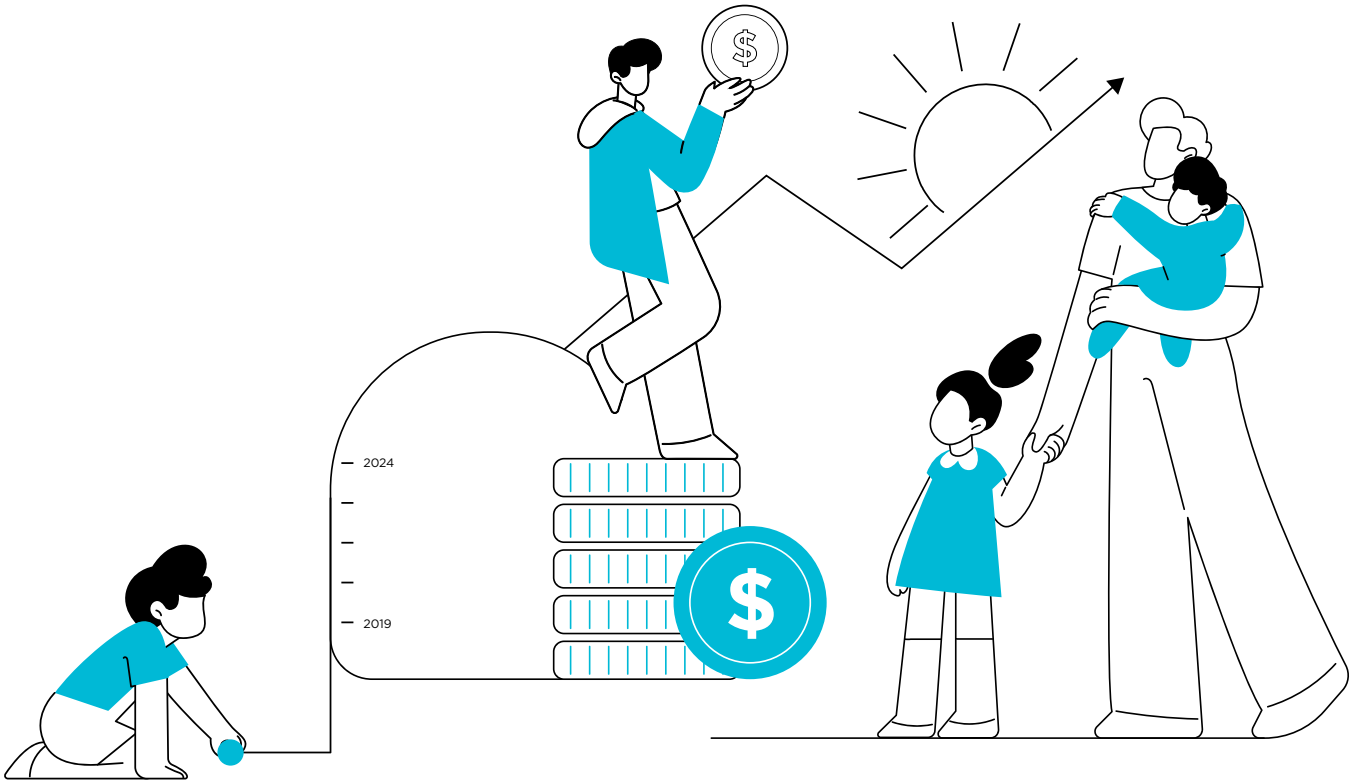
Pedianomics:

The Social Return on Investment in Improving the Health and Wellbeing of Children and Adolescents

Assessing 5-Years of Investments in the Lives of 8 Million Young Canadians and the Case for Putting Children First in Future Budgeting



RAISING CANADA® 2023

CHILDREN FIRST CANADA

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Children First Canada gratefully acknowledges the contributions of the many individuals and organizations that were involved in this report.

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Author's Note:

Children First Canada graciously acknowledges the origins of the term "Pedianomics" coined by Alex Munter, President & CEO of CHEO. The play on words combining 'paediatrics' and 'economics', aims to demonstrate the social and financial impacts directly tied to the health and health care provided for children and youth.

For more details on the concept, please watch Mr. Munter's TED Talk: www.youtube.com/watch?v=pyi44vuqwp4

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About Children First Canada

Children First Canada (CFC) is a national charitable organization that serves as a strong, effective and independent voice for all 8 million children in Canada. CFC harnesses the strength of many organizations and individuals that are committed to improving the lives of children in Canada, including children's charities and hospitals, research centres, government, corporations, community leaders, and children themselves.

CHILDREN FIRST CANADA

About Raising Canada

Children First Canada released the first Raising Canada report in 2018 in partnership with the O'Brien Institute for Public Health at the University of Calgary, in an effort to harness the latest data on the lives of children in Canada and present evidence-based public policy solutions that would contribute to CFC's vision that together we can make Canada the best place in the world for kids to grow up. The initial report in 2018 was supplemented with an Economic Analysis on three of the top 10 threats to childhood.

Raising Canada reports have since been released annually, highlighting the top 10 threats to childhood, along with Calls to Action supported by CFC's Council of Champions, which includes a diverse group of leaders from across the country who speak as a united voice for and with children in Canada, working together to urgently drive action through public awareness-raising, public policy influence, research and public engagement. Children and youth play an active role in the Raising Canada research, contributing their lived experience and expertise.

Raising Canada 2023 is a two-part series, beginning with this economic analysis and followed by a report on the latest top 10 threats to childhood. The research involves a multi-disciplinary MITACS research team from the University of Calgary and the University of Toronto, including the faculties of Social Work, Public Policy, Health, Education and Economics. Vivic Research, an economic consulting firm dedicated to empowering peers working towards social justice with data-driven research, is also a research partner in Raising Canada 2023 to aid with the economic analysis for the social return on investment in children's health and wellbeing.

For more details visit www.childrenfirstcanada.ca.

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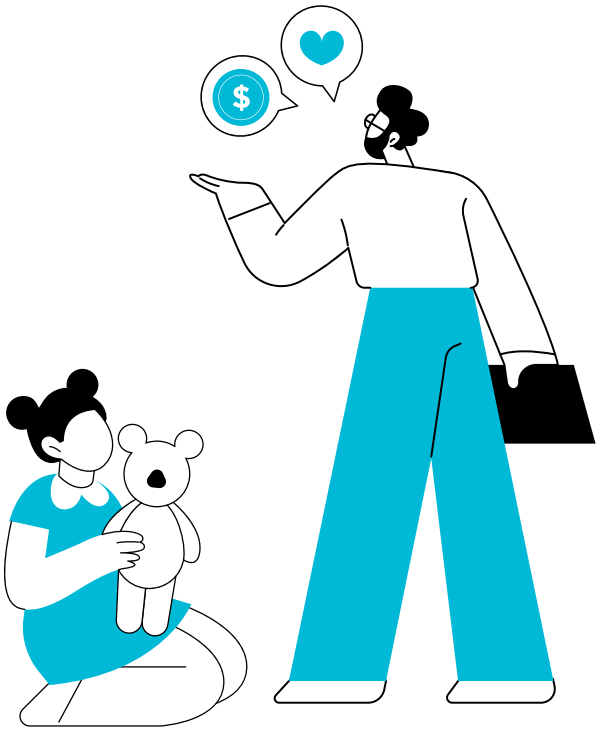


Foreword

The Case for Sustainable Paediatric Care

By Alex Munter, President and CEO, CHEO

Pedianomics is a made-up word. I know because I coined the term for a TEDx Talk I gave back in 2016.

The principle of pedianomics is relatively simple: invest in kids' health now, save for a lifetime. For them. For everyone.

In particular, investing in children's healthcare is a long-term investment in the sustainability of universal medicare. Two of every three dollars spent in Canada's healthcare system are spent on managing chronic disease. Making even a small dent in preterm births, childhood obesity and teen mental health and addiction – for example – will put kids on the path to lifelong health and save billions of dollars in health expenditures later in life. Want to ensure the viability of healthcare in the future? Invest in kids in the present.

Delaying critical interventions today not only changes kids' lives forever, it also compounds pressures on health systems, adding to chronic and acute care burdens tomorrow. (Simple, right? And yet…)

These arguments made total sense in 2016. And, as the experiences of the pandemic have driven home time and again, the principles of pedianomics are even more prescient today. Coming off a three-year marathon of battling several new and concurrent respiratory illnesses, delayed care (and the impacts of each regrettable situation where that is the case), and the mental health crisis facing our kids, the time to talk about adopting pedianomics is behind us.

We know what needs to be done. And with the health accords reached amongst federal and provincial governments, we have more money than ever to be able to act. Still, the question remains in some circles: will we?

As this report makes clear, this is not only the smart thing to do, it's the moral thing to do. It's not just about ROI and downstream savings. It's about ensuring equitable access to care and better quality of life now, for each and every child in Canada who is counting on adults to get this right.

Short-term and piecemeal solutions got us to a place where our pediatric health systems and their institutions are woefully under-resourced and undersized. They're no longer fit for purpose. Were it not for the remarkable individuals that make these systems run, they would have collapsed on themselves long ago. That is not hyperbole. It is a fact.

Governments across Canada and of all stripes have for several decades starved pediatric systems of the attention and resources they needed. While recent signals are promising, what's really needed is a long-term commitment to budgeting, innovation, and silo-busting partnerships.

Morally and money-wise, as this report underscores clearly, there is no better time than now to apply the principles of pedianomics from coast to coast to coast.

Every day matters in the life of a child. Kids should not have to wait longer than adults for surgery, to see a specialist, for therapies to address their physical or developmental disability, nor to get a diagnostic procedure.

Children are not small adults and they definitely don't deserve an under-sized health-care system. That's been true since the advent of publicly funded health care in Canada. Our generation's greatest gift to the future can be to right-size kids' care, for real.

The Urgent Need for Catalytic Investments in Canada's Greatest Natural Resource

By Sara Austin, Founder and CEO, Children First Canada

As Canada continues to build back from the devastating impacts of the COVID-19 pandemic and braces for a looming recession, it is time to rethink what we are capable of as a country and reimagine what is possible. There is an urgent and compelling need to make catalytic investments in Canada's most valuable natural resource: children and youth.

While Canadians are proud to live in one of the most prosperous and advanced nations in the world, when it comes to the wellbeing of our children, we have reason to be concerned. Over the past decade, Canada has fallen sharply from 10th to 30th place amongst OECD countries for the wellbeing of children[1], and the pandemic has made a bad situation much worse.

In 2022, the United Nations issued an independent review of Canada's implementation of the rights of children in Canada, expressing grave concerns about the welfare of children who live in Canada, particularly Indigenous children, and calling for urgent action.[1] This latest review followed a scathing report a decade ago, with the UN noting in 2022 that many recommendations from the previous report remain unaddressed.

1 https://childrenfirstcanada.org/news-happenings/statement-cfc-for-uncrc/

The kids are not alright: one-third of kids in Canada do not enjoy a safe and healthy childhood,[2] two-thirds of Canadians report experiencing abuse before the age of 15,[3] nearly one in five kids lives in poverty,[2] and suicide is a leading cause of death for children aged 10 to 14 in Canada.[2] And that's just scratching the surface. If we disaggregate the data by race, gender, geography, and physical ability, it's even more disturbing, particularly so for First Nations, Métis and Inuit children.

Pandemic restrictions have lifted, and the recent acute pediatric crisis has waned, but the impacts will be felt for years to come. Kids are grappling with massive learning loss, mental and physical health issues, and many other challenges. Children's hospitals have reported unprecedented admissions for mental health concerns, and massive backlogs in providing surgery, rehabilitation and other services that are essential for children's healthy development. Frontline agencies that provide breakfast programs, mentorship and recreational activities have seen demand for support increase exponentially, meanwhile charitable giving and volunteerism are declining.

The urgency to act has never been greater. We are facing a generational catastrophe that requires urgent and sustained support.

Children and youth are our next generation of business leaders, teachers, doctors, activists, and politicians. But they aren't just future leaders; many are already leading in their schools and communities, launching climate movements, combating racism and bullying, promoting mental health, and urging companies to align more closely with their values. However, investments in children must extend beyond their ability to contribute back to society; children have inherent rights to a life of dignity and receive the best possible care and support.

Every parent wants to see their child achieve their full potential, but they cannot do it alone. It takes much more than the proverbial village to raise a child. It takes strong public polices and strategic investments to help ensure that every child can survive and thrive.

The good news is that Canadians strongly support the need for action, and there are promising signs that help is on the way. Unprecedented levels of collaboration, research and innovation are underway, and it appears we are on the cusp of achieving transformational change in the lives of children across the country.

In April, the Assembly of First Nations and the First Nations Child and Family Caring Society announced a revised final settlement agreement with the Government of Canada, securing $23 billion in compensation for First Nations children and their families who experienced discrimination within the child welfare system. This agreement, combined

2 https://childrenfirstcanada.org/wp-content/uploads/2022/09/RC2022_CFC_RC-Report_09-02.pdf

3 www150.statcan.gc.ca/n1/pub/36-28-0001/2023001/article/00001-eng.htm

with additional budget commitments to implement Jordan's Principle and support First Nations in developing their own child and family services are important and necessary steps towards ending systemic discrimination faced by Indigenous children and their families.

Days later, the Government of Canada announced a $125 million grant for One Child Every Child, a bold health and wellness research initiative led by the University of Calgary with the aim of helping all children in Canada become the healthiest, most empowered and thriving in the world. Community support has grown the total investment to $268 million for a game changing initiative that brings together Indigenous partners, Canada's child health research institutes, equity-deserving communities, more than 130 local and national stakeholders as well as global collaborators to dramatically improve the lives of children across Canada and beyond.[4]

One Child Every Child builds on the important work of Inspiring Health Futures, an initiative led by Canadian Institutes of Health Research (CIHR), Children's Healthcare Canada, the Pediatric Chairs of Canada, and UNICEF Canada, involving a diverse group of youth, parents, service providers, youth-serving agencies, cross-sector experts and researchers. IHF's key findings and acceleration agenda were released in May 2022, providing a critical framework for action.[5]

Collaboration and momentum are also building on Parliament Hill. In May 2023, Members of Parliament and the Senate united to form an All-Party Caucus for Child Health, joining together around a shared vision of what is possible for our children. This same month, the Federal, Provincial and Territorial Senior Officials Committee Responsible for Human Rights (SOCHR) will be convening with civil society leaders to discuss the recommendations made to Canada by the United Nations Committee on the Rights of Child (UNCRC) and the need for action and accountability.

These recent developments build on decades of leadership by a much wider range of stakeholders, including the legacy of the late Landon Pearson, O.C. – known by many as the "Children's Senator" and long-time advocate for children's rights – who played a pivotal role in establishing landmark policies like Canada's national plan of action, *A Canada Fit for Children*, and campaigned for 40 plus years for a federal Commissioner for Children and Youth that has yet to be actioned. The torch was passed on to now retired Senator Jim Munson and subsequently to Senator Rosemary Moodie, whose efforts have amplified National Child Day celebrations and advanced legislation for the federal Commissioner and called for a new national strategy for children. The efforts of Dr. Kellie Leitch are also noteworthy, including an exhaustive study on the health of children in Canada, titled

4 https://research.ucalgary.ca/research/our-impact/one-child-every-child

5 www.inspiringhealthyfutures.ca

Reaching for the Top, and the subsequent launch of The Sandbox Project to foster a creative and collaborative effort for children's health.

It is evident that transformational change for children requires bold and dedicated leadership at all levels – not only of policy makers, researchers, and practitioners – but also parents and grandparents, teachers, industry leaders, and indeed all of us. It will also require the leadership of kids themselves. When young people are informed and engaged, better decisions will be made within families, schools and even at the highest levels of government. Effective and sustainable change can only happen when we act with children, not for them. Models of meaningful youth engagement in policy already exist and must continue to be supported, including the Young Canadians' Parliament and the Prime Minister's Youth Council, as they equip children and youth with the capacity and confidence to exercise their rights to be seen and heard, and affect policy decisions and investments in real-time.

There are more than eight million kids in Canada. They are not a special interest group – they are the heartbeat of our nation. Investing in kids is a down payment on our future that will bear enormous social and economic dividends for years to come. We are in a moment of time when the proverbial stars appear to be aligning, and change is on the way. We must act now. The future of Canada depends on it.

Executive Summary

Young people flourish when their health and well-being are prioritized, and their rights are protected. Canada can create long-term societal benefits by aligning its budgetary and international commitments, specifically its commitments under the UN Convention on the Rights of the Child and the Sustainable Development Goals. By embracing a comprehensive child rights budgeting approach[6], we can identify child-related spending, assess its impact on various groups of children, and monitor and evaluate its effectiveness with vigour and clarity.

Adopting a child rights budgeting approach paves the way for a more inclusive and equitable society. Children in Canada, regardless of their background, should have equal opportunities to reach their full potential. Sadly, health disparities persist among children of Indigenous and diverse communities, undermining their right to health. A comprehensive child rights budgeting approach, infused with dedication and commitment, can help dismantle these inequalities.

Childhood, a critical stage in life, has children's well-being serving as a crucial indicator of a society's overall health. Despite the importance of investing in child health, current allocations reveal a disproportionate investment compared to adults. However, research shows that a 10% reduction in adverse childhood experiences could result in annual savings of $56 billion in social costs in North America. But in 2020, provincial spending on adult health was four times higher than on children.

Investments in child health hold the potential for far-reaching benefits. Health is a crucial determinant of economic productivity throughout an individual's life. Poor health in childhood – particularly the early years -- correlates with adverse outcomes in adulthood, while healthier children tend to live longer, receive more education, lead healthier lives, and earn higher incomes. Studies reveal that the social return on investment (SROI) for child health is substantial, with every dollar invested in health yielding a return of $3.3 for the Canadian population under seventy[7]. In a recent study by Vergunst et al. (2023), it was found that young individuals diagnosed with both externalizing and internalizing mental health issues experienced a staggering $357,737 reduction in earnings compared to their peers who did not face such comorbidities. The study, spanning over four decades, sheds light on the long-term economic consequences of mental health disorders, particularly in youth. These findings reinforce the urgent need for adequate support and interventions to address mental health concerns among young individuals, not only for their well-being but also for the economic prosperity of society.

Evidence presented in this report and in the initial economic analysis of Raising Canada 2018 suggests a strong economic imperative

6 Child rights budgeting refers to the process of planning, analysing, and monitoring public budgets to ensure the effective implementation of children's rights, as established by the United Nations Convention on the Rights of the Child (UNCRC). This approach emphasizes the responsibility of governments to allocate resources to promote, protect, and fulfil children's rights, considering their best interests in budgetary decisions.

7 Workbook: Prioritizing Health: A prescription for prosperity (tableau.com)

for action. ***There is a multi-dollar price tag associated with the failure to prioritize investments in children's health.*** Conversely, there is overwhelming and compelling evidence that clearly demonstrates that investing in children and youth, and setting them on the path to lifelong health will yield great economic returns and break generational cycles of poverty in a way that can greatly benefit all Canadians.

Europe has made an increased commitment to child and adolescent health, with the WHO introducing a comprehensive strategy (World Health Organization, Europe 2014). However, recent crises have exposed health, social, and financial weaknesses. Greater involvement of young people and addressing gaps in mental and sexual health are essential for more inclusive policies. Despite Canada's higher healthcare expenditure compared to the OECD average, it lags in social spending for children aged 0-5. Scoring low on transparency and public participation (International Budget Partnership, 2021), Canada could benefit from a targeted federal and provincial budget that use a child rights lens fostering better understanding, engagement, and equitable outcomes.

Children First Canada's 2018 Economic Commentary on Raising Canada highlighted concerns in demographics, child well-being, and health. These concerns revealed a declining share of children in the population, significant childcare burdens on Indigenous families, and high rates of mental health disorders, bullying, and obesity. This updated 2023 analysis indicates some improvements, but core issues remain. Indigenous children account for 25.4% of the total Indigenous population yet investments to meet their needs and protect their rights still lags, and little progress has been made in reducing obesity and bullying rates amongst all children in Canada. Canada ranks 30th in child well-being (UNICEF Canada, n.d.), and according to a report by PROOF, an organization that researches policy options to reduce food insecurity, 15.9% of households in the ten provinces experienced some level of food insecurity in 2021. That amounts to almost 1.4 million children under the age of 18, living in food-insecure households (Tarasuk et al., 2022). These findings emphasize the need for targeted interventions and policies to address food access, affordability, and quality for vulnerable populations.

In 2019, the Canadian government released a budget booklet, 'Investing in Young Canadians', which proposed nearly $6 billion in new initiatives for children and adolescents. Key commitments included investing in a pan-Canadian suicide prevention service, combating child sexual exploitation online, and supporting Inuit children's access to health and social services. While progress was made in implementing these initiatives, more targeted investments in child and adolescent mental health were and are still needed to ensure meaningful change. Additionally, the 2019 budget did not address the healthcare needs of rural and low-income Canadians or specific health concerns such as obesity rates or chronic illnesses. Specific budget booklets on young Canadians have not been repeated since 2019, resulting in a lack of transparency and accountability concerning investments in children and youth.

This report delves into three focus areas, providing a deeper analysis of:

- recent health expenditures;
- the economic toll of the tripledemic paediatric crisis; and
- spending on child and adolescent mental health.

Further economic analysis on other aspects of child and adolescent health is warranted and should be prioritized for future research, given the opportunity to yield positive returns for children and the Canadian economy.

Canada's healthcare system relies on tax revenues for around 70% of its funding, with the federal government contributing approximately 22% of public funds through the Canada Health Transfer (CHT). According to an analysis of the Canadian Institute of Health Information (CIHI) data[8], between 2017 and 2020, provincial and territorial healthcare spending revealed an imbalance in resource allocation, with children and adolescents receiving $80 billion (11.5% of total health expenditure), while older adults received $311 billion (44.5%). This disparity highlights the need to examine healthcare priorities and the long-term implications of such allocations with a watchful eye.

Many provinces and territories lack transparent reporting of specific budget lines for general healthcare and mental health spending on children and adolescents, making it difficult to assess the true extent of investment in their well-being. This lack of transparency poses significant constraints on conducting an in-depth analysis of provincial and territorial budget commitments, ultimately hindering the realization of health rights for children and adolescents. Some jurisdictions have allocated funds to general healthcare programs, while others, such as Ontario and Saskatchewan, have committed to mental health investments but lack clarity or specific budget lines for child and adolescent mental health.

To ensure the health rights of children and adolescents, it is essential to prioritize child rights in policy and budgetary decisions. This includes promoting transparency in data reporting to facilitate the assessment of investments in child and adolescent health. By addressing the urgent need for improved transparency and reporting, we can better understand the allocation of resources, identify gaps in funding, and effectively advocate for policies that advance the health and well-being of children and adolescents across Canada.

The recent tripledemic paediatric crisis of RSV, COVID, and influenza in the Fall of 2022 exposed the urgent need for proactive investments in paediatric healthcare, shining a light on the precarious state of children's rights. Children's hospitals such as Toronto's SickKids reported a staggering 120% capacity rate and the closures of operating rooms to address the surge in demand, prompting prominent organizations, including Children's Healthcare Canada, Canadian Paediatric Society, and Canadian Association of Paediatrics Nurses, to implore governments to prioritize children's needs. They called for a comprehensive health human resources strategy, infrastructure expansion, and enhanced access to primary care.

8 National Health Expenditure Trends, EI 2017 - 2020, Canadian Institute for Health Information.

The paediatric crisis rippled beyond the healthcare system, with families struggling to balance work and caregiving responsibilities. A coalition of 'Moms, Grandmoms, and Caregivers for Kids' urged the government to address the paediatric crisis and its far-reaching consequences on children, families, the economy, and our country's future; their efforts reaching the floor of the House of Commons for discussion.

Children First Canada asked Vivic Research to analyze labour force data from 2016 to 2022 to assess the economic toll of the paediatric crisis in the Fall of 2022. The analysis revealed a disturbing pattern. Mothers with children under 12 experienced the greatest loss in productivity due to caregiving for their sick children. It amounted to an economic loss to the Canadian economy of nearly $50 million for mothers and over $13 million for fathers – a staggering combined cost of more than $60 million for the Canadian economy in just the fall of 2022.

The study uncovered that Alberta, Ontario, and Quebec bore the brunt of unexplained workdays lost, with non-immigrant mothers disproportionately affected. This suggests that immigrant mothers faced even greater challenges in taking time off to care for their sick children. Moreover, mothers with partners experienced a higher proportion of missed workdays compared to their single, divorced, or widowed counterparts, highlighting the disadvantage faced by those without the support of a partner.

Furthermore, mothers in management, business, finance, administration, and science occupations experienced more days of lost work. This could be attributed to the nature of their jobs or access to flexible work arrangements, implying that professional mothers and those who are partnered enjoyed advantages not afforded to immigrant mothers and those without partners.

Undoubtedly, the lost productivity is a concern for governments and businesses; however, the unequal challenges faced by immigrant, working-class, and single mothers who seemingly were unable to take time off during the height of a tripledemic paediatric crisis affecting children under twelve should capture everyone's attention.

To truly address these disparities and protect children's rights, targeted interventions and policies that promote equitable family leave options, flexible work arrangements, and adequate childcare support for all demographic groups are essential.

In 2017, the Canadian federal government signed bilateral agreements with provinces and territories to enhance access to home, community care, mental health, and addiction services, allocating $11 billion in targeted funding over a decade. The initial five-year agreements expired in 2022, with one-year extensions implemented for 2022-23. However, analyzing provincial and territorial budget commitments toward Mental Health for Children and Adolescents (MHCA) is complex due to the lack of transparency in using federal funds and specific budget lines for MHCA. Thus, it becomes increasingly crucial to establish clear reporting mechanisms and improved transparency to assess the true extent of investment in child and adolescent mental health.

In February 2023, Canada's federal government announced a major expansion of healthcare priorities and funding, with $196.1 billion allocated over ten years, including $46.2 billion in new funding. The 2023 Bilateral Agreements focus on four shared health priorities and include a separate $2.5 billion investment for Indigenous priorities. However, concerns exist about the nature of progress indicators, lack of disaggregated data, and insufficient focus on children and youth. The government committed $2 billion to address backlogs in paediatric care, but more targeted funding for child and youth mental health is needed.

Adopting a comprehensive child rights budgeting approach in Canada can help address the disparities and gaps in healthcare investment for children and adolescents. By focusing on prioritizing child health, dismantling inequalities, and promoting transparency and inclusiveness in budgetary allocations, Canada can pave the way for a healthier, more equitable society. This approach has the potential to yield significant long-term societal benefits and also emphasizes the need for targeted interventions, policies, and collaborative efforts to ensure the well-being and development of future generations.

PRIORITIES FOR ACTION

- **Strategy:** Form an Advisory Council for a national children/youth strategy; involve young Canadians in decisions that affect their lives.
- **Investment:** Create a $2B Catalytic Investment Fund for Children; allocate $29M for maternal/child/youth health research; earmark 25% of mental health funding for children/youth.
- **Data-driven approach:** Develop a comprehensive data strategy; collect disaggregated data on the health of children; support the continuation of the Canadian Health Survey of Children and Youth (CHSCY).
- **Equitable access:** Craft/enact policies for diverse children/youth; address systemic barriers; develop inclusive disability policies.
- **Workforce empowerment:** Expand the paediatric workforce; fund recruitment, retention, training.
- **National action plan:** Unite federal and provincial governments in a National Plan of Action for Children and Youth; include accessible paediatric medicine in Pharmacare.
- **Independent Commissioner:** Establish a federal Commissioner for Children and Youth as an independent body to protect their rights.
- **Sector monitoring/evaluation:** Revitalize Canada's national survey of child- and youth-serving decision-makers and providers.
- **SDG health indicators:** Re-evaluate the Canadian SDG framework for child and adolescent health outcomes.

*See page 48 for detailed recommendations.

Introduction

Why Focusing on Children's Rights and Needs Should Be at the Core of Government Budgets

The compelling case for governments to create budgets prioritizing children and their rights is multifaceted. Such an approach fulfils not only moral and legal obligations under international treaties, agreements and national laws, such as the United Nations Convention on the Rights of the Child (UNCRC), the Sustainable Development Goals (SDGs), and the Canadian Charter of Rights and Freedoms but also offers significant economic benefits for countries. By examining the Canadian context, it becomes evident that adopting a child rights budgeting approach is necessary and advantageous for all citizens.

One of the primary economic benefits of adopting a child rights budgeting approach is enhancing long-term human capital development. A well-educated, healthy, and skilled workforce is essential for economic growth. By investing in children's health, education, and welfare, governments cultivate a more productive workforce that can contribute to innovation and the economy (Remes et al., 2020) (Heckman, 2012). An allocation of resources using an intersectional child rights lens helps ensure that resources meet the diverse needs of all children, including those from marginalized groups.

Addressing disparities in access to resources and opportunities for children can lead to long-term savings for society by reducing social costs associated with poverty, crime, and health issues (UChicago News, n.d.). Governments can identify and address these disparities by taking an intersectional child rights approach to budgeting, promoting a more equitable and economically efficient society.

Beyond the legal, moral, and economic imperative, there is a strong social demand for prioritizing the health of children in federal expenditures. A recent national survey conducted by Abacus Data in partnership with Children's Healthcare Canada and the Pediatric Chairs of Canada found that most Canadians agree that it is time for decision-makers to put children first in health care planning and spending. Specifically, the poll found that 92 percent of Canadians (and 95 percent of parents) agree that healthcare services must urgently be bolstered to meet the needs of children and youth (Children's Healthcare Canada, n.d.).

In the Canadian context, there have been some initial steps toward incorporating a child rights lens in fiscal policy. For instance, in 2019, the federal government published the first-ever budget analysis on expenditures for children and youth, using the framework of a Gender Based Analysis lens (GBA+). The budget booklet, *Investing in Young Canadians: Budget 2019,* (Government of Canada, 2019) was an important step forward towards applying a child rights lens to fiscal policy and done in consultation with children and youth. This important and worthwhile analysis of federal expenditures on young Canadians has not been repeated as a standalone analysis since 2019. While the 2023 budget reports child and youth allocations as part of a broader Impact Statement, a separate child and youth analysis should become a regular part of the federal budget cycle to fully integrate a child rights approach into the broader budgeting process.

A comprehensive child rights budgeting approach would involve the following components:

- Identifying child-related spending within the budget and ensuring transparency in the allocation of resources;
- Assessing the impact of budgetary decisions on different groups of children, particularly those from marginalized communities, to guarantee that resource distribution is equitable; and,
- Monitoring and evaluating the effectiveness of child-related spending, adjusting policies and programs as needed to maximize positive outcomes for children.

The Canadian government can uphold its commitments to the UNCRC, the SDGs, and the Canadian Charter of Rights and Freedoms by adopting such an approach. Moreover, it can foster a more inclusive, equitable society that maximizes the potential of all its children, ultimately reaping the benefits of long-term economic growth and stability.

A Child's Right to Health

Children have a fundamental right to health, as enshrined in international conventions and national laws. Canada's commitment to protecting and promoting children's health is grounded in the United Nations Convention on the Rights of the Child (UNCRC), the Sustainable Development Goals (SDGs), the Canadian Charter of Rights and Freedoms, and the Canada Health Act. However, despite these legal frameworks, disparities and inequalities persist, particularly for First Nations, Métis, and Inuit children, Black and other racialized children, children with disabilities, and children from other diverse communities.

Article 24 of the UNCRC explicitly states that every child has the right to the highest attainable standard of health and access to healthcare services (UNCRC, 1989). Furthermore, the SDGs emphasize the importance of good health and well-being, with SDG3 outlining specific targets to reduce child mortality, improve maternal health, and combat diseases (United Nations, 2015). The Canadian Charter of Rights and Freedoms guarantees equality and freedom from discrimination based on race, national or ethnic origin, colour, religion, sex, age, or mental or physical disability (Canadian Charter of Rights and Freedoms, 1982).

The Canada Health Act, as federal legislation, is another cornerstone of the Canadian healthcare system. It establishes criteria and conditions for provincial and territorial health insurance programs to ensure access to medically necessary hospital and physician services for all residents, including children (Canada Health Act, 1984). However, despite the provisions of these legal protections, the right to health for First Nations, Métis, and Inuit children remains deeply compromised and the full rights to health of all children in Canada are not being realized.

First Nations, Métis, and Inuit children often face significant barriers to healthcare access, including limited healthcare facilities in remote communities, cultural insensitivity, and inadequate funding. These challenges have contributed to persistent health disparities, such as higher infant mortality rates, chronic illness, and mental health issues among Indigenous children compared to their non-Indigenous counterparts (Truth and Reconciliation Commission of Canada, 2015).

Indigenous children and children from racialized communities in Canada also experience significant health disparities that hinder their right to health (Ontario Human Rights Commission, n.d.). Factors such as socioeconomic status (Kirkham et al., 2013), immigration status (UBC Medical Journal, n.d.), the racial and ethnic background can contribute to unequal access to healthcare services and poorer health outcomes. For example, children living in low-income households are more likely to experience health issues such as asthma and obesity (Government of Canada, n.d.), and face barriers to accessing preventive and primary care services (Kirkham et al., 2013).

Access to comprehensive and appropriate health care services is essential for children living with disabilities and their families, as it directly impacts their quality of life, socio-economic status, and employment opportunities. Statistics indicate that persons with disabilities are less likely to be employed (59%) compared to those without disabilities (80%) (Statistics Canada, 2018), and more likely to be living in poverty. In fact, 28% of persons with more severe disabilities are living in poverty, contributing to intergenerational poverty (Statistics Canada, 2018).

Families with children with disabilities often face financial strain, with nearly 50% of these families reporting a change in their employment situation to accommodate the child's needs (ESDC, 2006). Mothers of children with disabilities are disproportionately affected, with 64.1% of impacted families indicating that the mother's employment is most affected (ESDC, 2006). Furthermore, the average household income for families with children with disabilities is significantly lower than that of families without children with disabilities.

Ensuring access to comprehensive and appropriate health care services can mitigate these disparities by addressing the unique needs of children with disabilities, providing necessary workplace accommodations, and supporting families in navigating the challenges associated with raising a child with disabilities. This can help break the cycle of intergenerational poverty and improve employability for both disabled individuals and their families, leading to a more inclusive and equitable society.

In order for all children in Canada to realize their right to health, it is crucial to address these disparities and inequalities through a budget process that includes a child rights lens, using the three components mentioned earlier. It may involve increasing funding for healthcare services in remote and underserved communities, providing culturally appropriate and accessible care, and implementing targeted interventions to support marginalized groups.

By taking these actions and integrating a child rights lens into the budgetary process, Canada can uphold its commitments under the UNCRC, the SDGs, the Canadian Charter of Rights and Freedoms, and the Canada Health Act. Ultimately, this will foster a more inclusive and equitable society that prioritizes the health and well-being of all children in Canada, ensuring the right to health is protected and promoted for every child coast to coast to coast.

The Financial Benefits of Investing in Children's Health

Childhood is a critical stage of life, with children's well-being serving as a crucial indicator of a society's overall health (Guyer et al., 2009). As the most vulnerable and dependent members of society, children rely on investments in their health to address their immediate needs and ensure preventative measures that can mitigate adverse outcomes later in life. However, the current landscape reveals a disproportionate investment in adult health compared to children.

Research assessing the costs and health impacts of interventions in child health is wide-ranging. One study estimates that a 10% reduction in adverse childhood experiences (ACEs), which often lead to mental illness and ill health later in life, would result in annual savings of $56 billion in North America (Bellis et al., 2019). Other studies focus on specific cases or interventions, such as the economic burden of asthma (Ismaila et al., 2013) or the costs of cancer care for children and adolescents in Ontario (de Oliveira et al., 2017). The latter study found that depending on the phase of treatment, the costs ranged from 1.2 to 5 times the adult costs. Similarly, children with food allergies incurred higher healthcare and out-of-pocket costs than adults (Cardwell et al., 2022). Despite this, public spending on children's health does not align with these increased costs; **in 2020, provincial spending on adult health was four times higher than on children.**

This disparity in investment raises questions about the priorities and allocation of resources in healthcare systems. By neglecting the unique needs and rights of children, society may be inadvertently contributing to long-term adverse outcomes and higher healthcare costs. Rebalancing health investments to support the well-being of children and adolescents is essential for a healthier, more equitable and prosperous future for all Canadians.

Investments in child health hold the potential for far-reaching benefits beyond simply promoting healthier lives. Health is a crucial determinant of economic productivity throughout an individual's life, as adult health status directly affects one's ability to contribute positively to society (Guyer et al., 2009). For example, Thanh (2009) estimated that lost productivity due to asthma-related absences

among working-aged individuals in Alberta amounted to between $78.1 and $94.4 million. Furthermore, Carrie et al. (2010) found a correlation between poor childhood health and adverse outcomes in adulthood, such as health, wages, and education, which can help explain socioeconomic disparities later in life. Conversely, healthier children tend to live longer, receive more education, lead healthier lives, and earn higher incomes (Currie, 2020). There are significant social benefits to investing in child health; Remes et al. (2020) found that every dollar invested in health in Canada yields a return of $3.3 for Canadians under seventy.

In the 2018 economic analysis of Raising Canada, Children First Canada identified a multi-billion-dollar price tag associated with the cost of inaction. Consider this: one in three Canadians has experienced some form of child abuse, costing an estimated $23 billion annually in court,[9] healthcare and social services costs and long-term effects on earnings; childhood obesity affects one in three kids, resulting in up to $22 billion per year in lost productivity and increased healthcare costs; and bullying affects one in five kids, costing up to $4 billion per year. We ignore these major threats to childhood at our own peril.

By emphasizing the importance of early intervention, prevention, and targeted investments, as well as the need for disaggregated data and transparent budget allocations, a compelling case can be made for prioritizing child health funding to meet unmet needs, reduce long-term health system costs, and increase human capital potential.

Comparing Child and Adolescent Health Investments: The Need for Transparency and Data-driven Approaches

In recent years, there has been progress in prioritizing child and adolescent health, guided by the United Nations' Sustainable Development Goals (SDGs) and the United Nations Convention on the Rights of the Child (UNCRC). However, transparency in federal health budgets, particularly concerning child and youth-focused investments in mental health, remains a pressing issue. Organizations such as UNICEF, the WHO, and the World Bank have called for increased transparency and more disaggregated data on these investments. However, the current data approaches must be improved, or risk potentially hindering effective decision-making and resource allocation.

Canada serves as a prime example. While the Canadian Institute for Health Information (CIHI) provides a detailed overview of health expenditures, critics argue that the complexity of the Canadian healthcare system obscures transparency and effectiveness in addressing the SDGs and UNCRC objectives. Improvements to reporting include the adoption of standardized reporting practices, public access to budgetary information, and regular audits and evaluations are essential to ensure accountability and effective resource use.

Moreover, it is crucial to emphasize the need for disaggregated data by age, income, race and other factors to identify disparities, address

9 New data from Statistics Canada released in 2023 has since estimated that the number of Canadians experiencing abuse before the age of 15 as being 60 percent of the population. This is a marked increase since the 2018 report, with significant economic repercussions. See: www150.statcan.gc.ca/n1/pub/36-28-0001/2023001/article/00001-eng.htm

inequalities, and ensure that no child is left behind. A more transparent and disaggregated approach to health budgeting will enable better-informed decisions and more effective resource targeting, ultimately creating a country where every child has the opportunity to thrive.

European Countries

Over the past decade, there has been a notable increase in the commitment to child and adolescent health globally and within Europe in particular. The WHO European region introduced its second strategy, 'Investing in Children: child and adolescent health strategy for Europe 2015-2020' (World Health Organization Regional Office for Europe, 2020), receiving an endorsement from all 53 Member States. Unfortunately, recent challenges such as the COVID-19 pandemic and the war in Ukraine have exposed vulnerabilities in the region's health, social, and financial systems, particularly concerning the lives of children and adolescents.

Although a survey of 45 Member States in the WHO European region revealed that 41 countries have adopted or are preparing child and adolescent health strategies, there is an area that demands further attention: the involvement of young people themselves. Including children and adolescents in reviewing, developing, and implementing these health strategies is vital to ensure that their distinct perspectives, experiences, and needs are incorporated when formulating policies and programs. Children have a right to participate in decisions that affect their lives, yet a mere 18% of countries surveyed involved children and adolescents in all stages of the process, 44% included them in one or two stages, and 13% excluded them entirely (World Health Organization Regional Office for Europe, 2020).

Healthcare access and quality are inconsistent across the region, with mental and sexual health emerging as areas of particular concern. Most countries (89%) recognized adolescent mental health as a crucial issue, but there was a substantial lack of country-level data on mental health indicators. Over two-thirds, (71%) of European countries offered community-based early intervention programs for young people experiencing a first episode of a severe mental health problem, such as psychosis (World Health Organization Regional Office for Europe, 2020).

Regarding sexual health, 82% of European countries have a policy on sex education in schools, but only 26 countries collected information about adolescents' knowledge of sex. Thirty-two countries reported that adolescents under 18 can access contraceptives without parental consent, but only 23 countries provided free emergency contraception. Most countries (71%) reported offering free diagnostic tests for sexually transmitted infections (STIs) to adolescents, but only 14 countries legally ensured confidentiality while accessing treatment for STIs (World Health Organization Regional Office for Europe, 2020).

Two-thirds (67%) of European countries have a strategy for health-promoting schools, 71% have a school curriculum for health education, and 24 countries have a policy on employing nurses in the school environment. Sixteen countries (36%) reported that only adolescents aged 18 can access health care

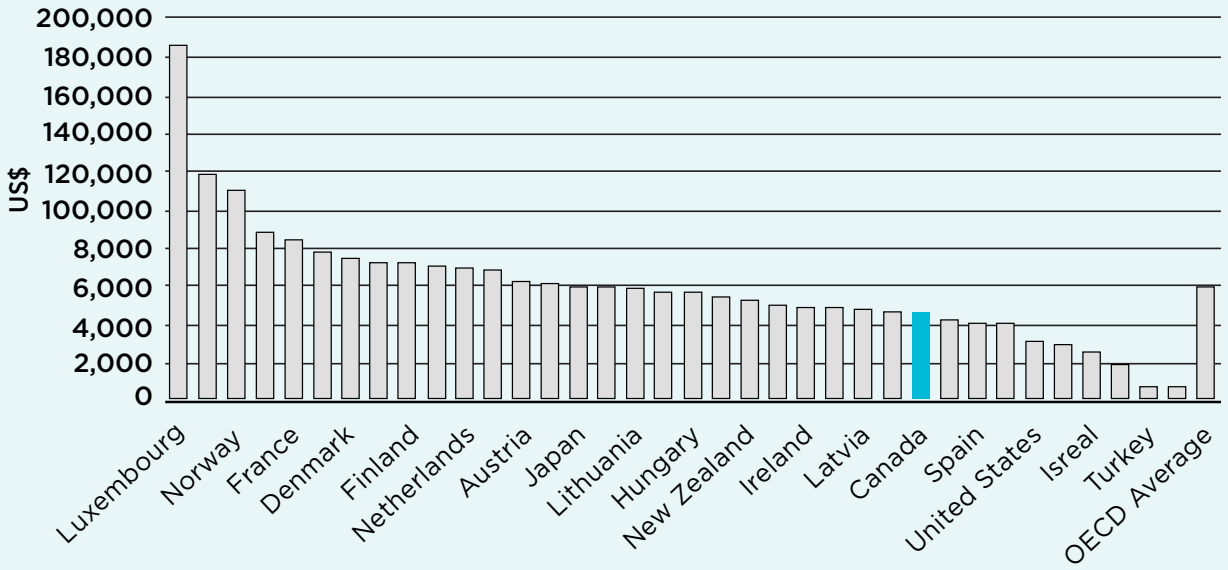
without parental consent. Only ten countries (22%) allowed adolescents to consent to health care without parental consent based on an assessment of their maturity. Most countries disaggregate health service utilization data for children by geographic location and sex (35 and 32 countries, respectively) and almost half (22 countries) by socioeconomic background. However, only nine countries provide statistics on migrant status and only seven on ethnic background. Just 35% (16 countries) systematically collect information on the health of migrant and refugee children. Sixty-two percent of countries publish child and adolescent health results as part of their SDG reporting, and 78% report that health is consistently part of their reporting under the United Nations Convention on the Rights of the Child (World Health Organization Regional Office for Europe, 2020).

Greater participation of children and adolescents in developing health strategies could lead to more effective and inclusive policies and empower young people to take ownership of their health and well-being. Addressing gaps in mental health, sexual health, and the involvement of children and adolescents in the policy-making process, supporting health-promoting schools and considering the needs of specific populations, such as migrants and refugees, will contribute to creating more inclusive, effective, and sustainable policies.

Comparative Analysis of Social Spending on Children in Canada

Canada's expenditure on healthcare is much higher than the OECD average. Of 28 OECD

FIGURE 1: OECD PER CHILD SOCIAL SPENDING ON CHILDREN AGED 0-5



Dollar values are in 2019 USD PPP.
Sources: OECD Family Database, PF 1.6, Calculations for Canada by Vivic Research (2023)

countries, Canada's expenditure on healthcare as a percentage of GDP ranks second highest, and per capita, healthcare spending ranks eighth highest (Moir & Barua, 2021). However, Canada needs to catch up with its peers regarding social spending for children ages 0-5, which consists of cash benefits, tax breaks and childcare supports, essential spending elements in early childhood (OECD, n.d.). Although this indicator may underreport spending due to provincial amounts not always being captured, it still highlights that Canada needs to do more.

Investments in early child development, including early diagnosis and interventions targeting developmental issues such as autism, yield numerous benefits for individuals and society. Paediatric health care providers are key to development monitoring (CDC, n.d.). For individuals, early interventions have been shown to improve developmental outcomes and cognitive functioning, reduce the need for special education services, and enhance the likelihood of leading productive and fulfilling lives (Daelmans et al.,2015). Such interventions provide vital support and resources for families, enabling them to better understand and manage their child's unique needs.

From a broader societal perspective, investing in early child development lead to a wide range of long-term advantages. These encompass reduced healthcare costs due to improved physical and mental health outcomes, heightened economic productivity due to increased educational attainment and employment rates, and decreased criminal behaviour and reliance on social services (Daelmans et al.,2015). Moreover, early interventions addressing developmental issues contribute to social cohesion by promoting inclusion and reducing disparities among various segments of the population (World Health Organization, n.d). By recognizing the important relationship between healthcare investments and broader social spending, Canada can work to strengthen its support for early child development and the overall well-being of citizens.

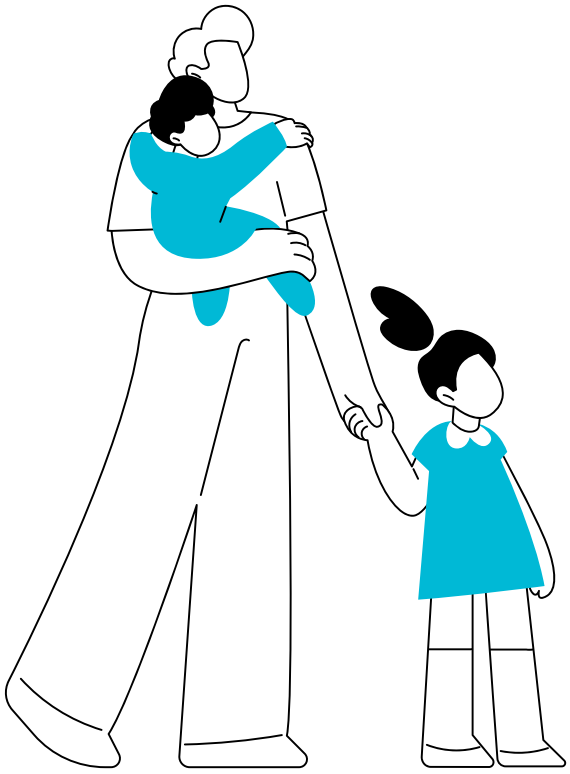
Transparency

The International Budget Partnership's (IBP) Open Budget Survey (OBS) serves as a unique global assessment of a country's budgetary process (Open Budget Survey Canada 2021, International Budget Partnership, 2021). In three key outcomes—transparency, public participation, and oversight—in 2021, Canada earned scores of 31, 26, and 52 out of 100, respectively. Although the 2021 transparency score of 31 was influenced by the postponement of the Executive Budget from March to May 2020, the previous scores of 71 in both 2017 and 2019 underscored a deficiency in Canada's Budget process. A Citizen's Budget approach is an essential tool that fosters greater transparency, accountability, and public participation by summarizing and clarifying basic budget information for the average citizen. A targeted Citizen's Budget focusing on children and adolescents would illuminate the expenditures associated with these demographics.

Despite extensive pre-budget consultations, Canada's public participation score remains at a modest 26 out of 100. This score is attributable to the less-than-transparent outcomes of these

pre-budget consultations (Gaspard & Page, 2018). The IBP recommends that vulnerable and underrepresented communities be more actively engaged, which implies a previous lack of such engagement.

To address these issues, Canada should work towards a more transparent and inclusive budgetary process, particularly regarding the health and well-being of children and adolescents. By developing a targeted Citizen's Budget and proactively involving underrepresented communities – including children and youth from diverse backgrounds, the country can foster better understanding, engagement, and ultimately, more equitable outcomes for the youngest citizens as well as the generations to come.



Health Budgeting and Financing in Canada

Canada's healthcare system provides publicly funded universal coverage for medically necessary services, with approximately 70% of health spending covered by tax revenues (Canada's Health Care System, n.d.). Out-of-pocket spending and private insurance primarily cover remaining expenses. The public funding is contributed by federal and provincial funding, with the federal government funding approximately 22% of all public funds through the Canada Health Transfer. The provinces and territories bear the remaining balance (Canadian Medical Association, 2018).

Provincial spending on healthcare constitutes a significant proportion, ranging from 30% to 40% of their overall budget (Healthcare Funding, n.d.). Likewise, the Canadian Health Transfer (CHT) is the most significant federal transfer to provinces and territories, aimed at providing equal health treatment to all Canadians. In the 2022-2023 fiscal year, the federal government allocated $45.2 billion to provinces and territories, distributed equally per capita (Department of Finance Canada, 2022). Each jurisdiction typically uses CHT funding to support their insurance plans. Despite varying benefits and plans, all citizens, permanent residents, and temporary residents who meet residency requirements receive medically necessary coverage free of charge. In addition to this significant transfer, the federal government provides federal support to priority areas, such as the $5 billion over ten years in support to provincial and territorial governments, through bilateral agreements, which began in 2017-18, specifically to improve access to mental health and addiction services (Health Canada, n.d.).

Healthcare financing is a perennial debate in Canada with provinces and territories demanding more money from the federal government. The CHT often accounts for less than 25% of provincial health budgets (Canadian Medical Association, 2022). The COVID-19 pandemic and its effects dealt a significant financial blow to the provinces and territories as the healthcare system faced rising costs, increased demand, a shortage of healthcare workers and high inflation, which have all stretched health budgets and healthcare systems (Canadian Medical Association, n.d.), (Canadian Medical Association, 2022).

Short-term funding, while not the first-best response, has been touted as a practical solution to these challenges, given the time required to implement system overhauls. To this end, provincial health budgets have increased their spending in the 2022-2023 fiscal year by 2% to 6% (Deloitte LLP, 2022). In February 2023, the federal government announced that it had agreed with provinces and territories to send roughly $46.2 billion in new money to the provinces and territories over ten years to help prop up the faltering healthcare system (CBC News, 2023). Notably, the federal government committed $2 billion in immediate funds through the Canada Health Transfer to address backlogs in paediatric emergency and surgical care (Children's Healthcare Canada et al., n.d.), but it is unclear how much of this funding targets paediatric care specifically.

The Crucial Role of Childhood Food Security in Shaping Long-Term Health Outcomes

Food insecurity is a pressing issue in Canada, affecting millions of individuals, including many children and adolescents. Based on the Canadian Income Survey (CIS) conducted in 2021, 15.9% of households across ten Canadian provinces experienced food insecurity, affecting 2.4 million households or 5.8 million individuals, including over 1.4 million children under the age of 18 living in food-insecure households (Tarasuk et al., 2021). The prevalence of food insecurity varies across provinces, ranging from 13.1% in Quebec to 20.3% in Alberta. Indigenous Peoples face significant vulnerability, with 30.7% of off-reserve Indigenous Peoples in the ten provinces experiencing food insecurity in 2021 (Tarasuk et al., 2021).

In Ontario, almost one in six households experienced some form of food insecurity in 2021, translating to 500,000 children not having access to an adequate food supply (Daily Bread, 2022). The prevalence of food insecurity is much greater in racialized households compared to white households. Of those who reported child hunger, more than four out of five (81%) were racialized, compared to one out of five (19%) of the children raised in white households (Daily Bread, 2022).

In April 2020, 19.2% of families with children were food insecure compared to those Canadians living without children (12.2%) (Statistics Canada, 2020). The COVID-19 pandemic exacerbated this issue, as disruptions in school food programs contributed to increased food insecurity among children who relied on these programs (Polsky and Gilmour, 2020). To help address this problem, the Breakfast Club of Canada provided an emergency fund that almost tripled the number of students they fed daily (CNW Group, 2020), yet demand for support from local foodbanks across the country is at record high levels.

Despite a slow decline in child poverty rates in Canada from 24.2% to 17.7% (Statistics Canada, 2022) over three decades ending in 2019, the exceptionally slow pace of the eradication of child poverty means that children's lives and overall state of well-being are continuing to be impacted, with short- and long-term consequences for children and our country.

Some estimates, based on the Canadian Income Survey from 2020, indicate a significant decline in poverty rates across the country. For children in particular, data from Statistics Canada has indicated a 50% reduction in poverty rates, according to the Market Basket Measure (MBM). This decrease is thought to be linked to the financial investments made to individuals early in the COVID-19 pandemic (e.g., CERB), which was more than what individuals working in minimum wage or precarious jobs would have seen otherwise.

However, with these investment programs now ended, it is anticipated that poverty rates will see a significant increase in data from 2022 onwards, as certain individuals who received assistance have experienced clawbacks to repay part or all of what they received, and as many parents and caregivers must return to minimum wage or precarious jobs and take unpaid time off when they or their children are sick. Expanding eligibility criteria for the Canada Child Benefit is one strategy that could

help address food insecurity for more children and families across Canada.

Moreover, addressing the disproportionate impact of food insecurity on racialized households should be a priority. By implementing policies and programs that tackle systemic inequalities and barriers faced by racialized communities, the government can help reduce the disparities in food insecurity rates between racialized and white households.

The Canadian government is currently conducting consultations on a National School Food Policy and pan-Canadian school food program to address food insecurity among children and adolescents in Canada. Canada is currently the only G7 country that lacks a national school food program. School food programs have the potential to improve children's lives, to strengthen communities, and to transform food systems; several principles based on best practices can ensure these programs live up to their full potential.[10]

A recent study by Ruetz et al (2019) indicates that a national program focusing on allocating 30% of domestic expenditures could contribute $4.8 billion to the Canadian agri-food sector over ten years. Additionally, the program has the potential to generate up to 207,700 jobs. Implementing such a program could be a significant step toward achieving Canada's goal of increasing domestic agri-food sales by $30 billion by 2025. Pilot programs like these have been launched in Prince Edward Island, where parents pay between $0-$5 for each meal at their own discretion (Fraser, 2020). This program could significantly impact Canadians' economy, health, and social well-being in the long run.

2023 Update: 2018 Raising Canada Economic Analysis

In the 2018 Economic Commentary on Raising Canada: A Case for Investing in Children (Hollis, 2018), Economist Professor Aidan Hollis explored the well-being of Canada's children with a focus on the economic implications of demographics, child well-being and health, and the social determinants of health of children and youth. The report found that the Canadian population's share of children aged 0-14 years was declining, expected to fall from 16.6% to 15.9% between 2016 and 2036. However, the share of the under-65 population composed of children was anticipated to increase from 20% to 21%. The analysis also revealed that 7.7% of children under age 15 were Indigenous, placing a higher childcare burden on Indigenous families with lower median incomes.

The 2018 report showed concerning mental and physical health outcomes for children in Canada. High rates of mental health disorders, hospitalizations for mental health concerns, suicides, depression, and bullying were observed. The economic analysis of bullying revealed that if 15% of individuals with employment earned 3% less because they were bullied as children, the implied overall impact on total employment income in Canada was approximately $4 billion annually. The implied income gain if Canada could lower its bullying levels to the mean of other high-income countries was approximately $1 billion per year.

10 www.healthyschoolfood.ca/guiding-principles

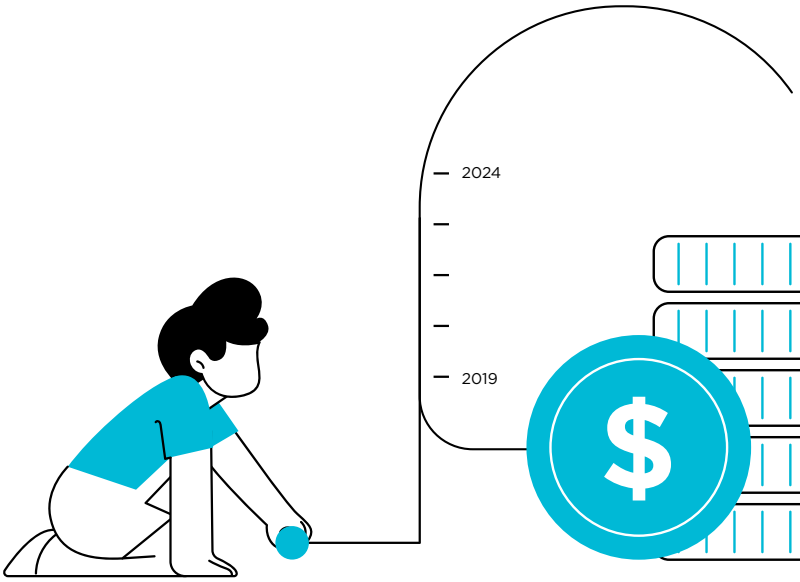
The results of child abuse on economic outcomes were also severe and long-lasting. Raising Canada recorded that almost one-third of adults reported having suffered abuse before age 16. A 1998 study estimated a lower bound of annual dollar costs of child abuse of approximately $15.7 billion, or about $23 billion in 2018, after adjusting for inflation. More recent data released by Statistics Canada in 2023 has revealed that nearly two-thirds of Canadians now report experiencing some form of abuse before the age of 15, with far greater economic implications than originally estimated in our 2018 report.

Canada also had relatively poor physical health outcomes for children. The 2017 UNICEF Innocenti Report Card 14 ranked Canada at a lowly 29th out of 40 OECD countries for children's health and well-being. With 27.9% of youth in Canada reporting being overweight or obese, the implied annual increase in total healthcare costs was roughly $3 billion. In addition, a productivity cost associated with being overweight or obese in childhood (resulting in lower lifetime earnings) of approximately $195,000. The implied total loss in income in Canada was $22 billion per year.

The social determinants of health in the 2018 analysis emphasized the impact of social factors on children's well-being. It was found that many children in Canada grew up in food-insecure or impoverished households, which limited their future opportunities and earnings. For instance, the prenatal benefit paid to low-income women in Manitoba appeared to lower rates of pre-term and low-birthweight births, ultimately leading to better health outcomes and higher adult earnings on average.

Fast forward to 2023, and our updated analysis of Raising Canada reveals that while there have been some improvements, many of the core issues remain. The demographics continue to evolve, with the share of children and adolescents (0-19) in the population being 20.7% according to 2022, according to population estimates by Statistics Canada.

The Indigenous child population now accounts for 25.4% of the total Indigenous population, and the burden of childcare on Indigenous families is still a concern. To combat this, the federal government has recently allocated approximately $430 million towards the Indigenous Early Learning and Child Care Framework between 2018 and 2022, an initiative designed explicitly for Indigenous families and communities and grounded on a cultural foundation (Indigenous Early Learning and Child Care Framework - Canada.Ca, 2022). This investment is commendable given that Indigenous communities have historically faced challenges accessing adequate early learning



and childcare support. However, more needs to be done, as a 2021 report revealed that programs often needed more funding and were held in unsafe facilities (Voyageur & Bill, 2021).

In terms of health and well-being, children in Canada still face significant challenges in both mental and physical health, further exacerbated by the negative impacts of COVID-19 on children and adolescent mental health. The pandemic has heightened existing issues and created new ones, leading to a surge in mental health disorders and associated problems. The updated statistics for mental health disorders, bullying, and overall well-being show that Canada has made little progress in reducing obesity and bullying (Raising Canada, 2022). As Canada works towards addressing these concerns, it is crucial to consider the long-lasting effects of the pandemic on children's lives and implement strategies that focus on supporting their mental and physical health during these challenging times.

According to the UNICEF Innocenti Report Card 16, which assesses the well-being of children and youth under 18 in 38 affluent countries, Canada ranks 30th overall in child well-being. Notably, the report highlights that 20% of children in Canada aged 15 experienced bullying at least a few times a month. In contrast, the rate of bullying in the Netherlands was 9%. It is important to note that childhood bullying has been linked to adverse outcomes such as decreased earnings and mental health issues, persisting even up to four decades later (Brimblecombe et al., 2018).

Drawing from a UK study which indicated that occasional bullying during childhood resulted in a 3% reduction in income during adulthood (Brown & Taylor, 2008), we estimate that if 20% of employed individuals in Canada earned 3% less due to their experiences with childhood bullying, the resultant overall impact on total employment income would be roughly $6 billion annually.

Furthermore, the Innocenti Report Card provides data that indicates a concerning trend of increasing rates of overweight or obesity in 5–19-year-olds. The latest report card reveals a four-percentage point increase from the previous report card, resulting in a current rate of 32%. This increase is particularly worrying as being overweight or obese is a risk factor for numerous diseases and is strongly associated with increased healthcare costs and unfavourable labour market outcomes, including lower earnings and reduced probability of gaining employment, which may be indicative of hiring discrimination towards individuals who are obese (Averett, 2019).

A study by Kirk et al. (2012) suggests that the cost trajectories of normal and overweight children diverge as early as age 3, with per capita physician costs being $200 higher among obese 14-year-olds than their normal-weight counterparts. Based on the number of overweight 5–14-year-olds in 2021, it can be estimated that obesity will cost the healthcare system an additional $300 million in 2019 dollars.

The social determinants of health in this report reveal that 19.6% of children in Canada (under 18), or one in five children, live in food-insecure or impoverished households (Tarasuk et al., 2022), further exacerbated by the current challenges of high inflation. With the rising cost of living, many families struggle to access nutritious and affordable food, directly

impacting children's overall well-being and development. Many studies have found that living in a food-insecure household adversely impacts a child's development. Specifically, negative effects are most prominent in academic and cognitive outcomes, as well as in externalizing behaviours. (Gallegos et al., 2021). As food security is a critical factor in promoting healthy growth and future success, it is essential to implement targeted interventions and policies that address the increasing financial strain on households. By improving food access, affordability, and quality for vulnerable populations, we can work towards reducing the number of children living in food-insecure households and mitigating the negative impacts of inflation on their health and well-being.

Analysis: 2019 Investing in Young Canadians – Health Commitments

The Government of Canada took an unprecedented step by incorporating an intergenerational analysis and dedicating a budget booklet to children and youth in 2019 referred to as 'Budget 2019: Investing in Young Canadians' (Government of Canada, 2019). While not a complete child rights analysis or approach to federal budgeting, this development was seen as a significant milestone by numerous civil society organizations, such as Children First Canada, Children's Healthcare Canada, and Generation Squeeze, which had advocated for years to prioritize investments in children and adolescents.

The budget booklet outlined new initiatives and investments of nearly $6 billion, targeting children and adolescents. The federal government stated its commitment to fostering stronger communities by assisting young people in accessing education, skills training, and employment opportunities and enhancing and introducing new health services.

It is important to revisit these commitments to trace delivery as it ensures that the federal government remains accountable for its actions and commitments. Greater transparency and accountability help identify improvement areas and make the necessary adjustments to improve service delivery further. Tracing delivery also maintains public trust and credibility in the federal government. Delivering on their commitments while being transparent and accountable is effective governance and fosters a positive relationship between the federal government and Canadians.

In this vein, this section examines the health commitments in the budget and assesses their delivery.

- *Budget 2019 proposed to invest $25 million over five years and $5 million annually to support a pan-Canadian suicide prevention service delivered by experienced partners.*

In 2023, four years after the initial 2019 proposal, the 988-crisis line is set to launch as a national three-digit suicide prevention and mental health crisis line in Canada (Government of Canada, 2023). This easily accessible and memorable number aims to facilitate more efficient connections to the appropriate support networks, providing a critical service for individuals facing mental health crises. The implementation of this service has been the result of collaboration between the Centre for Addiction and Mental Health (CAMH), the Canadian Mental Health Association (CMHA), and Crisis Services Canada (CSC). These organizations have worked together, leveraging their resources and expertise to create a comprehensive crisis response system. The Public Health Agency of Canada (PHAC) has committed $21 million in funding, emphasizing the federal government's focus on mental health and suicide prevention. Although the launch of the 988-crisis line took several years, its eventual implementation highlights the ongoing efforts to address the mental health crisis in Canada through a cooperative approach.

- *Budget 2019 proposes to invest a further $22.24 million over three years to combat child sexual exploitation online. This funding will support Public Safety Canada's efforts to raise awareness of this serious issue, reduce the stigma associated with reporting, increase Canada's ability to pursue and prosecute offenders and work together with industry to find new ways to combat the sexual exploitation of children online.*

The federal government has yet to deliver on this commitment. Under the budget line "Contribution Program to Combat Child Sexual Exploitation and Human Trafficking" in the Public Accounts (Public Services and Procurement Canada, n.d.) over three years from 2019-2020 to 2021-2022, the government has only spent $8.8 million, an investment of only 40%.

- *Budget 2019 proposes investing $220 million over five years to support Inuit children since they face many unique challenges when accessing health and social services. This investment had the potential to benefit 21,500 Inuit Children (Budget 2019)*

Thirty million dollars appears in the Public Accounts 2019-2020 for the Supporting Inuit Children commitment. It is impossible to determine from the Public Accounts how much goes towards First Nations (Jordan's Principle) and how much is allocated to Inuit children and youth (Supporting Inuit Children) because the spending is consolidated into one line item called "Jordan's Principle and Inuit." Disaggregated reporting is essential for tracking purposes since these investments are for two distinct groups. The federal government has increased its contributions to First Nation and Inuit children and youth over the past three years and needs to continue to provide measurable increases.

- *Budget 2019 proposes to invest $1.2 billion over three years. Jordan's Principle helps ensure that all First Nations children can access the health, social and educational supports and services they need, when and where they need them.*

As discussed above, it is only possible to see how much is spent on Jordan's Principle with more information than what is visible in the Public Accounts. However, in the three years ending in 2022, the federal government has spent approximately $1.6 billion on "Jordan's Principle and Inuit."

- *Support for Indigenous Mental Wellness.*

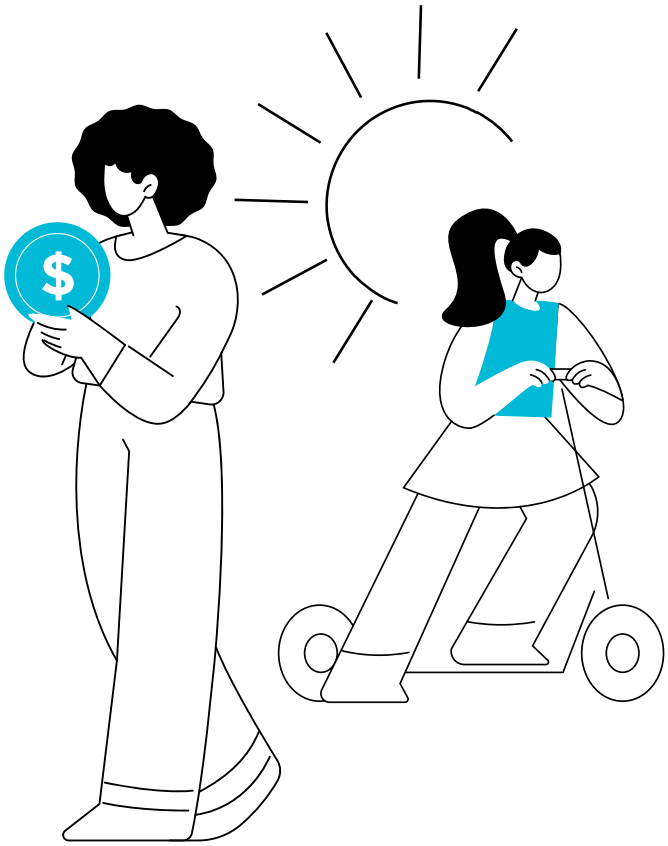
Budget 2019 restates commitments from previous budgets of $69 million over three years, starting in 2016–17, and $118.2 million over five years, starting in 2017–18 but offers no new investments in this area. Furthermore, these investments are nowhere to be found in public accounts, highlighting a lack of transparency.

From a health perspective, the investments in mental health support for adolescents represent a significant step, particularly given the growing concern surrounding mental health issues in Canada. However, in 2019, less than half of young people experiencing depression or suicidal thoughts sought professional support (Budget 2019, n.d.), and fewer than 20 percent of adolescents received appropriate treatment (Children and Adolescents - Mental Health Commission of Canada, n.d.). More

targeted investments in child and adolescent mental health are indispensable to effect meaningful change.

The 2019 budget neglected to address specific health concerns facing children, such as escalating obesity rates or chronic illnesses like asthma and diabetes. Nor did it address adverse childhood experiences, including child abuse. Although funds have been allocated towards promoting 'accessible, ethical, equitable, and safe sports' to encourage daily physical activity among young Canadians, it is evident that further investments are necessary, particularly to combat the rising prevalence of childhood and adolescent obesity.

Moreover, the 2019 Budget and its Investing in Young Canadians should have addressed the need for improved access to healthcare services for rural Canadians (encompassing 15% of Canadian adolescents) (Government of Canada, 2019) and for those young Canadians with low incomes. For better health outcomes for children and adolescents, it is crucial to address health inequities while concurrently directing funds toward targeted health investments. Failing to tackle the social determinants of health alongside health investments risks perpetuating existing disparities for marginalized communities, impoverished children and adolescents, and those with limited healthcare access.



In Focus: Recent Health Expenditures

Since 2017, health expenditures for all Canadians increased steadily, with the most significant increases in 2020 due to spending on health responses to COVID-19[11]. Spending on children as a percentage of total health expenditure was 11.5% for the duration studied (see Figure 3).

Between 2017 and 2020, an analysis of provincial and territorial healthcare spending in Canada reveals a striking disparity in the allocation of resources for young Canadians. While children and adolescents received $80 billion, an average of 11.5% of the overall health expenditure, older adults (65+) were allocated a more significant share at $311 billion, which accounted for 44.5% of total healthcare spending. This distribution underscores the need for a closer examination of healthcare priorities. The contrast between the funding for each age group raises essential questions about the long-term implications of such funding choices. Striking a balance between addressing the healthcare needs of an aging population and investing in the well-being of the younger generation, is crucial for promoting an equitable distribution of healthcare resources. It also is a smart approach to budget and resource

FIGURE 2. PROVINCIAL/TERRITORIAL GOVERNMENTS' HEALTH EXPENDITURES ON CHILDREN

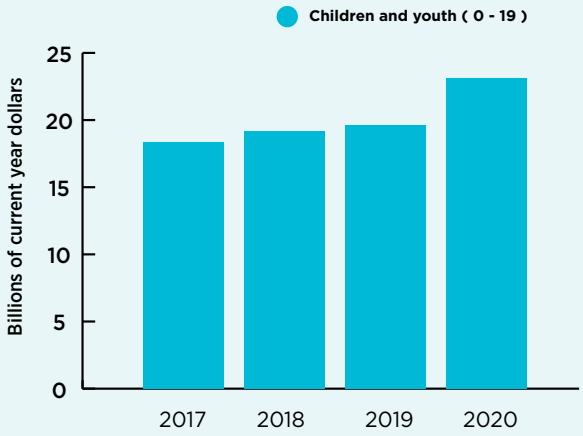
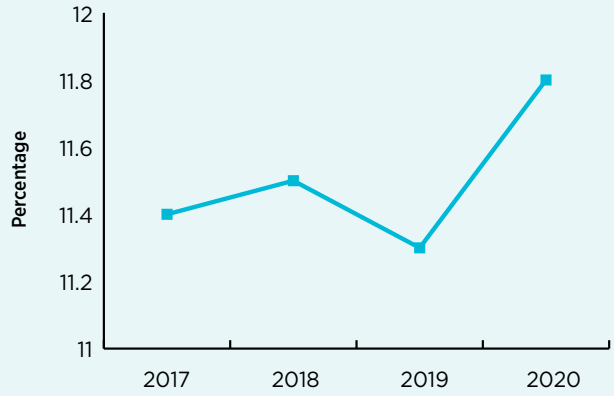
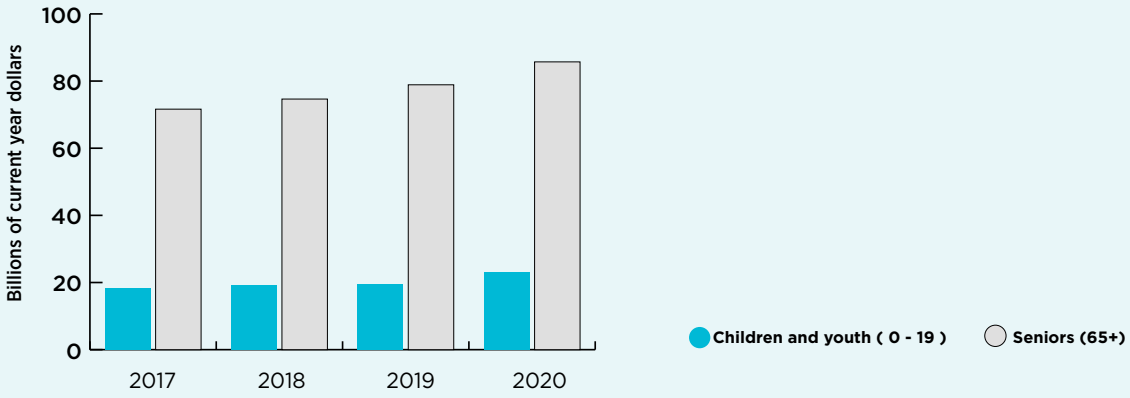


FIGURE 3. SPENDING ON CHILDREN AS A PERCENTAGE OF TOTAL PROVINCIAL/TERRITORIAL GOVERNMENTS' HEALTH



11 Unfortunately, we do not have current data on the years after 2020.

FIGURE 4. PROVINCIAL/TERRITORIAL GOVERNMENTS' HEALTH EXPENDITURES ON CHILDREN AND OLDER ADULTS



Targeted Financial Support for Child and Adolescent Health

While spending on health is the most significant portion of all provincial government spending, between 30% and 40% of provincial budgets, many provinces do not report or have a budget line dedicated to how much is spent on health care for children and adolescents. Alberta is one of the few provinces that report budget figures specific to children's health care, though not in relation to the total child population. Alberta's Child Health Benefit covers children's[12] health expenses for families with low incomes. In the 2022/2023 budgets and main estimates, Alberta committed $37 million for the Children's Health Benefit. This allocation for a sub-population of children and adolescents from low-income families – is not a full measure of the health care expenditures for children and adolescents.

Nova Scotia also reports funding for the IWK Health Centre, which provides health care to children, youth, and families across the Atlantic provinces. Nova Scotia has targeted funding of $211 million towards the IWK Health Centre, which accounts for 5% of its total healthcare budget of $4.3 billion, but that does not reflect all the child and adolescent health funding for the province. Some provinces, like Manitoba, have commitments towards children and adolescent health care in their budgets but fall short of specifying amounts.

This lack of transparency or consistency in public reporting of federal and provincial expenditures makes it difficult to assess the true extent of investment in the health of young Canadians. It underscores the need for a more consistent, comprehensive and transparent approach to budget reporting for children and adolescents.

12 up to 18 years of age, though 18- and 19-year-olds may also qualify if they live at home and attend high school.

In Focus: Economic Toll of the Tripledemic Paediatric Crisis

The following analysis done by Vivec Research underscores the significance of investing in unmet needs and the potential benefits of prioritizing child health for long-term productivity and human capital gains. It is also shows why it is essential to consider the immediate economic effects of situational health crises on children, families and Canadian society. The tripledemic paediatric crisis (RSV, COVID-19, and influenza) in the fall of 2022 led to a surge in paediatric ICUs, resulting in extended wait times that spiked as high as 18 to 20 hours. Children's hospitals faced unprecedented challenges that resulted in such drastic measures as the closure of surgical rooms to redeploy staff and the transfer of teenagers to non-paediatric hospitals. The economic toll of such unprecedented measures has not yet been calculated due to the lack of available data yet warrants further investigation.

The tripledemic paediatric crisis corresponded with a surge in work absences for mothers of children under 12, highlighting the urgent need to examine and address investment gaps in paediatric care. Further examination of the economic toll of the tripledemic paediatric crisis should include evaluating access to paediatricians, family doctors, and paediatric hospitals and understanding the broader societal implications of inadequate healthcare investments for children and their families.

Background

The COVID-19 pandemic has disproportionately impacted women, particularly mothers, who struggled to balance their responsibilities amidst the pandemic, school closures, and day care shutdowns. According to a report commissioned by the Association pour la Santé Publique du Québec and the Observatoire québécois des inégalités, 41% of mothers in Quebec had trouble balancing family and professional work during the first wave of the pandemic, compared to 34% of fathers (CBC News, 2021). The tripledemic paediatric crisis period of Fall 2022 saw a surge in children with respiratory illnesses, which put additional pressure on mothers to care for their sick children.

In addition to the closure of schools and childcare facilities, the loss of sports and other activities led to overworked parents who had less time to "provide for the needs of children" (CBC News). Mothers were particularly hard hit, as they "already take on a larger share of domestic work and childcare at home" (CBC News, 2021). Immigrant women faced additional barriers during the pandemic, such as language barriers, affecting their access to information and ability to communicate effectively during medical appointments (CBC News, 2021).

During the Fall of 2022, respiratory syncytial virus (RSV) infections and influenza increased along with COVID-19, resulting in an unprecedented number of seriously ill young patients (CBC News, 2022).

As paediatric hospitals faced immense pressure during this period, Toronto's Hospital for Sick Children's ICU reached 120% capacity, with most patients being children under five (Cassey,

2022). The hospital struggled to staff more than 36 of its 42 paediatric ICU beds on any given day, leading to daily meetings to figure out staffing and redeploying resources. The ICU faced a severe staffing crunch, with many nurses retiring or taking less stressful jobs during the pandemic (Cassey, 2022). Similar trends were reported by children's hospitals across the country.

This situation led to increased stress for mothers and healthcare workers alike. As Des Rivières-Pigeon, a sociologist and professor, noted in 2021, "We don't want the inequalities to be bigger at the end of the pandemic, and I'm really afraid of that" (CBC News,2021). The pandemic has highlighted and exacerbated existing inequalities for women, particularly mothers, who bear additional responsibilities and challenges during this difficult time.

At the peak of the tripledemic paediatric crisis, Canada's paediatric healthcare system struggled to meet the needs of its most vulnerable population - children. In response, Children's Healthcare Canada, the Canadian Paediatric Society, and the Canadian Association of Paediatric Nurses called upon governments to take decisive action to address the urgent needs of the nation's children (Children's Healthcare Canada, 2022). They urged the federal and provincial/territorial governments to move beyond jurisdictional constraints, collaborate, and prioritize the needs of the eight million children and youth in Canada (Children's Healthcare Canada, 2022). A recent example of provincial cooperation is the announcement in February 2023 of the Atlantic Canada Doctor Registry that will enable doctors to practice in any province in the region (CBC, 2023).

The organizations provided a comprehensive vision for child and youth healthcare, with specific recommendations, including the development of a health human resources strategy, scaling up infrastructure, building an integrated health data strategy, enhancing access to primary care, and increasing home care and paediatric respite supports (Children's Healthcare Canada, 2022).

At the same time, a coalition of 'Moms, Grandmoms, and Caregivers for Kids' which included prominent leaders from diverse professional fields in the public, private and charitable sectors sent an open letter to Prime Minister Justin Trudeau and the nation's Premiers, expressing the deep anguish felt by parents and caregivers over the children's healthcare crisis, and called for urgent investments in children's health. They emphasized the devastating impact of the crisis on families, the economy, and the future of Canada (Moms, Grandmoms, and Caregivers for Kids, 2022).

Together, these organizations called on the Canadian government to take swift action to resolve the child and adolescent healthcare crisis, with a focus on collaboration, targeted funding, and strong leadership to ensure the well-being of the country's youngest citizens (Children's Healthcare Canada, 2022; Moms, Grandmoms, and Caregivers for Kids, 2022).

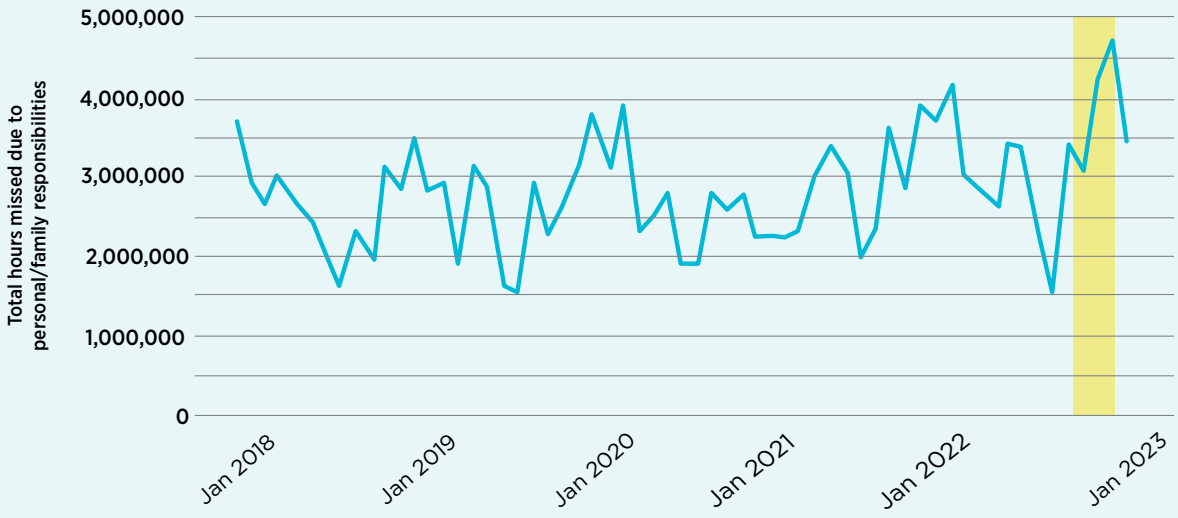
Economic Analysis

Vivic Research was asked to estimate the economic costs of the tripledemic paediatric crisis in terms of the days of work lost by mothers, and the lost productivity stemming from missing work to care for sick children. To answer this question, they analyzed monthly Statistics Canada Public Use Microdata Files (PUMFs) for the Labour Force Survey from 2016-2022 (Statistics Canada, n.d.). They also analyzed trends in weekly hours missed due to "personal/family responsibilities" to estimate the days of work lost by mothers due to the tripledemic paediatric crisis from September – December 2022. To accurately capture the impact of the crisis and eliminate potential seasonal effects or expanding workforce influences, a time-series decomposition using locally weighted regression (LOESS)[13] was employed. Additionally, to control for other period-specific effects, trends for mothers and fathers with children under 12 were compared to trends for women and men under 60 without children. Restricting these comparison groups to individuals under 60 helps ensure that age effects do not account for any observed differences.

Data exploration

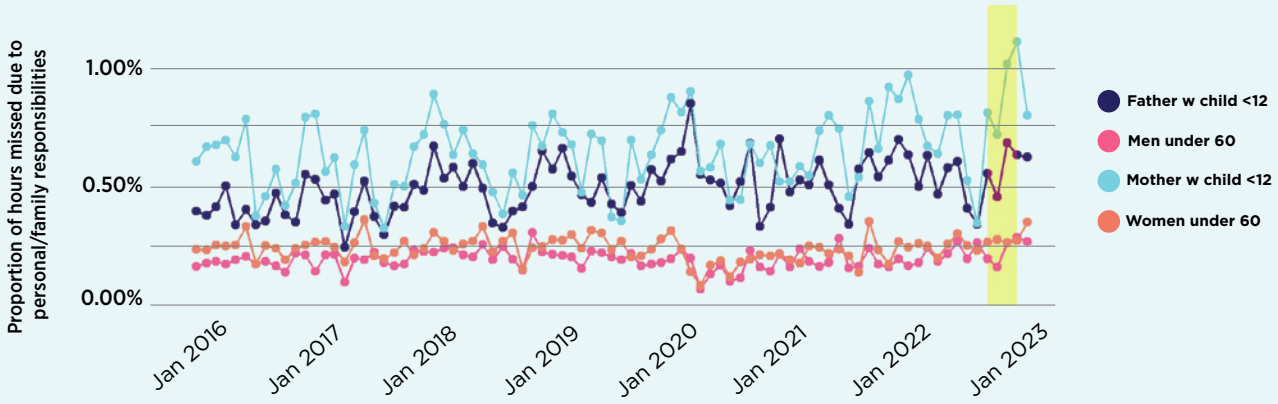
This section presents basic figures to display the data used to estimate the economic effects of the paediatric crisis. The analysis starts by plotting the total monthly hours missed due to personal/family responsibilities for mothers

FIGURE 5. TOTAL HOURS MISSED FOR PERSONAL/FAMILY RESPONSIBILITIES FOR MOTHERS WITH CHILDREN UNDER 12, BY MONTH.



13 Time-series decomposition using locally weighted regression (LOESS) is a statistical technique used to break down a series of data points collected over time (time-series data) into its separate components. This method helps identify and isolate underlying patterns such as trends, seasonality, and random fluctuations in the data, making it easier to understand and analyse. LOESS is a type of smoothing technique that fits a curve to the data points, enabling analysts to observe the underlying structure more clearly.

FIGURE 6. PROPORTION OF HOURS MISSED DUE TO PERSONAL/FAMILY RESPONSIBILITIES BY GENDER & CHILDREN, 2016-23.



with children under 12 from January 2018 until January 2023. There is an apparent seasonal trend in which hours missed increase during the winter months. However, this seasonal trend usually represents approximately 3.5 million hours per month in the winter and 2-2.5 million hours per month in the summer. The period of the tripledemic paediatric crisis (September to December 2022) is highlighted, and hours missed for personal/family responsibilities reached record highs in November and December 2022 (over 4 million hours)

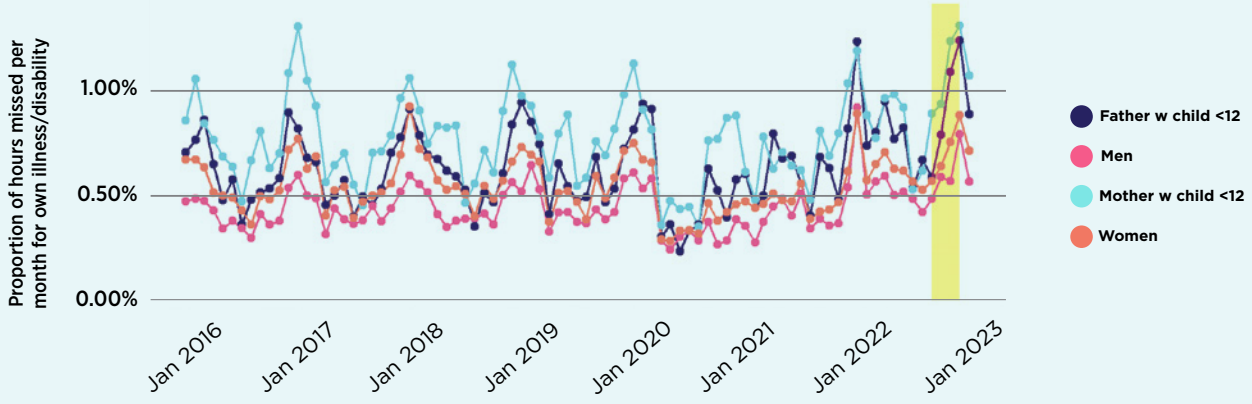
Vivic's analysis sought to determine if the spike during the paediatric crisis is attributable to seasonal trends and workforce growth or if it is specific to issues affecting mothers with young children. They visually compared the proportion of work hours missed due to personal/family responsibilities for different groups. Note that the proportion of hours missed by mothers with children under 12 reached a record high, above 1% of total work hours, in November and December 2022. There are small increases in November for fathers with young children and men under 60, but both stay within their historical range. There is also no trend for women under 60 without children during this period.

In examining the proportion of hours missed for personal illness/disability, a similar spike exists in mothers missing work for their own illnesses during November and December 2022. However, this spike occurs for all groups and follows the typical seasonal pattern of increased sickness (or calling in sick) in November and December. This suggests something unique occurred for mothers with young children regarding missing work for personal/family responsibilities in November and December 2022 that their own illness cannot explain.

Time series decomposition

In this analysis, Vivic conducted a formal decomposition of trends in hours missed

FIGURE 7. PROPORTION OF HOURS MISSED DUE TO OWN ILLNESS/DISABILITY BY GENDER AND CHILDREN, 2016-2023.



due to personal/family responsibilities to identify the unexplained hours missed due to personal and family responsibilities during the paediatric crisis for each group. With a seasonal-trend decomposition using LOESS smoothing, the time series was separated into three components: a seasonal component, a trend component, and a remainder (Cleveland et al., 1990). The remainder indicates the hours missed that are unexplainable or attributable to the time of year or a gradual change over time. The figure below displays this decomposition for mothers with young children. Even after accounting for an increasing trend and seasonal effects, the remainder is positive for each month of the paediatric crisis, especially in November and December.

After the decomposition of the data, Vivic compared the remainders for each group of workers during the period September-December 2022. As expected, mothers with children under 12 have the most significant positive remainder and are the only group with a positive remainder each month. Fathers of children under 12 have significant unexplained hours missed in November but not in the other months. The other groups have very small or negative unexplained hours missed. This analysis further confirms that a unique phenomenon occurred to mothers with young children and, to a lesser extent, to fathers with young children.

In the final step, the unexplained hours missed due to personal/family responsibilities were converted into days of work lost (7 hours/day), weeks of work lost (35 hours/week) and the economic cost of lost work hours for mothers (and fathers) of young children during the tripledemic paediatric crisis. Vivic calculated the economic cost as the hours lost multiplied by the weighted average hourly wage of workers who lost hours. Based on conventional economic theory, which assumes wages are equal to the marginal product of one's work, this cost is approximately equal to the lost value added (GDP) due to parents missing work for additional family responsibilities from September to December 2022.

In the fall of 2022, the lost value added to the GDP due to the impacts of the paediatric crisis on mothers of children under twelve was almost $50 million and for fathers just over $13 million, and ***the combined cost for the Canadian economy was slightly more than $60 million***.

FIGURE 8. TIME-SERIES DECOMPOSITION OF HOURS MISSED DUE TO PERSONAL/ FAMILY RESPONSIBILITIES FOR MOTHERS WITH CHILDREN UNDER 12.

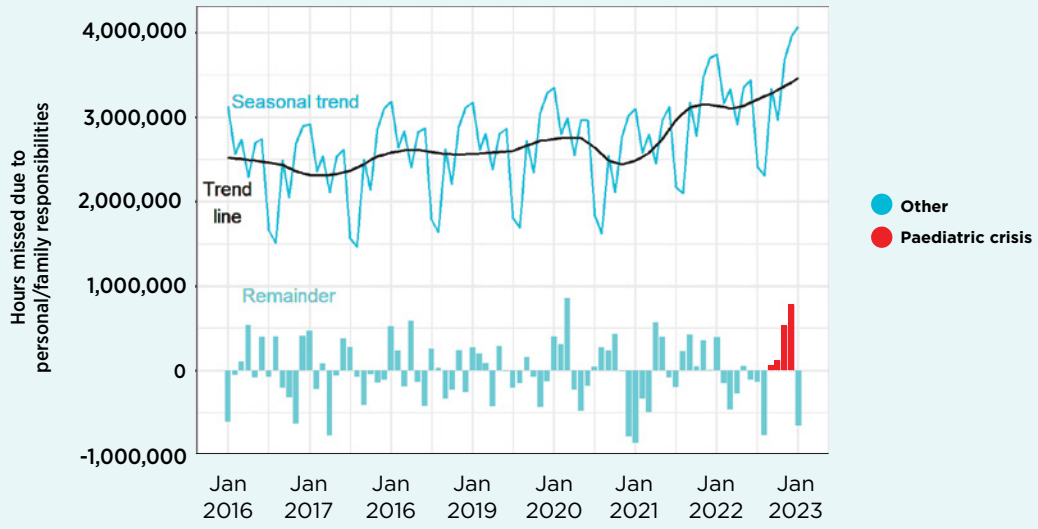


FIGURE 9. UNEXPLAINED HOURS MISSED DUE TO FAMILY/PERSONAL RESPONSIBILITIES IN FALL 2022 BY GROUP.

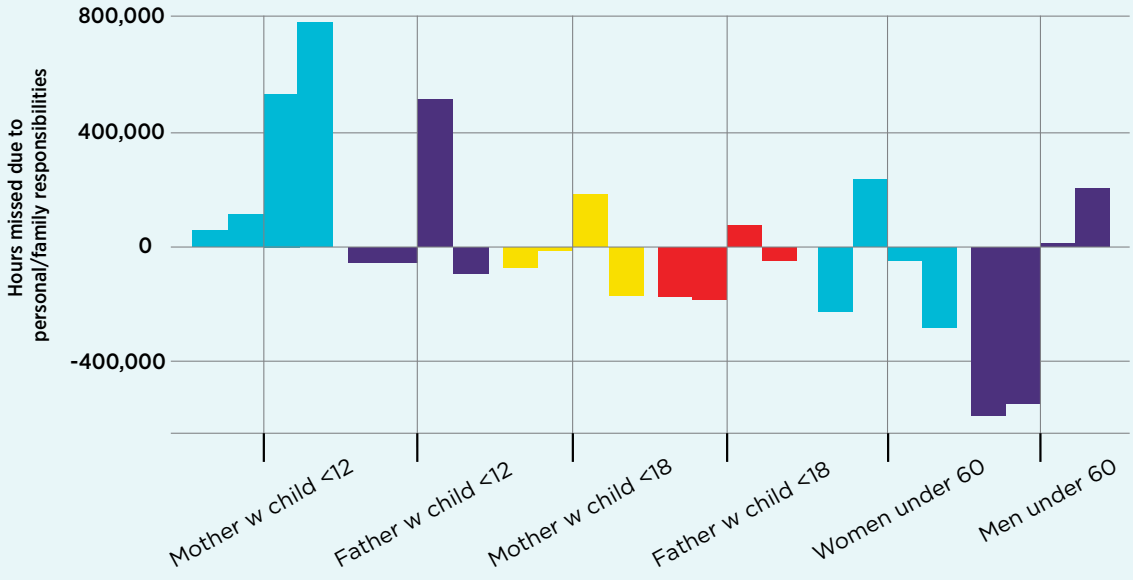


TABLE 1. ECONOMIC COSTS OF THE PAEDIATRIC CRISIS

	Fathers with children under 12	Mothers with children under 12	Total
Total cost ($)	13,227,967	47,949,638	61,177,605
Days lost	46,002	210,824	256,827
Weeks Lost	9,200	42,165	51,365

Demographic analyses

The following analysis focuses on whether the economic cost of work lost due to the tripledemic paediatric crisis for mothers was concentrated in specific geographic areas, for types of workers, or specific demographic groups. Table 2 presents the unexplained days of work lost due to personal/family responsibilities and the proportion of work lost for each group. For clarification, the proportion of 0.1% in Quebec indicates that among mothers with children under 12, 1 in 1000 typical workdays from September to December 2022 were missed due to personal/family responsibilities that typical seasonal or historical trends in missed work cannot explain. It is important to emphasize that multiple factors could explain differences across groups. Although differences may be due to higher rates of children becoming sick during the paediatric crisis, they could also be due to differences in access to paid or unpaid family leave or third-party childcare.

No difference exists in rates of unexplained workdays lost according to whether a mother lives in one of the nine major census metropolitan areas (CMAs).[14] However, significant variation across regions is evident. Most unexplained workdays lost due to family responsibilities during the tripledemic paediatric crisis are concentrated in Alberta, Ontario, and Quebec.

The analysis reveals that unexplained workdays lost due to family responsibilities are more concentrated among non-immigrants. This suggests that immigrant mothers face more significant challenges in taking time off to care for their family members. Factors such as job insecurity, limited access to paid leave, or concerns about their immigration status could contribute to their reluctance or inability to take time off work.

Interestingly, mothers with partners experienced a higher proportion of days of work missed compared to single, divorced, and widowed mothers. This could imply that mothers with partners may have more support and flexibility to take time off, as they might be able to rely on their partners' income or assistance with childcare responsibilities. On the contrary, single, divorced, and widowed mothers might face additional pressures to

14 These include Quebec, Montreal, Ottawa, Toronto, Hamilton, Winnipeg, Calgary, Edmonton, and Vancouver.

maintain their income. They might have limited options for childcare support, making it more difficult for them to miss work.

Additionally, the data shows that mothers working in management, business, finance, administration, and science occupations experienced more days of work lost due to personal or family responsibilities than those in other occupations. Professional women's work absences could be attributed to several factors. Mothers in these fields might have more flexible work arrangements or better access to family leave options, making it easier for them to take time off when needed. Alternatively, the nature of these occupations might entail higher levels of stress or responsibility, making it more challenging for these mothers to balance work and family demands.

The analysis highlights notable disparities in work absences related to family responsibilities based on mothers' immigrant status, partnership status, and occupation. Addressing these disparities would require tailored interventions and policies to improve access to flexible work arrangements, equitable family leave options, and adequate childcare support across different demographic groups.

TABLE 2. ECONOMIC COST OF THE TRIPLEDEMIC PAEDIATRIC CRISIS FOR MOTHERS WITH CHILDREN UNDER 12 BY GEOGRAPHY, OCCUPATION, AND DEMOGRAPHICS.

Group	Economic cost ($) of unexplained days lost	Unexplained days lost due to personal/ family responsibilities	Unexplained days lost as a proportion of total workdays
Lives in a major Census Metropolitan Areas			
Yes	29,313,907	120,090	0.09%
No	18,635,731	90,734	0.09%
Region			
Alberta	9,432,824	40,234	0.13%
BC	-325,822	-1,803	-0.01%
Maritimes	676,122	1,826	0.01%
Ontario	24,293,055	107,154	0.11%
Prairies	1,992,845	9,638	0.05%
Quebec	11,880,613	53,776	0.10%
Immigrant status			
Immigrant, arrived <10 years ago	2,594,319	13,353	0.03%
Immigrant, arrived >10 years ago	918,768	4,384	0.01%
Non-immigrant	44,436,551	193,087	0.12%

Group	Economic cost ($) of unexplained days lost	Unexplained days lost due to personal/ family responsibilities	Unexplained days lost as a proportion of total workdays
Marital status			
Married/common-law	45,639,799	198,738	0.09%
Single/divorced/widowed	2,309,839	12,086	0.04%
Class of worker[15]			
Private	34,628,271	161,810	0.14%
Public	13,321,367	50,013	0.07%
Occupation			
Health, education, gov, art	14,286,028	67,064	0.08%
Management, business, science	28,825,943	114,516	0.14%
Services, trades, agriculture	4,837,667	29,244	0.07%

15 Self-employed mothers are excluded because the sample size was too small so the numbers may not add up to the total.

During the tripledemic paediatric crisis, the Canadian health care system faced unprecedented challenges. Although no research or analysis has yet available to quantify the overall costs and impact on health care systems across the country, real-time media coverage provides a snapshot of the crisis's intensity and some associated costs.

With nearly 5 million Canadians lacking a family doctor, the pre-pandemic cracks in the system worsened (Wong, 2022). Overwhelmed and burned out, some family physicians retired early or left the profession altogether. Consequently, patients without primary care providers turned to already-stressed emergency rooms and walk-in clinics for routine concerns, exacerbating the existing strain on the system.

Paediatric ICUs across Canada operated above capacity as emergency departments witnessed a surge of young patients seeking care (Crawley, CBC News). In response, Ontario Health directed general hospitals to accept critically ill children aged 14 and older to alleviate the burden on paediatrics, attempting to balance staffing resources and surging patient volumes (Crawley, CBC News).

Compounding the crisis, a Canada-wide shortage of children's cold medication plagued pharmacies due to supply chain issues and significantly higher demand (Turner, 2022). Health Canada intervened by securing additional supplies of children's acetaminophen products and approving the exceptional importation of infant and children's ibuprofen and acetaminophen for hospitals (Health Canada, 2022), yet supplies did not arrive until the latter stage of the tripledemic paediatric crisis. Addressing the shortage was costly, with Alberta taxpayers facing an $80-million bill for importing five million bottles of children's pain relief medication from a Turkish manufacturer (The Globe and Mail). The Turkish supply arrived in March 2023, long after demand had abated, and was formulated at a different dosage than Canadian alternatives,

causing further complications for parents and pharmacists.

Several factors contributed to the increased emergency department visits, including COVID-related backlogs, staffing challenges in hospitals, and an anticipated rise in influenza, RSV and COVID-19 cases during colder weather (CBC News). Emergency departments experienced longer wait times and ambulance shortages, and reports of higher emergency room visits and respiratory illnesses among children emerged from hospitals in Montreal, B.C., and Winnipeg (CBC News).

The unfolding crisis provides a stark illustration of the challenges faced by healthcare systems in the era of the tripledemic paediatric crisis. With demand for care outstripping supply and systemic cracks widening, the Canadian healthcare system confronted a daunting array of obstacles. The Canadian government must take action to address the unique healthcare needs of children, adolescents, and their families. This will require prioritizing their needs and working collaboratively across jurisdictions and sectors to develop targeted interventions and policies that support mothers in various circumstances.

In Focus: Spending on Child and Adolescent Mental Health

In 2017, following extensive negotiations between the federal government and provincial and territorial counterparts, bilateral agreements were signed to enhance access to nationwide services, including home and community care and mental health and addiction services. Under this agreement, the provinces and territories and the Canada Health Transfer would receive $11 billion in targeted funding over a decade on an equal-per-capita basis; $6 billion for home and community care and $5 billion for mental health and addiction services. As part of the agreements, the provinces and territories outlined how they planned to use federal funding to improve access to home and community care, mental health, and addiction services. The initial five-year agreements expired on March 31, 2022, and though negotiations are ongoing for the next five years, implementation of one-year extensions of the agreements is underway for 2022-23.

A recent survey by the CPA found that integrated service delivery for children and adolescents was a significant focus across the action plans, with ten jurisdictions electing to allocate federal cash in this area (Santis Health & Canadian Psychological Association (CPA), 2023). However, a lack of transparency made it almost impossible to discern how much program funding is directly attributable to federal versus provincial governments. Measuring how much progress, if any, has been made with the federal funds and initiatives is challenging.

This section aims to track the extent to which these commitments have been fulfilled, to monitor the progress of provincial budget commitments for child and adolescent mental health. Determining government spending on children is a complex undertaking that often involves making assumptions and establishing definitions about how funds are allocated. To calculate government expenditures on children, we first define childhood as generally extending up to 18, although certain provinces may extend eligibility for specific programs to include children aged 19. For spending to be considered in this analysis, it must directly benefit children by having all the benefits directed towards children and adolescents or by requiring a child as a necessary condition.

Most expenditure data used in this analysis is drawn from a range of official sources, including provincial budgets, budget speeches, main estimates, Public Accounts, and annual reports issued by the Departments/Ministries of Education, Health, Social Development, Community Services, Children's Services, or regional health authorities, where applicable. Unless explicitly specified, the amounts presented in this analysis represent the cumulative sum of expenditures from the 2017-2018 fiscal year up to and including the 2021-2022 fiscal year.

In assessing provincial budget commitments toward Mental Health for Children and Adolescents (MHCA), the availability of dedicated reporting lines in the Public Accounts is crucial. When such reporting lines are present, they are understood to

comprehensively capture all direct spending on MHCA, thereby averting the need to analyze annual reports from the Ministries. However, without such reporting lines, spending amounts can only be extracted from the annual reports, which often do not provide dollar amounts for the programs initiated during the year. Consequently, this approach has the potential to lead to an underestimation of proposed expenditures in the budget and is, therefore, inefficient. Nevertheless, this is the only feasible approach, given that many provinces lack a dedicated budget and reporting line for MHCA.

It is worth noting that many provinces announce funding and initiatives that target the general population, including children, but do not disaggregate the funds by age. As a result, including these amounts in the assessment would significantly overestimate the spending on MHCA, and they are therefore excluded. This distinction is particularly relevant for Indigenous communities, where proposed spending is often announced as block funding for the entire community without clearly targeting children and adolescents at an exceptionally high risk of mental health issues and suicide.

Based on the discussion above, it is evident that the limited availability and transparency of data pose significant constraints on conducting an in-depth analysis of provincial budget commitments toward mental health for children and adolescents. However, it is possible to conduct a detailed analysis for British Columbia and Ontario, as these provinces have established a dedicated budget and reporting mechanism for child and adolescent mental health services.

Analysis of these two provinces reveals an increasing trend in government spending on child and adolescent mental health services since 2017, with more significant increases projected for 2023-2024. Conversely, assessing progress toward meeting budget commitments proves daunting for provinces that still need to adopt this approach. In the cases of New Brunswick and Newfoundland, and Labrador, for instance, although initiatives for child and adolescent mental health have been introduced, the budgetary allocation has yet to be reported in any of the sources considered.

AMOUNTS IN 000S OF DOLLARS

PROVINCE	MENTAL HEALTH STRATEGIES	2017 FEDERAL COMMITMENT TO MENTAL HEALTH AND ADDICTIONS (2017 – 2022)	2017 FEDERAL COMMITMENT TO FOCUS ON CAMH (2017 – 2022)	PROPOSED COMMITMENTS IN BUDGETS AND ESTIMATES (2017 – 2022)	AMOUNTS TRACKED IN REPORTS AND PUBLIC ACCOUNTS (2017 – 2022)	PLEDGED (ANNUAL AMOUNTS)	
						2022/2023	2023/2024
British Columbia	A Pathway to Hope (2019 – 2029)	270,560	87,945	531,834	489,558	119,471	122,197
Alberta	Mental Health and Addiction Strategy	233,570	76,167	33,000	37,527	30,000	40,000
Saskatchewan	Mental Health and Addiction Plan (2016 – 2026)	63,410	21,220	9,585	6,149	800	3,500
Manitoba	A Pathway to Mental Health and Community Wellness (2022 – 2027)	72,900		11,939	11,518	550	3145
Ontario	Roadmap to Wellness (2020 – 2030)	773,170	265,210	1,846,842	1,870,402	510,146	
Quebec	Working Together in a New Way (2016 -2020)	434,470	25,000	285,000	50[16]	90,500	145,300
New Brunswick	Inter-Departmental Addiction and Mental Health Plan (2021 – 2025)	41,305	23,560	9,939	0	0	4,100
PEI	Mental Health and Addiction Strategy (2016 – 2026)	8,270	6,190	10,335[17]	9,481	4,205	
Nova Scotia	Action for Health (2022 – 2026)	51,750	25,366	133,975	97,633	14,240	2,000

16 This is only for the Fiscal year 2020-2021. There were no amounts visible in the previous years.

17 Includes estimates for autism services.

Newfoundland and Labrador	Towards Recovery Action Plan (2017 – 2022) Our Path of Resilience (2022 – 2027)	28,820	970	908	0	800	
Yukon		2,190	870	610	20[18]	400	
Nunavut		2,070	1,410	1,700	0	0	5,000
Northwest Territories		2,433		17,514	7,402	1,910	1,700

18 This was the only reported spend on Mental Health Youth Treatment Centres in 2017/2018.

Federal Investments

In 2022, the Canadian Institutes of Health Research and partners established IYS-Net to create a nationwide network for Integrated Youth Services (IYS) in Canada. IYS-Net aims to improve health equity and outcomes for youth aged 12-25 using research, data, and lived experiences.

IYS provides a single access point for integrated youth health services, including mental health and substance use. IYS-Net development involves a $1 million investment directed to three provincial IYS networks and an Indigenous IYS network, with expansion to more provinces and territories.

Health Canada is providing nearly $2 million to the Centre for Addiction and Mental Health (CAMH) to develop a national data framework for IYS, focusing on justice, equity, diversity, and inclusion, helping shape future IYS programs and support evidence-based health policy decision-making.

British Columbia

British Columbia is the only province with two priority areas focused exclusively on children and adolescents in the agreements signed. Receiving an estimated $271 million, it pledged to spend 30% ($88 million) on expanding access to children and adolescents and delivering school-based mental health programs for students. BC has a budget line which reports all spending on child and adolescent mental health, including the operation costs of the Maples Adolescent Treatment Centre. While commendable, it would be even better if the expenses were disaggregated enough between mental health facilities and programs to enhance tracking and accountability.

Alberta

Receiving $234 million from the federal government over five years, Alberta pledged to use $76 million (33%) towards mental health and addiction services for children

and adolescents. However, only in recent years, from 2020 onward, Alberta's budgets and estimates had a specific line item for Children's Health Support. This line item primarily supports student well-being, mental health, and rehabilitation services for children and adolescents through the school system. In addition, the Mental Health Capacity Building (MHCB) Program works in schools and communities to promote positive mental health in children, adolescents, and families. It supports community members who work with children and adolescents. This initiative focuses on prevention and treatment, supporting children and adolescents at risk of, or currently experiencing, mental illness or addiction.

Before 2020 there was little in the way of targeted funding commitments to child and adolescent mental health besides the general funding announced towards Mental Health and Addictions. For example, in 2021-22, $24.2 million was provided to support increased access to publicly funded addiction and mental health treatment spaces. These supports included 211 Alberta, the Mental Health Helpline and the Addiction Helpline, the Digital Overdose Response System, and the Kids Help Phone, primarily for adolescents. Framing this funding as "for" children and adolescents would considerably overstate the spending on child and adolescent mental health. In addition, several adolescent initiatives, like the Personalized Community Care and Adolescent Community Support programs which serve children and adolescents up to 19, do not have any allocated amounts attached.

Saskatchewan

Like some of the larger provinces, Saskatchewan dedicated 33% of its estimated federal funding received towards prioritizing the improvement of mental health and addiction services for children, adolescents, and young adults. Although the province commendably announced significant spending on mental health and addictions, it could do a better job when reporting the spending. There are initiatives for child and adolescent mental health, but there needs to be a budget line to capture the spending. Most of the allocated funding is transferred from the Saskatchewan Health Authority to community-based organizations that deliver targeted programs and services. These payees often include organizations focusing broadly on child and adolescent mental health, among other initiatives. A better approach for accountability purposes would be to list funding allocated to recipients by program use. There is also the Mental Health Capacity Building Initiative, which as of 2022, had an annual budget of approximately $2 million. This initiative focuses on prevention, mental health promotion, early identification, and intervention.

Manitoba

Manitoba received $73 million from the federal government under the agreement but did not list child and adolescent mental health as a priority investment in their bilateral agreement with the federal government. However, it committed to improving access to such services for children, adolescents, and their families. Although child and adolescent mental health

was not listed exclusively or explicitly as one of the priority areas in the agreement, Manitoba has many mental health supports for children and adolescents. However, only some of the programs have funding attached to them. The Mental Health in Schools Strategy championed by the province is funded and targets all child education stakeholders. Unfortunately, as discussed above, tracking the initiative's funding and source takes work. Before 2019, Manitoba had a clear child-focused budget line under the Department of Education. The Child and Adolescent Mental Health Strategy reported all expenditures incurred under this program. Unfortunately, with the health system's restructuring, the budget line disappeared, and spending (with no clear target groups) is currently reported under the Ministry of Health and Wellness.

Ontario

Ontario received the most significant portion of federal funding under the agreements, with 34% of its funding allocated to child and adolescent community-based mental health and addiction services. Furthermore, the province decided to match the federal funding and has initiated several targeted mental health promotion, prevention, and early intervention programs. The province has a budget line – Child and Adolescent Mental Health – in its estimates and public accounts. The Child and Adolescent Mental Health (CYMH) program provides various community-based mental health services to children and adolescents, including suicide prevention and life promotion. It promotes mental health well-being by assisting at-risk children and adolescents with social, emotional, and behavioural difficulties. This line, reported under the Ministry of Health, captures all sectoral allocations and spending on children and adolescent mental health. In addition, in their annual reports, the Ministry of Health and Education provides amounts spent on child and adolescent mental health that vary little from the budgetary allocations. However, it is impossible to know how much of this funding is from the agreement and how much is a direct provincial investment.

Quebec

Quebec did not sign the Common Statement of Principles that was signed by all other provinces and territories. Nevertheless, an asymmetrical bilateral agreement was negotiated between the federal government and the Quebec government to ensure that Quebec receives its share of the federal 10-year financial commitment. Although the agreement did not specify the initiatives that would be funded by the federal investment or set out any performance measures, it did include investments to support the provincial psychotherapy program. Specifically, $15 million was allocated to improve access to psychologists for youth aged 0 to 18, and $10 million was earmarked to consolidate services for young people aged 12 to 35 who experience their first psychotic episode. However, there is still significant room for improvement with regard to Quebec's reporting of its spending on child and adolescent mental health initiatives. The expenditures reported in the Public Accounts, like many other provinces, is a combined figure that includes all spending on mental health, without any group

disaggregation. Furthermore, only one fiscal year has any expenditure reporting related to child and adolescent mental health in the ministerial reports for the period under review.

New Brunswick

While the province is to be commended for committing a noteworthy 57% of the federal funding it received to the priority area of children and youth, there is a significant shortfall in the province's accountability regarding the allocation and expenditure of this funding and any of its own funds committed to this target population. Although the Ministries have reported on some programs and projects that have been implemented for children and youth, the associated spending allocations remain untraceable and undisclosed. The existence of a reporting line in the Public Accounts, 'Addiction and Mental Health Services', does not have any disaggregation into population groups. Thus, an overhaul of the reporting system is imperative to achieve greater accountability and transparency.

Prince Edward Island

Prince Edward Island, compared with all the other provinces and territories, pledged the highest percentage of its funding (75%) towards the Student Well-Being Program. This initiative targets school-aged children and adolescents, providing access to non-acute mental health and addictions services to students and with a streamlined point of access into the formal mental health and addictions system where warranted. The province has a Mental Health and Addictions Office under Health PEI, where most mental health expenditures are reported. However, assessing child and adolescent mental health spending is impossible as target groups have no disaggregation. This lack of transparency may lead to the incorrect conclusion that the province does not spend on mental health for children and adolescents. The only noticeable spend on child and adolescent mental health is the Autism Services expenditure. This funding provides autism intervention services for preschool and school-aged children. Furthermore, the Student Well-Being program, the school-based program the province committed to undertake under the bilateral agreement with the federal government, has been in operation since 2017. While the amounts allocated towards this initiative are not available in public accounts documents, the Department of Education program reports show that it is being fully implemented in schools.

Although the province will disclose how it used the funding from the federal government, there is a need for PEI to report it in its accounts as well for public accountability. Overall, the lack of reporting on expenditure on child and adolescent mental health is not a good indicator of how much value the province places on these services and interventions.

Nova Scotia

Nova Scotia received an estimated $52 million over five years for mental health and spent approximately 49% ($ 25.4 million) on enhancing integrated service delivery for child and adolescent mental health services. To this end, the province created an Office for Mental

Health and Addiction Services in 2021. The Office funds the Nova Scotia Health Authority and the IWK Health Centre to govern, manage and provide some of these mental health and addictions services. It also funds external organizations to deliver mental health services to providers.

Before the creation of the Office for Mental Health and Addiction Services, tracing a significant portion of the child and adolescent health expenditures was somewhat easier, given the IWK centre caters mainly to children and adolescents. Thus, the numbers reported for spending on Child and Adolescent Mental health are available up to 2020. Accounts for the mental health services in Nova Scotia since 2021 are represented under a single budget line that is not disaggregated by population. Surveys of the annual reports from the Departments of Education, Health and The Office of Mental Health and Addiction Services determined the amount spent on child and adolescent mental health. Although some funding allocations are stated (for $341,000), the list must be more comprehensive and reflect adequate reporting. Through the school-based Adolescent Health Centres and the SchoolPlus program, the province can meet its commitment to enhancing service delivery for children and adolescent mental health. However, the amounts allocated to the program since 2018 were untraceable.

Newfoundland and Labrador

The estimated federal funding for mental health for 2017-2022 totalled $29 million. Though integrated service delivery for children, adolescents, and emerging adults was one of the priority areas for investment, the total was $970,000 (about 3% of the federal funding for mental health) and is relatively low, given the provincial average. In addition, provincial reporting needs to be improved. There needs to be data on spending on mental health for children in the provincial public accounts; one must look at the regional Health authorities to find any spending on mental health. The province plans to restructure health authorities into one single provincial health authority. The province makes announcements for funding in buckets, with no distinguishability for target groups. Although some mental health supports and systems were in place in schools, few landmark school-based mental health programs exist, similar to other provinces.

Northwest Territories, Yukon, and Nunavut

The three territories—Northwest Territories, Yukon, and Nunavut—exhibit distinct priorities in their signed agreements concerning the expansion and improvement of mental health and addiction services for children and adolescents.

While both Nunavut and Yukon specifically address provisions for children and adolescents in their agreements, the Northwest Territories lack such a focus. Nevertheless, the Northwest Territories allocates more funding and reports higher spending for children and adolescent mental health than the other two territories, despite occasional lapses in reporting. In contrast, Yukon's ministerial annual reports do not specify dollar amount allocations to programs, and some of Nunavut's ministries have outdated annual reports.

Despite these shortcomings, Yukon and Nunavut offer a wide range of mental health supports for children and youth, particularly in schools. However, they do not provide comprehensive reporting on the corresponding financial allocations.

Comparing 2017 and 2023 Bilateral Agreements

In February 2023, the Canadian federal government announced an ambitious expansion of healthcare priorities and funding, with agreements in principle signed by the provinces in March. Detailed agreements between the provinces, territories, and federal government are pending. The 2023 Bilateral Agreements represent a significant shift from the 2017 agreements, which primarily targeted children and youth mental health and addiction services. The latest agreements introduce four shared health priorities: expanding family health services access, supporting health workers and reducing backlogs, enhancing mental health and substance use services, and modernizing the health care system with standardized health data and digital tools. This broadened focus reflects a comprehensive approach to addressing a broader range of challenges in healthcare delivery.

Substantial investments to achieve these objectives include $196.1 billion allocated over ten years, specifically $46.2 billion in new funding. A separate $2.5 billion will be invested over the same period to support Indigenous priorities and complementary federal support. This significant increase in funding demonstrates the federal government's commitment to addressing pressing health concerns. It underscores the importance of collaboration between provinces, territories, and the federal government in improving health outcomes.

However, one area of concern is the nature of the indicators used to measure progress. These indicators are more system-focused than outcome-focused for patients, which may limit how much they genuinely reflect improvements in Canadians' health and well-being. Additionally, there is no disaggregation of data by age, income, or identity, which may hinder identifying and addressing disparities in health outcomes among different demographic groups.

Despite this significant increase in funding, more needs to be done to prioritize children and youth to improve their physical and mental health and well-being (Children's Healthcare Canada et al., n.d.). Children's healthcare systems in Canada have faced challenges such as workforce shortages, medication supply issues, the COVID-19 pandemic, increased mental health admissions, and long waitlists for surgical and diagnostic interventions (Children's Healthcare Canada et al., n.d.).

In their statements following the 2023 Budget, Children's Healthcare Canada, the Paediatric Chairs of Canada, the Canadian Association of Paediatric Nurses, and the Canadian Paediatric Society called for immediate action to address these issues and "right-size" children's healthcare. The government has committed $2 billion in immediate funds through the Canada Health Transfer to address backlogs in paediatric emergency and surgical care (Children's Healthcare Canada et al., n.d.), but

it is unclear how much of this funding targets paediatric care specifically. Additionally, Budget 2023 does not prioritize dedicated funding for child and youth mental health through the promised Canada Mental Health Transfer (Children's Healthcare Canada et al., n.d.). These limitations suggest that while the agreements represent a step forward in addressing healthcare challenges broadly in Canada, there is still work to be done to ensure that progress is measured accurately and equitably, particularly as it relates to young Canadians.

Conclusion

In conclusion, our exploration of investments in child and adolescent healthcare in Canada unveils considerable hurdles that demand immediate and urgent attention. While we have seen some progress in recent years, pressing issues such as health inequities for Indigenous and racialized children, children with disabilities, the ongoing challenges with child and adolescent mental health, and insufficient focus on addressing the social determinants of health persist across the country. The distribution of resources among various age groups and the lack of transparency in budgeting for mental health services for children and adolescents is deeply concerning. Furthermore, the COVID-19 pandemic and the Fall 2022 tripledemic paediatric crisis have underscored the pressing need for targeted investments in paediatric healthcare.

The growing emphasis on mental health services for young people represents a step in the right direction, yet transparency and reporting mechanisms must be enhanced. To guarantee equitable outcomes for all children in Canada, governments must address the unequal access to healthcare and support among different demographic groups, especially for Indigenous, racialized, and disabled populations.

Moving forward, it is vital for federal, provincial, and territorial levels of government to collaborate in developing all-encompassing strategies that prioritize child and adolescent health, advocate for equitable access, and deploy targeted interventions. By adopting a data-driven approach and concentrating on the unique needs of vulnerable populations, Canada has the potential to build a brighter, healthier future for children and safeguard their rights and well-being.

Recommendations

In a recent announcement, Health Canada emphasized that 'what is measured matters.'. Regarding child and adolescent health, however, the same level of attention is only sometimes evident. Allocating funds for child and adolescent health is one thing but ensuring that the resources reach their intended targets and are used effectively is another challenge.

Transparency and accountability on investments in the health of children are essential. Public expenditures should be more comprehensive, with budget lines in main estimates and public accounts that specifically detail spending on the physical and mental health of children and adolescents. Moreover, block funding grants to community care or health agencies covering children should delineate target groups for improved clarity.

Provinces should also adopt similar reporting practices to enhance direct comparability between provinces. Ultimately, we need to ask whether the various levels of government genuinely prioritize child health.

Investing in children's health and well-being is an investment in Canada's future. In this context, we must carefully consider each aspect of healthcare policy and its budgetary implications to ensure that children and adolescents receive the attention and resources they deserve.

Priorities for Action:

- **Strategy development:** Unite federal, provincial, and territorial levels of government to form an Advisory Council for a national strategy for children and youth and ensure that young Canadians are empowered by involving them in decision-making processes.
- **Investment prioritization**:
  - » Establish a Catalytic Investment Fund for Children with a $2 billion allocation over the next four years to tackle urgent threats to children's well-being and drive systemic change (Children First Canada, 2022).
  - » Adopt Children's Healthcare Canada's recommendations: allocate $29 million to advance a robust maternal, child, and youth health research agenda, and prioritize children's mental health by earmarking 25% of federal investments in the Canada Mental Health Transfer for programs targeting children and youth (Children's Healthcare Canada, 2023).
- **Data-driven approach and comprehensive strategy**:
  - » Bolster data collection and analysis: Establish a comprehensive data strategy for children to provide essential insights on children's health and well-being.
  - » Disaggregated data and investment: Collect data disaggregated by age, sex, geographic location, ethnicity, and socio-economic background to enable comprehensive analysis of all children's situations, with a focus on the most vulnerable. Strengthen the application of the GBA+ lens concerning children. Support the continuation of the Canadian Health Survey of Children and Youth (CHSCY) conducted by Statistics Canada.

- **Equitable access for all**: Devote resources to crafting and enacting policies that enhance healthcare access for diverse children and youth, particularly those living in poverty, with disabilities, and from racialized or Indigenous backgrounds. By acknowledging the interconnected nature of their identities and experiences, address the various barriers they face, including socio-economic obstacles, and ensure their meaningful inclusion in healthcare planning. Develop and implement inclusive policies that consider the unique needs of children and youth with disabilities, considering the complexity of their situations and the impact of intersectionality.
- **Workforce empowerment**: Invest in expanding Canada's paediatric workforce to address the specialized healthcare needs of children. Allocate funding for recruitment, retention, and training of paediatric healthcare providers. This investment will ensure timely access to high-quality care for children, foster workforce resilience, and contribute to a healthier future for youth in Canada. A dedicated strategy will demonstrate a commitment to prioritizing children's health and well-being (Children's Healthcare Canada, 2023)
- **National action plan**: Unite federal provincial and territorial governments in the development of a National action plan to implement the rights of children and address urgent threats such as preventable injuries, mental health, systemic racism, child abuse, vaccine-preventable illnesses, and more (Raising Canada, 2022). Advocate for accessible paediatric medicine formulations as part of National Pharmacare.
- **Independent Commissioner**: Establish a federal Commissioner for Children and Youth, dedicated to protecting children's rights and amplifying their voices in decision-making processes.
- **Sector monitoring and evaluation**: Revitalize the national survey of the child and youth serving sector to identify and support key decision-makers and service providers striving to improve the lives of children in Canada. Act now for a brighter, healthier future for children.
- **SDG health indicators**: reconsider the Canadian SDG framework to ensure child and adolescent health outcomes are adequately measured and disparities are tracked and addressed, ultimately contributing to a healthier future for all Canadians.

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