Child and Youth Well-Being Review

Final Report

Contents

Executive Summary

The COVID-19 pandemic has affected the lives of every Albertan. It is the greatest public health crisis we have faced in more than a generation. This report outlines how the experience of the pandemic and the efforts to stay safe from the virus have affected children and youth in Alberta.

A panel of experts was brought together in May of 2021 to explore this issue over several months (Appendix A). The panel invited all Albertans to share their experiences and their perspectives as part of the review. They held virtual discussions and hosted conversations across the province to hear from Albertans who play a role in the lives of children and youth, including parents, teachers, doctors, day care staff, and community agencies. The review also captured the perspectives of children and youth directly through in-person engagements and a province-wide survey. Research and data were collected to provide additional evidence and insights.

Through this process, the panel clearly heard that there were notable impacts on children and youth due to the many changes in their daily lives as a result of the public health measures. It was also clear that the experience and effects of the pandemic were different for children and youth than adults. Because children and youth are still developing, they need to be supported in a way that addresses their unique risk factors and meets their developmental needs.

Bringing diverse viewpoints together

Albertans shared many experiences of challenges and changes during the pandemic. Children and youth had to shift to on-line learning, reduce their participation in activities outside the home, and limit in-person interaction with family and friends. Albertans reported that these major changes to their daily lives have affected the well-being of children and youth. The panel heard repeated concerns about how stress, loneliness, increased screen time, and isolation from close relationships have profoundly impacted young people. Albertans also shared worries about children and youth falling behind in their social development, their studies, and/or their skills. For many, there seemed to be little choice about how to deal with these concerns, in light of restrictions put in place to limit the spread of the virus.

While these changing circumstances were having direct impacts on all Albertans, the effects were often compounded for many children and youth. The adults in their lives were also facing change, including job loss, shifts in child care routines, and working from home, alongside the public health risks of COVID-19. This meant that parents, family members, and support systems that children and youth relied upon were often unable to help. Moreover, almost everything had changed regarding accessing resources and support outside the home.

Alongside the challenges, there were also many inspiring examples of thriving and resilience. The panel heard how communities across the province came together to ensure families had enough food, to support students to continue to learn, and to deliver needed services in a safe way. Some families shared how they had become closer during time spent at home, and many children and youth were able to learn new skills, and learn about themselves through the experience.

The panel is extremely grateful to all those who contributed their stories, ideas and experiences. The pandemic experience has not been the same for everyone, and hearing about the range of effects has been extremely valuable to the review process.

Advice to government

This review and this report reflects what has been learned and provides advice to the government of Alberta based on the panel's findings and the best evidence available. For the purposes of this report, "well-being" and "wellness" are used interchangeably.

Peoples' experience of the pandemic has evolved over the past year and a half, and it continues to change. This review took place during the pandemic, and Albertans that participated were still experiencing its effects. Part of the task of the panel was to determine which effects were caused or exacerbated by COVID-19. This was made more difficult by the fact that so little research, data, and evidence were available.

In creating recommendations for government, the panel built on the strengths of the existing system of supports. Albertans shared that many services and supports were working well and adapted to meet the needs of children and youth during the pandemic. The panel was also keenly aware of Alberta's evidenced-based approach to support well-being and resiliency in children and youth. In particular, healthy brain development occurs through supportive relationships with adults, and social and recreational opportunities. By strengthening protective factors, children and youth grow and thrive.

With this context in mind, the panel offers the following advice and recommendations to the government of Alberta. This is *a summary list only* – full recommendations and rationale can be found within the body of the report.

Recommendations

Recommendation #1: Advance existing and create new interventions and supports where necessary to help children and youth navigate the psychological, social, educational, and physical effects of the pandemic.
- Ongoing pandemic responses, including future interventions and supports, should factor in the distinct needs of children and youth and seek to minimize psychological, social, educational, and physical impacts on them.

Recommendation #2: Review effectiveness and alignment of existing child and youth mental health and well-being programs and services to inform enhanced resource allocation.

Recommendation #3: Create available, streamlined and universally accessible pathways to connect children, youth, and families with mental health services and supports.

Recommendation #4: Recognize and enhance the essential role of schools in interdisciplinary wraparound services and supports for mental health and well-being of students.

Recommendation #5: Create more opportunities for children and youth to have improved access to cultural, sports, arts, and recreational activities.

Recommendation #6: Support existing and implement new province-wide efforts where necessary to support food security for children, youth, and their families.

Recommendation #7: Advance existing and create new supports where necessary for those adults who are helping children and youth to navigate adverse experiences during the pandemic.

Recommendation #8: Explore and activate ways to better track, measure, and understand the learning impacts of the pandemic and inform decisions to strengthen school capacity to respond.

Recommendation #9: Improve broadband internet service and access to devices to address difficulties related to remote education and virtual mental health supports.

Recommendation #10: Accelerate and utilize data collection, collaboration, and innovation to better assess child and youth development and enhance decision making related to their well-being and resiliency.

Introduction

The effects of the COVID-19 global pandemic has been profound and disruptive. It has touched the lives of every Albertan, as governments, communities, and families have worked to address the greatest public health crisis in more than a generation.

The government of Alberta announced the Child and Youth Well-Being Review in May 2021 to better understand the impact of the pandemic and public health measures on the social, mental, physical, and educational well-being of children and youth. The review, conducted by the Child and Youth Well-Being Panel, is an important opportunity to gather evidence and hear directly from Albertans to help chart a path forward.

The purpose of this Child and Youth Well-Being Review Report is to provide the government of Alberta (the province) with advice, based on the review findings. The report is intended to help shape the province's approach to addressing the impacts of the pandemic on children and youth in the months and years to come.

Mandate

The Child and Youth Well-Being Review was established by the government of Alberta to better understand the scope of the psychological, social, educational, and physical effects related to the COVID-19 pandemic on children and youth. For the purpose of this review, **children and youth are defined as those under the age of 19**.

The panel was tasked to engage with Albertans and collect input on how the province can:

- Address gaps in accessing mental health, social and educational supports, services, and programs;

- Further collaborate with parents, children, youth, and community partners to improve current programs and services; and

- Monitor COVID-19 impacts on children and youth over time.

The panel is providing advice to government – in the form of this report – in these areas. In this way, the review process intends that:

- Government has a clearer understanding of the impacts on the social, mental, physical, and educational well-being of children and youth from March 2020 until September 2021;

- Government further understands the existing suite of programs available to Albertans that could be changed or adapted to better meet these new challenges; and

- Participants in the review provide in-depth input that results in actionable recommendations to government.

Child and Youth Well-Being Panel
The Child and Youth Well-Being Panel consisted of the following health, education, and child well-being experts (additional details are available in Appendix A):

- Children's Services Minister Rebecca Schulz (Co-chair)

- Matt Jones, MLA for Calgary-Southeast (Co-chair)

- Carol Carifelle-Brzezicki

- Dana Fulwiler

- Nancy Mannix JD

- Dr. Kelly Schwartz

- Jennifer Turner

Review Context

The overriding focus and imperative of this review is very straightforward: **the long-term well-being and resiliency of children and youth**. This singular focus bears repeating, as the experience of Albertans, the body of available evidence, and public dialogue about the pandemic stretch well outside of the mandate and intent of this panel. Over the course of the review, the panel has worked to gather findings and prepare advice about child and youth well-being in Alberta; however, a lot of feedback received falls outside of this scope of inquiry. This feedback, though valued, is not reflected in this report. The fundamental purpose and value of this review is in seeking to understand and address the pandemic impacts experienced by children and youth – and to elevate this perspective in our shared understanding of the experience of the COVID-19 crisis.

In addition to the review's intentional focus on children and youth, it is important to recognize other contextual factors that have shaped the review and report. **These factors, outlined below, help to frame and interpret the findings and advice provided by the panel.**

Perspectives of Albertans
The review made **significant efforts to gather the diverse perspectives of people from across the province**. Providing an opportunity for all Albertans to participate was essential to fulfilling the mandate of the panel. In particular, the diversity of perspectives has been essential to deepening the understanding of the impacts of the pandemic.

This review was conducted over a six-month timeframe between May to September of 2021. Even over this short period, **there were significant changes in circumstance and response in Alberta.** And, the experience of COVID-19 is not over. Participants provided their input at a point in time, within circumstances that continue to evolve, and the panel acknowledges that the feedback received cannot represent the full range of experiences throughout the pandemic as the impacts of the pandemic have varied and shifted over the months since it began.

A unique adverse experience
This pandemic is unique in Alberta's – and the world's – experience. It has been an intense and prolonged global public health emergency that has created far-reaching economic, social, service system and community impacts. In addition to the direct health effects, the panel also recognizes the impacts to families and communities that provide important protective factors to mitigate negative experiences.[1] Our **individual and collective capacities to support children and youth through adversity have been reduced**, with community networks and adult caregiving capabilities impacted by the pandemic.

In this context, it is important to recognize that reports of **significant disruption and negative experiences are to be expected**. It is not surprising then that many of the effects and experiences shared with the panel emphasized negative impacts. The findings and advice in this report focus on mitigating stressors and strengthening protective factors for children and youth. No attempt has been made to present an equal balance of positive and negative findings, though both are included where relevant.

Another feature of the COVID-19 pandemic is that it substantially changed not only what supports and services people needed, but how those services could be located, accessed, and provided due to public health measures. Whether it was the shift to virtual service, the closure of schools and other settings where supports could be accessed, or the disruption to networks for referrals and information sharing, **COVID-19 changed how children and youth were able to get help and support**.

The COVID-19 pandemic is a worldwide experience. Unlike many types of emergencies, evidence about what works best to address a pandemic of this magnitude is limited. Evidence is emerging, but the base of research and systematic studies is still relatively immature – and longitudinal studies of impact are only beginning to release results. This means that **data and evidence are limited on pre- or early pandemic impacts for children and youth**, and that existing monitoring systems were, unsurprisingly, poorly equipped to measure impact of this scale and complexity.

Pressure on our systems of care, education, and support

COVID-19 has created tremendous pressure on service systems, while at the same time severing or weakening many networks of informal and community supports. Moreover, in many cases **the impacts of COVID-19 have been layered.** For example, the impacts on mental health of parents and teachers may have compounded the experience of isolation and anxiety for some children and youth. The pandemic has persisted for more than a year and a half, but it has not been a consistent experience in terms of the kinds of supports people have needed or the capability of service systems to meet those needs.

The pandemic experience has **also highlighted challenges that already existed with service systems**. In other words, not all challenges experienced with service access can be said to have been *caused* by COVID-19; in many ways the pandemic exacerbated areas of weakness or made visible gaps and challenges that existed prior to the pandemic. The panel acknowledges this as an aspect of the experiences shared related to service access in particular.

In contrast, it is important to note that the experience of the pandemic has also surfaced the many local connections between service providers, schools, and other community supports which have been instrumental in responding. In many cases through anecdotal information, the panel heard about the creativity and adaptability as communities across Alberta rose to the challenge of supporting children and youth through difficult public health circumstances such as, the innovative ways in which communities sought to address food security during the closure of school lunch programs. The panel **recognizes and honours these incredible local efforts** alongside the systems response and data that are more immediately visible.

Methodology

The Child and Youth Well-Being (CYWB) Panel engaged children and youth, parents, researchers, educators, health care professionals, mental health experts, service providers, and others with a vested interest in child and youth well-being. The review was structured according to a Research Framework (see Appendix B) that defined its main lines of inquiry.

Between May and August 2021, a variety of engagement and information gathering activities took place, including the following:

- Two public surveys to gather a broad base of perspectives of child and youth well-being in Alberta.
    - Adult survey – Designed for parents and caregivers, professionals who work with children and youth, and other Albertans (e.g., grandparents and others who are close to children and youth)
    - Youth survey – Designed for children and youth under the age of 19.

- A literature review to identify research and emerging evidence.

- Roundtable discussions with targeted groups. A total of 16 roundtable sessions were held, engaging 127 individuals who represented 98 organizations.

- Telephone town halls with the public and targeted community groups. 6 town halls were conducted, with a cumulative total of 659 participants.

- 15 MLA-led roundtable discussions with constituents in different communities across the province.

- Engagement participants and visitors to the Child and Youth Well-being Review website (www.alberta.ca/child-and-youth-well-being-review.aspx) were invited to share their perspectives in writing via email to the dedicated address for the review (cy.well-being@gov.ab.ca). A total of 96 submissions were received.
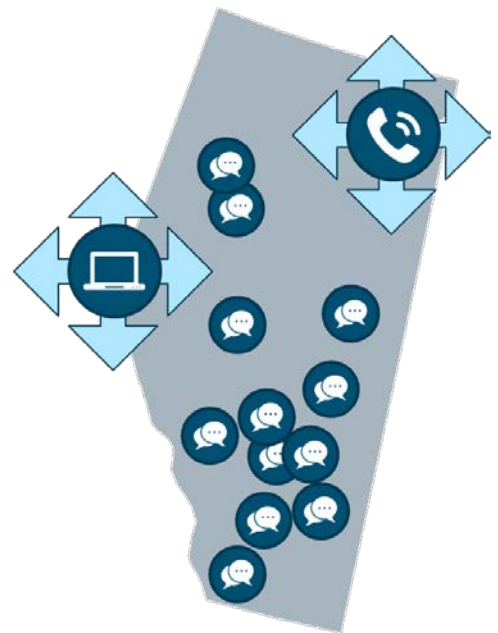
Information from all of these sources has been incorporated into the findings of the review. Additional information on the methodology and participant engagement can be found in Appendix D. The sections below provide a brief overview of the engagement and survey approaches.

Engagement Approach

The format of each engagement session followed a similar approach. Discussions were hosted by panel Co-chairs, who invited participants to share their perspectives on the impacts of the pandemic on child and youth well-being. In all types of engagement activities, the discussion centred on three guiding questions:

1. What impact has the pandemic had on social, mental, physical, and educational well-being of children and youth that you work with or that you provide support for?

2. What support or resources or programs helped mitigate those impacts?

3. What supports or resources or programs would you recommend the government consider to address those impacts going forward?

Survey Approach and Response

Two surveys were developed through cross-ministry collaboration with Children's Services, Health and Education, and input from panel members. Both surveys – one for adults and one for children and youth - were posted on the government of Alberta website and made available to the general public in both English and French.

The surveys were live from May 27 until July 31, 2021, and participation was promoted through social media and other forms of advertising. The Youth survey was distributed through school divisions across Alberta who provided the link to parents. This distribution approach was not designed to ensure a representative sampling of different demographics across Alberta.

A total of 9,176 Albertans responded to the two surveys, including:

- 524 Children and youth respondents to the Youth Survey;

- 7,067 Parents / caregivers;

- 1,358 respondents identifying as Professionals who work with children and youth; and

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- 227 respondents identifying as "Other Albertans" (e.g., neither parents / caregivers nor professionals).

Limitations

The findings and recommendations of this review are subject to a number of limitations:

- Research and evidence are still emerging about the impacts of the pandemic. In many areas, we do not yet have peer-reviewed, longitudinal, and/or replicated information about its effects. In particular, population and system data about pandemic impacts on children and youth in Alberta is limited at time of writing.

- Evaluation of the pandemic response is outside the scope of the panel. This means that the advice of the panel is not based in a rigorous assessment of what has been effective or successful in supporting children and youth in Alberta.

- All Albertans were invited to participate through the public survey and public town halls. However, the engagement process was not designed to ensure a representative sampling of different demographics across Alberta. This means that there is limited statistical or representative reliability to the results reported, including the survey responses received.

- Inputs from engagement sessions and surveys may represent a diversity of experiences over time during the pandemic. Given the duration of the COVID-19 crisis before and during the period of the review, findings do not permit analysis of different experiences at different points or periods of time.

- The findings of the review rely in many instances on the qualitative contributions of Albertans and what was relayed to panel members during engagements. The scope of the review has not permitted the panel to independently verify all facts or experiences.

Child and Youth Well-Being in Alberta

In 2019, Alberta adopted a **Well-Being and Resiliency Framework**,[2] (Appendix C) with a mission to:

Ensure that infants, children and youth are safe and resilient by working together with caregivers, families and communities to develop nurturing and supportive environments.

The Well-Being and Resiliency Framework provides one set of foundational concepts that help to understand and interpret the experience of the pandemic among Alberta's children and youth. Many of the findings of the review speak directly to impacts on the well-being of children and youth, as well as to shifts in protective factors, and experiences of toxic stress. These findings are significant not only in the short term, but also in that developmental trajectories could be affected with far-reaching personal and system impacts.

Imagine a scale where a child's good and bad experiences are stacked on either end over the course of their life. The positive experiences stacked on one side are protective factors, which include attentive caregivers, strong and supportive communities and access to good nutrition. The other side of the scale gets loaded up with negative experiences, called risk factors. These experiences can cause toxic stress and tip the scale in a negative direction.

Illustration: Well-being and resiliency "scale"[3]
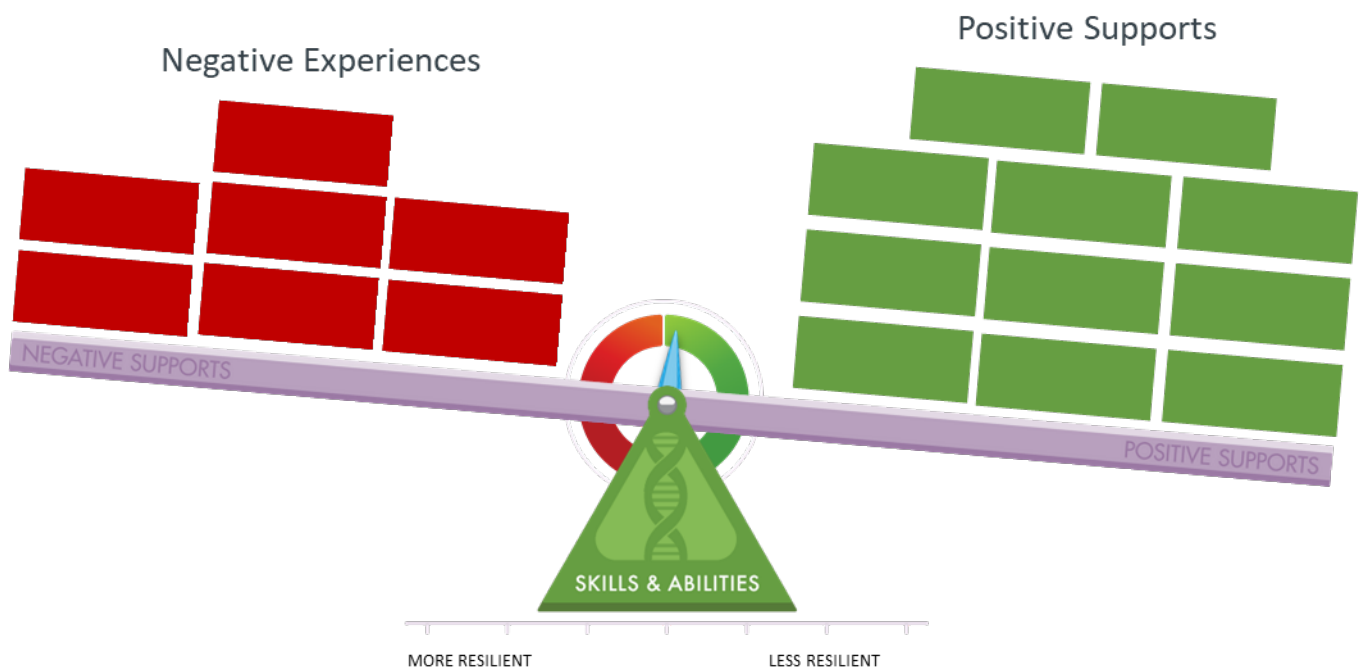
The COVID-19 **pandemic impacted the "scale" of positive versus negative experiences for many children and youth**. Responding to these pandemic impacts involves: 1) reducing sources of adversity; 2) Increasing positive supports; and 3) strengthening the skills and abilities of children and youth that help them to manage stress.

Review Findings

This section outlines the principal findings of the Child and Youth Well-Being Review. In capturing findings, the panel honours the diversity of voices and experiences contributed to the review, bringing together narrative feedback, published studies, and other available data. In keeping with the methodology of this review – which was a gathering of diverse inputs and not a systematic evaluation or research study – the findings below are not to be read as comprehensive or conclusive. Instead, they provide valuable insights at a point in time that have informed advice from the panel about how to move forward in support of Alberta's children and youth.

First and foremost, these findings help to understand the impacts of the pandemic for children and youth. The findings are organized into sections that represent the main themes in what the panel heard through this process. Within and across these themes, the findings speak to each of the three main lines of inquiry for the panel: **Impacts, Access**, and **Collaboration**. In addition, findings across different themes are frequently interrelated, as the effects and experiences of COVID-19 have been complex, and challenging to unravel.

Review findings include the following themes, each described in detail in the pages that follow:

- Health impacts
- Social well-being
- Learning impacts
- Child and youth development
- Family well-being
- Domestic violence
- Mental health services and supports
- School supports
- Disproportionate impacts
- Technology access

Overarching Finding

Over and above the themes listed above, the panel strongly endorses a finding that emerged across all lines of inquiry and engagement: **it is critically important to consider the specific and measurable impacts on children and youth, as they are different from the experience of the general population.**

In many ways, the response to the pandemic in Alberta and beyond has not been tailored to address the needs, risks, or impacts specific to children and youth of different ages. Public health restrictions, changes in services and supports, and even economic shifts are experienced differently by adults, and there are different resiliencies, vulnerabilities, and developmental issues at play. This matters as the impacts during critical periods of development can create more vulnerability for children and youth.

The experience of children and youth is also influenced by the capabilities of adults as caregivers to help children and youth navigate adversity and these capabilities have been impacted during COVID-19. Going forward, both pandemic responses and efforts to heal and recover can be better informed by this perspective.

Health Impacts

Children and youth have experienced impacts to their health during the pandemic. Some of these impacts are measurable using health system data, while survey and participant inputs provide other indications of what has been experienced. Overall, panel members were struck by the limited availability of health system data that tells the story of health impacts for children and youth.

COVID-19 morbidity and mortality[4]

Through September 30, 2021, a total of 71,906 cases of COVID-19 were identified in Alberta among people aged 19 and under, with 57% of these recorded for youth aged 10-19. Cases for people aged 19 and under represent 24% of total cases in the province.

Children aged 11 and under, in particular, have been shown to be at the lowest risk of severe outcomes from COVID-19 infection, and are less likely than adults to transmit infection to others. However, the situation is constantly evolving and with each day we learn more about the changing impacts on children. The longer-term health impacts of COVID cases among children and youth are not fully known. In addition, the longer-term health impacts of public health measures – over and above the impacts of the disease itself – require more study.

Indicators from the health system

Data from Alberta's health system provides some indication of how demand for services has changed during the pandemic. Panel members observed that participants suggested a much wider range of health impacts than what limited system indicators are able to validate. For example, public health data collection was disrupted, which created gaps in information particularly for infants and young children aged 0-5. These disruptions carry real risks, as the vulnerability of infants and young children places them at a disproportionate risk of developmental delay, serious injury or death resulting from abuse or neglect.[5]

Gaps were also observed in data specific to Indigenous populations. In part, Indigenous-specific data may be limited by jurisdictional issues between Federal and Provincial data systems, as well as limitations with collection of demographic information.

Available information includes indicators of different aspects of health for children and youth: [6]

Self-harm

- Suicide rates for children and youth were stable in 2020 compared to 2019, along with Emergency Department visits for attempted suicide and self-harm.
- Over the first four months of 2021, there was a substantial increase in self-harm visits to emergency room among females aged 12-17.
- Suicide rates are noted to be "lagging indicators", meaning they do not necessarily shift concurrent with social or health system change but later as effects are felt over time. Further, one Statistics Canada survey found that in May of 2021, 6% of Canadians had recently experienced thoughts or feelings of suicide as a result of the pandemic; this compares to a similar survey in 2019 in which 2.5% of Canadians reported having had suicidal thoughts in the previous year.

Substance use

- Physician claims for substance use for children and youth (age 17 and under) increased in 2020 (by 37% compared to 2019) but decreased in the first two months of 2021.
- Compared to 2019, in 2020 physicians saw:
  - Claims related to opioid use disorders increased by 37%.
  - There was an increase in claims for cannabis-related disorders and alcohol-use disorders, but at a slower rate than the growth rate over the past 5 years.

- Emergency Department visits related to substance use among children and youth decreased 17% in 2020 from 2019. These visits further decreased during the first two months of 2021.

National indicators provide further evidence of increased inquiries regarding child and youth mental health concerns in children and youth:

- The Kids Help Phone saw 38% more call/text/chat interactions over a 12-months span in 2020/2021 compared with all of 2019. There was more contact from those aged 14-17 than any other group.
- According to Statistics Canada, youth aged 15-24 are the demographic that experienced the greatest decline in mental health from 2019 to July 2020;[7] however, statistics from the first two months of 2021 show improvements in mental health as restrictions eased.

Participant perspectives

Albertans offered a number of observations and perspectives related to the health of children and youth. In response to the survey, children and youth reported the following changes in their own behaviours since the pandemic started.

Behavior	Increased	Decreased	Remained the same	This does not apply to me
Misuse of drugs, alcohol, smoking or vaping	12%	2%	6%	80%
Physical activity	13%	73%	13%	1%
Healthy eating	14%	51%	33%	2%
Amount of sleep	25%	48%	26%	1%
Screen time	90%	15%	8%	1%

CYWB survey responses from parents suggested a decline in the health of their children or youth, which may be related in part to the changes in behavior noted by youth themselves. More than half (60%) of parent respondents indicated their children/youth's physical wellness has worsened or significantly worsened as a result of the pandemic. Responses seemed to suggest parents felt physical health has deteriorated primarily because of less physical activity and less access to regular sports activities.

Other observations were that their children experienced disruptions to their sleep patterns and changes to their appetite. Approximately 8% of parent respondents indicated their child's or youth's substance misuse had increased during the pandemic.

Professionals responding to the survey provided a similar perspective on health impacts, with 74% reporting that the physical wellness of children and youth they support has worsened or significantly worsened as a result of the pandemic. Among professionals, 40% observed that substance misuse among children and youth they support had increased during the pandemic.

These survey findings were underscored by feedback received during CYWB engagement discussions:

- Childcare providers, health professionals and the general public expressed concerns regarding reduced physical activity, increased screen time, and perceived unhealthier eating among children since the start of the pandemic. They further indicated that the lack of extracurricular activities and closures of sport facilities and physical activity organizations has had a major impact on the mental and physical health of children and youth. They emphasized that extracurricular programs are not "nice to have, rather they are essential".

- Health and mental health professionals reported that the pandemic has adversely affected the mental well-being of children and youth, however it is important to note that not all are in crisis. Some used the word "crisis" to describe the state of child and youth mental well-being; others described an "echo pandemic" whose impacts will continue after the COVID-19 pandemic is over. These professionals reported increased stress, anxiety, grief, depression, eating disorders, self-harm, suicide and suicidal ideation, and substance misuse among children and youth. Some suggested that the stresses of the pandemic have been responsible for mental health concerns in children and youth who had not previously struggled with their mental health.
- Teachers reported an increase in mental health concerns among students, and related issues such as increased stress, anxiety, low motivation, hopelessness, aggression, bullying, self-harm, and suicidal ideation.
- Some participants noted that important early health check-ins for very young children (such as health check-ups or immunization appointments) have been deferred or missed for some, which can have consequences for identification of other health and developmental issues.

Data and peer-reviewed studies on mental health during the pandemic are limited. However, an Alberta study of over 2,000 students aged 12-18 suggested that more than 7 in 10 youth within the sample were responding to COVID-19 in ways that are developmentally and psychologically normal.[8] This study also noted that self-reported COVID-19 stress reactions were not the same among all youth, with older youth (15-18) and females more likely to report negative affect.

Social Well-being

Public health measures during the pandemic substantially changed daily routines and limited or eliminated the opportunities for children and youth to engage in usual forms of social interaction (e.g., school closures). One effect of these measures has been the reduction of social contacts, with a related increase in social isolation and feelings of loneliness, which is associated for some with poor mental health.[9]

This experience of social isolation has been linked to a number of potential short-term and long-term impacts, including impacts on mental health, quality of life, and development. In particular, limiting social interaction and ongoing feelings of anxiety about the pandemic have been linked with risks of toxic stress responses.[10] As well, the activities that were reduced or disrupted due to public health measures have impacts on children and youth.

The experience of children and youth in Alberta
The panel heard that youth had been adversely affected by the health measures since reduced social gatherings and access to public spaces left them feeling isolated, anxious, and lonely. For instance, some mentioned that they miss having access to recreation centers and libraries, which had typically provided spaces to socialize. Without natural opportunities to gather with peers, one participant mentioned that a sense of community has been lost. This experience of isolation was reportedly even more acute in rural areas, where there are typically fewer opportunities for youth to socialize outside of school.

This firsthand feedback was strongly echoed by more than 500 children and youth who responded to the CYWB review survey. These children and youth identified the following when asked about the hardest thing to change or deal with during the pandemic:

- *Decreased in-person social interaction* – children and youth most frequently mentioned trying to cope with decreased in-person interaction with their friends and family. Some mentioned staying in touch virtually but said that this has not substituted for in-person interaction.
- *No sports or social activities* – restrictions on sports and social activities have been difficult to adapt to and have decreased both their physical and social well-being.

Survey respondents also indicated that they prefer to interact with friends and family in real life as opposed to virtually. Social interaction and relationships with peers and adults are important positive and protective factors for children and youth. During the pandemic, the most common ways that these children and youth reported staying in touch with friends were mostly virtual, via:

- Text message (54% "strongly agree" or "agree")
- Online (45% "strongly agree" or "agree")
- Phone (44% "strongly agree" or "agree")
- Social media (43% "strongly agree" or "agree")
- Gaming (39% "strongly agree" or "agree")
- In person (34% "strongly agree" or "agree")

Research and community perspectives on social well-being

According to an Angus Reid study, 54% of Canadian youth reported that missing their friends has been the worst part about being socially isolated.[11] Another study found that more than half of youth (53%) indicated that lockdown due to the pandemic has had a negative impact on their relationships with friends.[12] Research shows that social interaction is fundamental to youth development; positive influences by and among peers are also important for students' academic achievement and success later in life.[13] Interactions at school are also critical for development because children learn the skills necessary to form and maintain adult relationships.

Evidence suggests that social isolation during the pandemic was associated with loneliness, negative consequences on mental health and other health-related behaviours for children. Recent research has found that pandemic-related worry and stress, along with digital time spent with friends, was associated with more loneliness and symptoms of depression in adolescents.[14] Older children and youth tend to be more affected by limitations on social activities with peers and friends, whereas early developmental concerns tend to be focused on younger children. An Alberta study surveyed students in fall of 2020, and reported moderate concern among youth for their health, family confinement, and maintaining social contact.[15] The study noted that females and older adolescents (age 15–18 years) generally reported higher stress indicators as compared to males and younger (age 12–14 years) adolescents.

These findings from research were strongly echoed by participants. Time and again, a lack of social and peer connections was identified by parents, professionals and educators. In particular, participants frequently cited the following impacts observed on children and youth:

- Feelings of isolation and loneliness;
- Feelings of anxiety about separation associated with transitions back-to-school;
- Decreased sense of belonging; and
- Difficulties with social development and interacting with peers normally, especially among younger children.

Childcare providers, along with representatives from child and youth-serving organizations, cited specific concerns related to the social development of younger children. In addition, disproportionate impacts of isolation have been highlighted for children and youth in First Nations communities,[16] children in care (e.g., living in group homes), as well as for children with disabilities who rely heavily on one-to-one or in-person supports that were curtailed during the pandemic.

The CYWB review survey revealed that 83% of parents and 90% of professionals identified that children and youth's social wellness has "worsened" or "significantly worsened" during the pandemic. Although some respondents cited increased family time as a positive side effect of public health measures, the survey overwhelmingly identified decreased social interaction as a significant challenge for children and youth. Although some parents noted their child(ren)/youth were staying connected to others virtually, this was not seen to have substituted for in-person social interaction.

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Access to supports to address social well-being

During engagement sessions, participants identified several supports that have helped mitigate the isolation impacts of the pandemic experienced by children and youth, including:

- Virtual delivery of health, mental health, and community support services.
- Virtual peer support programs for youth and parents.
- Cultural and faith-based community supports.

However, participants strongly suggested that during the pandemic children and youth did not have sufficient social supports. For example, 59% of survey respondents said they have not had sufficient access to resources to support social wellness for children and youth. In particular, respondents reported limited access to supports during the pandemic as follows:

CYWB Survey Responses: % of Respondents who Accessed Supports for Children and Youth	Parents	Professionals	Other Albertans
Recreational resources (parks, swimming pools, sports teams, etc.)	14%	2%	11%
Social supports (after school programs, clubs, libraries, youth groups, etc.)	1%	1%	3%
Family or community supports (family, friends, neighbours, etc.)	7%	2%	18%

In response to the question of what they would change to help them feel more comfortable, happy and healthy, children and youth responding to the CYWB survey most frequently suggested:

- *In-person social interaction*: Children and youth said that being able to meet with their friends in person – either in public or at home – would have a positive impact on their well-being. Specific examples of desired social activities included attending parties, going to restaurants, having sleepovers, and playing indoors.
- *Access to sports and recreation activities:* Children and youth said that a return to their usual sports and recreation activities would have a positive impact on their physical, social, and mental well-being.

These responses aligned with those from parents and other respondents as well; there is strong agreement that in-person opportunities to socialize are important. Engagement sessions underscored this sentiment as well, pointing to the direct connection between public health restrictions and socialization opportunities that are important for children and youth. Participants recognized the importance of social relationships and recreation activities as protective factors against toxic stress, and essential contributors to positive mental health.

Learning Impacts

Pandemic impacts on learning

The COVID-19 pandemic has resulted in significant disruption to normal delivery of educational curriculum for children and youth, due in large part to widespread school closures and shifts to distance learning.[17] This disruption has been linked to general disengagement and declining academic performance among students, with deeper impacts for those already requiring educational supports before the pandemic.[18]

Feedback from children and youth

Children and youth participating in the CYWB survey provided a number of insights related to educational impacts of the pandemic:

- Respondents frequently identified challenges with online learning, such as difficulty staying focused, organized, productive, and motivated.
- Learning new concepts in a virtual environment has reportedly been difficult for some, which respondents attributed to communication challenges and reduced one-on-one interaction with their teacher.
- Some mentioned that extended periods of screen time from online school and virtual communication have decreased their overall well-being.
- Children and youth related they have found it difficult to transition between online and in-person multiple times, as each change has resulted in changes to their schedule and expectations for how they would learn. Not knowing when and whether these transitions might happen, and the lack of time to prepare for them, was said to have been especially challenging. Some children and youth who have been primarily learning in-person have experienced more of these transitions when they were required to isolate due to potential COVID exposure.
- 83% of children and youth agreed or strongly agreed that they had access to technology needed for online learning. A total of 10% disagreed or strongly disagreed with the statement that they had access to technology to support online learning.
- Although children and youth reported that the experience of virtual learning was predominantly negative, it is also important to note that some children and youth indicated that online learning has been an easy adjustment. Specifically, these respondents cited easier mornings (e.g., sleeping later, no travel to school), more time at home, and the online format facilitating learning better than in-person.

Learning impacts in Alberta

Emerging data suggests there have been negative educational impacts of disruptions to schools and learning. However, that evidence is very limited at this stage, particularly due to the province altering requirements for standardized testing and diploma examinations during the 2020-21 school year. Changes to standardized testing recognized the level of disruption on learning and curriculum, but it may have inadvertently also contributed to a dearth of baselines to assess impact.

One measure to assess achievement of Grade 2 language arts and mathematics is the Student Learning Assessments (SLA) administered provincially at the beginning of Grade 3. School authorities have flexibility to administer SLAs and can choose if all or some of their schools or classes within a school will participate. School authorities are strongly encouraged to administer SLAs to Grade 3 students; however during the 2020-21 school year these standardized tests were voluntary.[19]

Preliminary data from the SLAs suggests some measurable decline in literacy and numeracy progression among Grade 3 students. Comparing SLA results from the 2019/20 (mostly pre-pandemic) school year and 2020/21 school year shows: [20]

- Statistically significant declines in all of levels 3-5 in literacy.
- Statistically significant declines in level 3 in numeracy.

These early results suggest that Alberta students in earlier grades are at risk of falling behind in reading and in numeracy. Engagement participants voiced similar concerns for children and youth at all ages.

Other studies have highlighted impacts on reading skills in particular:

- In one study among eight schools in Edmonton, standardized reading measures across three different reading skills were compared for September 2020 against an average to the previous three years. Results were lower in September 2020, suggesting that educational disruptions adversely affected reading skills across three measures for Grades 2 and 3 students. That

effect observed was a decline of 2 to 5 standard points, representing student learning that is about 4 to 8 months behind.
- Another study in Edmonton examined reading performance of 1,560 Grade 1 children. The students were monitored in January 2020, and those who were identified as struggling readers received interventions until school closures in March 2020. Most of the struggling readers were reassessed in September 2020, when they were in Grade 2. Results indicated that 60% performed lower in September 2020 than in January 2020.[21]

Indicators of learning impacts are not unique to Alberta. International evidence suggests school closures impact children's academic achievement and can lead to potential learning gaps (the space between what students are expected to have learned by a particular grade level versus their actual achieved learning outcomes). The duration of closures impacts academic achievement and learning as well, with longer durations having greater impact. There is widespread consensus from families, educators, and children themselves that students learn better in person than online, and that access to online learning is a challenge for many due to technical, economic, or other barriers.[22]

During the pandemic, one study found only around one-quarter of Canadian children and youth reported being able to manage the demands of learning online, and keeping up with expected progress.[23] Around half of respondents to this survey reported that they experienced a negative impact on their school year or academic success.[24]

In addition to impacts on ongoing education, across Canada it has been estimated that upward of 200,000 children and youth may not have been participating in any form of schooling (virtual or in-person), as a result of the transitions required under public health measures.[25]

Participant perspectives
Albertans participating in the CYWB review provided feedback that underscores the issues raised by the emerging data and the input received from children and youth.

Parents participating in the survey provided the following inputs related to learning impacts:

- In terms of managing impacts on learning, 41% of parents agreed or strongly agreed that their children have adapted to their education in the current state of the pandemic. This compares to a similar proportion (39%) who disagreed or strongly disagreed.
- Almost two thirds (64%) of parents participating in the survey indicated educational wellness had worsened or significantly worsened for their children. Only 8% said educational well-being had improved for their children.
- This margin was even larger among professionals responding to the survey, 86% of whom indicated educational wellness had worsened or significantly worsened.
- Approximately half (49%) of parents disagreed or strongly disagreed that their children/youth have been engaged in learning throughout the pandemic. This compares with about a third of parent respondents (32%) who agreed or strongly agreed that their children have been engaged in learning.

When asked about academic challenges during the pandemic, parents most frequently mentioned their children faced difficulties with online learning and struggled with transitioning between in-person and online learning (and vice-versa). Others specifically noted that grades for their children or youth had fallen since the start of the pandemic and this might impact their motivation. In fact, low motivation and confidence in school was an issue voiced frequently during engagements.

Professionals also identified several additional educational challenges through their responses to the survey, including:

- Low motivation and difficulty engaging in learning in both environments.

- Frequent disruptions to routines and expectations when transitioning between online and in-person learning.
- Perceived decrease in students' educational achievement this past academic year.
- Insufficient support at home to facilitate online learning.
- Challenges with in-person learning that was subject to health restrictions, including insufficient opportunities to incorporate movement into learning and difficulties adapting the learning environment while following distancing requirements.
- Inequitable access to technology for online learning (e.g., internet, devices).

Disproportionate impacts

The review findings suggest that learning and educational impacts may have been experienced disproportionately by specific demographic groups. In particular:

- Community service providers, researchers, and other participants noted that some students haven't had the technology they need to successfully learn online (e.g., computers, tablets, or internet connections). Participants suggested that this disparity may be concentrated particularly among low-income Albertans, and those living in rural areas.
- Service providers noted the differences that family circumstances can play in adapting to educational disruption. For example, some parents are unable to help with schoolwork due to difficulties with literacy or English, or work demands or caring responsibilities. Some families also live in crowded housing or housing where there is no dedicated study space.
- Research suggests that students who were already struggling educationally, relative to their peers, may have struggled more with online learning. These children and youth are at risk of falling further behind when they cannot attend school in-person, and are more likely to face barriers to continuing education.[26] One study suggested that, in a worse-case scenario, the average Canadian student lost 3.5 months of school progress, while a struggling student lost 6.5 months of progress due to COVID-19 school closures.[27]
- Indigenous service providers participating in the engagement sessions indicated that Indigenous children and youth have experienced learning setbacks as a result of interruptions to their learning.
- Challenges for students with disabilities were noted across multiple engagement sessions, such as lack of education supports and technology access. Participants suggested that interventions and supports that are designed for marginalized populations can benefit all students.

Child and Youth Development

Emerging data supports the idea that public health restrictions due to the pandemic have impacted child and youth experiences in Alberta and beyond. Early relationships, education, and socialization can have significant impacts on the developmental trajectory and brain development for children and youth. The pandemic has impacted these trajectories for many children and youth, in particular through health restrictions limiting access to in-person education, childcare, and community settings. Children who have been infected have suffered health impacts, whose long-term implications on child development are not yet clear. Some children lost caregivers, friends and loved ones to the disease, which will likely have impacts on emotional development and mental health.

Despite the chaos in the world around them, many children and youth have shown their ability to adapt and be resilient in uncertain times. Protective factors such as relationships with family and friends have been able to mitigate the potential for toxic stress in many households. However, the story is complex, and more research is required to help us understand the longer-term impacts of the pandemic on children and youth.

Childcare and early learning

Participants frequently referenced impacts of the pandemic on social development. Engagement sessions identified that children and youth of different ages have faced difficulties with social development and interacting with peers with particular concerns centered on impacts for preschool children. It is not only interactions between children that are important, but also the capabilities of caregivers such as child care staff to support healthy development. Adult capabilities have been impacted alongside those of children and youth, which can compound the challenges. In this context, child and youth serving organizations suggested that preschool-aged children are falling behind in achieving social developmental milestones. Overall, feedback suggests different developmental impacts were observed or suspected for children and youth at different ages and stages of development.

Given the importance of early socialization and development, it is notable that many young children across Canada either had sporadic access to or lost the opportunity to attend early education or kindergarten altogether as a result of the pandemic. In addition to in-person learning, the benefits of attending school (e.g., development, socialization, support and connecting with friends and peers) are important for children's psychological health and adjustment.[28]

For those impacted by disruptions at school, the shift to online learning has required significant adaptation by teachers, who had to quickly adopt new ways to facilitate student education. Remote teaching and learning require that parents with young children assist in navigating technology to access learning materials and help to deliver instruction.[29] Despite considerable involvement of families in the learning of their children prior to the pandemic, the additional requirement for families to take on the role of the teacher proved to be challenging for many parents.[30] Also, given that learning in kindergarten and early primary grades is largely play and inquiry based, it is not yet clear what the impact has been of shifts to an online learning format. It is possible, however, that learning gaps and losses may have a more pronounced impact on younger children, due to the foundational nature of young children's learning around language, literacy, and math in the early childhood years.

Along with school, childcare services experienced significant disruption during the pandemic. Childcare providers participating in the review indicated that COVID-19 protocols (e.g., masked staff, physical distancing measures) and reduced social interaction with other people outside of their homes have had negative impacts on children's social well-being. These providers noted that preschool-age children require physical closeness and touch (e.g., lifting, carrying, hugging) for positive development, and caregivers may have struggled to balance this against physical distancing requirements. As a result, they observed that children's social interactions with staff and with each other have been reduced and/or restricted, and for some, their social development (e.g., communication, reading non-verbal cues) has reportedly been impacted. Childcare providers also reported that children are feeling more isolated and lonelier due to fewer opportunities outside of the childcare environment to visit their friends and family members (e.g. missed birthday parties). Longitudinal research will be needed to determine if developmental losses during the pandemic can be overcome in the future, through the passing of time, targeted interventions, or resilience building trauma training for staff.

Skills and self-awareness for children and youth

In response to the survey question of what they have learned about themselves since the start of the pandemic, feedback from children and youth included the following general themes:

- Changes brought by the pandemic have helped them learn about their own resilience and their ability to adapt to change, as well as what they need to be successful.
- They have learned new skills and developed new hobbies during the pandemic (e.g., skateboarding, dancing, singing, baking).
- The pandemic has brought opportunities to develop personal characteristics such as independence, flexibility, strength, and self-esteem.
- They prefer to learn and to interact with friends and family in person as opposed to virtually.

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- The pandemic brought to light needs that they hadn't known about before, such as addictions issues, learning disabilities, ADHD, and medical issues.

Family and community support

Child and youth development during the pandemic has been impacted not only in early learning environments, but due to changes in family and community contexts as well. One of the most direct impacts may be experiences like family breakdown, neglect, and abuse. We do not have evidence in this report to indicate or verify that such breakdown, neglect, or abuse has occurred with greater prevalence compared to pre-pandemic data, but our interviews with those who serve vulnerable populations did relay some anecdotal support that tensions and family stress was indeed heightened at some points in the last 18 months.

Stress and mental health of parents was commonly cited as an issue impacting children and youth. High levels of stress and distress can potentially impair parental ability to be supportive caregivers. Children experiencing a lack of support during difficult times may develop more pronounced psychological symptoms.[31]

Albertans participating in the review observed that the stress of extended isolation has been felt by the whole family and has contributed to decreased well-being of parents as well as children and youth. This observation was echoed by parents, with 56% of those participating in the survey indicating that their state of wellness has impacted their children/youth's ability to cope physically, mentally, socially, and educationally.

In particular, poor maternal mental health can have significant impacts on child development and well-being.[32] Although the mental health of parents can have an impact, studies have highlighted some specific effects for mothers. For instance, compared with the pre-pandemic period, depression for Canadian mothers has increased: [33]

- From 10% to 32% for mothers of children 0-18 months;
- From 9% to 42% for mothers of children 18 months to 4 years old; and
- From 9% to 43% for mothers of children 5 to 8 years old.

According to one study, Canadian working mothers have been experiencing higher rates of anxiety (47%) and depression (43%) symptoms compared to working women without children (38% and 29% respectively). Levels of anxiety and depression symptoms in working mothers are also higher when compared to working fathers (40% and 27% respectively).[34]

Engagement session participants also indicated that mothers who gave birth during the pandemic have often struggled without family supports as a result of gathering restrictions. In some places, public health home visits and new mothers' support groups were restricted, and post-partum mental health supports were limited. All these have combined to negatively affect the mental health of new mothers and the well-being of their babies since the start of the pandemic.

Social and community supports that are crucial to child and youth development have been impacted as well. For instance, participants representing child and youth serving organizations observed increased isolation and loneliness, and a reduced sense of belonging among children and youth. This was attributed to school closures, suspensions of sport and recreational programming, and restrictions on social gathering.

As a result of the pandemic, families have often been unable to access critical community services and cultural institutions that usually serve as supports. For instance, families have been unable to attend cultural, linguistic, religious, or spiritual-specific activities that may have great significance for identity formation and sense of belonging for children, youth, and families. In addition, recreational, athletic, and artistic activities have been out of reach, which are known to have a positive impact on child and youth development.[35]

Family Well-being

The CYWB review has identified a number of ways in which family circumstances during the pandemic have impacted Alberta's children and youth:

- Mental health and family well-being;
- Skills and self-awareness;
- Employment and childcare;
- Food and housing security; and
- Disproportionate impacts for certain populations.

Mental health and family well-being

Parents and primary caregivers are usually the most important factor in helping children and youth manage stress and mental health concerns. However, this becomes a daunting task if parents and caregivers are overwhelmed themselves. Therefore, it becomes essential that parents and caregivers find time in their days to attend to their own mental health.[36]

Youth who participated in the engagement sessions similarly reported being negatively affected by the poor mental health of their parents and stresses associated with family income loss. More broadly, it is clear that children and youth were aware of and impacted by stressors in the household. This view has been echoed by the more than 7,000 parents responding to the survey about the impact of the pandemic. Among respondents identifying as parents, over half (56%) believed their state of wellness has impacted their children's ability to cope mentally, physically, socially, and educationally. Parental wellness has declined as well, with 76% of parents indicating their mental wellness has worsened or significantly worsened as a result of the pandemic. Survey findings also include 76% of parents reporting their social wellness has worsened or significantly worsened, and 61% of parents reporting their physical wellness has worsened or significantly worsened. These findings are important given the importance of parents on children and youth's feelings of stability and security.

These viewpoints from parents were strongly echoed by other Albertans participating in the review, who noted significant impacts on family well-being and mental health during the pandemic. For instance:

- Health and mental health professionals reported increases in family stressors such as income loss, poverty, housing insecurity, food insecurity, family violence and child abuse. Situations of family dysfunction were reportedly exacerbated by the pandemic, and in such cases, children and youth have suffered without the safety and stability of the school environment.
- Written submissions from Albertans suggested greater instability among families, including increased mental health concerns and addiction among parents, as well as needs related to poverty, domestic violence, and food security. Submissions also suggested an increase in vulnerable families accessing parenting support programs, such as Family Resource Networks, or the Positive Parenting Program.
- Professionals responding to the survey frequently referred to struggles at home experienced by some children and youth including: disruption in income due to job loss; mental health and addictions issues of parents and other family members; family violence; and strain between relationships within the family.

These sentiments are underscored by research, with numerous studies across Canada reporting that parents have experienced deteriorated mental health due to the pandemic. In a study of Ontario parents in May and June of 2020, almost 60% reported symptoms of depression within the previous week, while one-third reported moderate to severe levels of anxiety.[37] Similarly, in a May 2020 research project examining the mental health of Canadians, 44% of parents with children under 18 reported worsened mental health as a result of the pandemic compared with 36% of respondents without children.[38]

Employment and childcare

The well-being of children within a family is closely tied to household income, parental employment, and childcare. Parents surveyed by Statistics Canada in June 2020 ranked their highest concern as how to balance childcare, schooling, and work, with 74% reporting feeling "very" or "extremely" concerned in this regard.[39]

One Alberta study has found that around 57% of children in the province had at least one parent with a negative impact on their employment during the first five months of lockdown.[40] This is echoed through qualitative data; for instance, parents responding to the survey frequently mentioned experiencing job loss and financial hardship as a result of the pandemic. Survey respondents also indicated that available employment and income supports did not fully address their needs, suggesting that services aimed at supporting working parents experiencing job insecurity would be beneficial. According to Statistics Canada, government financial help appears to have helped some Canadians stay above low-income situations: in April 2020, 38% of Canadians were living in families with low income, but that figure was reduced to 22% when benefits received were factored in.[41]

Families who maintained their income were better able to mitigate the impact of the pandemic on children and youth, while children and youth in households that lost jobs or income experienced heightened stress. Research suggests that outcomes for children and youth are strongly influenced by the financial status of the household; some have speculated that increased polarization of Canada's families along financial lines that resulted from COVID-19 will not only affect the situation of children during the pandemic, but into the future. The trends seen during COVID-19 have added new children and youth to the number who are financially vulnerable, while exacerbating existing disadvantages for others.[42]

Availability of quality, affordable, reliable, and accessible childcare can impact parents' ability to work, their work-life balance, and the relationships they have with each other and with their children. In February 2021, there were 35,700 people in Alberta between the ages of 25 and 44 working part time due to childcare issues, 93% of whom were women.[43] Access to childcare during the pandemic disproportionately affected the ability of single-parent families to work.

School closures were also a significant source of stress related to both childcare and employment. During school closures, nearly all families lost access to the primary resource for their children to receive formal learning, socialization, and various forms of developmental, social, and cultural stimulation. This included the loss of key social supports from teachers, educational assistants, peers, and other professionals such as counselors, social workers, and psychologists. This has been stressful for parents, particularly where closures occurred with little time to prepare. School closures forced many to adopt the role of an all-encompassing support for their children, while attempting to engage in at-home online schooling, combined in many cases with remote work or employment impacts.[44]

Food and housing security

Pandemic pressures have made it more difficult for families who lost income to pay for food and housing, with those most marginalized experiencing the greatest impact. Specific indicators include:

- Approximately 7.5% of renters were identified as being in rental arrears in Edmonton and Calgary (October 2020), a figure which was slightly higher than the Canadian average.[45]
- Statistics Canada figures suggest that, in May 2020, 19.2% of Canadian households with children were more likely to experience issues with food security, compared to 12.2% for those with no children.[46]
- Indigenous and racialized people are disproportionately impacted by food security issues.[47]
- A demographic breakdown of food bank users in Canada (2019 data) shows that, even before the pandemic, 34% of those accessing food banks were children (children represent 19% of the population).[48] This demonstrates that food security issues have a direct impact on children and youth, both in Alberta and beyond.

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Disproportionate impacts for certain families

Impacts on the well-being of parents and families have not been evenly distributed throughout the population. This was expressed to the CYWB panel by participating youth. Specifically youth indicated that underprivileged families have suffered disproportionately from the effects of the pandemic. As well, it was suggested that youth from low-income families or who have special needs had reduced access to the supports they rely on.

Research supports that the stresses of caregiving have risen; however they have increased markedly for many parents who were already struggling with low-wage work, lack of affordable childcare, and meeting their family's basic needs. [49] When unstable housing, food insecurity, social isolation, limited access to medical care, the burdens of racism, and fears related to immigration status are added, the toxic overload of adversities can lead to increasing rates of substance abuse, family violence, and untreated mental health problems. These represent risks to the health and development of our most vulnerable children and their families now and for years to come.[50]

Research and engagement have highlighted a number of these disproportionate impacts for specific demographics:

- Across Canada, from February 2020 to January 2021, 12 times as many mothers as fathers left their jobs to care for toddlers or school-aged children.[51]
- As of March 2021, immigrant women with children 12 and under had experienced more than double the decline in employment of Canadian-born mothers.[52]
- Across Canada, 38% of single mothers with children under 12 years old lost their jobs or most of their working hours, compared to 26% of mothers in two-parent families.[53] Among single mothers, 56% have been at risk of not being able to make ends meet, even after selling their liquid assets and using other private sources of income, compared to 28% for single fathers, and 27% for married women with children.[54]
- Participants frequently noted heightened challenges faced by children and youth with disabilities, particularly where the in-person supports that they previously relied on were no longer available.
- Ethnocultural and disability service providers reported racialized children and youth being disproportionately impacted by the pandemic compared to their peers. They mentioned that immigrant and refugee families frequently experience marginalization in the form of racism, poverty, unstable employment, reduced access to information about available supports and resources, and migration-related trauma, all of which has reduced their resilience to the effects of the pandemic.
- Indigenous service providers noted during engagement sessions that family violence had increased for Indigenous peoples including First Nations people living on reserve, and that issues of poverty, food security, and overcrowded housing has made families less resilient to changes in school, work, and social environments brought about by the pandemic.
- One cross-Canada study found that women, younger parents, parents of small children, those living with a disability and those with a pre-existing mental health condition reported worse mental health since the start of the pandemic compared with other parents.[55]

Domestic Violence

Pandemic impacts on risk factors

Children who experience family violence struggle with developing healthy coping mechanisms, and experience enduring and detrimental changes in brain development. As a result, family violence greatly impacts the immediate and long-term emotional, social, cognitive, and behavioural aspects of children's overall mental health.[56,57,58,59]

Parental stress and compromised parenting can place children at risk of abuse and neglect. For this reason, a number of the stressors related to the pandemic, – such as confinement at home, loss of jobs and/or income, and loss of social supports, can exacerbate risks.[60],[61],[62] Domestic violence can often occur in relation to a combination of multiple stressors. In particular, research indicates the following:

- Parental job loss impacts incidence of child maltreatment and presents a significant risk for child abuse.[63]
- A Statistics Canada survey in the spring of 2020 found that remote working on a large scale does not in itself lead to family violence. However, the survey did find that the inability to meet financial obligations and maintain social ties significantly increased reported family stress and domestic violence.[64],[65]
- The financial impact of the pandemic is strongly correlated to violence against Indigenous women, according to a report from the Native Women's Association of Canada.[66]
- Many children and youth who identify as LGBTQ2S+ experience abuse at home, with one quarter reporting not feeling safe. For these children and youth, the pandemic has in some cases increased the time they are trapped in abusive environments, and may have removed the respite of supportive schools, peers, or services.[67]

The "shadow pandemic"

Violence against women and girls during the COVID-19 pandemic has been called a "shadow pandemic"[68] due in part to the limited visibility of the issue. It has sometimes been more difficult to identify domestic violence during the pandemic:

- There is reason to believe that the reported numbers of family violence do not represent the full scope of the problem. Most women do not report to police, but instead turn to family and friends.[69],[70] In the context of having to isolate in their homes with their abusers and where their phone and internet use is closely monitored, the ability to reach out for support can be extremely limited and attempts to do so can be dangerous.[71] In addition, many women from marginalized communities in particular may not have had the technologies to access services.[72],[73]
- When children are interacting less with adults other than their parents, as has been the case due to stay-at-home orders and school closures, child abuse and neglect is more likely to go unnoticed. Preliminary research in Canada from spring 2020 found a 33% decline in child maltreatment reports to child protective services (including 31% fewer in Edmonton) compared to the previous spring. These reductions are largely attributed to fewer reports from school and child care personnel, who are typically primary sources.[74] It is also likely that closure of many other community spaces and activities has further reduced the capability of communities to identify domestic violence risks and incidents.
- Even with some services continuing to legally operate during the pandemic, challenges in identifying domestic violence were observed. For instance, with telehealth, diagnosing abuse or neglect becomes more challenging when it is difficult to communicate with a child or youth while in the presence of a potentially neglectful or abusive parent.

These types of challenges in identifying domestic violence may explain why some participants suggested that the incidences of domestic violence had decreased, especially early in the pandemic.

It is also important to note that identification of domestic violence often happens within the school system. School closures and other disruptions likely decreased the capacity of educators and school staff to identify risks or incidents of violence.

Domestic violence indicators in Alberta

A number of other indicators highlight impacts on domestic violence since the start of the pandemic:

- From mid-March to mid-September 2020, RCMP in Alberta recorded a 12% rise in calls involving domestic violence over the previous year. Edmonton and Calgary police saw a similar

rise, with 13% and 9% more calls, respectively, in the first nine months of 2020 over the previous three-year average.[75]

- Emerging data in Alberta shows an increase in calls to sexual violence helplines, and domestic violence calls to police since the outbreak of COVID-19.[76] The Association of Alberta Sexual Assault Services has reported a significant increase in calls, texts, and chats to Alberta's One Line for Sexual Violence.
  - In April 2021, there was a 47% increase compared to the previous year (239 in April 2021 compared to 163 in April 2020). There was also a 63% increase in the number of calls/texts/chats in January to March 2021, when compared with the same period in 2020.
- Across Canada, family violence shelters tended to see an initial decline in service requests (from March to May 2020), and then an increase over the previous year once reopening began in many jurisdictions (from June to October).[77]
- A survey of women's shelters across Canada reported that 52% of providers indicated that clients admitted were experiencing "much greater" or "somewhat greater" severity of violence during the pandemic.[78] This aligns with the experience of the Calgary Women's Shelter, which found over six months in 2020 that 41% more clients were assessed as having the highest level of likelihood of being murdered, compared to those same six months in 2019.[79]
- Shelter operators have experienced declines in fundraising and donation revenue since the beginning of the pandemic.[80] Additionally, according to the Alberta Council of Women's Shelters' 2019-20 workforce survey results, Alberta's women's emergency shelters are facing staffing shortages amid the COVID-19 pandemic as employees in the female-dominated sector juggle their careers and personal caregiving responsibilities. Sexual Assault Centres are also struggling to retain qualified staff and are concerned about staff's current stress levels and mental health.[81]
- Some specialized services have seen declining demand, which is anticipated to reverse as public health restrictions are removed. For instance, the Edmonton Zebra Child Protection Centre, which works with children once abuse has been identified, saw a 31% decline in its caseload from mid-March to mid-April 2020.[82]
- The number of calls/chats to the Family Violence Information Line from September 2020 to February 2021 remained unchanged from the same time the previous year.[83]

Participants perspectives

Albertans participating in the review frequently identified increased risks and observations of domestic violence issues during the pandemic:

- Professionals responding to the survey reported difficulties for children and youth at home, including mental health and addictions issues of their parents and other family members; family violence; and difficult relationships within the family.
- Indigenous service providers related that family violence had increased, and suggested that issues of poverty, food security, and overcrowded housing have made families less resilient to changes in school, work, and social environments brought about by the pandemic.
- Health and mental health professionals suggested that situations of family dysfunction were exacerbated by the pandemic, resulting in domestic violence and situations where children and youth have often suffered without the safety and stability of the school environment.
- Children and youth serving organizations relayed that instances of family violence and child abuse have been more difficult for others outside the home to notice and report, with schools and recreational programming were closed. They noted that some children and youth have had higher exposure to unsafe conditions in the home when they no longer had access to school as a safe environment during the day.
- Members of the public identified increases in domestic violence as a concern, both in engagement sessions and through email submissions.

Mental Health Supports

The experience of children and youth

The predominant theme from the CYWB panel's discussion with Alberta youth was the reported impacts that the pandemic has had on mental health. Youth reported negative changes to their mental health related to a range of stressors, including loss of family income, academic struggles, pandemic fears, disruptive change, and transitioning to post-secondary education. Several of the youth indicated that school counsellors may have been overwhelmed and not always able to support them in the ways they needed. Additionally, some youth said they preferred having access to counselling at school, as opposed to paying for private.

Results from the youth survey echoed what was heard from panel discussions with youth. Input from 524 respondents indicated struggles with mental health issues such as stress, feelings of depression, fear, worry, low motivation, eating disorders, and suicidal thoughts. In all, 38% of youth respondents indicated that they were very confident or somewhat confident that their mental well-being will return to how it was before the pandemic; a similar proportion (37%) said that they were either not very confident or not at all confident.

Research and community perspectives: the need for mental health supports

Emerging studies suggest that Canadian children's and youth's mental health is generally worse off since the pandemic. For instance, the research team at The Hospital for Sick Kids in Toronto surveyed more than 1,000 parents of children and youth aged 2 to 18 years, and nearly 350 youth between 10 and 18 years old, from April to June of 2020.[84] Across six domains of mental health – depression, anxiety, irritability, attention span, hyperactivity, and obsessions/compulsions:

- 70% of school-aged children (six to 18 years old) and 66% of preschool-aged children (two to five years old) reported deterioration in at least one domain.
- 20% of school-aged children and 32% of preschool-aged children reported improvement in at least one domain.

Engagement feedback also suggests changing mental health needs during the pandemic:

- Academics and researchers participating in the engagement sessions used language such as a "mental health crisis" to describe the impact that the pandemic has had on children and youth. Some described the cumulative impacts of the pandemic as "trauma", though the panel is hesitant to use this term uncritically. Participants pointed to increases in symptoms of anxiety, stress, depression, grief, eating disorders, and substance misuse. Some also noted increased requests for mental health services during the pandemic.
- Teachers participating in engagement sessions reported an increase in mental health concerns among students, such as increased stress, symptoms of anxiety, low motivation, hopelessness, aggression, bullying, self-harm, and suicidal ideation.

Survey respondents indicated a perceived negative impact overall on mental health, with:

- 75% of parents indicating their children or youth's mental health has worsened or significantly worsened;
- 90% of professionals indicating children or youth's mental health has worsened or significantly worsened; and
- 76% of "other Albertans" indicating children or youth's mental health has worsened or significantly worsened.

Mental health services

From 2019 to 2020, there was a slight decrease in mental health-related Emergency Department visits across all age groups; this may suggest that the COVID-19 pandemic led to a decrease in emergency visits.

Hospital admissions for anxiety disorders in children and youth increased in 2020.

Telehealth and other online services have maintained or expanded access to mental health support services for some populations, such as those in rural areas. There are reports that text and phone-based counseling services are well-utilized, and that children and youth find such services useful and accessible. For instance, in Alberta, the Kids Help Phone saw 38% more call/text/chat interactions over a 12-month span in 2020/2021 compared with all of 2019. There had been more contacts from those aged 14-17 than any other group.

Telehealth has expanded access to services when transportation, scheduling caregivers or accessibility of medical facilities has been a barrier. The use of telehealth often increases access to specialists (particularly for those in rural communities). However, telehealth technology is often designed and implemented in a way that is inaccessible for persons with disabilities.[85] Additionally, telehealth may not be able to assess someone's condition (physical or mental) as readily.

Despite some improvements to access or uptake of certain services during the pandemic, participant input suggests a greater need for mental health supports than what has been available, including building internal workforce capacity:

- In response to the survey, 53% of respondents (parents, professionals, and other Albertans) said they have not had sufficient access to resources to support mental wellness for children and youth.
    - Among parent respondents, 9% indicated they accessed mental health resources (mental health counsellor, addictions support, online or in-person services, support groups, etc.) during the pandemic in support of children and youth.
    - Only 20% of responding parents agreed or strongly agreed they had access to sufficient resources and information to support their child's or youth's mental wellness.
    - Approximately 29% of professionals agreed or strongly agreed they had access to sufficient resources and information to support children and youth's mental wellness.
- The type of supports suggested most frequently by parents was affordable mental health services for children and youth and their families.
- Teachers expressed that schools are well-positioned to connect children and youth to mental health supports and services due to fewer access barriers for assessments (compared to community or private providers), but they emphasized that existing mental health resources have been insufficient and/or inaccessible to address the increased need. Others reported that they were not aware of what services or resources were available in their communities.
- Participating professionals frequently highlighted the need for affordable and accessible mental health services for children and youth of all ages, especially to address the mental health needs that have come to light during the pandemic. Some suggested these supports should be provided through schools as well as in the community.
- Several participants also expressed concern around youth aged 15-18 that will be aging out of child and youth programming, suggesting that there aren't enough mental health supports available for them.
- Francophone education participants stressed the lack of French-speaking health, education and mental health supports across the province, especially in rural areas.

School Supports

Impact of the pandemic on school supports

For children and youth, school is about more than learning the curriculum; there are many informal supports as well as wraparound services provided through schools. Services such as speech-language and social work support, classroom behavioral and learning aides, multicultural support, and school psychological services are crucial to helping many children meet their developmental needs. Schools play an essential role in connecting students with services and supports, both within the school and in community.

One of the strongest messages heard from parents and educators during engagement sessions was the need for better access to evidence-based mental health and counselling supports in schools, from early grades through high school. Educators play an essential role in providing prevention and early intervention support for children and youth in school. At the same time, it was noted that students and educators require access to other targeted services, supports and expertise to address the diverse range of health, social, and mental health needs that may present in school. Participants suggested that connections to mental health services through schools are typically focused on assessment, and that often accessing effective treatments involves further referrals or system navigation.

A common theme that emerged from engagement sessions was the need for collaboration between health and education systems to provide these wraparound services, especially in supporting parents and children experiencing complex needs.

In particular, participants frequently referenced recent changes to service partnerships formerly supported by the province under the Regional Collaborative Service Delivery (RCSD) model. During the 2019/2020 school year, Alberta Education conducted a review of its funding and assurance frameworks, resulting in a new education model for the 2020 (2021) school year. The review was informed by input from school authorities across Alberta and a broad range of educational partners. It identified issues with the model, including inconsistent availability of services across regions, which led to issues with delivery of services and, in some cases, services able to be contracted or delivered to meet capacity needs. Although funding previously used in support of RCSD networks has been redirected directly to school authorities (primarily through Specialized Learning Support grants), participants noted the shift has disrupted service access and referral relationships. In addition, the previous RCSD model included dedicated resources for service coordination and creating a local network; a number of participants commented on the loss of this resource. In general, the experience of this change that was related to the panel has been of disrupted services and/or service gaps.

Educators often expressed seeing increased learning, social and psychological needs during the pandemic, at a time when many services and in-school supports were disrupted. For example, educators who participated in the CYWB engagement sessions discussed that more families are struggling with issues such as income loss, poverty, food security, and family dysfunction since the start of the pandemic. They pointed out that many families rely on food programs at school and that demand for these programs increased during the pandemic. When schools closed to in-person learning, some students lost their healthiest and most reliable meal of their day. In addition, for some students, school is safer than home, and school closures meant these students may have been exposed to more family conflict at home.

Educators also observed an increase in personal and mental health concerns among students, such as increased stress and worry, low motivation, hopelessness, aggression, bullying, self-harm, and suicidal ideation. They expressed that schools are well positioned to connect children and youth to mental health services due to fewer barriers to access (as compared to community or private providers) but emphasized that existing mental health resources have been insufficient and/or inaccessible to address the increased need. Participating teachers suggested that addressing child and youth mental health

concerns at school requires a collaborative approach beyond the education system and mentioned that previous partnerships with Alberta Health Services under the RCSD model worked well.

Strong evidence for the effectiveness of school-based interventions has been shown in increasing help-seeking behaviour, enhancing awareness about mental health, risk and protective factors for suicide, and decreasing the incidence of suicide attempts and severe suicidal ideation.[86]

Student survey data also suggests a decrease in the level of school-based support received by students during the pandemic. Specifically, the annual Satisfaction with Education High School Student Surveys are used to determine to what extent the past school year was judged to be safe or unsafe by students. Survey questions focus on social supports for students as well as their feelings of isolation and loneliness, lack of engagement and impact on mental health.

Survey results show differences in multiple areas between the 2019-20 and 2020-21 school years. Students reported:[87]

- Lower feelings of belonging (87% in 2020-21 vs 91% in 2019-20);
- Less ability to get help at school for problems not related to schoolwork (83% in 2020-21 vs 88% in 2019-20);
- Less education in learning how to stay healthy (81% in 2020-21 vs 88% in 2019-20);
- Less likely to view school as a contribution to development of emotional well-being (77% in 2020-21 vs 84% in 2019-20); and
- Less likely to respond "never" having thought about dropping out of school (78% in 2020-21 vs 83% in 2019-20).

Email submissions from the public and input from engagement sessions reiterated the importance of mental health supports along a continuum (from preventative services to specialized care), involving cross-sectoral collaboration to deliver universally accessible mental health supports in schools. Some emphasized the importance of services in French and other languages. While others noted the need for more affordable access to community-based mental health services, for parents as well as children and youth.

Supports for educators

Amidst the challenges of supporting children and youth in schools, it is important to recognize that educators providing that support have also experienced considerable disruption and impacts related to the pandemic. Impacts to normal functioning for adults are significant in that they also impact the network of protective factors available to support children and youth. This was noted, for instance, by educators participating in the CYWB review, who also emphasized that alongside these student mental health concerns, teachers and parents were also struggling with their own mental health issues in response to the pandemic. Some teachers struggled to make the multiple required changes to the way they engage students. At the same time, many were also juggling their own child care responsibilities through shifts between in-person and online learning. The disruptions experienced by staff in the school system were reported to have taken a toll for many and contributed to a feeling of burnout among educators.

Disproportionate Impacts

The experience of the COVID-19 pandemic has not been the same for all children and youth. There are several indicators of the various impacts and needs among diverse populations in the province. These groups include children and youth within Indigenous, newcomer, and racialized families.

The pandemic and Indigenous communities

An important difference in the experience of COVID-19 is related to family and cultural differences among Indigenous peoples (including First Nations, Métis, Inuit, and non-status peoples). For varied

reasons, in many cases, family and community structures and relationships work differently for Indigenous peoples, such that the impacts of restrictions may also be experienced differently. For instance, isolating immediate family within a single household can sever many other important family and community bonds that provide support and stability for children and youth.

First Nations reserve communities, Métis Settlements, as well as other urban organizations like the Métis Nation of Alberta and the Alberta Native Friendship Centers bear a disproportionate risk related to the pandemic due to a number of factors including limited access to health services, overcrowded living conditions, absence of clean water for proper handwashing, limited internet capacity and a lack of laptops/printers in both rural and urban settings. Many Indigenous families live in multi-generational homes, and if a member of the family contracts COVID, there may not be enough space or resources for them to isolate from the rest of the household. Due to restrictions caused by the pandemic, many Indigenous families had difficulty accessing cultural events and were isolated from their Elders (which provide spiritual, emotional and psychological support) and peers.

Throughout the pandemic, with much still unknown due to the newness of the virus, many First Nations chose to "assert their own authority in dealing with the pandemic, including creating their own public health orders, restricting travel through their territory, adapting their ceremonies, and intensifying public health orders."[88] These decisions were made to help with the overall health and well-being of their communities.

First Nations children and youth living on-reserve and on Métis Settlements may have experienced heightened effects of health and social restrictions. For instance as one research study states, "Social isolation, which has been a long-term issue in many First Nations and a leading cause of youth suicide, is now exacerbated by mitigation measures." [89] Among the 270 Indigenous parents responding to the CYWB survey, ratings of the impact of the pandemic on their child(ren)/youth tended to be more negative than for non-Indigenous parents – recognizing that a sample of 270 among more than 7,000 parent respondents limits comparability and reliability of the results:

- 39% of Indigenous parents indicated that their children/youth's social wellness had significantly worsened compared to 33% of non-Indigenous parents.
- 24% of Indigenous parents indicated that their children/youth's physical wellness had significantly worsened compared to 17% of non-Indigenous parents.
- 31% of Indigenous parents indicated that their children/youth's educational wellness had significantly worsened compared to 23% of non-Indigenous parents.
- 31% of Indigenous parents indicated that their children/youth's mental wellness had significantly worsened compared to 28% of non-Indigenous parents.

Some Indigenous peoples, have experienced increased challenges in safely participating in ceremony and traditional practice due to public health protocols. Other barriers included restrictions on travel to communities due to lockdown measures, increased fear/concern surrounding contracting the virus and limits on the number of participants at cultural gatherings.

Despite the impacts of the pandemic, Indigenous youth have and continue to demonstrate a strong sense of leadership, creativity, and resilience. In some communities, youth have led engagement activities to support other children and youth while maintaining physical distancing protocols.[90] Some participants explained that youth used social media platforms such as Facebook to attend to the social health of family and community members. In some instances, youth facilitated education and discussion through social media. These initiatives were connected back to Indigenous ways of knowing such as through human, animal, and land characters and illustrations, according to a few participants.

As well, some Indigenous communities helped people to (re)connect with the land in old and new ways like gardens, ceremonies, and traditional teachings. One participant said, "we went back to the language, and started to communicate with the community and had ceremony. We went back to our

traditional teachings, despite the struggles and addictions."[91] Maintaining connection to culture supports resilience of communities, families, and individuals during times of hardship.

BIPOC (Black, Indigenous and People of Colour) populations

Another theme that emerged from CYWB engagement sessions was the disproportionate impacts felt by racialized children and youth in the pandemic compared to their peers. A number of participants from newcomer organizations noted that resilience to the effects of the pandemic for immigrant and refugee families was reduced because of the compounding effects of marginalization in the form of racism, poverty, unstable employment, reduced access to information about available supports and resources, and migration-related trauma. Families have often been unable to attend cultural, language, religious, or spiritual activities that may have great significance for identity formation and sense of belonging.[92]

Multiple intersecting identities, as well as socioeconomic status, access to health care, education, and issues of racism have had an effect on how the pandemic affected BIPOC (Black, Indigenous and People of Colour) youth. These communities are often most susceptible to the impacts of pandemics: "In fact, the pandemic has not only added to the social and educational inequities among young people, it has exacerbated the racial injustice with which racialized and Indigenous youth must contend."[93]

Youth Culture Inc.[94] helped shed some light on this impact on diverse groups of youth. From June to December 2020, they tracked the impact of the pandemic on youth through direct engagement in various means (online surveys, virtual focus groups, interview) with over 200 youth – 62% of whom identified as Black, Indigenous or People of Colour. Youth Culture Inc. asked questions like, "What areas of your life could use support?" to which youth responded:

- Online Education (42% of participants)
- Finding opportunities to connect with others (42%)
- Physical and Mental Health (34%)
- Career Exploration and Information (32%)
- Don't need support (5%)

The pandemic has further highlighted the negative impact of systemic racism and inequities on the health and development of children and youth. For instance, several specific effects have been highlighted through research:

- There have been reports of a resurgence in anti-Chinese and anti-Asian sentiment and racist attacks, in-person and online, due to the public linkages made between the virus originating in China. Children and youth can be the victims of these threats directly, when they see or hear things in-person or online. They also absorb the impact when the see or hear friends and family subjected to abuse or threats.[95]
- In Canada, several studies have indicated that there has been a disruption to services for students with disabilities, non-native English speakers and those accessing special education prior to the pandemic.[96] Children and youth not living in English-speaking homes may improve their skills in their first languages, but may have reduced opportunities to acquire and develop their English during the pandemic.
- English Language Learners are also particularly affected by isolation from peers and teachers, which limits immersion and slows down learning. English-language learners are more likely to live in poverty, which adds to stress. In addition, it is more challenging to support home learning when the language of instruction is different from the home language; home-school communication can be more difficult, and some parents who are English language learners may also need help to develop digital skills to support home learning.[97]
- Many children and youth in immigrant and racialized families may also live in households that are less able to afford the equipment to help them succeed at online learning. Some parents in these households are also less able to help children and youth with homework (if they are not familiar with English).

- One study has suggested that black communities are also at increased risk for negative impacts due to lower socioeconomic status, access to health care, and disproportionate exposure to the virus through certain occupations, like caregivers and nurses.[98]

Technology Access

The transition to online learning requires children and youth to have sufficient internet access, as well as devices such as personal computers.

Internet access

The shift to virtual education and virtual services required children, youth, families, teachers, and service providers to jump quickly from in-person to virtual means of connection, work, and study. For many families, this disruption and need for connectivity was compounded by parents and caregivers also transitioning to working from their homes. A lack of appropriate space, rudimentary skills in using online platforms, and a lack of access to technology were some of the challenges families encountered.

Albertans participating in the CYWB review suggested that rural and Indigenous communities have experienced greater challenges with connectivity during the pandemic. Issues of internet connectivity were emphasized by Indigenous education partners during regular teleconferences Alberta Education has been hosting throughout the pandemic to facilitate information-sharing and provide support.[99] In collaboration with Service Alberta, several partners have been successful in accessing telecommunications supports, including installation of mobile towers to increase internet access.

The 2018 Canadian Internet Use Survey found that 94% of Canadians had home internet access; families without internet access were negatively impacted in terms of their child's ability to actively participate in online education.[100] Across Canada it has been estimated that upwards of 200,000 children and youth may not have been participating in any form of schooling (virtual or in-person), as a result of the academic transitions for public health measures;[101] internet access may be a contributing factor to this issue. In response to the CYWB survey, 83% of participating children and youth agreed or strongly agreed that they had access to technology needed for online learning. However, 10%, disagreed or strongly disagreed with the statement that they had access to technology to support online learning.

Access to devices

In addition to internet access, students learning online also required access to an appropriate device, such as a laptop or tablet. In a study conducted by Statistics Canada, nearly one-quarter (24%) of households in the lowest income quartile reported relying on smartphones for internet access.[102] These devices are not conducive for attending online schooling, due to small screens, lower processing capabilities, lack of a proper keyboard, and other limits on their capabilities for online learning. Further, of those families in the lowest income quartile who reported having internet access, 58% indicated they had less than one device per family member, meaning that some families did not have access to enough devices to support all household members learning and working from home at the same time.

These national figures are aligned with the experiences of Albertans participating in the CYWB review. For instance, community service providers observed that many families, particularly disadvantaged families, did not have the required technology (internet connectivity, devices) to support online learning for all the children in the family. This was observed more frequently among Indigenous families, immigrant families, and families with disabled children or youth. Participants also noted that the higher costs associated with supporting children with disabilities has meant some families have not had the means to provide the required technology (internet connectivity, devices) to support online learning. Participants in CYWB engagements also pointed to the stresses faced by educators who may not have always had access to appropriate technology or hardware to facilitate online learning. Different schools and school divisions were positioned differently in terms of infrastructure for virtual learning.

Across Alberta and beyond, availability of devices to enable virtual education has been a frequently identified issue, resulting in many examples of communities stepping in to provide or donate this equipment. For example, in April 2020, Rupertsland Institute launched an initiative to provide Chromebooks to Métis students who identified their need.[103]

Advice to Government

Alberta's approach to supporting children and youth is centered around the importance of building protective factors to promote well-being and resiliency. Based on the findings and experiences gathered during several months of the pandemic, the panel has prepared recommendations of how these protective and intervention factors can be strengthened and emphasized by the province going forward.

This advice is grounded in Alberta's evidence-based approach to supporting well-being and resiliency but recognizes that data and evidence about the impacts and experiences of children and youth is still very limited at this time. Many of the measures that could help create a more holistic understanding of pandemic impacts are simply unavailable, and this in itself is an important finding of the review. With this in mind, advice from the panel is supported by the available data, the many perspectives that were heard, and what is known about well-being and development.

The panel's recommendations recognize the incredible complexity of supporting well-being for children and youth – there are a myriad of government, community, service, and relationship factors that contribute. Moreover, many of the supports and services available are already working well to help avoid and mitigate the risks of toxic stress. The recommendations of the panel are focused on how to enhance existing networks of support, and on the role of the province in providing leadership, resources, and services to communities.

The Child and Youth Well-being panel offers the following recommendations and advice to government.

Recommendation #1

Advance existing and create new interventions and supports where necessary to help children and youth navigate the psychological, social, educational, and physical effects of the pandemic.

- Ongoing pandemic response, including future interventions and supports, should factor in the distinct needs of children and youth and seek to minimize psychological, social, educational, and physical impacts on them.

It is imperative that province-wide pandemic response efforts are able to appropriately weigh public health benefits and other consequences of interventions. As one Harvard physician suggests, "coming from two very different areas of research, the most highly relevant science-based messages are urging both supportive relationships and social distancing as critical priorities."[104]

The evidence and the many voices considered by the panel over the course of this review speak volumes about the distinct experiences of children and youth. As public health measures are implemented, children and youth are impacted differently, and require different supports. The findings of the review suggest that pandemic planning, response and recovery could be enhanced by ensuring there are mechanisms to address the specific risks, needs, and developmental trajectories of children and youth.

In this context, it becomes even more important to recognize that different stages of growth and development may require targeted intervention and supports. Engagement feedback has underscored this message from developmental research; for example, the panel heard significant concerns about disruption of peer-to-peer relationships among older teenagers, alongside very different issues related to social development through face-to-face interaction for infants and young children. In addition, some children and youth have fewer protective factors to help them deal with adversity – for instance, this may include youth within Indigenous, racialized, and new Canadian families.

Recommendation #1

The panel notes the importance of including the voices of children and youth in designing and adapting interventions and public health measures. Hearing from youth themselves has been critical to better understanding the experience of the pandemic. At the same time, it is important to create safe avenues for this input from youth, ensuring that personal safety and privacy are at the core of engagement efforts.

Recommendation #2

Review effectiveness and alignment of existing child and youth mental health and well-being programs and services to inform enhanced resource allocation.

The panel heard a clear message from Albertans that there is a high demand for mental health supports and services in community. Changes in service delivery and availability have also served to increase awareness of this need.

Mental health services and supports for children and youth should be informed by the best evidence available, and aligned under Alberta's Well-Being and Resiliency Framework. The findings of the CYWB review suggest there is an opportunity to better understand the effectiveness of existing investments, and better align funding across systems with what is working best for children and youth. This means taking a "whole of government" approach to the issue. Many programs and services are funded, but they should be better integrated as part of a continuum of care for children and youth.

In addition to better alignment and a focus on the most effective interventions, service gaps must be addressed. The panel heard that not all communities and not all Albertans can access trained and qualified staff when mental health services or treatment are required. In particular, rural and remote communities may experience these gaps in service. A "whole of government" approach must not only synergize existing services, but also look upstream at staff availability, recruitment, credentials, retention, and other factors to help make mental health services available to all Albertans. Services must be tailored to community needs, and this means being culturally safe and responsive in order to meet the needs of Indigenous, racialized, and new Canadian families.

The panel recognizes that supports and services for mental health take many forms, and are available through a wide range of government, community, private, and health system providers. In fact, Albertans participating in the review highlighted a number of ways in which local organizations came together to adapt and link local services in new ways. At the same time, the panel heard a strong message that it is important to deliver services in ways and in places most relevant to children and youth themselves – in other words, virtual versions of existing services were not seen to fully replace other means of engagement or delivery. The findings of the review emphasize the importance of services that are valued by community and which demonstrate outcomes.

In order to realign, we must know what exists and what is working well.

Recommendation #3

Create available, streamlined and universally accessible pathways to connect children, youth, and families with mental health services and supports.

There is a need to address the significant challenges reported by Albertans with access to services and system navigation. Parents and other adults seeking to support youth require available, timely,

Recommendation #3

targeted, and easily accessible information about what service and supports are available, and how to access them. This may be accomplished, for example, through a combination of online and telephone-based access to information and referrals. Consideration should also be given to removing any community-specific or cost-based barriers that may exist. In addition, targeted pathways may be required in order to connect families with infants and preschool children to individual and family-focused supports and services.

In improving access, the panel advises that there is a need for a better, more cohesive understanding of the networks of services and resources that are available in communities. At present, there is no simple database of complete and up-to-date information about available services. Access pathways can vary considerably between and even within communities. The panel heard that northern, rural, First Nations and Métis communities have experienced notable barriers and gaps in service.

Recommendation #4

Recognize and enhance the essential role of schools in interdisciplinary wraparound services and supports for mental health and well-being of students.

The pandemic has highlighted some of the tremendous challenges and also underlying strengths that characterize the school system in Alberta. Schools across the province have long acted as "hubs" or access points to identify support opportunities, assess needs, and connect children and youth to supportive interventions. Healthy school communities can also strengthen promotive and protective factors for students. With school closures and disruption of support networks, it became more evident that the current approach needs to be stronger and more intentional – both to help deal with the impacts of the pandemic, as well to be proactive in addressing ongoing and future needs.

The province can support school divisions to build upon the mix of services, interventions, and community supports available to students and educators in schools. This may mean, for example, ensuring school divisions can access resources and interventions to address mental health needs that are identified in the classroom. Flexibility is important in the use of resources and expertise, but also the panel heard from a variety of participants that more services may be required not only to assess but also to provide real-time, wraparound support for students in school.

The panel recognizes the magnitude of the challenge of addressing the tremendous range and intensity of social, health, and mental health issues that present in schools, which has been – and will continue to be – addressed differently within different school divisions. It is community-level partnerships that are essential to a true wraparound approach. There is room for leadership and collaboration to create stronger networks of support across Alberta, and to specify the need for frontline mental health intervention by professionals other than educators. For example, stronger partnerships between provincial ministries, Alberta Health Services, Family Resource Networks, community organizations, and professional colleges could be one avenue to explore for better and more consistent service connections in schools and communities. Schools are not just institutions of learning, as well-being and learning are inextricably linked; schools serve as hubs for social and community connection, and as critical resources for both prevention and early intervention.

Recommendation #5

Create more opportunities for children and youth to have improved access to cultural, sports, arts, and recreational activities.

A clear finding of this review is that children and youth have experienced significant changes in their ability to participate in a range of activities that support positive well-being and provide protective factors that build resilience. Sport, cultural, leisure, and recreational activities play an important role in supporting mental well-being, cultivating interpersonal relationships, promoting positive development, and increasing physical health. Youth, parents, and many other Albertans participating in the review emphasized the importance of restoring access to sports, recreation, and opportunities to interact socially. This feedback emphasized in particular sharp increases in "screen time" and decreases in physical activity alongside the social impacts of public health restrictions on activities and programming for children and youth.

As the pandemic continues and eventually recedes, a province-wide emphasis on activities and recreation will enhance resiliency and well-being. There are many local providers and partners who could be enlisted in this effort, including municipalities (who deliver recreation, Family and Community Support Services, and other related programs), school divisions, community agencies, and organizations with a focus on First Nations, Métis, Inuit, and new Canadian children, youth, and families.

Recommendation #6

Support existing and implement new province-wide efforts where necessary to support food security for children, youth, and their families.

Food security issues for families directly impact the health, well-being, and development of children and youth. During the pandemic, new and flexible funding was provided through a range of local partners to address food security. In part, these efforts were intended to mitigate the impacts of lost employment or reduced income on a family's ability to put food on the table. In addition, disruptions to food programs based in schools had a direct impact on the many Albertan children and youth for whom these programs are essential when food is not available at home. Many Alberta communities displayed persistence and ingenuity in filling the gaps left by these programs. The panel heard examples in which school divisions collaborated directly with community agencies to rapidly develop creative ways of getting food supports to those in need.

Albertans participating in the review indicated that the food security measures implemented during the pandemic were welcomed by many providers and families. The panel suggests that the province should explore where there may be a need to continue temporary measures and/or address specific food security needs identified during the pandemic. For instance, the demographic profile of families accessing food banks, school lunch programs and other supports may have shifted. There may also be a need to identify needs for populations who don't or can't access school-based programs, such as families with infants and preschool-aged children.

Recommendation #7

Advance existing and create new supports where necessary for those adults who are helping children and youth to navigate adverse experiences during the pandemic.

Supports from adults – including parents, family members, teachers, child care staff, and others – is critical in strengthening the protective factors for children and youth. This includes not only services, but also social and emotional supports from adults, and supportive relationships. Adults have themselves been impacted by the pandemic, which has at times impacted their capability to help children and youth deal with adversity and toxic stress. When parents and caregivers are emotionally resilient, they are able to maintain a positive attitude, creatively solve problems and successfully overcome challenges in their lives.[105] Moreover, relationships with caring adults who are positive role models can prevent Adverse Childhood Experiences and improve future outcomes for young people.[106] In addition, identifying and addressing domestic violence remains vital – especially as the pandemic has made it harder to identify some of these high-risk situations.

An evidence-based approach recognizes the importance not only of formal services but also spaces and relationships in supporting children and youth well-being and resiliency. In this context, supports for well-being and access to resources are essential not only for parents, but for staff at schools and in child care who are so often in a position to identify needs for support within and outside of the classroom. The panel heard, for instance, that teachers have themselves been impacted by the pandemic, experiencing not only disruption in their work and home lives, but a range of stressors that can impact their own well-being and resiliency, which can in turn affect their ability to effectively support children and youth. Teacher well-being, resources, and support are important considerations for school divisions, through government support, in ensuring a strong network of school-based supports for children and youth. Similarly, supports may be needed for staff in child care and other services that work directly with children and youth.

In addition to the well-being of adults working with children and youth, it is important that government seek ways to bolster their capabilities to help youth deal with stress and adversity. The panel heard a clear theme that the adults within existing systems play essential social and emotional support roles – and that they are confronted by a wide range of issues among children and youth related social, health, and mental well-being. It is important these staff have the knowledge and resources to support prevention and early intervention when addressing mental health challenges and stress among children and youth.

Recommendation #8

Explore and activate ways to better track, measure, and understand the learning impacts of the pandemic and inform decisions to strengthen school capacity to respond.

COVID-19 has not only disrupted learning, but also regular systems to assess and monitor educational indicators. Many of the standardized tests and other assessments that have traditionally been used to chart learning and benchmark attainment were not available for the 2020-21 school year. In particular, standardized testing including diploma examinations were made voluntary for that year, in recognition of some of the unique and uneven impacts on schools and on students. Two years of system data, has been lost, along with a number of the more nuanced assessments and studies that are typically available. These assessments, if and when they are re-introduced, will also help to identify what the impact of the pandemic was on children and youth.

Although emerging evidence suggests negative educational impacts among some cohorts of students, fulsome data simply isn't available. It is important to focus efforts on understanding learning impacts – both positive and negative – of recent shifts in education, including virtual classes

Recommendation #8

as well as public health measures implemented in schools. This knowledge could better inform future pandemic response, but also deepen understanding of effectiveness and challenges of the approaches that were applied.

Government has begun to invest in understanding and addressing any gaps in learning, with a particular focus on early grades and kindergarten. The panel heard issues related to emerging adults as well, particularly those transitioning into post-secondary settings with concerns about grades and readiness. Learning gaps may also be disproportionate for different populations, and may require different interventions to address.

It is important to recognize that while provincial standardized systems of monitoring educational indicators have been impacted by the pandemic, educators during the 2020-2021 academic year continued to plan, facilitate, and assess regular grade-level curriculum outcomes. Educators and school authorities are resources to provide important insight on both anecdotal and measured learning impacts.

Despite maintaining grade-level expectations for curriculum during the 2020-2021 school year, this provincial data collection and the return of standardized assessments will have to be understood in context of the unique learning challenges and circumstances posed by the pandemic. Students and educational professionals have not had consistent structure in the learning environment since the 2018-2019 academic year.

Recommendation #9

Improve broadband internet service and access to devices to address difficulties related to remote education and virtual mental health supports.

The experience of the pandemic showed that many children and youth were able to shift to learning and connection online when required to address public health risks. However, access has not been universal, and those without adequate internet access and/or devices have been excluded from opportunities to learn, maintain relationships, and access supports virtually. The two most significant barriers appear to be affordability (especially for Albertans experiencing poverty) and location (broadband is not yet available in all areas of the province). In particular, the review noted barriers experienced by some Albertans related to cost of internet and devices, rural or remote locations, access from First Nations and Métis communities, or a limited number of devices in the home.

Throughout the pandemic, the province and local partners have worked to address these connectivity issues, but further efforts are required. The experience of COVID-19 has highlighted existing inequalities in online access. It is more important than ever to accelerate efforts to ensure all Albertans can connect online.

Recommendation #10

Accelerate and utilize data collection, collaboration, and innovation to better assess child and youth development and enhance decision making related to their well-being and resiliency.

This recommendation is foundational to all of the preceding recommendations as better information equals better understanding and is a critical enabler of better supports for children and youth. The findings of the review demonstrate significant gaps in mental health, education, and social data and evidence that need to be addressed. Each of the panel's recommendations should be supported and accompanied by accelerated research, measurement, and data sharing, because it is difficult to act without the right information.

The public health and economic crises created by COVID-19 have had deep, far-reaching, and complex impacts on Alberta's children, youth, and their families. In this light, it is perhaps not surprising that pre-existing systems were not in place to comprehensively track the pandemic's effects. At the same time, the experience of COVID-19 has been instructive in terms of the limited availability and applicability of data – as well as the need for data to tailor responses to address the range of needs reported qualitatively to the panel.

The review has included a scan of available data and research on the impact of COVID-19 on children and youth. In general, although areas of strength can be observed, timely and reliable information about impact is observed to be very limited, and fragmented within individual ministries or service systems. Moreover, the data that is available needs to be considered cautiously, given the disruptions in service access and functioning.[107]

The challenge at hand, however, requires a much broader effort to integrate data from multiple provincial ministries with diverse inputs from Alberta Health Services, local service systems, community partners, universities, and the education system. Moreover, new research and information gathering is required to address gaps. For example, early childhood development data is not systematically collected, and information gaps were identified related to domestic violence, infants and preschool children, and access to community-based supports.

It is not enough to collect better data and evidence; it is also important that the data is timely and can be applied to inform decisions. The COVID-19 experience has created urgency in being able to understand and also to respond to impacts on children and youth (i.e., leveraging data to inform a coordinated, provincial response to domestic violence, increased incidents of racism, and accountabilities associated with Truth and Reconciliation). This means that a long-term strategy around measurement alone will not be sufficient – there is immediate need to fill information gaps and bring together intelligence that can help promote protective factors and mitigate risks of toxic stressors. This work could be strengthened through a focus across Ministries, and by including data from community-based service systems.

Appendix A: Child and Youth Well-Being Panel Members

The Child and Youth Well-being panel was co-chaired by Children's Services Minister **Rebecca Schulz** and **Matt Jones**, MLA for Calgary-Southeast. Panel membership included the following health, education, and child well-being experts:
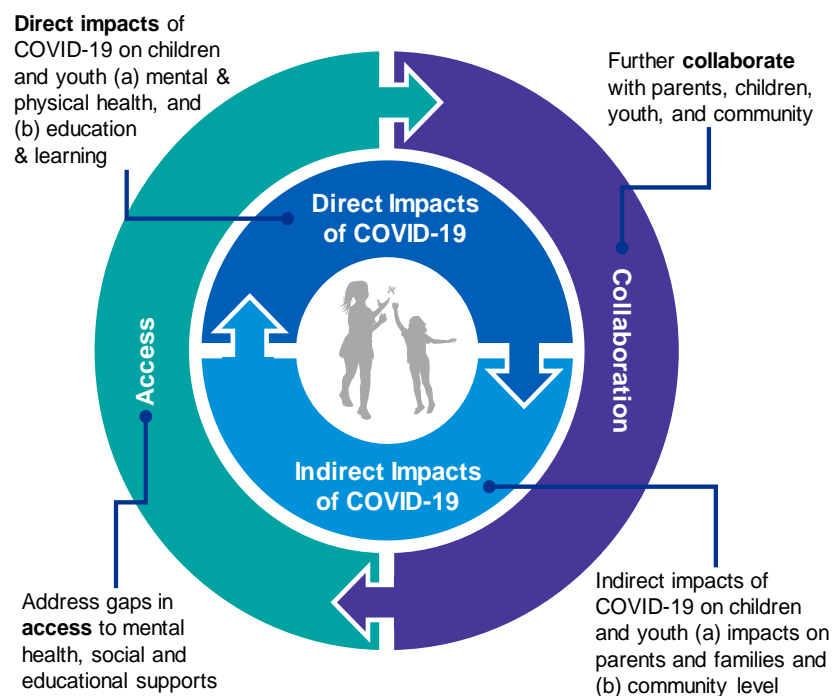
- **Carol Carifelle-Brzezicki**: Carol has worked extensively in the Indigenous community for the last three decades and is a member of Peavine Métis Settlement. Carol completed a master's degree in Health Studies Center from the Nursing and Health Studies at Athabasca University. She has been a Social Worker for more than twenty years.

- **Dana Fulwiler:** Dana has been a public-school educator in Alberta for 15 years and offers expertise in well-being science and research, resilience, positive mental health and education. She holds a Master and Bachelor of Education from the University of Saskatchewan and a Master of Applied Positive Psychology from the University of Pennsylvania, where she has studied well-being in education and served as an Assistant Instructor.

- **Nancy Mannix JD**: Nancy Mannix is the Chair and Patron of the Palix Foundation, a private foundation that supports improved health and wellness outcomes for children and families. Nancy has served as a member of the Alberta Innovates-Health Solutions Board and has worked with Calgary Health Trust and the Canada West Foundation. She has served on boards such as the Alberta Heritage Foundation for Medical Research and the Alberta Bone and Joint Health Institute.

- **Dr. Kelly Schwartz**: Dr. Kelly Dean Schwartz is Associate Professor, School and Applied Child Psychology, in the Werklund School of Education, University of Calgary. As a registered psychologist, Dr. Schwartz has been engaged in the study of children, youth and families for over 25 years, most notably focusing on the development assets and family strengths contributing to healthy development and thriving.

- **Jennifer Turner**: Jennifer Turner is the Superintendent of Schools at Fort McMurray Public school division in Fort McMurray. She is also a Registered Psychologist and has worked with the Werklund School of Education at the University of Calgary as an internship supervisor with the Masters of Applied School Psychology program. Jennifer has served in a variety of roles within education for over 26 years with a focus on mental health, well-being, and inclusion.

Appendix B: Research Framework

A Research Framework was developed to guide data gathering and analysis efforts across all streams of research and engagement. Based on the mandate of and direction from the Panel, the following areas of focus were identified:

- **Impact:** understanding the effects of the pandemic on children and youth, including:
  - **Direct impacts**: mental and physical health, social, education and learning impacts to children and youth; and
  - **Indirect impacts**: impact on parents, families and communities.
- **Access:** understanding the experience of service access during the pandemic to gain mental, social and educational supports. This also included analyzing what gaps and challenges were experienced by children and youth, and how service access changed during the pandemic.
- **Collaboration:** understanding how collaboration efforts changed during the pandemic, and what structures for working together and engagement are needed to understand changes to services and impact.

Summary: Research Framework

Direct impacts of COVID-19 on children and youth (a) mental & physical health, and (b) education & learning

Further **collaborate** with parents, children, youth, and community

Direct Impacts of COVID-19

Access

Collaboration

Indirect Impacts of COVID-19

Address gaps in **access** to mental health, social and educational supports

Indirect impacts of COVID-19 on children and youth (a) impacts on parents and families and (b) community level

Research Questions

Under each of the three areas of focus, more detailed research questions were developed, as well as sub-questions. These more specific lines of inquiry helped to shape investigation through research and engagement.

Research Questions	Sub-Questions / Lines of Inquiry
Impact	
What have been the impacts of the pandemic on the health and well-being of children and youth?	• What do children and youth tell us about the impacts of the pandemic? How well does that align with available data? • What impacts have been observed or reported? • To what extent are impacts likely to persist as public health restrictions are lifted? • How have impacts on families and social networks in turn affected children and youth? • How did use of emergency or urgent services for children and youth change? • What research or reporting is available to show pandemic impacts in Alberta, Canada, and other jurisdictions? • How has the pandemic impacted diverse groups differently?
What are some existing measures that will show a change in health and well-being of children and youth as public health restrictions are lifted and/or services change?	• What measures are already being monitored by government and community partners? • What changes were observed in measures of health and safety for children? • What indicators are being tracked or reported in other jurisdictions to show changes that have been recorded or are expected?
What data exists in government systems or community that could be used to show changes in child and youth health and well-being over time?	• What population health and well-being indicators should be monitored to discern impact over time? • Are any changes required to how information is collected, analyzed or reported in order to measure impact over time?
Access	
What was the experience of service access during the pandemic to mental health, social and educational supports?	• What services were accessed during the pandemic? • How did indicators of demand for services change? • How did service access differ for different populations?
What service gaps or challenges were experienced?	• What services were oversubscribed or unavailable? • Were certain populations unable or unwilling to access services? (e.g., young children, Indigenous youth, persons experiencing disability, people living in poverty, etc.) • What new or increased service needs were experienced?

Research Questions	Sub-Questions / Lines of Inquiry
How did service access change during the pandemic?	• How did access pathways change during public health restrictions? • What were the impacts of the shift to virtual services for children, youth, and families? • How did the experience of locating, navigating, and being referred to services change? • What barriers to access were increased or decreased during the pandemic? • How did other governments adapt services that support well-being for children and youth?
Collaboration	
How did collaboration efforts change during the pandemic?	• How did the kinds of collaborations required shift during public health restrictions? What enabled these changes? • How was collaboration enabled or supported by the shift to virtual services experienced during the pandemic? • How did the province and other governments support community or service collaboration during the pandemic?
What structures for collaboration and engagement are needed to understand changes to services and impact?	• What were the strengths and weaknesses of existing means for government and providers to collaborate? • What are some promising examples of innovative collaboration to address well-being of children and youth during COVID-19, both in Alberta and in other jurisdictions? • What mechanisms for engagement and collaboration are being requested by partners and community agencies? • What population-specific collaborations could strengthen health and well-being?
How can we ensure that the voices of children and youth are directly informing our change efforts?	• What platforms exist for children and youth to provide feedback, identify issues, and communicate changing needs? How were existing mechanisms used and changed during the pandemic? • What mechanisms for engaging children and youth were deployed in other jurisdictions in response to the demands of COVID-19?

Appendix C: Well-being and Resiliency

The Well-being and Resiliency Framework provides rationale and describes how Children's Services works to promote well-being and resiliency in the infants, children, youth and families we serve. It defines the key elements of the prevention continuum of services, identifies desired outcomes, supports decision making regarding service delivery and provides an understanding of how trauma impacts development. Under this Framework:

Well-being and resiliency are inextricably linked. **Well-being** is achieved when infants, children and youth are physically and emotionally safe, have secure, healthy relationships, have connection to culture and community and have opportunities to grow and develop to their full potential. Well-being encompasses physical, cognitive, social, emotional and spiritual health, as well as factors like safety and security, supportive and nurturing relationships, a sense of purpose and belonging within a family and a community.

Resiliency is the ability to maintain or quickly return to a state of well-being, even in the face of significant hardship, adversity or stress. Developing resiliency starts at infancy and continues through young adulthood.

The Framework focuses on improving child development and well-being among infants, children, youth, and families. The following well-being and resiliency model was developed to demonstrate:

- An umbrella of support - offered through prevention and early intervention programs funded by the government that contribute to strengthening protective factors.

- A continuum of programming - that promotes equity for Albertans.

- A strong foundation of services - critical to supporting effective program delivery.

Figure: Well-being and Resiliency Model[108]

The Well-Being and Resiliency Model

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This review has been informed by the strong base of research and evidence that underpins the Well-Being and Resiliency Framework. In particular, the importance of healthy brain development, avoiding Adverse Childhood Experiences, and building protective factors underlies the significant attention paid within this report to the supports and relationships that children and youth need to grow and thrive.

Toxic stress occurs when caring adults are not able to buffer the effects of experiences like abuse, neglect or parental substance use.

Well-Being and Resiliency and the Brain Science - The importance of these impacts on development, however, is clear. As described in the Well-Being and Resiliency Framework:

> *Brains are built over time and the foundations of brain architecture are built early in life. Early experiences affect the nature and quality of the brain's developing architecture and positively or negatively affect lifelong learning, behaviour and health outcomes. Brain research shows that nurturing, responsive and stable relationships are essential for healthy brain development. These healthy interactions and experiences shape the developing brain in positive ways, while negative experiences interrupt brain development and negatively impact learning, behaviour and well-being.*

> *Although the brain retains the capacity to adapt and change throughout life, this capacity decreases with age. Building more advanced cognitive, social and emotional skills on a weak foundation is far more difficult and less effective than getting things right from the beginning. Once established, a weak foundation can have detrimental effects on further brain development, even if a healthy environment is in place at a later age. The effects of adverse experiences on a child's developing brain increases the risk of long-term mental and physical health problems. To minimize these long-term health issues and protect infants, children and youth from the effects of toxic stress, we must increase the number of protective factors in their lives while decreasing risk factors.*

Adverse Childhood Experiences

Adverse Childhood Experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years) such as experiencing violence, abuse, or neglect; witnessing violence in the home; or having a family member attempt or die by suicide. The childhood years, from the prenatal period to late adolescence, are the "building block" years that help set the stage for adult relationships, behaviors, health, and social outcomes. ACEs and associated conditions can cause toxic stress.[109] The term "toxic stress" refers to a wide array of biological changes that occur at the molecular, cellular, and behavioral levels when there is prolonged or significant adversity in the absence of mitigating social-emotional buffers.[110] A large and growing body of research indicates that toxic stress during childhood can harm the most basic levels of the nervous, endocrine, and immune systems, and that such exposures can even alter the physical structure of DNA (epigenetic effects). Changes to the brain from toxic stress can affect such things as attention, impulsive behavior, decision-making, learning, emotion, and response to stress.[111]

Youth with 3 or more ACEs, compared to those without ACEs, have reported poorer quality of life and higher symptoms of PTSD, depression, and anxiety.[112] Further research also shows correlation between ACE and an array of adverse mental health outcomes in adulthood.[113]

The base of evidence about brain development and the role played by ACEs underscore the need for protective factors that help children and youth avoid or mitigate toxic stress.

Appendix D: Engagement

The Child and Youth Well-Being (CYWB) Panel has engaged children and youth, parents, researchers, educators, health care professionals, mental health experts, service providers, and others with a stake in child and youth well-being through a variety of channels.

Between May and August 2021, a variety of engagement activities have taken place, including:

- Round table discussions with targeted groups;
- Telephone town halls with the public and targeted groups;
- MLA-led round table discussion with constituents;
- Written input invited via email; and
- Public surveys, which were used to gather a broad base of perspectives of child and youth well-being in Alberta:
    - Adult survey – Designed for parents and caregivers, professionals who work with children and youth, and other Albertans (e.g., grandparents and others who are close to children and youth)
    - Youth survey – Designed for children and youth under the age of 19.

Both surveys were posted on the Government of Alberta website and made available to the general public in both English and French. The surveys were live from May 27 until July 31, 2021.

Engagement Methodology

The format and structure of each type of session followed a similar approach. Discussions were hosted by panel Co-chairs, who kicked off the discussion, and invited participants to share their perspectives on the impacts of the pandemic on child and youth well-being.

In all types of engagement activities, the discussion centred on three questions:

1. What impact has the pandemic had on social, mental, physical and educational well-being of children and youth that you work with or that you provide programs and support for?
2. What support or resources or programs helped mitigate those impacts?
3. What supports or resources or programs would you recommend the government consider to address those impacts going forward?

The approach for each type of engagement (except for surveys) is summarized as follows:

1. **Round table discussions** with targeted groups.
   Engagement groupings were identified by examining the supports and services that children, youth, and their families might interact with on a daily basis, as well as recognizing the importance of gathering input directly from youth and parents. The identified audiences were:

   - Indigenous service providers
   - Academics & researchers (2 sessions)
   - Health and mental health professionals (2 sessions)
   - School administration and support staff
   - Francophone education participants
   - Youth

- Law and law enforcement

- Teachers

- Child- and youth-serving organizations

- Parents

- Community service providers

- Child-care providers

- Residential Addiction Treatment

- Non-profit harm reduction participants

A total of 16 round table sessions were held, engaging 127 individuals representing 98 organizations. These sessions were run by invitation only, with contact lists generated by provincial Ministries, and were held via Zoom.

2. **Telephone town halls** with the public and targeted groups
The identified audiences for telephone town halls were:

- General public (2 sessions) - 41 and 42 participants

- Health professionals - 27 participants

- Educational professionals - 217 participants

- Community supports and civil societies (2 sessions) - 211 and 121 participants

Participating organizations were asked via email to invite their staff and members to attend the telephone town hall meetings. The general public were invited through an advertising campaign, which directed interested participants to the Review web page at www.alberta.ca/child-and-youth-well-being-review.aspx. The campaign included boosted posts on Facebook, Instagram and Twitter, Search Engine Marketing (SEM) on Google and Bing sites, and banner ads on the Google Display Network.

A total of 659 individuals participated in six telephone town halls.

3. **MLA-led discussions** with constituents
Fifteen MLA / constituency-focused discussions in both round table and town hall format have taken place since June 30, 2021. The MLA from the hosting constituency co-hosted the discussions with one or both of the panel co-chairs.

Invitees were recommended by the hosting constituency. For town halls, the general public were invited to participate through posts on social media, newspapers, or other advertisements. The round tables generally targeted child- and youth-serving community organizations from the local constituencies, specific school administration members (teachers, school board trustees, superintendents), or specific parents and caregivers that MLAs had heard from over the course of the pandemic.

The fifteen MLA-led sessions were:

- Calgary-Acadia virtual roundtable – June 30

- Lacombe-Ponoka virtual roundtable – July 5

- Banff-Kananaskis in-person townhall– July 6

- Camrose virtual townhall – July 12

- Highwood virtual roundtable– July 20

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- Lethbridge-East in-person roundtable – July 22
- Livingston-Macleod roundtable – July 22
- Brooks-Medicine Hat townhall – August 5
- Grande Prairie in-person townhall - August 9
- Peace River (high level) roundtable - August 10
- Peace River (La Crete Minor Hockey Association) roundtable - August 11
- Airdrie-East roundtable - August 19
- Spruce Grove-Stony Plain roundtable - August 23
- Calgary-Klein roundtable - September 8
- Lac Ste Anne-Parkland roundtable - September 8

4. **Written Submissions** – Engagement participants and visitors to the Child and Youth Well-being Review website (www.alberta.ca/child-and-youth-well-being-review.aspx) were invited to share their perspectives in writing via email to the dedicated address for the Review (cy.well-being@gov.ab.ca). A total of 96 submissions were received.

5. **Survey** – The engagement surveys were developed through cross-ministry collaboration with Children's Services, Health and Education, and input from panel members. The surveys were live from May 27 until July 31, 2021, and participation was promoted through social media and other forms of advertising. The Youth survey was distributed through Alberta school divisions, who provided the link to parents. A total of 9,176 Albertans responded to the two surveys, including:

- 524 Children and youth respondents to the Youth Survey;
- 7,067 Parents / caregivers;
- 1,358 respondents identifying as Professionals who work with children and youth;
- 227 respondents identifying as "Other Albertans" (e.g., neither parents / caregivers nor professionals)

The table on the next page provides further information about the breakdown of respondents to the survey.

Respondent Types		Number of Respondents
Parents / caregivers		**7,067**
Geographic Region	Calgary and surrounding areas	2,281
	Edmonton and surrounding areas	1,572
	Urban (Fort McMurray, Grande Prairie, Red Deer, Lethbridge, Medicine Hat, Lloydminster)	814
	Rural (Northwest, Northeast, Central, South)	2,329
Indigenous Identity	Indigenous	270
	Non-Indigenous	6,696
Pre-tax Household Income	$20-39K	351
	$40-59K	456
	$60-79K	621
	$80-99K	870
	$100-149K	1,527
	$150K+	1,793
Number of children in home	1	1,736
	2	3,353
	3	1,283
	4	427
	5	84
	6+	46
Language	French Respondents	26
Professionals		1,358
Geographic Region	Calgary and surrounding areas	145
	Edmonton and surrounding areas	244
	Urban (Fort McMurray, Grande Prairie, Red Deer, Lethbridge, Medicine Hat, Lloydminster)	292
	Rural (Northwest, Northeast, Central, South)	449
Indigenous Identity	Indigenous	60
	Non-Indigenous	1,271
Language	French Responses	9
Other Albertans		227
Geographic Region	Calgary and surrounding areas	32
	Edmonton and surrounding areas	39
	Urban (Fort McMurray, Grande Prairie, Red Deer, Lethbridge, Medicine Hat, Lloydminster)	29
	Rural (Northwest, Northeast, Central, South)	66
Indigenous Identity	Indigenous	10
	Non-Indigenous	206
Pre-tax Household Income	$20-39K	22
	$40-59K	22
	$60-79K	25
	$80-99K	18
	$100-149K	23
	$150K+	28

Respondent Types		Number of Respondents
Number of children in home	1	22
	2	32
	3	5
	4	5
	5	1
	6+	1
Language	French Responses	2
Children and Youth		524
Age	9 or younger	98
	10-11	70
	12-13	84
	14-15	94
	16-17	113
	18-19	39
Language	French Responses	1
Total number respondents		**9,176**

Survey Questions

As part of this engagement, two surveys were used to gather a broad base of perspectives of child and youth well-being in Alberta:

- Adult survey – Designed for parents and caregivers, professionals who work with children and youth, and other Albertans (e.g., grandparents and others who are close to children and youth)

- Youth survey – Designed for children and youth under the age of 19.

Questions from Youth Survey

1. **Please indicate if you are...**

    - I am 16 years of age or older

    - I am under 16 years old

    - I am a parent or guardian of an individual under 16 years of age

2. **Answer this question only if you have not chosen I am 16 years of age or older for**

I understand participation in the survey is voluntary and each question is optional. My child can change their mind about completing the survey by not submitting their responses at the end of the survey.

    - I consent to my child participating in this survey.

    - I do not consent to my child participating in this survey.

3. **I understand participation in the survey is voluntary and each question is optional. I can change my mind about completing the survey by not submitting my responses at the end of the survey.**

- I am over the age of 16 years old and understand and agree to the above.

- I am over the age of 16 years old and do not want to participate.

- I am under the age of 16 years old and have received my parent or guardian's permission to complete this survey.

- I am under the age of 16 years old and did not get my parent or guardian's permission to complete this survey.

4. **How old are you? (Choose any one option)**

   - Numbers 1 through 19 available as options

5. **What grade were you in this past school year (2020-2021)? (Choose any one option)**

   - Kindergarten

   - Grade 1

   - Grade 2

   - Grade 3

   - Grade 4

   - Grade 5

   - Grade 6

   - Grade 7

   - Grade 8

   - Grade 9

   - Grade 10

   - Grade 11

   - Grade 12

   - Not in school

6. **What has been the easiest thing to change or deal with during the pandemic? What made it easy?**

7. **What has been the hardest thing to change or deal with during the pandemic? What helped you deal with it?**

Thinking about the next few months and Alberta's Open for Summer plan...

8. **How confident are you that your mental well-being will return to how it was before the pandemic?**

   - Not at all confident

   - Not very confident

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- Don't know/unsure

- Somewhat confident

- Very confident

9. **How confident are you that your social well-being will return to how it was before the pandemic?**

  - Not at all confident

  - Not very confident

  - Don't know/unsure

  - Somewhat confident

  - Very confident

10. **How confident are you that your physical well-being will return to how it was before the pandemic?**

  - Not at all confident

  - Not very confident

  - Don't know/unsure

  - Somewhat confident

  - Very confident

11. **How confident are you that your educational well-being will return to how it was before the pandemic?**

  - Not at all confident

  - Not very confident

  - Don't know/unsure

  - Somewhat confident

  - Very confident

12. **Think about your mental, social, physical, and educational well-being.**

What is one thing that you wish could change right now to help you feel more comfortable, happy, and healthy?

13. **If you changed from in person learning to online learning or vice-versa at any time during the pandemic, please use this space to share any other thoughts you have about your experience**

14. **During the pandemic I had access to the technology I needed to fully participate in online learning**

  - Strongly agree

  - Agree

- Neutral/Don't know

- Disagree

- Strongly disagree

- This does not apply to me

15. **Think about how and if you stayed connected with your friends during the pandemic to answer the questions below. During the pandemic, I have been able to stay connected to my friends and maintain healthy relationships:**

Questions	Strongly Agree	Agree	Neutral/Don't know	Disagree	Strongly Disagree	This does not apply to me
In person						
Online						
Through social media						
Through gaming						
By phone						
By text						

16. **How have the following changed for you since the pandemic started?**

Questions	Increased	Decreased	This does not apply to me	Remained the same
Screen time (e.g. TV, computer,etc.)				
Use of social media				
Bullying				
Amount of sleep				
Healthy eating				
Physical activity				
Ability to do things on my own (without help)				
Motivation				
Misuse of drugs, alcohol, smoking, or vaping				

17. When you need help or someone to talk to, where do you go? (Choose all that apply)

- Parent

- Relative

- Friend

- Teacher

- Counsellor

- Non-profit/Community organization

- Other (please specify)

18. What have you learned about yourself during the pandemic? Use this space to share your thoughts.

1. **Which of the following best represents the perspective from which you will be responding to this survey?**

    - Parent, guardian or caregiver

    - Professional that supports or works with children/youth

    - Other Albertan

2. **What are the first three characters of your postal code?**

3. **Do you identify as Indigenous, that is, First Nations, Métis, or Inuit?**

    - Yes

    - No

    - I prefer Not to answer

4. **Answer this question only if you have chosen Yes for Do you identify as Indigenous, that is, First Nations, Métis, or Inuit?**

Are you...

    - First Nations

    - Inuit

    - Métis

    - I prefer not to answer

5. **Do you identify as a member of a visible minority in Canada? (Note: The Employment Equity Act defines visible minorities as "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour.")**

    - Yes

    - No

    - I prefer Not to answer

6. **Answer this question only if you have chosen Yes for Do you identify as a member of a visible minority in Canada? (Note: The Employment Equity Act defines visible minorities as "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour.")**

Which of the following do you primarily identify as?

    - South Asian (e.g., East Indian, Pakistani, Sri Lankan)

    - Chinese

    - Black

    - Filipino

    - Arab

- Latin American

- Southeast Asian (e.g., Vietnamese, Cambodian, Laotian, Thai)

- West Asian (e.g., Iranian, Afghan)

- Korean

- Japanese

- Prefer not to answer

- Other group (please specify)

7. **I am a parent, guardian or caregiver to a child(ren)/youth with additional mental, physical or developmental needs or disability.**

- Yes

- No

- Prefer not to say

- Not Applicable

8. **Would you say that your total household income before taxes is…?**

- Less than $20,000

- $20,000 to less than $40,000

- $40,000 to less than $60,000

- $60,000 to less than $80,000

- $80,000 to less than $100,000

- $100,000 to less than $150,000

- $150,000 or more Prefer not to answer

9. **How many children/youth live in your home? (include anyone under the age of 19)**

- 1

- 2

- 3

- 4

- 5

- 6 or more None

10. **Answer this question only if you have not chosen None for How many children/youth live in your home? (include anyone under the age of 19)**

For child/youth 1, what age are they?

- 0 to 5 years old

- 6 to 12 years old

- 13 to 15 years old

- 16 to 18 years old

- 19 years old

11. Answer this question only if you have not chosen None for How many children/youth live in your home? (include anyone under the age of 19)

For child/youth 1, what grade are they currently in?

- Kindergarten

- Grade 1

- Grade 2

- Grade 3

- Grade 4

- Grade 5

- Grade 6

- Grade 7

- Grade 8

- Grade 9

- Grade 10

- Grade 11

- Grade 12

- They are not currently attending school

12. Answer this question only if you have not chosen None for How many children/youth live in your home? (include anyone under the age of 19)

Add second child/youth?

- Yes

- No

Respondents had the ability to add up to 7 children/youth and answer these same questions (age, grade) for each.

13. Based on what you have observed with your child(ren)/youth, how has their mental, social, physical, and educational wellness changed since the start of the pandemic?

Questions	Significantly Improved	Improved	Remained the same	Worsened	Significantly Worsened
Mental wellness					
Social wellness					
Physical wellness					
Educational wellness					

14. If the wellness of your child(ren)/youth has changed, how has it improved?

15. If the wellness of your child(ren)/youth has changed, how has it worsened?

16. What are some of the biggest challenges your child(ren)/youth have faced during this time period?

17. How has your own mental, social and physical wellness changed since the start of the pandemic?

Questions	Significantly Improved	Improved	Remained the same	Worsened	Significantly worsened
Mental wellness					
Social wellness					
Physical wellness					

18. What supports, services, actions would be important for you?

19. Do you believe that your state of wellness has impacted your child(ren)/youth's ability to cope mentally, physically, socially, and educationally?

- Yes
- No
- Unsure
- Prefer not to say

20. What resources or supports in your community have you accessed for your child(ren)/youth throughout the course of the pandemic? (Select all that apply)

- Health resources (physician, physical therapy, massage therapy, nutritionist, etc.)

- Mental health resources (mental health counsellor, addictions support, online or in-person services, support groups, etc.)

- Educational resources (tutoring, supports for students with additional needs, literacy support, career or post-secondary planning, etc.)

- Recreational resources (parks, swimming pools, sports teams, school-based sports, etc.)

- Social supports (after school programs, clubs, libraries, youth groups, meal programs, etc.)

- Family or community supports (family, friends, neighbours, etc.)

- Other government supports (Family Supports for Children with Disabilities, Family Resource Networks, etc.)

- Other (please specify)

21. How beneficial did you find the following resources or supports for your child(ren)/youth during the pandemic?

Questions	Very beneficial	Somewhat beneficial	Neutral	Minimally beneficial	Not beneficial at all	Not applicable/Did
Health resources (physician, physical therapy, massage therapy, nutritionist, etc.)						
Mental health resources (mental health counsellor, addictions support, online or in-person services, support groups, etc.)						
Educational resources (tutoring, after school programs, supports for students with additional needs, literacy support, career or post-secondary planning, etc.)						
Recreational resources (parks, swimming pools, sports teams, school- based sports, etc.)						

Social supports (after school programs, clubs, libraries, youth groups, etc.)					
Natural supports (family, friends, neighbours, etc.)					
Financial supports (government loans, grants, etc.)					
Other government supports (Family Supports for Children with Disabilities, Family Resource Networks, etc.)					
Other supports					

22. To what degree do you feel as though you have had access to the right resources and information to support your child(ren)/youth's wellness throughout the course of the pandemic?

Questions	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not applicable
I have had sufficient access to resources and information to support physical wellness.						
I have had sufficient access to resources and information to support mental wellness.						
I have had sufficient access to resources and information to support social wellness.						
I have had sufficient access to resources and information to support educational wellness.						

23. What other resources or supports might have helped your child(ren)/youth throughout the course of the pandemic? What else do you feel you need?

24. To what extent do you agree with the following statements regarding your child(ren)/youth?

Questions	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
My child(ren)/youth was/were able to adapt to the changes in their education/learning during the initial stages of the pandemic.					
My child(ren)/youth has/have adapted to the changes in their education/learning at the current stage of the pandemic.					
My child(ren)/youth has/have been engaged in their learning throughout the pandemic.					
The class attendance of my child(ren)/youth has remained relatively consistent throughout the pandemic.					
My child(ren)/youth has/have been able to remain connected to their friends throughout the pandemic.					

25. How has the experience of your child(ren)/youth changed since the start of the pandemic when it comes to the following?

Questions	Increased	Decreased	Remained the same	Not applicable
Substance misuse (smoking [tobacco or e-cigarettes], alcohol, cannabis)				
Screen time				
Use of social media				
Bullying				
Sleep health				
Healthy eating				
Physical activity				
Independence				
Motivation				

Appendix E: References

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