



Prairie Metropolis Centre

Working Paper Series

WP10-04

A Portrait of the Health and Well-being of Newcomer

Children and Youth in the Prairies¹

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Prairie Metropolis Centre Working Paper Series

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PMC's working paper series is related to the broad mandate of the Metropolis Project. This initiative is designed to: (1) speed up the dissemination of research results relevant to the interests and concerns of Metropolis researchers, policy-makers, NGOs; (2) fulfill a commitment made in the application to SSHRC/CIC for a renewal grant for the Prairie Metropolis Centre; and (3) populate the Virtual Library on the PMC web site.
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Papers must be submitted in Microsoft Word.

Manuscripts should not exceed 7,500 words (or 25 typewritten double-spaced pages), including abstract, references, tables, and figures.

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A Portrait of the Health and Well-being of Newcomer Children and Youth in the Prairies

Abstract

This paper provides a snapshot of some findings from the Prairie region sample of the New Canadian Children and Youth Study. Nearly 900 newcomer families and their children participated in a longitudinal study of health and well-being in six Canadian cities (Vancouver, Edmonton, Calgary, Winnipeg, Toronto and Montreal). This working paper focuses on the results of Phase 1 from participants in the three prairie cities. We examine various aspects related to social integration, physical and mental health, education and ethnic identity of newcomer families with children ages 4-6 years and adolescents aged 11-13 years who have been in Canada for ten years or less.

Key Words: children and youth, physical health, well-being, education, identity, homeownership, social integration.

A Portrait of the Health and Well-being of Newcomer Children and Youth in the Prairiesⁱ

Introduction

In recent years, the experiences of immigrant and refugee children and youth have captured increased attention from researchers, policy makers, and service providers. Within the literature there appears to be consensus that the migration and settlement process may result in several stresses for this particular group of new Canadians (Kilbride, Anisef, Baichman-Anisef, & Khattar, 2000; Ngo & Schleifer, 2005; Kunz & Hanvey, 2000).

Recognizing the challenges encountered by immigrant and refugee children and youth adjusting to life in Canada, the Canadian Coalition for Immigrant Children and Youth (CCICY), an ad hoc voluntary organization emerged from the growing concern about the lack of services available to this group. CCIYC advocates for effective and coordinated services to address their needs in Canadian society by utilizing a number of strategies.

This paper contributes to the existing knowledge base that is focused on the experiences of immigrant and refugee children and youth. More specifically, we present an in-depth portrait of the health and well-being of this group of newcomers in the Prairies cities of Winnipeg, Edmonton, and Calgary.

Background

The New Canadian Children and Youth Study (NCCYS) is a longitudinal study of 4146 immigrant and refugee children from 16 different ethno-cultural groups living in Canada's major immigrant receiving cities: Montreal, Toronto, Vancouver, Calgary, Edmonton and Winnipeg. Every year, approximately 50, 000 to 60, 000 children under the age of 15 years old come to live in Canada and eventually help shape the future of our society. NCCYS was initiated by several researchers to obtain a better understanding of the factors affecting immigrant and refugee children's wellbeing such as physical, mental and emotional health, social supports, education, family situation, and post-natal health. Local advisory groups are comprised of representatives from diverse stakeholders and ethno-cultural groups in each city assist with project activities. We estimate that over 300 people in Calgary, Edmonton and Winnipeg gave their support during our journey to learn more about the integration of immigrant and refugee families. We are sincerely grateful for their support.

We interviewed youth and their families twice over an eight year period. Data collection for the first phase began in 2001. Our selection strategy included families who had arrived in Canada between 1991 and 2001 so we could follow them through the formative years after their arrival to Canada. All questionnaires were translatedⁱⁱ and administered by bilingual interviewers. The primary care giving parent of immigrant and refugee children between ages 4 to 6 years old and 11-13 were interviewed. Additionally, participants aged 11-13 years were interviewed and completed a self-administered questionnaire about their settlement experiences. This provided us with information concerning their development as new immigrants in Canada. We re-contacted

and re-interviewed the families in Phase 2, two to four years after the first interview. Future papers will allow us to examine the change in behaviours, if any, between phases 1 and 2.

This working paper focuses on the results from 894 children, youth and their families interviewed in Calgary, Edmonton and Winnipeg in the first phase of our study. They come from 10 different countries (Philippines, People’s Republic of China, Hong Kong, Vietnam, Nicaragua, Colombia, Guatemala, Iran, Iraq and Turkey), representing the major immigrant-sending countries at the time data collection commenced. When appropriate, results are compared to the larger national sample inclusive of Montreal, Toronto and Vancouver.

Table 1: *Interviews in Calgary, Edmonton and Winnipeg by Age and Ethnocultural Community, Phase One*

<u>Ethno-cultural Group</u>	<u>4-6</u>	<u>11-13</u>
Filipino	88	90
Kurdish	78	65
Hong Kong Chinese	38	55
Mainland Chinese	90	90
Vietnamese	74	80
Salvadoran, Colombian, Guatemalan & Nicaraguan	80	66
TOTAL	448	446

Each prairie city had a target of 30 families per ethnocultural and age group, ideally bringing a total of 90 families per group, for a target sample of 1080. For some groups, we met the target. For others, including the Vietnamese and Latin American groups (Salvadoran, Colombian, Guatemalan, Nicaraguan) were unable to meet our goals. Recruitment of the Hong Kong Chinese population proved to be particularly challenging since many Hong Kong Chinese who initially settle in Edmonton and Winnipeg, subsequently relocate to other centres, mostly in Calgary, Vancouver and Toronto. Outmigration from Calgary, Vancouver and Toronto was also identified, particularly among the Mainland Chinese group. The mixed Latin American group, consisting of Salvadoran, Colombian, Guatemalan and Nicaraguan communities was also difficult to locate, mainly due to the study’s requirement that only families who have arrived in Canada within 10 years of initial enrolment in the study could be included. A similar problem was observed in the recruitment of Vietnamese participants. Overall, the prairie sample was 17% below target for recruitment, though most other sites experienced similar difficulties. Appendix Table A provides the distribution of interviews by city and ethnocultural group

A Methodological Note

The results presented in this paper have been adjusted to represent the actual number of immigrants and refugee children and their families living in the three prairie cities. The weights were prepared using estimates provided by Statistics Canada. The results, however, should be interpreted with some caution as the participants were not selected using random means. Readers interested in more detail about our sampling strategy for each ethnic community can consult Beiser et al., (2009) and our website <http://nccys.com/> for more information.

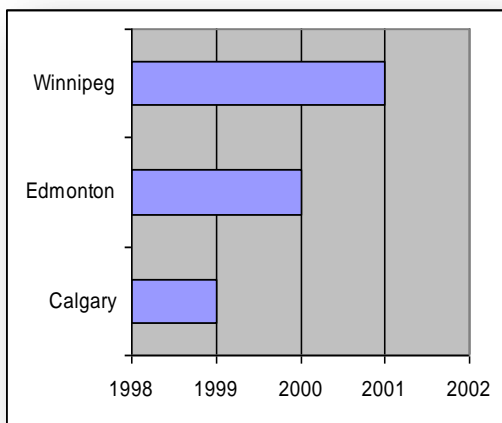
The goal of this paper is to provide a brief overview of the experiences of immigrant and refugee children and youth in the prairie region, so the major comparisons will be by city and ethnocultural group. Other comparisons can be made and will be presented in future research reports. Furthermore, data presented in this paper reflect findings from Phase one of the study. Phase Two results will be available at a later date.

Important Demographic Differences among the Families in Calgary, Edmonton and Winnipeg

Although the study is supposed to compare similar groups of newcomers across the three prairie cities, there are important differences among the participants that readers should note. These differences may affect the outcomes in our study. For example, number of years in Canada has a positive influence on homeownership; families who settled earlier are far more likely to own their homes.

Participants in Calgary have been in Canada, on average, one year longer than those living in Edmonton and nearly two years longer than participants living Winnipeg (see Table 2). Readers are encouraged to remember this difference as it may affect some of the results when we compare families across cities.

Table 2: *Average Year of Arrival by City*



Researchers are beginning to argue that we should consider the stage of integration in order to understand the resettlement process. The short-term stage is typically defined as including the first three years after immigration. This is the time where adults typically locate employment,

though it may not adequately reflect their former training and experience. Youth and children settle in the school system and individuals become functional in the language of their new home country. The medium-term stage is identified as 3 to 10 years after arrival. This is when newcomers begin to feel more at home in their adopted country and experience upward social and economic mobility. Adults may find employment more suited to their training and expertise and their salaries and wages usually increase. Homeownership becomes more affordable, and children are more settled at school. After three years, some may apply for Canadian citizenship. The long-term stage is defined as the period greater than 10 years after arrival. Research shows that by this time, most immigrants will have incomes that match or surpass those of Canadian-born and that families have developed health patterns that are similar to those of the native-born. Recent research that questions this assumption is discussed later in this paper.

In our study, there is a difference in the term settlement among the three cities. In Calgary, 33.3% of the participants have been in Canada for three years or less, compared to 51.1% of those living in Edmonton and 57.6% of those living in Winnipeg. Thus, participants in Calgary are more likely to be at the medium-term stage of integration than participants living in the other cities. Nearly one-third of the sample in Calgary has one parent born in Canada compared with 25.0% in Edmonton and 22.7% in Winnipeg. This difference is worth remembering as we review the findings on health and social integration.

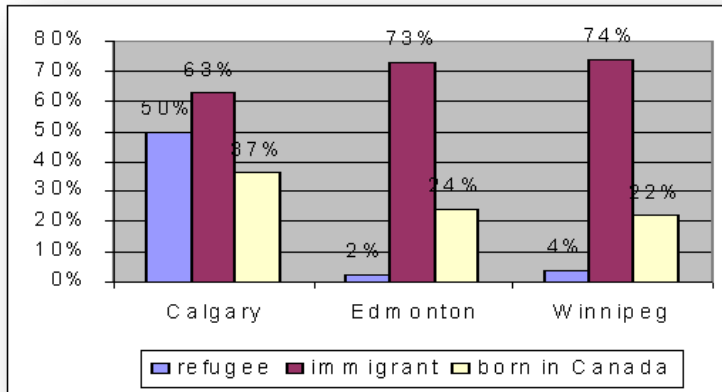
Table 3: *Stage of Integration by City*

	<u>Calgary</u>	<u>Edmonton</u>	<u>Winnipeg</u>	<u>Total</u>
Short-term stage	33.3%	51.1%	57.6%	45.2%
Medium-term stage	30.1%	23.9%	19.7%	25.3%
One parent born in Canada	36.6%	25.0%	22.7%	29.5%

NCCYS was originally intended to examine the integration of immigrant families. It soon became apparent that there are many families with one immigrant parent and one Canadian-born parent. About one-third (36%) of participants in Calgary had one parent born in Canada and one born outside the country, while 23.9% of those in Edmonton and 21.8% of respondents in Winnipeg had similar family structures. The majority of respondents had parents that came to Canada as immigrants; 62.8% of participants in Calgary, 72.7% of those in Edmonton and 73.7% of those in Winnipeg comprise this category. There were few refugees in the study; this is not surprising given that only

11-15% of all newcomers arrive as refugees. It may also have to do with the selection of the ethnocultural groups as many would not enter the country as refugees.

Table 4: *Immigration Class by City*



Readers are encouraged to consider the demographic makeup of the study participants when interpreting the study the results.

Social Indicators of Integration

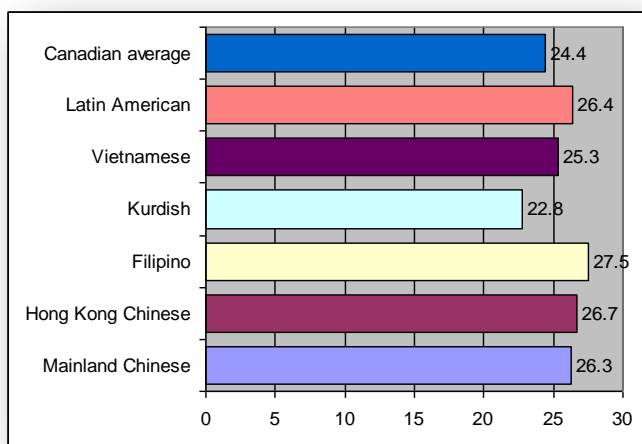
Integration is generally considered a two-way process where newcomers make some adjustments to their new society while the host society makes similar accommodations to accept the new residents. It involves many processes and affects almost all aspects of life. NCCYS examined several aspects of social integration among the newcomer families. We focus on four: social support, homeownership, living conditions and neighbourhood conditions. Readers should recall that families who participated in the study have been in Canada for ten years or lessⁱⁱⁱ. This means that although many have made several short-term integration adjustments, most have not been in Canada long enough to fully settle. As well, integration occurs at different paces and may differ among members of the same family.

Social Support

Parents were asked several questions about access to resources, networks, and social support in times of need. We used a modified version of the Social Provisions Scale developed by Carolyn Cutrona (1989) at Iowa State University. It is a measure of perceived social support which was used in Statistics Canada's NLSCY and the Ontario Better Beginnings Better Future Study. It measures social relationships asking respondents questions to identify persons outside the family they may count on in times of need and persons with whom they can discuss their problems. A score of 30 indicates high levels of social support. Across the country, respondents averaged 18.5 on this index, indicating moderate levels of social support. Respondents in the three prairie cities scored similarly to one another and above the national average (Calgary 20.9, Winnipeg 20.7, and Edmonton 20.5). Families settling in Montreal had the highest scores (21.6) but they were not radically higher than other cities. Degree of social support did not differ greatly between

families with children aged 4-6 and 11-13. Similarly, social supports did not differ between those families comprised of two foreign-born parents versus those with one parent born in Canada. Years in Canada also did not have an appreciative effect on the number and quality of social supports. Those living in Canada for three years or less have just as many social supports as those who have lived in Canada for four or more years. Both groups scored similarly to those with one parent born in Canada. In short, social supports appear to be strong, regardless of age of children, length of time in Canada, or family composition.

Table 5: *Social Supports by Ethnic Group*

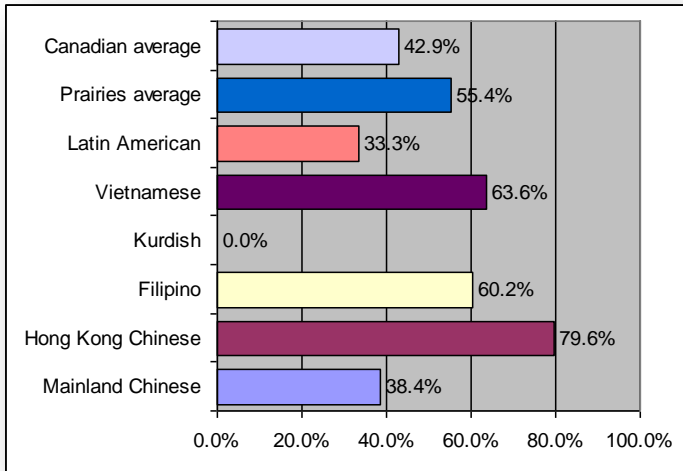


Homeownership

Homeownership is another indicator of social and economic integration. The ability to purchase a home indicates a relative degree of economic stability and may indicate that the family has the intention to remain in their present city of residence more permanently than those who rent their accommodations. According to the 2006 Census of Canada, over two-thirds (68.4%) of Canadians own their own home, the highest rate since 1971 (Statistics Canada, 2008). Historically, homeownership among migrant families is higher than among the native-born. In 1981, for example, immigrants living in Montreal, Toronto and Vancouver had higher rates of homeownership than those born in Canada. More recently, however, data from Statistics Canada (2005) reveal that the rate of homeownership amongst immigrants has dropped significantly, particularly in three largest cities. “In Montréal only 42% of immigrant families owned their homes, while the proportion among Canadian-born had increased to 54%. In Toronto, the proportion among immigrant families had declined to 61%, while the proportion for Canadian-born had risen to 64%. Vancouver was the only exception, where 64% of newcomers were home owners compared to only 55% of Canadian-born” (Statistics Canada, 2005, n.p.).

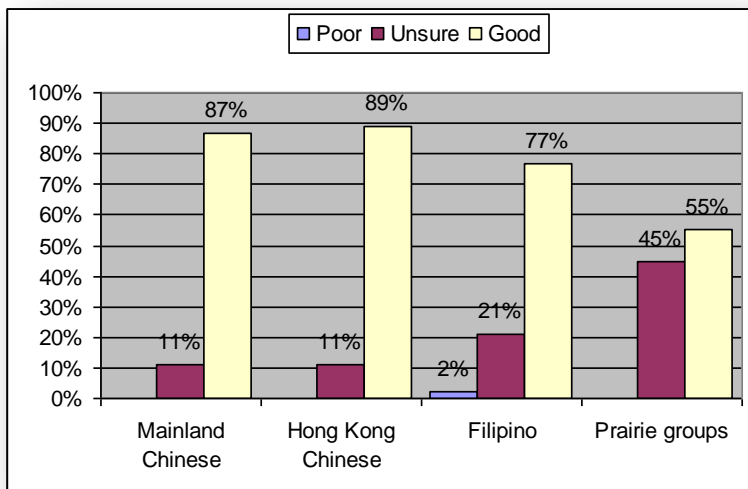
Homeownership amongst immigrants in the three prairie cities varies markedly. In Calgary, over two-thirds (69.5%) own their home, compared to only 52.3% in Edmonton and 39.2% in Winnipeg. These differences must be read with caution, however, given the differences in year of arrival between the participants in each city.

Table 6: *Homeownership by Ethnic Group*



We asked about the living conditions of the family because we were interested in knowing whether or not their living conditions had improved since they arrived in Canada. For a majority of respondents, the overwhelming response was that their lives in Canada were better. Over three-quarters of respondents indicated their life in Canada was better after migration than before it. The responses, however, differed by ethnocultural group. While 80% of Kurdish, Vietnamese and Latin Americans felt their lives had improved since coming to Canada, only 49% of Mainland Chinese and 46% of Hong Kong Chinese and 77% of the Filipinos felt this way.

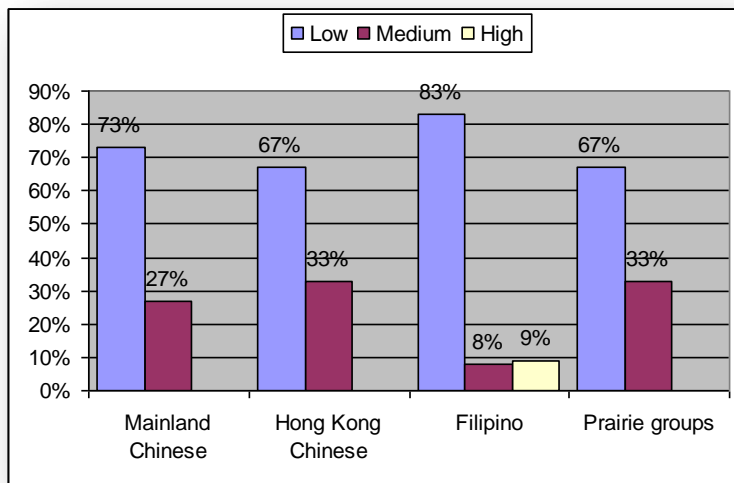
Table 7: *Living Conditions by Ethnic Group*



We also measured condition of housing. Overcrowding is defined as the number of rooms in the dwelling divided by the number of people living in this dwelling. The figure includes kitchen, living room and bedrooms but not bathrooms and is equivalent to existing measures of overcrowding. Dwellings with more than one person per room are considered overcrowded. In our study, over 90% of all newcomers were living in adequate dwellings (table not shown). However, those from the Kurdish, Vietnamese and Latin American groups are slightly more likely to be living in dwellings that are overcrowded (at 12%). Seven per cent of Filipino families were living in overcrowded housing. This is higher than the average for other Canadians. Less than 3% of Mainland Chinese and Hong Kong Chinese families are living in housing that would be considered overcrowded.

Finally, we asked newcomer parents to assess the conditions of their neighbourhood. This is an important question as living in a safe community is an important indicator of successful integration. In our study, most respondents indicated that their neighbourhoods were ‘good’; 87% of Mainland Chinese, 89% of Hong Kong Chinese and 77% of Filipino families felt positively about their neighbourhood. Conversely, only 55% of Kurdish, Vietnamese and Latin American groups felt positively about their neighbourhood. How does this compare against the Canadian-born population? Results from the 2004 General Social Survey (2006) indicate that 75% of Canadians would rank their neighbourhood as ‘good’ (Keown, 2008). In short, the Vietnamese, Latin American and Kurdish groups feel they live in less safe neighbourhoods than is reported by those born in Canada.

Table 8: *Self-assessment of Current Life Stress by Ethnic Group*



Stress can also affect family life. When families are stressed, the ramifications for families can be significant and may affect the physical and mental health of all members. We asked our families to assess the stress in their lives by asking several questions relating to the immigration process, difficulty finding a job, discrimination, and standard of living. Most of the families in

our study are doing well with 67% to 83% of families reporting little or no stress. About one third of Vietnamese, Kurdish, Latin American and Hong Kong Chinese families report moderate levels of stress on this scale. Very few families report high levels of stress.

Physical Health

Not surprisingly, the physical health of newcomer children and youth is generally excellent. Those entering the country as family class, assisted relatives, economic class, or as their dependents must pass a stringent health assessment to enter the country. War affected children and youth are also examined, though some with significant health issues may be permitted to enter under humanitarian grounds. Only those families who are fit, healthy and motivated have the ability to pass the arduous and time consuming process of immigrating to Canada. As a result, newcomers have higher health status than those born in the country. This is known as the 'healthy immigrant effect' (Hyman, 2001; Lassiter & Callister, 2008; Newbold, 2009, Ng, Wilkins, Gendron, & Berthelot, N. n.d.).

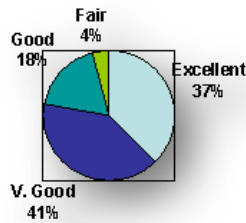
As time passes, newcomers begin to practice the health behaviours mimicking the Canadian-born. One explanation is that newcomers may pick up the bad habits of Canadian-born and their health status begins to decline to match the health of those born here, reversing the healthy immigrant effect. More recently, the stress of migration or effects of racism and discrimination have been suggested as contributing to this phenomenon (Hyman, 2001; Lassiter & Callister, 2008; Ng, Wilkins, Gendron, & Berthelot, N.D.), within significant declines in health seen within as little as two years post-arrival (Newbold, 2009). This relative decline in health can also be seen amongst the second-generation. Children of immigrant parents have poorer health and exhibit more risk behaviours than newcomer youth (Statistics Canada, 2006; Yu et al., 2003). While the data from Phase One can only measure current health status, data from Phase Two will provide more information if there is a decline in health status over the medium-term stage of integration.

We asked parents to rate the general health of their children using a five-point scale from poor to excellent (table not shown). Nearly three-quarters (72.7%) of all parents in Canada rated their children's overall health as excellent or very good. Parents in the Prairie provinces were just as likely as parents elsewhere to indicate their children had very good or excellent general health. Parents were, however, slightly more likely to rate the health of female children better than male children.

How do these findings compare with what we know about the health of Canadian-born children? According to the NLSCY, 87% of Canadian-born parents rate their child's health as excellent (Statistics Canada, 2002). We believe, however, that even though we asked the question in the same way as the NLSCY, given translation issues and varying interview conditions, our results are not directly comparable. When those who rate health as excellent are added to those who rate their health as very good our results are about 10% lower than those reported for NLSCY.

We asked the 11 to 13 year old youth the same question and received a similar response. Just over 76 % of the youth in our sample indicated their general health was either excellent or very good.

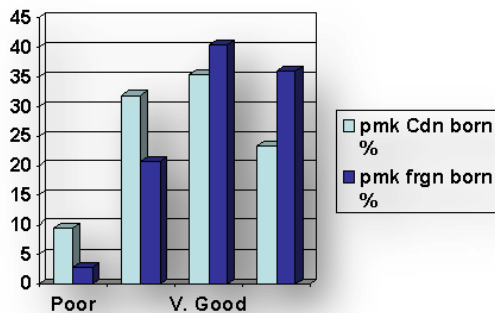
Table 9: *Child's Perception of General Health*



Part of understanding health involves an examination of risk-taking behaviours among youth. Only 9% of youth indicated they knew of friends who drink alcohol without their parents' knowledge. Nearly 11% of the 11 to 13 year olds admitted to smoking cigarettes, and the median age at first cigarette is ten years. There were no reports of drug use among the Prairie youth in Phase One of this study.

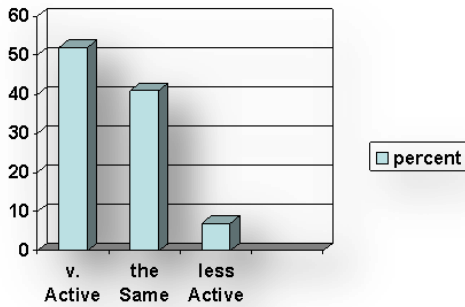
Data from the three Prairie cities, shown in Table 10, reveals that there is some support for the healthy immigrant effect. Children who had at least one parent born in Canada had slightly lower health status ratings than those with two foreign born parents. Over one-third (36.1%) of children in two parent immigrant families had excellent general health, compared to only 23.3% of those with one immigrant- and one native-born parent. Nearly 10% of those with one Canadian-born parent had fair or poor health, compared to only 2.8% of those with two immigrant-born parents.

Table 10: *General Health Status (as rated by parent) by Family type*



Another indicator of general health is physical activity. We asked parents to compare the physical activity of their child to children of similar age and sex. The Canadian data indicate that 45% of parents rate their children as very physically active while only 8% indicate their children are less physically active than others. Over half of all parents in our study (52%) rate their child's physical activity as 'more active' compared to other children. Only 6.4% of parents rated their child's physical activity as 'less active' than other children.

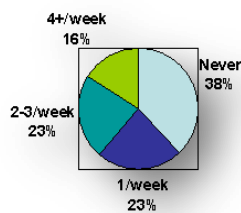
Table 11: *Parent's Rating of Child's Physical Activity*



Parents in Winnipeg (58.8%) and Edmonton (53.5%) rate their children as more physically active than other children. Only 47% of parents in Calgary rate their children similarly. The differences are not statistically significant, but respondents from the Prairies have higher rates of physical activity than newcomer youth in the three larger Canadian cities. There are no gender or immigrant/Canadian-born parent differences, but there are slight differences in physical activity in the participating ethnic groups.

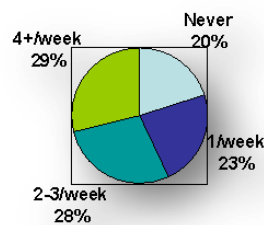
Another indicator of physical activity is participation in organized sports. Results from the 2005 General Social Survey indicate that soccer is the sport of choice for Canadian-born youth between the ages of 5 and 14 (Statistics Canada, 2008). Almost half of all children in this age group play this sport. Soccer was followed by ice hockey, swimming and baseball. Unfortunately, we do not have detailed information about the type of sport for youth in our study. We did ask how often the youth, aged 11 to 13 years only, played an organized sport. Over one-third (38.2%) indicated they did not participate in an organized sport. This is lower than the participation rate seen among Canadian-born children and is lower than the average participation of youth in Vancouver, Montreal and Toronto. Almost one-quarter of newcomer youth in the Prairies (23.3%) participated once per week. There were, however, more significantly active youth; 22% played a sport two to three times per week and another 16% indicated they played more than four times per week.

Table 12: *Participation in Organized Sport (11 to 13 year old cohort only w/coach)*



We also asked the same youth about their participation in unorganized sporting activities in a typical week. The frequency of participation in physical activity appears to be greater in unorganized sporting activities. Of those surveyed, 79.8% reported participating in sports without a coach compared to 61.8% of respondents participating in sports with a coach. The majority of youth surveyed participated in unorganized sporting activities multiple times a week, as 27.6% of respondents reported taking part in a sport or physical activity without a coach two to three times per week and 29.1% of youth stated they participated at least four times per week. This data implies that immigrant youth have better access to, or a greater desire, for unorganized sporting activities than organized sports.

Table 13: *Participation in Unorganized Sport (11-13 year old cohort only)*



Mental Health

Unlike other topics related to newcomer children and youth, mental health issues have been a topic of significant study, particularly on war-affected youth. The incidence of significant health problems amongst the Canadian-born is rising. At any one time, 15% of Canadian youth are suffering from some form of mental health issue (Leitch, 2007), with anxiety disorders being the most reported issue (2-22%), followed by depression (3-5%) (Costello et al., 2004). Mental health experts believe that in any month, up to 13% of females and 4% of males in the school-aged population exhibit a mental health issue (Flannery-Schroeder, 2004). Experts believe that over 80% of mental health issues arise in childhood or adolescence (Leitch, 2007). If left untreated, they may manifest as more serious illnesses in adulthood.

The good news is that the newcomer youth in our study appear to be healthy and adjusted, even among those who have fled war-torn countries or those who have experienced traumatic migrations. The following are some of the findings related to mental health. These cannot be considered clinical diagnoses. Rather, they are the parents' assessment of their child's behaviour. Even though they are not professionally diagnosed, these are good indicators of the emotional and mental health of newcomer children and youth.

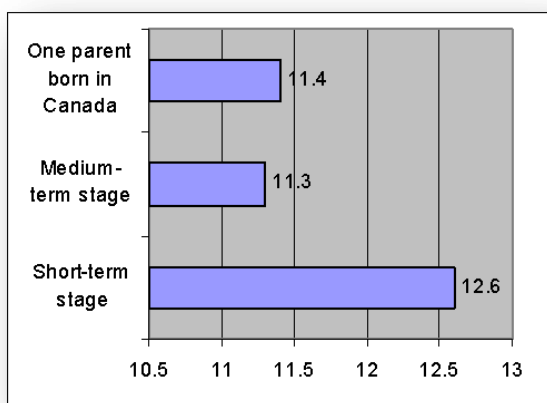
Hyperactivity and inattention are increasingly diagnosed in school-aged children and are the leading causes of learning disabilities in our country (Statistics Canada, 2007). Between 5% and 10% of the school-aged population is afflicted with this disorder, known as Attention Deficit and Hyperactivity Disorder (ADHD) (Statistics Canada, 2005). About 80% of children with ADHD have symptoms that persist throughout high school. Of those, 50% have symptoms of ADHD as

adults. If left untreated, children with ADHD are at a high risk of dropping out of school. ADHD is often paired with other mental health disorders including anxiety disorder and depression and also increases the risk of smoking, alcohol and illegal drug use (Statistics Canada, 2002).

We asked parents to rate their child’s behaviour on a number of items by using the HA-IA index developed by R. Tremblay at the University of Montreal and utilized in the Ontario Children’s Health Study (Statistics Canada, 2002). Scores range from 0 to 48 with higher scores indicating the presence of hyperactivity and inattention disorders. Of the 24 items in the index, questions included the following: “child is easily distracted”, “child can’t concentrate or pay attention for long”, and child is impulsive and acts without thinking.

Our findings indicate an average HA-IA score of 11.7 for the children participating in the national study. The mean score by city of residence does not differ significantly, though children from Winnipeg score 1.5 points higher on the scale than children from cities elsewhere in the prairie region and in Canada. Similar to existing literature, male children score about 1 point higher than female children. In the Prairies there were some minor differences by ethnic group, with the Mainland Chinese, Vietnamese and Hong Kong Chinese scoring the lowest on the scale (table not shown). Some of the most significant differences are seen when length of time in Canada is considered. Children who have been in Canada for three years or less score higher (12.6) on the HA-IA scale than those in Canada for longer periods of time. It is important to note that there is virtually no difference in the HA-IA scores between those children whose families have been in Canada between three and ten years and those who have one parent born in Canada. While we are not able to say with certainty without consulting the Phase Two data, it seems that as time in Canada increases, hyperactivity and inattention disorders may decrease.

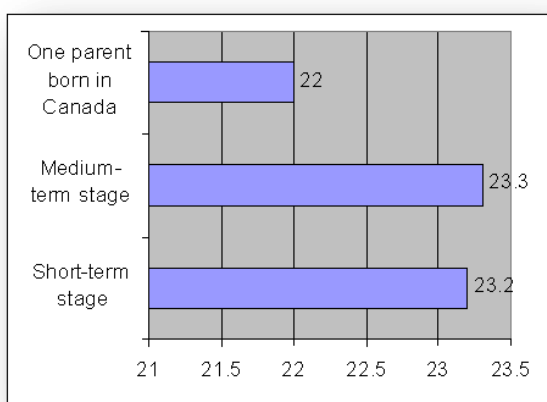
Table 14: *Hyperactivity-Inactivity Index by Stage of Integration*



Prosocial behaviours are defined as attitudes that lead to positive consequences. For example, offering to help others experiencing difficulty is a prosocial behaviour as it shows sympathy towards others. Previous research has uncovered a positive association between social skills and academic achievement, with aggressive children and those exhibiting poor social skills performing less well academically than those who exhibit more positive social skills (Miles and

Stipek, 2006). We used the Prosocial Behaviour Scale, developed by Weir and Duveen (1981) for the Ontario Child Health Study and the Montreal Longitudinal Survey. Some of the questions included in the 30-item scale include “child volunteers to help clean messes others have made”, “child will invite others to join in a game” and “child will try to help someone who has been hurt”. The children in our study have high scores on the Prosocial Scale, the mean score being 22 for the national sample. Children living in Edmonton scored the highest of all cities, one point higher (23.5) than the participants from other parts of the country (table not shown). Not surprisingly, prosocial behaviour is more predominant among the older children than among the younger children. Male children have scores that are one point lower than female children (table not shown). There are, however, statistically significant differences in prosocial behaviour between children who have two foreign-born parents and children with one parent born in Canada. Newcomer children with two foreign-born parents score slightly higher than those with only one foreign-born parent (table not shown). Table 15 shows the effect of stage of integration on the prosocial behaviour of the children and youth in our sample. Children who have been in Canada less than three years have the highest scores (23.2) while those who have been here 3 to 10 years score slightly higher (23.3). Those with one Canadian-born parent score the lowest at 22.0.

Table 15: *Prosocial Behaviour by Stage of Integration*



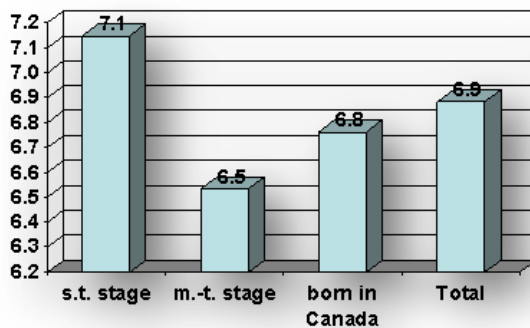
Aggressive behaviours have detrimental consequences to child development. It is known that children exhibiting significant rates of physical aggression have lower learning outcomes. Coie and Dodge (1988) find in their study of first and third grade students that those who were aggressive spent less time on academic tasks than other children.

Our research uses the physical aggression index developed by researchers at the University of Montreal and used in various studies on children. There are five items in the index and parents were asked to indicate whether or not their children had physically hurt or attacked others, threatened people, were cruel or bully, and whether or not they kick, bite and hit other children on a scale of 1 to 15. On average, the children and youth in our study averaged 6.8 on the physical aggression scale. Children in Winnipeg scored the highest on the physical aggression scale, averaging 7.3, while scores by participants living in Edmonton and Calgary were within

the national average (table not shown). In alignment with current research on Canadian-born youth, males scored slightly higher (6.9) on the index than females (6.7), while the 4-6 year olds (7.1) had higher scores than the 11-13 year old cohort (6.5) (table not shown).

Table 16 shows how time in Canada may influence the scores on the physical aggression index. As the data indicate, children in the most recent-arriving families score higher (7.1) on the index than those whose families have been here longer (6.5) indicating their rates of physical aggression are slightly higher than those living in the country for a longer period of time. Children who live in families with one Canadian-born parent score 6.8 on the index, exactly the national average.

Table 16: *Physical Aggression Index by Integration Stage*



Indirect aggression is another indication of mental health among youth. Also known as relational aggression or passive aggression, this is a less direct form but can be harmful to those who are victimized. The Indirect Aggression Index was developed by Lagerspetz (1988) and his colleagues in Finland and has been used to measure this phenomenon amongst children worldwide. Items in this index include: “child tries to get others to dislike another child”, “child says bad things behind another’s back”, and “child tries to get others to dislike person when angry”.

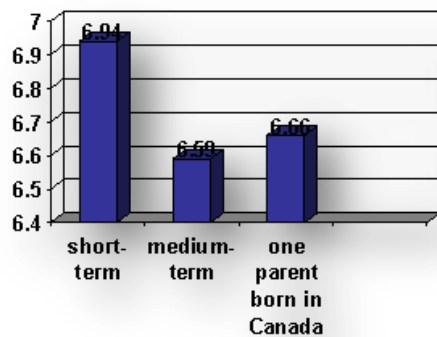
Fifteen questions were asked about this behaviour in our study. Indirect aggression amongst the children in our sample is low; the average score is 6.2 (table not shown). Surprisingly, there were no gender differences, which is contrary to the literature on non-immigrant children. Previous studies indicate that females are more likely to use indirect aggression than males, though there was no evidence of this in our study.

Property offenses by newcomer and native-born children remain uncommon, despite sensationalistic media reports to the contrary. A Statistics Canada (2007) report indicates that few children under the age of 12 have been charged with this type of crime. Conversely, one quarter of Canadian-born male youth and one-eighth of females have committed a property offense by their 18th birthday, though most of these offenses do not result in formal charges. Because the age-range of youth in our study ends at 13, we do not expect their scores on the property offense index to be very high. Our study includes questions about theft, vandalism and other items related to property offenses and are based on questions from the NLSCY in Canada,

the National Longitudinal Survey of Youth in the United States and the Western Australia Child Health Survey.

Nationally, the average score on the property offense index is 6.9. Edmonton (6.8) and Calgary (6.6) had scores below the national average while participants in Winnipeg (7.0) scored the highest nationally (table not shown). There were no differences in the scores on the property offense index for female and male children. There were, however, differences by stage of integration. Table 17 shows that children whose families are more recent arrivals to Canada have slightly higher rates of property offenses (6.9) than those who have been in Canada for three or more years (6.6) and those who have at least one parent born in Canada (6.7). We must remember, however, that the number of incidents is extremely small, less than 6 per 1000 people. Overall, the incidence of property offenses by the newcomers in our sample, regardless of where they live, is far below the 8 per 1000 for youth born in Canada as reported by Statistics Canada (2007).

Table 17: *Property Offense Index by Integration Stage*



Education

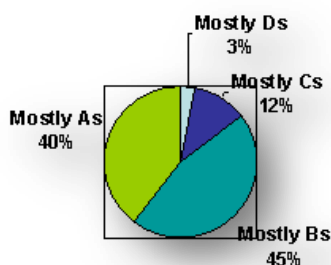
Like research on mental health and newcomer children and youth, a significant amount of research has examined their academic achievements. Qin-Hilliard (2003) finds that newcomer females, like their native-born counterparts, tend to have higher educational achievements than male newcomers. As a result, female newcomers reported higher educational and occupational expectations, but also reported that their parents expected more from them than their brothers. She also found that females' daily activities, especially school work, are monitored more closely and as a result, they spent more time doing homework than males. Other recent studies have outlined school adjustment processes of newly arrived children in various countries (see Alitolppa, 2002; Andriessen, 2002; Goldsmith 2004), but the problem with existing studies on educational attainment is they lack information on parent-support systems, social networks, and economic conditions of their families. NCCYS is able to examine some of these issues and forthcoming papers will examine academic performance and the experience of bullying.

We asked the 11 to 13 year old cohort how well they were doing in their school work. One-third feel they are doing very well at school while another 47% indicate they are doing well. Eighteen

percent indicate they are doing ‘average’ at school and only 1.5% indicate they are doing poorly (table not shown). We asked parents to rank their children’s educational progress, with similar results. One-quarter indicate their children are doing very well at school, while 42% indicate their child is doing well. They are, however, slightly more likely to indicate their child was doing poorly in school (table not shown). Among those with male children, 3.5% state that their child is doing poorly at school. There are no statistically significant differences by city, ethnic group or by stage at integration.

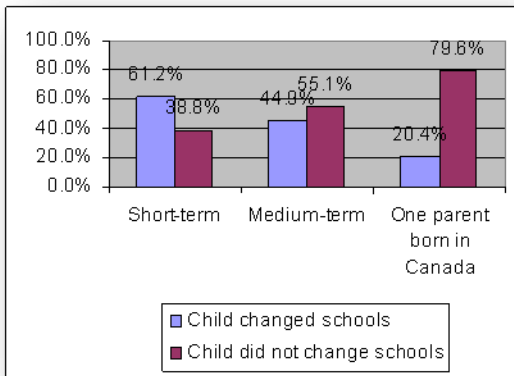
We asked the 11 to 13 year olds to tell us about their grades which proved to be tricky because every province has a different grading system. We converted the grades into a single scale using alphabet grades. Table 18 shows that youth in our study report good grades. Nearly 40% report that their grades are mostly As while another 46% report their grades as mostly Bs. This is remarkable considering that at the time of the first interview, the average family had only been in Canada for less than three years. Nearly 12% of youth reported their grades as mostly Cs which is considered ‘average’ while 2.4% report more serious problems with grades that are mostly Ds.

Table 18: *Child’s Assessment of Grades*



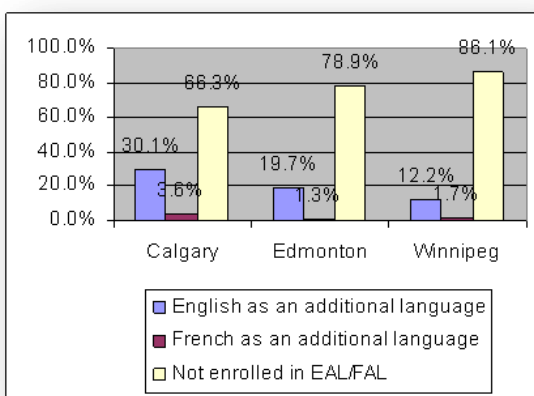
Changing schools is an issue of concern as moves may negatively affect a child’s educational performance. The most common reason for changing schools is that the family moved within the city or elsewhere in Canada, a reason cited by 60% of the families in Edmonton, 40% of those in Winnipeg and 39% of those in Calgary (table not shown). The second most popular reason for changing schools is that the family immigrated to Canada, cited by 57% of the families in Winnipeg, 34% of those in Calgary and 17% of those in Edmonton. This is an artifact of how the sample was selected in the three cities. Stage of integration is a strong predictor of changing schools amongst the participants in our study. Nearly two-thirds (61%) of those in Canada for less than three years had changed schools for reasons other than changing grades. Another 45% of those who had been in Canada for less than ten years had changed schools. In comparison, only 20% of those with one parent born in Canada had changed schools during the period of study. These changes may affect the stability of the learning process for many newcomers.

Table 19: *Child Changed Schools by Stage of Integration*



Learning English or French is essential to academic achievement. We asked parents to report their children’s attendance in English as an Additional Language or French as a Second Language programs. Not surprisingly, few students were enrolled in French language classes, though those living in Calgary were about twice as likely (3.6%) to be attending such schools as compared to those living in Edmonton (1.3%) and Winnipeg (1.7%) (table not shown). Calgary youth were also more likely to be participating in EAL classes (30.1%) compared to those in Edmonton (19.7%) and Winnipeg (12.2%). This is a bit surprising since the respondents from Calgary have been in Canada one year longer, on average, than those living elsewhere (see Table 20).

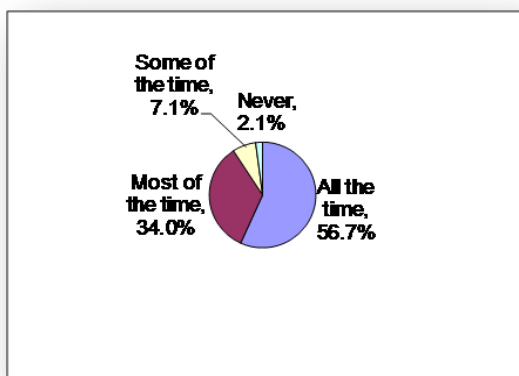
Table 20: *Participation in EAL/FAL Program by City*



Safety issues are of increasing concern among children in Canadian schools. We asked the 11 to 13 year old cohort whether they felt safe at school and while they were transiting to school. Most children in the study indicate that they feel safe in school. Nearly 6 in ten (57%) state they feel

safe at school all the time and another 34% indicate they feel safe at school most of the time. There were, however, some who felt unsafe; 7% of respondents indicate they felt safe at school only “some of the time” while another 2% never felt safe. Table 21 shows these results. There were no gender, city, ethnic or stage of integration differences in our sample.

Table 21: *Child Feels Safe at School*



Similarly, most children felt safe on their way to school. Fifty-four per cent of youth indicate they always feel safe on their way to school (table not shown). Another 37% state they feel safe most of the time. There were no differences by sex, stage of integration, city or ethnic group.

The extent and experience of bullying among immigrant children and youth in Canada has been largely unexamined. In particular, the influence that racism plays has largely been neglected in Canadian and international research on this subject. Three studies are of note. In England, Eslea and Mukhtar (2000) reveal that victimization amongst Hindu and Muslim middle-school students is high, with nearly 60% of boys and 45% of girls experiencing bullying in the English school system. In the US, Fitzpatrick, Dulin and Pinko (2007) indicate that victimization rates are significantly lower, about 8-12% among African American youth. Yu, et al. (2003) find that those whose mother tongue is not English are significantly more likely to be bullied than others. One of the papers we are currently preparing involves a more in-depth analysis of bullying experiences among immigrant and refugee youth.

We asked the 11 to 13 year olds whether they had been victimized by bullying during the current school year (table not shown). Nearly three-quarters (73%) indicated they had not been bullied. More distressingly, 18% indicated they had been bullied once or twice during the current school year. Few had been bullied more, though nearly 7% indicate they were ‘sometimes’ bullied, while 2.8% indicated they were bullied on a weekly or daily basis. About 20% of Canadian-born youth report being victimized by bullying in a single school year. Between 40 and 46% of children born in Canada have experienced bullying at some time during their elementary or secondary schooling (Statistics Canada, 2009). Our results indicate that there are no differences by city, sex or stage of integration on this measure.

Identity

Cultural identity is a broad term that includes both ethnic and national identity (Robinson, 2009). Studies suggest that immigrants, in the long run, form “clusters” of increasingly correlated beliefs and behavior with that of the new host culture (Lehman, Chiu, & Schaller, 2004). Among immigrants, adolescents face a major developmental task to form a stable and coherent sense of identity (Erikson, 1968). Some studies suggest that as youth strengthen their identity in the new culture, they weaken their identity in the original culture (Frable, 1997). This strengthening of identity involves linguistic competence, frequent and quality social interactions with host-culture members, and exposure to media (Miglietta & Tartaglia, 2009).

Most youth have a strong sense of their identity and intend to maintain their culture as adults. We asked the 11 to 13 year olds how important it is that they maintain their culture. Nearly 60% report that it is very important to maintain their culture, while 26% report it is somewhat important. Another 12% felt unsure about its importance while 3.6% felt that cultural maintenance was not important at all (Table 22). There were no differences by city, sex, or stage of integration. We asked the youth what they thought their parents felt about this subject. Overwhelmingly, the youth reported that their parents felt it was important or very important to maintain their cultural identity.

Table 22: *Importance of Cultural Maintenance as Reported by Youth*

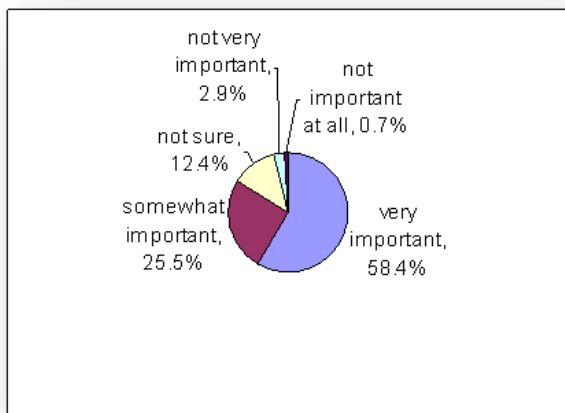
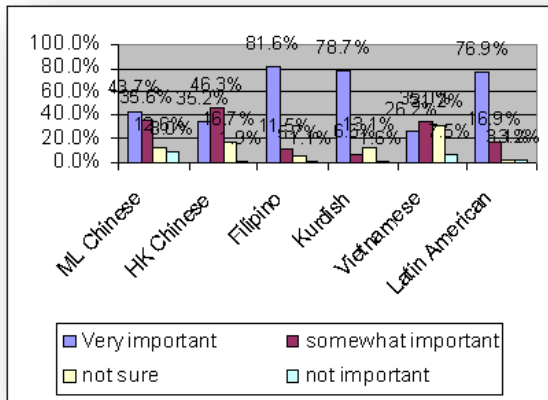


Table 23 shows that there are significant differences in how youth perceive the importance of maintaining their culture based on ethnic origin. While 81.6% of Filipino, 78.7% of Kurdish and 76.9% of the Latin American youth indicate that cultural maintenance is very important to them, only 43.7% of the Mainland Chinese, 35.2% of the Hong Kong Chinese and 26.2% of the Vietnamese youth felt similarly. There was more ambiguity about cultural maintenance among the Vietnamese (31.2%), Hong Kong Chinese (16.7%) Mainland Chinese (12.6%) where youth were more likely to indicate they were unsure about the importance of cultural maintenance than

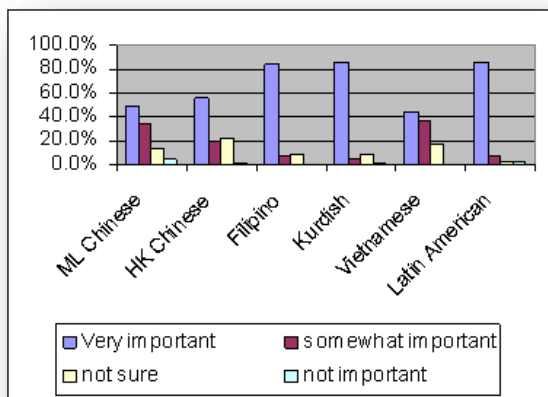
other groups. Eight percent of Mainland Chinese and 7.5% of Vietnamese feel that cultural maintenance is not at all important.

Table 23: *Importance of Cultural Maintenance by Ethnic Group*



We then asked the youth about their parents' views on cultural maintenance. Most youth indicate that cultural maintenance is very important for their parents, but similar ethnic group differences are seen. One in five youth from Hong Kong were unsure of the importance of cultural maintenance among their parents. Another 21.5% of youth from Mainland China and 17.5% from Vietnam felt the same way. Over 80% of Filipino, Kurdish, and Latin American youth indicate that their parents feel it is very important for them to maintain their culture.

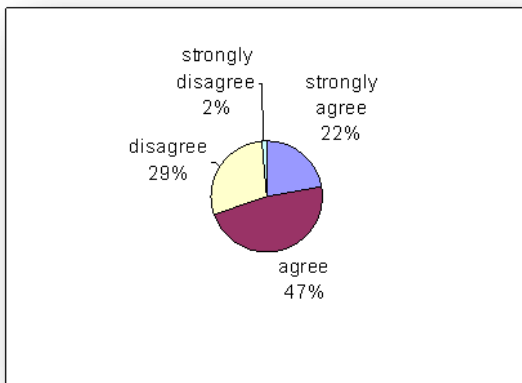
Table 24: *Importance of Cultural Maintenance by Youth as Assessed by Parents by Ethnic Group*



The youth in our sample have diverse friendship circles that are not limited to their own ethnic group. We asked the 11 to 13 year olds about whom they spend time with, friends from their own

or a different ethnic group. Results indicate that the youth do spend a significant amount of time with friends from their own ethnic group. Nearly one in four strongly agreed that they spend most of their time with friends from their own ethnic group while another 47% agreed (see table 25). Just 30% of respondents disagreed or strongly disagreed with this statement.

Table 25: *I spend most of my time with friends from my own ethnic group*



Conclusion

The results of our study provide snapshot of the health and integration of immigrant youth in the Prairie Provinces. Overall, newcomer children, youth and their families appear to be adjusting to their lives in Canada. There are positive indicators to suggest that in life domains such as school achievement, health, and social integration, immigrant youth are faring well. These conclusions are encouraging, in light of comparisons with information available on youth in the general Canadian population. The results of our study lend credence to the concept of the healthy immigrant effect, which emphasizes the positive health and adaptation of children from newcomer families. A notable exception to the generally positive results of this study is the experience of bullying. It is of concern that nearly three quarters of the youth in this sample reported serious concerns about bullying. This result suggests while outcomes of integration may indicate relative stability, peer interactions in Canadian society pose some difficulties. Further research is needed to illuminate the factors surrounding the experience of bullying of immigrant children, and how to foster welcoming communities.

As noted in the reporting of results, it is important to consider variations in the experiences of members of diverse ethnocultural groups, and that their experiences may shift during the process of settlement and longer-term integration. The research in this study is limited by self-report measures, sampling restrictions, and the selection of specific ethno-cultural communities limits the generalizability of results. Nonetheless, the results suggest that the immigrant youth surveyed in this study are measuring up well to key indicators of health and social integration.

**Appendix Table A:
Distribution of Interviews by City and Ethnocultural Group,
Wave 1**

	Calgary	Edmonton	Winnipeg	Montreal	Toronto	Vancouver
Mainland Chinese	60	60	60	207	180	181
Hong Kong Chinese	77	11	5	142	180	180
Filipino/a	79	29	70	158	173	179
Kurdish	0	56	87			
Vietnamese	80	37	37			
Latin American	106	0	40			
Haitian				172		
Lebanese				181		
Serbian					182	
Ethiopian					156	
Sri Lankan Tamil					176	
Jamaican					89	
Somali					178	
Punjabi						178
Iranian						180
Afghan						180
Total	402	193	299	860	1314	1078

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Endnotes

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¹ This paper is a product of the New Canadian Children and Youth Study (Morton Beiser, Nominated Principal Applicant; Robert Armstrong, Linda Ogilvie, Jacqueline Oxman-Martinez, Joanna Anneke Rummens, Principal Applicants), a national longitudinal survey of the health and well being of more than 4,000 newcomer immigrant and refugee children living in Montreal, Toronto, Winnipeg, Edmonton, Calgary and Vancouver. NCCYS is a collaboration between a large team of more than 25 investigators, two national coordinators, other research staff, community advisors, and trainees affiliated with four Canadian Metropolis Centres of Excellence for research on immigration and settlement, and community organizations representing sixteen different immigrant/refugee populations across Canada.

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⁷ In the Prairies questionnaires were translated into Vietnamese, Cantonese, Mandarin, Sorani, Badini, Spanish and Filipino/Tagalog.

⁸ Note that in families with one immigrant-born parent, the family could only be eligible for the study if the foreign-born parent immigrated to Canada ten years or less prior to the first interview.