

# SOCIAL RELATIONSHIPS

## INDICATOR #29 Positive Parent Relationship

## INDICATOR #30 Trusting Adult Relationship

### DEFINITIONS

**INDICATOR #29** — Percentage of BC students in grades 7–12 who report a positive relationship with their parents, as determined by the BC Adolescent Health Survey “Family Connectedness” scale.

**INDICATOR #30** — Percentage of BC students in grades 7–12 who report a trusting relationship with an adult outside of their family.

### KEY MESSAGES

- ▶ Strong and supportive families as well as having caring adults outside the family are important **protective factors** in young peoples’ lives. Protective factors are elements of a young person’s life that foster healthy development, healthy decision-making, and healthy behaviours, even among those in challenging contexts.<sup>1</sup> This is an important social determinant of health, and supporting families and other adults to nurture children and youth is an important strategy for fostering the health and well-being of the next generation.<sup>2</sup>
- ▶ For a wide variety of family structures, there is a positive association between family caring and connectedness and youth health.<sup>3</sup> Youth who report higher levels of **family connectedness** are more likely to make healthier decisions and report “good” or “excellent” overall health<sup>1</sup> and mental health.<sup>4</sup>
- ▶ Family connectedness is a general sense of belonging and closeness to family.<sup>5</sup> Evidence shows that the more youth feel connected to their families, the less likely they are to be missing out on accessing needed health services, and the more likely they are to report “good” or “excellent” mental health.<sup>4</sup> Research also shows that a strong connection to family leads to less risky behaviour in youth.<sup>4,6</sup>
- ▶ Relationships with adults from outside the immediate family can also have a positive effect on child health outcomes, particularly on those children from disadvantaged backgrounds.
- ▶ Having family connectedness and/or relationships with adults outside the family provides an adult figure for youth to talk to if they are having serious problems. This positive connection with an adult provides social support for a child or youth and can foster healthy behaviours.<sup>1</sup>

*“There is more pressure in schools to meet demands and so there is no time to build student/adult relationships.”*

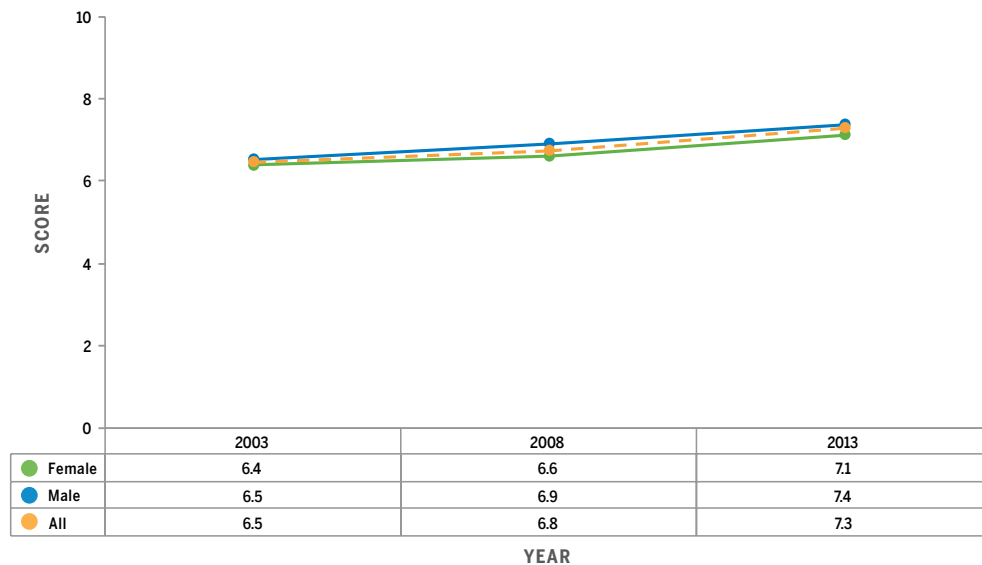
► As shown in Figure 29.1, family connectedness increased slightly among all youth grades 7–12 from 2003 to 2013. Unfortunately, Figure 30.1 shows that the percentage of those who reported having a trusting relationship with an adult (or an adult they can speak to if they were having a serious problem) decreased slightly during the same time, particularly for females.

► Both the declining trend shown in Figure 30.1 (from 87.6 per cent in 2003 to 81.6 per cent in 2013), as well as the fact that approximately 20 per cent of youth responded that they didn't have an adult in or outside of their family to talk to if they had a serious problem, are concerning.

*“Maybe social media and technology has made us disconnect with adults because we feel like they’re on a different level because they have not caught up with the technology as fast as we have.”*

*“If I were to have a fight with my parents, I would not be talking to another adult. I would Facebook or text with my friends because I feel more comfortable speaking to my friends. I feel more comfortable speaking to them than I would a counsellor. And technology makes it so much easier to contact them.”*

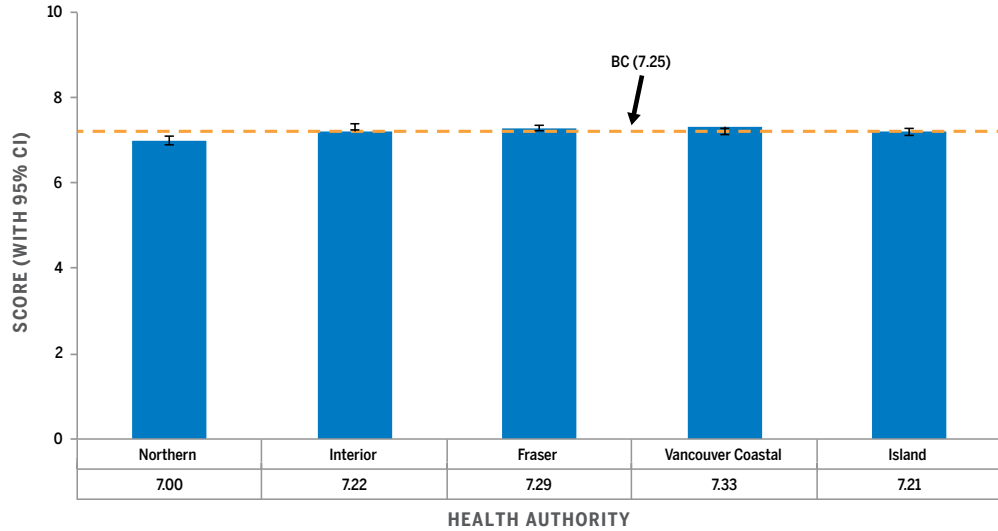
**FIG 29.1** Family Connectedness Score for Students in Grades 7-12, by Sex, BC, 2003, 2008, and 2013



**Notes:** "Family connectedness score" reflects the mean score of three items: youth feel that people in their family understand them, that their family has fun together, and that their family pays attention to them. The score ranges from zero to ten, with a higher score indicating a higher level of connectedness. The difference between years was statistically significant for all groups. See Appendix B for more information about this data source.

**Source:** McCreary Centre Society, BC Adolescent Health Survey, 2003, 2008, 2013. Prepared by the Surveillance and Epidemiology Team, BC Office of the Provincial Health Officer, 2016.

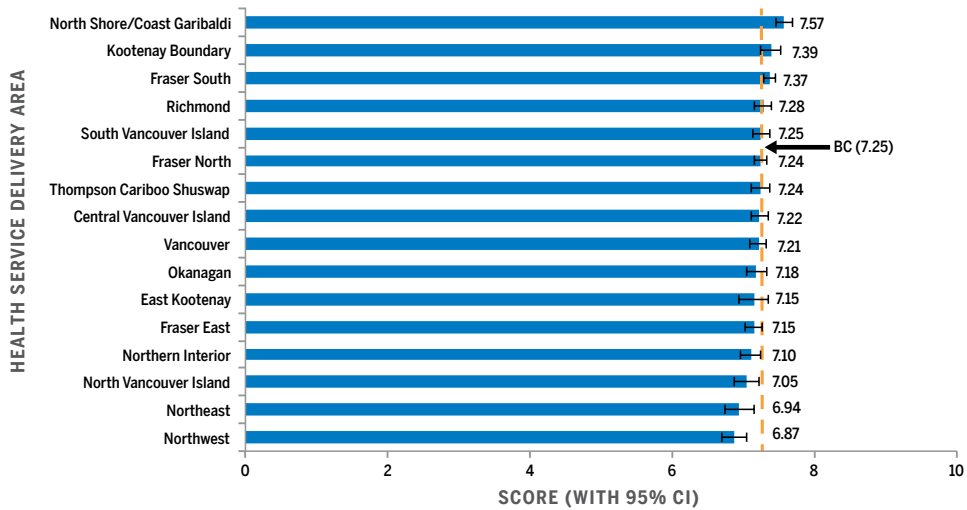
**FIG 29.2** Family Connectedness Score for Students in Grades 7-12, by Health Authority, BC, 2013



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**Source:** McCreary Centre Society, BC Adolescent Health Survey, 2013. Prepared by the Surveillance and Epidemiology Team, BC Office of the Provincial Health Officer, 2016.

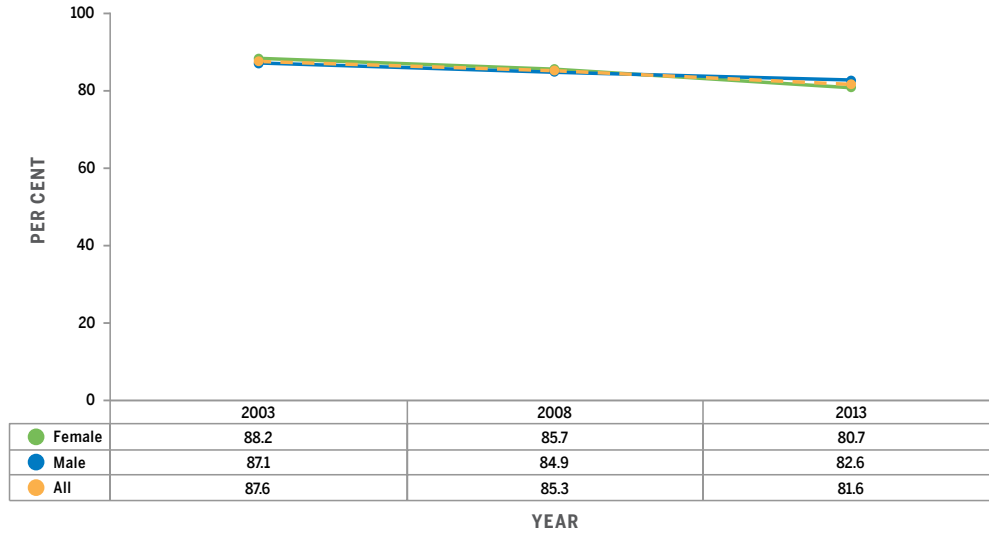
**FIG 29.3** Family Connectedness Score for Students in Grades 7-12, by Health Service Delivery Area, BC, 2013



**Notes:** "Family connectedness score" reflects the mean score of three items: youth feel that people in their family understand them, that their family has fun together, and that their family pays attention to them. The score ranges from zero to ten, with a higher score indicating a higher level of connectedness. Health service delivery area is based on the location of the school. See Appendix B for more information about this data source.

**Source:** McCreary Centre Society, BC Adolescent Health Survey, 2013. Prepared by the Surveillance and Epidemiology Team, BC Office of the Provincial Health Officer, 2016.

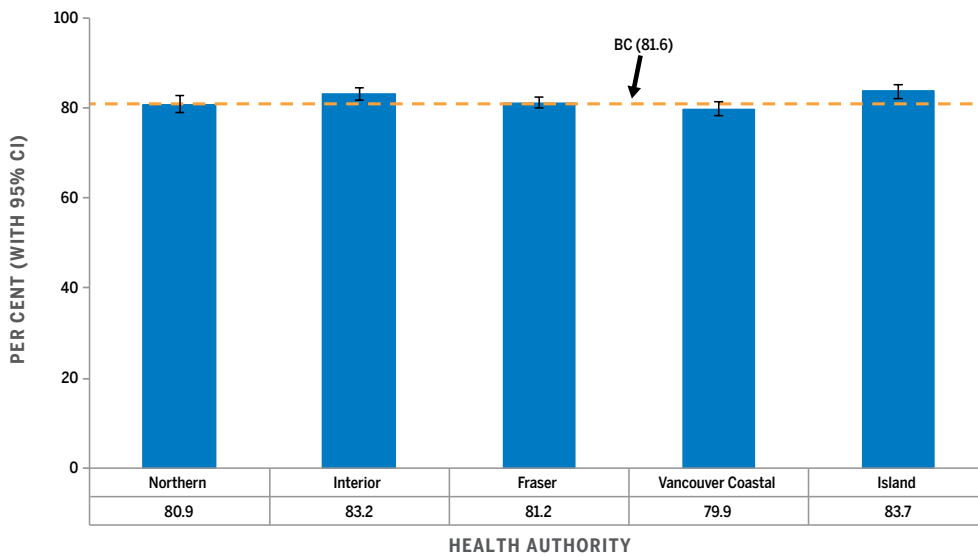
**FIG 30.1** Percentage of Students in Grades 7-12 Who Reported They Had an Adult to Talk to, by Sex, BC, 2003, 2008, and 2013



**Notes:** Responses are based on youth who felt that they had an adult to talk to if they were having a serious problem. The differences between years were statistically significant for all groups. See Appendix B for more information about this data source.

**Source:** McCreary Centre Society, BC Adolescent Health Survey, 2003, 2008, 2013. Prepared by the Surveillance and Epidemiology Team, BC Office of the Provincial Health Officer, 2016.

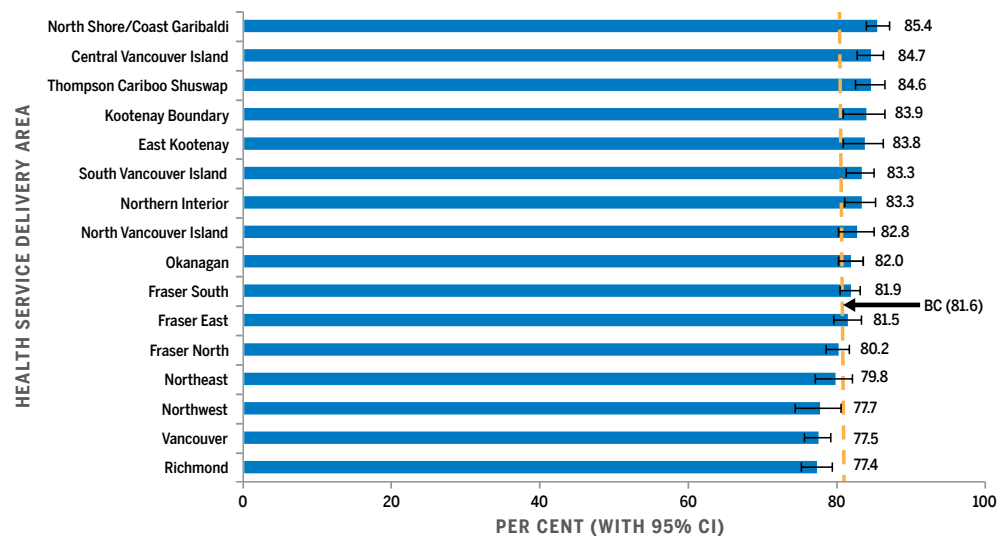
**FIG 30.2** Percentage of Students in Grades 7-12 Who Reported They Had an Adult to Talk to, by Health Authority, BC, 2013



**Notes:** Responses are based on youth who felt that they had an adult to talk to if they were having a serious problem. Health authority is based on the location of the school. See Appendix B for more information about this data source.

**Source:** McCreary Centre Society, BC Adolescent Health Survey, 2013. Prepared by the Surveillance and Epidemiology Team, BC Office of the Provincial Health Officer, 2016.

**FIG 30.3** Percentage of Students in Grades 7-12 Who Reported They Had an Adult to Talk to, by Health Service Delivery Area, BC, 2013



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**Source:** McCreary Centre Society, BC Adolescent Health Survey, 2013. Prepared by the Surveillance and Epidemiology Team, BC Office of the Provincial Health Officer, 2016.

## REFERENCES

- 1 Saewyc E, Tonkin R. Surveying adolescents: focusing on positive development. *Paediatr Child Health*. 2008 Jan;13(1):43-7.
- 2 Shonkoff J, Phillips D. *From neurons to neighborhoods - the science of early childhood development*. Washington, DC: National Academy Press; 2000.
- 3 Gottfried AE, Gottfried AW. *Redefining families: implications for children's development*. New York: Plenum Press; 1994.
- 4 Smith A, Stewart D, Poon C, Peled M, Saewyc E. *From Hastings Street to Haida Gwaii: provincial results of the 2013 BC Adolescent Health Survey*. Vancouver, BC: McCreary Centre Society; 2014.
- 5 Pivak J. *Child and youth health and well-being indicators project: appendix H – social relationships evidence review* [prepared for the Office of the Provincial Health Officer and the Canadian Institute for Health Information]. Ottawa, ON: Canadian Institute for Health Information; 2011.
- 6 Resnick MD, Bearman PS, Blum RW, Bauman KE, Harris KM, Jones J, et al. Protecting adolescents from harm—findings from the National Longitudinal Study of Adolescent Health. *JAMA*. 1997 Sep 10;278(10):823-32.