RAISING CANADA® 2022

TOP 10 THREATS TO CHILDHOOD IN CANADA

INEQUITY AND THE IMPACTS OF COVID-19

CHILDREN FIRST CANADA

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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.

Visit childrenfirstcanada.org for more information.

FOREWORD

Raising Canada 2022 underscores that children continue to feel the impact of the COVID-19 pandemic as it enters its third year. But they also face other challenges as the pandemic continues, both new and ongoing, like climate change and inflation. Though every generation has felt its impact, the pandemic period will be a generation-defining experience for children. It is only through rigorous data and extensive reports like *Raising Canada* that we can work to understand how this moment in time is altering children's lives, and how it may affect their lives in the decades to come.

The threats Canadian children face are complex and interconnected. Bullying and discrimination, for example, can degrade mental health, compounding each threat—and it's noteworthy that Statistics Canada has tracked an increase in acts of racism and discrimination during the pandemic. Meanwhile, children and youth in groups that experience discrimination are also more likely to face poverty, which in turn is associated with food insecurity and housing instability and all the knock-on effects those entail.

Combating these threats means finding multifaceted solutions. We won't be able to solve these problems one at a time. One of the keys to this puzzle is realizing that the voices of children and youth have not been part of this conversation—and how badly that needs to change. *Raising Canada 2022* highlights how the exclusion of people with a stake in the issue can actually worsen the threat. Children and youth know the threats they're facing, and in fact, last year's authors introduced climate change as a top threat, in part because they listened to those voices. We need to keep listening.

As Canada's national statistics agency, Statistics Canada remains committed to monitoring these and other threats, developing new indicators and frameworks like the Quality of Life Framework and pursuing deeper, more granular analysis with initiatives like the Disaggregated Data Action Plan. Data are the instruments we use to monitor and understand threats like the ones raised here, and the more finely we see, the more precisely we can aim our policies—and the more we can create opportunities for change.

But data alone aren't enough. *Raising Canada 2022*, like its forebears, is a call to action for everyone who would safeguard our children, from policymakers to parents. The decisions we make on every level, from national assemblies to the dinner table, must account for these threats if we are to improve the lives of our children.

Anil Arora
Chief Statistician of Canada
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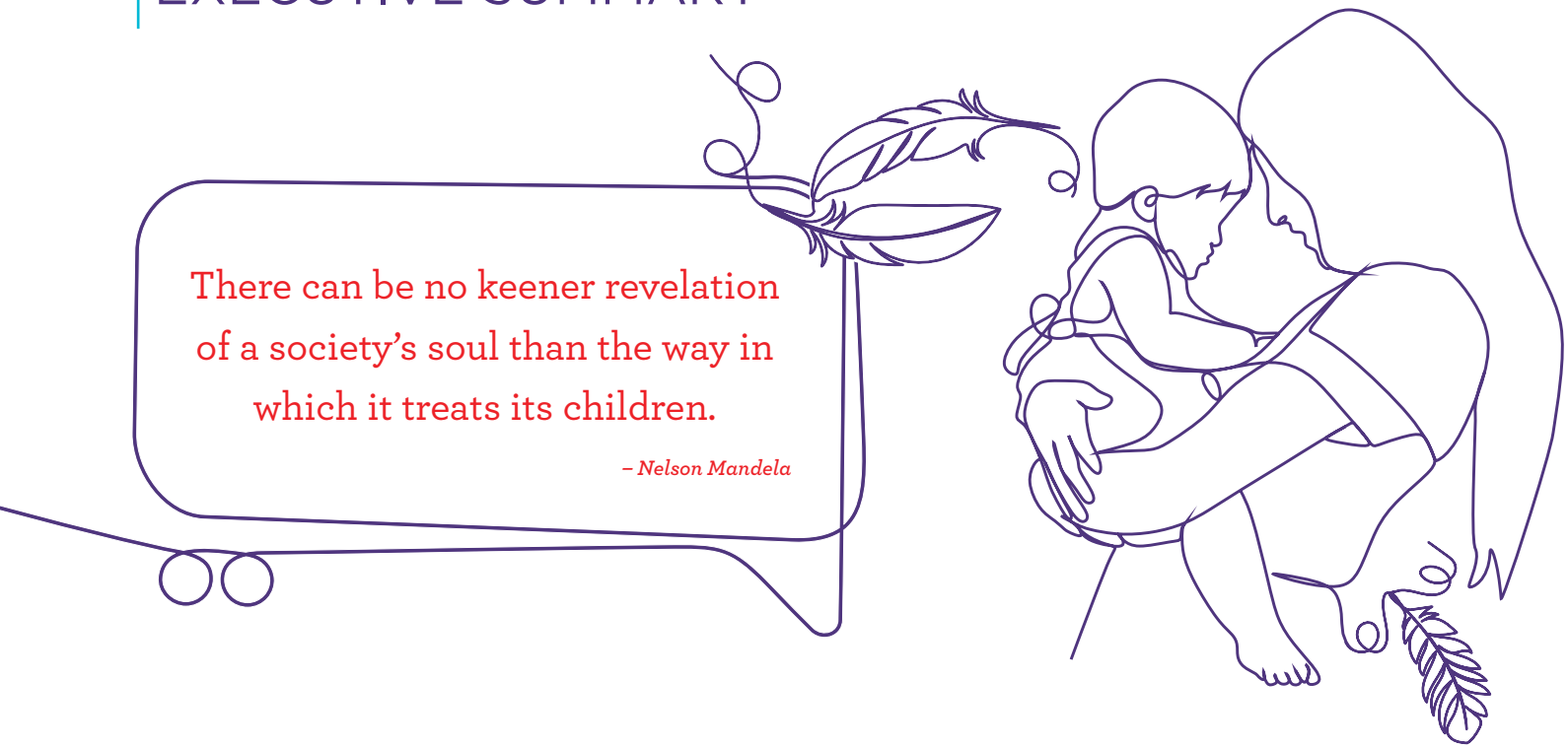
EXECUTIVE SUMMARY



There can be no keener revelation of a society's soul than the way in which it treats its children.

– Nelson Mandela

Children and youth thrive in environments that are safe, nurturing, predictable and structured.[1] However, this is not the reality for many kids in what is now known as Canada[i]. One-third do not enjoy a safe and healthy childhood, and the top 10 threats to childhood are depriving millions of children of their basic rights.

While the pandemic has brought many challenges for children to the forefront, a crisis has been brewing for more than a decade. Once ranked 10th among affluent countries, Canada has fallen sharply to 30th place.[2] Despite this downward trend, Canadians generally perceive that children are well cared for and their rights are upheld. But research suggests Canada has reached a tipping point, putting the lives of children and youth – and the future of our country – in jeopardy.[3]

From coast to coast to coast, many children do not make it to their 18th birthday: The infant mortality rate in Canada is higher than in most wealthy countries, and Canada has one of the highest rates of youth suicide among OECD countries. These devastating statistics are too alarming to be ignored.

Every child deserves to survive and thrive.

The ongoing threats to children and youth are well documented in previous *Raising Canada*

i Here we use the language "what is now known as Canada" to acknowledge that Canada is situated on the traditional land of Turtle Island, and to acknowledge the oppressive impacts that settler colonialism continues to have on the land and many diverse First Nations, Métis and Inuit peoples. For the purposes of this document, we will use the term "Canada" going forward, though we recognize that this land will always be Turtle Island.

reports. Over the last two years, the COVID-19 pandemic has in many ways amplified and accelerated the top 10 threats to childhood. School closures, social isolation, limited recreational and social activities, and increased social and economic pressures among families have been particularly detrimental to children and youth.

This year, the findings of the *Raising Canada* report highlight a disproportionate impact of COVID-19 on equity-deserving children and youth. This includes young people from racialized communities, First Nations, Métis and Inuit children, 2SLGBTQIA+ youth and young people with disabilities.[4] Systemic racism and discrimination continue to threaten the health and well-being of children across the country. This reveals a jarring contrast within our borders: While Canada ranks 14th for global prosperity,[5] drinking water advisories are still in effect in many Indigenous communities. This continues to deprive children of their basic right to access clean water to drink and bathe.

The challenges faced by Canada's health care system – including the interlocking of 10 provincial and three territorial health systems – are also taking an immense toll on children and their families. Rates of emergency visits for mental health issues are at an all-time high,[6] and wait times for surgery, rehabilitation and even routine medical care remain unacceptably long. More than two years into the pandemic, children's hospitals across the country continue to sound the alarm on the pediatric health crisis.

When kids suffer, Canada suffers

Historically, children and youth have not been viewed with the same importance as adults.[3] Public policy decisions and budgetary allocations often do not prioritize Canada's youngest citizens, which is evident at all levels of government. Yet children represent a quarter of the Canadian population and 100 per cent of our future. This systematic underinvestment in young people is putting the lives of all 8 million[7] children in Canada at risk.

There is overwhelming evidence that investing in young people can yield great economic returns, benefiting all Canadians. As our country begins to rebuild from the COVID-19 pandemic, there is an urgent and compelling need to make big, bold investments in Canada's most valuable natural resource: children and youth.

Young people deserve to be heard

Raising Canada 2022 seeks to elevate the voices of children and youth, reinforcing their right to participate in decisions that affect their lives. Building a more prosperous and inclusive society will require the leadership of children and youth. They are our next generation of business leaders, teachers, doctors, activists and politicians. Many are already leaders in their schools and communities, launching climate movements,

organizing social justice marches, and urging companies to align more closely with their values.

Children and youth were incorporated into all aspects of the research. They will also continue to play a central role in disseminating the findings and advocating for policies and investments to ensure the protection of their rights.

This report includes a literature review that focuses on self-reports of children (studies that focus on asking children questions), as well as those of parents and other experts. It also incorporates multiple views from individuals who work with young people on the top 10 threats faced by children and youth.

Raising Canada 2022 builds on the recommendations of the Young Canadians' Parliament (YCP) report, *Our Commitment to Today and Tomorrow, 2021-2022*. The YCP is a program designed to enable children and youth to learn about their rights and take action on the most pressing challenges facing their generation.

Members of the YCP, Children First Canada's Youth Advisory Council, and Youth Ambassadors played a pivotal role in *Raising Canada 2022*. Specifically, they helped shape the key findings, recommendations and calls to action. They will also continue to participate in ongoing knowledge mobilization and advocacy efforts.

Throughout this report, young people's views are incorporated through art. **Each artistic expression reflects a childhood experience or an idea on how to make Canada a better place to grow up.**

Raising Canada 2022 is published by Children First Canada. The report is also released with joint calls to action from the Council of Champions.

TOP 10 THREATS:
WHAT'S NEW IN THIS REPORT

Since the beginning of the COVID-19 pandemic, ample research has been conducted on the well-being of children and youth. This report highlights new data published in the last year, while considering the context shaping each threat. New recommendations are also included in the report to encourage changes that could improve the lives of children.

The COVID-19 pandemic continues to negatively impact the health and well-being of young people. As a result, it remains a key feature of the evidence published on each threat.

This report also employs an equity, diversity and inclusion lens. This places an additional emphasis on the inequities faced by children in Canada who experience systemic discrimination. Moreover, this research also makes recommendations to address the threats, providing concrete guidelines to government leaders and other key decision-makers.

There are a number of changes to the top 10 threats identified in *Raising Canada 2022*. In the past, poverty was a separate threat to food and nutritional insecurity. This year, the literature and experts guided our team to combine food and nutritional insecurity with poverty. Previously, climate change was included as a cross-cutting theme; this year it is included as one of the top 10 threats. This decision was based on the literature and advice from subject matter experts, including input from children and youth, specifically in the Young Canadians' Parliament.

Moreover, inequity and inequality were previously framed as a cross-cutting theme; this year this topic is highlighted throughout to demonstrate the pivotal role that it plays in hindering the well-being of young Canadians. This year's report includes updated recommendations that reflect the latest evidence and advice of experts.

Since the last *Raising Canada* report, most public health measures related to COVID-19 have been lifted across the country. The report highlights the impacts of changes, such as the lifting of mask and vaccine mandates and the reopening of schools, as well as the corresponding impact

on children's health and well-being.

This year's report puts a stark spotlight on the many ways in which children have been deprioritized at every stage of the pandemic – putting their lives and futures at risk. *Raising Canada 2022* continues to emphasize the importance of a child rights framework and the full implementation of the United Nations Convention on the Rights of the Child. Children and youth are citizens with rights that need to be upheld.

Similar to findings from previous years, *Raising Canada* exposes the widespread violations of children's rights. Their basic rights to survival, development, protection and participation are not consistently being upheld. Their views are not being adequately considered, and they are consistently excluded from public policy decisions that affect their ability to enjoy a safe and healthy childhood. In part, this is because children are not often viewed as equal citizens. Their voices and input are readily disregarded and, at times, discredited.[3] COVID-19 has brought the inequities that children, as a whole, face to the forefront.

At the time of writing this report, Canada was in the midst of the seventh wave of the COVID-19 pandemic. Canada's Chief Public Health Officer, Dr. Theresa Tam, had also warned of successive waves in the fall and winter. The pandemic is not over. **The overarching message of *Raising Canada 2022* is that children will continue to suffer short- and long-term repercussions if we, as a society, fail to intervene. There is an urgent need to neutralize or prevent the top 10 threats to childhood in Canada.**

Children's artistic expressions throughout *Raising Canada 2022* reflect a childhood experience or an idea on how to make Canada a better place to grow up.

"Bright Canada"
-Sophie V., 11, Victoria, B.C.

KEY FINDINGS

Threat #1: Unintentional and Preventable Injuries

Unintentional injuries are the leading cause of death for children and youth in Canada.[8, 9] **The leading causes of injury for children (aged 0-14) are falls, sports injuries, and transport injuries, respectively.**

There has been a 28% increase in children attending emergency departments.[6] Many of these visits are due to unintentional injuries.

Accidents from cannabis use, such as driving accidents, have particularly increased during COVID-19 and since its legalization.[10]

Threat #2: Poor Mental Health

Overall, the mental health of children and youth has declined during the pandemic. In particular, substance use,[11, 12] suicide attempts,[13] eating disorders,[14] and stress and anxiety associated with the lack of supportive activities posed an extensive challenge for children and youth.[15]

A quarter of young people (aged 2-17) in Canada experience mental health challenges.[16] **More than half of youth (aged 12-18) across all provinces and territories in Canada experience depression, and 39% face anxiety.**[11]

Threat #3: Systemic Racism and Discrimination

The COVID-19 pandemic disproportionately impacts children from racialized communities, First Nations, Métis and Inuit children, 2SLGBTQIA+ youth and young people with disabilities.[4] This fuels inequitable access to critical services, such as health care, housing, education and employment opportunities.

Indigenous children are 12.4 times more likely to be taken out of their homes and placed in foster care than non-Indigenous children.[17]

Transgender adolescents (aged 15-17) are 7.6 times as likely to have attempted suicide compared to their peers.[18]

Threat #4: Child Abuse

Approximately 1 in 3 Canadians report experiencing some form of child abuse by the age of 15.[19, 20] **This statistic is higher among Indigenous populations (40%).**[21] Approximately 1 in 3 children with disabilities also face violence in their lives.[22]

Among students in Canada, **1 in 4 children surveyed experienced sexual harassment or assault in schools by Grade 7**.[23]

The prevalence of online sexual abuse has been increasing within the last five years at higher rates than other forms of abuse, including physical, emotional and neglect.[24]

Threat #5: Vaccine-Preventable Illnesses

Approximately 1 in 4 children in Canada are behind in their routine vaccinations.[25]

COVID-19 vaccination rates vary considerably based on age and geography in Canada. Alberta faces the lowest rate of vaccination for children (aged 5-11), with less than 35% who have received two vaccinations. Newfoundland and Labrador have the highest vaccination rate for children (aged 5-11) with 69% who have received two vaccinations.[26]

Young people in Canada (aged 0-19) comprise about 19% of all COVID-19 cases.[27] Recent evidence also suggests that **25% of children who contract SARS-CoV-2 will develop long-COVID.**[28]

Threat #6: Poverty and Food and Nutritional Insecurity

Over 1.3 million children in Canada (or about 1 in 5 children) live in poverty.[29, 30]

In 2021, approximately 1 in 5 children lived in food insecure households.[31]

Threat #7: Infant Mortality

In 2021, **the infant mortality rate in Canada was particularly high compared with other OECD countries, with a rate of 4 infant deaths per 1,000 births.**[32]

There are five leading causes of infant mortality in Canada: immaturity (not fully grown); structural or functional birth defects; severe lack of oxygen; infection; and sudden infant death syndrome.[33]

Threat #8: Bullying

In Canada, approximately 1 in 3 youth experience bullying. The prevalence has remained relatively consistent over the past 12 years.[34]

Even though bullying can affect children regardless of their individual characteristics, evidence shows that rates of **bullying are higher among children from minority groups (2SLGBTQIA+, immigrants, refugees, and Indigenous[ii] youth)**.[35, 36]

Threat #9: Limited Physical Activity and Play

Physical activity and play deteriorated throughout the COVID-19 pandemic due to school closures and limited extracurricular programs and gatherings.

In one study, only **12% of respondents (aged 12-17) met the guidelines for moderate-to-vigorous physical activity.**[37]

Threat #10: Climate Change

Child acute bronchitis episodes related to wildfires have seen an upward trend every year. These episodes more than doubled between 2013 to 2018.[38, 39] **Estimated asthma symptom days for children (aged 5-19) have followed a similar trend, more than doubling in the same period.**[38, 39]

Canada ranks 24th in child illness from unsafe water and 20th in child deaths from unsafe water – despite having the third-largest freshwater reserve in the world.[39]

ii Indigenous is an all-encompassing term, though it is important to note that differences can and often do exist across First Nations, Métis and Inuit peoples. Where data is separated based on community, we will specify using particular terminology.

Cross-Cutting Themes

THEME 1: DISRUPTION TO EDUCATION

During the pandemic, the learning gap increased by half a year of schooling for students from lower socioeconomic backgrounds.[41] Students who were experiencing difficulties during the pandemic have dealt worse with learning disruptions. A recent global study on learning loss by the World Bank found that learning losses on average amounted to 0.17 of a standard deviation, **equivalent to roughly one-half year's worth of learning. The study confirmed that learning loss is real and significant**.[42]

The effects of remote or hybrid learning methods are not yet fully understood and require further research. However, "there is widespread consensus from families, educators, and children themselves that students learn better in person than online, and that access to online learning is a challenge for many due to technical, economic, or other barriers."[43]

Evidence suggests that educational strategies need to be developed and resources must be allocated for the youngest learners, children with special needs and children whose special needs have not been identified yet.[44]

The closure of schools and child care not only impeded education, but also resulted in "significant physical, mental health and safety harms for students and children. **Statistical modelling suggests long-term impacts on students' lifetime earnings and the national economy.**"[43]

THEME 2: ACCESS TO HEALTH CARE AND OTHER SOCIAL SERVICES

Wait times for accessing pediatric surgical services are up to 2.5 years beyond the clinically accepted timelines.[45]

Public health protocols during COVID-19 added barriers to accessing cultural practices for Indigenous peoples, which led to an increase in social isolation.[46]

THEME 3: YOUTH REPRESENTATION

In a recent scoping review, **only 24% of the interventions studied involved children and young people in the decision-making process and shared responsibility in the development of interventions.**[47]

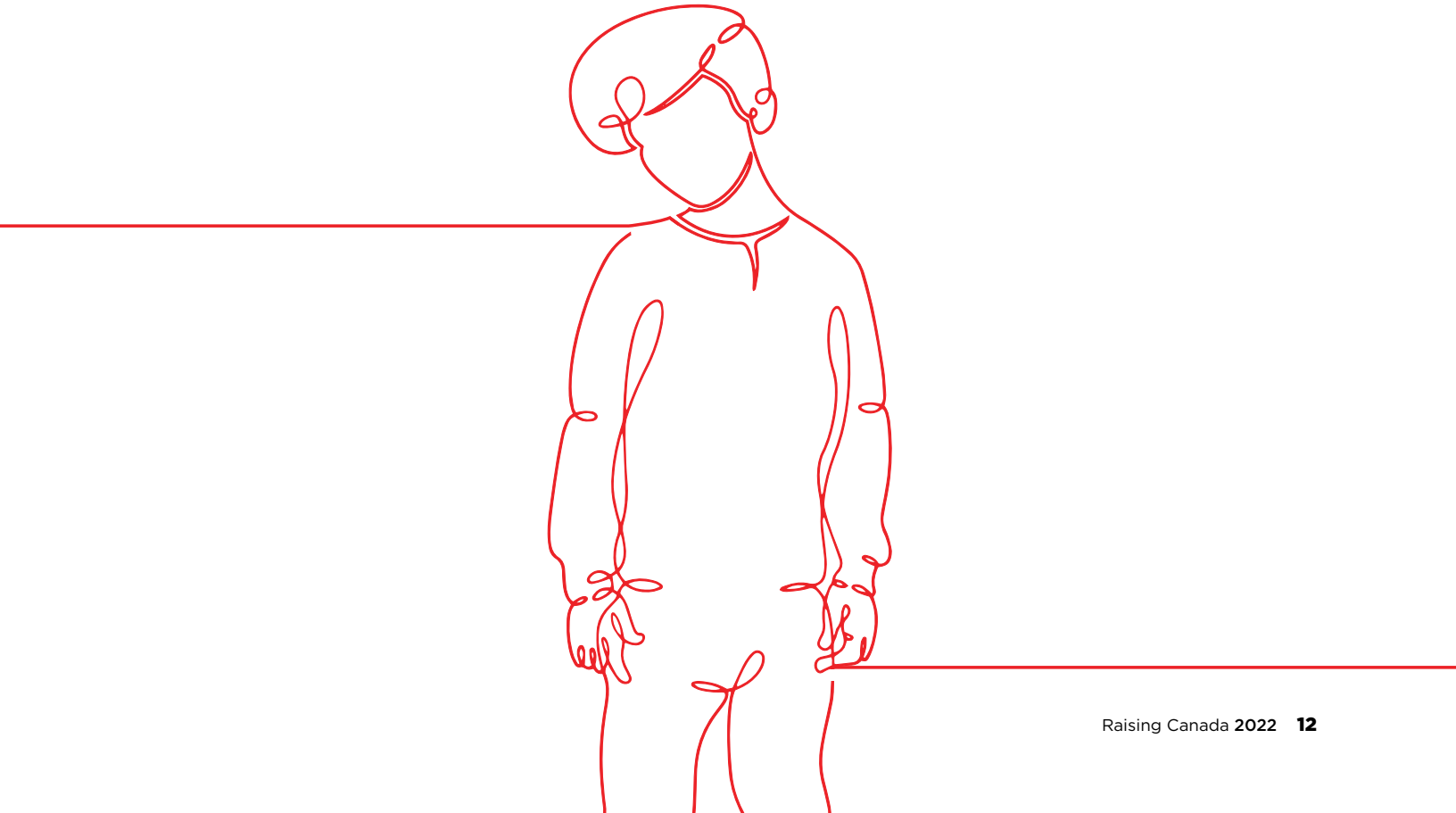
When children and youth are actively involved in research and intervention development, there is a mutual benefit to youth and communities.[48]

LESSONS LEARNED

Raising Canada 2022 is the fifth in an annual series of reports that track the top 10 threats to childhood in Canada. This year's report is also the third to examine the grave impacts of the COVID-19 pandemic on young people. Within the past year, there has been a lack of interventions developed to address young people's concerns, interests and needs. It is imperative to closely monitor and address the effects of the pandemic on children and youth, including (but not limited to) impacts to their physical and mental health, social well-being, educational trajectories and rights.

Climate change has re-emerged as a threat to children's lives this year, after appearing as a cross-cutting theme in last year's report. This report also highlights the disproportionate impacts of each of the threats on Indigenous communities, people of racial and ethnic minorities, and other equity-deserving populations. **A key takeaway from this year's report is the critical value of equity, inclusion and diversity within policy and community solutions related to young people.**

To further understand and tackle the issues highlighted in this report, children and youth need to be engaged in meaningful ways. Developing child-centred policies requires leadership from children, which necessitates the inclusion of young people. **Working with children will help develop effective and sustainable solutions that are oriented to the interests and needs of children and their families.** We must create spaces to engage with children and youth in our commitment to improving their health and well-being.



CALLS TO ACTION

Children First Canada and the Council of Champions welcome the Government of Canada's commitment to ensure that the voices and needs of children are represented. We reiterate our pledge to work together to make Canada the best place for kids to grow up.©

The urgency to invest in kids has never been greater. A decade ago, Canada was ranked in 10th place among OECD countries for the well-being of children. Today, Canada ranks 30th.[2] The COVID-19 pandemic has accelerated and amplified the top 10 threats to childhood and resulted in widespread violations of children's rights.

Therefore, we call on the government to improve the lives of all 8 million kids in Canada and address the inequities faced by Indigenous children, Black and other racialized youth, young people with disabilities, and 2SLGBTQIA+ youth by implementing three core recommendations:

1 Listen to Children and Youth and Prioritize their Best Interests

- Enable children and youth to be active and engaged citizens by:
  - » Promoting knowledge of their rights and responsibilities
  - » Supporting the Young Canadians' Parliament and Prime Minister Trudeau's Youth Council to engage with federal decision-makers
  - » Lowering the voting age and upholding the Canadian Charter of Rights and Freedoms
  - » Ratifying the 3rd Optional Protocol to the UN Convention on the Rights of the Child to enable greater accountability when violations of children's rights occur
- Incorporate children's rights into federal law and conduct a child-rights impact assessment when developing or reviewing legislation, policies and budgets

2 Make a Plan and Invest in Changing Children's Lives for the Better

- Create and implement a national Plan of Action to improve the lives of children, including protecting their rights and tackling the top 10 threats to childhood:
  - » Reducing unintentional and preventable injuries
  - » Improving child and youth mental health
  - » Eliminating systemic racism and discrimination
  - » Ending child abuse, including prohibiting all forms of violence against children
  - » Addressing vaccine-preventable illnesses
  - » Ending child poverty and improving food and nutritional security
  - » Reducing infant mortality
  - » Ending bullying
  - » Improving physical activity and play
  - » Reducing the impacts of climate change
- Launch a Catalytic Investment Fund that supports innovative and effective solutions that measurably improve the lives of children.
- Create transparency and accountability on federal expenditures related to children and youth by publishing a Children's Budget.

3 Measure and Monitor What Matters in the Lives of Children and Youth

- Establish an independent Commissioner for Children and Youth that is dedicated to protecting the rights of children.
- Develop a comprehensive data strategy that would encompass the collection of disaggregated data on the health and well-being of children, supported by analysis, research and insights.
- Renew the national survey on the child- and youth-serving sector to identify and map all key decision-makers working to improve the lives of kids in Canada.

Specific recommendations on each of the top 10 threats to childhood and the cross-cutting themes have been identified throughout the *Raising Canada 2022* report. They warrant attention, investment and action by all levels of government, civil society organizations and the private sector.

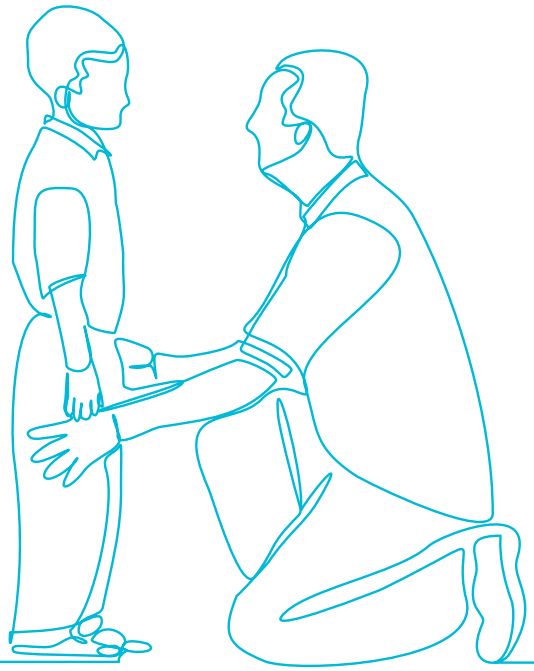
As emphasized throughout the report, **all actions taken to improve the lives of children must directly include children and youth as experts in their own lives. They are both the leaders of the future and leaders today.**

INTRODUCTION AND BACKGROUND

Raising Canada 2022 is the fifth in an annual series of reports by Children First Canada that aim to examine the state of childhood in Canada. The reports examine newly released evidence related to the top threats to child health and well-being. *Raising Canada* has consistently called on federal leaders, along with provincial/territorial leaders, community leaders, parents, and society-at-large to take urgent action to respond to these threats through recommendations and overarching calls to action.

In 2021, the *Raising Canada* report focused on examining new sources related to the impact of the COVID-19 pandemic on children. When last year's report was released, the pandemic had been in effect for 18 months, impacting two school years. The impacts of the pandemic were prominent features in the discussion of each threat.

Along with this, a children's rights framework (further explained in the Methods and Framework section) was utilized to examine each of the threats from the perspective of Canada's obligations to fulfil its duties to children, as outlined in the UN Convention on the Rights of the Child.[49] Subject matter experts were consulted from a variety of settings – academia, health care, civil society organizations, and more – to shape how sections were framed and to ensure analyses were reputable and comprehensive. Finally, recommendations to resolve or mitigate the negative impacts of the top 10 threats and the four cross-cutting themes were outlined in last year's report, which were not included in previous reports.



The top 10 threats to childhood in Canada in 2022:

1. Unintentional and preventable injuries
2. Poor mental health
3. Systemic racism and discrimination
4. Child abuse
5. Vaccine-preventable illnesses
6. Poverty and food and nutritional insecurity
7. Infant mortality
8. Bullying
9. Limited physical activity and play
10. Climate change

The ordering above is based on the evidence found related to each threat, from conversations with and among child and youth contributors, content experts, and the Children First Canada research team, and from the Young Canadians' Parliament Annual Report.[50]

This year's report includes the following:

- New sources and data sets, including sources from Statistics Canada, Canadian Institute for Health Information, peer-reviewed data, and reports published by community organizations throughout the country
- Climate change is a top 10 threat, whereas it appeared as a cross-cutting theme in last year's report
- A set of refined recommendations for each threat that outline the actions required for decision-makers
- Consultations with partners and subject matter experts to provide feedback on sources, the recommendations suggested, and the framing in each section
- An equity, diversity and inclusion lens to examine the threats and to assess the ways in which concerns related to equity (based on gender, race, disability, etc.) are highlighted

Three cross-cutting themes related to the top 10 threats were identified in this year's report:

- Disruption to education
- Access to health care and other social services
- Youth representation

The full series of *Raising Canada* reports is available at childrenfirstcanada.org/raising-canada.

METHODS AND FRAMEWORK

Consistent with previous *Raising Canada* reports, we explored the top 10 threats to children and youth based on evidence that consistently highlights the existence of each threat. The purpose of this report is not to provide a systematic literature review of evidence related to each threat, but rather to offer a comprehensive and rigorous examination of evidence that has been identified and collected. Moreover, and congruent with previous years, the team completed searches using Google Scholar, databases at the University of Calgary and University of Toronto, and government websites to find relevant peer and non-peer-reviewed documents.

An equity and inclusion lens has been incorporated throughout the report to emphasize how diverse populations are impacted by the threats. In past *Raising Canada* reports, this component was positioned as a cross-cutting theme. However, we have indicated the importance of this aspect of the report by separating the analysis in a new way.

Children First Canada's Council of Champions has endorsed the *Raising Canada 2022* Calls to Action. Some members of the council have also provided their insight as subject matter experts on key findings and recommendations.

Additionally, the following components were included for the purposes of generating this report:

- Advice and input on the report from children and youth (as subject matter experts)
- Artistic expressions from young people
- Input and guidance from other subject matter experts on their latest research, key findings and recommendations
- Data from the Young Canadians' Parliament on the threats faced by children and youth
- A children's rights framework

Most of the components above are consistent with previous *Raising Canada* reports. Consistent with previous years, a child rights framework has guided our approach to explore the evidence and address threats facing children. The CRC is based on four guiding principles:

1. Non-discrimination - children should have equal rights without being treated differently than others.
2. Best interest of the child - exploring what is advantageous for young people, while taking into consideration what they perceive is best for them.
3. The right to survive and develop - the right to live a life free of harm and live up to their potential.
4. The views of the child - acknowledging and incorporating diverse perspectives that children and youth hold that impact their lives and well-being.

According to the United Nations Convention on the Rights of the Children, there is a governmental duty to ensure that the rights and well-being of young people are being upheld. Historically, the rights of children have not been upheld and their well-being has not been adequately cared for.[49] A recent review conducted by the United Nations Committee

on the Rights of the Child resulted in a scathing report released in June 2022 in which the UN expressed grave concerns and called for urgent action.[40]

It is essential to continue advocating for changes with parents, the community, institutions, the private sector and all levels of government. **We must not simply advocate for children; we must advocate with them. We also need to support their efforts to advocate for themselves – nothing for children without children.** Indeed, children have a right to express their views and to have those views be given due weight in decisions that affect their lives. A child rights framework is integrated throughout this report to highlight that the top 10 threats are violations of children's rights, and to identify the responsibilities of adults and institutions – including government, civil society and the private sector – to bring about meaningful change.

Finally, throughout the report the terms "children", "adolescents/youth" and "young people", are used interchangeably to refer to an individual under the age of 18. This is consistent Article 1 of the United Nations Convention on the Rights of the Child (UNCRC),[49] which identifies a "child" as a person under the age of 18. Some definitions of youth differ. For example, the United Nations refers to individuals between the ages of 15 and 24.

"Children in the City"
-Iree A., 10, Edmonton, Alta.

The following four factors were instrumental in selecting the top 10 threats and the order in which they are reported:

1. **The literature reviewed:** Exploring relevant studies and the prevalence of the challenges youth face allowed us to hone in on important topics and issues.
2. **Subject matter expert consultations:** Purposefully selected subject matter experts helped identify challenges that children face. The experts also shared additional literature and recommendations.
3. **Consultations with young people as subject matter experts (as they are experts on their own lives):** Congruent with the UNCRC, we were guided by the views of children. Youth shared their input on the report, provided recommendations and shared sources that could further add to the report.
4. **The Young Canadians' Parliament (YCP) annual report:** This report outlined the key challenges youth face and proposed recommendations for action. This report reflects and showcases the views and voices of the 283 members of the YCP. The *Raising Canada 2022* report builds upon the YCP's report and shares additional threats and recommendations.

While the top 10 threats highlighted in this report are important, many additional threats to the health and well-being of children exist that go beyond those identified in this report.

1 UNINTENTIONAL AND PREVENTABLE INJURIES

Unintentional injuries are the leading cause of death for all children and youth (ages 1-24) in Canada, based on data from 2020.[8, 9] A large-scale study by Parachute in 2021 reviewed data from 2018 (the most recent data they released) in Canada and found that there were 12,796 hospitalizations as a result of unintentional injuries in young people aged 0-14.[51] In 2019, which is the most recent year the Government of Canada reported on unintentional injuries, 4/100,000 boys and 3/100,000 girls (aged 0-11) passed away from unintentional injuries in Canada.[52] These rates were higher among 12- to 17-year-olds. In particular, for 12- to 17-year-olds, 11/100,000 boys and 5/100,000 girls passed away from unintentional injuries in 2019[52], and 251,783 children between the ages of 0 and 4 had to go to the emergency department for unintentional injuries.[51]

In the past year, 26.5% of Canadian adolescents (aged 12-19) reported sustaining an unintentional injury.[53] Overall prevalence of injuries in young people aged 12-13 was 31.1% and 32% for ages 14 to 16.[53] **In their most recent large-scale study on unintentional injuries, Parachute reflected back on 2018 and found that there were 4.6 million emergency visits in Canada.**[51]

A study by Toulany et al.[54] found that there was a 66% increase in emergency department visits in Ontario during the initial period of the pandemic (March 2020 to December 2020). This year's *Raising Canada* report shares findings related to the most common forms of unintentional injuries.

Falls

Falls are the leading cause of injury for children aged 0-14.[51] Parachute also found that there were approximately 4,500 children (aged 0-14) hospitalized for falls in Canada. Location of falls often changes as young people get older.[51] For example, children aged 0-5 often fall at home, whereas children aged 5-9 are more likely to fall at playgrounds. [51] In Canada, there were 79,478 emergency department visits for youth aged 15-19 in 2018.[51]

Drowning

In their most recent large-scale study, Parachute discovered that in 2018 there were 1,700 emergency department visits by children aged 0-14 in Canada related to drowning or near-drowning experiences.[51] Of this number, 328 emergency visits were among children aged 0-4 as a result of drowning accidents and four deaths occurred in ages 0 to 4.[51] For youth aged 15-19, there were 200 emergency department visits in 2018 for drowning or near-drowning experiences.[51] From 2010-2019, young people 19 years and under-experienced non-fatal drowning accidents at a rate of 8.1 per 100,000 in Ontario (which would equate to approximately 274.2 people in Markham as an example).[55] There was an average of 248 non-fatal drownings among this age group in Ontario yearly from 2010-2019.[55]

Choking

Worldwide, airway obstructions from choking have resulted in a high number of deaths in

young people.[56] In small children, it is not uncommon for small objects to become lodged in their throat resulting in the need for medical attention.[57] **Every year, approximately 380 young people under the age of 14 are hospitalized in Canada for serious choking occurrences, and approximately 44 (11.5%) of those children die.**[57]

Poisoning

During the pandemic, poisonings have increased for children of all age groups.[58] In 2018, unintentional poisonings accounted for 12,312 visits to the emergency department in children aged 0-14.[51] Although there was an overall 42.4% decrease in emergency department visits for all poisonings, those from drug exposure increased by approximately a third.[58] According to Zhang et al.,[58] from pre-pandemic (2018/2019) to the beginning of the pandemic (2020) there was a 127.8% increase in unintentional poisoning. Emergency visits for adolescents with poisoning from drug exposure accounted for many of those cases (26 per 10,000).[58] Another example of unintentional poisoning can occur from parents' substance use disorders. Every year, 84.8 per 100,000 young people will be hospitalized from poisoning from living with a mother who consumes substances regularly.[59]

Traffic Injuries

Among young people aged 15-29, traffic injuries, in particular, were a leading cause of death.[60] Traffic injuries include pedestrian and cyclist motor vehicle collisions. In Canada, 38,131 children between the ages of 0-14 were admitted to the emergency department for traffic-related injuries in 2018.[51] The Government of Canada reviewed data on young people's traffic injuries, which affected 1,457 youth between the ages of 1 and 14.[61]

A study in 2021 by Kitchen et al. looked retrospectively at vehicular injury deaths among youths and found that Ontario death rates decreased.[62] The rates were also lower in Ontario compared with the rest of the country. The decrease accounted for 13 per 100,000 vehicle injury deaths in 2000 compared with 5.5 out of 100,000 in 2015.[62]

A more recent report by the Government of Canada[8] shared that there was a decrease in traffic crashes with 52,071 children under the age of 16 being injured in traffic. The report found that 3.3% of fatal and severe injuries occurred in children under the age of four, while 15- to 19-year-olds experienced the highest rates among young people at 13.4%.[8]

Cannabis-Related Injuries

Cannabis use has contributed to young people's emergency department visits. This includes visits as a result of agitation, psychosis, and tachycardia, to name a few. Many of these young people needed intubation.[63] Bechard et al.[64] reflected upon visits over an eight-year period and revealed that there were five times more emergency department visits for youth in Ontario as a result of cannabis use. Another study by Zhang et al.[58] found a 44.3% increase in recreational cannabis use in youth in Canada.

Young people aged 14-18 were found to be the most likely age group to be admitted for cannabis-related injuries in Canada, followed by ages 10-13.[64] Myran et al.[65] also corroborated the findings of an increase in cannabis-related emergency department visits in 0 to 9-year-olds. Results from their 2022 report reflected back on visits within a five-year period. They found that there was an increase from 124 visits in 2016 to 217 in 2021 following legalization.[65] Cohen et al.[10] looked at pediatric hospital admissions in Canada prior to and following legalization. The mean age of young people in their study was 15.9. The authors found that following its legalization there were greater risks of cannabis-related preventable injuries.

Inequitable Impacts on Indigenous Children and Youth

A study by Kovesi et al.[66] looked at environment quality in First Nation homes. They found that hospital admissions were common among First Nation children at a rate of 21% for young people under the age of two who were often seen approximately 1.6 times per year.[66] Indigenous children and youth are less likely to access health care for injuries than the general population.[67] As a result, the actual numbers of those in Indigenous communities who do get injured are likely larger than those reported.[67]

As a prominent mode of transportation, all-terrain vehicle (ATV) collisions in Nunavut are a major source of injury. However, according to Beaulieu et al.[68], not all involved in the collisions seek or obtain medical help.[68] This can likely be attributed to systemic inequities experienced in accessing quality health care, racism and inadequate culturally-appropriate supports.[68, 69] In all of Canada, there are approximately 100 ATV deaths per year, usually in the later teens to adults.

These inequities are also demonstrated in poor housing conditions that result in preventable illness. Poor quality of air is present in many Indigenous homes, which result in respiratory challenges.[66] Finances and funding to ensure adequate housing are lagging in such locations as northwestern Ontario. As a result, First Nation populations experience inadequate ventilation, mould and overcrowding.[66]

Inequitable Impacts on Children with Disabilities

In recent years, minimal work has been published on the unintentional injuries affecting children with disabilities in Canada. However, an Ontario-based study found that children and adolescents with intellectual and developmental disabilities face high risks for injuries that are both unintentional and intentional.[70] This finding aligns with data from a 2015 meta-analysis, which indicated that **children with disabilities face a significantly higher risk of unintentional injury compared to children without disabilities.**[71]

RECOMMENDATIONS

Policy Recommendations

- Rothman et al.[60] suggest that changing the physical environment to promote more safety can reduce traffic injuries and deaths. Leadership from provincial/territorial and, where appropriate, federal ministries of transportation is required to adapt environments to ensure they are conducive to safety. This should include: a greater focus on prioritizing active transportation travel modes (walking and bicycling) over motor vehicles; slowing motor vehicle traffic through environmental changes, such as speed bumps and road narrowing, and lowering and enforcing motor vehicle speed limits; improving roads; enforcing speed regulations; and incorporating more driving education and phases for getting licenses for young persons.

- *Qanuippitaa? National Inuit Health Survey,* led by Inuit communities, is being conducted between 2021-2023 and will occur every five years.[68] This survey can reflect upon the safety challenges that Inuit youth experience.[68] The findings of this study should be incorporated, including best practices to support Inuit youth in implementing safety measures. In addition, the Statistics Canada 2022 Indigenous Peoples Survey is currently in collection. This includes data on children in particular, and the results will be available in 2023. Such surveys should be considered for all young people (including other ethnicities) and include a suggestion and recommendation section.

- Youth voices should be incorporated in the study methods and analyses. Policies should

be driven by the findings highlighted in such surveys that are completed by youth, decision-makers and parents. Congruent with this survey would be recommendations from Jordan's Principle, which includes eliminating inequities and delays in services for First Nation communities.[72] These principles also align with the UNCRC's children's rights framework by emphasizing the right to non-discrimination.

Community and Policy Recommendation

- A strong understanding of the potential impacts of marijuana use is needed for both adults and young people. This can be done in community forums, conferences, and within school settings. Public awareness and education can be extended to all potential unintentional injuries. Prevention measures should be evaluated over time to determine the efficacy of programs. However, education alone does not suffice. It cannot occur in isolation to effectively promote change. Education must be paired with regulations/legislation. Structural system changes are also needed, particularly for higher risk, marginalized or equity-deserving populations.

"Inside The Mind Of A Child"

It is an abstract piece that is meant to symbolize the process of healing many children are going through due to world struggles, such as the COVID-19 pandemic and others that are still ongoing, explaining the black and white patterns transitioning into the brighter colours on the page.

-Marie-Paul D.-S., 15, Hamilton, Ont. (Young Canadians' Parliament member)

2 POOR MENTAL HEALTH

Mental Health and Access to Services

More than 75% of mental health issues begin before the age of 25,[73] and mental health concerns among children and youth are on the rise. In 2019, Youth Mental Health Canada found that out of all age groups, 15 to 24 were the most likely to experience mental health and/or substance use challenges.[74] The Canada Health Accord, signed by all provinces and territories, declared that they would make child and youth mental health a priority. Yet the question remains as to whether this is happening, particularly in the face of the challenges presented by COVID-19. For example, Ferro et al.[16] found that parents had reported a 39% increase in mental health issues among their children, and 25% of young people reported a decline in their mental health.

An online survey conducted in May 2022 by the Alberta Medical Association, along with ThinkHQ Public Affairs Inc., shared even more concerns. Approximately two-thirds of parents perceived that there was a decline in their children's mental health.[75] Mactavish et al.[15] explored mental health in children aged 8-13 in southern Ontario and found that well-being and mental health deteriorated pre-pandemic versus during the pandemic. These findings demonstrated an increase in mental health issues when compared to the data presented in previous reports.

Despite the high prevalence of mental health challenges, in 2018 the Mental Health Commission of Canada found that less than 20% of children and youth will receive treatment.[76] **There are inadequate resources to meet the needs of young people requiring mental health support in Canada.** Some of the most prevalent forms of poor mental health for children in Canada include: suicide,[9] depression,[77] anxiety,[15] eating disorders,[14] substance use disorders,[11] and self-harm.[78] The extent to which these threats have been amplified by the pandemic are explored below.

COVID-19 Impacts

COVID-19 posed significant challenges for the mental health of children and youth. Children and youth as a population group have struggled the most with their mental health during the pandemic.[79] Several studies found that COVID-19 exacerbated mental health issues for children and youth. Social isolation and lack of access to support during COVID-19 brought more mental health issues in Canadian children and youth.[11, 80-84] Due to school closures, the supports offered by schools to address mental health concerns were halted, resulting in young people having to go to emergency rooms.[1]

Approximately 90% of students in Canada switched to online learning during COVID-19 precautions.[85] Challenges associated with shifting to online learning were particularly evident in children with Attention-Deficit Hyperactivity Disorder (ADHD).[85] It is suggested that brain development, school performance, and mental health in children and youth may also have been adversely impacted.[86, 87]

Teachers also shared concerns for student mental health, **with 74% of Canadian teachers expressing concern for their student's mental health**.[88] Those who did not have depression prior to COVID-19 have been more likely to report depressive symptoms.[15]

A decline in protective factors for children contributed to mental health issues.[89] Social support often helps mitigate mental health concerns.[15] Children received less social support due to less time spent in schools and participation in fewer recreational activities, resulting in an increase in mental health problems.[90, 91]

At the same time, the use of the national Kids Help Phone services during the pandemic increased by 400%.[92] **The Canadian Institute for Health Information found that in the beginning of the pandemic, in young people aged 5-24, 1 in 4 hospitalizations were for mental health issues**[93]. Acting-out behaviours and aggression in the home (both considered externalizing mental health issues) also increased as home tensions grew.[11] Medications for regulating children's mood were dispensed at a rate of 7,109 per 100,000 in 2019 in Canada and increased in 2020 to 7,372 per 100,000.[93]

Cost and colleagues[77] corroborated these findings by stating that the mental health of children and youth deteriorated by 67-70% in at least one domain, while, surprisingly, there was an increase in mental well-being for 19-31% of participants. Statistics Canada collected self-reported data on mental health and comparisons show that rates of 'excellent' or 'very good' rated mental health continuously declined for 12- to 17-year-olds between January-December 2019 (73.0%), September-December 2020 (67.1%), and September 2021-February 2022 (61.2%) – this indicates the effects of the pandemic.[94]

In another study by Gadermann and colleagues,[81] 24.8% of parents reported that their children's mental health had decreased during COVID-19.

Mental health systems were overloaded even prior to the pandemic, and have been further backlogged since the onset of COVID-19.

Although Gonzalez et al.[95] found that 36% and 29% of caregivers perceived young people's mental health and challenging behaviours, such as self-harm and aggression, have worsened, mental health systems have not been able to adequately meet their needs.

As a member of the Young Canadians' Parliament, Jayden Paquet-Noiseux emphasized the rights for young people to have better mental health.[96] Paquet-Noiseux has been instrumental in advocating for new laws and enhanced funding to be funnelled into mental health supports. This is in direct response to the number of youth struggling with symptoms of mental health before the age of 18, citing up to 70% of all youth, with long wait times.[96] He emphasized that as a result of the staggering numbers of youth experiencing mental health challenges, a new parliamentary bill should be enacted to increase funding, and yearly evaluations of therapists to ensure they are meeting the regulations. The majority of attendees of the debate on Bill 138 were in favour of these recommendations.[96]

Children with disabilities who come from socioeconomically disadvantaged backgrounds have faced particular challenges.[97] A number of risk factors contributed to these children being less likely to receive services than other young people. For example, the authors suggest that young people were less likely to receive services if they belonged to families that were working less than full time, belonged to single-parent homes, resided in homes with low educational attainment (high school or less), having low income (making less than $40,000 per year).[97]

However, there are some studies that would suggest that mental health has not deteriorated.[98] For example, in a systematic review, Viner et al.[99] suggest that there has been stable (and, in some cases, declines in) mental health challenges among children.

Self-Harm

A recent study by Zulyniak et al.[100] looked retrospectively and found that self-harm in youth increased between 2018 and 2000. Since the beginning of the pandemic, Turner et al.[101] reported that 5% of adolescents aged 12-18 reported engaging in self-harm. The most recent large-scale study by Parachute revealed that in 2018, suicide attempts/self-harm resulted in 15,884 emergency department visits in Canada for youth aged 15-19.[51] The research team found the rate for suicide attempts/self-harm to be lower among young people aged 10-14, which accounted for 4,004 emergency department visits.[51]

A study completed by Ray et al.[102] between March 1, 2018, to February 28, 2020, in Ontario explored the risk of self-harm and overdose and mortality in adolescents and young adults. Their study found a decline in self-harm and overdose and mortality over the course of March 2018 to February 2020 from rates of 51 per 10,000 pre-pandemic to 39.7 per 10,000 during the pandemic.[102] These discrepancies point to the importance of context and transparency in the measures used for these analyses, and the necessity of continued evaluations across Canada.

Finally, among children with disabilities, findings from Ontario suggest that children and adolescents with intellectual and developmental disabilities have 3.16 times the incidence rate of hospitalizations for injuries caused by self-harm compared to children without disabilities.[70]

Suicide

One major challenge facing the mental health of children and youth is suicide and suicidal ideation. **Canada has one of the highest rates of youth suicide among OECD countries, currently ranked 35 out of 38 countries**,[2] and there has been little improvement in addressing this challenge.

While new Statistics Canada data has not been published regarding suicide rates among children and youth in Canada, it is important to revisit the most recent data that does exist. **For Canadian youth aged 15-24, suicide is the second leading cause of death, with 25% of deaths being accounted for in this age group.**[9, 103] **The increased risk of suicide is also a concern among younger children and adolescents. In young people aged 10-14, suicide is the third leading cause of death.**[9] Risk is most prevalent in mid-adolescence.

According to Statistics Canada, intentional self-harm accounted for 173 deaths or 8.2/100,000 in young people aged 15-19 in 2020.[9] In Canada, there were 38 deaths in children aged 10-14.[9] Death by suicide rates for females aged 10-19 accounted for over 200 deaths per 100,000 people in a year span.[9] Another study revealed that 4% of youth have lived through a suicide attempt.[13] Over 50% of those who had experienced a suicide attempt will continue to think of suicide and make attempts in adulthood.[13]

Females generally experience non-fatal suicide behaviour more frequently. However, male suicide attempts are generally more likely to be fatal.[104] In a study by Mitchell et al.,[104] which looked at young people (less than 18 years of age) admitted to the intensive care unit for self-harm, results indicated that 55.9% of females who were admitted had previously survived a suicide attempt, while this rate was 29.4% for males. Males are also less likely to seek support.[104]

Although the second leading cause of death for youth aged 15-24 is suicide,[9] **it is the leading cause of death for First Nations, Métis and Inuit communities.**[105] Suicide rates are exceptionally high among Indigenous youth.[105] For example, in Northern Canada, Inuit between the ages of 5 and 25 are more likely to die by suicide than other ethnicities, accounting for the highest rate of suicide in Canada.[106]

Suicide rates are also high among other equity-deserving groups, such as transgender youth and gender non-conforming young people. A study by MacMullin et al. looked at self-harm/suicidality in Canadian, gender non-conforming young people aged 6-12.[107] There was a rate of 9.1% suicide attempts and/or 6.8% self-harm related incidents among these young people as reported by parents in Canada.[107] **In 2019, gender non-conforming youth aged 15 to 17 were five times more likely to have suicidal ideation compared to cisgender and heterosexual young people.**[18]

Depression and Anxiety

Caregivers of young people in Canada have reported an increase in anxiety and depression symptoms in children.[15, 108] Cost et al.[77] looked at **the impact of emergency measures on mental health and found that depression occurred most significantly among children aged 10-12, while anxiety and irritability were particularly evident in children aged 6-9.** Specifically, they found over two-thirds of young people in their studies experienced deteriorated mental health: 70.2% of children aged 6 to 18 experienced some mental health decrease, while for 66.1% of children aged 2 to 5 mental health also deteriorated.[77] They associated much of the decrease in mental health to social isolation during the pandemic.

Another study suggested that **52% of youth aged 12-18 across all provinces and territories in Canada experienced depression and 39% did for anxiety.**[11] **Racine et al.**[109] **suggested that 25% of young people globally experienced an elevated level of depression and 20% experienced elevated levels of anxiety.** Interestingly, male subjects experienced less depression, anxiety, and PTSD than females.[11] Although symptoms of separation anxiety have decreased (as a result of more parents staying home with their children during COVID-19), social anxiety and generalized anxiety have increased.[15] Also, 59% of students expressed feeling depressed in Ontario about the future because of COVID-19.[110]

Substance Use Disorders

Substance use can contribute to future cognitive impairment, unintentional injuries, mental health issues and can negatively alter brain development.[111] **In a recent study, participants aged 16-25 revealed that their alcohol use increased by more than 19% since the beginning of the pandemic and cannabis use increased by 47%.**[112] A study looking at substance use in young people aged 12-24 revealed that binge drinking in females occurred at a rate of 10.8% and 35.3% in males.

Compared to other countries, youth cannabis use has historically been particularly high in Canada.[113] This is particularly true for youth aged 15-24 and is likely a result of social interactions with peers.[114] Currently, cannabis use is higher among young males, compared to young females.[115] Youth who use cannabis are susceptible to being admitted to intensive care.[10]

Based on a study conducted from 2020-2021, those aged 16-24 were two times as likely to have used marijuana in the past year compared to ages 25 and up.[116] In Canada, 985 out of a sample of 10,736 young people aged 16-19 used cannabis within a year (between April 7, 2021, and June 28, 2021).[116] Doggett and colleagues'[117] study revealed that over the course of a year, young Canadians from Grades 9 to 11 who used cannabis frequently were less likely to decrease their use. These youth also continued to use multiple forms of cannabis, such as edibles and vaping. Over 36% of youth revealed that they had consumed cannabis within the last year.[117] As youth get older, cannabis use often increases.[117] Alternative ways of consuming cannabis other than smoking, such as ingestion, appeal to youth, who perceive these ways as healthier and stronger alternatives.[117, 118]

Research suggests that there has been an increase in adolescent substance use throughout the COVID-19 pandemic in Canada.[91] Children's Healthcare Canada[119] reported that there were almost three times the number of admissions to pediatric hospitals because of substance use compared to before the pandemic. Another study found that there was an increase in alcohol and cannabis use among youth.[12] Craig et al.[11] found that 1 out of 5 youth disclosed utilizing substances on a regular basis during COVID-19.

Some studies suggest North America has also seen a steady increase in opioid use among young people.[120] **The highest growing population requiring hospitalization in opioid use is aged 15-24.**[121] In Ontario, approximately 11% of youth between Grades 7-12 reported using non-prescribed opioids.[122] In 2021, the Special Advisory Committee on the Epidemic of Opioid Overdoses found that approximately 2% of deaths occurred among young people aged 0-19 where one or more substance was an opioid.[123] Rates are even higher for Indigenous populations. Opioid poisonings among Indigenous people living on reserves are 5.6 times higher than non-Indigenous populations.[124]

Eating Disorders

There has been a marked increase in eating disorders in Canada during the pandemic.[14, 125] Agostino and colleagues[126] reported that **"during the first wave of the pandemic, monthly cases of new-onset anorexia nervosa or atypical anorexia nervosa increased by more than 60% (24.5 to 40.6), and monthly hospitalizations nearly tripled (7.5 to 20.0) compared with pre-pandemic rates (p.6)."**

At the beginning of the pandemic in Ontario, five children's hospitals reported that they were 233% above admissions because of eating disorders.[127] Another study suggested that COVID-19 brought an increase in hospitalization rates in Ontario for eating disorders of 37% among young people aged 3-17.[54] In Ontario, eating disorders account for 36.2% of hospital admissions from the emergency department.[54] There were 663 hospitalizations for eating disorders in Ontario from March 1, 2020, to December 26, 2020, in children aged 3-17.

Despite the increased demand for support, there was a lack of available resources to support children and youth with eating disorders.[128] Long wait times for mental health support can result in more emergency department visits because young people do not receive the appropriate medical intervention required. This was a challenge prior to the pandemic, and has continued to be problematic. **In Ontario, for instance, wait times can be as long as 2.5 years for specialized services, an average of 92 days for intensive treatment services, and an average of 67 days for counselling and therapy.**[128] This is well beyond the clinically-appropriate wait times.

RECOMMENDATIONS

Policy Recommendations

- **Increase funding for youth mental health services and supports**. Researchers and the mental health sector have called for substantial new investments.[129] In Ontario alone, Children's Mental Health Ontario has called for an investment of $300M over the next five years into child and youth mental health. Moreover, the Young Canadians' Parliament[50] has also called for increased funding for child and youth mental health. Part of this funding should also be invested in schools to run mental health education and mental health literacy courses for teachers, parents and for students to assist with early detection of mental health risk factors.
- **Include youth in decision-making.** Youth should be involved in all points of the decision-making process, particularly policies and laws that impact them. Youth advisory groups

should be formed and policymakers should consult the Young Canadians' Parliament. Nation-wide surveys should also be conducted so that their voices can be heard and findings implemented.

- **Improve access to service.** Mental health services need to be more readily available to meet the needs of children and youth, including vulnerable groups. This recommendation is also supported by the Youth Wellness Hubs in Ontario[130] and the Young Canadians' Parliament,[50] and it is congruent with a 2019 report by the Department of Justice.[131] Prevention strategies within schools can assist with educating youth and families on mental health challenges.[132] Support should meet them "where they are at" – cognitively, emotionally, spiritually, culturally and developmentally. It is not uncommon for supports to be more geared towards adults developmentally.[133] And while some specialized services already exist, they should be made more readily available and financially accessible to address the unique mental health needs of children and youth.

Community Recommendation

- **Use a strengths-based approach (where the focus is on the individual's potential and capacities instead of their deficits) as a service delivery model for mental health.** Most perceptions about youth who use substances focus on deficits and are detached from their environments, social, systemic, and without factoring in biological factors. Yet young people demonstrate great strength and resilience that is often overlooked. These perceptions are not a youth problem, but a social failing.[134] Community education programs, many of which already exist in schools and community organizations, should focus on strengths and resiliency of young people. A strengths-based approach can foster growth in young people while educating the public as to their resilience.

Community and Policy Recommendation

- **Education.** Increased education within the community and schools need to be made to share the rise in mental health concerns in immigrant and refugee young people. More diversity in counsellors at schools may also assist young people of diverse ethnic backgrounds to be able to share their experiences and disclose mental health concerns. With schools (via provincial/territorial ministries of education) focusing predominantly on academic excellence and not mental health, more education needs to be focused on the importance of mental well-being as a contributor to future success in all realms of young people's lives.

3 SYSTEMIC RACISM AND DISCRIMINATION

Systemic racism and discrimination against children and youth is a persistent threat to the lives of children and youth in Canada.[135] Although inequities are prevalent in society, there is a lack of disaggregated health data at a provincial and federal level. This makes it difficult to measure the scope of the problem. COVID-19 created insight into the depth of systemic racism and discrimination by highlighting socioeconomic disparities, inadequate health care, and poorer health among equity-deserving groups.[136, 137] These challenges have been glaringly prevalent during the pandemic. Discrimination was particularly evident towards Black, Indigenous, People of Colour (BIPOC) groups[138] and 2SLGBTQIA+ youth.[139, 140] COVID-19 revealed entrenched racial disparities, inequities and discrimination.[4] For example, anti-Asian hate crimes escalated by 717% between 2019 and 2020 in Vancouver alone.[141]

Over the past five years, there have been increased reports of racial discrimination towards children and youth of all ethnicities and minorities.[142] **Systemic discrimination is frequently cited by racialized children and youth as one of their top concerns**, and the Young Canadians' Parliament also prioritized this issue.[50]

Stigma and discrimination have short- and long-term negative repercussions for the health and well-being of children and youth. For example, increased mental health concerns are very common among those discriminated against.[143] The *Raising Canada 2022* report looks at some racialized communities that are discriminated against. It is critical, however, to recognize that there are other equity-deserving groups that are also impacted, and the impacts of intersectional discrimination can amplify the threats to mental and physical health. It is also important to recognize that children growing up as minorities are learning about inequalities through first-hand experience. Many have internalized these inequalities and inequities as the norm. As a result, this sometimes poses significant challenges with self-acceptance and other identity-related challenges.

Discrimination Against Immigrant and Refugee Children and Youth

Approximately 30% of Canadians are visible minorities under the age of 25.[144] Immigrant children face a higher risk of mental health and academic challenges than those born in Canada.[145] For instance, Arab ethno-cultural populations had the lowest mental health of cultural minorities.[143] The decline in mental health among immigrants may be associated with their cultural adjustment, experiences of discrimination, and/or racism. In fact, Khayambashi[146] stated that immigrants have to contend with these challenges and are at higher risk of discrimination, which is associated with mental health deterioration.

In a study with immigrant young people aged 15-29, they expressed the already prevalent challenges they experienced, such as trying to navigate their identity in a new culture. These challenges are further amplified by the discrimination and racism they face in Canada.[147] Discriminatory experiences often led them to

feel like they did not belong in Canadian society, which can further impact their adjustment to a new culture and their new lives.[147]

Anti-Black Racism and Discrimination

Black people in Canada experience significant racism and discrimination.[138] Okoye and Saewyc[142] found that Canadian-born adolescents of African descent were less likely to report feeling discrimination compared to those who have immigrated. For example, African immigrants in Alberta reported feeling a high level of discrimination, such as racial slurs, bullying and inequitable access to resources in school. This contributed to poor mental health and social outcomes among children and youth.[148]

Discrimination towards African adolescents in British Columbia is also high.[142] For example, almost 30% of African adolescents in B.C. disclosed that they faced racial discrimination.[142] Black youth in Alberta also reported experiences of social exclusion when attempting to access mental health support compared to those who identify as Caucasian.[148] This lack of a culturally-sensitive approach can contribute to individuals from diverse cultures not accessing services.

The systemic racism that is reflected in child welfare systems – where Indigenous, Black and other racialized children have been overrepresented for decades – is of particular concern. Ontario has higher reports of Black children in care due to more reports of child maltreatment than Caucasian families, likely attributed to discrimination.[149]

Cénat and colleagues[150] described poverty, lack of diversity among caseworkers, and insufficient support as being contributing factors to the overrepresentation of Black children in the child welfare system. As a result, Black families are not adequately being supported and instead children are being apprehended.[150] The prominent reason disclosed by caseworkers is that they are accused of excessive physical punishment (sometimes falsely), which may in part be as a result of not knowing Canadian laws and language barriers.[150, 151]

Anti-Black racism and discrimination are also demonstrated in the high number of allegations of child mistreatment. For example, Boatswain-Kyte et al.[151] found that Black children were more likely to be in care for physical abuse allegations (19.1%) compared to white children (9.2%). The percentage for visible minorities was slightly higher than Black children (19.9%).

Race is also a determining factor in family reunification in the child welfare system. For example, in Quebec, socioeconomic disadvantages are higher among Black children compared to other children in the system.[151] The authors found that there was an average of **308 days that Caucasian children spent in the child welfare system, compared with 443 days for Black children.**[151] To amplify the concerns, it is not uncommon for Black children to be placed in white homes, resulting in some young people losing connection to their community, their identity, way of life, culture and their customs.[152]

These disparities represent a violation of Article 5 of the UN Convention on the Rights of the Child (UNCRC)[49] that states:

> Parties shall respect the responsibilities, rights and duties of parents or, where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child, to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the present Convention.

Section 7 of the UNCRC further shares that children have the right to be cared for by their

parents whenever possible.[49] The high rates of equity-deserving groups in the child welfare system are indicative that children's rights are not being protected. Instead the rights of children who come from equity-deserving families are often violated by placing them in homes where they may be unfamiliar with their caregivers, are not readily placed in kinship homes, resulting in limited cultural activities to meet their needs.

Another violation of rights can be shown within prisons. For example, Black people are often overrepresented in prisons.[153] When a parent is incarcerated, it poses significant challenges for children. They often experience stigma and discrimination when a parent is incarcerated. An *Independent Expert Assessment Report* released in May 2022 revealed that the Toronto police were more likely to use physical force against Black people, specifically Black youth.[154] In response, the task force is implementing more Adverse Childhood Experience training and developing a strong understanding of systemic racism.[155] Moreover, Black adolescents are also overrepresented in prisons.[156] Unfortunately, the exact percentage is challenging to determine, as Statistics Canada does not segregate the data on incarceration by race.[156] Youth who are incarcerated report that once they get out, they often continue to experience racism from service providers.[157]

Anti-Muslim Racism

A systematic review from 2022 by Abu Khalaf and colleagues that included Canada revealed that Muslim students often felt like they did not belong in schools because of discrimination. Influences of the media have been damaging to Muslim young people particularly since 911.[158] The Canadian Race Relations Foundation published a report with a qualitative study examining perspectives of Muslim youth in Quebec.[159] This study identified that youth report varying levels of racism and feel "tremendous pressure to represent Islam."[159]

Youth further reported that teachers would cast Islam and Muslims in a negative light, particularly by highlighting the media's negative portrayal of Islam.[159] Furthermore, girls and women who wear a hijab (head covering) are frequent targets of hate crimes. Statistics Canada reported in 2019 that 47% of the reported violent hate crimes against Muslims were targeted towards women.[160] Intersecting identities, such as religion and gender, have compounding effects of discrimination. Virani-Murji's study further comments on the intersecting identities of being a Muslim and a person of colour.[161] In this study, Muslim youth report perceiving race as hierarchical, particularly when they were younger.[161]

Anti-Asian Discrimination

Another cultural group of children highly impacted by discrimination are Asian Canadians. At the beginning of the pandemic, the Chinese population was 10 times more likely to report being a victim of discrimination.[162] A high proportion of Asian children and youth report being physically assaulted by other Canadians.[35] Negative racial messages and slurs have become commonplace towards Asian youth.[138, 163] Increased profanity, vandalism, and racial slurs have been experienced by Asian-run businesses in Quebec and towards members in the

community.[164] Negative perceptions about Asian people are prevalent in Canadian society and contribute to systemic racism.[50, 138]

South Asian young people have experienced particularly high levels of discrimination. Negative school experiences are common among South Asian youth, partially as a result of discrimination.[165] Exner-Cortens et al. conducted a longitudinal study in Alberta to examine the levels of stress related to COVID-19 among Asian and Southeast Asian youth compared to white youth.[166] They found that Southeast Asian youth in Alberta experienced significantly higher stress levels than white youth during the pandemic.[166] Lou et al. also found that visible minority immigrants, including South Asians, faced significantly more health, cultural and material threats during COVID-19.[167] The Chinese Canadian National Council Toronto Chapter report identified a 318% increase in reports of racist incidents towards South Asian people compared to 2020, and 286% increase in reports by children and adolescents.[168]

2SLGBTQIA+ Discrimination

It is common for 2SLGBTQIA+ youth to experience discrimination, transphobia and victimization.[139] 2SLGBTQIA+ youth identified that, overall, they felt inequity and discrimination even among their friends and peers.[139] It is also common for 2SLGBTQIA+ youth to be bullied and ostracized, which can result in lower self-worth.[169] 2SLGBTQIA+ individuals are more likely to die by suicide than those who do not identify with the community.[170] For example, **transgender adolescents between the ages of 15 and 17 are 7.6 times as likely to have attempted suicide compared to their peers, and five times more likely to be at risk of suicidal ideation.**[18] Supportive community resource centres can assist in alleviating some of the presenting concerns, including the risk of suicide, from a non-supportive school environment.[171]

Housing and poverty instability is another issue experienced by 2SLGBTQIA+ young people.[139] They face a higher degree of homelessness,[139] and housing supports are often segregated by gender, which many 2SLGBTQIA+ youth experiencing homelessness perceive as discriminatory.[139]

Intersectional discrimination of racialized 2SLGBTQIA+ youth has also resulted in disparities in the roll-out of COVID-19 vaccines. In particular, **approximately 55% of racialized 2SLGBTQIA+ youth who experienced homelessness were not confident about the vaccine, while 36% of non-racialized 2SLGBTQIA+ expressed not feeling confident and so were less likely to take the vaccine.**[172]

Disability and Discrimination

Children with disabilities face increased discrimination in many aspects of their lives. For example, children with intellectual disabilities face increased inequities when it comes to addressing their health and social needs.[173] Although people with disabilities are more vulnerable to increased health issues, they are more likely to navigate more challenges in accessing services.[173] Language impairments, challenges understanding and increased behavioural issues (including potential aggression) result in inequity in accessing services that meet their needs.[173]

Lack of understanding regarding information on COVID-19 was also evident.[82] Some services do not adequately meet children with disabilities' needs, while at times their challenges can be minimized.[173] Remote and online services were problematic for children with disabilities. For example, remote support was often ineffective for youth who are on the autistic spectrum.[82] Additional challenges that were faced by children with disabilities during COVID-19 included the halting of respite and/or rehabilitation services, stopping of specialized camps and recreational disability-focused activities, school closures

(which resulted in 58% of parents being very or extremely concerned about their academic success), and the delay in obtaining medical equipment.[174, 175]

Anti-Indigenous Racism and Intergenerational Trauma

From 1867 to 1997, Indigenous children were systematically removed from their homes and culturally assimilated into the dominant culture through residential "schools."[176, 177] 150,000 Indigenous children in Canada were placed in residential schools with the aim of assimilation.[178] These injustices were perpetuated by the misconception that Indigenous people were "uncivilized" and needed to be reformed through cultural genocide.[179]

The outcome of the loss of family, all forms of abuse and assaults on Indigenous cultures have resulted in widespread intergenerational trauma. This trauma devastated traditional ways of knowing, Indigenous approaches to parenting, and the use of language and cultural practices.[177] The transgenerational transmission of maltreatment has produced intergenerational trauma to current generations that still display the same challenges.[177] There is a strong connection between trauma experienced in residential schools and higher rates of domestic violence, relationship challenges, substance use, suicide and intergenerational trauma.[176, 177]

Residential schools also created hurdles for parent-child attachment, culminating in children externalizing and internalizing behaviours.[177] Approximately 28% of Indigenous young people experience externalizing symptoms, such as aggression, while 28% display internalizing behaviours, such as depression and anxiety, as a result of intergenerational trauma.[177]

Moreover, despite a 55% net decrease since 2015 in drinking water advisories, **as of March 2021, 58 First Nations communities remain with drinking water advisories.**[180]

The historical and present-day removal of Indigenous children from their families and homes has further perpetuated intergenerational trauma. The child welfare system has systematically discriminated against Indigenous children. In Canada, **Indigenous children are 12.4 times more likely to be taken out of their homes and placed in foster care than non-Indigenous children.**[17] It is important to realize that not all of these foster families are Indigenous, which may result in further loss of culture, language and identity.

In 2016, the Canadian Human Rights Tribunal found that the federal government systematically discriminates against First Nations children by underfunding the on-reserve child welfare system, and that Canada's actions led to "trauma and harm to the highest degree, causing pain and suffering."[181] Moreover, it was only as recently as July 2022 that a Final Settlement Agreement for compensation was reached between the Assembly of First Nations, class action parties and the Government of Canada. In response to the agreement, the First Nations Child and Family Caring Society urged the federal government to "compensate the victims immediately and drop their appeal at the Federal Court of Appeal."[182]

Indigenous peoples in Canada also experience inequities through their overrepresentation in the criminal justice system.[156, 183, 184] Indigenous youth are more likely to be victimized, which stems from systemic discrimination and marginalization.[185] In Saskatchewan, Indigenous youth crime is double that of the rest of non-Indigenous young people in Canada.[186, 187] The rates of Indigenous youth in the criminal justice system are also more prevalent than other ethnicities in Canada.

Throughout the COVID-19 pandemic, there were also higher rates of infection among diverse populations,[188] including among Indigenous peoples. Underlying health conditions are often prevalent in Indigenous populations resulting in them being at higher risk of contracting COVID-19.[189]

Mallard and colleagues[190] argue that with COVID-19 came further infringement on Indigenous rights by failing to research Indigenous communities during the pandemic. The lack of research has limited the ability of Indigenous communities to self-determine and make decisions about taking appropriate pandemic measures.[190]

RECOMMENDATIONS

Policy Recommendations

- Implement all of the 94 Calls to Action by the Truth and Reconciliation Commission (TRC)[179] and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP),[191] which was adopted by the UN General Assembly. Slow progress has been made related to the TRC's Calls to Action, but there must be substantial priority granted to these recommendations. UNDRIP emphasizes equal rights, while also emphasizing the collective right to not be discriminated against. These rights should be upheld.
- Cultural competency is imperative, including within school settings. Schools are key places to enhance the development of children. Children and youth also have the right to access culturally-sensitive schools that enhance their well-being and meet their cultural needs. Provincial/territorial ministries of education must recognize the systemic impacts of discrimination on students and support educators in utilizing equity and inclusion lenses in their classrooms. The voices of racialized young people, parents and decision-makers can direct schools on how to best meet the cultural needs of their students and provide an anti-oppressive framework to inform their teaching.
- Indigenous scholars, elders, young people, and allies need to continue to be involved in policy decisions and in legislation.[50] Traditionally, administrative practices and imposed policies have failed to adequately address the needs of Indigenous communities and youth.[192] These policies have neglected and robbed young people of their rights. The right to have their voices heard has been muted. The failure to invite Indigenous youth to decision-making circles or to take appropriate action on the recommendations they bring forward further perpetuates their challenges.

Community Recommendations

- There needs to be more support for families with children with disabilities. This support could be in the form of workshops led by community organizations that are already initiating these discussions with their communities. Sessions would be geared at providing information and determining how to access additional resources to further support them.
- Community events that emphasize self-determination, healing and telling stories of hope and resiliency should be conducted from the voice of both parents and young people from diverse backgrounds.[192] Bringing to light what discrimination in Canada looks like for youth requires open dialogues in community forums.
- Research from Indigenous scholars and allies should be conducted to explore the resilience in their communities during crises. Research should also be conducted by other BIPOC groups in their own communities.

"Make Canada Inclusive to All"
-Tianna C., 11, Halifax, N.S.

4 CHILD ABUSE

Child abuse is a serious public health problem in Canada. As we have highlighted in previous *Raising Canada* reports, **approximately 1 in 3 Canadians experience abuse before the age of 15.**[19, 20] **This statistic is higher among Indigenous populations (40%)** compared to non-Indigenous individuals (29%).[21]

In 2020, homicide was the sixth leading cause of death among 1- to 14-year-olds and the fourth leading cause of death among 15- to 24-year-olds.[9] There are several forms of child abuse, including physical abuse, sexual abuse, emotional abuse, and neglect, all of which have short- and long-term impacts on health.

In Canada, females experience higher rates of sexual abuse than males,[193] and males between the ages of 8 and 11 are exposed to higher physical abuse.[194] Moreover, in the Afifi et al.[20] paper, authors shared that forms of child abuse include sexual abuse (10.1% of sample) and physical abuse (26.1% of sample).

A relatively recent survey conducted by the CBC[23] examined the prevalence of physical and sexual violence in Canadian schools among a national adolescent sample (n = 4,000). The results showed that 40% of boys experienced physical violence, and 26% of girls experienced unwanted sexual contact at school. Overall, it was found **that 1 in 4 children experienced sexual harassment or assault in schools by Grade 7**.[23]

Moreover, the Canadian Centre for Child Protection[195] identified 750 cases of sexual offences occurring at Canadian middle schools and high schools against at least 1,272 children in the last two decades. Certified teachers constituted 86% of offenders.[195] Previous literature has also suggested that child athletes are vulnerable to sexual harassment and abuse by their athlete peers and coaches.[196, 197]

Recently, the prevalence of online sexual abuse and exploitation has been rising more rapidly due to the increased internet use. The recent Statistics Canada[198] report, *Online child sexual exploitation and abuse in Canada*, showed that **the number of incidents involving children harmed online were three times higher in 2020 compared to 2014**; in particular, online sexual exploitation and abuse increased from 10,739 incidents to 29,028. Children and adolescents accounted for approximately 77% of these incidents.[198]

Lindenbach et al.[24] have also identified concerns associated with children's online sexual exploitation, including grooming, luring, sexual abuse, and child sexual abuse imagery. For young children, especially, offenders often record in-person sexual abuse to share these materials on the internet later.[24]

There is a link between online abuse and child sex trafficking due to online recruitment and grooming strategies.[199] Moreover, **1 in 4 victims of human trafficking were under the age of 18**.[199] Human trafficking might have increased during the pandemic, given the increased time youth spent online. However, there is limited data available.

In Canada, Afifi et al.,[200] who conducted a study among adolescents and their parents (n = 1,000 pairs), **found that 46% of adolescents reported being physically punished, and 39.6% of parents**

reported using physical punishment with their children. In addition, around 20% of parents and adolescents agreed that spanking is a normal behaviour. These results suggest that in Canada, physical punishment is a common and relatively socially-accepted behaviour. Moreover, corporal punishment is still permitted within Section 43 of Canada's Criminal Code, which is in direct violation of children's rights to protection from all forms of violence. There are currently two bills being considered by Parliament (one in the House of Commons, and one in the Senate) seeking to repeal Section 43.

COVID-19 and Child Abuse

Children's health and safety have been impacted by COVID-19 and increased their vulnerability to abuse and neglect. The pandemic has exposed them to greater social isolation, parental unemployment, increased poverty rates, food insecurity, and economic stress within families. Bérubé et al. found that Canadian parents, especially parents with school-aged children, were at higher risk of not meeting children's basic needs.[201] In light of financial strain and food insecurity experienced in the pandemic, child neglect has been exacerbated, along with their ability to meet housing needs.[201]

On the whole, these factors that heighten child abuse and neglect are likely to persist even after the pandemic has abated, given the likelihood of ongoing financial implications.[202] Abramovich et al., which investigated the impacts of the COVID-19 pandemic among **2SLGBTQIA+ youth, reported an increase in homelessness among youth since the pandemic began.**[203] **Before the pandemic, 13% of participants reported living in insecure environments, including public spaces, vehicles, or vacant buildings, compared to approximately 33% of youth since the pandemic.**[203] The average age at which 2SLGBTQIA+ youth first experienced homelessness was around 16 years. Moreover, during the pandemic, Canadian families that experienced increased stress reported a 22.2% increase in parent-child conflict.[81]

According to Petrowski et al., with COVID-19, there was also an increase in child maltreatment and abuse, despite limited opportunities to make disclosures.[204] Increased exposure to child maltreatment points to an increased need for psychological services addressing children's trauma.

While Canadian research is lagging on children accessing treatment for maltreatment, we know that waitlists to access mental health services have continued to grow over the years. In 2020, children and youth were waiting for as long as 2.5 years for services.[205] The onset of COVID-19 resulted in virtual adaptations, increased need for services, waitlist times, and referrals among services providing child trauma treatment.[206] This highlights that access to mental health services remains difficult for children and families.

Beyond the physical, psychological, and social consequences of child abuse, including an increased risk of intimate partner violence, involvement in violent behaviours, and unintended pregnancies, there is also an economic impact due to the higher risk of long-term chronic health issues, including higher rates of poor mental health and heart disease (e.g., costs of hospitalization, mental health treatment, child welfare and longer-term health costs).[207]

Finally, the pandemic has been associated with challenges for the identification of child abuse. A study exploring the ability to recognize and respond to child maltreatment among residents in clinical settings in Alberta, Quebec and Ontario suggested that medical residents are experiencing difficulties recognizing child maltreatment during the pandemic due to increased rates of virtual care, decreasing opportunities to observe family dynamics.[208]

Disability and Child Abuse

Evidence from a global study has recently indicated that children with disabilities face

a significantly high rate of child abuse – in particular, about 1 in 3 children with disabilities faced violence.[22] While tools exist to target and prevent violence against children, such as INSPIRE, systematic change is required to acknowledge these harms and generate a culture shift.[209]

RECOMMENDATIONS

Policy Recommendations

- **Neglect:** Given that economic difficulties and stressors are likely to persist even after the pandemic has ended, policymakers need to acknowledge the importance of providing additional financial support to Canadian families so children's needs are met post-pandemic and to mitigate abuse and violence.
- **Physical abuse**: Given that physical punishment has been associated with negative developmental outcomes, including mental health problems, antisocial behaviour, drug use, and increased risk of using physical punishment on their own child and/or spouse,[210] the federal government must repeal Section 43 of the Criminal Code, which offers caregivers a defence when using corrective and reasonable force to discipline a child. This policy change can potentially change normative attitudes in society on the use of physical punishment, which can decrease the prevalence of corporal punishment.
- Parent supports are necessary for the mitigation and reduction of child abuse. This is particularly true for parents experiencing mental health issues, domestic violence, and low social support. These parents may be more likely to be involved in the perpetuation of child abuse.[211] Given these caregivers' vulnerabilities, it is important for provincial/territorial governments to make mental health services more accessible by increasing funding to train and develop more mental health professionals. Governments should also ensure sufficient insurance coverage for mental health services so more interventions can be provided to families experiencing those difficulties. By addressing these vulnerabilities, including poverty, we will likely prevent incidents with children.
- Develop greater cultural competence in child welfare services. The representation of Indigenous people in these services is integral to promoting cultural competence practices. Their involvement is key to understanding what Indigenous children need during their disclosures of abuse and to ensuring culturally-responsive services.

Community and Policy Recommendations

- **Online sexual abuse and exploitation**: Considering the alarming prevalence of online child sexual exploitation, policies must focus on the regulation of the use of technology, digital platforms, electronic devices, and social media platforms, along with a public information campaign that speaks to youth and caregivers.
- With regards to improving the identification of child abuse and maltreatment, evidence regarding educational interventions for improving knowledge, attitudes, skills, and behaviour for responding to all forms of child maltreatment and abuse in clinical practice should be provided by leaders in the community. Also, considering that virtual care will likely remain in place for the foreseeable future, specialized training on virtual interviewing and technology as it relates to child abuse needs to be delivered to front-line medical personnel.[208]
- Given the vital role of teachers in recognizing and reporting child abuse, mandatory training is essential for teachers to identify children experiencing abuse, provide support and fulfil their duty to report suspected child abuse.

5 VACCINE-PREVENTABLE ILLNESSES

Vaccination coverage is a major public health priority as a way to ensure that vaccine-preventable diseases do not rise or re-emerge in populations.[212]

COVID-19 Infections and Vaccinations

A top priority for children's health throughout the COVID-19 pandemic has been vaccine-preventable illnesses. In 2020, COVID-19 was the ninth leading cause of death among 5- to 9-year-olds in Canada and the 10th leading cause of death among 15- to 24-year-olds.[9] This includes the critical need to maintain routine vaccinations, as well as ensuring the safe and timely delivery of COVID-19 vaccines. Anyone six months of age or older is now eligible to receive a COVID-19 vaccination; the Moderna vaccine is available for children between the ages of 6 months and 5 years, and Pfizer and Moderna vaccines are available for children aged five years and older.[213] **Considering that there are over 350,000 children under the age of one, this leaves a large number of children ineligible for a COVID-19 vaccination**,[7] with minimal ability to bolster personal protection of children and their families/social circles.

Currently, over 85% of eligible Canadians aged five or older have been fully vaccinated (i.e., received two COVID-19 vaccinations).[26] Yet for **Canadian children between the ages of 5 and 11, only 42.34% have been fully vaccinated**.[26] The discrepancy between the percentage of the total eligible population that have received two vaccinations and the percentage of eligible 5- to 11-year-olds that have received two vaccinations is concerning. Some reasons for this discrepancy are outlined subsequently.

Moreover, while most narratives in the early waves in the COVID-19 pandemic indicated that children were at lower risk, the Omicron variant that spread towards the end of 2021 and the beginning of 2022 shifted that. Per news and hospital reporting, more children were admitted to hospitals due to the Omicron variant compared to previous waves.[214] This provided a glimpse into the heightened risks that young people face, especially in light of their relatively low vaccination rates compared to other age brackets and the removal of mask mandates in schools and other public places.

At the time of writing this report, young people between the ages of 0 and 19 accounted for 19% of all COVID-19 cases in Canada.[27] Moreover, long-term COVID is a significant concern for all Canadians, but especially children. Recent evidence suggests that **25% of children who contract SARS-CoV-2 will develop long-COVID.**[28] Combined, these results are concerning for the immediate and long-term well-being of children in Canada.

Differential Rates of COVID-19 Vaccination and Infection

COVID-19 vaccination rates differ across various dimensions. There is a significant variation in the number of vaccinations taken by children between ages 5-11 across the country. Newfoundland and Labrador display the highest rates of vaccination (at 70.39% of 5- to 11-year-

old females and 66.90% of 5- to -11-year-old males). Alberta displays the lowest rates of vaccination (at 34.12% of 5- to 11-year-old girls and 33.79% of 5- to 11-year-old boys).[26]

Vaccination inequities also exist for racialized children in Canada. Evidence indicates that Black people living in Ontario have experienced a higher likelihood of infection, severe outcomes, and death. Black people also tend to be vaccinated at a lower rate than their white counterparts. As such, there are concerns about the impact this discrepancy will have (or is already having) on childhood vaccination rates in Black communities.[215]

In terms of infection rates, multisystem inflammatory syndrome in children (MIS-C) – which has been associated with COVID-19 transmission in children – is disproportionately affecting Black and Hispanic children. As the authors in a recent report discuss, there is a complex role for race and ethnicity, as there are disproportionate rates of COVID-19 infection based on race. It is thought that race and ethnicity could also affect the likelihood of developing MIS-C.[216] **Though evidence is limited, four studies (none of which are specific to Canada) have reported that Black children are overrepresented among MIS-C cases.**[216-219] **Reports from First Nations communities indicate that infection rates among children aged 5-19 are high. Young people on the Indigenous reserves between the ages of 5 and 19, it has been reported, had the highest rates of COVID-19 infections.**[220]

Finally, evidence has continued to highlight that **children with disabilities may also experience higher rates of COVID-19 infection and mortality compared to those without disabilities**. This is also dependent on things like: residence, socioeconomic income, age, etc. In one study that examined the impacts of COVID-19 on children with intellectual and developmental disability, it was found that **COVID-19 transmission rates were higher among young people aged 10-17 with intellectual and developmental disabilities (IDD) (26.4%) compared to those without (2.7%). Fatality rates were higher among young people aged 10-17 with IDD (1.6%) compared to those without (<0.1%).**[221]

Vaccine Hesitancy

Several recent studies have focused on understanding parental perspectives on vaccination. Results from the 2017 childhood National Immunization Coverage Survey indicated that 17% of Canadian parents of two-year-olds were labeled "vaccine-hesitant."[212] The survey indicated that parents recognized the benefits of vaccines, such as the effectiveness of vaccines (71% strongly agreed) and the way vaccines protect the child (78% strongly agreed).[212] However, several barriers have impacted parental decisions regarding vaccines. The two most commonly reported barriers were concern about side effects from vaccines (52% strongly or somewhat agreed) and a belief that vaccines can cause a serious case of the disease that it was meant to prevent (25% strongly or somewhat agreed).[212]

With regards to COVID-19 vaccines in particular, opinions have also been mixed. A number of papers about parent perspectives on COVID-19 vaccines have been written over the past year. In a study by Impact Canada, 80% of respondents indicated that they did not intend to get their child (aged 5-11) vaccinated against the COVID-19 virus and 48% (n=100 people) said they would not give their child (under 4 years of age) a COVID-19 vaccine if it were recommended (n=169 people).[221]

In a cross-sectional national survey of 1,702 Canadian parents, researchers found that 65% of parents intended to vaccinate their children against COVID-19. Parents who reported low intention to vaccinate their children tended to have a low intention to vaccinate themselves

against COVID-19 and that they believed that COVID-19 vaccines were unnecessary.[222] According to the Angus Reid Institute (2021), similar results were found in an online survey administered to Canadian adults who are members of the Angus Reid Forum. This survey found that 51% of parents of children between 5 and 11 years would immediately vaccinate their child(ren) when vaccines become available, compared to 18% who said they would wait and 23% who said they would not vaccinate their child(ren).[223]

Parental decisions around vaccinations vary. In the Impact Canada study, 157 parents who were unsure or against vaccinating their children, reported that children are healthy and have a natural immunity (34%), that there are no long-term studies on the risks (32%), and that children recover quickly (26%).[224] In another question (where 484 participants responded), most (60%) were slightly or not worried at all about their child contracting COVID-19.[224] In focus groups with vaccine-hesitant parents from Quebec, parents who were not planning to vaccinate their children (aged 5-11) reported that they believed it was unnecessary to vaccinate their children, as they believed that there were minimal risks of COVID-19-related complications from transmission.[225] Others expressed concerns around vaccine safety, political pressure to vaccinate, and the need to be vaccinated to participate in routines and extracurricular activities.[225]

Another survey of parents of children aged 2-18 years in Quebec found that 12.4% of parents reported being unlikely to vaccinate their children.[226] Those who were vaccine hesitant, the report suggests, were more likely to have an annual household income below $100,000, to be born outside Canada, and have a lower level of education.[226] In New Brunswick, parents who were unwilling to vaccinate their child (8.3%) also tended to have lower household income compared to parents who were willing to vaccinate their child.[227] In addition, parents who reported having lower access to information about vaccination were more likely to remain vaccine hesitant.[227]

In many ways, the evidence above implies that a lack of clear and effective communication has contributed to hesitancy experienced by parents and caregivers, with relation to COVID-19 or other vaccinations for children. This is important to acknowledge in order to understand that vaccine hesitancy is a symptom of the concern at hand – the fact that children face declining vaccination rates or gaps in full vaccination coverage for COVID-19 and other vaccine-preventable illnesses. Public health messaging literature offers some suggestions,[228] discussed below in the recommendations section. However, an extension to this literature for the pediatric population in particular is important.

COVID-19 Impacts on Routine Vaccinations

As highlighted in the 2020 and 2021 *Raising Canada* reports, COVID-19 has impacted the provision of routine vaccinations for children, in part due to the closure of primary health care facilities. **Approximately 1 in 4 children in Canada are behind in their routine vaccinations.**[25] In Ontario, the pandemic has caused a disruption in immunization coverage, especially early in the pandemic for children aged 15 to 18 months of age, when compared to pre-pandemic rates.[229] Ji et al.[229] reported that, "the baseline on-time immunization coverage rate fell from around 88% for 2-month-old children to 51% at 18 months old," indicating the differential rates based on age. In the same study, findings highlighted how the greatest impact of the pandemic was in older children, as on-time vaccination coverage dropped by 14.7% in 15-month-olds and 16.4% in 18-month-olds during March to July 2020 compared to the pre-pandemic period.[229] Another longitudinal study involving healthy children aged 0-2 years of age was conducted in

Canada. The study found that it was less frequent for vaccines to be on-time during the first wave of the COVID-19 pandemic compared to pre-pandemic times.[230]

In addition to parental concerns about COVID-19, a lack of resources (staff related or supply chain related) and clinic closures due to pandemic precautionary measures contributed to these delays.[230] In Alberta, similar findings were reported, such that monthly vaccination coverage rates for children declined early in the pandemic for various vaccines. For instance, when comparing April 2019 and April 2020 vaccination rates for the measles, vaccination declined by 9.9%. There was a stabilization of rates in July 2020 compared to July 2019, and a second decline in comparing October-December 2020 vaccination rates with October-December 2019 rates.[231]

RECOMMENDATIONS

Policy Recommendations

- There is a need for public health authorities (as led by the provincial/territorial ministries of health) to generate evidence-driven and educational communications and actively combat disinformation and misinformation. This should also have a substantive question and answer component with parents to ensure that their concerns and fears are addressed. In so doing, minimizing the rate of misinformation, which acts as a deterrent to families and parents.[232] As indicated by results from the Impact Canada study, there is a lot of misunderstanding about the risks that children face in relation to COVID-19.[224] One set of researchers invited 25 Ontario residents to participate in a forum for public deliberation regarding childhood vaccination in Canada. Aside from the takeaways that participants shared, researchers highlighted the value in conducting a deliberative democratic process on this topic, indicating the potential value of debate to support the development and implementation of "democratically legitimate and trustworthy policy about childhood vaccination."[232]
- In response to COVID-19, and related to the last recommendation around communication practices, there is also a need to establish COVID-19 as a vaccine-preventable illness and to normalize the vaccine by making it a part of children's routine vaccination schedules. Previous evidence has indicated the importance of public health messaging and the different beliefs that this messaging can target (related to outcome beliefs or efficacy beliefs).[228] Messages can also be executed in a variety of ways – appealing to emotion, sharing stories, and utilizing striking visuals – to be most effective[228] and this ought to align with the characteristics of the audience.

Community and Policy Recommendation

- Responding to the delays in routine vaccinations requires a "multi-pronged approach."[231, 233] This approach must include the provision of information to parents, in order to indicate the precautions that will be taken to protect children.[230] Finding other spaces, such as outside medical clinics, or more convenient times, such as during another medical appointment, to catch up on the immunization doses is another option.[233] The use of catch-up clinics, such as those currently underway in many provinces, are an option.[234]

6 POVERTY AND FOOD AND NUTRITIONAL INSECURITY

Over 1.3 million children (17.7%) in Canada – or nearly one in five children – live below the poverty line according to the Census Family Low Income Measure After Tax (CFLIM-AT)[iii] based on the most recent 2019 data.[29, 30] Under this measurement, poverty is set at 50% of the median income for a family of a certain size.[29] Young people in Canada continue to identify child poverty as a key issue affecting their generation and warranting urgent action.[50]

Child poverty rates differ by geographic location.[29] For instance, the most recent data from the 2019 Census has indicated that **18.0% of children in British Columbia were living in poverty.**[235, 236] On Canada's East Coast, **21.7% of children in New Brunswick** live in poverty.[237] In the Prairie provinces, the lowest poverty rate is **in Alberta, with 16% of children living in poverty,**[238] and **26.1% of children in Saskatchewan were living in poverty.**[239] **The child poverty rate in Nunavut is even more alarming, standing at 34.4%, the highest in the country.**[29]

Despite a slow decline in child poverty rates in Canada (from 22% to 17.7%)[29] over the past three decades, 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. Even considering these distressing statistics, the impact of the pandemic on these numbers is still being investigated.

Some estimates, based on the Canadian Income Survey from 2020, indicate a significant decline in poverty rates across the country.[240] For children in particular, data from Statistics Canada has indicated a 50% reduction in poverty rates,[240] according to the Market Basket Measure (MBM).[iv] This decrease is thought to be linked to the financial investments made to individuals early in the COVID-19 pandemic (e.g., CERB),[29] which was more than what individuals working in minimum wage or precarious jobs would have seen otherwise.

However, with these investment programs now being over, 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, as many parents must return to minimum wage or precarious jobs and take unpaid time off when they or their children are sick.[29]

iii The CFLIM-AT uses the T1 Family File tax file to compare the living standards of those low-income individuals and families relative to the rest of Canada. It is based on the T1 Family File tax file, meaning it is a reliable and broad source of data because it captures anyone who files a personal tax return, including those who live in remote areas, those living in the territories, parents under 18, First Nations people living on reserve, and more that may not be captured in other measures (Campaign 2000, 2021).

iv As opposed to the CFLIM-AT, the MBM is used to situate Canada's official poverty line and measures material deprivation, whereby low income is defined according to the costs for a range of resources (linked to food, clothing, shelter, transportation, and other essential items) that families would need for basic and moderate standards of living in a specific area (Campaign 2000, 2021).

Impacts of Diversity on Poverty Rates

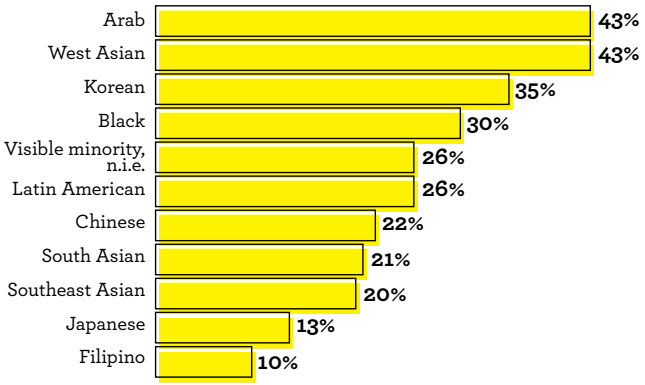
As many have rightly stated, "poverty is not neutral."[241] Child poverty rates differ according to the various aspects of identity that children and their families have. Evidence from the last year suggests that the impact of these discrepancies in child poverty rates across the country have been highlighted many times.

Children and youth from First Nations, Métis and Inuit communities face significantly higher rates of child poverty. In last year's *Raising Canada* report,[242] we highlighted data indicating that 47% of status First Nations children faced poverty (53% living on reserve and 41% living off reserve). Moreover, 25% of Inuit children, 22% of Métis children, and 32% of non-status First Nations children live in poverty.[243] Data were custom ordered from the 2016 Census and have not yet been updated.

Other data from the First Nations Regional Early Childhood, Education and Employment Survey indicated that in Quebec in 2015, over one-third of First Nations children lived in households where the annual income was below $20,000.[244, 245] Meanwhile, in B.C. the average child poverty rate for First Nations reserves was 40.9%.[235] A core factor that explains these high rates of child poverty in First Nations, Métis and Inuit communities is the existence of oppressive and culturally-insensitive colonial laws and policies,[245] many of which continue to be practised by the government today.

For other racialized groups in Canada, child poverty rates are often higher due to systemic barriers and discrimination.[29] In Campaign 2000's report from 2021, a graph containing the most recent data available at the time the report was written, from the 2016 Census, revealed the differential child poverty rates across select racialized groups.[29, 246]

Child Poverty Rates, Select Racialized Groups, Canada 2016



Source: Statistics Canada, 2016 Census of Population, Statistics Canada Catalogue no. 98-400-X2016211

Finally, families of children with disabilities often face substantial financial burdens associated with providing high-quality care for their children, with regards to the costs of pharmaceuticals, assistive devices, personnel resources, and not being able to work in order to provide care. In the current context, a report from Alberta highlighted that these additional daily costs have impacted the ability of parents to invest in other resources (e.g., computers, internet connectivity, etc.) for their child's education.[247] As such, poverty is a key factor that restricts and threatens the livelihood of families of children with a disability and the children themselves.

Homelessness

There is an inextricable link between homelessness and poverty.[248] Literature from the past year has indicated that homelessness is an ongoing concern for Canadians, including for children and youth. Youth homelessness is different from adult homelessness, based on (but not limited to) the fact that many young people who experience homelessness have not yet developed skills to live independently and the fact that youth experiencing homelessness often lose many of those in their social

circle, impacting their ability to transition to adulthood.[249] Youth experiencing homelessness are more likely to face barriers to school participation and completion, along with access to health care and other essential services that are necessary for their healthy development.

First Nations, Métis and Inuit children and youth experience significant rates of homelessness. For instance, data from 2014 indicated that Indigenous youth in Ottawa or Vancouver represent between 1.5 and 2% of the population, but disproportionately represent 20-30% of the populations experiencing homelessness in these regions.[250, 251]

Other research indicates that there is a lack of specialized and tailored support for 2SLGBTQIA+, Black, and Indigenous youth who experience homelessness.[252] In a study examining youth homelessness in rural Nova Scotia and how the community context impacts young people's lived experiences with homelessness, researchers pointed out that various pre-existing discriminatory policies, practices, and attitudes contribute to a disproportionate representation of racialized and marginalized populations of youth experiencing homelessness.[252] According to Slade, not much has been done to mitigate or resolve these concerns.[252]

Food Insecurity

Food insecurity is the inadequate or insecure access to food due to financial constraints. According to data collected through Statistic Canada's Canadian Income Survey from 2019 to 2021, the percentage of children under 18 living in food-secure households has remained persistently high over the past three years. Most recently, **over 1.3 million children or 1 in 5 children reported living in food insecure households in 2021**.[31]

Research has shown that food insecurity is tightly linked to poverty and other indicators of social and economic disadvantage,[253-255] accounting for why these threats have been combined in this year's *Raising Canada* report. Low-income households are more likely to be food-insecure, as are lone-female parent-led households, Black and Indigenous households, renters, and households relying on social assistance or Employment Insurance.[253, 256, 257]Another study has highlighted the "multidimensional nature of child food security" considering that race, ethnicity, number of parents, number of family members in a household, education, sense of belonging, physical health state, and mental health state have a significant impact on the likelihood of being food insecure.[254]

Children living in food-insecure households are at risk of experiencing poorer nutrition with research showing high consumption of ultra-processed foods increasing with the severity of the household's food insecurity. One study examining diet quality among Indigenous and non-Indigenous children and youth found that food insecurity was a key determinant of Indigenous children's diet quality, accounting for differences in food quality scores between Indigenous and non-Indigenous populations.[258]

According to Feed Ontario, there has been a 16% decrease in the proportion of children visiting food banks in Ontario since 2008. However, children and youth are still two times as likely to access a food bank compared to the general population.[259] In addition, the number of people accessing food banks in Ontario between April 1, 2020, and March 31, 2021, increased by 10% from the previous year, with 592,308 adults and children accessing these supports.[259] Findings from Food Banks Canada reiterate this disproportionate rate of access among young people. The findings highlight that **while people under the age of 18 comprise 19% of the Canadian population, they comprise 33% of the population accessing food banks in Canada**.[260]

While food insecurity is associated with poor nutrition, the implications of food insecurity on children's health go beyond food. The relationship is particularly strong with poor mental health, as living in more severely food insecure households puts youth at greater risk of poor mental health.[261] The risk of emotional distress, mood and anxiety disorders, depression, and suicidal thoughts increase with the severity of household food insecurity. Even when parents shield their children from food insecurity by ensuring they were fed first, there was only a limited protection for children's mental health.[262] Parents unable to shield their children showed greater risk of poor mental health. Food insecurity also affects educational outcomes, as children are more likely to face challenges paying attention in school and are more likely to experience behavioural challenges that can disrupt their learning.

Nutritional Insecurity

In *Raising Canada 2021*, we reported on the "nutritional crisis" that children in Canada are facing.[242] Only one-third of children aged 4-13 eat five or more servings of fruit and vegetables, and a quarter of children's caloric intake is from foods not recommended by *Canada's Food Guide*. A Canadian survey found that **only 10% of youth in Grades 6-12 met fruit and vegetable recommendations**. Media are reporting that COVID-19 has led children and their families to eat more pre-packaged and processed food, exacerbating poor diets. There is a real concern that children will live shorter and sicker lives than their parents because of an increase in the rate of illnesses, such as type 2 diabetes, heart disease, cancer and other preventable diseases. Most of these diseases are closely linked to diet, including inadequate access to healthy food.[263]

Canada remains the only G7 country without a *national* school food program.[264] The federal government now has the opportunity to build on the investments of provinces, territories and cities, which currently amount to more than $93 million a year.[265]

While the federal government has made a commitment to establish a National School Food Policy, working with provincial, territorial and municipal governments, Indigenous partners, and other key experts,[266, 267] there is no budget figure that is currently allocated to this and no timetable by which it will be delivered. **Investing in a School Food Program for Canada that is universal and without means-testing can help level the playing field and ensure that all students are able to access a healthy meal or snack each day.**

Not surprisingly, countries such as Finland, France, Japan and Germany that have implemented evidence-based-national school food programs have achieved better nutritional outcomes that benefit all children at a population level, and particularly so for children that face socioeconomic disadvantages. A national school food program would, however, not be a replacement for needed income supports for the unacceptable number of Canadians living in poverty.

RECOMMENDATIONS

Policy Recommendations

- It is essential that the provincial/territorial and federal governments utilize, as highlighted in Campaign 2000's most recent national report, a social determinant of health framework to indicate the necessity of "dismantling systemic racism" in order to "eradicate poverty and inequality."[29] Traditional approaches to respond to poverty have tended to overlook structural racism as a "root cause" of poverty.[268] Instead, equity and diversity must be central to any legislative or policy approaches to prevent child poverty.

- In responding to food insecurity, policymakers must attend to relevant social factors and the role that these factors play in eradicating food insecurity.[254] In addition, enacting policies and programs to ensure that families have financial resources to afford various necessities, including food, is essential. Policy interventions that improve the incomes of low-income families have been repeatedly shown to reduce food insecurity. Work completed by PROOF Food Insecurity Policy Research has highlighted three levers through which provincial and territorial governments can use to reduce the rate of food insecurity, namely: increased minimum wage; increased welfare income; and lower income tax for those in the lowest income bracket.[261] This research has also demonstrated the potential of the Canada Child Benefit (CCB) to reduce food insecurity, highlighting the importance of targeting greater benefits to the lowest income families as part of addressing deep poverty and food insecurity.[269] These findings are further corroborated by Article 24 of the UN Convention on the Rights of the Child related to the rights of children framework to have adequate nutritious foods.
- Likewise, in examining existing financial measures that exist to eradicate poverty, it is evident that for those who are experiencing the greatest degree of poverty, programs like the CCB did not have a pronounced impact—the program had the positive effect of bumping those near the threshold above the poverty line, but did not have as clear an impact on those in deep poverty.[270] Again, findings suggest that an increase to the base funds from the CCB, by the Federal Department of Finance, would be helpful for those in deep poverty.[29]
- In terms of the National School Food Policy, the Coalition for Healthy School Food has made several recommendations, including: allocating $1 billion over five years in Budget 2023 for developing a policy and program in collaboration with provinces and territories; investing an additional $200 million as part of a School Food Fund that supports infrastructure and capacity building in schools related to providing children with food; and prioritizing and entering into discussions with Indigenous Nations and leaders for an Indigenous school food program.[267] It is essential for relevant parliamentarians and policymakers to prioritize this.

Community and Policy Recommendation

- Multipronged approaches that focus on prevention and prioritize collaboration and evidence-driven approaches are necessary to resolve and eradicate homelessness among young people in Canada.[271, 272] This may involve community information sessions sensitively examining the impacts of homelessness, upfront investment into the lives of children to make life in Canada more affordable for young people, employment support for those entering adolescent years, and more.

7 INFANT MORTALITY

As previous *Raising Canada* reports have highlighted, infant mortality is considered a key indicator of the welfare of a country.[273] As such, **Canada's consistently high infant mortality rate (IMR) is a significant cause for concern, particularly in light of the country's socioeconomic position**. In 2021, the IMR in Canada was 4.168 infant deaths per 1,000 births and in 2020 this rate was 4.280 infant deaths per 1,000 births.[33] Though declines have continued over the past century, they have been minimal compared to other jurisdictions.[2] Data from the past year has not been published to show the range in geographic IMRs, but last year's *Raising Canada* report[242] highlighted that Nunavut had the highest IMR in Canada (16.7 infant deaths per 1,000 births) and that rates varied considerably across the country.[242, 273]

Impact of COVID-19 on IMRs

The data in 2020 and 2021 – the first two years of the COVID-19 pandemic – indicated that Canada's IMR was not significantly affected by the pandemic, as it was very close to the level from the latest year. Recent evidence from a retrospective cohort study in Ontario, for example, found that stillbirth and preterm birth rates did not differ significantly during the first year of the pandemic compared to evidence from the previous 17.5 years.[274] Researchers examined 2,465,387 pregnancies for a study period of July 2002 to December 2020. The stillbirth rate between January and December 2020 was 0.56% (range from 0.48%-0.70%) and the preterm birth rate during this same period was 7.87%.[274] However, it is crucial to remember that the rates reflect the deaths of real infants and that policy and community action is required to increase the rate of declines in Canada's IMR.

Cross-Country Comparison

As aforementioned, the infant mortality rate in Canada is higher than most wealthy countries, **ranking 30th among 38 affluent nations.**[2] **By contrast, Canada ranks 14th for global prosperity**[5] and the gross domestic product (GDP) per capita of Canada was ranked 15th in the world in 2021.[275] Among the Organisation for Economic Co-operation and Development (OECD) countries, only America has a higher infant mortality rate (5.8 per 1000 births) than Canada. With a similar income level as Canada, Japan's mortality rate (1.65 per 1000 births) is much lower than the rate in Canada.[2] **Not only is change possible, it is necessary. Children's most basic right to survival is not protected and must be urgently addressed, with particular attention being given to examining and addressing the inequities faced by First Nations, Métis and Inuit children, as well as Black and other racialized children.**

The Causes of High Infant Mortality in Canada

The Public Health Agency of Canada indicates that the leading causes of infant mortality in Canada include: 1) immaturity (not fully grown at birth or being born too early); 2) structural or functional birth defects; 3) severe lack of oxygen; 4) infection; and 5) sudden infant death syndrome.[276] In many ways, the impact of the

first four causes can be mitigated through better access to medical services and early prenatal interventions, though the issue of infant mortality has many causes and contributors that require adequate consideration and mitigation.

For the last category, among the infant deaths in Canada from 2015 to 2020, about 1 in 15 occurred while the infant was sleeping, and the majority (83%) were sudden and unexpected in healthy infants.[277] A very high proportion of these deaths (9 in 10) were reported in an unsafe sleep environment, meaning at least one risk factor was present (i.e., where at least one principle from the Joint Statement on Safe Sleep was not followed or where the coroner or medical examiner reported it to be unsafe).[277] Moreover, 70% of sudden infant deaths occurred among infants that were four months of age or younger – most were one or two months old.[277]

The Public Health Agency of Canada also reported the risk factors related to infant death: 1) low maternal education; 2) inadequate housing; 3) lack of access to health care; 4) food insecurity; 5) poverty; or 6) unemployment.[33] The presence of these determinants, based on inequities in the population and related to several of the other threats, indicate the need for and value of multi-pronged approaches that are needed to resolve infant mortality in Canada (highlighted in recommendations below).

Inequity in Infant Mortality

The minimal progress made to reduce infant mortality in Canadian society is not equally shared by the whole population, as infant mortality is strongly associated with socioeconomic status and level of maternal education as aforementioned.[276] Though statistics from 2018 have indicated that First Nations, Métis and Inuit infants face higher IMRs,[33] at rates that range between being two or four times higher than the national average,[33, 278] many sources have indicated that several provinces are not doing enough to capture data related to race and infant mortality.[278] For instance, while data from a CBC News investigation revealed that 1,338 infants in Canada died in their sleep due to factors related to unsafe sleep, a lack of national standards for tracking racial identity means that the exact proportion of infants that were Indigenous is uncertain.[278]

Inequities experienced by First Nations, Métis and Inuit populations are a direct result of colonial policies and practices that included massive forced relocation, loss of lands, creation of the reserve system, banning of Indigenous languages and cultural practices, and creation of the residential school system.[33]

Over the past year, there has been a lack of data published related to the experiences of Black families in Canada and the risks Black infants and mothers face. However, evidence from the U.S. indicates that since the late nineteenth century Black infants have faced IMRs at approximately twice the rate of white infants.[279] This discrepancy, along with the lack of support offered to racialized families and pregnant individuals, requires immediate resolution in light of the increased research that is occurring in this area in recent years.

RECOMMENDATIONS

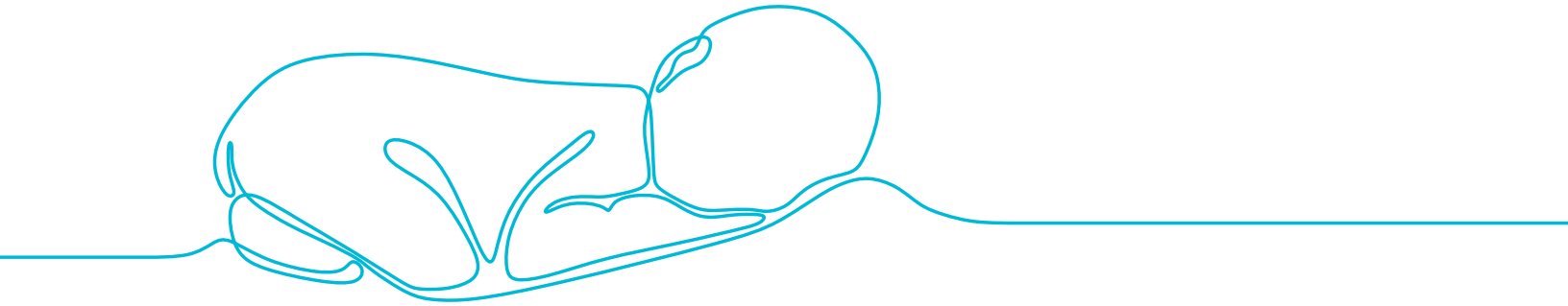
Policy Recommendations

- The inequity in infant mortality in some populations is in direct violation of a child's right to survival and the right to non-discrimination, emphasizing the need to take appropriate measures to decrease infant mortality. Since infant mortality is closely related to economic deprivation, a policy aiming at reducing inequity in education, income and material deprivation may be effective in combating the high IMRs in these marginalized communities.[33, 273]

- Given the health inequalities of children in Canada and the challenges faced specifically in Northern Canada and other remote areas, special funding from the federal government should be invested in those regions with high IMRs to provide better medical care, a safer environment, as well as enough nutrition for pregnant women and newborns.
- The infant mortality rate remained very stable (although relatively high) during the first two years of the pandemic. We still need to be cautious, though, as research shows that the cohorts born during the 1918 pandemic showed worse performance in health, academic and adulthood outcomes.[280] A preventative policy aimed at mitigating the impact of the COVID-19 pandemic is necessary for pregnant people, as well as couples with newborn children.

Community and Policy Recommendation

- Families also need to have better access to various medical and social care resources through relevant ministries and departments.[273] Addressing unsafe sleeping arrangements may involve: preventing exposure to tobacco smoke before and after birth, having infants sleep on their backs, having infants sleep in cribs, cradles or bassinets that have met Canadian regulations, and more.[281] However, the sleeping environment is often linked to socioeconomic factors. As such, addressing these concerns requires education and resource investments to ensure infant safety.



8 BULLYING

In Canada, bullying is a prevalent threat to children's health and well-being and violates children's rights. Children may experience bullying victimization (i.e., being bullied) or perpetration (i.e., doing the bullying), and many experience both. For nearly three decades, Canada has been one of the highest ranked OECD countries for bullying victimization.[2] Out of 35 countries, Canada currently occupies the 28th place on measures of bullying.[2]

It is well known that bullying is a common experience among Canadian children and adolescents, yet the current exact prevalence of bullying is unknown due to difficulties in measuring bullying experiences.[282] With that said, several data sources have attempted to capture and highlight the prevalence of bullying in Canada among youth. Based on the Canadian Health Behaviour in School-aged Children Survey results, **approximately 1 in 3 Canadian youth report being bullied.**[34] The prevalence is fairly consistent across the grades for both boys and girls and has remained relatively stable over the past 12 years.

Even though bullying experiences often occur in school settings, children and adolescents also experience bullying victimization through online platforms. An important consideration regarding cyberbullying is that it is not only harmful, it can also have serious legal consequences under Canada's Criminal Code. Cyberbullying could occur anywhere, from anyone, privately or publicly.[283, 284] A study conducted by Mishna et al., involving students from 33 Toronto junior high and high schools, found that almost half of the students had been bullied online.[285]

A more recent study conducted by Sampasa-Kanyinga et al. found that among 6,834 students aged 11-20, 22.4% of the participants reported cyberbullying victimization, 11% reported cyberbullying perpetration, and 7.9% experienced cyberbullying victimization and perpetration.[286] The UNICEF Canadian Companion[2] noted a reduction of 17% in cyberbullying for youth and young adults during the pandemic.

As has been noted by Dr. Tracy Vaillancourt, cyberbullying can be associated with heightened harm for victims because bystanders can easily 'comment,' 'like,' or interact with posts to indicate support for the bullying or the bully.[287] Vaillancourt et al.[288] also examined the differences in prevalence rates of bullying before and during the pandemic among 6,578 Canadian youth in Grades 4-12. The authors found that the rates of bullying were lower during the pandemic (16.9%) than before the pandemic (35.3%).[288] This reduction has been suggested to be associated with reduced opportunities for bullying as children and youth spent less time in schools. This might also be associated with a reduction of class sizes, as this could increase supervision and promote more caring learning environments, along with a reduction in time spent in class consequently leading to less opportunities for bullying.

Even though overall rates of in-person bullying might have decreased, there is evidence that suggests that during the pandemic, rates of race-based bullying have increased. According to the Chinese Canadian National Council Toronto Chapter & Project 1907,[168] **incidents of anti-Asian racism among children 18 years or younger increased by 286% for Asian Canadian youth**.

In Canada, bullying victimization experiences of Asian youth have included being coughed at, verbally harassed and targeted in online hate.

While there is limited research examining the prevalence of bullying in marginalized children in Canada, the research that does exist has shown that equity-deserving children and youth are at a higher risk of being bullied than others. These groups include 2SLGBTQIA+, immigrants, refugees, and Indigenous youth and children from socially and economically disadvantaged background. Children and adolescents that are newcomers in Canada often experience difficulties making friends and adjusting to the school setting. It is suggested that bullying, racism, isolation, and socio-linguistic barriers contribute to young newcomers' higher rates of psychological distress compared to Canadian-born peers.[36, 289]

There is also research that has found that 2SLGBTQIA+ youth experience consistently higher rates of bullying than cisgender heterosexual youth.[290, 291] Moreover, studies have found that **adolescents identifying as members of a sexual minority group were approximately twice as likely to be bullied than their heterosexual, cisgender counterparts.**[292] In another study by Peter et al., it was found that 2SLGBTQIA+ youth experience a disproportionate amount of harassment and bullying and that several spaces in schools (such as washrooms, change rooms, hallways, and more) were considered particularly unsafe.[293]

Moreover, in a recent analysis from the COMPASS study (cohort study on obesity, marijuana use, physical activity, alcohol use, smoking and sedentary behaviour) that used pooled cross-sectional data from 147,748 adolescents aged 13 to 18, it was revealed that income inequality was associated with increased odds of both bullying victimization (i.e., being bullied) and perpetration (i.e., doing the bullying).[294] The increased odds of association between income inequality and bullying perpetration were present among girls but not boys, indicating that girls may be influenced by their social environments more than boys.[294]

These rates are alarming, given the consequences associated with bullying, including poor school performance,[295] poor mental health, including depression and anxiety[296] and increased risk of suicidal ideation and suicide.[297]

RECOMMENDATIONS

Policy Recommendations

- Bullying is a significant public health issue, and there is a need to heighten awareness of how to identify, intervene and support youth who have been bullied. Policymakers should be aware of the importance of delivering evidence-based campaigns designed to raise awareness and improve their reach to partners within the school and the community, including school staff and parents' ability to recognize their salient roles in encouraging positive bystander responses and responding to warning signs of bullying. These training opportunities should be embedded in every school's commitment to creating a violence-free social environment. For example, as a preventative measure, a course or workshop should be offered to parents and children regarding online safety and bullying at schools for youth given the negative effect of various social media platforms. In addition, given that youth of minority groups are at increased risk for bullying, efforts to address bullying require a systemic perspective to understand the role of structural oppression in schools and classrooms.
- Given the high prevalence of bullying among children and adolescents, it is essential to implement evidence-based primary prevention programs in schools. To note, this type of

program has been implemented by children, but consistency across jurisdictions and schools is necessary – especially as students return to full-time, in-person learning in schools, and educators will need to address bullying in their classrooms. This support could come in the form of increased supervision and increased mental health resources for youth experiencing bullying.

- Current efforts to combat online harms in Canada must prioritize the best interests of children, including actions to prevent cyberbullying and cyber exploitation.

Community Recommendations

- Children might be reluctant to disclose their victimization experiences due to fear of repercussions. Therefore, relevant resources should be available without requiring children to disclose their experiences. In addition, children need to be encouraged to intervene and report bullying and be provided with multiple strategies for how to intervene and make these reports.

- Adults are responsible for the health and well-being of youth. Providing them with the skills and capacities to address bullying and foster healthy relationships among children and youth is critical. There are numerous benefits of having supportive and responsive adults. Therefore, it is imperative for school-based intervention programs to help adult figures (e.g., teachers) recognize their salient roles in encouraging positive bystander responses. Anti-bullying programs should target all school and community partners, including all school staff and parents.[298]

9 LIMITED PHYSICAL ACTIVITY AND PLAY

The UNCRC enshrines the rights of children to engage in play and physical activity, and recognizes their critical role in a child's healthy development. Lack of physical activity and opportunities to play pose a number of threats to young people in Canada. National and international public health agencies set out guidelines for how much physical activity young people need.[299] The amount of physical activity recommended for children differs based on age.

For those aged 1-4, three hours of physical activity daily is recommended, though toddlers (aged 1-2) should spend that time in a variety of physical activities throughout the day, including energetic play, and preschoolers (aged 3-4) should spend at least 60 minutes in energetic play.[299, 300] Children aged 5-17 are recommended to participate in an accumulation of 60 minutes per day of moderate-to-vigorous activity, including aerobic activities and vigorous physical activities and muscle and bone strengthening activities, at least three days a week.[301, 302] Among the many implications of physical inactivity include challenges to physical, social, mental, and emotional well-being as well as quality of life.[37, 303-305]

Canada received a D+ for Overall Physical Activity and D+ for Sedentary Behaviours of children and youth in 2020, which is the last time the national report card was issued.[306] A study by Guimarães et al.[37] corroborated these findings, revealing that **only 12% of respondents in their study met the recommendations for moderate-to-vigorous physical activity.**

Some studies would suggest that safety was not a factor in whether or not children go to play facilities while whether they had age-appropriate play equipment was considered.[307] Despite these findings, young people are not participating in recreational activities or play readily.[37]

Schools represent an important setting that could support young people in recreational activities and opportunities. School spaces, such as areas for recess and lunchtime, often allow for recreation and play.[308] However, there are considerable variations across the country as to how much time is allocated for such activity. Certain modes of transportation to and from school also present opportunities for physical activity. For instance, it was found that schools in Ottawa, Vancouver and Trois-Rivières overall allowed students to bring bikes to school (97.3%). However, some of those schools (38.4%) did not actively implement strategies of letting families know safe walking and riding routes to get to school.[309]

Movement and Play for Equity-Deserving Children

There are discrepancies based on gender in relation to the level of physical activity. In particular, Blanchette et al.,[309] found that young males typically accumulate more steps per day than their female counterparts. Such findings were echoed by Guimarães and colleagues,[37] whereby authors reported young female participants (aged 12-17) only accumulated an average of 17 minutes of moderate-to-vigorous physical activity a day. There are also challenges present for trans/non-binary/two-spirit youth in participating in recreational activities.[310] For

example, activities often involve segregation by gender, involve challenges with change rooms and are spaces discrimination is prevalent.[310]

For children with disabilities, the COVID-19 context has contributed to a decline in rates of physical activity and an increase in sedentary behaviours.[311] Reasons for this include individual, sociocultural, environmental, and systemic factors.[311] While parents of children and youth with disabilities had less supports in the pandemic, the pandemic led parents to increase their encouragement and support for their child's movement and play behaviours. In fact, researchers found that there was a statistically significant association between parent-perceived capability and opportunity to support their child's movement and play behaviours. There was also an increase in movement and play behaviours from children and youth with disabilities.[311]

Cognitive Health Concerns

Those children who met the movement guidelines were at significant advantage over those who did not. For example, language and cognition were higher in those who met the movement and screen time recommendations.[312] Other studies corroborated the findings by stating that cognitive development is improved with increased physical activity.[308] Play can contribute to social aspects that can enhance language development and social competence.[313] Recess and play can also contribute to academic success.[308] For example, social and emotional aspects of play allow young people to grow and mature.[308]

Mental Health Concerns

The connection between young people's mental health and physical exercise is well documented.[303, 314, 315] For example, the CHILD Cohort Study revealed that those kids who did not meet the movement guidelines experienced more depression, aggression and were more socially withdrawn.[316] This is problematic given that in 3-year-olds, only 3% met the movement guideline recommendations (1 hour of screen time, 3 hours of physical activity and 10-13 hours of sleep).[316]

Substance use is also problematic for those youth who do not engage in recreational activities. According to Spillane et al.[317], there was a decreased likelihood of past month drinking in Indigenous youth in rural Indigenous communities in eastern Canada when young people were engaged in extracurricular activities. For Indigenous youth, this may include cultural activities.[317] Indeed, the UN Convention on the Rights of the Child enshrines the right of all children to participate in cultural activities, and there are well-established links between cultural activities and a child's healthy development and sense of well-being.

Body Mass Index[v] Concerns

Worldwide increases in body mass indices have been problematic and on the rise.[318] Weight gain occurs from several factors, including genetics, environmental factors and lifestyle habits, such as diet and physical activity.[37, 319, 320] A high body mass index in children causes an array of challenges and can result in heavier weights across the lifespan.[321] At a multidisciplinary body mass management program in Alberta, approximately 10.2% of children were re-referred, suggesting that weight management is challenging to overcome.[322]

v Please note that the body mass index has been largely critiqued as not being a true indicator of health. In particular, the body mass index only takes into consideration the weight and height of a person, without considering a person's context, any potential underlying conditions they may have and other important factors. Body mass index also does not take into consideration that muscles weigh more than fat.

In addition to the various inequities/disparities faced by Indigenous communities, Indigenous children in Canada are at particularly high risk of weight concerns.[318] In fact, Indigenous children have a two-fold risk for a high body weight compared to non-Indigenous children.[318] Income is also related to the ability to purchase healthy foods and engage in physical activities.[323, 324] Food insecurity, lack of nutritious food and decreased opportunities for play may contribute to weight-related concerns among Indigenous youth.[323, 325] As mentioned previously, diet quality has been a contributing factor to challenges faced by Indigenous populations, including high body mass.[258, 323]

Movement challenges are also present among young people with disabilities, which may contribute to increased body mass.[326] This may be a result of a lack of accessible playground spaces. For example, a 2022 study conducted by MacEachern et al. from July 2017 to December 2019 on children aged 2-19 revealed that 25% of children with disabilities in Calgary, Alberta, and surrounding areas were meeting physical activity guidelines and had high body mass rates.[327]

COVID-19 and Physical Activity and Play

The COVID-19 pandemic has had a direct impact on children's physical activity and play.[299, 308] Social isolation prevailed while physical activity decreased. Virtual schools resulted in decreased quality time doing physical activities and playing.[328] Initially, during the first wave of COVID-19 restrictions, children were prevented from spending time outside. In some cases, public parks and playgrounds were closed, and children were discouraged from playing with others outside their homes. This resulted in more sedentary behaviours and increased screen time.[329] For example, **Statistics Canada found that approximately 76.2% of children aged 5 to 17 were not meeting physical activity guidelines.**[330] Instead of physical activity, many young people have turned to screen time as a means of connecting with others and occupying their time.[304] These findings have continued as the pandemic progressed, as young people continued to report less physical activity.[304]

Guimarães et al.[37] found that only 2% of young females met guidelines for moderate-to-vigorous physical activity. Approximately 20% of females in the study did not meet guidelines for moderate-to-vigorous physical activity, screen time and sleep.[37] Such dismal rates of physical activity are very concerning. An online survey conducted in May 2022 by the Alberta Medical Association, along with ThinkHQ Public Affairs Inc., revealed that there was a 43% decline in physical health, which was attributed to physical inactivity.[75] As a result of limited physical activity, screen time and increased boredom also contributed to a decrease in subjective well-being.[304]

More neighbourhood structures were built during the pandemic in an attempt to be more supportive of physical activity and play, yet they were not always used.[331] COVID-19 resulted in limited access to indoor and, at times, outdoor recreational facilities.[332] There were some differences in children, particularly in play before COVID-19 as opposed to amidst the pandemic. Reports from parents shared that their children were less inclined to play. However, there were fewer differences in bike riding.[332] The discrepancy in play was not evident between rural and urban settings.[332] However, children that live in urban settings tend to have less access to safe parks and playgrounds. In addition, many playgrounds remain inacessible for children with disabilities.

A comparison from summer 2020 to winter 2020/2021 revealed that youth were better able to regulate at both times when they participated in physical activity with parents and had decreased mental health concerns.[299] Stress also increased over time. The authors go on to state that there was decreased activity between

summer 2020 and winter 2020/2021. However, **as restrictions began to lift, opportunities and participation increased.**[332] **However, they have still not returned to pre-pandemic levels**.[333]

Physical activity and play can mitigate some of the challenges posed by COVID-19.[303, 334, 335] There has been a higher engagement in screen time as opposed to physical activity, contributing to mental health issues.[336] In children aged 4-6, only 18.2% met the guidelines for 24-hour movement and screen time.[312] Another study revealed that **only 7% of young people under the age of 18 met the guidelines for physical activities, suggesting even later on in the pandemic not many young people were engaged in physical activity**.[328]

RECOMMENDATIONS

Community and Policy Recommendations

- Consistent with last year's report, it is strongly encouraged that guidelines from the ParticipACTION Report Card on Physical Activity for Children and Youth[306] be adhered to:
  - » "Enhance collaboration and alignment across federal, provincial, territorial and local governments; academia; health charities; the nongovernmental sector, including child- and youth-serving organizations; the private sector, including social purpose organizations that support innovation and experimentation; and with international players, to develop, support and sustain physical activity policy and program development, research and surveillance, and evaluation.
  - » "Give voice to children and youth by engaging them directly in national, regional and local efforts to conceive, design, develop, implement and evaluate physical activity policies, programs and services, including unstructured physical activity and utilitarian physical activity whose primary purpose is to accomplish work, chores, errands or travel in accordance with one's cultural values and practices.
  - » "Provide leadership development, training and community capacity building for those living in rural or remote communities, including Indigenous Canadians, as well as for new Canadians and marginalized populations.
  - » "Work with other domestic and international organizations to add to current understanding of the investment required to increase population physical activity in Canada." (p. 115)

Community Recommendations

- Active transportation, such as walking or biking, should be normalized. The promotion of healthier means of transportation needs to be prioritized, especially to and from schools. This could be initiated by community organizations that prioritize and create incentives for walking or riding one's bike for transit to work.
- Social determinants of health have been particularly impacted as a result of intergenerational trauma and those individuals are at higher risk of being below the poverty line.[337] Social determinants of health, lifestyle and biological factors contribute to heavier and unhealthy weight.[37, 338] As a result, an exploration of Indigenous children's BMI and sedentary behaviours need to be looked at through an equity and inclusion lens. In order to address BMI-related concerns in Indigenous youth, it is imperative to also recognize and address the racism that is contributing to lack of food quality and sedentary behaviour.[339] Alternative non-western approaches that address the injustices faced by Indigenous people need to be addressed. Specifically, policies need to target systemic injustices.

- Promoting family recreation as well as physical activity, in general, is needed.[299] Education on the importance of exercise in addressing physical, mental and social challenges would help further encourage individuals and families to actively engage in recreational activities.
- Interventions pre-puberty are particularly effective at decreasing the likelihood of high BMI later in life.[340] As a result, intervening to support physical activity, healthy eating and ultimately healthy body mass should be incorporated early on in children's lives.

"Too much screen time"
-Elise W., 8, Calgary, Alta.

10 CLIMATE CHANGE

Climate change poses a significant threat to child health. This section highlights the urgent need to develop sustainable interventions to tackle the effects of environmental damage. The Climate Change and Health Innovation Bureau at Health Canada developed an in-depth assessment of current and projected risks of climate change to the health of Canadians, *Health of Canadians in a Changing Climate: Advancing our Knowledge for Action*.[341] This report details the direct and indirect pathways through which climate change impacts health outcomes. In keeping with the findings of the latest report, this section reviews current literature for three overarching themes of climate change-related threats to child health

- Climate change and the risk of chronic and infectious diseases
- Climate change and the social determinants of health
- Climate change and the health of Indigenous people

Climate Change and the Risk of Chronic and Infectious Diseases

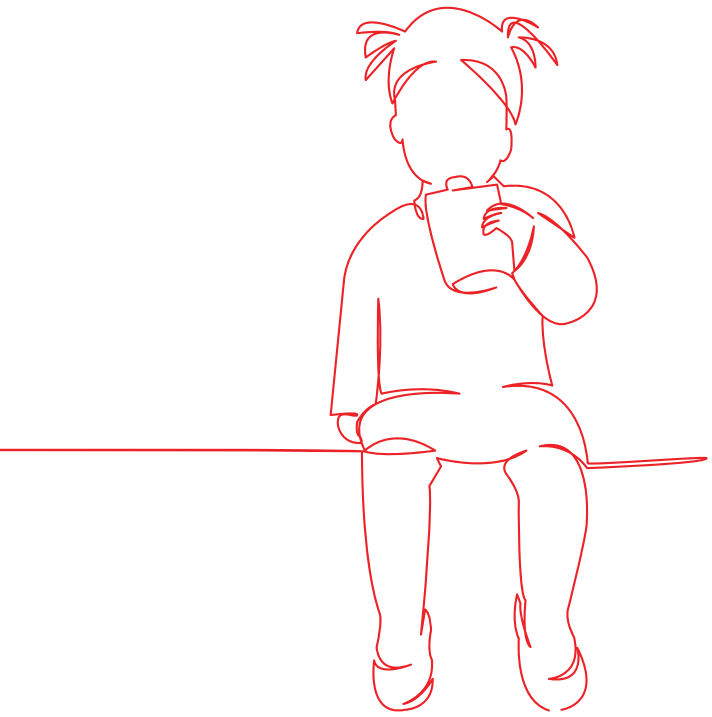
Air quality has been impacted by climate change due to increased natural disasters, longer pollen seasons and increased ground-level ozone.[38] Wildfires have increased significantly in Canada due to a complex interaction of human activity and climate change.[38] **Child acute bronchitis episodes related to wildfires have seen an upward trend every year and have more than doubled between 2013 to 2018 from 2,600 episodes in 2013 to 6,000 episodes in 2018.**[38, 39] **Estimated asthma symptom days for children aged 5-19 have followed a similar trend, starting at 100,000 days in 2013 to 240,000 days in 2018.**[38, 39] Climate change is also resulting in longer pollen seasons. As such, an increased burden on public health is expected with a subsequent increase in allergy symptoms, including asthma.[38]

In a practice point by the Canadian Paediatric Society outlining the burden of climate change and child health, many climate-related health risks were identified, including: heat- and cold-related morbidity and mortality, natural hazards and extreme weather events, increasing air pollution, contaminated water systems, and increasing infection risks with insects, ticks and rodents.[342]

Extreme heat exposure is associated with preterm birth and low birth weight and sudden infant death syndrome.[343, 344] Wilk et al.'s study in southwestern Ontario further found an association between extreme heat and increased emergency room visits in children.[345] An increase in temperature-related physical trauma visits has been noted, as well as a higher incidence of electrolyte imbalance, fevers, kidney problems and respiratory diseases.[345]

The latest UNICEF report card suggested 17 measures to mitigate the impacts of environmental damage to the health and well-being of children and youth and ranks Canada 28th among 39 rich countries.[40] Despite having the third-largest freshwater reserve in the world,

Canada ranks 24th in child illness from unsafe water and 20th in child deaths from unsafe water.[40] Waterborne acute gastrointestinal illnesses have been linked to non-municipal systems, which is where 15% of Canadians get their water (as described in more detail below). These concerns impact our ability to adapt to climate change and the resilience of communities.



Climate Change and the Social Determinants of Health

There is limited research on the impacts of climate change on intersecting social determinants of health. However, **research has established that the risks of climate change are amplified for children living in low-income and racialized populations, with intersecting inequities disproportionately exposing children to hazardous environmental conditions.**[40, 342, 346] The *Health Canada* 2022 report refers to climate change as a "driver of health inequities," wherein those with better financial and social networks are able to protect themselves against the impacts of changing climate.[346]

Children living in lower socioeconomic households are more susceptible to the negative health impacts of climate change. In Montreal, during a heatwave in 2018, low income was one of the risk factors for poor health outcomes.[346] Lack of adequate housing and appropriate ventilation also increases their susceptibility to health impacts.[347, 348] Inadequate access to financial resources may impact the ability to relocate during extreme weather events, such as floods. Structural inequities are also evident in city planning. For example, low-income and racialized communities in Toronto have fewer green spaces, which, if present, would have protective effects during heatwaves, in addition to other benefits.[346, 349]

Impact of Environmental Damage and Climate Change in Indigenous Communities

Climate change poses particularly distinct risks for Indigenous communities.[350] First Nations, Métis and Inuit peoples in Canada are already experiencing health and socioeconomic inequities as a direct impact of colonization.[350] As highlighted above, climate change exacerbates existing health inequities. It is therefore imperative to highlight the threats faced by Indigenous children.

Between 1980 and 2021, 48% of communities that evacuated due to wildfires were Indigenous.[40] Furthermore, due to temperature changes, the rate of unintentional injuries was three times higher than the Canadian average in Inuit land users in Nunavut between 2006-2015.[350] The number of search and rescue operations has also more than doubled over the last decade as a result of the changes in permafrost stability.[351]

Traditional sources of food have also become scarce due to the effects of climate change, contributing to increasing food insecurity.[352] Indigenous communities have high-risk drinking water systems and severe water insecurity.[353, 354] Water quality is further impacted by lowered water levels and rising temperatures due to climate change in Indigenous communities in the Prairies and Ontario.[355]

Overall, climate change has posed a significant threat to the psychosocial, physical and financial well-being of those living in Indigenous communities. Indigenous knowledge systems must be recognized as an imperative part of tackling and responding to climate change. There is a lot of work in climate adaptation within Indigenous communities that should be amplified. For example, the National Inuit Climate Change Strategy successfully implemented a community-based response to address food insecurity due to climate change.[356] The Inuvialuit Regional Corporation (IRC) is installing industrial community freezers, run by renewable energy sources, in each of the Inuvialuit communities.[356]

In Nunavut, a youth-led research and capacity-building study is monitoring the impact of climate change on water quality and human health.[356] This study utilizes scientific methods and Inuit knowledge and principles in an exemplary manner.[356]

The First Nations-Canada Joint Committee on Climate Action (JCCA) released its third annual report in August 2021, which highlighted the importance of enabling meaningful participation of First Nations in climate-related concerns in Canada.[357] The JCCA report also emphasized the need for First Nations-specific indicators and criteria to assess climate-related interventions.[357]

The Métis Nation-Canada Joint Table on Clean Growth and Climate Change identified priorities to advance Métis Nation climate leadership, including collecting Métis traditional knowledge and capacity-building.[358] The resilience, adaptability and knowledge systems of Indigenous people must be recognized and their voices amplified, as we work towards tackling the impacts of climate change and mitigating the threats to children's health.

RECOMMENDATIONS

Policy Recommendations

- Given the differential risks to Indigenous communities, it is imperative that First Nations, Métis and Inuit community members are actively engaged in decision-making processes with federal and/or provincial/territorial governments to ameliorate the risk to their health.
- The Government of Canada has policies in place addressing the drinking water advisories in First Nations communities. However, much work remains to ensure that the pace of change is accelerated and every child's right to clean water is protected. Continued monitoring of the progress made by these policies is needed to redirect funds within communities.
- As per the 2022 UNICEF report card,[40] while Canada ranks 2nd in providing children and youth with environmental education, this is in stark contrast to Canada's low ranking of 28th among 39 developed countries in overall environmental well-being of children and youth. Policies for climate and environmental damage should consider the differential impact of these threats on the health of children and youth and ensure the full protection of their rights.
- It is important to remain informed about the quality of air in one's area and to take appropriate mitigation strategies. The Air Quality Health Index is one such tool that

allows people to get a better understanding of air pollutants and wildfire smoke in their area. Indoor air quality may also be impacted due to increased pollutants in the air. Increased filtration and ventilation indoors can help address these concerns.

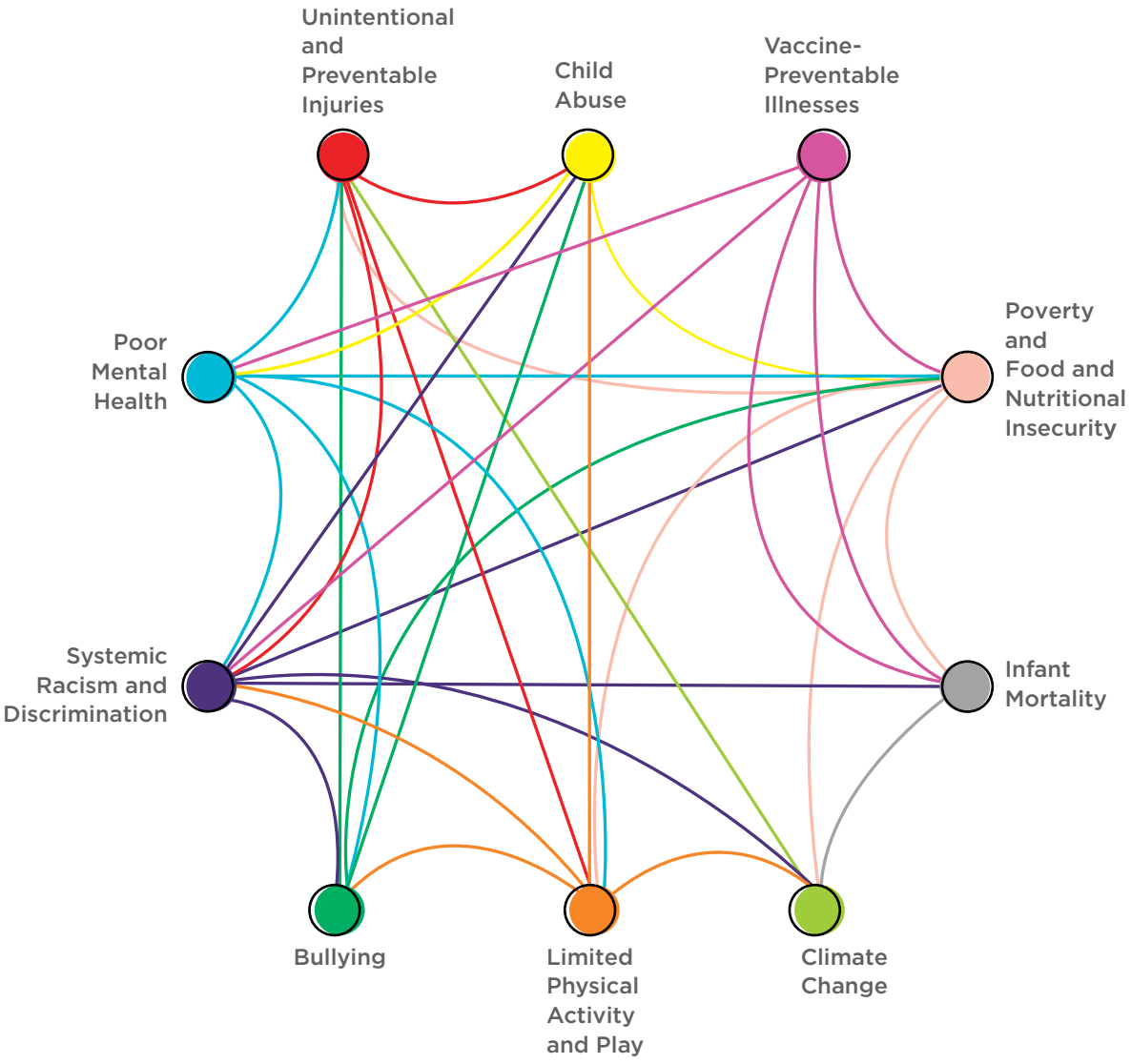
-Mithra B., 9, Halifax, N.S

INTERCONNECTION BETWEEN THREATS

Although the top 10 threats to childhood in Canada have been separated in the format of this report, it is crucial to highlight that these threats do not emerge or manifest independently. In other words, there is significant interconnection between the threats. Moreover, children's rights are interconnected and indivisible. We have attempted to highlight this in summarizing evidence related to each threat from the past year. Some examples of this interconnection include:

- Children and youth who experience racism and discrimination in their everyday lives are subjected to more mental health concerns.[143]
- 2SLGBTQIA+ youth face disproportionate levels of housing instability and poverty.[139]
- There is an established connection between poverty and bullying, both in the sense that those living in more precarious financial situations are more likely to experience bullying and to perpetuate bullying.[294]
- There is a correlation between adolescents being bullied and all types of illicit drug use among students in Grades 7-12.[282]
- Poor housing conditions (specifically related to household crowding) for First Nations, Métis and Inuit populations are associated with adverse birth outcomes.[359]
- The connection between poverty, indigeneity and mental health concerns was highlighted as a key area for future research by the Young Canadians Roundtable on Health.[360]
- A lack of physical activity has been associated with declines in a child's state of physical, social, mental and emotional well-being.[37, 303-305]
- As a result of climate change, unintentional injuries were on the rise between 2006 and 2015 for Inuit communities in Nunavut.[350]

On the next page, we have included a graphic to indicate the complex interconnection between the threats, as we previously highlighted in the *Raising Canada 2021* report.[242]



While a systematic examination of these connections is beyond the scope of this report, it is important to highlight these connections because attempts to either mitigate or fully neutralize any individual threat will require multifaceted solutions that likely target various threats at once. We have highlighted this in our recommendations throughout the report, and in the calls to action that appear on pages 12-13 of this report. The above graphic shows that the threats are not siloed, adding a layer of further complexity for policymakers and communities to consider.

CROSS-CUTTING THEMES

The lack of protection of children's rights in Canada continues to be an ongoing concern that has not been adequately addressed. Young people are experts in their own lives. Therefore, it is imperative to include children's voices in decisions on policies and programs that affect them. Research should also target input from youth about their own well-being and perceptions of how to heal.

Children are rightfully demanding that their voices be heard and included in all decision-making – from within their families to the highest levels of government. The views of key figures, including parents and those of children and youth, need to be at the centre of decision-making. Excluding these voices will lead to policies that do not adequately reflect the populations they perceive as important. Children and youth are important members of society.

1 DISRUPTION TO EDUCATION

The COVID-19 pandemic impacted many segments of Canadian society, and children and youth were disproportionately harmed by the restrictions. This affected children's physical and mental health, while aggravating social inequalities and inequities – including access to high-quality education.[43] UNICEF and UNESCO stated that approximately 1.5 billion children and adolescents have been impacted by school closures globally[361] and Canada is among the countries that reported the most school closures during the lockdown.[362] According to Statistics Canada,[363] **school closures have impacted approximately 5.7 million children and youth attending primary or secondary school in Canada.**

Challenges for Vulnerable Students

Remote-learning approaches and school closures affected all children, and had a particularly harmful impact on vulnerable students. First, students from low socioeconomic positions faced unique challenges when dealing with disruptions of in-person learning. Socioeconomic status has significant impacts on educational outcomes, and COVID-19 has magnified these differences.

Before the COVID-19 pandemic, the learning gap associated with differences in socioeconomic status was estimated to be over one year of equivalent schooling for students from the lowest socioeconomic status compared to the highest

socioeconomic status.[364] **During the pandemic, the learning gap increased an additional half-year of schooling for low socioeconomic status.**[41] Additionally, Haeck and Lefebvre suggested that the gap between high- and low-performing students in reading, mathematics and science was significant and relatively comparable between provinces.[41] In a study by World Bank, it was found that learning losses around the globe amounted to the loss of one-half year's worth of learning, indicating learning loss was real and significant.[42]

Learning is negatively impacted by reduced access to human and material educational resources.[44] In fact, households with higher incomes and more resources have been better able to manage circumstances brought about by the pandemic than households with lower incomes and fewer resources. In the 2021-2022 school year, during which new COVID-19 variants (e.g., Omicron) emerged, many schools offered hybrid learning as an alternative to their students.

According to Dorn et al.,[365] racialized students, and those from lower socioeconomic schools or communities, were more likely to be enrolled in virtual learning. This is unfortunate, as children from lower income households often do not have access to the tools (e.g., computers, internet) necessary to engage in online learning.[365] Parolin and Lee found that these students were less likely to progress than their peers who received in-person schooling.[366]

In 2022, the Government of Canada offered affordable high-speed internet to low-income families and seniors. The federal government is also progressing towards the goal of ensuring that 98% of Canadians have access to high-speed internet by 2026 and 100% by 2030. This strategy is fundamental and should be delivered promptly. Based on a qualitative study conducted by Larivière-Bastien et al.,[367] most children who participated in their study raised issues regarding the limitations of virtual platforms for both academic learning and socializing.

Hybrid Delivery Format

The effects of remote or hybrid learning are not fully understood, but many agree that in-person learning is preferable to online or hybrid learning.[43] The hybrid learning delivery format benefited those who wanted to attend in-person classes or could not continue with online difficulties. However, this learning method was not ideal for some students who required more attention from their educators. In addition, this method increases teachers' workload, given that they need to plan for both types of learning. It also reduces teachers' capacity to assist students with special needs or disabilities.

According to the survey data collected in the Annual Ontario School Survey (AOSS) 2021-22, 70 of the 72 publicly-funded school boards in Ontario are experiencing staff shortages.[368] Also, teachers who have persevered and worked to keep student learning safe during the pandemic continue to experience increased job-related stress levels, resulting in staff absences and leaves. There was also a high level of staff absences from teachers who contracted the COVID-19 virus and were required to quarantine. Staff absences are problematic, especially given the lack of available and qualified supply of staff.

Furthermore, many teachers have reported the increased demands on their ability to adequately support students. Parolin and Lee[366] conducted a study on 2,569 kindergarten educators (97.6% female; 74.2% teachers, 25.8% early childhood educators) in Canada who reported that parents most often contacted them regarding technological issues or how to effectively support their child. Also, they suggested that the largest barrier to learning was the ability of both parents and educators to balance work, home life, and online learning/teaching.

Access to higher education by refugee youth is an issue of increasing importance in Canada. In 2021, Canada became home to 60,115 refugees and protected persons from war-affected

countries around the world.[369] According to Edmonds and Flahault, more research is needed that focuses on understanding health literacy of refugee populations in Canada, listening directly to the voices of refugees in Canada, and understanding how COVID-19-imposed restrictions on public spaces impacts the social integration of refugees.[370] Some refugees feel segregated; they hesitate to participate in activities in the community or their children's educational experiences. This leaves refugee students who do access higher education without cultural capital from familial engagements in their learning experiences.

Remote-learning approaches and school closures also disproportionately impacted children and youth from disadvantaged families and children with special needs and challenges (e.g., learning difficulties). Approximately one million children who need special education are enrolled in Canadian schools (approximately 10%-20% of total student enrolment).[44]

It is expected that children who were already encountering difficulties and struggling academically have likely fallen further behind. For instance, students with pre-existing neurological or neurodevelopmental disabilities, including attention deficit hyperactivity disorder (ADHD), learning disabilities (dyslexia, dyscalculia), autism spectrum disorder (ASD), intellectual disability, or traumatic brain injury may now need extra support from educators. In addition, children whose special needs have not yet been identified and are still waiting for the assessment to get a diagnosis are likely to have also been disproportionately impacted, and their needs must be identified so that schools can allocate the necessary resources.

RECOMMENDATIONS

- Providing quality education to all children should be considered a top priority for authorities, as education is a basic right of children and the foundation of a productive and prosperous economy. For this reason, in order to improve access to higher education, it is essential to expand broadband access in remote communities and access to technological devices. In addition, it is fundamental to implement teacher retention strategies.
- The short- and long-term implications of pandemic-related education disruptions on children's development are not yet fully understood. However, it is suggested that the youngest learners might feel the longest-lasting impacts of the pandemic.[371] For this reason, it is important to invest in teacher professional development and parents' skill-building workshops so they can meet the needs of children with learning difficulties.

2 ACCESS TO HEALTH CARE AND OTHER SOCIAL SERVICES

As mentioned, *Raising Canada 2022* highlights the top threats to children's health and well-being. Across these threats, a severe delay in access to health care and other social services is noted. As such, this cross-cutting theme expands on the delays and gaps related to accessing timely care.

Delays in Accessing Care

The COVID-19 pandemic has exacerbated the barriers faced by children and youth in accessing care. While the COVID-19 pandemic has worsened the wait times for pediatric services, it is important to highlight that **wait times have been unacceptably high – even before 2020 – up to 2.5 years beyond the clinically accepted timelines.**[45]

In particular, surgery waitlists have been a problem prior to the onset of COVID-19, but wait times have worsened since the pandemic. **In Ontario, more than 4,200 pediatric surgeries were cancelled in the first 15 months of the pandemic.**[372] At McMaster Children's Hospital, approximately 62% of children on waitlists have been waiting beyond the recommended timeline.[372]

It is likely that delayed surgeries have significantly impeded children's ability to actively participate in school and social activities, and further exacerbated health issues. Children waiting for surgeries may suffer from chronic pain and have a delay in meeting developmental milestones.[373] Lack of access to rehabilitation services for children is also a concern, with only 1 in 3 children receiving access. The wait times for most children to receive community-based rehabilitation services is three years.[374]

Delays in Preventative Care and Receiving Diagnosis

Vaccine-preventable infectious diseases (other than the SARS Cov-2 virus) have increased since the pandemic's onset, as outlined by the threats. Increased social isolation during the pandemic and fear of COVID-19 led to delays in children receiving appropriate and timely preventative care.

In addition to vaccine-preventable illnesses, early screening and diagnosis of chronic health conditions are imperative for improved prognosis. Nguyen et al. studied 37,064 households in the U.S. and found that nearly half of the participants had delayed preventative health services due to concerns about COVID-19 exposure.[375]

In Canada, there are reports of delayed diagnosis of pediatric diseases, including tumors.[376] This has led to poor overall prognosis and the need for increased surgeries. In addition to the fear of COVID-19, lack of in-person visits with family doctors has also delayed the diagnosis of diseases.[376]

Gaps in Care for Youth with Chronic Health Conditions

Children and youth with physical, developmental, and/or mental health conditions require specialized health care services to support their needs. In Canada, children and youth with

chronic health conditions require a higher use of health care services, including hospital stays and emergency room visits. They also face barriers to continuity of care when they transition out of the pediatric system.[377] These are indicators of a lack of access to timely and specialized care.

The Canadian Institute for Health Information developed a report focusing on children and youth with complex needs and their use of health care services across Canada. Approximately 37% of all hospital admissions and 54% of total hospital days were by children with complex care needs.[377] For these children, primary health care visits are twice as high compared to children without complex medical needs.[377] Children and youth also accounted for 17% of emergency department visits in Alberta, Ontario and Yukon.[377]

In Canada, the care of youth between 16 and 19 with complex care needs is transferred from pediatric to the adult care system.

Transition to adult care is a time of volatility when youth are going through significant biological and social changes as emerging adults.[378] This is a difficult time for them and is associated with poor treatment adherence, disengagement from adult health services, and an increase in hospitalizations and emergency room visits.[379, 380]

The Canadian Paediatric Society released a call for action to improve the transition to adult care for youth with complex medical needs and emphasized the importance of collaboration between pediatric and adult care services, family physicians and community services.[54]

Gaps in Social Supports

Social supports, such as after-school programs, libraries and youth groups, are imperative for the overall well-being of youth.[381] Alberta's *Child and Youth Well-Being* report surveyed 9,176 Albertans in 2021 and identified that 83% of parents and 90% of professionals stated that children and youth's social wellness has "worsened" or "significantly worsened" during the pandemic.[247] Among those surveyed, 59% stated that they did not have sufficient access to social wellness support for children and youth.[247]

As previously identified in this report, Indigenous communities faced a disproportionate impact.[247] Indigenous peoples expressed difficulty in accessing mental health support services due to lengthy wait times. Public health protocols also added barriers to accessing cultural practices, which led to an increase in social isolation.[46]

RECOMMENDATIONS

- It is important to recognize that wait times for surgeries have been unacceptably long prior to the pandemic, and have worsened significantly. As such, urgent investments are needed to address this issue. The Children's Health Coalition has called for an investment of $1 billion to address wait times for surgeries, rehabilitation, child development and mental health concerns in Ontario.[382] A full costing of the investments required for other provinces is necessary.

- Fragmented care emerged as one of the greatest threats facing the health of children and youth with chronic health conditions. Policies to target this fragmentation should focus on recognizing the care plan from a patient's perspective and working towards developing a more efficient plan.
- Structured and coordinated transition from pediatric to adult care improves disease-management and overall health outcomes. There is a need to implement system-based strategies to better prepare youth and families for transition.[54] For instance, a transition navigator is a specified role for professionals who assist patients and families as they undergo this transition process.[383, 384] Transition navigators show promise in improving the difficult process of shifting from pediatric to adult care.[383, 384] There is a further need to refine the role of transition navigators, in collaboration with youth and families, to provide targeted interventions.

3 YOUTH REPRESENTATION

Throughout the report, we have highlighted the various ways in which the participation of children and youth has been missing. We have also shown how this exclusion has contributed to exacerbating the top 10 threats, resulting in violations of children's rights. For instance, young people have not been at decision-making tables or task forces during the COVID-19 pandemic – despite having a large stake in the decisions that have and continue to be made (such as closing schools, isolation measures, delayed vaccine approvals, etc.). In this report, we have attempted to show that the exclusion of children creates new harms: not only are young people experiencing the underlying concerns, but their experiences of these concerns are not being heard or meaningfully integrated into changes.

A scoping review identified that children and young people, when included in the development of interventions, were taking part just as active informants.[47]

Only 24% of the interventions studied involved children and young people in the decision-making process and shared responsibility in the development of interventions.[47] Another recent scoping review identified that only 19 out of 2,114 potential studies provided evidence of listening to the voices of children and youth in physical or occupational therapy.[385] **There is a critical need to involve children and youth in research that impacts them.**

When children and youth are actively involved in research and intervention development, there is a mutual benefit to youth and communities.[48] Youth have the opportunity to gain new skills and become empowered by being engaged in the process of conducting research that impacts them.[48] The active involvement of end-users in every step of the process improves the accuracy of data analysis, interpretation and the overall knowledge generated. Children and youth are experts with lived experiences.[46] Therefore,

meaningful collaboration with young people is imperative to identify their priorities, develop pragmatic and sustainable solutions, and to implement those solutions efficiently.

Children and youth have unique rights and face differential threats based on their intersecting social determinants of health. It is essential that an equitable approach is utilized when engaging with children and youth. Having diverse voices will ensure that all pertinent issues are recognized and addressed accordingly.

RECOMMENDATIONS

- When involving children and youth in research and/or policy implementation, it is important to have an evidence-based approach. Youth-led participatory action research is one such approach that is grounded in scientific inquiry and social change.[386]
- To ensure that there is diversity in the voices that are heard, active efforts should be made to involve children and youth with diverse lived experiences. These efforts include, but are not limited to, developing partnerships with existing equity-deserving groups, using gender-neutral language when relevant, and having a diverse research team.
- Conduct youth-centred research to allow for the voices of young people to be heard.[387]
- When engaging with children and youth, it is imperative to compensate them for their expertise. This is an essential tenet of patient-oriented research, detailed by the Canadian Institute of Health Research.
- Policymakers should consult children and youth, including directly engaging the Young Canadians' Parliament, to ensure that their diverse perspectives and unique solutions are included in key decisions, such as on the development of legislation, policies, programs and budgets. Moreover, it is also imperative to consider the recommendations being brought forward by youth, such as the Young Canadians' Parliament report and bills.

"Sun, beautiful trees and my home. Important to protect the environment."

Zillah-Marie and Zim-Mason J.-T., four-year-old twins, Calgary, Alta.

STRENGTHS AND LIMITATIONS

This year, our research team includes a diverse group of researchers with varying lived experiences and interdisciplinary expertise. We represent different universities, faculties and academic locations (i.e., master's degree, PhD, post-doc). In addition, a diverse group – consisting of children, youth and other subject matter experts – was also actively engaged in the research and report. As a result, the diversity of our team members is reflected in this report.

One strength of this report is that it employed a pragmatic literature review approach. We conducted a thorough search of multiple sources to identify the data in peer-reviewed literature, timely reports, and data sets that address the current threats facing children and youth in Canada. Furthermore, for each threat detailed in the literature review, experts in the field and experts with lived experiences (children and youth) reviewed the information to ensure its validity.

Another strength of this report is the continued prioritization of engagement with young people, specifically through consultations with children and youth during the development of this report; in particular, young people from child and youth advisory groups were invited to provide feedback on our report. In addition, young people created art showing childhood experiences or their ideas on how to make Canada a better place, as part of a national competition hosted by Children First Canada. This artwork was incorporated into the report and shared as a way to disseminate knowledge from the report.

A limitation of this report is that it employs secondary data with multiple types of sources. This report also includes reports that have not been peer reviewed to access statistics that were otherwise unavailable. Furthermore, a systematic literature search was not conducted. A systematic review would provide a standardized strategy for the search and may further enhance the findings reported.

Finally, ideally the findings highlighted in the report would be supplemented by data from focus groups and interviews with children, youth, and parents/caregivers to understand their interpretations of what affects them most in their day-to-day lives. We had intended to include primary data in this year's report, but were awaiting ethics approval at the time of writing. In future iterations of the *Raising Canada* report, we plan to integrate data collected from child and youth participants, their parents/caregivers, and experts in child health regarding the experiences of young people in Canada and the threats they perceive.

Overall, given the rapidly evolving data, it is imperative that the data is up to date. As such, a rapid literature review, including grey literature, is a practical approach.

CONCLUDING REMARKS

There is overwhelming evidence that Canada is not prioritizing the survival and development of children and youth. Young people have been systematically deprioritized in public policy decisions, and their quality of life has been severely compromised.

The COVID-19 pandemic has exacerbated and amplified the threats to children's health and well-being and the ingrained inequities that they experience. Researchers are conducting more studies, retrospectively and currently, to demonstrate the challenges children experience. Several of the threats included in this report have continued from previous years. This suggests a desperate need to address problem areas affecting children and youth.

Although COVID-19 restrictions have been lifted in Canada, young people continue to face significant challenges related to their education, health and well-being. In many areas, there has been a further decline in the well-being of children and youth. This has impacted how young people function, despite their high level of resiliency. It also has the potential to negatively impact their lifelong development and future outcomes.

The ongoing threats to children's survival and development demonstrate an urgent need to address the top 10 threats to childhood – especially among equity-deserving communities. Three cross-cutting themes emerged, which identified some of the long-lasting concerns, including: disruption to education, access to health care and other social services, and youth representation.

Every child has the right to a safe and healthy childhood

More than 30 years have passed since Canada ratified the UN Convention on the Rights of the Child, yet young people continue to face grave threats to their survival. The rights of children and youth are not being upheld and, in many instances, are being violated.

The persistent threats to children's survival, development, protection and participation suggest there is a continued imperative to build an action plan to address the concerns – including the financial and human resources required to bring about meaningful change.

The heart of change for children requires that we as individual citizens – and all levels of government, the private sector and civil society – prioritize the best interests and rights of children. As such, they need to be involved in the government decisions and policies that will affect their future. However, children in Canada remain disenfranchised.

Young people have strong views on the challenges that they face and the solutions that they envision. Working together with young people on multiple levels, the solutions need to be multifaceted. There is no one-size-fits-all approach in addressing the threats that will ultimately promote change and enhance children's well-being.

Looking through an ecological lens (i.e., looking at the impacts that other systems have on young people and that young people have on others), it is important to recognize the bidirectional impact that youth have on their social circles, decision-makers, communities and policies. The core of ecological systems theory proposes that life unfolds through a series of environmental transactions and through a number of different levels of systems.[388-390] As such, the changes have to occur on multiple levels to better meet the needs of children.

There are more than 8 million kids in Canada, and their lives hang in the balance. They are not a special interest group – they are a quarter of our population and the heartbeat of our nation. If we fail to prioritize their best interests and ensure their rights to survival, development, protection and participation, they will suffer and Canada will pay a steep price.

As a society, we must act now to address the persistent threats to childhood. Investing in kids now is not just the right thing to do, it's also a down payment on our future that will bear enormous social and economic dividends for years to come.

When kids thrive, Canada thrives. Our collective future depends on the decisions we make today.

"Rainbow Hope"
-Julie V., 7, Victoria, B.C.

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