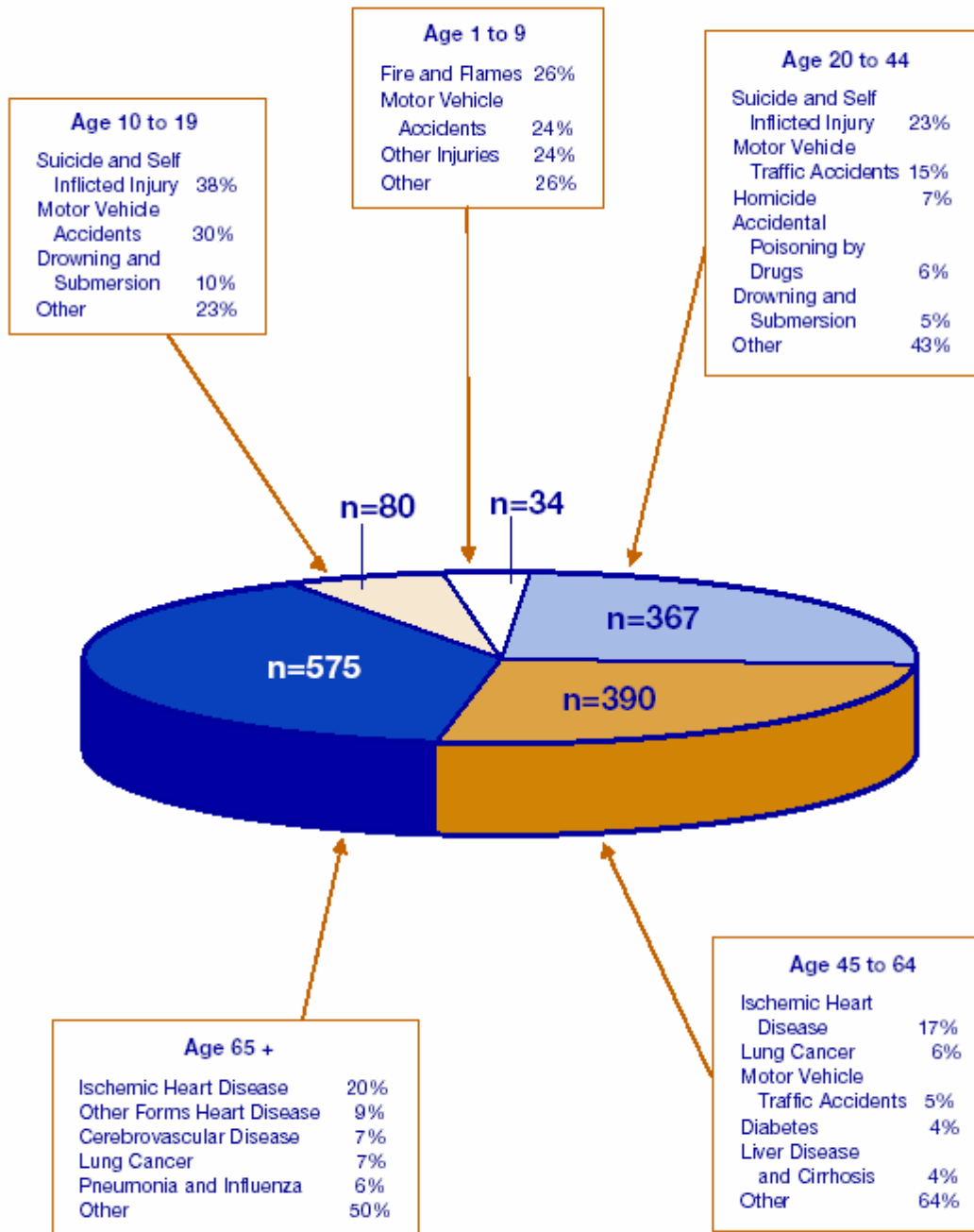


First Nations data are for 1999; Canada data are for 1992 to 1996.
 Source: First Nations Inuit Health Branch in-house statistics; Canadian Perinatal Health Report, 2000.

Of those 8,125 First Nations births in 1999, 6.0 percent were classified as low birth weight, compared with 5.6 percent in Canada overall. Previous First Nations Inuit Health Branch data (1989 to 1993) on low birth weight have shown variable rates (from 3 percent to 5 percent, approximately), with some indication of an increasing trend in recent years. By contrast, the proportion for Canada has stayed fairly constant at 5.4 percent to 5.7 percent. Despite the similarity with Canadian rates, low birth weight has been considered a more serious issue than high birth weight in First Nations communities, since these infants experience a higher mortality rate (Semenciw *et al.* 1986). As well, there may be under reporting of low birth weight, which could artificially lower the percentage of low birth weight infants in the data; this might also hold true for high birth weight deliveries. For example, if an infant is not registered as First Nations at birth and then dies, the birth weight record (and possibly the death record) might never be included among the First Nations statistics.

Mortality Statistics: The First Nations age-specific mortality rates were also compared with the total Canadian rates. The First Nations mortality rate is higher than the corresponding Canadian rate. The largest difference occurs in the 20-24 age group where the First Nations rate is almost 4 times that of the Canadian rate. The leading causes of death by age group for the First Nations population are provided in Figure 3.7. Among the five age groups shown — children (1 to 9 years), youth (10 to 19), early adults (20 to 44), middle adults (45 to 64) and seniors (65 and older) — the following patterns are evident:

Figure 3.7
Leading Causes of Death in First Nations, by Age Group, 1999



n = number of deaths.

See Appendix 4 for data used in this figure

Source: Health Canada, First Nations Inuit Health Branch in-house statistics.

Government of New Brunswick

<i>Age Specific and Age Adjusted Mortality Rates per 100,000 Children and Adolescents (Ages 0-24) for New Brunswick 2000 and 2001</i>					
Age Specific Rates			Age Adjusted Rates		
0-4	5-14	15-24	0-4	5-14	15-24
83	23.7	19.8	5.8	3.3	2.8
51.9	11.8	31.7	3.6	1.6	4.6
104.9	16.3	96.2	7.3	2.2	13.8
85.8	16.3	103.8	6	2.2	14.9

Malnutrition

Canada has no recent national level data on dietary patterns. In 2004, the Canadian Community Health Survey will have a nutrition focus. Data collected will provide a more complete, comprehensive picture than is currently available of Canadians and their eating patterns. This national survey will be carried out with all age groups, including children aged 0 and up. Measured height and weight, waist circumference (over 2 years of age), 24-hour recalls and use of nutrient supplements will be collected from a nationally representative sample.

Programs to facilitate access to health services for youth***Government of British Columbia***

The Ministry of Health Planning has recently funded researchers at the University of British Columbia (U.B.C.) to review means of improving access to health services for girls and women from minority groups or other vulnerable or marginalized groups.

- One project involved consultation with diverse ethno-linguistic groups of girls and young women to identify barriers to emergency contraception services and abortion clinics. The information gathered has provided the basis for designing a promotional campaign.
- A second project will be conducted by a U.B.C. affiliated Aboriginal researcher and will aim at removing barriers to emergency contraception and abortion clinics for Aboriginal youth.
- A third project will consist of conducting focus groups with seven ethno-linguistic groups of teenagers to identify what culturally appropriate health care information they require. A Teen Health Handbook will be published in several languages.

b) Also, please provide numbers of health professionals working in the health care services for children.

Total number of Registered Nurses across Canada working in the paediatric area: 11,594

Total number of Registered Nurses across Canada working in the maternal/newborn area: 5,642

Note that the numbers provided are only estimates and represent Registered Nurses data only. Licensed Practical Nurses, Registered Psychiatric Nurses, Public Health Nurses and other nurses involved with children are not included in these numbers.

Total number of physicians across Canada working in the paediatric area: 2,176

Total number of physicians across Canada working in the obstetrics/gynecology area: 1,590

Note that the numbers provided do not represent general practitioners, child psychologists, child surgeons and other types of physicians working with children.

8. Please provide disaggregated statistical data (including by gender, age groups, region) on children infected or affected by HIV/AIDS, as well as information on programs implemented to address the problems of these children.

a) Disaggregated statistical data on children infected or affected by HIV/AIDS

<i>Positive HIV test reports among children*, Canada, 1985-December 31, 2002</i>				
	0-14 yrs	15-19 yrs	Child Age Group Unknown	Total
Male	373	411	12	796
Female	255	272	5	532
Non-reported	19	14	1	34
Total	647	697	18	1,362

* Although the UN Committee on the Rights of the Child defines children as 0-18 yrs of age at the time of diagnosis, children in this table are define as 0-19 yrs due to HIV data limitations.

Percentage of HIV-infected pregnant women receiving a complete course of anti-retro viral prophylaxis to reduce the risk of MTCT (biennial): In 2001, 90 percent (116/129) of known HIV-positive pregnant women seen at specialty clinics across Canada received at least some antiretroviral treatment. In 2002, 89.9 percent (133/148) of known HIV-positive pregnant women seen at specialty clinics across Canada received at least some antiretroviral treatment.

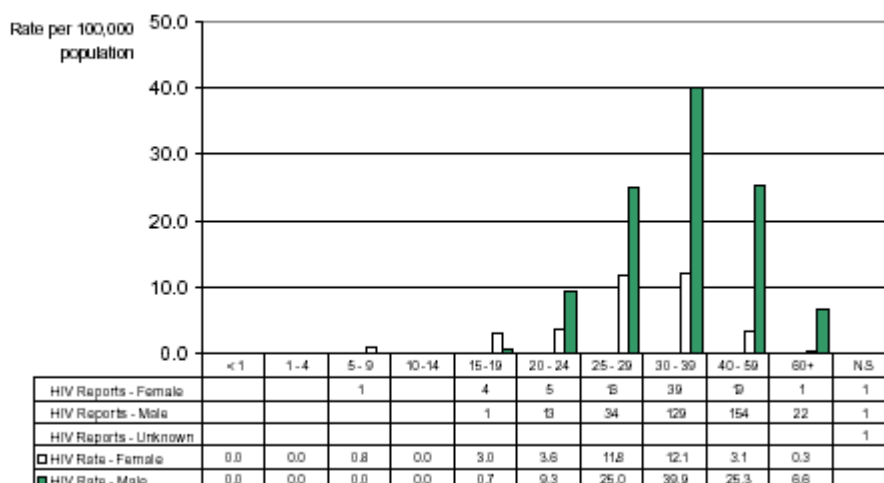
Percentage of HIV-infected infants born to HIV-infected mothers: Between 1998-2001, 476 infants were perinatally HIV-exposed, of whom 30 were confirmed to be infected, 385 were confirmed not infected, and the remaining 61 were infants whose infection status was not yet confirmed. These perinatal data are based on infants born to women who are known to be HIV

positive during their pregnancy. The numbers do not reflect all infants perinatally exposed to HIV infection, as not all pregnant women are aware of their HIV status.

Percentage of young people aged 15-24 who are HIV infected: Canada does not have specific data for this indicator. National data does however indicate that since 1985, young people aged 15-29 have accounted for 28.4 percent of cumulative positive HIV test reports among adults with known gender. In addition, 21.2 percent of positive HIV test reports were in the age group 15-29 during the years 1998-2001. This represents only those individuals who seek testing/or medical care. The number of positive HIV test reports provides a description of those who came forward for testing, were diagnosed and reported HIV positive. It does not, however, represent the total number of individuals living with (prevalence) or newly infected each year (incidence).

Government of British Columbia

HIV Rates by Age Group and Sex, 2002



Government of New Brunswick

Cases of HIV in children 18 or younger, by age, gender and region, since January 2000

Cases of HIV		Age		
Region	Gender	7	8	Grand Total
Region 2	Male			
	Female	1	1	2
Region 2 Total		1	1	2
Grand Total		1	1	2

Note: Both of these cases were maternal-fetal transmission.

b) Programs implemented to address the problems of these children

As the accompanying Canadian epidemiological data suggest, the incidence of HIV in children in Canada is extremely low, relative to global data, hence programming in Canada for “children” as a group appears to be less intensive than when general and targeted transmission prevention programs under the Canadian Strategy for HIV-AIDS are analyzed. Programs in terms of medical care treatment and support for children living with HIV are widely available and of high quality. There are, in fact, no programs under the Canadian Strategy on HIV/AIDS that specifically target children or youth (age 1-18); however, there are individual projects funded under various funding streams of the Canadian Strategy on HIV/AIDS that have children or youth as their target population. These projects, all funded by Health Canada, have either a regional scope of impact or a national scope of impact as indicated.

Mother to child transmission of HIV/AIDS: Voluntary provincial and territorial HIV testing programs are available for pregnant women. Currently the uptake is not sufficient to prevent all HIV infections in newborn babies. Treatments are available in all provinces and territories to prevent mother-to-child transmission of HIV.

Regional strategies vary for preventing mother-to-child transmission among Aboriginal populations. All regions provide awareness/educational programs, and most distribute condoms, with some providing female condoms. One region has a prenatal surveillance project that has received support from the region's First Nations leadership. Some have family support programs that would address this area. However there is no uniform program or strategy across the country specifically for this area. The Aboriginal Strategy for HIV/AIDS is still in its development phase but offers the potential to highlight this issue.

In the prison setting, prenatal care is provided for all pregnant offenders. This includes voluntary testing for HIV. All women are encouraged to participate in testing and/or appropriate treatment to prevent transmission from mother to child. Opioid-dependent offenders who are pregnant are eligible for methadone treatment to decrease the risks associated with injection drug use and pregnancy.

The Federal/Provincial/Territorial Advisory Committee on AIDS has Guiding Principles for HIV Testing of Women during Pregnancy, which reinforce the application of the widely supported principles of voluntarism, confidentiality and informed consent in the refinement and development of relevant policy.

Children orphaned as a result of HIV/AIDS: This is not a major part of the HIV-specific response in Canada. The needs of orphans and vulnerable children are currently met through the delivery of provincial health and social services that include child protection services, adoption services, child and family counselling and social service agencies, welfare and disability income support programmes, publicly funded primary health services and subsidized housing. The availability of these programmes varies across Canada and is dependant upon federal health transfers (dollars) to provinces, provincial and municipal allocations of resources to health, and approaches used by provincial and municipal health and social service related agencies.

Aboriginal Children: The First Nations and Inuit Health Branch is nationally funding the Assembly of First Nations to develop a peer education program for First Nations youth that has a strong element of HIV transmission, education, prevention, harm and risk reduction and how it all relates to substance abuse. The funding to AFN on the youth peer education program is \$100,000.

There are a multitude of projects at the community level that are addressed to youth. For example, the BC Centre for Disease Control, STD Division, includes the CheeMaMuk Aboriginal project that includes a youth project, Healing Our Spirit. The Aboriginal HIV/AIDS Society also has a youth project.

The First Nations and Inuit Health Branch (FNIHB) in Health Canada has been working with partners to develop strategies to address adolescent pregnancies. *Finding Our Way: A Sexual and Reproductive Health Source Book for Aboriginal Communities* was developed by the Aboriginal Nurses Association and Planned Parenthood Federation of Canada. In addition, Tenuous Connections, is a study by the Ontario Federation of Indian Friendship Centres exploring urban Aboriginal youth, sexual health and pregnancy. A third project, Postponement, Preparation and Support, proposes a model to postpone pregnancies, prepare adolescents for future parenthood and support those who are to become young parents.

Government of British Columbia

There are three programs specifically serving children and families dealing with HIV and AIDS.

- The Oak Tree Clinic (the Women and Family HIV Centre) is a tertiary referral outpatient facility offering specialized care in HIV/AIDS. The Oak Tree Clinic is committed to providing specialized care for women and children living with HIV/AIDS in British Columbia. This includes improving access to care; providing optimal 'woman and child friendly' care in a safe environment; and educating patients and their families, as well as other health care workers, organizations, institutions, and the public regarding the complex issues of HIV infection in women and children. The clinic also advocates for improved prevention, diagnosis, care and support and contributes to clinically oriented research and to improving access to clinical trials and other research for women and children.
- The Hummingbird Kids Society aims to create a supportive and healthy environment for children (ages 0 to 16) and families dealing with HIV/AIDS. The society serves children who are either infected with HIV/AIDS, or whose immediate family member has the disease. Support is tailored to each family, and may include social/recreational activities, crisis support, and access to summer camp. Goals are to enhance the quality of life for the children and their families; to communicate with the public, media, and health care system; and to provide broad-based education.
- YouthCO is a non-profit organization working to involve youth aged 15-19 years from all communities in addressing HIV/AIDS and related issues. YouthCO provides educational initiatives and support services to youth infected with and/or affected by HIV/AIDS and

HIV/Hepatitis C (HCV). As a youth-driven agency, YouthCO provides outreach, prevention education, training, volunteer opportunities, advocacy and peer support.

Government of Ontario

The Prenatal HIV Testing initiative increases awareness of the importance of HIV testing in pregnancy as part of routine prenatal care. This Early Childhood Development initiative serves pregnant women and women considering pregnancy, as well as programs delivering prenatal services.

Five year ago, medical researchers discovered that HIV-positive women who receive the proper care and treatment during pregnancy could dramatically decrease the chances of passing the disease on to their infants. Since that time new treatments have been discovered and today HIV-positive pregnant women who follow the prescribed course of treatment only have a one to three year percent chance of giving birth to HIV-positive babies. Without treatment, the risk of transmission is 30 percent.

In 1998, shortly after this discovery, Ontario started offering routine HIV screening to all expectant mothers and to women thinking about becoming pregnant — regardless of risk. The HIV test can be done at the same time as other routine prenatal tests, or if a women prefers, she can be tested at one of Ontario's 33 anonymous HIV testing sites where identifying information is not collected and comprehensive counselling is guaranteed.

On January 31, 2003, the Minister of Health and Long-Term Care, the Honourable Tony Clement, announced a new initiative for children in Ontario who were infected with HIV. All HIV positive babies born in Ontario on or after January 1, 2002, will now be eligible to receive publicly funded vaccine against chicken pox (varicella), meningitis (invasive meningococcal disease) and pneumonia (invasive pneumococcal disease). The cost to start up the program is estimated at \$200,000, with an annual investment of \$100,000 on an ongoing basis. The process for making the vaccine available is currently being developed with the staff of the AIDS Bureau and the Hospital for Sick Children.

9. Please provide appropriate disaggregated data (including by gender, age and type of crime) covering the period between 2000 and 2002, in particular on the number of:

a) Minors, who have allegedly committed a crime, reported to the police;

The following table provides numbers for young offenders (YO) charged, by gender but not age. The table also provides numbers of young offenders not charged with offences (no gender separation).

Please note that in addition to offences under the *Criminal Code*, the table includes other offences such as traffic offences

Type of Crime	2000			2001			2002		
	Charged		No Charge	Charged		No Charge	Charged		No Charge
	Male	Female	No gender	Male	Female	No gender	Male	Female	No gender
Homicide	6	3	0	18	6	2	16	6	0
Attempted Murder	6	3	0	12	0	1	9	1	0
Robbery	286	55	52	406	83	45	354	57	60
Assaults (sexual and others)	3,426	1,390	5,026	3,705	1,628	5,967	3,604	1,613	6,028
Abduction	1	3	0	3	0	3	0	0	2
Break & Enter	4,902	530	2,565	4,858	626	2,795	4,427	528	2,657
Theft - Motor vehicles	1,728	267	34	1,730	383	1,008	1,786	345	955
Theft over \$5,000	65	16	58	78	10	63	51	16	48
Theft under \$5,000	3,752	1,432	7,937	3,377	1,464	8,693	3,376	1,395	9,026
Possession criminal property	872	192	334	752	124	273	717	133	282
Frauds	254	160	442	208	111	455	178	71	396
Morals	1	5	14	1	2	59	0	2	27
Offensive Weapons	291	24	423	390	48	580	366	29	618
Other Criminal Code Offences	5,946	1,318	14,596	6,391	1,626	17,854	6,026	1,663	18,333
Enterprise crime	2	0	0	0	0	0	0	0	0
Drugs	1,070	208	2,087	1,174	252	2,986	1,128	215	3,122

Type of Crime	2000			2001			2002		
	Charged		No Charge	Charged		No Charge	Charged		No Charge
	Male	Female	No gender	Male	Female	No gender	Male	Female	No gender
Federal Statutes (Youth Criminal Justice Act included)	2,103	609	2,403	2,281	617	3,513	2,191	708	3,637
Provincial Statutes	6,988	2,274	3,981	8,018	2,847	5,942	7,254	2,587	6,293
Municipal By-laws	296	72	1,535	348	116	2,171	289	101	1,874
Collisions and Traffic	13,477	4,266	2,106	15,949	5,387	3,466	15,393	5,249	3,662

Government of Nova Scotia

Data for this report are drawn from several data sources that include the Canadian Centre for Justice Statistics' (CCJS) "Canadian Crime Statistics" and the Youth Court Survey (YCS). In addition custody data is drawn from the Justice Oriented Information System (JOIS).

Table One: Crime Statistics — All Federal Statutes

Year	Male Youth Charged	Female Youth Charged	Total Youth Charged	Total Youth "Not Charged"	Total Youth "Apprehended by Police"
2000	2,684	617	3,301	2,809	6,110
2001	2,482	577	3,059	3,409	6,468
2002	2,486	706	3,192	3,678	6,870

The types of crimes include all federal statutes. Excluded are provincial statutes and municipal by-laws.

Table Two: Crime Statistics — All Criminal Code Offences

Year	Male Youth Charged	Female Youth Charged	Total Youth Charged	Total Youth “Not Charged”	Total Youth “Apprehended by Police”
2000	2,487	569	3,056	2,642	5,698
2001	2,247	540	2,787	3,226	6,013
2002	2,293	673	2,966	3,454	6,420

Table Three: Crime Statistics: Detailed Criminal Code, Drugs and Other Federal Statutes

Year	Offence	Males Charged	Females Charged	Total Charged	Not Charged	Total Apprehended
2000	Violence	414	139	553	520	1,073
	Property	1,174	293	1,467	1,037	2,504
	Other CC	899	137	1,036	1,085	2,121
	Drugs	137	19	156	130	286
	Other Fed.	60	29	89	37	126
2001	Violence	491	131	622	639	1,261
	Property	968	260	1,228	1,083	2,311
	Other CC	788	149	937	1,504	2,441
	Drugs	120	17	137	141	278
	Other Fed.	115	20	135	42	177
2002	Violence	509	164	673	722	1,395
	Property	914	293	1,207	1,156	2,363
	Other CC	870	216	1,086	1,576	2,662
	Drugs	142	12	154	178	332
	Other Fed.	51	21	72	46	118

Note: “Other” Criminal Code includes offences such as mischief, public order, failing to appear, weapons, prostitution, etc.

b) Minors who have been sentenced and type of punishment or sanctions related to offences including length of deprivation of liberty;

Convicted youth by type of crime and punishment

	2000 - 2001						
	Type of Sentence						
	Total Convicted Cases	Secure Custody	Open Custody	Probation	Fine	Community services	Other
Total Offences	5,383	7,978	8,269	34,435	3,984	14,398	13,608
Crime against the person	13,729	2,010	2,218	10,735	310	3,339	3,777
Homicide	16	9	10	10	0	1	10
Sexual Assault	652	94	95	547	3	86	150
Crimes against property	20,908	2,505	2,907	14,793	1,139	6,754	5,717
Total Criminal Code	42,482	6,307	6,362	29,247	2,433	11,474	11,549
Drug Possession	1,948	56	48	1,102	479	573	688
Drug Trafficking	1,304	149	174	1,095	94	569	466

Please see Part 1-A-9-b) — Justice: Length of Detention.

Government of Alberta

Please see Appendix R for data on young offenders in detention and length of time in custody.

*Government of Nova Scotia***Table Four A: Court Statistics: Most Serious Sentence by Gender, 2000-2001**

Gender	Sentence	Number
Males	Secure Custody	21
	Open Custody	449
	Probation	771
	Fine	84
	Other	88
	Sub-Total	1,413
Females	Secure Custody	0
	Open Custody	41
	Probation	188
	Fine	13
	Other	17
	Sub-Total	259
Males and Females	Secure Custody	21
	Open Custody	490
	Probation	959
	Fine	97
	Other	105
	Total	1,672

- Notes: 1. Data for 2002-03 is unavailable.
2. "Other" refers to such outcomes as community service, restitution, conditional discharges, etc.
3. The actual unit of analysis is the case and not the person as a person can appear in court and be convicted on separate cases within the same time period.

Table Four B: Court Statistics: Most Serious Sentence by Gender, 2001-2002

Gender	Sentence	Number
Males	Secure Custody	23
	Open Custody	380
	Probation	681
	Fine	54
	Other	57
	Sub-Total	1,195
Females	Secure Custody	0
	Open Custody	36
	Probation	171
	Fine	13
	Other	27
	Sub-Total	247
Males and Females	Secure Custody	23
	Open Custody	416
	Probation	852
	Fine	67
	Other	84
	Total	1,442

Table Five A: Court Statistics: Most Serious Sentence by Age, 2000-2001

Age	Secure Custody	Open Custody	Probation	Fine	Other Sentence	Total
12	0	9	21	0	6	36
13	0	26	76	2	13	117
14	3	89	161	0	22	275
15	4	122	217	2	34	379
16	8	135	214	31	12	400
17	6	105	263	59	18	451
Other	0	4	7	3	0	14

Note: 1. The "Other" age category represents those cases where the offender was either over 17 or the person's age was unknown.

Table Five B: Court Statistics: Most Serious Sentence by Age, 2001-2002

Age	Secure Custody	Open Custody	Probation	Fine	Other Sentence	Total
12	0	9	32	0	4	45
13	0	19	64	0	10	93
14	0	60	130	0	20	210
15	3	123	169	4	23	322
16	7	100	240	23	11	381
17	13	103	215	40	15	386
Other	0	2	2	0	1	5

Table Six: Custody Statistics- Average Annual In-House Counts by Institution

Year	NSYC	Cape Breton Youth Detention Centre	Shelbourne Youth Centre	Cape Breton Youth Resource Centre	Total
2000-2001	99	1	35	3	138
2001-2002	93	1	25	-	119
2002-2003	102	1	24	-	127
Capacity	120	8	36	Closed Dec. 2000	

Note: The number of youth held in adult facilities is very low and primarily used for short remands. The average annual in-house count for youth held in adult facilities are less than 1 for each of the three years.

Table Seven A: Custody Statistics — Average and Median Days Held on Remand

Year	Average Remand Length	Median Remand Length
2000-2001	10 days	3 days
2001-2002	8 days	3 days
2002-2003	15 days	3 days

Table Seven B: Custody Statistics — Average and Median Days in Sentenced Custody

Year	Average Sentence Length	Median Sentence Length
2000-2001	119 days	75 days
2001-2002	134 days	90 days
2002-2003	142 days	84 days

c) Number of children charged under the Criminal Code;

Please see Part 1-A-9-a).

Government of British Columbia**Youth Crime in 2001**

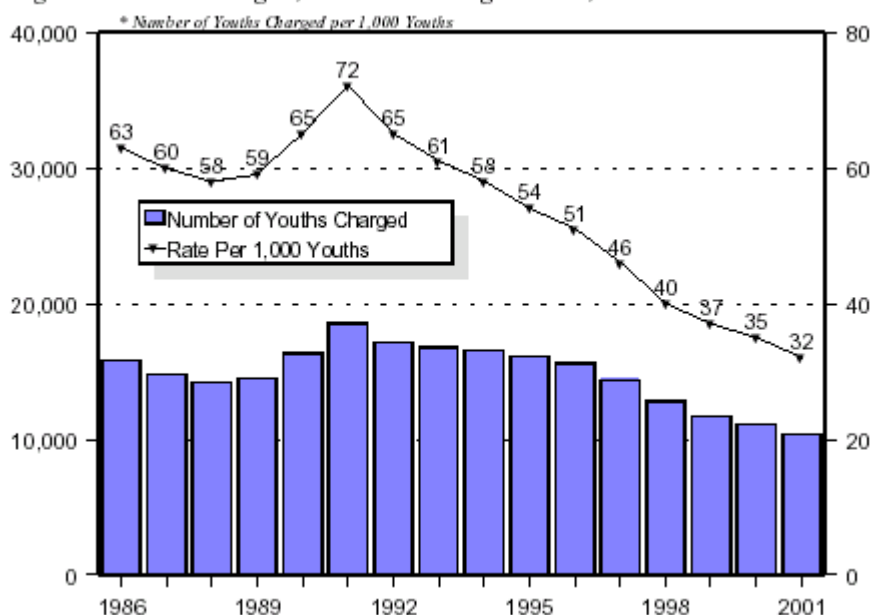
In B.C., there were 10,380 young offenders charged with *Criminal Code* offences in 2001, 720 or 6 percent less than in 2000. This represents a youth charge rate of 32 charges per 1,000 youths, an overall decrease of 9 percent from B.C.'s youth charge rate in 2000.

Approximately 76 percent of the criminal offences for which young people were charged were non-violent crimes (i.e., crimes against property or other *Criminal Code* offences). The remaining 24 percent of charges against youth were for violent crimes. Youths represented 16 percent of total persons charged in 2001. Youths represented 12 percent (2,540 of 20,510) of those charged with violent offences; 19 percent (5,120 of 27,020) of those charged with property offences; and 16 percent (2,720 of 17,430) of those charged with other *Criminal Code* offences.

There is no offence known as youth crime; rather the determination that an accused person is a young offender is based on the age of the offender at the time the offence was committed. The data discussed below are based on the number of youths charged with criminal offences, i.e., the number of youths for whom the police submitted a report to Crown counsel. Unless the police solve the offence, it is not known whether an adult or youth committed the crime.

Therefore, data on youth crime are dependent on the identification of the offender by the police. Though less than 30 percent of total reported crimes are solved, it is assumed that youth charged data (the number of *Criminal Code* charges reported per 1,000 persons between the ages of 12 and 17) provide an indication of trends in youth involvement in crime.

Figure 6: Youths Charged, Number & Charge Rates*, 1986 to 2001.



In 1991, the youth charge rate peaked (the violent youth charge rate did not peak until 1994). Since that time, B.C. has experienced a downward trend in youth charge rates. Detecting the real extent of youth involvement in crime is difficult. Fluctuations in trends in crime data can be influenced by a variety of factors including changes in law, changing levels of community tolerance toward specific types of crime, changing social policy, or changes in charging practices.

For detailed charts on number of youth charged by offence, see report at: www.pssg.gov.bc.ca/police_services/publications/AppC.pdf.

d) Detention facilities for juvenile delinquents and their capacity;

Government of Alberta

Youth custody facilities in Alberta house youth who are detained pending a court appearance, and youth sentenced to open or secure custody. A list of youth custody facilities, including their capacity, is attached as Appendix S.

Government of British Columbia

<i>Number of Youth Detention Facilities</i>			
	2002-2003	2001-2002	2000-2001
	7	9	9

<i>Number of Minors Detained in</i>			
	2002-2003	2001-2002	2000-2001
Youth facilities (admissions)	3,182	3,308	4,092
Youth facilities (average count)	219	257.2	289.8
Adult facilities (admissions)	0	0	0
Adult facilities (average count)	0	0	0

Government of Nova Scotia

Detention facilities for juvenile delinquents and their capacity

	Capacity
Nova Scotia (Waterville) Youth Centre	120
Shelbourne Youth Centre	36
Cape Breton Youth Detention Centre	8

Government of Saskatchewan

There are a total of 12 Young Offender custody facilities in Saskatchewan and a number of community homes that provide custody services to youth. The total capacity of the custody facilities is 325, consisting of 261 spaces for males and 62 spaces for females.

e) Minors detained in these facilities and minors detained in adult facilities;

Government of Alberta

Please see Appendix R for data on young offenders in detention and length of time in custody.

Government of Saskatchewan

At the beginning of April 2000, there were 327 youth serving custody dispositions (141 in open custody facilities, and 186 in secure custody). From April 1, 2000 to March 31, 2001, a total of 693 youth were admitted to provincial youth custody facilities (383 to open custody, 310 to secure custody). At the beginning of April 2001, there were 334 youth serving custody dispositions (147 in open custody facilities and 187 in secure custody). From April 1, 2001 to March 31, 2002, a total of 566 youth were admitted to provincial youth custody facilities (335 to open custody and 231 to secure custody). At the beginning of April 2002, there were 352 youth serving custody dispositions (175 in open custody and 177 in secure custody).

f) Minors kept in pre-trial detention and the average length of their detention;***Government of Alberta***

Please see Appendix R for data on young offenders in detention and length of time in custody.

Government of British Columbia

<i>Minors in Pre-Trial Detention</i>			
	2002-2003	2001-2002	2000-2001
Admissions	1,522	1,610	1,945
Average count per day	67.2	67.7	78.7
Length of stay in days	11.07	11.5	12.3

g) Reported cases of abuse and maltreatment of children occurred during their arrest and detention.

In 2002, the Royal Canadian Mounted Police (RCMP) made inquiries as to whether any youth or child had complained of abuse or maltreatment while under arrest or detention by the RCMP. No complaints had been received.

10. With reference to special protection measures, please provide statistical data (including by gender, age, urban/rural areas) per year between 2000 and 2002 on:**a) The number of children involved in sexual exploitation, including prostitution, pornography and trafficking;**

As the new trafficking in persons offence came into force on June 28, 2002, the Government of Canada does not yet have any data on the trafficking of children in Canada. The offence, which appears in the new *Immigration and Refugee Protection Act (IRPA)*, provides for very severe penalties: fines of up to \$1 million and imprisonment for up to life. Moreover, it lists specific aggravating factors that a court can take into account when determining the appropriate penalty such as subjecting a trafficking victim to humiliating or degrading treatment, including with respect to work or health conditions or sexual exploitation. The RCMP is in the process of collecting trafficking data and will desegregate the data by age and gender where possible.

It is extremely difficult to state with any accuracy the number of children subjected to sexual exploitation. However, the statistics with regard to individuals charged with possession of child pornography are as follows.

	2000	2001	2002
Possession of Child Pornography	154	448	544

Statistics indicate that the police laid charges against 144 men and 9 women between 1997 and 2001 for production and distribution of child pornography (as compared with possession).

Government of British Columbia

In March, 1995, BC Attorney General officials consulted with police, social workers and community agencies across BC to determine the number of youth involved in prostitution in key communities. All communities reported some youth involvement in prostitution, although the estimates varied widely depending on the source of the information. At that time, for example, social workers estimated that there were 200 youth involved in the sex trade in the small community of Prince George. This number was disputed by police. Similarly, in the large city of Vancouver, there were estimates of 30–40 youth on any given night. This estimate cannot be used to determine the total number of youth involved, nor how many youth are working in indoor venues. Anecdotal evidence from youth-serving agencies has put the estimate at several hundred. A study of sexually exploited youth in the Capital Regional District of British Columbia (October 1997) interviewed 75 youth who self-identified as being involved in prostitution. This would suggest that there are many more than 75 who are actually involved. A prominent criminologist, who has done extensive research on prostitution in Canada, concluded that there simply is no valid or reliable data on the number of youth sexually exploited through prostitution. The difficulty in estimating numbers of youth abused through pornography is even more of a challenge, given that the Internet is the prominent means of exchange of child pornography. The Copine Project in Ireland is the best source of information on the challenges involved in the task of tracking and identifying these youth.

BC is cooperating with initiatives by the Government of Canada to ensure the criminal law remains up to date and capable of dealing with these social ills.

b) The number of children involved in sexual exploitation who received rehabilitation treatments;

Government of Alberta

Following are statistics on children who have received services under the Protection of Children Involved in Prostitution legislation (PChIP). See Part III, New Legislation, for additional information on the PChIP.

<u>Number of children with open Protection Files under PChIP</u>	
2000-2001 Fiscal Year:	103
2001-2002 Fiscal Year:	87
2002-2003 Fiscal Year:	72

Although the statistics cannot be broken down as per the number of children who are from urban versus rural settings, the majority of street prostitution is focussed on Edmonton and Calgary, with Edmonton continuing to show higher percentages.

Only children who are receiving protection services under the PChIP are tracked; children who may be provided with outreach services, advocacy work, etc., are not tracked. PChIP does provide funding to a number of these agencies, but the government does not keep statistics on them. The government does provide supports to a much larger group of youth at risk, though statistics on these programs are not available.

c) The number of children involved in child labour who are under 16

Government of Alberta

Alberta does not have problems related to child employment. Albertans under the age of 16 generally are not employed, and when they are, their employment is governed by strict regulations in Alberta's *Employment Standards Regulation*.

An adolescent (12-14 years old) can only be hired as a:

- delivery person of small wares for retail store;
- clerk or messenger in an office;
- clerk in a retail store; or
- delivery person for the distribution of newspapers, flyers or handbills.

“Retail store” includes outlets such as video stores, grocery stores, department stores, convenience stores and farmers markets, but does not include fast food restaurants, movie theaters, ice cream, hot dog and hamburger stands.

A parent or guardian of the adolescent must provide the employer with written consent before the adolescent starts working. The employer must ensure that the employment is not, or is not likely to be, injurious to the life, health, education or welfare of the adolescent.

An adolescent can be employed in occupations other than those listed above, but only if approval is first obtained from the Director of Employment Standards. The permit must be issued before the adolescent starts working. The Director may attach conditions to the permit. For example, an adolescent may be prohibited from handling hot objects or substances in the restaurant/take-out food services industry.

An adolescent cannot work more than 2 hours per day on a school day or 8 hours per day on a non-school day. Adolescents cannot work in any capacity from 9:00 p.m. to 6:00 a.m. on any day of the week.

For young persons (aged 15-17 years old), restrictions also exist as to what hours a young person can work and to the level of supervision required.

If a young person is employed in a:

- hotel, motel, or any other place that provides overnight accommodation to the public, or
- the premises of any retail business selling:
 - food or beverages, whether alcoholic or not;
 - any other commodities, goods, wares or merchandise, or
 - gasoline, diesel fuel, propane or any other product of petroleum or natural gas,

then the young person must work with and be in the continuous presence of at least one individual 18 years of age or older during the hours 9:00 p.m. to 12:01 a.m. From 12:01 a.m. to 6:00 a.m., the young person cannot work at all in these types of employment.

For any other type of employment, the restrictions on employment of a young person are as follows: young persons cannot work when they are required to attend school, and if they are working from 12:01 a.m. to the following 6:00 a.m.:

- they must work with and be in the continuous presence of at least one person 18 years of age or older, and
- the parent or guardian of the young person must give written consent prior to the commencement of employment.

In Alberta, any individual under 16 years of age is required to attend school. Therefore, they cannot be employed during normal school hours unless they are enrolled in an off-campus education program provided under the *School Act*. Examples of such programs are the Work Experience Program, Registered Apprenticeship Program (RAP), Green Certificate and vocational training. (On April 9, 2003, Bill 203, the *School (Compulsory Attendance) Amendment Act* received royal assent. The Act raises the age of compulsory schooling from individuals under 16 to individuals under 17. The Act will come into force on proclamation, which will occur at the discretion of the Minister of Learning.)

d) The number of street children.

National Missing Children's Services estimate that at any given time, there are approximately 1,500 runaway children entered into Canada's Canadian Police Information Centre. Definitive numbers for "street children" are not available.