RAISING CANADA
2020

TOP 10 THREATS TO CHILDHOOD IN CANADA

AND THE IMPACT OF COVID-19

CHILDREN FIRST CANADA
LES ENFANTS D'ABORD CANADA

UNIVERSITY OF CALGARY
O'Brien Institute for Public Health

Alberta Children's HOSPITAL
RESEARCH INSTITUTE

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Children First Canada

Children First Canada (CFC) is a national non-profit organization with a bold and ambitious vision that together we can make Canada the best place in the world for kids to grow up. CFC is a strong, effective and independent voice for all children in Canada. CFC harnesses the strength of many organizations and individuals that are committed to improving the lives of Canada's children, including children's charities and hospitals, research centres, government, corporations, community leaders, and children themselves. Visit childrenfirstcanada.org for more information.

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The O'Brien Institute for Public Health at the University of Calgary enables excellence in population health and health services research in order to inform community, socio-economic, and health care policy and practice. The O'Brien Institute is made up of 480 multidisciplinary researchers, health professionals and policy makers who specialize in two priority areas – improved population health and enhanced health systems performance. The Institute extends the reach and impact of that world-class research by brokering collaboration and relationships with federal policy makers, national and international research agencies, news media, philanthropists and community stakeholders. Visit obrieniph.ucalgary.ca for more information.

Alberta Children's Hospital Research Institute

The Alberta Children's Hospital Research Institute (ACHRI) supports excellence in research, education and knowledge translation to improve the lifelong health and well-being of children and families. ACHRI's 321 diverse members share a passion for child health and wellness – making discoveries to design new treatments, advance practices, and shape policies to improve child health outcomes. ACHRI was founded in 2009 as a partnership between the University of Calgary, Alberta Health Services and the Alberta Children's Hospital Foundation. Visit research4kids.ucalgary.ca for more information.

EXECUTIVE SUMMARY

For more than a decade, the state of childhood in Canada has been on the decline. Canada ranks 30th out of 38 affluent nations for protecting the well-being of children, according to UNICEF – a significant drop from 12th place in 2007. As a country, we have been going in the wrong direction for far too long.

The statistics are alarming: One-third of children in Canada do not enjoy a safe and healthy childhood, one in three Canadians report experiencing abuse before the age of 15, one in five children live in poverty, and suicide is now the leading cause of death for children aged 10 to 14.

Childhood is threatened for millions of children from all walks of life, but the odds are particularly stark for Black, Indigenous (First Nations, Métis and Inuit) and other racialized children. Systemic racism impacts children in many ways: they are more likely to experience adverse childhood experiences such as poverty and abuse, are more likely to be overrepresented in the child welfare and juvenile justice systems, and are more likely to be suspended or expelled from school.

In recent months, the harsh realities facing young Canadians have been exacerbated by the COVID-19 pandemic. Children and their families are now facing unprecedented challenges during the economic crisis and ongoing restrictions. Health services and surgeries for children have been cancelled or postponed, and access to social services has been limited. Daycare and school closures have impacted the education of children, and have also cut off their access to nutritional programs and safeguards against abuse. Throughout the pandemic, children have been disproportionately affected by lockdown restrictions. This sheds light on the inequity that exists within Canadian society.

Based on the findings of this report, most of the top 10 threats to childhood identified in *Raising Canada 2019* show signs they may be increasing – or are in danger of increasing – because of the effects of COVID-19. This report also highlights new data related to these threats and points to emerging concerns.

Raising Canada 2020 is jointly published by Children First Canada, the University of Calgary's O'Brien Institute for Public Health and the Alberta Children's Hospital Research Institute. The report is also released with a joint call to action from the Council of Champions.

THE TOP 10 THREATS: WHAT'S NEW?

Since the release of *Raising Canada 2019*, a significant amount of new data has been published on the health and well-being of children in Canada. Much of this new data is from Statistics Canada (StatsCan) surveys, including the new 2019 Canadian Health Survey on Children and Youth[4], and the 2019 Canadian Community Health Survey[5].

An important new finding is that young people aged 12 to 17 often rate their own mental health less positively than their parents do. When comparing responses, youth showed a different perspective than their parents about half of the time. When a difference occurred, 65% of youth rated their own mental health less positively than their parents did. These results suggest that some parents may not be aware of the mental health struggles experienced by their children.

Suicide remains the second leading cause of death for youth aged 15 to 24 – and has now become the leading cause of death among children aged 10 to 14. These rates continue to be significantly higher among First Nations, Métis and Inuit children and youth.

Poverty poses a persistent threat to the well-being of children in Canada. The findings of this report show that poverty continues to vary across the country and is unequally distributed throughout the Canadian population. The highest prevalence of child poverty is among families that are Indigenous, racialized and recent immigrants.

This year, climate change has been added to the list of threats analyzed in this report. Throughout consultations, children and youth voiced concerns that climate change threatens their current health, as well as their future. It is also one of their top priorities for action.

A key addition to this year's report is the application of a child rights framework. Almost 30 years have passed since Canada ratified the United Nations Convention on the Rights of the Child. The top 10 threats serve as a clarion call for the rights of children that are most gravely in danger and in need of urgent action.

THE TOP 10 THREATS: COVID-19 IMPACTS

The major focus of this report is on "what's new" for the top 10 threats to childhood in the past year (prior to the pandemic) and puts a spotlight on the impact of COVID-19 on these threats based on data collected in the early phases of the COVID-19 pandemic.

Key findings:

- Crowdsourced data suggest that the perceived mental health of Canadian youth has declined during the pandemic, with 57% of participants aged 15 to 17 reporting that their mental health was "somewhat worse" or "much worse" than it was prior to physical distancing measures.

- The World Health Organization (WHO) calls violence against children the hidden crisis of the COVID-19 pandemic. Due to school and daycare closures, many children living with family violence no longer have a safe refuge. In Canada, Kids Help Phone has reported an increase in specific conversations about physical, sexual and emotional abuse. As kids go back to school, reports of suspected child abuse may increase, since children will be interacting with trusted adults in their schools.

- Nearly one-third (29%) of Canadians report that the COVID-19 situation is having a moderate or major impact on their ability to meet financial obligations or essential needs.

- Research conducted by ParticipACTION during COVID-19 restrictions found that only 4.8% of children (aged 5-11) and 0.8% of youth (aged 12-17) were meeting 24-hour movement guidelines, raising significant concerns about children's lack of physical activity and its impact on both their physical and mental health.

- Almost one in seven Canadians said they were living in a household where they experienced food insecurity in the past 30 days.

- A recent Angus Reid survey of Canadian adults of Chinese ethnicity highlighted concerns of discrimination because of the pandemic. Half of the respondents report being called names or insulted as a direct result of the COVID-19 outbreak, and 61% say they have adjusted their routines to avoid run-ins or unpleasant encounters. Additionally, more than half of the adults surveyed are worried that Asian children are going to be bullied when they return to school due to the COVID-19 outbreak.

- Pediatric infectious disease specialists say that vaccination rates among children have dropped as much as 20% in parts of Canada, which is ramping up anxieties that we could face a series of infectious outbreaks while still battling COVID-19.

- Much of what we learned about COVID-19, its potential impact on these top 10 threats, and its overall impact on child health and well-being is still just emerging. Ongoing data collection and research, and then acting on what we are learning, will be critically important as the pandemic continues to evolve.

COVID-19 poses a direct threat to child health and well-being

COVID-19 in and of itself is a threat to child health and well-being. While children are less likely to have been symptomatic or fall seriously

ill due to the virus, some children do get ill. To date, over 10,000 children and youth (aged 0-19) are known to have been infected by COVID-19 (8.4% of the total cases in Canada), and a total of 138 had been hospitalized and 27 admitted to intensive care units. One child is known to have died.

The impact that COVID-19 has had on our society, including the lockdowns, are significantly affecting children. This report identifies three overlapping themes with respect to how the societal impact of COVID-19 affects children: inequity; a lack of access to child care and education; and a lack of access to health care and other human services. These three themes are not new, but the pandemic has amplified the impacts on children and their families.

Inequity

COVID-19 appears to be both magnifying inequities in vulnerable populations and increasing the number of children who are vulnerable. Due to job losses resulting from COVID-19, for example, more families will struggle to provide the necessities of life, including food and shelter. Black people and other racialized communities have also been disproportionately affected by COVID-19, both in terms of infection rates and the adverse effects of the pandemic.

Access to child care and education

Prior to COVID-19, many families struggled to access affordable, quality daycare – especially those living on a low income or caring for children with disabilities. The pandemic has exacerbated this situation. Many families will not be sending their children back to daycare, and families that have a child with a disability may be less likely to do so.

School closures took a heavy toll on children, with major inconsistencies around the quality of education provided and access to other supports typically available in school (nutrition programs, mental health services, physical education, protection from violence, among others). Many children, and more so in children in low-income families, did not have access to computers or wireless internet to participate in online schooling. The ability of parents to support their children's education also varied. There are also significant concerns around the planning and resources available to ensure a safe return to school this fall, and the ability of schools to support continued access to education throughout subsequent waves of the pandemic.

Access to health care and other human services

Throughout the first few months of this pandemic, many health care services across Canada came to a halt. This included hospital-based surgical procedures, routine care in the community like well-baby visits and immunizations, as well as many other services delivered in the home. Children who are living with complex medical needs or disabilities are experiencing the overall lack of access to health and human services more acutely.

Children have experienced delays for assessments, therapies and procedures. Health care professionals are warning that children will be forced to wait months or even years to access care, which will affect their growth and development.

LESSONS LEARNED

Children deserve the best we have to offer during times of peace and prosperity, and even more so during times of crisis. The lessons learned from the COVID-19 pandemic highlight one key factor: children's most basic rights to life, survival and development are in jeopardy and their best interests must be given paramount consideration in Canada's recovery efforts. Children need and have a right to a safe and stable home and family, the support of trusted adults outside of their homes, access to health and social services, quality daycare and education, and healthy interactions with others to survive and thrive.

Providing systems and societal support for children and addressing their needs is a human rights issue, which Canada agreed to when it ratified the United Nations Convention on the Rights of the Child in 1991. These legal rights of children are protected under international and domestic law. One of the core principles of a rights framework is that children are not passively waiting for aid and assistance; rather they have ideas and opinions and a right to participate in decisions that affect their lives. The development of true child-centred policies can only happen when we act *with* children, rather than acting for them.

The COVID-19 pandemic has massively disrupted the lives of children. As Canadians work to contain the spread of COVID-19 and recover from the crisis, we must do so without placing a disproportionate burden on children. What the government does now – or fails to do – will forever shape the trajectory for a generation of young Canadians. The stakes are higher than they have ever been.

INTRODUCTION AND BACKGROUND

Raising Canada 2020 is the third of an annual series of reports on the health and well-being of children in Canada produced for Children First Canada in partnership with the University of Calgary's O'Brien Institute for Public Health and the Alberta Children's Hospital Research Institute.

The first report in 2018 painted a high-level picture of the health and well-being of children in Canada using reputable sources of data. It was followed by an economic analysis that highlighted the multi-billion dollar economic toll associated with key threats to child health, including child abuse, obesity and bullying.[1] The 2019 report built on the initial report and identified the top 10 threats for children in Canada:[2]

1. Unintentional and preventable injuries
2. Poor mental health
3. Child abuse
4. Poverty
5. Infant mortality
6. Physical inactivity
7. Food insecurity
8. Systemic racism and discrimination
9. Vaccine-preventable illnesses
10. Bullying

In this report, we are:

- Highlighting new data available since the *Raising Canada 2019* report on these top 10 threats, including newly-published data from StatsCan on child and youth health
- Summarizing data collected and reported during COVID-19 that help shed some light on the potential influence of the pandemic on child health and well-being
- Using a child rights framework as a lens to assist in interpreting and making sense of the research findings, as well as determine needed action

The full series of *Raising Canada* reports is available at childrenfirstcanada.org.

Through doing the research to write this report and identifying how COVID-19 appears to be affecting the top 10 threats, we realized that

COVID-19 in and of itself is a threat to child health and well-being. Although children, and particularly younger children, may be less likely to become seriously ill as a result of COVID-19, they are highly affected.

This report identifies three overlapping themes with respect to how the societal impact of COVID-19 affects children: inequity; a lack of access to child care and education; and a lack of access to health care and other human services. These three themes are not new, but the pandemic has amplified the impacts on children and their families.

THE PROCESS OF COMPILING THE REPORT

The selection of data sources intentionally built on the threats to child health and well-being described in the 2018 and 2019 *Raising Canada* reports. The process also included a focus on collecting any data on what we know to date about how COVID-19 has affected these threats, and/or reveals any additional threats on the horizon. We went back to the data sources we had used in our previous reports, reviewed media reports that cite reputable sources, and sought out reputable new data sources recommended by experts in the field.

An early draft of this report was shared with subject matter experts, and members of Children First Canada's Council of Champions were consulted on the key findings and have endorsed the report's call to action. Children First Canada highly values the lived experiences and expertise of children and youth; their critical views and aspirations are included throughout this report, and a high school-aged young person participated in the research review committee. The purpose of sharing an early draft was to bring the lens of many different kinds of expertise into the report development process, with the goal of helping us identify any gaps or areas of highest priority.

APPLYING A CHILD RIGHTS FRAMEWORK

A key addition to this year's report is the application of a child rights framework. Almost 30 years have passed since Canada ratified the United Nations Convention on the Rights of the Child[3] – the most widely ratified human rights treaty of all time – which enshrines children's economic, social, cultural, civil and political rights.

This year marks a critical milestone for children's rights in Canada, as the federal government is due to appear before the United Nations Committee on the Rights of the Child

in September to provide an account of actions taken to ensure the full realization of children's rights. It will be an important moment on the national and international stage in terms of how Canada fares in relation to the treatment of children.

The application of a child rights framework is critical for a number of reasons, perhaps most importantly because it serves as a reminder to government, parents and other duty bearers (civil society organizations, the private sector, among others) that children are not objects of our charity. They are citizens with legal rights that are protected under international and domestic law.

Moreover, a core principle of a child rights framework also reminds us that children are not passively waiting for aid and assistance. Children have ideas, opinions and a right to participate in decisions that affect their lives. Children must be able to freely express their views, and adults have a duty to listen to and involve children in decisions that affect them – within their family, schools, communities, public institutions, public policy making and judicial procedures.

Finally, a child rights framework also underscores that all rights are interrelated, interdependent and indivisible. There is no hierarchy of rights, and it is incumbent on government, parents and all duty bearers to ensure that every child is able to achieve the fulfilment of their rights. The top 10 threats serve as a clarion call for the rights of children that are most gravely in danger and in need of urgent action. This report explicitly identifies the rights of children that are in jeopardy, but this is not an exhaustive list.

THE TOP 10 THREATS: WHAT'S NEW?

There has been a considerable amount of new data published on the health and well-being of children in Canada since the release of *Raising Canada 2019*, and prior to the COVID-19 pandemic. Much of this new data came from StatsCan surveys, including the new Canadian Health Survey on Children and Youth[4] conducted in 2019. The results released to date highlight child and youth mental health.

"Meeting information needs in areas such as children's health is key to addressing the challenges our children are facing today," says Statistics Canada's Lynn Barr-Telford, Assistant Chief Statistician of the Social, Health and Labour Statistics Field. "Statistics Canada has a long history of producing data in this area, and we look forward to partnerships such as this one to support policies and programs that contribute to the well-being of children in Canada."

Child and youth mental health has also been a focus of a number of surveys conducted during the pandemic, creating a much richer picture of the state of children's mental health than we've been able to compile in the past. We have broadened our threat, which we had labelled "suicide, depression and anxiety" in *Raising Canada 2019* to "poor mental health." We have also made minor changes to the labels used for these threats to better align with new knowledge or language being used in particular fields.

Finally, a new threat has been identified this year: Climate change emerged as a clear threat to the health and well-being of children around the world, including Canada. It is of incredible importance to children and youth, and is something that they are passionately committed to addressing.

NEW DATA FROM STATSCAN ON THE HEALTH OF CHILDREN AND YOUTH

New data from StatsCan on children and youth, collected in 2019 and reported in 2020, provides additional information on the health of children and youth.

Some came from the new Canadian Health Survey on Children and Youth (aged 1-17).[4] An important focus of this new survey was the identification of issues that affect children's ability to function in their day-to-day lives. Of the eight domains of function explored for young children (aged 2-4), the most common difficulty was in the area of communication[i] (1.4%). Also, 2.4% of children experience functional difficulties in more than one of these eight domains.

Of the 13 domains of function explored for older children (aged 5-17), the most common difficulty is with anxiety[ii] (5.1%). Based on the data, 13.1% of school-age children experience functional difficulties in at least one of these 13 functional domains.[4] More in-depth analysis of data, and monitoring how it changes over time, will be important.

Some of this newly-reported data came from the 2019 general Canadian Community Health Survey, focusing on youth (aged 12-17).[5] With respect to how youth perceive their overall health, the percentage of youth saying their health is fair or poor was 3.4% in 2018 and 3.9% in 2019. A health issue that has been of concern for some time is the percentage of Canadian children and youth who are overweight or obese. Based on Body Mass Index (BMI) self-report, the rates were 27.9% in 2017 (*Raising Canada 2019*) and 24.5% in 2019.[5] And some good news: most youth (aged 12-17) say they are satisfied or very satisfied with their life (97.8%), and have a somewhat strong or very strong sense of belonging to their local community (86.5%).[5]

i Communication is defined as: difficulty understanding and being understood, reported by the person most knowledgeable in the household.

ii Anxiety is defined as: children and youth aged 5 to 17 years who seem very anxious, nervous or worried daily, reported by the person most knowledgeable in the household.

TOP 10

THE TOP 10 THREATS TO CHILDHOOD IN CANADA AND THE IMPACT OF COVID-19

What we have learned about each of these 10 threats to children in Canada since the release of *Raising Canada 2019* is highlighted here. In a few cases, we have slightly changed the label we have applied to these threats because of new knowledge and/or new terminology being used in a particular field.

Given the unprecedented nature of the current pandemic, and the resulting amplification of areas or issues that may be already under strain (e.g., domestic abuse, mental health, economic well-being), for each of the 10 threats we have a special focus on what we have learned to date about how the pandemic may be influencing this threat. Our preliminary analysis of emerging data, and the perspectives of people with expertise in child health and well-being, suggest that many of these 10 threats are in danger of worsening as a result of COVID-19, negatively affecting child health and well-being.

Much of what we learned about COVID-19, its potential impact on these 10 threats, and its overall impact on child health and well-being is still emerging. Ongoing data collection and research, and then acting on what we are learning, will be critically important as the pandemic continues to evolve.

1

UNINTENTIONAL AND PREVENTABLE INJURIES

WHAT'S NEW

Unintentional injuries continue to be the leading cause of death for young people between the ages of 1-34 in Canada.[6] Unintentional injuries kill more youth than all other causes combined. One child dies every day from a preventable injury.[6]

The Public Health Agency of Canada (PHAC) published a new *Injury in Review* report in 2020, looking at one type of injury (traumatic brain injury), across the life course.[7] This report confirms what we know about the major mechanisms for all types of injuries (including traumatic brain injury) for children in particular age groups. That is, for younger children (under 5 years of age) major mechanisms of unintentional injury are transportation collisions and falls, and for older children (aged 5 to 19) major mechanisms are sports and recreational activities as well as transportation collisions. Hockey consistently showed the highest proportion of traumatic brain injuries relative to other sports and recreation injuries – with other sports ranking high, including rugby and sledding/tobogganing, and for girls, also equestrian activities.[7]

EVERY CHILD HAS RIGHTS

Article 6

1. States Parties recognize that every child has the inherent right to life.

2. States Parties shall ensure to the maximum extent possible the survival and development of the child.

Article 19

1. States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.

Article 24

1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:...

(e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents.

Unintentional and preventable injuries, continued...

COVID-19 IMPACTS

We found no Canadian data on the impact of COVID-19 on unintentional injuries in children. It may be that an effect of lockdown policies – including stay-at-home recommendations, quarantine and restricted travel on children and young people's social patterns and play opportunities – have led to fewer unintentional injuries[8] (e.g., injury occurring in sports, other recreational activities and transportation collisions).

We will continue to watch for new data being collected and research being conducted during COVID-19. For example, there is some concern being expressed that we may see an increase in children being left in hot cars, as parents may be reluctant to bring them into stores and other indoor places. It's also possible we may see more severe transportation collision injuries because of an increase in speeding and stunt driving on emptier roads.[9]

2 POOR MENTAL HEALTH

WHAT'S NEW

This threat has been broadened from *Raising Canada 2019*'s "Suicide, depression and anxiety" to overall "Poor mental health," in part because of the breadth of new data available on child and youth mental health.

Suicide

Suicide remains the second leading cause of death for youth aged 15 to 24, and is now the

EVERY CHILD HAS RIGHTS

Article 6

1. States Parties recognize that every child has the inherent right to life.

2. States Parties shall ensure to the maximum extent possible the survival and development of the child.

Article 17

States Parties recognize the important function performed by the mass media and shall ensure that the child has access to information and material from a diversity of national and international sources, especially those aimed at the promotion of his or her social, spiritual and moral well-being and physical and mental health.

Article 24

1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

Article 27

1. States Parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development.

leading cause of death for children aged 10 to 14.[10] These rates continue to be significantly higher among First Nations, Métis and Inuit youth. Suicide rates are highest in youth (age 15-24) among First Nations males, and Inuit males and females.[11]

Nearly 25,000 Canadians (of all ages) either died by suicide or stayed in hospital after intentionally harming themselves in 2018-2019. This is the equivalent of almost 70 self-harm events every day. Hospitalizations for self-harm were higher for females than males across most age groups, with the highest numbers seen in young women; that is, the rates were three times higher for girls and women between the ages of 10 and 24 than for males in the same age group.[12] There is no new Canadian Institute for Health Information (CIHI) data reported specifically for children.

Mood disorders, including depression

In 2019, about 5% of youth aged 12 to 17 reported they had a mood disorder, which is basically unchanged from 2018 (4.6%).[13]

Other aspects of mental health

Child and youth mental health has been of increasing concern in recent years. The 2019 Canadian Health Survey on Children and Youth (aged 1-17) provides a new look at the range of mental health problems experienced by Canadian youth.[4] Key findings are briefly described here.

Almost one in five youth aged 15 to 17 (17%) reported that their mental health was "fair" or "poor" in 2019, more than double the rate for those aged 12 to 14 (7%). More female youth (10%) reported fair or poor mental health compared with male youth (4%).

Parents were asked to rate the mental health of their children aged 1 to 17. Parents of younger children were less likely than parents of older children to report that their child's mental health was fair or poor. Specifically, 1% of children aged 1 to 4 were deemed by their parents to have fair or poor mental health. The parent-reported prevalence of fair or poor mental health was 4% among children aged 5 to 11, 5% among youth aged 12 to 14, and 8% among youth aged 15 to 17.

An important new finding is that youth aged 12 to 17 often do not share the same perspective as their parents on their own mental health. A comparison of responses given by parents and youth reveal that about half of the time (52%) they do not share the same opinion of their own mental health. When a difference occurred,

almost two-thirds (65%) of youth rated their mental health less positively than their parents did. These results suggest that parents may not always be aware of the mental health struggles experienced by their children. This is an area where some clear action could help parents better support their children.

Finally, other health issues affected child and youth mental health. Youth (aged 12-17) with recurrent pain or sleeping difficulties were more likely to report fair or poor mental health. Children and youth with fair or poor mental health had lower overall grades than children with very good or excellent mental health. In addition, approximately one-quarter (25%) of children and youth aged 5 to 17 with fair or poor mental health reported difficulty making friends; and 1% of children and youth reporting good or excellent mental health indicated they had difficulty.

COVID-19 IMPACTS

A rapid review of the research on child and adolescent mental illness since the beginning of the COVID-19 pandemic concluded that there are only a small number of published studies examining the prevalence of mental illness to date. The findings do point to an increase in depressive and anxiety symptoms in children and adolescents, but additional and more targeted research is required.[14]

Data recently collected in Canada support the findings of this review, suggesting that child and youth mental health may be worsening. For example, recently-released crowdsourced data suggests that the perceived mental health of Canadian youth has declined during the pandemic, with over half (57%) of participants aged 15 to 17 reporting that their mental health was somewhat worse or much worse than it was prior to the implementation of physical distancing measures.[4] This is supported by other StatsCan survey data, where the difference in mental health before the pandemic (2018) and during the crisis was most pronounced for younger adults; among those aged 15 to 24, 42% reported excellent or very good mental health during the pandemic, whereas 62% had reported excellent or very good mental health in 2018.[15]

There are other indications that children's mental health may be worsening during COVID-19. There has been a significant increase in calls to Kids Help Phone since the pandemic began, which could be another indicator that children are struggling with their mental health.[16] Women with children under the age of 18 have shown significantly increased levels of depression and anxiety since the start of the COVID-19 pandemic, which could have a negative effect on children's mental health and well-being.[17]

Children (aged 10-17), when asked what words they would use to describe how they've been feeling the most in recent weeks, primarily and intensely report feeling bored (70%). The 16- and 17-year-olds were more likely than younger children to say they are "lonely" or "angry," while 10- to 12-year-olds were most likely to say they were "good" or "happy." "Loneliness" was the third most-used word kids between the ages of 10 and 17 used to describe how they've felt in recent weeks. When asked what they miss most about their lives pre-COVID-19, they said they feel the lack of time with friends, with half (54%) saying this is the worst part about being stuck at home. One in four kids (26%) says friendships have been negatively affected by stay-at-home orders. It is difficult to say

now how these feelings may impact children's mental health as the COVID-19 pandemic continues.[18]

Given what is known to date about the higher impact of COVID-19, and related public health measures, on people who are part of marginalized or underserved populations, it is likely that the emotional problems and mental health challenges being reported by youth are not necessarily evenly dispersed across the population.

Finally, summarized here is what the data collected during the early phases of COVID-19 suggests about the possible impact on children's mental health and well-being. An important caveat here, as Patten and Kutcher (2020)[19] note, is that during the pandemic, mental health surveys have most often used questionnaires or symptom scales. These are not diagnostic instruments, as they cannot provide information about the persistence of symptoms over time or whether these symptoms are causing problems with functioning or severe distress. For example, children may be experiencing more anxiety during the pandemic, but usually this can be seen as a healthy emotional response. However, anxiety disorders can be disabling and impairing and require professional support. In addition, many of these surveys have not used a probability sampling strategy, meaning that the findings cannot be generalized to the entire Canadian population of children. At this time, the most we can say is that children's mental health is an area that may be at risk, is an area we should keep monitoring as the pandemic continues, and that to do so we need to be collecting high quality data.

CHILD ABUSE 3

WHAT'S NEW

One-third of Canadian adults report experiencing some form of child abuse before the age of 15 (*Raising Canada 2019*). New data were published in late 2019 on police-reported family violence against children and youth in 2018. It shows that between 2017 and 2018 family violence against children and youth increased by 7%, while non-family violence slightly decreased (-2%).[20] Family violence can cause a number of serious health and social problems across the lifespan.[21]

New data from Ontario, in its analysis of the reason for referral to child welfare services, reveals that the most common form of maltreatment is neglect (58%), followed by physical abuse (37%), exposure to intimate partner violence (36%), emotional maltreatment (33%), and sexual abuse (21%).[22]

Finally, new data from the PHAC *Injury in Review* (2020) report focusing on traumatic

EVERY CHILD HAS RIGHTS

Article 19

1. States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.

Article 34

States Parties undertake to protect the child from all forms of sexual exploitation and sexual abuse. For these purposes, States Parties shall in particular take all appropriate national, bilateral and multilateral measures to prevent:

(a) The inducement or coercion of a child to engage in any unlawful sexual activity;

(b) The exploitative use of children in prostitution or other unlawful sexual practices;

(c) The exploitative use of children in pornographic performances and materials.

Article 39

States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child.

brain injury across the lifespan shows that abusive head trauma is a major cause of death in young children (under 5 years of age).[7]

COVID-19 IMPACTS

Violence against children has been identified by the World Health Organization (WHO) as a potentially hidden worldwide crisis of the COVID-19 pandemic.[23] Early data collected in some jurisdictions across Canada suggests that the overall volume of suspected child abuse reports has decreased. For example, policed forces and child welfare agencies across the country, including the Children's Aid Society of Toronto, report overall volume of suspected child abuse reports has dropped between 30% to 40%.[16] Yet, many are raising concerns that children who are being abused and require help have not been getting it. For example, reports of online sexual exploitation of Canadian children have soared during the COVID-19 pandemic, and Kids Help Phone has reported an increase in specific conversations about physical, sexual and emotional abuse.[16] As kids go back to school, it is possible that reports of child abuse may increase as children will once again be interacting with trusted adults outside of their homes.

Reports of online sexual exploitation of Canadian children have also apparently soared during the COVID-19 pandemic, as abusers may take advantage of kids spending more time online. The RCMP's National Child Exploitation Crime Centre has seen an increase in reports of child sexual exploitation, as has the Canadian Centre for Child Protection's tip line to report the online sexual exploitation of children. The latter has seen an 81% spike over April, May and June 2020.[24] This is not unique to Canada, as Europol has also seen a surge in child pornography. This, in combination with a potential lack of access to school, health care and other human services, can be a great threat to many children.[8]

4 POVERTY

WHAT'S NEW

Child poverty remains a persistent threat to children in Canada, and is the single largest determinant of health according to the WHO.[2] In 2018, 8.7% of Canadians were living below the official poverty line (using the Market Basket Measure), down slightly from 9.5% in 2017.[25] In 2017, 18.6% of children under 18 (1,356,980) were living in poverty (using the Limited Income Measure[iii]).[26] The prevalence of preschool children under six living in poverty was even higher at 19.6% (462,360 children).[27]

New data reported by Campaign Canada 2000 reveals that although the percentage of children living in poverty remains unacceptably high, it has decreased since 2015 with the introduction of the Canada Child Benefit in 2015 – viewed as a positive influencing factor. In 2017, there were 145,730 fewer children living in poverty than in 2015, the year prior to the introduction of the Canada Child Benefit, reflecting a 9.7% decline in the poverty rate in that time.[28]

EVERY CHILD HAS RIGHTS

Article 27

1. States Parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development.

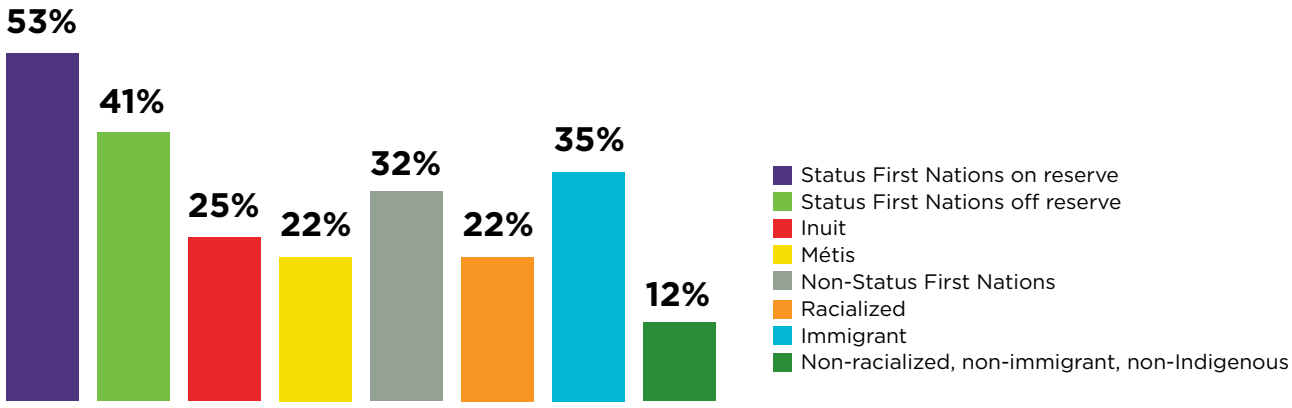
2. The parent(s) or others responsible for the child have the primary responsibility to secure, within their abilities and financial capacities, the conditions of living necessary for the child's development.

3. States Parties, in accordance with national conditions and within their means, shall take appropriate measures to assist parents and others responsible for the child to implement this right and shall in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing.

4. States Parties shall take all appropriate measures to secure the recovery of maintenance for the child from the parents or other persons having financial responsibility for the child, both within the State Party and from abroad. In particular, where the person having financial responsibility for the child lives in a State different from that of the child, States Parties shall promote the accession to international agreements or the conclusion of such agreements, as well as the making of other appropriate arrangements.

Child poverty continues to vary across the country. Child and family poverty rates (i.e., the percentages of children and families living in poverty) vary by place, with Nunavut exhibiting the highest child poverty rate in Canada at 31.2% and Yukon the lowest at 11.9%. Among the provinces, the highest child poverty rate was in Manitoba (27.9%) and the lowest was in Quebec (15.2%).[28]

iii For an explanation of the difference between (and limitations of) the Market Basket Measure of Poverty, in comparison with the Limited Income Measure, refer to the Campaign 2000's report 2020: *Setting the Stage for a Poverty-Free Canada* (p4-5).



Source: Statistics Canada, custom tabulation. As reported in "Towards Justice: Tackling Indigenous Child Poverty in Canada" by Upstream, 2019.

Figure 1: Variation of Canada child poverty rates by race, immigration status and Indigenous identity

Child and family poverty also continues to be unequally distributed throughout the Canadian population, with some groups more seriously affected. Among those with the highest prevalence of child poverty are racialized groups, recent immigrants and, most significantly, children of Indigenous identity (see Figure 1).[28]

Other data, recently analyzed by StatsCan, reveals that in 2016, 27% of Black children (aged 0-14) were living in a family in poverty; double the proportion in comparison with all children (14%).[29]

COVID-19 IMPACTS

It's estimated that approximately **one in four** Canadians (26%) could be financially vulnerable to the economic lockdown (based on findings of StatCan's 2016 Survey of Financial Security).[30] Nearly three in 10 (28.9%) Canadians report that the COVID-19 pandemic is having a moderate or major impact on their ability to meet financial obligations or essential needs.[31]

Recent employment figures released by StatsCan illustrate that although the job market recovery is continuing, we still have a long way to go to reach pre-pandemic levels of employment. The rate of recovery understandably varies across the country due to the uneven impact of COVID-19 and re-opening phases. Visible minority groups appear to have been hit disproportionately hard economically by COVID-19. While Canada's overall jobless rate was 10.9% in July, for the South Asian community it was 17.8%, for the Arab community it was 17.3%, and for Black Canadians it was 16.8%.[32] Canada's Indigenous peoples were also shut out of the job gains in July, as employment was unchanged for Indigenous peoples living off-reserve.[33]

5 INFANT MORTALITY

WHAT'S NEW

The Canadian infant mortality rate, defined as total deaths where age at time of death is younger than one year, was 4.7% in 2018 and 2019.[34,35] It has remained at approximately five deaths per 1,000 live births since 2006.[2]

The updated comparison of Canada's infant mortality rate with other Organization for Economic Co-operation and Development (OECD) countries shows that Canada's rate remains higher than the majority of its OECD peers; Canada ranked 31 out of 37. The only European OECD country with an infant mortality rate higher than Canada's is the Slovak Republic (5.1%). A new statement on the OECD site notes that some of this variation may be due to inter-country differences in registration practices for premature infants, making these comparisons challenging.[35, iv]

EVERY CHILD HAS RIGHTS

Article 6

1. States Parties recognize that every child has the inherent right to life.

2. States Parties shall ensure to the maximum extent possible the survival and development of the child.

Article 24

1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:

(a) To diminish infant and child mortality;...

(d) To ensure appropriate pre-natal and post-natal health care for mothers;

(e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents;

iv Some of the international variation in infant mortality rates is due to variations among countries in registering practices for premature infants. The United States and Canada are two countries that register a much higher proportion of babies weighing less than 500 g, with low odds of survival, resulting in higher reported infant mortality. In Europe, several countries apply a minimum gestational age of 22 weeks (or a birth weight threshold of 500 g) for babies to be registered as live births. This indicator is measured in terms of deaths per 1,000 live births.[35]

COVID-19 IMPACTS

According to the Vital Statistics sections of StatsCan, there is no indication there that the number of infant deaths during the pandemic exceed what has been observed over the last five years.[v]

There is, however, some emerging data showing a dramatic decrease in premature births in some countries. For example, preliminary research from Denmark shows that the rates of extremely premature birth fell by 90% during the month of complete lockdown, and a study conducted in Ireland found a 73% reduction, compared with the same period over previous years.[36] At the Foothills Medical Centre in Calgary, the number of pre-mature births declined by 50% compared with the same period of time in 2019 [mid-March to mid-June].[37] Since preterm birth (i.e., before 37 weeks) is a major cause of infant mortality, some are suggesting that we may find infant mortality has declined in this period. This will be an interesting trend to monitor through emerging COVID-19 data collection and research. At the time of writing this report, this trend was not yet published in peer review journals.

v "These observations are based on an updated provisional dataset from the Canadian Vital Statistics Death Database released on July 24 covering the first 23 weeks of 2020 (until the week ending June 6). These data are provisional as they do not include all deaths that occurred during the reference period, and do not include Yukon. Furthermore, the data include deaths occurring in Ontario up to May 30, 2020." Statistics Canada, Personal Communication.

6

PHYSICAL INACTIVITY

EVERY CHILD HAS RIGHTS

Article 31

1. States Parties recognize the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts.

2. States Parties shall respect and promote the right of the child to participate fully in cultural and artistic life and shall encourage the provision of appropriate and equal opportunities for cultural, artistic, recreational and leisure activity.

WHAT'S NEW

We have uncoupled obesity from physical inactivity in this 2020 edition of *Raising Canada*, due to the realization that there are a number of factors that contribute to childhood obesity – physical inactivity is only one. The latest data on obesity is reported with the new data collected in the 2019 Canadian Community Health Survey.[5]

ParticipACTION released its 2020 report card on physical activity for children and youth, and 39% (Grade D+) of children and youth meet the physical activity recommendation from the Canadian 24-hour movement guidelines. This grade of D+ is unchanged from the 2018 report card. Boys (Grade C) rate better than girls (Grade D-), and young children aged 5 to 11 (Grade C) rate better than older children aged 12 to 17 (Grade D).

Only 21% of 5- to 11-year-olds engage in active play and non-organized/unstructured leisure activities for more than 1.5 hours per day on average.[38] Additional data suggests that students in Grades 6 to 10 play outdoors for 15 minutes per day, on average.[39] This grade has declined from a D in 2018 to an F in 2020.[40]

COVID-19 IMPACTS

During the COVID-19 pandemic many young people (aged 15-30) report continuing to do some type of exercise, either indoors (67%) or outdoors (62%). Females are more likely to exercise indoors than males (73% vs. 59%).[41] Many parents also report that their children are trying to stay active, with six in 10 parents saying that their children are participating in some form of daily physical activity; 26% report that their children were participating in physical activity three to five days per week, and 12% report that their children were participating in physical activity one to two times per week.[42]

The closure of playgrounds during the early phases of the COVID-19 pandemic likely had a negative impact on younger children in particular. Playgrounds are noted as important

community infrastructure that help children stay active in the ParticipACTION Report Card (2020).[43]

Finally, additional research done by ParticipACTION during COVID-19 restrictions found that only 4.8% of children (aged 5-11) and 0.8% of youth (aged 12-17) were meeting 24-hour movement behaviour guidelines[vi], compared with 15% (aged 5-17 years) prior to the pandemic. The research showed that 62% of children and teens were less physically active outdoors, and 79% were spending more leisure time on screens[40].

vi The Canadian 24-hour movement behaviour guidelines are an integration of physical activity, sedentary behaviour and sleep. For more information, refer to: https://csepguidelines.ca/

7 FOOD INSECURITY

WHAT'S NEW

In 2017-18, 8.7% of Canadian households were food insecure, up slightly from 8.3% in 2011-12. The data also showed that 25% of single female-parent families and 16% of single male-parent families experienced moderate or severe food insecurity.[44] In *Raising Canada 2019*, we cited the 2011-12 Canadian Community Health Survey data on food security. Although the Canadian Community Health Survey did collect data on food security in 2019, it was not

EVERY CHILD HAS RIGHTS

Article 27

1. States Parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development.

2. The parent(s) or others responsible for the child have the primary responsibility to secure, within their abilities and financial capacities, the conditions of living necessary for the child's development.

3. States Parties, in accordance with national conditions and within their means, shall take appropriate measures to assist parents and others responsible for the child to implement this right and shall in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing.

4. States Parties shall take all appropriate measures to secure the recovery of maintenance for the child from the parents or other persons having financial responsibility for the child, both within the State Party and from abroad. In particular, where the person having financial responsibility for the child lives in a State different from that of the child, States Parties shall promote the accession to international agreements or the conclusion of such agreements, as well as the making of other appropriate arrangements.

collected in all provinces. This update is from the 2017-18 survey.

The prevalence of household food insecurity differs markedly by Indigenous status and racial/cultural group. The highest rates of food insecurity are found among households where the respondent identified as Indigenous or Black. Based on the data, 78.7% of the children in Nunavut live in food-insecure households.[45]

COVID-19 IMPACTS

Almost one in seven (14.6%) Canadians indicated that they lived in a household where they experienced food insecurity in the past 30 days. There is a higher rate of food insecurity being reported among Canadians living in a household with children (19.2%) compared with those living with no children (12.2%), and these families are more likely to be worried about food running out before there was money to buy more and having difficulty affording to eat balanced meals.[46] Canadians who were absent from work due to COVID-19 were almost three times more likely to be food insecure than those who worked (i.e., 28.4% vs. 10.7%).[46]

The Breakfast Club of Canada has recently announced that it is forecasting an increase in the number of children across Canada going to school without breakfast. Prior to COVID-19, this number was more than one million children and is now expected to increase to more than two million children in the coming school year. Breakfast Club of Canada describes this as

an increase from one in four children to more than one in three children who will be heading to school without breakfast. The disrupted economy and job losses caused by COVID-19 means that more families are struggling to put food on the table.[vii]

vii https://www.globenewswire.com/news-release/2020/08/20/2081486/0/en/Breakfast-Club-of-Canada-calls-on-Canadians-and-partners-to-ensure-hunger-doesn-t-get-in-the-way-of-learning-for-children-this-school-year.html

SYSTEMIC RACISM AND DISCRIMINATION

8

WHAT'S NEW

We have re-named the threat we called discrimination in the *Raising Canada 2019* report to systemic racism and discrimination, in recognition of the increased awareness of systemic racism present in Canada. Systemic racism and discrimination are embedded across Canadian society, including in the service systems that we have created to support all people, and children in particular (e.g., education, health care, police, and other human services). As noted in the 2019 *Raising Canada* report, racism profoundly impacts the physical and mental health of children, adolescents, emerging adults, and their families.

The lack of race-based data in Canadian health and social services makes it difficult to measure and report on the ways in which children experience racism and discrimination in Canada. The Canadian Institute for Health Information (CIHI) has proposed pan-Canadian standards for collecting race-based and Indigenous identity data in health systems, and an interim standard to collect race-based data was released on May 29, 2020.[47] The next critical step will be the application of these standards, with the aim of illuminating the ways in which Black, Indigenous and other racialized children are adversely affected, and ultimately driving more effective public policy solutions.

EVERY CHILD HAS RIGHTS

Article 2

1. States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

2. States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members.

Article 30

In those States in which ethnic, religious or linguistic minorities or persons of indigenous origin exist, a child belonging to such a minority or who is indigenous shall not be denied the right, in community with other members of his or her group, to enjoy his or her own culture, to profess and practise his or her own religion, or to use his or her own language.

Despite the current limitations in the availability of race-based data, there is sufficient evidence that Black, Indigenous (First Nations, Métis and Inuit) and other racialized children in Canada experience adverse health outcomes. Systemic racism impacts children in myriad ways: they are more likely to experience adverse childhood experiences such as poverty and abuse, to be overrepresented in the child welfare and juvenile justice systems, and to be suspended or expelled from school.[48]

COVID-19 IMPACTS

Some kinds of racism and discrimination are increasing as a result of COVID-19. Data collected via surveys during the early phases of COVID-19 capture the experiences of Canadians during the pandemic, including children and youth.

In May 2020, more than 43,000 Canadians participated in an online crowdsourcing survey to share their perceptions of crime and personal safety in the wake of the COVID-19 pandemic. Younger participants aged 15 to 24 (11%) or 25 to 34 (9%) were most likely to report that harassment or attacks on the basis of race, ethnicity or skin colour have increased in their neighbourhood since the start of the pandemic. Young women were more likely to feel that there has been an increase in crime and race-based harassment or attacks in their neighbourhood since the start of the pandemic.[49] For the entire group of people (all ages, 15+) who stated that they feared unwanted or intimidating acts, more than 20% said it was because of their racial identity.[50]

Findings from a recent Angus Reid survey of more than 500 Canadian adults of Chinese ethnicity underscore the extent and depth to which they have been exposed to discriminatory behaviours, and the effect on their own sense of self and belonging in this country. Half (50%) report being called names or insulted as a direct result of the COVID-19 outbreak, and 43% say they have been threatened or intimidated. Six out of 10 (61%) say they have adjusted their routines in order to avoid run-ins or otherwise unpleasant encounters since the COVID-19 outbreak began. Just over half of adults surveyed are worried that Asian children are going to be bullied when they return to school due to pandemic.[51]

Finally, it is not surprising that the impacts of the COVID-19 pandemic are being experienced inequitably across our society. Systemic racism and discrimination are a major contributing factor to this inequity. We have seen a difference in the impact of COVID-19 by race, with respect to who is getting infected, who is getting severely ill, and who is most affected by the impact of COVID-19 on our broader society (e.g., job losses, lack of access to services due to lockdowns). This is described in more depth later in this report under the emerging theme of inequity in the context of the pandemic.

9

VACCINE-PREVENTABLE ILLNESSES

WHAT'S NEW

Three-quarters of two-year-old children (76%) had received all four recommended doses of diphtheria, tetanus and pertussis vaccine in 2017 (the 2017 childhood National Immunization Coverage Survey, cNICS).[52] This is unchanged from the 2013 survey findings, reported on in the *Raising Canada 2019* report.

For effective population protection, more work needs to be done to ensure Canada meets its coverage goal of 95% for all recommended childhood vaccines. In comparison with other affluent countries, Canada was ranked 28th among 29 countries by a UNICEF pediatric vaccination metric, which measured vaccine uptake at two years of age (2014).[53] In 2019, almost one-third (30.4%) of youth (aged 12-17) reported having the flu vaccine in the past 12 months, a slight increase from 2018 (26.2%).

According to a 2016 Canadian survey, although only 3% of parents refused all vaccines for their children (*vaccine refusers*), 19% consider

EVERY CHILD HAS RIGHTS

Article 24

1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:

(a) To diminish infant and child mortality;

(b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care;

(c) To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution;

(d) To ensure appropriate pre-natal and post-natal health care for mothers;

(e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents;

(f) To develop preventive health care, guidance for parents and family planning education and services.

Article 27

1. States Parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development.

themselves to be *vaccine hesitant*.[53] WHO recently listed vaccine hesitancy as a global public health threat, along with pandemics.[54]

COVID-19 IMPACTS

Closures of primary health care facilities have led to widespread omission or delay of scheduled childhood vaccinations, which threatens to reduce herd immunity and a resurgence of preventable infectious disease outbreaks in the future.[8]

Pediatric infectious disease specialists say that vaccination rates among children have dropped as much as 20% in parts of Canada, ramping up anxieties that the country could face a series of infectious outbreaks while still battling COVID-19. Manitoba, for example, saw a 25% decline in administered measles, mumps and rubella (MMR) vaccinations, and a 21% decline in diphtheria, tetanus and pertussis (DTaP) vaccinations, for children aged two and younger in March and April 2020, compared with the same period last year. A pediatric infectious disease expert in Calgary estimates that Calgary has also seen a 20% decrease in vaccinations in March and April 2020.[55]

Physicians are expressing concern about a possible surge in measles, whooping cough and other serious, vaccine-preventable illnesses when children start returning to daycares and schools. The Canadian Paediatric Society is urging family physicians and other clinicians to ensure young patients don't miss their vaccines.[56]

10 BULLYING

EVERY CHILD HAS RIGHTS

Article 2

1. States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

2. States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members.

WHAT'S NEW

Bullying is an important issue affecting children and their mental health, with cyberbullying and cyberstalking being of particular concern. In 2014, one in five children and youth (aged 15-20) experienced cyberstalking, cyberbullying, or both.[2]

There are many forms of bullying, including verbal bullying, social bullying, physical bullying and cyberbullying. All forms of bullying can have a devastating impact on children's self-esteem and mental health, and result in negative psychological, emotional and behavioural outcomes.[viii] Children who are involved as both victims and perpetrators of bullying are at the highest risk for suicide.[ix] Bullying is a common experience for children and youth, but is more prevalent in certain populations, including children living with disabilities, LGBTQ and racialized children.

New data on cyberbullying has been collected through the Canadian Health Survey on Children and Youth (2019): 8.7% of youth aged 12 to 17 reported that someone had posted hurtful information about them on the internet sometime over the past year, and often more than once; 15.9% reported that someone had threatened or insulted them through email, instant messaging, text messaging or an online game; and 12.9% reported that someone had purposefully excluded them from an online community.[x] Some forms of bullying are considered criminal acts.[xi]

COVID-19 IMPACTS

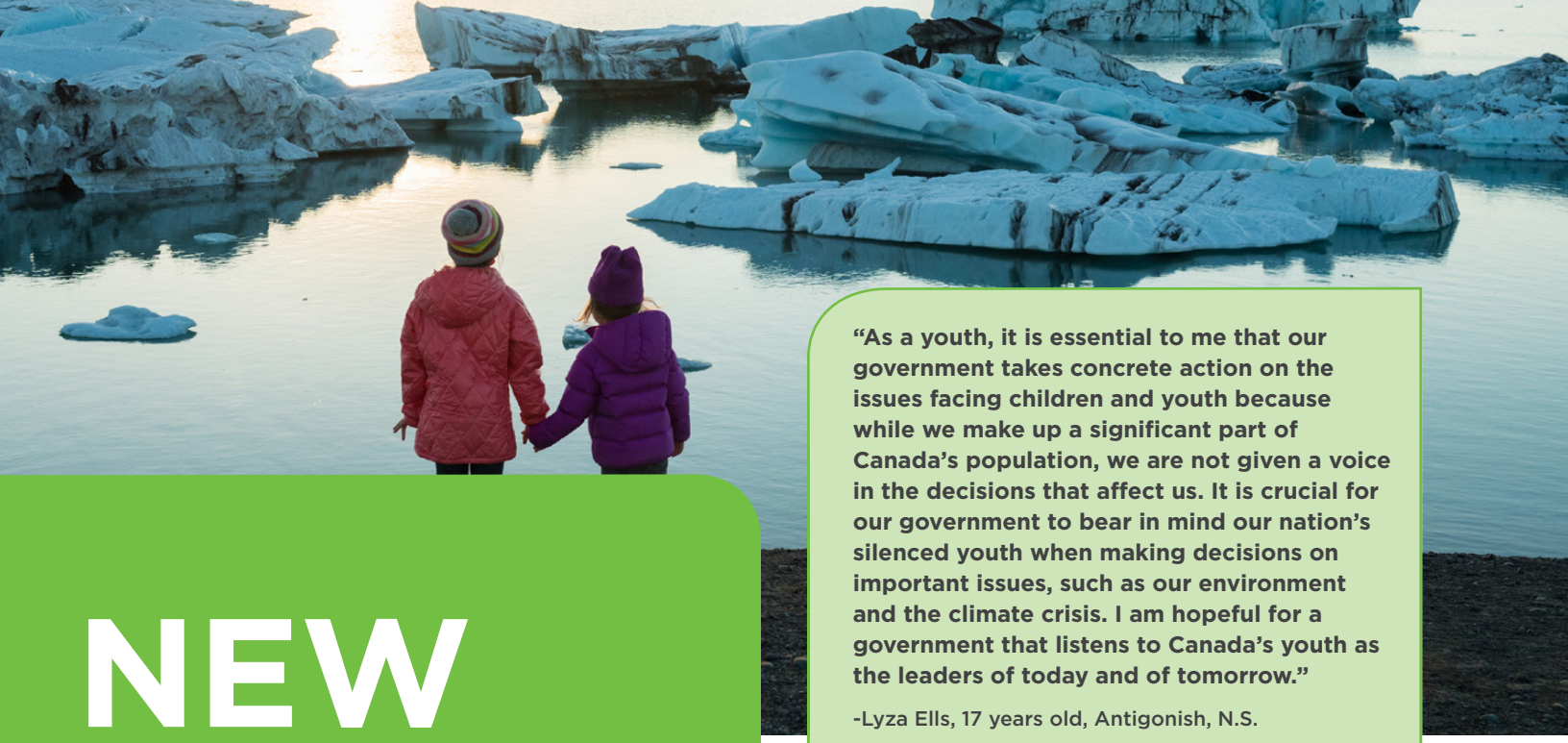
Children may be more exposed to cyberbullying, as they are spending more time online during the pandemic.[57]

viii https://www.mentalhealthcommission.ca/sites/default/files/2017-11/CSP_Fact_Sheets_bullying_eng.pdf

ix Holt, M., Vivolo-Kantor, A., Polanin, J., Holland, M., DeGue, S., Matiasko, J., Wolfe, M., & Reid, G. (2015). Bullying and Suicidal Ideation and Behaviours: A Meta-Analysis. American Academy of Pediatrics, 135(2), 496-509. doi: 10.1542/peds.2014-1864

x A special tabulation on the results from three questions about online bullying asked in the 2019 Canadian Health Survey on Children and Youth was provided by Statistics Canada in August 2020.

xi It is an offence under Canada's Criminal Code to share intimate images of a person without the consent of the person in the image; "the purpose of this offence is to protect the privacy a person has in his or her nudity or sexual activity." Several other Criminal Code offences also deal with bullying, including cyberbullying, and could lead to charges such as criminal harassment, uttering threats, intimidation, and counselling suicide. https://www.publicsafety.gc.ca/cnt/ntnl-scrt/cbr-scrt/cbrbllng/prnts/lgl-cnsqncs-en.aspx



NEW THREAT

CLIMATE CHANGE

"As a youth, it is essential to me that our government takes concrete action on the issues facing children and youth because while we make up a significant part of Canada's population, we are not given a voice in the decisions that affect us. It is crucial for our government to bear in mind our nation's silenced youth when making decisions on important issues, such as our environment and the climate crisis. I am hopeful for a government that listens to Canada's youth as the leaders of today and of tomorrow."

-Lyza Ells, 17 years old, Antigonish, N.S.

WHY WE'VE INCLUDED THIS NEW THREAT

Children and youth have identified climate change as a major threat to their health and well-being. The *Raising Canada 2019* report came out in the midst of widespread student-led climate change protests in Canada and around the world. Climate change was, and continues to be, one of the top concerns for children and youth – both the impact it has on their current health and also for their future. It was an issue the children and youth identified as a priority in the Canadian Children's Charter, and which they have subsequently raised during the Raising Canada summits and the Young Canadians' Parliament.

EVERY CHILD HAS RIGHTS

Article 27

1. States Parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development.

Article 24

1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:...

(c) To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution;

Article 29

1. States Parties agree that the education of the child shall be directed to:...

(e) The development of respect for the natural environment.

"Climate change is the single, largest global health threat of the 21st century… Children can be disproportionately affected by these and other climate-related changes because they metabolize more water, air, and food per kilogram of body weight than adults. Their rapid growth and developmental, physiologically dynamic systems, and risk exposure over a longer life course combine to increase vulnerability to environmental hazards. Children who are socio-economically disadvantaged, Indigenous, or living with a chronic disease are particularly at risk".[58]

Specific climate-related risks include: heat- and cold-related morbidity and mortality; physical and psychological sequelae of weather disasters (e.g., hurricanes, flooding, wildfires); increasing air pollution; food, water and nutrient insecurity; infection risks associated with insects, ticks and rodents;[58,59] decreased air quality; and altered vector-borne disease patterns.[59]

COVID-19 IMPACTS

Research illustrates that there have been some positive environmental impacts during this pandemic. For example, greenhouse gas emissions have decreased by 4.6%, which is larger than any drop in human history, other atmospheric emissions have also decreased,[60] and the best published estimates to date indicate a reduction in carbon dioxide emissions this year of around 8% compared with the previous year.[61]

Yet there is considerable discussion that these gains are unlikely to be sustained, unless this COVID-19 experience has helped us realize that the things we used to think are absolutely necessary actually aren't. Others noted that COVID-19 is also exposing the fragility of the Sustainable Development Goals (SDGs) adopted by the United Nations, and estimate that two-thirds are now unlikely to be met, in part because it seems unrealistic to expect that globalization and economic growth will bankroll green investment and development.[62]

COVID-19 POSES A THREAT TO CHILD HEALTH AND WELL-BEING

COVID-19 is a major threat to child health and well-being. Based on what is known to date about the novel coronavirus (SARS-CoV-2), children do get infected with COVID-19, and can spread the virus, although they may not get as ill.[63,64]

We are also learning that children and adolescents shouldn't be lumped together when it comes to COVID-19; adolescents seem to shed the virus (i.e., emit it from their throats and nasal passages) at about the same rates as adults.[65] For children under 10 suspected to have high levels of the virus in their respiratory tracts, it's still unclear how much of the virus they shed.

Canadian data shows that as of August 18, 2020, a total of 10,109 children and youth (aged 0-19) make up 8.4% of the total COVID-19 cases in Canada, and 138 children had been hospitalized and 27 admitted to ICU. Only one child is known to have died.[66] A small proportion of children infected with COVID-19 go on to develop a condition called multi-system inflammatory syndrome. This condition seems to develop two to four weeks post infection, with most children recovering.[67] The Canadian Paediatric Society has developed a "practice point" for this inflammatory syndrome; practice points provide clinical guidance and policy recommendations for pediatricians, family physicians, nurses, government officials and others.[68]

Although children do not get as ill with COVID-19 as adults do, some argue they may be disproportionately affected by the societal impacts of COVID-19, including from the lockdowns. This report identifies three overlapping themes with respect to how the societal impact of COVID-19 affects children: inequity, a lack of access to child care and education, and a lack of access to health care and other human services. These three themes are not new, but the pandemic has amplified the impacts on children and their families. As in other areas (such as long-term care) COVID-19 has shone a spotlight on areas that were already problematic. These three integrated themes are briefly described here.

INEQUITY

Inequity is already a strong theme woven throughout our top 10 threats, and in particular was described under racism and discrimination. COVID-19 appears to be both magnifying inequities in vulnerable populations and increasing the number of children who are vulnerable. For example, as a result of job losses resulting from COVID-19, more families will be living on the edge and struggling to provide the necessities of life, including food and shelter for their families. The risks due to COVID-19 are not equally shared across Canadian society, and this clearly affects children and youth. Increased COVID-19 risk factors have been identified in First Nations, Inuit and Métis communities,[69] and include:

- Overcrowding on reserves and in Northern Regions that make self-isolation difficult
- Lack of access to clean water in some remote First Nations, Métis and Inuit communities, and for homeless Indigenous people
- Difficulties in accessing medical supplies and treatment in remote First Nations, Métis and Inuit communities
- Distrust in health structures experienced by many First Nations, Métis and Inuit people
- Lack of public health information available in communities where English is not their first language
- Limited access to food, particularly in remote Indigenous communities[69]

The Canadian Paediatric Society recognizes that Indigenous children are at a higher risk of COVID-19, and outline some guidance for

EVERY CHILD HAS RIGHTS

Article 2

1. States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

2. States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members.

Article 28

1. States Parties recognize the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity.

Article 29

1. States Parties agree that the education of the child shall be directed to:...

(c) The development of respect for the child's parents, his or her own cultural identity, language and values, for the national values of the country in which the child is living, the country from which he or she may originate, and for civilizations different from his or her own;

(d) The preparation of the child for responsible life in a free society, in the spirit of understanding, peace, tolerance, equality of sexes, and friendship among all peoples, ethnic, national and religious groups and persons of indigenous origin;

Article 30

In those States in which ethnic, religious or linguistic minorities or persons of indigenous origin exist, a child belonging to such a minority or who is indigenous shall not be denied the right, in community with other members of his or her group, to enjoy his or her own culture, to profess and practise his or her own religion, or to use his or her own language.

> **"As a young person, living in a low-income community, I have seen the impacts that this pandemic has had on my peers first-hand. Children ARE suffering, now more than ever.**
>
> **Due to the closures of recreation facilities and schools, people that I have gone to school with every day, people I have spent my whole life playing in the park with or going on bike rides with no longer have access to the breakfast programs that they relied on in the mornings, and their mental health is on a downward decline, as they are forced to endure endless verbal abuse from frustrated parents.**
>
> **As the days drudge on, my peers become more and more isolated from their communities, lose the routines of an active and healthy lifestyle, and worst of all, lose hope in their futures.**
>
> **In a country as great as ours, this should not be a reality we accept but rather a challenge we face together.**
>
> **After many years of service and thousands of interactions with passionate young Canadians, I have seen the amazing leadership capabilities of my peers. It is clear that we feel as though people in power disregard our opinions because they feel we are too young.**
>
> **On behalf of my 8 million colleagues across the country, I urge every person in a position of power to stop underestimating the capacity of youth and thinking that just because we are young we are incapable of creating change. As a matter of fact, it is the exact opposite and I call on every parliamentarian to utilize our skills and assist in uplifting us into positions in which we can work together to create real solutions.**
>
> **Youth is not a weakness but rather one of the greatest strengths of our nation and I urge leaders to use it so that we as children can resolve our pain and restore our happiness."**
>
> **-Kamil Kanji, 17 years old, Calgary, AB**

pediatricians regarding how they can support Indigenous children during COVID-19 and beyond.[70]

A recent survey conducted by the BC Centre for Disease Control concluded that racialized people are more likely to be negatively affected by the COVID-19 pandemic in a variety of ways. Challenges with regards to unemployment, financial stress, and access to health care and food have not been shared equally across all populations.[71]

It is becoming increasingly clear in the context of COVID-19, that to be able to address these inequities, race and ethnicity based data must be collected – to better understand why certain communities experience particular health outcomes.[72] Many members of the Black, Indigenous and other racialized communities have advocated for this for decades.

Inequitable access to safe and affordable housing has an impact on child health and well-being. Recent data collected in Toronto, for example, shows that child homelessness was increasing prior to the pandemic and has continued to increase during the COVID-19 pandemic. Early in 2016, Toronto had 484 children housed in its homeless shelters. By late April 2020, at the peak of the initial phase of the COVID-19 crisis, 1,291 children were housed in these shelters. As of July 1, this figure was 1,020 – with 70% of these children under the age of 10.[73]

Finally, there are inequities with respect to access to child care and education, as well as health care and other human services. Again, these inequities are being amplified by the COVID-19 pandemic. They are discussed in more depth below.

A LACK OF ACCESS TO CHILD CARE AND EDUCATION

Early in this pandemic, a lack of access – and inequitable access – to child care and education, has had a negative impact on children and their families. This seems to have been an important mechanism through which many of the top 10 threats to children appear to be affected by COVID-19 (e.g., poor mental health, child abuse, physical inactivity, food insecurity and vaccine-preventable illnesses).

With schools out for summer, child care spaces few and far between, and plans for a return to school in the fall still being determined, child health leaders are expressing concerns that children's human rights are being violated. These include their rights to a quality education, the highest attainable standard of health, protection from violence, and access to recreation. Many children are living in isolation, cut off from the essential supports that are critical to their well-being and experts warn there will be both short and long-term consequences. Kids at risk of experiencing violence at home are no longer being monitored as they normally would be through school and are unable to access trusted adults outside of their homes. And while many non-essential services have opened, many children cannot safely access child care or recreational activities during the summer.[74]

Universal early childhood education and care (ECEC) services promote healthy child development, social inclusion and inclusion of children with vulnerabilities, while meeting parents' work needs and supporting local communities. Lack of child care hinders efforts to close the gender employment gap and the gender wage gap, especially for low income women.[28] Yet across Canada, pre-COVID-19, there were not enough child care spaces available to meet families' needs, and they struggled to access child care that was affordable, inclusive and high quality.[28,75]

One out of four children (26%) are vulnerable in one or more areas of development prior to entering the first grade, meaning their readiness to learn at school and their ability to meet the task demands of school is compromised. Lower neighbourhood income has been found to be associated with higher vulnerability in young children.[1] Developmental vulnerability is an important determinant of child health and something that high-quality early childhood education and child care helps to address.[76] Access to education is a child's right.[77]

Child care

Approximately 60% of children aged 0 to 5 were participating in a formal or informal child care arrangement in 2019. Approximately one in 10 parents of children younger than 15 years of age, participating in a StatsCan crowdsourcing survey, reported that their child or children were attending child care during the COVID-19 pandemic. About half of

these parents (46%) said they were using a different child care arrangement with different fees. About a quarter of participants said that their children will not return to child care once services reopen, and about half (49%) said that their child would not attend because they were concerned about the health of their child or other members of their household. More than one third of parents said their children will return, with most (88%) saying they needed child care in order to work.[78]

Participants who had at least one child in their home with a disability were less likely to report a return to child care once services re-opened (23%), 37% of participants who did not have a child with a disability in the home said they would likely return to child care. Participants with children with disabilities were also more likely to report that they had not used child-care services prior to the COVID-19 pandemic (49%); based on the data, 34% of participants who did not have a child with a disability said they had not.

Leaders in this field have made the argument that the pandemic is having a devastating impact on women's equality, family economic security and functioning, children's well-being and the health of the economy – child care is key to recovery.[79]

School and education

Children are expressing concern about the impact of COVID-19 on their ability to go to school. A survey of children aged 10 to 17 conducted by Angus Reid (2020) in the spring found that children are most worried about the uncertainty surrounding school. Big worries about losing class time both this year and next are higher among teenagers (aged 13-17), whose graduation or preparation for graduation are affected.[18, xii]

Among those "going to school online," most (75%) say they feel they are keeping up, although that doesn't mean that all are enjoying it. Close to six in 10 children (57%) say that they dislike it, and the same number say they feel unmotivated (60%). Three-quarters (76%) of these children say that they are asking parents for help, but children's perspectives on that help are mixed, with half (48%) saying that they are getting great help.[18]

StatsCan conducted a crowdsourcing survey this summer about parenting during this pandemic[xiii], and school and education issues were front and centre. Like children, parents (76%) had concerns related to their children's school year and academic success, with these concerns varying by their education level. Parents who had a high school education or less were most concerned. Parents with higher levels of education, however, were

xii The Angus Reid Institute interviewed 650 children whose parents are members of the Angus Reid Forum from households across the country. Interviewees were drawn from key demographic groups, such as official language spoken, household income and education levels and household composition. Parents and/or guardians were asked first if they have children between the ages of 10 and 17, and then if they consented to having their child participate in the survey. The data is intended to provide a national snapshot of children's views, experiences and opinions on the subject of COVID-19.

xiii "This study is based on data from the Impacts of COVID-19 on Canadians: Parenting during the Pandemic: Data Collection Series. This crowdsourcing online questionnaire was designed to collect information about family concerns and activities during COVID-19 from parents of children aged 0 to 14 living in Canada. From June 9 to June 22, 2020, over 32,000 participants completed the voluntary online questionnaire. Readers should note that crowdsourcing data are not collected under a sample design using probability-based sampling. As a result, the findings cannot be applied to the overall Canadian population."80

EVERY CHILD HAS RIGHTS

Article 28

1. States Parties recognize the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity, they shall, in particular:

(a) Make primary education compulsory and available free to all;

(b) Encourage the development of different forms of secondary education, including general and vocational education, make them available and accessible to every child, and take appropriate measures such as the introduction of free education and offering financial assistance in case of need;

(c) Make higher education accessible to all on the basis of capacity by every appropriate means;

(d) Make educational and vocational information and guidance available and accessible to all children;

(e) Take measures to encourage regular attendance at schools and the reduction of drop-out rates.

2. States Parties shall take all appropriate measures to ensure that school discipline is administered in a manner consistent with the child's human dignity and in conformity with the present Convention.

3. States Parties shall promote and encourage international cooperation in matters relating to education, in particular with a view to contributing to the elimination of ignorance and illiteracy throughout the world and facilitating access to scientific and technical knowledge and modern teaching methods. In this regard, particular account shall be taken of the needs of developing countries.

more concerned about balancing child care, schooling and work in comparison with parents who had high school or less, and this was a greater concern for parents with younger children (i.e., aged 11 and younger). The frequency of children's participation in academic activities increased with the level of parental education. A higher proportion of participants whose family included a child with a disability reported being very or extremely concerned about their child's academic success. Children with disabilities may require a greater amount of their parents' time for help with not only their school activities, but also with other daily activities of living.[80]

Finally, access to the internet, as well as internet-enabled devices (ideally computers), are essential to participate in virtual education provided by schools. StatsCan conducted a study drawing on the 2018 Canadian Internet Use Survey. Although most households with children younger than 18 years old had internet access at home, this lack of access varied by income level, with this lack of access ranging from 4.2 % in the lowest income quartile to 0.2% in the highest income quartile.[81]

More than half (58.4%) of those households with internet access at home had less than one internet-enabled device per household member, and this also varied by level of household income (63% in the lowest income quartile, 56.2% in the highest income quartile). The aspect most affected by income levels was that lower income households were far more likely than higher income households to use only mobile devices to access the internet at home (24% in the lowest income quartile compared to 8% in the highest income quartile). Lower income households, then, are more likely to rely on mobile devices to access the internet, which may be less effective educational tools than personal computers. This clearly can have an impact on children's ability to participate in online education activities.[81]

A LACK OF ACCESS TO HEALTH CARE AND OTHER HUMAN SERVICES

Like with child care and education, a lack of or inequitable access to health care and other human services early in this pandemic has had a negative impact on children and their families. For almost 15 weeks, in many places across Canada, most non-urgent and elective procedures came to a halt in health care settings that serve children and youth. Drawing on the experiences of health care professionals, families and child health leaders, as well as some early data collection, we know that there has been a decrease in use of health care services by kids. For example, data collected by the Toronto Hospital for Sick Children show a 30% decrease in emergency department visits in March 2020 and a 62% decrease in April, compared with the same months in 2019.[8] We do have to be careful in how we interpret this decrease, however. For example, a percentage of this decrease may relate to decreased motor-vehicle use and less sport participation. Again, continuing and more in-depth data collection and analysis throughout the pandemic is needed.

Routine care, including some well-baby visits and immunizations, came to a halt in many places. Most essential services delivered in the community, including in the home, became either completely inaccessible or considerably more difficult to access. Children who are more at risk for a variety of reasons, including because they are living with complex health problems and/or disabilities, have experienced the overall lack of access to health and human services more acutely.[8,81]

The implications of physical distancing and lockdown orders are greater for children with more complex medical needs. For example, many of these families have had to make the difficult decision about whether they should continue to allow support workers into their

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Article 27

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Article 24

1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:

(a) To diminish infant and child mortality;

(b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care;

(c) To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution;

(d) To ensure appropriate pre-natal and post-natal health care for mothers;

(e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents;

(f) To develop preventive health care, guidance for parents and family planning education and services.

homes to assist with essential personal and medical care, often with inadequate PPE, or to assume sole responsibility for their child's care needs. Another challenge is that these essential workers can now command higher pay, creating challenges with affordability for many families.[8,81] These children and families are also often more affected by the closure of their schools, where some health services are integrated into specialized school settings.

Health care leaders at Canada's top children's hospitals are concerned with the lack of health care support, as well as what this means for children in the near future. Canadians of all ages now face the reality that a large backlog will mean they have to wait longer for needed assessments, therapies or procedures. Forcing children to wait extra months or even years for needed health care services can have a greater impact by negatively affecting their growth and development.[74]

STRENGTHS AND LIMITATIONS

A strength of this report is that a large amount of data was reviewed. Another was that many different kinds of expertise were drawn upon to contribute to the research and writing of this report. This expertise included the lived experiences of youth, clinical experts, researchers, and others with an interest in children's rights, health and well-being. They were involved in assisting with identifying data sources, determining priorities and interpreting findings.

Limitations are that this was not a systematic or a scoping review of the peer-reviewed literature; although some reviews conducted by others were included. No original data were analyzed, rather, published reports that included analysis of various data sources were reviewed. Some of the survey data included here is not collected using a probability-based sampling design, so the findings are not representative of the entire Canadian population. This limitation primarily pertains to surveys conducted during COVID-19.

Again, the limited availability of data – and the inconsistency with respect to how it was collected provincially, federally and internationally – makes it challenging to make comparisons between places and over time. Finally, much of the COVID-19 data collected to date is emergent. More rigorous methods of data collection, such as surveys using a probability-based sampling design, and more research are needed to test the early insights reported on here.

CONCLUDING REMARKS

A major emphasis of this report has been on what we have learned to date from the data collected in this early phase of the COVID-19 pandemic. COVID-19 is a clear threat to child health and well-being. Although severe COVID-19 seems to be rare in children, meaning they have (to date) been spared serious illness, they have been significantly affected by this pandemic and may experience a high indirect burden on their physical, social and mental health.[8, 82]

Based on data collected during the early phase of COVID-19, we are beginning to see that many of the top 10 threats identified in *Raising Canada 2019* may be increasing, or are in danger of increasing, because of the pandemic. Three strong overlapping themes emerged with respect to *how* COVID-19 affects children, threatening their health and well-being: inequity, a lack of access to child care and education, and a lack of access to health care and other human services. These threats are not new; they have been dramatically affected by, or become highly visible, during the pandemic. A recent UNICEF rapid review on the impacts of pandemics and epidemics on children protection also points to an increase in threats to children. Some of the key impacts of previous pandemics and epidemics include being orphaned, stigmatization and discrimination of infected children and adolescents, reductions in household income, and child abuse and maltreatment.[83]

Adverse childhood experiences (e.g., child abuse, poverty and food insecurity) may be more common during and immediately following the pandemic for children and young people experiencing mandated physical isolation, and particularly for those children already at higher risk (e.g., new refugees, marginalized families, Indigenous children, Black children and those already living with inadequate housing conditions, financial strain and food insecurity).[8]

Ultimately, this pandemic serves as a spotlight to illuminate underlying problems in our society, such as economic inequality, racism and discrimination. These inequities and injustices weaken us as a society. *"Confronted with these inequities, this is a time when societies can fundamentally rethink the way in which they respond to the needs of their populations."* [84] This is why we have added inequity as a major threat to child health and well-being during COVID-19.

> **"Nous entendons souvent que les jeunes de nos jours sont indifférents au sujet du monde qui les entoure : mais cette apathie perçue est plutôt un découragement, car ils savent que leur voix n'est pas valorisée. Nous ne pouvons pas tourner le dos à 8 millions d'enfants qui ont besoin de plus de soutien du gouvernement et qui veulent voir un changement. Chaque enfant a un rêve : c'est aux dirigeants de leur donner les outils pour le réaliser."**
>
> **-Amina Sanogo, 17 ans, Ottawa**

Children have experienced huge disruptions to their way of life, and we know they generally thrive in the context of structure and routines.[81] Again, a strong finding from the data we reviewed is that children are worried about school and their ability to keep up; they miss their friends and are concerned about the longer-term impact of COVID-19 on their friendships. They also miss members of their extended family and are worried about the impact of COVID-19 on family-member health and jobs. Many lack the technology infrastructure and support needed to do their schoolwork at home. Parents are clearly concerned about these issues as well. For many reasons, however, they are unable to address these needs on their own. Other data suggests that children's mental health may be declining during the early phases of the pandemic, making this a critically important area to act on and to continue watching.

This pandemic has brought to the forefront the realization that it takes more than a village to raise a child – as a society, we all share in this responsibility. Moreover, a strong public policy framework that protects the best interests of children is required for children and families to be successful. Yet the initial need for overarching 'stay-at-home orders' during the COVID-19 pandemic, and the ongoing need for physical distancing, and sometimes for self-isolation or quarantining, makes it challenging for communities and the formal and informal services embedded in these communities to play their usual roles in supporting children and families. As a society that truly cares about all of our children, we must continue to balance the need to keep COVID-19 cases low with moving into a phase of living with COVID-19 in ways that don't place a disproportionate burden on children. Perhaps most importantly, we need to be particularly careful that we are not increasing the inequities that threaten child health and well-being, and hence our collective future.

Finally, going back to the child rights framework, providing systems and societal support for children and addressing their needs is a human rights issue. In 1991, Canada agreed to this when it ratified the United Nations Convention on the Rights of the Child.[3] These legal rights of children are protected under international and domestic law. One of the core principles of a rights framework is that children are not passively waiting for aid and assistance, rather they have ideas and opinions and a right to participate in decisions that affect their lives.

Although this pandemic has been challenging for children, we must remember that along with their vulnerability they have incredible strength, resilience and wisdom. Children need to freely express their views. Adults have a duty to listen to and involve children in decisions that affect them – within their family, schools, communities, public institutions, public policy making and judicial procedures. Children and youth are ready to partner with us, to work together as we continue to move towards action. The development of truly child-centred policies can only happen when we act with children, rather than acting for them.

"People like to say that 'children are our future' but we are also the present. We are Canadian citizens. If we could vote, perhaps the issues we face would be a greater focus. Listen to our voices and take action to support children. We are citizens of this country, present and future, disempowered, but as important as any adult. 18 is just a number."

-Roman Wolfli, 13 years old, Calgary

CALL TO ACTION

A CALL TO ACTION FOR THE GOVERNMENT OF CANADA

1) Appoint a federal Commissioner for Children and Youth

There are 8 million children in Canada and they all have something in common – their rights. By ratifying the United Nations Convention on the Rights of the Child (UNCRC), the Government of Canada has a duty to ensure children can reach their full potential.

A federal Commissioner for Children and Youth would have a mandate to ensure the full implementation of the UNCRC and ensure that children's best interests are given paramount consideration. This independent office of government plays a crucial role in advocating for children and youth, ensuring that they are prioritized in the development of federal legislation, directly consulting and engaging with children, and raising the profile of children in Canada. Now more than ever, a Commissioner for Children and Youth is needed to promote the rights of young people and hold government accountable.

We call for the federal government to ensure that Bill S-217 – An Act to Establish the Office of the Commissioner for Children and Youth in Canada (introduced by Independent Senator Rosemary Moodie) – be reinstated and quickly approved once Parliament resumes following prorogation. Approving this bill would provide a non-partisan and evidence-based approach to improving children's well-being and protecting their rights. When considering this proposal, we also encourage the federal government to respect the self-governance rights of First Nations, Métis and Inuit peoples.

2) Create a national strategy to tackle the top 10 threats to children in Canada and ensure the full protection of children's rights

Every child has the right to survive and thrive.

We call on the federal government to work in partnership with the provinces and territories to create and implement a national strategy to address the top 10 threats to Canada's children and ensure the full implementation of the UN Convention on the Rights of the Child.

The national strategy should ensure young people have access to equitable services from coast to coast to coast. It should also outline priorities, targets and timelines, with a clear delineation of the responsibilities of the various levels of government that are needed to make measurable progress for children in Canada.

Children and youth have the right to participate in decisions that affect their lives. To fulfil this right, we encourage the government to consult with children and youth to determine the best ways to support their health and well-being through a national strategy. We also call for parliamentarians to participate in and support the Young Canadians' Parliament – an initiative that amplifies the voices of children at the highest levels of government and supports their participation in public policy that affects their lives.

3) Publish a children's budget that includes dedicated resources to address the top 10 threats to children in Canada, as well as $250 million to mitigate the impact of COVID-19 on children

Every child has the right to access the best attainable standard of health.

One-third of children in Canada do not enjoy a safe and healthy childhood. This reality has been exacerbated by the COVID-19 pandemic, causing unprecedented challenges for children and their families. We call for the federal government to publish a children's budget that includes adequate resources to address the top 10 threats to children and provides transparency on federal expenditures.

We were pleased that the government's Gender-based Analysis Plus (GBA+) measures in the 2019 budget included an increased focus on young people. For the first time ever, the budget also included an accompanying budget booklet dedicated to young Canadians. Although this additional analysis does not go as far as a children's budget, it is an important step in the right direction.

Children's budgets are a proven strategy that have been used in jurisdictions around the world to ensure that investments are made towards evidence-based programs that improve the lives of children and of future adults. They help ensure that children get their fair share of resources, and often do not result in more money spent, but in money being spent more wisely. We urge the federal government to continue to strengthen the application of the GBA+ lens in relation to children who represent one-quarter of Canada's population.

As the pandemic continues, children are heading back to school in September amid tremendous uncertainty, ongoing COVID-19 restrictions and health concerns. Immediate action is needed to protect the physical and mental health of children, keep children safe from violence, and support the resilience of young people. We call for the federal government to invest $250 million to address these priorities – including the short-, medium- and long-term impacts of the pandemic on children in Canada.

A CALL TO ACTION FOR CANADIANS

Sign the Raising Canada Call to Action to urge the government to tackle the top 10 threats to childhood and mitigate the impacts of COVID-19 on children

Collectively, Canadians have the power to influence government decisions and improve the lives of children in Canada. Children are uniquely impacted by the pandemic and need urgent attention and support.

We call on Canadians to join our efforts by signing the Raising Canada Call to Action at childrenfirstcanada.org.

Together, we can make Canada the best place in the world for kids to grow up.

Children First Canada's Council of Champions

The Council of Champions unites the leaders of Canada's children's charities and hospitals, research institutes and major corporations that invest in kids. Together, they speak up for children in Canada and jointly pursue Children First Canada's vision of making Canada the best place in the world for kids to grow up.

- Sara Austin, Founder & CEO, Children First Canada
- Dr. Susa Benseler, Director, Alberta Children's Hospital Research Institute, ACHF Chair in Pediatric Research, and Husky Energy Chair in Child and Maternal Health
- Dr. Kevin Chan, Medical Director, Children's Health, Trillium Health Partners
- Owen Charters, President & CEO, Boys and Girls Clubs of Canada
- Dr. Ronald Cohen, President and CEO, The Hospital for Sick Children (SickKids)
- Irwin Elman, Former Ontario Child Advocate, Global Strategic Champion, Until the Last Child
- Debbie Field, Coalition for Healthy School Food & Food Secure Canada
- Emily Gruenwoldt, President & CEO, Children's Healthcare Canada and Executive Director of Pediatric Chairs of Canada
- Dr. Mary Jo Haddad, Chancellor of the University of Windsor and President of MJH Consulting
- Christine Hampson, PhD, President & CEO, The Sandbox Project
- Julia Hanigsberg, Holland Bloorview Kids Rehabilitation Hospital
- Kathy Hay, CEO, Kids Help Phone
- Mark Hierlihy, CEO, Canada's Children's Hospital Foundations
- Dr. Krista Jangaard, CEO, IWK Health Centre (Halifax)
- Karyn Kennedy, President & CEO, Boost Child & Youth Advocacy Centre
- Valerie McMurty, CEO, Children's Aid Foundation of Canada
- Alex Munter, CEO, CHEO, Children's Hospital of Eastern Ontario
- Dr. Holden Sheffield, Chief of Pediatrics and General Pediatrician at Qikiqtani General Hospital (Iqaluit)
- Dr. Michael Shevell, Chair of Pediatrics, McGill University Health Centre
- Ariel Siller, President and CEO of the Canadian Children's Literacy Foundation
- Bruce Squires, CEO, McMaster Children's Hospital
- Kathleen Taylor, Board of Trustees of SickKids Foundation, Chair of the Board of RBC Royal Bank
- Dr. Michael Ungar, Canada Research Chair in Child, Family and Community Resilience, Director of the Resilience Research Centre, Dalhousie University

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