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VAUGHAN YOUTH CRIME AND VIOLENCE PREVENTION INITIATIVE "TOGETHER WE CAN STOP BULLYING"

The Health and Emergency Medical Services Committee recommends the adoption of the recommendation contained in the following report, September 17, 2003, from the Acting Commissioner of Health Services:

1. RECOMMENDATION

It is recommended that:

1. Health and Emergency Medical Services Committee and Regional Council receive this report for information.

2. PURPOSE

The purpose of this report is to inform Health and Emergency Medical Services Committee and Regional Council of the Vaughan Youth Crime and Violence Prevention initiative *Together We Can Stop Bullying*. This report outlines the incidence and perception of bullying practices in four Vaughan elementary schools and the development of a comprehensive initiative to reduce bullying.

3. BACKGROUND

The *Together We Can Stop Bullying* pilot program is the result of a Ministry of the Solicitor General funding proposal directed to police units across Ontario for the purpose of funding enforcement and violence prevention initiatives.

The York Region Health Services Department, School Team and York Regional Police, 4 Division, Vaughan prepared a joint proposal resulting in a $30,000 grant to develop a comprehensive anti-bullying prevention model targeted to elementary schools. Four Vaughan schools in the Catholic and Public School Boards agreed to participate in this pilot project.

The funds were received and administered by the York Regional Police. The *Together We Can Stop Bullying* pilot project commenced on January 1, 2002 and will end October 31, 2003 with a summary report to the Ministry of the Solicitor General.

Pre and post surveys were used to measure changes in knowledge and behaviours regarding bullying and victimization. At the time of this report, only pre-survey results were available.

4. ANALYSIS AND OPTIONS

4.1 Extent of Bullying Behaviours

Bullying and victimization were examined in data provided by over 2,000 surveys to students (grades 4-8), teachers and principals. The *Together We Can Stop Bullying* survey was conducted in January 2003. Students were asked to rate their experiences with different forms of bullying, including social exclusion, physical, and social forms of aggression.

In order to understand how the responses of students in Vaughan compared to responses given by students in other regions, comparable data from Toronto schools (1,660 students) was obtained and analysed.

4.1.1 Survey Results – Vaughan Pilot Schools

In general, boys reported higher levels of bullying and victimization than girls did, which is consistent with other data on bullying and aggressive behaviour. Since the beginning of the school year (September 2002), 44% of boys and 40% of girls indicated that they had been bullied at least once or twice by another student.

Compared to the Toronto students (8.6% of boys, 8.5% of girls) a higher proportion of Vaughan students (17.5% of boys, 14.7% of girls) reported being bullied around issues of race.

Social exclusion was also commonly reported by students. Almost one half of boys (49%) and girls (39%) reported being alone at least once or twice for recess since September, 2002.

Boys and girls reported bullying others at a similar rate in each of the four schools. Overall, 34% of boys and 21% of girls indicated that they had bullied others at least once or twice since the beginning of the school year (September 2002).

The number of students who reported bullying peers was lower than the number who reported being victimized. This discrepancy suggests that children who bully are likely to target multiple peers as victims. Bullying occurred most frequently on the playground, in classrooms, hallways and on the way to school.

Principals and teachers also identified Internet bullying as a disturbing and increasing activity among students.

On the positive side, the surveys indicated that teachers intervene when bullying takes place at a relatively high frequency. When bullying occurs, 36% of students felt that teachers “almost always” intervened and an additional 25% reported that teachers “sometimes” intervened.

Of the children who had been victimized, the majority (65%) of them had been spoken to by their parents indicating strong parental involvement.

4.2 Development of the Model and Interventions

An intervention model was developed for this project based on the *Together We Can Stop Bullying* survey data. This comprehensive in-school approach included an anti-bullying curriculum including exercises and lesson plans; the *Roots of Empathy* program; student conference; the formation of an Anti-Bullying Committee and a presentation and written materials for parents. These interventions were implemented between January to June 2003 and are described in further detail.

Due to the comprehensive nature of this project, it was decided to use a new curriculum resource, *Anti-Bullying Integrated Resource Units,* developed through the Community Alliance for York Region Education (CAYRE). Teams of teachers from the Public and Catholic School Boards including School Team Public Health Nurses wrote this enhanced support document for the 1998 Ontario Curriculum. The LaMarsh Centre York University provide their guidance and expertise throughout this project. The CAYRE document is unique in that it integrates bullying into other curriculum such as writing, reading, drama, art and music. The provincial curriculum and Ontario Physical and Health Education support document address bullying within Health and Physical Education. The advantage of an integrated curriculum is that bullying can be addressed in many instances in different subject matters while still allowing teachers to cover curriculum expectations. Students in Kindergarten to grade eight received a series of four to five lessons on bullying prevention. The lessons raised the knowledge and awareness of what behaviours bullying encompasses, and strategies for victims and bystanders to deal with bullies.

The *Roots of Empathy* program was held in each of the Public schools (the Catholic schools had a similar program already in place). This program involved weekly lessons including a parent and baby who visited the classroom monthly for the school year. The class observed and interacted with the mother and her developing child with stories and exercises designed to develop empathy. The Public Health Nurses, as certified instructors, lead the program with teacher support. The aim of the program is to teach emotional literacy and empathy, behaviours shown to decrease aggression in children.

York Regional Police delivered multiple sessions on Internet bullying.

Staff from Community Alliance for York Region Education delivered bullying prevention presentations to the senior grades.

Each school also formed an Anti-Bullying Committee consisting of an administrator, teachers, students and parents. The Public Health Nurse assisted this group in looking at the development of school policies and school activities targeted to decreasing bullying. Each committee decided to hold a daylong student conference focussed on bullying. Parents were invited to be part of the conference day and newsletters were developed and

sent home to all families with anti-bullying promotional items. Student activities included posters, participation in peer mediation programs and the development of a DVD.

4.3 Pilot Project Conclusions

This comprehensive model was well received by the students, teachers and principals. One of the key learnings of this project had to do with the commitment of the school principal. Those pilot schools with a committed and enthusiastic school principal were the most successful at having made a positive impact on bullying behaviour.

The import and impact of this project has been recognized outside York Region. Our project was selected as a presentation at the Halifax Safe Schools, Safe Communities conference in May 2003 and will be presented at the Ontario Public Health Association Conference in Windsor in November, 2003. The Canadian Public Health Association with Justice Canada has asked to include our project in their best practice review of anti-bullying programs in September 2003.

In the past, York Region has offered anti-bullying presentations to schools at their request. These presentations, although informative, have not proven effective in the long term with respect to changing behaviour. In order to effect change, Health Services staff are now working with school boards to incorporate bullying issues into classroom curriculum. This change in program delivery provides York Region students with the most comprehensive bullying program in Ontario. In fact, this program is unique to York Region. Other regions in Ontario have conducted preliminary surveys and addressed bullying through police/school board partnerships that focused on enforcement. York Region's program provides a dual focus on both education and enforcement.

The four pilot schools will continue to be supported in the 2003/2004 school year. In addition, two evening sessions will be available for parents in the pilot schools in October 2003. One session will concentrate on Internet bullying, and the other will focus on parenting skills for victimized children and children who bully.

4.4 Relationship to Vision 2026

Vision 2026 provides overall goals in the creation of strong, caring and safe communities. Responding to the needs of our residents by supporting safe and secure communities is achieved through this initiative.

The recommendations of this report also contribute to Engaged Communities and a Responsive Region.

5. FINANCIAL IMPLICATIONS

This comprehensive approach, while effective, is labour intensive. The equivalent of two FTE Public Health staff from the Child Health and Chronic Disease Prevention programs were dedicated to this program from September 2002 to June 2003 in addition to 0.5 FTE Police Officers. The Public Health staff involved in this project returned to their normal duties in the Child Health and Chronic Disease Prevention programs in June 2003.

Based on current staffing, only four schools could be given this facilitated approach every school year. With 207 publicly funded elementary schools in York Region, delivering this program will be a lengthy process. However, the intervention model including curriculum, newsletters and administrator's handbook is currently available to all York Region publicly funded schools without cost. A School Team Public Health Nurse is also available to consult with any school during and outside normal business hours. Current staffing would preclude intensive support including teacher training, organizing conference days or ongoing work with school anti-bullying committees.

6. LOCAL MUNICIPAL IMPACT

It is anticipated that as the school community commits to anti-bullying programs and empathy is promoted in children, local municipalities will see a decrease in youth violence and crime.

7. CONCLUSION

Bullying and victimization are a significant problem in York Region elementary schools. The *Together We Can Stop Bullying* pilot project developed a comprehensive model which brought students, school staff and parents together to decrease bullying behaviours. This pilot project also developed strategies for victims in dealing with bullies and demonstrated increased empathy in children.

The Health Services School Team is exploring further collaborative projects with York Regional Police and are dedicated to working with community agencies, schools and Boards of Education in York Region to address the issue of bullying.

The Senior Management Group has reviewed this report.