



1 **TOP** THREATS

**TO CHILDHOOD IN CANADA
RECOVERING FROM THE
IMPACTS OF COVID-19**

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ⁱ In solidarity with Indigenous communities, “Ryerson University” has been purposefully removed and replaced with “X University.” Egerton Ryerson’s name and legacy, which are symbols of cultural genocide and intergenerational trauma, must be removed from the post-secondary school’s name. Until this step towards decolonization, reconciliation and reparations is met, many of those affiliated with this institution have chosen to replace his name with “X University.”

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Children First Canada

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

EXECUTIVE SUMMARY

In what is now known as Canada,ⁱⁱ the health and well-being of children have been on a steady decline – putting the lives of children at grave risk and the future of our country at stake. Over the past decade, Canada has fallen from 10th to 30th place among 38 affluent countries for childhood well-being,¹ yet there remains a persistent myth that Canada is one of the best places in the world to raise a child.²

Over the past year, the effects of prolonged school closures have played a significant role in accelerating the top 10 threats to childhood. This fall, three school years will have been disrupted by COVID-19 restrictions. The learning loss and health challenges experienced by young people during the pandemic will affect them for years to come. Children need access to in-person learning not only for their education, but also for nutritional programs, physical activity, social and emotional support, and safeguards against abuse.

Children and youth have suffered devastating impacts to their mental and physical health as a result of school closures and lockdown measures. Children’s hospitals have reported unprecedented admissions for suicide attempts, eating disorders and substance-use disorders. There is also a growing backlog of surgeries and rehabilitation services that continue to leave children and youth in dire circumstances.

The urgency to support children and youth has never been greater. Immediate policy action by all levels of government is needed to address

the short-, medium-, and long-term impacts of COVID-19, along with the systemic underlying factors related to the top 10 threats and the four cross-cutting themes in this report.

In light of the crisis unfolding across the country, Children First Canada partnered with children’s hospitals and other leading child advocates this year to declare #codePINK, a term used for pediatric emergencies.

The #codePINK campaign calls for an emergency response by the prime minister and premiers, including an urgent First Ministers Meeting. Immediate action must be taken to address the following:

- Safely reopening schools, camps, parks and other recreational facilities
- Scaling up virtual care programs, and reducing backlogs for surgeries and rehabilitation

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

- Investing in new models of mental health programs to meet the urgent and rising demands
- Planning now for a safe return to school in the fall

At the time of publication, #codePINK remained in effect and an emergency response from all levels of government was still pending.

Although some cities or provinces may reopen schools this fall under “near normal” conditions, there are numerous threats to childhood that predate the pandemic that have been exacerbated. The data in this report reveals that many of the top 10 threats to childhood described in previous *Raising Canada* reports (2018-2019) are persistent, and for many young people, dangers are increasing.



In what follows, we highlight new research that has emerged over the past year related to these threats and informed by the lived experiences of youth, and call for urgent action to resolve these concerns.

Raising Canada 2021 is published by Children First Canada. The report is also released with joint calls to action from the Council of Champions.

The Top 10 Threats: What’s New?

Over the past 12 months, a significant amount of new research related to the state of childhood in Canada has been released. This report includes some of this new data, as well as contributions from a diverse group of subject matter experts that were engaged to form an interdisciplinary team.

This year, *Raising Canada 2021* provides recommendations for addressing each threat, indicating the various ways that government leaders and stakeholders can take action. This key addition harnesses the data to equip policy makers with the tools needed to improve the lives of young people in Canada.

Children and youth are citizens with rights. In this report, a child rights framework is utilized to examine the extent to which adults are fulfilling their duties towards children. Young people have the right to be active and engaged citizens and to participate in decisions that affect their lives. A child rights analysis not only brings to light what we can do for children, but also what children can do for themselves.

◀ “When I go to the clinic they take my blood, the information in my blood helps tons of other kids. Not all kids are the same, but my blood can help them and I can love them!”

Leah, 8, British Columbia

When we examine the top 10 threats to childhood through the lens of child rights, two things become apparent: As a society, we are failing to meet our most basic responsibilities to enable children's survival and development; and children are rarely involved in policy decisions that affect them.

Children are not viewed as equal citizens, and their rights are often overlooked and deprioritized. This has been evident throughout the COVID-19 pandemic. Data shows that children and youth in Canada have experienced grave violations of their economic, social, cultural, civil and political rights.

The research process for *Raising Canada 2021* included more child and youth consultation than in previous years – to ensure this report is informed by the lived experiences of young people in Canada. These perspectives also influenced how the findings of this report are framed.

Key Findings

Threat #1: Unintentional and Preventable Injuries

- While there has been an overall reduction in children attending emergency departments with **unintentional and preventable injuries**, there has been a steady rise in the rate of children dying from opioid-related deaths³ and an increase in poisonings⁴ and cannabis ingestions.⁵

Threat #2: Poor Mental Health

- Poor mental health was an existing concern before the pandemic, and the effects of school closures have accelerated this threat. Children are facing new or increased stressors, resulting in **poor mental health** that jeopardizes their survival and development.

- Children and youth have continued to face **mental health challenges** during the pandemic, with various sources indicating increased levels of eating disorders,⁶ substance-use disorders among adolescents⁷, suicide attempts⁸, and increased risk of stress associated with social isolation.⁹

Threat #3: Systemic Racism and Discrimination

- The engrained and widespread impacts of **systemic racism and discrimination** have continued throughout the pandemic. Anti-Indigenous racism, anti-Asian racism, anti-Black racism, anti-Muslim hate and anti-Semitism have become particularly prevalent.
- One critical finding is that First Nations, Métis, Inuit and Black children are disproportionately overrepresented in the child welfare system. From recent data sources, status First Nations children represented 4% of the total child population in Canada in 2016, but they made up 36% of all foster children living in private households in Canada.¹⁰

Threat #4: Child Abuse

- In light of the COVID-19 pandemic, scholars and child advocates have voiced significant concerns over rising and undetected rates of **child abuse**. In some jurisdictions, clinicians have seen twice as many infants for maltreatment-related concerns, specifically fractures and head trauma.¹¹

Threat #5: Vaccine-Preventable Illnesses

- As rates of vaccination against COVID-19 increase among young Canadians aged 12 and older, concerns about the re-emergence of **vaccine-preventable illnesses** due to routine immunization delays (among toddlers and adolescents) are heightened. In a recent survey,

45% of clinicians acknowledged the pandemic has negatively impacted immunization services in their practices.¹²

- Access to COVID-19 vaccines for children under the age of 12 remains an ongoing concern. Trials are still ongoing and vaccines may not be available until 2022.

Threat #6: Poverty

- There are persistently high rates of **child poverty** in Canada. Almost one in five children lives in poverty.^{1, 13}
- Rates of childhood poverty have continued to increase throughout the pandemic in certain populations. Close to one-third of children living in female lone-parent families were living in poverty, compared with less than one-tenth of children living in couple families.¹⁴

Threat #7: Food and Nutritional Insecurity

- During the pandemic, there has been a 39% increase in the prevalence of **food insecurity** in Canada. Households with children are more likely to face food insecurity compared to households without children.¹⁵
- Children in Canada continue to face a **nutritional crisis**. Canada was ranked 37th out of 41 affluent countries¹⁶ when it comes to providing healthy food for children.¹⁷

Threat #8: Infant Mortality

- In 2021, Canada's **infant mortality** rate has increased. It is now the second highest among 17 OECDⁱⁱⁱ countries, at approximately 4.4 infant deaths/1,000 live births.¹⁸ This is a marked change from 1960, when Canada ranked fifth lowest.¹⁸

Threat #9: Bullying

- Children and youth are often **bullied** for the following reasons: identifying as 2SLGBTQ+,^{iv} their race or ethnicity, newcomer status, disability, religion and Indigenous identity. Unfortunately, when student victims of bullying told someone about their experiences, resolution only occurred in about one-third of the cases.¹⁹

Threat #10: Limited Physical Activity and Play

- For many children, **physical inactivity** has posed a significant concern during the pandemic, along with an increase in rates of sedentary behaviours.²⁰ In all regions in Canada, parents reported that children exhibited a decrease in time spent outdoors and in outdoor play, with Ontario having experienced the greatest decline in both.²¹

Cross-Cutting Themes

In addition to the persistent top 10 threats, this report also identifies **four cross-cutting themes** that were evident from the literature:

Theme #1: Access to Education and Child Care

- **School closures** have perpetuated mental health concerns that children have faced as a result of social isolation, a lack of recreational programs, and education-based changes associated with the pandemic. The closures have also resulted in children facing harms in other areas of their lives, including food security challenges, exposure to violence, and declines in physical activity. Beyond these crucial, multifaceted concerns, “third-bucket children,” or children who have been “ousted” from school and have not attended school in-person or online, are becoming more prevalent.

iii Organisation for Economic Co-operation and Development

iv 2SLGBTQ+ refers to individuals who identify as the following: two-spirit, lesbian, gay, bisexual, transgender, queer, questioning, and additional sexual orientations and gender identities.

In Canada, there are an estimated 200,000 children in this position.²²

- **Child care closures** have had a similarly negative impact, especially on families navigating the challenges of balancing work-home life during a lockdown and/or returning to work.

Theme #2: Access to Health Care and Social Services

- Young people in Canada have experienced delays in their ability to **access both health care and social care**. They have also faced delays in receiving medical diagnoses, accessing rehabilitation services and proceeding with surgeries – with the possibility of leading to serious and potentially irreversible consequences. For instance, clinicians have seen a decline in the number of new type 1 diabetics they have diagnosed compared to previous trends, and there have also been more instances of children presenting with severe ketoacidosis – a life-threatening consequence of untreated diabetes.²³

Theme #3: Inequity and Inequality

- Throughout each of the threats, **various inequities and inequalities** have been raised that are associated with elements of a young person's identity (e.g., race, gender, sexual orientation and disability). Where intersectional identities exist, these inequities and inequalities are compounded. Racialized individuals (including children and youth) have experienced significant disparities in mental health concerns compared to their white counterparts, and rates of mental health concerns differ across racialized groups.²⁴

Theme #4: Climate Change

- Children, as a population, are most at risk of climate-related health impacts²⁵ as a result of direct and indirect effects of **climate change**.²⁶

The effects of climate change have especially profound impacts on First Nations, Métis and Inuit communities and young people, with the potential to decimate traditional food systems and disrupt the rights and well-being of Indigenous communities.²⁷

Continuation of COVID-19 Concerns

Over the past 12 months, the impacts of the COVID-19 pandemic have been considerable for children and adolescents, affecting essentially every aspect of their lives in significant and complex ways. This is not entirely unpredictable, especially given the early concerns highlighted in *Raising Canada 2020*. However, emerging evidence continues to indicate that young people have experienced a variety of complex impacts generated or perpetuated by the pandemic, with **both immediate and long-term impacts**. In many ways these impacts have been tightly linked to the persistent top 10 threats raised by Children First Canada. As such, the *Raising Canada 2021* report highlights COVID-19-related evidence, among other evidence, pertaining to each of the threats.

Lessons Learned

Since 2018, Children First Canada's *Raising Canada* reports have been sounding the alarm on the persistent threats to children's health and well-being, the lack of protection of their rights, and the implications of inaction. The lack of prioritization of young people both prior to and during the pandemic has led to devastating consequences for children.

Perhaps what is more startling than the data contained in this report – and previous *Raising Canada* reports – is that in spite of the overwhelming evidence about the threats to children's survival and development, so little has been done to intervene.

It is time for Canada to take a stand. As the country rebuilds from the pandemic, many have acknowledged that a societal reset is in order. This great reset must involve putting children at the heart of pandemic recovery plans, and investing in the short-, medium-, and long-term solutions needed for children to survive and thrive.

This will require leadership and commitment at all levels – including on the part of policy makers, the private sector, community leaders, clinicians, teachers and parents – to uphold the rights of children.

A societal reset will also require leadership on the part of children themselves. They must have the opportunity to learn about and act on their rights, and be involved in decisions that affect their lives. Children have valuable ideas and opinions that are crucial for the development of truly child-centred policies. When young people are informed and engaged, better decisions will be made within families, schools and even at the highest levels of government. Effective and sustainable change can only happen when we act with children, not for them.

For the past decade, children have suffered grave threats, which have been further amplified throughout the pandemic. The evidence is clear: the cost of social and political inaction is too high.

We must invest in the health and well-being of children today and ensure the protection of their rights. The future of Canada depends on it.

Calls to Action

Children First Canada calls on the Government of Canada and all members of Parliament to:

- Make a big, bold plan to improve the lives of children and make Canada the best place in the world for kids to grow up
- Ensure that children’s voices are heard and that their issues are prioritized

- Put children at the heart of Canada’s pandemic recovery plans, and invest in short-, medium- and long-term solutions for children to survive and thrive

There are six essential building blocks to improve the lives of all 8 million kids in Canada:

1. Appoint an independent **Commissioner for Children and Youth** to provide the leadership and accountability needed to measurably improve the health and well-being of children in Canada and ensure the protection of their rights.
2. Develop a **National Strategy for Children** to tackle the top 10 threats to childhood in Canada and ensure the full protection of children’s rights.
3. Establish a **Catalytic Investment Fund for Children** and **Children’s Budget** to address the top 10 threats to childhood in Canada.
4. **Measure what matters**, by systematically collecting disaggregated national data on the health and well-being of kids across Canada, to measure progress and identify gaps and areas warranting attention.
5. **Provide equitable funding and services for First Nations, Métis and Inuit children** through implementing the Truth and Reconciliation Commission’s Calls to Action and the Spirit Bear Plan.
6. **Involve children in decisions that affect their lives**, including consulting them in policy decisions through the Young Canadians’ Parliament and youth advisory councils, along with lowering the voting age in Canada.

Each of these six policy solutions are valuable in their own right. But when combined together, these solutions build a solid foundation to put children at the heart of Canada’s pandemic recovery plans. Together, we can make Canada the best place in the world for kids to grow up!®

FOREWORD

Raising Canada 2021 is a clarion call to advocacy and action on the part of policy makers, educators, parents, health care providers, community leaders and anyone else across the country who cares for and about children. Although the COVID-19 pandemic will surely be remembered as one of the defining events in modern Canadian history – cutting across all generations – no generation will have experienced a greater impact than children. Since the pandemic began, children have experienced major disruption in all aspects of their lives – from schooling, sports and other educational and recreational activities to socializing with friends and family. It will be some time before we fully appreciate the impact of this disruption on their formative years.

The authors have diligently worked to compile the most current information they could find to update and expand upon the top threats to children’s health and well-being and to develop

thoughtful policy recommendations. I was pleased to see the introduction of the impact of climate change as a theme this year, for which the authors credit, in part, the engagement of children and youth in the development of this year’s report.

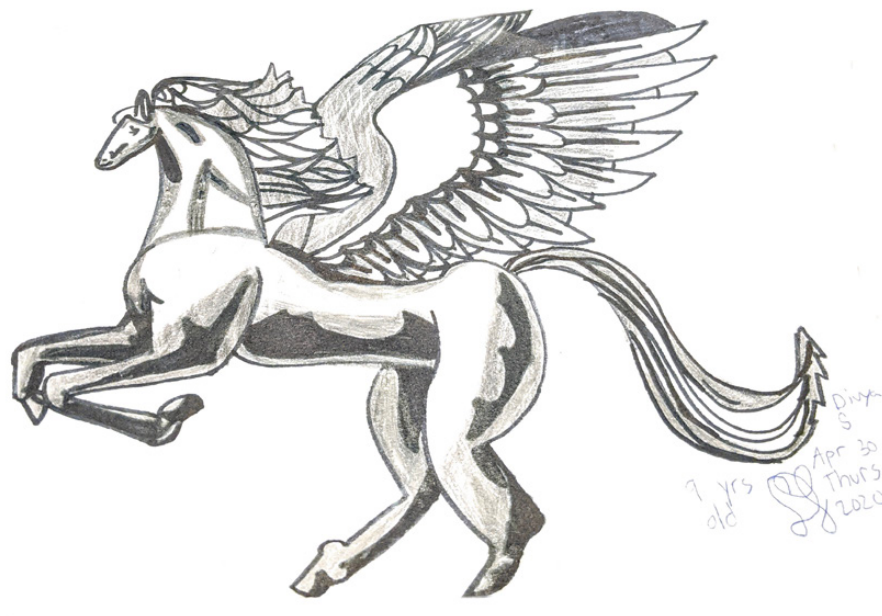
It is critical to monitor the threats set out in the report in a timely fashion and to develop new indicators and data collection approaches to assess the impact of the COVID-19 pandemic specifically. I would underscore the authors’ call for continual, rigorous data collection on the impacts to childhood and children in Canada. We need substantive action now to ensure all children have the opportunity to meet their potential.



Katharine Smart, MD, FRCPC (Pediatrics)
President, Canadian Medical Association

> “What is my poster all about? It’s about how sometimes you feel so useless, small, and weak (especially if you’re a kid), but you look into a mirror and you imagine, “one day I’ll grow up and be useful, and maybe Even so big, I’ll stand out like a fire on a dark night, and I’ll try to be as strong as that big oak tree out the window! I can’t wait! :)” You imagine yourself that same good person, so different, but you know you can be if you try..... Just like the kitten in my painting, that was so small, but it imagined itself as big and strong as a tiger! [...]”

Adele, 8, Alberta



< “This picture is of a Pegasus. This picture symbolizes freedom, health, and play which is what I want for every child to have. The image that I drew shows powerfulness and that is what kids are - Powerful [...]”

Divya, 9, Ontario



INTRODUCTION AND BACKGROUND

Raising Canada 2021 is the fourth in an annual series of reports by Children First Canada that track the top 10 threats to childhood in Canada, calling on federal leaders to take urgent action.

In last year's report, new evidence was used to examine and expand on the manifestations of the top 10 threats to childhood, particularly drawing on new Statistics Canada data related to child and adolescent health. This year's report builds on the threats identified in 2019; some of the threats have been modified or reframed based on new evidence, the advice of key subject matter experts, and feedback from children and youth.

The top 10 threats to childhood in 2021:

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

When *Raising Canada 2020* was published, evidence on the impact of COVID-19 on children in Canada was just beginning to emerge. As a result, the pandemic-related sources available at that time were analyzed to shed some light on the evolving issues. Last year, it was already clear that all of the top 10 threats to children were worsening or at risk of worsening as a result of the pandemic. The rights of children related to each threat in *Raising Canada 2020* were also outlined and highlighted, climate change was added as a new threat, and various cross-cutting themes were examined: inequity, access to child care and education, and access to health care and other human services.

This year's report includes the following:

- New sources and data sets that have been made available since the *Raising Canada 2020* report, including a variety of materials and Statistics Canada data sets related to children
- Multi-sector recommendations for each of the top 10 threats to outline tangible steps decision makers and stakeholders can take to begin mitigating the impacts on children
- A child rights framework to assist with interpreting the data and guiding recommendations

- Expertise from a variety of stakeholders: child and youth and subject matter experts working in academia, health care, industry or other child-related organizations
- Art created by children and youth as a way of sharing their perspectives in a powerful format

This report also identifies four cross-cutting themes related to the top 10 threats. Three of these themes were captured, though with different framing, in the *Raising Canada 2020* report: access to education and child care, access to health care and social services, and inequity and inequality. The fourth theme – climate change – was previously described as a threat. However, it has been repositioned as a cross-cutting theme this year based on feedback from children and youth, given its impact on all of the threats to childhood.

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



METHODS AND FRAMEWORK

Methods

As with the *Raising Canada 2020* report, the sources and data sets that were scanned and selected for this report were intentionally aligned with the identified threats to children’s health and well-being that have been described since the initial *Raising Canada* report in 2018. Considering that this report does not utilize a systematic review methodology, we did not have a consistent search strategy that was applied to various databases. The Raising Canada research team did, however, scan databases (Medline and Embase) and use advanced Google scholar searches to collect relevant data sets, published articles (both peer-reviewed and non-peer-reviewed), reports, and media sources that cited reputable sources and experts.

This report also relied on feedback and guidance from several subject matter experts. As collaborators, they examined draft findings and provided insight on the reputability of sources, identified additional sources, and advised on the framing of threats and key findings included in this year’s report. Early drafts were also shared with members of Children First Canada’s Council of Champions, who were also consulted on the key findings and recommendations.

Children First Canada continues to acknowledge and highly value the lived experiences, perspectives, and expertise of children and youth. Young people’s voices are often excluded from research, reports and policy deliberations. For this reason, we purposefully engaged with children and youth in a variety of ways: two youth were active members of the research

Child Rights Framework

There are 8 million children in Canada, and they all have something in common — their rights! This year marks the 30th anniversary since Canada ratified the United Nations Convention on the Rights of the Child (CRC). Our *Raising Canada 2021* report uses a child rights framework to examine the evidence and data collected.



SPECIAL FEATURE:
As you read through the report, look for the **blue text** that highlights Articles from the CRC about protecting the rights of children.

team; we engaged with the Young Canadian Roundtable on Health and the Holland Bloorview Youth Advisory Council to inform our work; and children and youth submitted artistic expressions of their experiences with or thoughts on the top 10 threats during the pandemic.

Throughout the report, the terms “children,” “adolescents/youth,” and “young people” are used interchangeably, referring most often to all individuals under the age of 18, aligned with the definition of “child” outlined in the United Nations Convention on the Rights of the Child.²⁸ However, some data includes individuals up to the age of 24, aligning with the definition of “youth” employed by the United Nations, which refers to individuals between ages 15 and 24.²⁹

Re-applying a Child Rights Framework

In this year's report, a child rights framework has, again, been applied as a lens to examine the evidence collected and presented. The United Nations Convention on the Rights of the Child (CRC) is the most widely ratified human rights treaty in existence that protects the economic, social, cultural, civil and political rights that children possess.²⁸ When a country ratifies the CRC, it acknowledges that children are rights-bearers, while also committing to the realization of these rights and assuming a duty under international law to fulfil those rights.

The CRC is fundamentally based on four guiding principles:^{28, 30}

Non-discrimination, which refers to the idea that all children should be able to equally enjoy their rights

Best interests of the child, which refers to the notion that in all decisions pertaining to a child it is essential to consider what is the best option for that child

The right to survival and development, referring to the fundamental right that children have to survive and achieve their full potential

The views of the child, which refers to the need to listen to and acknowledge the perspectives of children and involve them in decisions that affect their lives

Applying a child rights framework to the analysis of the top 10 threats is critical, as it underscores that actions to protect and improve the health of children are not acts of charity or goodwill; governments have legal duties to uphold the rights of children,³¹ whether during times of peace and prosperity or times of crisis. It has become particularly evident that a child rights framework has often been lacking in key public policy decisions made federally and provincially/territorially, and that the interests of children have been frequently overlooked or deprioritized in the interest of protecting the rights of other citizens. As noted in *Raising Canada 2020*, the use of a child rights framework is necessary to remind governments, institutions, parents, and young people that children are not objects. They are citizens with rights, capacities, voices, and interests of their own.

In this year's report, the child rights framework highlights how the threats have fundamentally put the lives of children at risk and jeopardized the quality of their childhood, as implied by the emerging sources and evidence. As such, this lens is integrated throughout what follows in the report.

WHAT'S NEW IN THIS REPORT

Since *Raising Canada 2020*, a large amount of new analyses, commentaries, and data sets have been published related to the health and well-being of children in Canada. Many of these studies and reports pertain to specific COVID-19 impacts.

This year, several subject matter experts were engaged as contributors. This allowed us to capture as much relevant and high-quality research and data as possible. This includes data from Statistics Canada surveys and analyses, data from Canadian Institute of Health Information analyses, published studies, reports, and testimonials from those working in professions related to child and adolescent well-being.

Child and youth leaders from across Canada also contributed to the report this year. Among other things, they encouraged us to position climate change as a cross-cutting theme, rather than a singular threat. Upon examination of recent evidence, we discovered that climate change has various interconnections with the 10 threats to childhood in Canada. As a result, climate change has been relocated to the cross-cutting themes section.

Child and youth leaders have also provided feedback on the ordering and framing of the threats, ensuring that our report more consistently captures nuances in the ways the threats appear in the lives of children facing marginalization (e.g., for young people who are racialized, living with a disability, or living in poverty). These conversations also generated insights for recommendations and encouraged our team to continue searching the evidence.

In June 2021, Children First Canada launched a call for children and youth to contribute artwork related to their interpretations of the top 10 threats. Children First Canada shared the call for artwork on its website and social media pages. Additionally, some of the art submitted to the CHILD Cohort Study was shared with Children First Canada and integrated within the report.

In this report, artwork is used for knowledge mobilization, rather than a form of data. It is also intended to humanize the data presented in this report, and to bring to life what children think and feel when they experience threats to their childhood. We encourage readers to take time to examine the artwork shared in this report, and to reflect on the ideas and feelings that children have expressed.^v

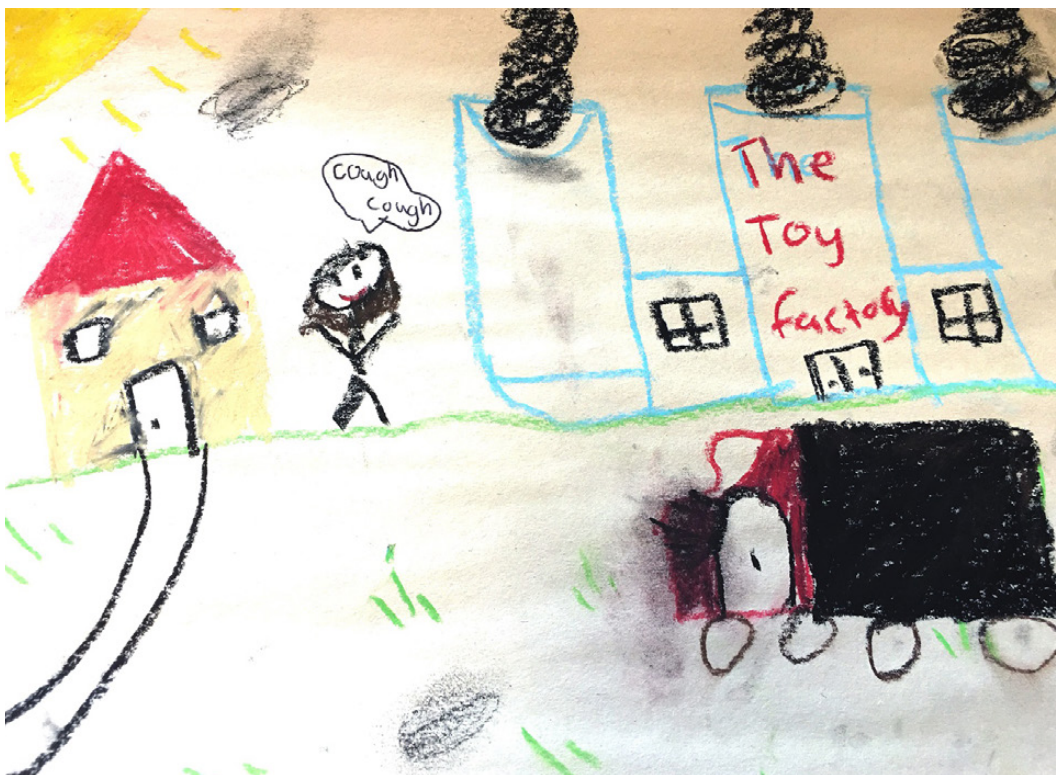
Recommendations associated with each threat and overarching theme were integrated, in order to move forward a solution-oriented lens related to each of the threats. These recommendations span policy/political, clinical, educational and community spheres. The recommendations also act as a way to urge policy makers, institutions, parents, and others that have duties towards children to acknowledge the threats and take real action for change. These threats, along with the persistent calls to action that Children First Canada has continually drawn attention to (as highlighted at the end of this report), require immediate and sustained attention by all stakeholders whose lives and work intersect with the lives of young people in Canada.

^v For more examples of the ways art can be used to understand young people's experiences throughout the pandemic and within the last year, we also encourage readers to view www.childart.ca. In this research project, children across Canada participated by drawing and submitting artwork that reflects their thoughts and feelings about their pandemic experiences and their ideas of the future. Many of these art pieces implicitly touch on the top 10 threats identified within this report, too.

DATA FROM STATSCAN

While the *Raising Canada 2020* report included data from the Canadian Health Survey on Children and Youth by Statistics Canada (StatsCan), the survey has not been repeated this year. As a result, new comparable data relating to the well-being of children was not available at the time of publication.

However, Children First Canada has actively collaborated with Statistics Canada throughout the pandemic to ensure the collection and analysis of data on the health and well-being of children. Members of StatsCan also contributed to this report by identifying data linked to the top 10 threats and four cross-cutting themes, the sources of which are referenced throughout the report.



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Aziza, 9, Alberta



1 **TOP** THREATS TO CHILDHOOD IN CANADA

In this section, we have highlighted information about the threats to childhood in Canada from evidence published over the last year, primarily relating to research from Canada. This advances the foundational information outlined in the previous *Raising Canada* reports, particularly *Raising Canada 2020*.

Several of the top 10 threats outlined in this report also align with the priorities established in the *Human Development Top 10*, published by the Fraser Mustard Institute for Human Development,³² and these areas of correspondence are highlighted and referenced throughout what follows. The ordering below is based on the prevalence of evidence found related to each threat and from conversations with and among child and youth contributors, content experts, and the Children First Canada research team.

Considering the ongoing COVID-19 pandemic and the influx of evidence published within the last year related to the impacts of the pandemic on

children, we have integrated the pandemic-related evidence that is currently available throughout each threat that is subsequently outlined.

As with *Raising Canada 2020*, the majority of COVID-19-specific evidence has indicated a worsening of the threats and an overall decline in children’s health and well-being in Canada. Many of the threats are significant enough to be deemed a pediatric emergency, in light of the unprecedented threats to children’s survival and development. Therefore, #codePINK remained in effect at the time of publication. There is an urgent need for action from federal and provincial/territorial leaders, in order to improve the state of childhood in Canada.

1

UNINTENTIONAL AND PREVENTABLE INJURIES

While there are many ways that young people have been protected from preventable injuries due to stay-at-home orders during the pandemic, they continue to face various risks of harm and injury. Not only are children's lives impaired, a recent Parachute report also indicates that there are high societal costs (to the health system, productivity, community, etc.) associated with preventable injuries of children and youth in Canada – costs totaling over \$1.89 billion for young people between the ages of zero and 24.³³

The lack of wrap-around protection also poses a threat to children's rights to having their best interests upheld ([Article 3](#)), to health ([Article 24](#)), survival and development ([Article 6](#)), and protection from physical harm and injury ([Article 19](#)). This threat also aligns with and indicates the importance of the Human Development Top 10 priority to ensure that every child is “free of injury and disease (non-communicable).”³²

Poisonings

Children aged zero to 19 years old in Canada have represented 714.4 cases of substance-related poisonings per 100,000.³⁴ In 2020, compared to 2019, there was a 17% rise in unintentional ingestions/poisonings at the Hospital for Sick Children (SickKids), despite an overall drop in emergency department visits.³⁵ In addition, deaths due to unintentional poisonings have shown a significant increase from 2008 to 2018 with a peak in 2017.⁴

In the U.S., data indicates that child poisonings can be explained by developmental and environmental causes, including the fact that children are biologically distinctive from adults (e.g., they have a thinner skin membrane, which is more prone to easy substance absorption), and that children mirror the behaviours of their caregivers and explore the world by putting objects into their mouths.⁴ In light of the COVID-19 pandemic, calls to poison centres in 2020 (related to hand sanitizers, bleaches and disinfectants) grew significantly.³⁶

Cannabis Ingestions

A retrospective, single-centre cohort study at SickKids found that cannabis-related emergency department presentations of children have been significantly higher in the period after cannabis was legalized compared to the pre-legalization period. A secondary analysis indicated that edible cannabis

ingestion was a “powerful independent predictor of intensive care unit admission” and more likely to occur after the cannabis legalization.⁵

Opioid-Related Harms and Deaths

Information shared in a report by Alberta’s Child and Youth Advocate, Del Graff, has indicated that Alberta is reportedly seeing a significant increase in opioid-related deaths (i.e., accidental opioid poisonings) among young people under 25 years of age over the past four years. In 2017, rates reached a new high with 84 deaths of young people as a result of opioid use, but in 2020 this rate was surpassed, as there were 95 opioid-related deaths among young people in Alberta.³ In Ontario, there are also concerns about opioid misuse and overdose, as 114 youth aged 15 to 24 died from an opioid overdose over an 18-month period ending in June 2018.³⁷ Overall, these injuries also reflect the additional ways in which children’s rights to be protected from harmful substances and drugs ([Article 33](#)) have been overlooked throughout Canada.

COVID-19 Impacts

Comparing data over a two-month period (March 16 to May 15) from 2015 to 2019, an average of 2,774 children visited the Montreal Children’s Hospital for an injury each year. In 2020, the average reduced by 62% to 1,052 children.³⁸ For children aged 6-17, all injuries (fracture, mild traumatic brain injuries, burns, poisonings, etc.) showed a statistically significant decrease in 2020 when compared to the 2015-2019 average. When divided by mechanism of injury, motor vehicle collisions and sports-related injuries had the most drastic decreases, aligning with stay-at-home measures associated with the pandemic.³⁸

As a result of increases in remote schooling during the pandemic, children have spent an increased amount of time viewing digital screens.³⁹ Interestingly, a study in China involving more than 120,000 children found that this increase is thought to directly contribute to further increases in childhood myopia (short-sightedness). Specifically, there were increases in childhood myopia in 2020 that were between 1.4 to 3.0 times (depending on the child’s age) higher than rates from the previous five years.⁴⁰ Comparable research was not found in Canada and warrants further investigation.

Finally, a recent survey found that parents feel that school-zone traffic congestion due to reduced school bus usage and driving behaviour has worsened with the onset of the pandemic and accompanying restrictions.⁴¹ In March 2020, there was nearly a 200% increase in stunt driving compared to years prior, based on reports from the Toronto Police Services. Researchers found a 31% greater odd of speeding between normal school hours (8 a.m. - 4 p.m.) after the schools closed on March 14, 2020, and before the start of the 2020-2021 academic year.⁴²

RECOMMENDATIONS

Policy Recommendations

- Following the reduced restrictions associated with the pandemic, there is a need to continue to ensure safer roads, especially in light of the increased rates of speeding throughout the lockdowns and pandemic social distancing measures. For instance, some roadways were temporarily closed to motorized vehicles during the summer of 2020 to allow for more recreational cycling and pedestrian use. But in some cases, making temporary measures permanent will reduce risk of severe injury in the future.⁴²
- Drowning remains a persistent threat to children in Canada, underscoring the need to amend the Small Vessel Regulations to make it mandatory for children under the age of 14 to wear a lifejacket or personal flotation device in recreational small vessels covered under the regulation.

Clinical and Community Recommendations

- To assist with opioid-related deaths, there are several recommendations:³
 - » Long-term interventions that are informed by those with lived experiences
 - » Continued conversations with youth about substance use to reduce stigma, encourage safer use, and help young people access appropriate services when ready
 - » Immediate access to both detox treatments and safe treatment places, as services for youth are often extremely limited
 - » Implementation of harm reduction strategies, such as supervised consumption sites and educational campaigns on how to safely use drugs when alone
 - » Development of a youth opioid and substance-use strategy and body to oversee this strategy

Policy and Community Recommendations

- The Canadian Paediatric Society has released tips for parents and guardians to prevent home injuries during the COVID-19 pandemic, which governments should also endorse and support through use of a campaign or targeted communications. These tips are related to: burns, drowning, fire and carbon monoxide, use of play equipment and trampolines, poisonings, falls, choking, and strangulation.⁴³
- To combat concerns related to school-zone traffic congestion and driver behaviour, parents/caregivers are encouraged to advocate for their children. Usually, it takes grassroots efforts to bring about change, including reduced speeds, speed enforcement, speed humps and designated spaces for pedestrians and cyclists.⁴¹

2

POOR MENTAL HEALTH

In Canada, the mental health of children and youth has been declining significantly over the past decade. As a result, young people have been experiencing a wide range of violations to their rights. Data from the Canadian Institute for Health Information (CIHI) has shown that in 2018-2019 there was a 61% increase in the number of emergency department visits and a 60% increase in the number of hospitalizations for mental health conditions, compared to 2008-2009 data.⁴⁴

Accessibility of mental health services in Canada has also been poor for decades. There are substantial wait times for all Canadians to access mental health services. When they can access care, the cost of services are often high, which acts as a significant barrier.⁴⁵ For instance, in January 2020, 28,000 children and youth were waiting (some for years) for mental health care in Ontario.⁴⁶ These waiting periods impact children's rights to treatment for their mental health ([Articles 24 and 25](#)) and to access information to promote mental well-being ([Article 17](#)).

Suicide

In Canada, suicide remains a leading cause of death among children and adolescents aged 10-14, and the second leading cause of death for youth aged 15 to 24.⁴⁷ For youth ages 15 to 29, suicide-related deaths were 2.5 times higher among males than females (16.9 suicides per 100,000 individuals, compared to 6.6).^{48, 49} Suicide rates are highest in youth (age 15-24) among First Nations males, and Inuit males and females.⁵⁰

In terms of suicide and suicidal ideation in relation to the pandemic, at McMaster Children's Hospital there has reportedly been a steady increase of youth in crisis and the number of youth admitted for medical support following a suicide attempt has tripled over a four-month period when compared to last year.⁸ In British Columbia, however, the B.C. Coroner's Report released data indicating that the percentage of youth suicides compared to the overall number of suicides in B.C. has stayed relatively constant between 2019-2020 and 2020-2021.⁵¹ Preventative action is necessary to support youth considering suicide and address the social determinants of health that put children at risk in order to protect their inherent right to life (outlined in [Article 6](#)).

Mental health of marginalized young people in Canada

Marginalized children have also experienced heightened or disproportionate effects that perpetuate pre-existing discrepancies, despite rights children have to live free from discrimination ([Article 2](#)), including but not limited to: 2SLGBTQ+ youth, young refugees, young people living in poverty, young people in rural areas, young people living with disabilities, racialized young people and others.⁵² Importantly, these groups' experiences should not be conflated, as oppressive forces may act on their lives in different ways and there is not a singular experience of discrimination-based mental health impacts.

A greater proportion of parents of children with underlying health conditions or disabilities have reported being very or extremely concerned for their child's mental health (60%), compared with parents of children without disabilities (43%).⁵³ In another study, approximately one-fifth (17.4%) of children with ADHD^{vi} met criteria for moderately severe to severe depression and/or anxiety symptoms, with a significant number of caregivers reporting an increase in their child's symptoms during the pandemic.⁵⁴ Preliminary research has shown that services have also not met the needs of children with neurodevelopmental disabilities and their parents during the pandemic.⁵⁵ These impacts indicate that the rights of children with disabilities to have mental well-being ensured ([Article 23](#)) have been significantly and systematically overlooked.

In a study examining the mental health of youth who identified as gender or sexually diverse, 39% of respondents had a diagnosed mental illness and 65% had experienced suicidal ideation in the past year. Additionally, 30% of respondents indicated that they had at least one illicit substance in the past year.⁵⁶

First Nations, Métis and Inuit children, along with Black and other racialized children, often have to wait longer to access mental health services.⁵⁷ Limited access to mental health care is a persistent threat to the lives of First Nations, Métis and Inuit children, particularly those in the North, in remote communities and on reserve. Lack of access to care is further compounded by the impacts of colonization, discrimination, loss of language and culture, and other social determinants of health, including poverty and intergenerational trauma.⁵⁸

A recent report on health disparities experienced by Black Canadians, led by the Black Scientists Taskforce on Vaccine Equity, reported that at townhall meetings the mental health of Black children and youth were key concerns, as it was seen to have diminished considerably.⁵⁹ Kids Help Phone also reported a surge in the percentage of young people in distress due to racism and discrimination, with rates doubling between May and June 2020, and these

vi Attention-deficit/hyperactivity disorder

increases were linked to the tragic deaths of Breonna Taylor (March 2020) and George Floyd (May 2020).⁶⁰

COVID-19 Impacts

The COVID-19 pandemic has perpetuated, accelerated and amplified many concerns regarding children’s mental health, which Children First Canada and many partners from children’s health organizations across the country have highlighted in the recent [#codePINK campaign](#). Several institutions have undertaken surveys of the child and youth populations they serve and most have shown that children and youth have experienced a significant mental health toll due to the pandemic. For instance, Kids Help Phone reported a 137% increase in the number of connections they have had with children in 2020 (4.6 million) compared to 2019 (1.6 million).⁶⁰

>
 “I feel sad and bored
 because I can’t do
 fun stuff.”
 Jack, 5, Alberta



The COVID-19-related concerns include an increase in symptoms associated with depression, anxiety, post-traumatic stress disorder, obsessive compulsive disorder, and other mental health diagnoses.^{9, 61, 62} Clinician reports indicate that there has been a large number of children and youth experiencing eating disorders⁶ and a large number of youth admitted to hospital for substance-use disorders.⁷ In Ontario’s five pediatric hospitals, admissions for eating disorders increased by as much as 223% above capacity in June 2021, and clinicians have claimed that this increase is unlike anything that they have seen before.⁶³ These impacts also include changes to behaviour, an increase in irritability, and a general decline in emotions, motivation and well-being.⁶⁴

The impact of school closures on mental health have been debated in the media and literature. One study shows that the rates of psychiatric concerns did not differ across youth based solely on how school was attended

(e.g., in-person classes or virtual school). The rates were negatively impacted, independent of the way school was attended.⁶⁵ In contrast, another study shows that school closures and routine disruptions played a significant role in the cause of distress experienced by children and youth during the pandemic.⁶⁶ Analyses from StatsCan corroborates this, as data collected between the end of March 2020 to the beginning of April 2020 indicated that 39.7% of youth aged 15 to 30 reported excellent or very good mental health, representing a 20% decrease since 2019.⁴⁸

A recent study released by SickKids indicates that as the 2020/2021 school year resumed, children's mental health did not improve from the previous school year during the pandemic. More than half of the 758 children (aged 8-12) that participated in the study, and 70% of the 520 adolescents that participated, reported clinically significant depressive symptoms during the second wave (between February to March 2021).⁶⁷ The study also highlighted the strong association between time spent online learning and depression and anxiety symptoms in school-aged young people between six and 18 years of age, indicating that the more time they spent learning online the more anxiety and depression symptoms they experienced.⁶⁷

Finally, impacts of the pandemic on parental mental health, particularly mothers, have implications for children.⁶⁸ Approximately one in four mothers of young children are experiencing clinically significant depression during the pandemic, and about one in two are experiencing clinically significant anxiety.⁶⁹ Urban Alberta families have also experienced a high number of stressors, potentially leading to what some have called a "tipping point" in being able to cope.⁷⁰ There are serious immediate and long-term impacts associated with the experience of early life stressors on the lives of infants and children, whereby stressors become "biologically embedded," affecting children's developing brains, immune systems, and their ability to thrive.^{71, 72}

However, the experience has not been unanimously negative and some youth have experienced improvement in at least one mental health domain as a result of the pandemic.⁹ In a survey, 12% of parents of children with disabilities in Ontario indicated that their children were getting better.⁷³ Some children have experienced a positive pattern of adaptation, better routines, and a developed sense of their society and health.⁶⁶

In another study examining the subjective well-being of children and youth during the pandemic, researchers found that 49.4% of the sample population fell into the "low pandemic-time subjective well-being" category, whereby 51.5% of this group were more likely to feel worried.⁷⁴ On the other hand, 50.6% of the sample population fell into the "high pandemic-time subjective well-being" category, whereby 52.1% of this group felt happier during the pandemic.⁷⁴ As such, these differences indicate that young people are not a homogenous group with identical experiences of the pandemic.

RECOMMENDATIONS

Policy Recommendations

- Adopt the Social Contract for a Mentally Healthy Canada, including committing to achieving the following targets by 2030:
 - » Reduce by half the reported rate of pre-pandemic emotional distress
 - » Decrease by half the number of children exposed to adverse childhood experiences that lead to poorer mental health
 - » Reduce by half the suicide rate
- The development of a national strategy in Canada that emphasizes children's social, emotional, and mental well-being is necessary.^{75, 76} Children First Canada has long called for a national strategy to improve the lives of children, and it is one of the calls to action from this report. This approach must also attend to and resolve the high rates of child and youth suicide and suicidal ideation in Canada.⁷⁵ An approach of this type requires investment of financial and other resources,⁵² which is also emphasized in the *Raising Canada 2021* call to action. The strategy must begin with an investment in school-based mental health supports, as schools are often a first point of contact for children and youth experiencing mental health concerns and a setting in which some mental health services are provided.⁷⁶ This national strategy must also increase the availability and accessibility of mental health services. This is needed to reduce both financial and location-related barriers to service access.^{77, 78} In the interim, an investment of funding to support schools' efforts to improve child mental health is also required.⁷⁶ Assurance for high and standardized quality of services, determined through research and evaluation/monitoring, is also required in this strategy.⁷⁸

Policy and Community Recommendations

- Discrepancies in mental health for young people as a result of inequities need to be resolved systematically. For instance, First Nations children require improved access to mental health and psychological support by allocating targeted funding for community-based services and training Indigenous community members as counsellors.²⁷ A national strategy to mitigate suicide-related concerns among young people needs to be implemented, particularly for First Nations, Métis and Inuit children and youth who are disproportionately affected.⁷⁵ Services should be implemented in a way that respects First Nations, Métis and Inuit cultures in order to ensure appropriate support.⁷⁸
- COVID-19 recovery plans that aim to support the mental health of children and youth must also be developed.^{70, 77} The longer-term recovery plans must be collaborative and interdisciplinary in nature, to resolve the various mental

health challenges faced by parents/guardians, children and their families.⁷⁰ Policy makers should rely on and seek evidence and consultation from experts in child development.⁷¹ The creation of diverse federal and provincial pandemic recovery task forces is also necessary, so that the solutions that support children and youth's needs are evidence-driven and informed.⁷¹ Public policy, educational systems, and mental health sectors need to balance the risk of infection with the deterioration in child and adolescent mental health. This needs to be considered when making decision about safely reopening schools and recreational activities, as well as resuming normative activities.⁹

3

SYSTEMIC RACISM AND DISCRIMINATION

Racism and discrimination profoundly impacts the health and well-being of children prenatally and throughout their lifetime. Research suggests that it generally begins to impact a young person's identity, self-esteem and self-worth around age four,⁵⁷ though another study from 2017 indicated that children start making decisions about who to play with and who to exclude on the playground around age three.⁷⁹

The COVID-19 pandemic has highlighted the ways in which systemic racism and discrimination continue to affect the lives of racialized and marginalized children across Canada in various ways, though members of these communities have always known this fact. Children also have rights to be free from discrimination of any kind ([Article 2](#)) and to be a part of an ethnic or religious community to enjoy culture and express their beliefs ([Article 30](#)). However, this is a common experience for millions of children in Canada, impeding the full range of their rights.

Within the Human Development Top 10, priorities related to cultural identity, learning, community and values have also been outlined – reiterating the need to be concerned about the existence of systemic racism and discrimination. These priorities are, explicitly, that a “child has access to cultural values and customs” and that a “child is exposed to language and culture prenatally and during infancy.”³² Again, it is important to note that these impacts differ across racialized communities and for individuals within the same racialized community, meaning there is not a singular experience of discrimination.

Anti-Indigenous Racism and Discrimination

For Indigenous children, the impacts of systemic racism and discrimination have existed since colonization. First Nations, Métis and Inuit people are more likely to experience adverse health outcomes throughout their lifetime. Indigenous young people and communities experience violations of their rights in the form of the persistent and unequal treatment in accessing mental and physical health care as a result of colonization, cultural genocide and underfunding.⁵⁷

First Nations, Métis and Inuit people continue to be disproportionately impacted by tuberculosis (TB) and historical TB control practices in Canada have contributed to stigma and discrimination towards those with this disease – as well as delays, fear and mistrust experienced towards the health system.⁸⁰

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Charlotte, 13,
Ontario



In particular, incidence rates of TB in 2016 were: 0.6/100,000 Canadian-born, non-Indigenous people; 23.8/100,000 First Nations people; 170.1/100,000 Inuit people; and 2.1/100,000 Métis people.⁸⁰

The existence of and horrifying realities within residential “schools”^{vii} continue to impact the lives of First Nations, Métis and Inuit children and communities today. The recent uncovering of the remains of First Nations children buried at the sites of former residential “schools” has brought the issue of systemic racism and discrimination to the forefront. At the time of writing this report, more than 1,308 suspected graves had been uncovered since May 2021 near the sites of former residential “schools,” including: 215 in Kamloops, B.C.,⁸¹ 182 in Cranbrook, B.C., 751 in Marieval, Sask.,⁸² and more than 160 found on Penelakut Island, B.C.⁸³ More grave sites are expected to be uncovered in the weeks, months and years ahead.

Today, advocates state that the child welfare system and foster care have replaced residential “schools” for Indigenous children.⁸⁴ While status First Nations children made up 4% of the total child population in Canada in 2016, they represented 36% of all foster children living in private households in Canada.¹⁰ The Canadian Paediatric Society has also written about the ways that separation still haunts and impacts the lives of First Nations, Métis and

vii Within this report, we purposefully refer to residential schools with “school” in quotation marks to indicate the conceptual and historical inadequacy and inaccuracy of the term. These were not, actually, schools, but rather “prisons” and “forced labour camps” (see an opinion piece written by Erica Violet Lee [2021](#) for more) that were the “instruments of genocide” (see piece written in the [School Magazine 2021](#) for more).

Inuit children today, saying “separating a child from the security of their parent when they are frightened, hurt or when they may be at risk of dying not only increases the likelihood of developing post-traumatic stress disorder, but it is merciless” (pg. 31⁸⁵). This is a clear example of the violation of a child’s right to not be separated from their parents against their will when separation is not in the best interests of the child ([Article 9](#)).

During the pandemic, First Nations, Métis and Inuit children have also experienced heightened barriers to accessing high quality education that are ultimately the continued result of historic marginalization, exclusion and systemic discrimination resulting in underinvestment in infrastructure and services for Indigenous communities.²⁷ In addition, combatting the COVID-19 pandemic requires access to water and sanitation, but the long-standing boil water advisories in a large number of First Nations communities make this goal a challenge to achieve and raises serious concerns related to inability to realize this fundamental human right for all persons in Canada.⁸⁶

Anti-Black Racism and Discrimination

For Black children and youth, anti-Black racism in the education system often manifests into an increased risk of diversion of these youth to the criminal justice system,⁵⁷ in what many have called the “school-to-prison pipeline.”⁸⁷ The education system also regularly streamlines Black and Indigenous youth out of the “academic” level of educational opportunities, thereby creating more educational barriers.⁵⁷ Existing evidence has shown that Black children are also more likely to be streamed into special education programs.⁸⁸

Results from the Ontario Incidence Study of Reported Child Abuse and Neglect have indicated that the incidence of investigations involving white families almost doubled between 1998 and 2003, but for Black families the incidence increased almost fourfold during the same period. Reasons for this include the biased and racist institutional policies and practices that exist both within the child welfare system and outside of it, leading to disproportionate outcomes.⁸⁹ Black children are overrepresented in the child protection system as a result of racial bias that stems from discriminatory policies and practices that serve to disadvantage Black children and families.⁹⁰ Overall, “Black child removal trumps prevention” in the child-welfare system.⁹¹

Black children are also more prone to experience barriers in the health care system. For instance, Black children in Toronto wait nearly twice as long as other young Canadians to access mental health services and are more likely to enter child welfare through an emergency department or the criminal justice system.⁵⁷ Black families also face barriers to accessing and utilizing public health and social services because cultural differences manifest in mistrust, shame and fears of being labeled.^{90, 92, 93}

Anti-Asian Racism

The Vancouver Police Department has reported a 700% rise in hate crimes against Asian individuals living in Canada from 2019 to 2020.⁹⁴ Children have also reported experiencing heightened instances of anti-Asian racism, particularly in online spaces, impacting their sense of well-being.⁹⁵ Findings from a report linked to the Fight COVID Racism initiative found that Asian children and youth (under the age of 18) were more likely to report being physically assaulted (42% more likely) and being coughed at and spat on (233% more likely) than young Asian adults.⁹⁶

Anti-Islamic Discrimination

Reports indicate that there has been a rise of anti-Islamic hate crimes in Canada, including against Muslim children and youth.⁹⁷ Compared to 2018, police-reported data indicated that in 2019 there was a 9% increase in hate crimes against the Muslim population.⁹⁸ Over the past year, many instances of continued hatred and discrimination have occurred and highlighted that these concerns are only increasing.⁹⁷

In London, Ont., four members of a Muslim family were killed by a white terrorist, leaving one young boy with injuries.⁹⁹ The ways in which entire generations can be wiped out, and the children left behind and forced to deal with long-term repercussions, is one of the horrific ways in which discrimination (in this case, anti-Islamic discrimination) becomes a reality in Canada. Beyond the immediate repercussions for the family, this recent incident has also resulted in a heightened sense of fear among Muslim children, youth and their families when occupying public places.

Research from 2018 has also examined the ways in which anti-Islamic discrimination, hatred and violence can have a significant negative impact on Muslim school-aged children and youth.¹⁰⁰ Per findings from a California study, young Muslim people face frequent verbal assault, bullying, offensive and harmful touching, and cyberbullying that occurs most frequently in school settings by peers and teachers.¹⁰⁰

Anti-Semitism

Recently published police-reported metrics have indicated that in 2019 there was a 20% decline in incidents targeting the Jewish community.⁹⁸ Yet a report published by B'nai Brith Canada indicates that in 2020 there was a 18.3% rise in the amount of anti-Semitic incidents and attacks in Canada, when compared to 2019,¹⁰¹ and young people have experienced impacts of this discrimination as well. One high school student in Winnipeg was physically assaulted by seven peers in February 2020 due to his Jewish identity, while also experiencing horrific anti-Semitic slurs.^{101, 102} On average, more than seven anti-Semitic incidents occurred every day in 2020.¹⁰¹

RECOMMENDATIONS

Policy Recommendations

- Immediately work to implement the Truth and Reconciliation Commission's (TRC's) 94 Calls to Action, where recommended changes to health, social services, justice system, education system, and community-level organizations have been established by Indigenous communities to resolve and restore injustices and disparities experienced by First Nations, Métis and Inuit peoples across Canada.¹⁰³
- Governments must work in collaboration with First Nations, Métis and Inuit peoples, organizations and communities to develop and promote enforceable drinking water and sanitation regulations, with financial investment and technical support available and within a reasonable and appropriate timeline.²⁷
- Implement a systems-level, anti-racist framework informed by critical-race theory that centres the experiences and perspectives of racialized communities to inform changes for current systems.⁹⁴
- Implement the Spirit Bear Plan of Action to end inequalities in public services for First Nations children, youth and families, developed by the First Nations Child and Family Caring Society.¹⁰⁴
- End Canada's appeal of the two Canadian Human Rights Tribunal orders pertaining to providing human rights compensation to eligible victims, and ensuring First Nations children recognized by their Nations are eligible for Jordan's Principle.¹⁰⁵

Clinical Recommendation

- Implement a system-level, anti-racist framework in health care, specifically involving providers that are willing to name experiences of racism and openly discuss, in a contextually-sensitive way, how these experiences could impact a young person's mental health. Providers should also consider how they actively construct spaces that are not inclusive and what changes need to be made.^{57, 79}

Community Recommendations

- In the school setting, educators at all levels must acknowledge that their work is not neutral, but it is linked to larger social, cultural, historic and economic contexts.¹⁰⁶ Racism must be "named and centred from a critical race perspective [as a structure of society], rather than silenced and placed on the margins" (pg. 28).¹⁰⁷ Challenging and dismantling racist and

discriminatory practices requires educators and school boards to employ a critical anti-racism lens to examine the ways that, for instance, anti-Black racism within the classroom leads to psychological harm and trauma.¹⁰⁶ The voices, opinions, experiences and agency of racialized youth must be centred to reimagine the type of school environment that they need to thrive.

- Hiring practices must change within educational settings, as the majority of teachers are white and these demographics do not adequately reflect the identities and demographics of the students attending schools.¹⁰⁷
- For the child welfare system, Clarke et al.⁹¹ have previously recommended employing a model that is based on the provincial government committing to reducing the number of African Canadian children in care by investing funding and resources to keep Black families together. When investigations result in children being removed to protect their well-being and safety, the child must be placed in a culturally-appropriate foster care setting,⁹¹ aligned with children's rights to be placed in a care setting that supports their physical and mental well-being ([Article 25](#)).

4

CHILD ABUSE

Evidence and reports over the last decade (and longer) have clearly established that adverse childhood experiences (ACEs), such as mental, physical and sexual abuse, along with neglect, can have profound impacts not only in childhood but also on lifelong outcomes.¹⁰⁸

In Canada, child abuse is a leading cause of child death,¹⁰⁹ despite children having rights to be protected from abuse ([Article 19 and Article 34](#)) and all forms of violence. Child maltreatment can have major implications for the health and development of children and throughout their lives.¹⁰⁹ Rates of family violence faced by children and youth differ regionally with Saskatchewan, Newfoundland and Labrador, and Manitoba having the highest provincial rates in 2019, of 540, 433, and 414 cases per 100,000 population, respectively.¹¹⁰

National data on child abuse is not regularly collected, making it challenging to measure the scope of the problem or changes over time. The most recent General Social Survey by StatsCan was in 2014, in which “one-third (33%) of Canadians aged 15 and older reported having experienced at least one of these types of maltreatment [i.e., physical abuse, sexual abuse, or witnessing violence] as children, equivalent to almost 10 million people.”¹¹¹

The collection of provincial level data on child abuse is similarly inconsistent. Per data from the Ontario Incidence Study of Reported Child Abuse and Neglect, there were an estimated 158,476 child maltreatment-related investigations completed in Ontario in 2018.¹¹² Additionally, approximately 10% (16,178) of the child maltreatment-related investigation conducted in Ontario in 2018 involved a child with a disability,¹¹³ indicating that children with disabilities have again experienced their rights being violated ([Article 23](#)).

In Winnipeg, Cybertip.ca, which is operated by the Canadian Centre for Child Protection, has received an 88% increase in reports related to online sexual exploitation of children since the start of the pandemic,¹¹⁴ representing a direct threat to children’s rights to be protected from sexual exploitation and abuse ([Article 34](#)). Young people between the ages of 15 and 24 were approximately three times more likely to have experienced physical or sexual assault in the previous 12 months than people aged 45 (13.9% compared with 4.3%).¹¹⁵ This concern also aligns with one identified priority outlined in the Human Development Top 10, to ensure every child is “safe in a digital/social media context,” and indicates this priority’s crucial importance.³²

In addition to the challenge of data collection, Canada currently lacks a national child abuse prevention strategy, and there is inconsistency in the age of protection under child welfare laws between the provinces and territories. As a result, children receive varying degrees of protection and access to services to support their recovery from abuse, depending on where they live in the country.

For certain populations, the risk of experiencing or witnessing child abuse is heightened. Females had higher rates of intimate partner violence between 2012-2016 than males, where rates of emergency department visits for abuse-related injuries increased at ages 15-19 and peaked for ages 20-24 for females. However, this trend was reversed for zero to one-year-olds, where males were more likely to attend the hospital with signs of family violence and abuse-related injuries.¹¹⁶

Results from the Uniform Crime Reporting Survey, the Incident-based Uniform Crime Reporting Survey, and the Integrated Criminal Court Survey revealed that girls and women have comprised the vast majority of human trafficking victims in Canada, as more than one in five (21%) victims were girls under the age of 18 and 43% were young women aged 18 to 24.¹¹⁷ Article 35 in the CRC indicates that children have a right to be protected from trafficking by state action, though the outlined evidence indicates that these rights are not being entirely met.

2SLGBTQ+ youth also face higher rates of abuse, violence, physical assault and sexual assault compared to non-2SLGBTQ+ youth; close to half (48%) of lesbian, gay and bisexual individuals in Canada reported having experienced abuse as a child, compared to 30% of heterosexual individuals. For transgender youth in Canada, 70% reported having experienced sexual harassment and 36% reported being threatened or assaulted in the past year.¹¹⁸

Additionally, in Nunavut children and youth experience abuse and maltreatment at rates 10 times higher than the rest of Canada, per reports from Iqaluit-based child advocacy group the Umingmak Centre.^{119, 120} These rates reflect the many challenges experienced by families living in Nunavut, including the impacts of intergenerational trauma caused by the legacy of residential “schools” and the lack of social supports available in Northern Canada. This problem is not acknowledged or addressed by governments through a necessary continuum of services, and ultimately “violence and abuse is not only tolerated, it is accepted.”¹¹⁹ There was a corresponding lack of reporting and inconsistent investigations by the Nunavut government, as reported by Nunavut’s Representative for Children and Youth.^{119, 121}

There has been an increased risk of child maltreatment and child abuse observed since the pandemic began,¹²²⁻¹²⁴ especially apparent through declines in reports of abuse across the country. Experts in child maltreatment have

expressed concerns that declining reports of abuse are not indicative that less abuse is happening, rather that it is going unreported since children lack access to teachers or other trusted adults within their community.

In some jurisdictions, there have been increased reports of child maltreatment, most apparent in visits to the emergency department. Since September 2020, the Children's Hospital of Eastern Ontario has seen twice as many infants for maltreatment concerns, specifically fractures and head trauma.¹¹ There has also been disruption of the communities and services that typically support children and families during times of stress,¹⁰⁹ leading to constraints on children and young people's ability to report the abuse that they are experiencing.¹²⁵ These findings indicate another way in which children's rights and best interests ([Article 3](#)) have not been prioritized.

There are longstanding concerns regarding children's exposure to violence in their homes and school, which remain legally sanctioned, under Section 43 of the Criminal Code, which allows the correction of children by force:¹²⁶

Every schoolteacher, parent or person standing in the place of a parent is justified in using force by way of correction toward a pupil or child, as the case may be, who is under his care, if the force does not exceed what is reasonable under the circumstances.

R.S.C., 1985, c .C-4

Section 43 of the Criminal Code of Canada is a defense to assault that justifies violence against children by teachers and parents in the name of correction, and has allowed severe spanking, slapping and striking with belts and other objects, and is contrary to the Canadian Charter of Rights and Freedoms and the United Nations Convention on the Rights of the Child.¹²⁶

RECOMMENDATIONS

Policy Recommendations

- Adopt and implement [INSPIRE: Seven Strategies to End Violence Against Children](#), created by the Global Initiative to End Violence Against Children.
- Develop a national child abuse prevention strategy that includes the following:
 - » Enhancing national- and provincial-level data collection on child abuse
 - » Addressing inconsistencies with the age of protection and access to services across the country
- Increase federal and provincial funding support for [Child and Youth Advocacy Centres](#), which are a proven and effective multidisciplinary approach to providing wrap-around services and care for children that have experienced abuse. Many centres also provide evidence-based prevention services.

- Repeal Section 43 of the Criminal Code, and invest funding in evidence-based programs that support positive parenting and non-violent discipline.
- Several studies based in the U.S. have repeatedly indicated the ways in which financial support for families living below the poverty line have reduced rates of child abuse and maltreatment. One study examined whether the implementation of Paid Family Leave in California in 2004 had an impact on examined hospitalizations for abusive head trauma. The findings revealed a significant decrease in abusive head trauma admissions for children under one year of age that was associated with the financial supports.¹²⁷ Another study examined states and cities that raised minimum wage from 2004 to 2013 and findings revealed that a \$1 increase in minimum wages was correlated with approximately a 10% decline in neglect reports, particularly for children under 12 years of age.¹²⁸ These strategies could also be models for the Canadian context.
- The internet needs to be made safer for children, by government and private sector collaboration to actively ensure that digital platforms, networks, products and services are safe for children and free of child sexual abuse material.¹²⁹ For children who have faced sexual abuse, the individual privacy rights and liberties of survivors whose abuse is recorded and shared online must be recognized in policy decisions and for privacy protections, such as end-to-end encryption (E2EE), as simultaneously aligned with [Article 16](#) in the CRC. “Children will continue to be victimized as more technology companies implement E2EE as a means of abdicating responsibility for content on their system.”¹³⁰

Policy and Community Recommendations

- Responding to needs of children in Nunavut, who experience heightened rates of abuse and violence, requires coordinated roles for government departments and agencies to respond to and prevent child abuse, in ways that are culturally appropriate. Ideally, this would involve Inuit providers leading service provision to Inuit families and Inuit children, to facilitate cultural connection, immersion, safety and competency.¹¹⁹
- During the COVID-19 pandemic, there have been constraints on children’s and youths’ ability to report abuse, so strategies to overcome the distance inserted between the members of a community is “the most important action people can take” to help children facing abuse and maltreatment during the pandemic.¹²⁵ This requires concerted action on the part of policy makers and members of society. Physical and psychological recovery from abuse, neglect or violence is a right that children have, as outlined in the CRC ([Article 39](#)) and this must be acknowledged in plans moving forward.

5

VACCINE-PREVENTABLE ILLNESSES

Children have rights to access health care to combat illness ([Article 24](#)) and to have freedom of thought and conscience so that they can manifest their own beliefs ([Article 14](#)). Additionally, within the Human Development Top 10, there is also a priority to ensure that every child is “free of injury and disease” that is communicable through vaccinations,³² yet this remains a persistent threat to children in Canada.

In this section, COVID-19 is the primary vaccine-preventable illness described, along with concerns related to vaccine hesitancy, children’s choice to access a vaccine, and routine immunization coverage. All of these are inherently linked to the lack of protection of children’s best interests ([Article 3](#)).

Routine Vaccinations and Vaccine-Preventable Illnesses

Results from the 2019 childhood National Immunization Coverage Survey, administered by StatsCan on behalf of the Public Health Agency of Canada, indicated that the majority of two-year-olds had received all the recommended vaccines by their second birthday,¹³¹ including the following: measles (90%), diphtheria, pertussis and tetanus (78%), polio (92%), Haemophilus influenzae type b (74%), meningococcal C (91%), pneumococcal (84%), and varicella (83%).¹³¹ The same study also revealed that the large majority of parents and guardians agree that vaccines are safe (96%) and effective (98%), and that vaccines help their child’s health (97%).¹³¹ However, there was still gaps in Canada’s goal of reaching 95% coverage for all recommended childhood vaccines, indicating the need for additional work.¹³²

With the COVID-19 pandemic, clinicians and public health officials have expressed concerns about immunization coverage and immunization service delays or disruptions. While the impacts of vaccine delays differ according to the public health infrastructure of a country, there is a general principle that routine immunization services should be continued during COVID-19.¹³³ While a statement about vaccine delays from the Canadian Paediatric Society was shared in *Raising Canada 2020*, more recent media pieces have re-amplified concerns related to vaccine schedule delays for infants, children and youth in Canada.¹³⁴

One team of researchers released a pre-print paper highlighting the perceptions of pediatricians and family doctors in Canada on the impact of the COVID-19 pandemic on childhood immunization practices. Results have indicated that 45% of clinician respondents acknowledged a negative impact of the pandemic on immunization services, ranging from closed practices, vaccination postponement, or limited conditions/ages for providing immunizations.¹²

During the pandemic, clinicians in Canada have seen a decline in respiratory syncytial virus (RSV), a leading cause of lower respiratory tract infection in young children. Although there is no vaccine against the virus, for young children that are high-risk for RSV, such as infants born prematurely and those with severe chronic lung disease and serious heart conditions, there is an antibody therapy during RSV season.¹³⁵ During the pandemic, there has been a “near total disappearance” of RSV. Yet findings from the U.S. and Australia have indicated that as physical distancing measures continue to lift, there has been an off-season resurgence of RSV among young people.¹³⁵ These concerns are important to consider as clinicians in Canada have drawn attention to the likelihood of a similar resurgence here as public health restrictions for the pandemic are lifted.

COVID-19

As indicated, the key vaccine-preventable illness on the minds of most Canadians since March 2020 has been COVID-19 (SARS-CoV-2). As of January 2021, children and youth under 19 accounted for 16.1% of COVID-19 cases.¹³⁶ Evidence continues to indicate that children and youth affected by COVID-19 are either asymptomatic or have mild symptoms, though there are exceptions to the rule and rare instances of severe disease in children requiring hospitalization.¹³⁶ Some young people have experienced “multisystem inflammatory syndrome in children,” a serious condition that is temporally associated with COVID-19, which can lead to serious illness and long-term side effects and inflammation within and throughout the body, though acquiring this condition is rare.¹³⁷ There have also been a relatively small number of COVID-19 related deaths in young people under 19 years of age in Canada.¹³⁸

The longitudinal impacts of the SARS-CoV-2 virus on children are still being explored, but research has indicated that social factors related to the pandemic and associated stressors can “get under the skin” to significantly impact the current and future lives of children and youth.⁷¹

While children under 12 years of age still await eligibility for a COVID-19 vaccine, Health Canada has approved the Pfizer-BioNTech’s vaccine for those 12 years of age and older based on the results of Pfizer’s relatively small Phase 3 clinical trial involving 2,260 adolescents aged 12 to 15, as conducted in the

U.S.¹³⁹ At the time of writing this report, 0.23% of young people aged zero to 11 had received one dose of a COVID-19 vaccine, 71.42% of young people aged 12 to 17 had received one dose, and 37.28% of young people aged 12 to 17 had been fully vaccinated.¹⁴⁰

There is a continuing debate regarding whether having at least one COVID-19 vaccine dose should be a mandatory requirement in order to return to school, especially given that children under 12 are not currently eligible for a COVID-19 vaccine in Canada. Parents have also voiced concerns related to the limited information available regarding the lack of vaccine approval and availability for children under 12 years of age,¹⁴¹ as vaccine trials continue for this age group.

Child advocates have stated that children have appeared to be an “afterthought” in policy and practice throughout the pandemic, including in relation to vaccine strategies.¹⁴² As some jurisdictions, such as Saskatchewan and Alberta, have moved to lift public health restrictions, child health experts and other advocates have raised concerns that removing safety measures – such as mandatory masking, quarantining/isolating those that are COVID-positive as well as close contacts – will place children under the age of 12 at significant risk due to their ineligibility for vaccination. Not only does this stand to impact children’s health, but it will also impede their right to education as children return to school in the fall. At the time of publication, many parents had expressed concerns regarding sending their unvaccinated children back to school without public health restrictions in place. This further underscores the lack of prioritization for the rights and well-being of children throughout the pandemic.

COVID-19 and Children with Disabilities

For children with disabilities, there are concerns about an increased risk of developing COVID-19. In a study conducted by CHILD-BRIGHT Network and SPOR Evidence Alliance, data revealed that children with brain-based development disabilities are at a greater risk of developing severe COVID-19 disease. Although mortality from COVID-19 is relatively low among children, “the case-fatality rate appears to be higher in children with disabilities, compared to children without disabilities” (pg. 17).¹⁴³

For children with an intellectual and developmental disability (IDD), another study indicated that overall COVID-19 cases were significantly higher for young people (aged zero to 17 years old) with IDD (25.4%) compared to those without an IDD (2.7%).¹⁴⁴ Additionally, case fatality rates were higher for young people (aged zero to 17 years old) with IDD (1.6%) than those without (<0.1%).¹⁴⁴ When these concerns are not prioritized in policy conversations, the rights of children with disabilities to have a meaningful and decent life ([Article 23](#)) are overlooked.

RECOMMENDATIONS

Policy and Research Recommendation

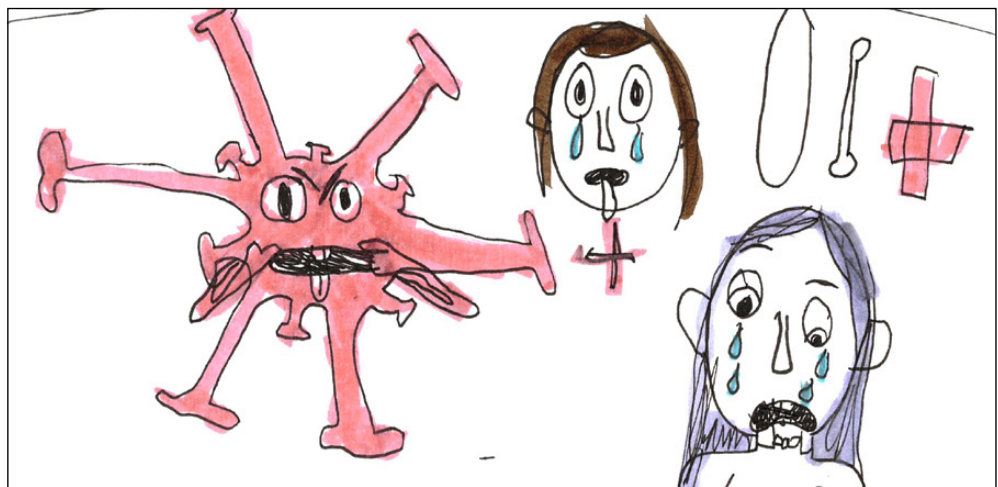
- Provincial governments must maintain public health measure to prevent the spread of COVID-19, including testing, quarantining/isolating, and mandatory masking indoors.

Clinical Recommendations

- In terms of strategies to support uptake of COVID-19 vaccinations, scholars and clinicians have urged family physicians/general practitioners (GPs) to systematically ask patients who are 12 years and older whether they have had the COVID-19 vaccine and make a personal recommendation to do so for those who are not vaccinated. This can potentially improve vaccination rates because patients are likely to trust their own GPs to a more significant degree than governments or public health agencies. Addressing vaccine hesitancy requires a basic strategy of: listening, validating concerns, and offering information that would increase motivation to change¹⁴⁵ in the realms of medicine, public health and policy.
- To support health providers and government with maintaining routine vaccination schedules, the Canadian Paediatric Society has recommended the following to make vaccinations more accessible and safe for families:¹⁴⁶
 - » Enhancing infection controls in clinic settings
 - » Reserving certain times of the day for immunizations
 - » Eliminating the waiting room, where possible
 - » Scheduling follow-ups by phone
 - » Scheduling “catch-up” immunizations for children who have missed a vaccine

> “Coronavirus is bad for people because they could get really sick. You have to take a test and some people don’t like it.”

Elise, 7, Alberta



6

POVERTY^{viii}

Data has repeatedly shown high rates of child poverty in Canada, with almost one in five children living in poverty (according to the Census Family Low Income Measure After Tax), and Canada ranks 26th out of 38 countries for its child poverty rates.^{1,13} This high rate indicates the importance of continual prioritization of ensuring every child is “free from poverty,” as outlined in the Human Development Top 10.³²

Statistics Canada data also indicated that children under 18 did not experience a statistically significant decrease in poverty rates in 2019 compared to 2018 data. From this data, it was found that close to one-third of those living in female lone-parent families were living in poverty, compared with less than one-tenth of those living in couple families.^{ix,14} These statistics indicate that the right for a child’s best interests to be prioritized ([Article 3](#)), and the right to a child’s standard of living ([Article 27](#)) are being neglected.

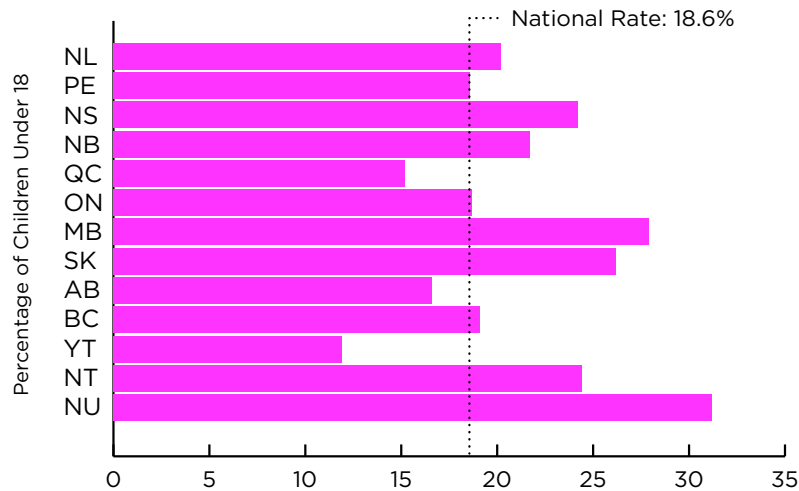
Data from the 2019 Census by Statistics Canada shows that child poverty rates on reserve were even higher, at over 50% on rural reserves and over 30% on urban reserves.^{1, 147} Older data from the 2016 Census indicated that rates of poverty were highest among status First Nations living on reserve (at 53%).¹⁴⁶

The rate of child poverty of Black children is also higher than the national average (as high as one in three in some regions).^{1,13} Arab, Korean and West Asian communities, as a whole, face more than double or triple the risk of poverty compared to non-marginalized populations.^{147, 148}

Child poverty rates also differ by geographic location or region in Canada. Data from 2017 indicated that Nunavut had the highest child poverty rate in Canada at 31.2% and Yukon had the lowest rate at 11.2%. From this 2017 data, there were seven provinces and two territories above the 2017 national rate (of 18.6%).¹⁴⁹

- viii. In this subsection, we will use the terms “people living at or below the poverty line” or “people living in low-income positions”, based on conversation and reflections shared with Nora Spinks of the Vanier Institute. People living in low-income situations are full of potential that cannot be realized, full of hopes that are undermined by society, and they are far away from centres of power, from resources, and from decision-making. While eradicating poverty requires investment and policies, it also requires us to think about poverty as a “whole society” problem and to create opportunities for *everyone* to actualize their potential and to eliminate barriers (including by critically reflecting on the language we use) that prevent communities from thriving.
- ix. “Lone-parent families” and “couple families” are standardized terms used by StatsCan. A “lone-parent family” refers to a family containing one parent with a child/children, otherwise known as a single-parent. A “couple family” refers to a family that contains a married or common-law couple.

Child Poverty Across Canada, Children Under 18



Source: Campaign 2000's 2019 Report Card¹⁴⁹ — Statistics Canada, custom tabulation. T1 Family File, 2017.

Compared to adults, youth have been harder hit by the labour market's shifts during the pandemic through the loss of their job or reduction in hours. Young women are disproportionately affected, as the unemployment rate between February and April 2020 increased by 20.4 percentage points compared to a 14.3 percentage point increase for males.¹⁵⁰ Data from the Vanier Institute of the Family has indicated that in the current crisis, 54% of adults with children and youth living in their household are experiencing a negative impact on their income, compared with 41% of those without children.¹⁵¹

There are several populations marginalized by structural and systemic discrimination that are more likely to experience significant impacts related to financial insecurity. 2SLGBTQ+ Canadians were at higher risk of experiencing homelessness or housing insecurity, which could make it difficult to self-isolate or quarantine, and to follow public health recommendations during the pandemic.¹⁵²

Before the COVID-19 pandemic, nearly one in 10 families involved with child welfare in Ontario were noted to have run out of money for basic needs in the past six months,¹⁵³ which the pandemic is thought to perpetuate especially in the long-term. Additionally, youth "aging out" of care, between the ages of 18-21, may receive some transitional assistance, but they do not have access to full wrap-around support. As a result, these youth are at-risk of experiencing homelessness at least once in the year following their exit from foster care. Between 25-50% of youth exiting foster care also experience precarious housing and do not have the same educational and employment opportunities (this population's employment rate is 20% less than their peers).¹⁵⁴

Families of children with a neurodisability in Canada have continually had lower household income when compared to families of children without neurodisability, based on national surveys conducted between 1995 and

2009.¹⁵⁵ During COVID-19, data from the U.S. has highlighted important indicators that ought to be examined more thoroughly in Canada in the pandemic context. In particular, for families with a child who has a disability, economic and social disparities existed before the pandemic (as they have in Canada). These families have faced disproportionately greater challenges throughout COVID-19 in many ways, including financially.¹⁵⁶

RECOMMENDATIONS

Policy Recommendations

- Based on recommendations from Campaign 2000, there is a need for the Government of Canada to strengthen the Poverty Reduction Strategy to be based on a myriad of income security measures that are consistent and comprehensive enough to lift household income above the Census Family Low Income Measure After Tax.¹⁴⁹ This approach needs to be based on a goal of reducing poverty across Canada by 50% by 2025^{147,149} and must aim to ensure that the household income of every child is above 60% of the median income of taxfiler.¹
- Policy makers should also consider the ways in which they can learn from the Youth Guarantee implemented in the European Union, in which member states ensure that all young people under the age of 25 receive a quality offer of employment, education or training within four months of leaving a job or program.¹⁵⁰
- An evidence-driven plan will also ensure that solutions employ multi-system approaches. Each sector of government and society must see its work as linked to the outcomes of young people in Canada and that preventing child poverty and youth homelessness is a shared responsibility requiring an “integrated systems response.”¹⁵⁷
- Both the federal and provincial/territorial governments should collaborate with First Nations, Métis and Inuit communities and Indigenous organizations to develop plans to prevent, reduce and eradicate child and family poverty in Indigenous communities.^{147,149} These relationships should ensure the presence of respect for rights and evidence-based closure of socioeconomic gaps, among other aspects.¹
- The National Council of Youth in Care Advocates have called for the federal, provincial and territorial governments to develop and adopt a new national standard to support children and youth transitioning out of care, aligning with similar recommendations that have been published since the late 1980s.¹⁵⁸ A readiness model for aging out of care, as opposed to an arbitrary age cut-off, is pertinent to implement so that youth can be fully

independent when they feel like they are ready.¹⁵⁹ Work related to this shift is ongoing. For example, the Ontario Children's Advancement Coalition and Youth in Care Canada have established an agreement with the Ministry of Children, Community and Social Services in Ontario to establish a readiness-based framework for transitions to adulthood for youth in care.¹⁶⁰

- While child protection governance and administration falls under the mandate of provincial and territorial governments, the federal government is responsible for First Nations, Métis, and Inuit youth in care and youth that “age out” of care often end up in systems that are under the federal jurisdiction (i.e., social assistance, housing, etc.).¹⁵⁸
- Additionally, the Government of Canada must prioritize youth and homelessness prevention within the Homelessness Strategy.¹⁵⁷

Community Recommendation

- To support youth experiencing homelessness, Upstream Canada has developed a solution to assist young people. This solution involves the implementation of an “equity-focused early intervention” that combines the efforts of schools and community-based organizations to prevent (rather than just respond to) homelessness and leaving school early.¹⁶¹ Stakeholders that wish to implement this type of approach in their communities must conduct a readiness assessment and develop a plan with designated leadership and collective ownership. Engagement of leaders as partners at local, national and international levels is necessary.¹⁶¹

7

FOOD AND NUTRITIONAL INSECURITY

Food insecurity and poor nutrition are persistent threats to the survival and development of children. Food security and poor nutrition are distinct yet interwoven issues that require urgent action and sustained investment – given their critical role in undermining the healthy development of children and the impacts to lifelong health outcomes.

Both threats were present prior to the pandemic but have become heightened over the past year and a half. This is due to a number of factors, including (but not limited to): reduced family income due to unemployment or underemployment, the closure of schools that resulted in cutting off access to school nutrition programs and other community-based nutrition programs, along with the increased social isolation and mental health challenges that children and their caregivers experienced.

Prior to the pandemic, food insecurity affected close to 4.5 million Canadians, with children being a disproportionately affected.¹⁶² This threat has various impacts on the realization of children’s rights, including the following:

- A child’s best interests are prevented from being positioned as a primary consideration ([Article 3](#))
- A child’s right to survive and thrive is affected ([Article 6](#))
- A child’s right to a high standard of health devoid of malnutrition is undermined ([Article 24](#))
- A child’s right to a standard of living that is adequate for development is overlooked ([Article 27](#))

Impacts Vary by Region

While many Canadians are affected by food insecurity, the rates differ significantly across the country; Nunavut, Northwest Territories and Yukon experienced the highest degree of food insecurity (57.0%, 21.6% and 16.9%, respectively) per data collected in the 2017-2018 Canadian Community Health Survey by Statistics Canada.¹⁶³

Food insecurity also impacts children’s mental and physical health and well-being.¹⁶² This affects children to varying degrees across the country. For example, adolescents from Nunavik in northern Quebec living with

higher food insecurity, and those having experienced food insecurity in both childhood and adolescence, were also more likely to report symptoms of psychological distress, including depression and anxiety, than other groups.¹⁶⁴

COVID-19 Impacts

During the pandemic, the impacts of food insecurity have been heightened. Comparisons between data from before the pandemic and within the pandemic indicated that there had been a 39% increase in the prevalence of food insecurity in Canada.¹⁵ Data also showed that during the pandemic, households with children were more likely to be food insecure compared to households without children;¹⁵ specifically 19% of Canadians living with children were likely to experience food insecurity early in the pandemic, compared to 12% of Canadians living without children.¹⁶⁵



>
Araya, 10,
British Columbia

Ontario's food banks have indicated that between April 1, 2019, and March 31, 2020, 537,575 individuals visited more than 3.2 million times; 33% of the individuals who attended a food bank were children. This represents a 5.3% increase in the number of unique individuals when compared to the previous year.¹⁶⁶ For individuals living in remote and northern communities, including Inuit communities, the pandemic has also made them more likely to experience food insecurity.¹⁶⁷

The closure of schools during the pandemic was closely linked with children's lack of access to nutritious food, as many children were cut off from breakfast

and lunch programs that they typically rely upon. Some jurisdictions recognized this gap and stepped in to mitigate the threat; notable examples include the provinces of Prince Edward Island and Manitoba where pilot programs were introduced to deliver meals to children’s homes throughout the school year and during summer months. These examples underscore the importance of public policy makers identifying the unintended consequences of public health policies, such as school closures. Policy makers play a significant role in developing rapid and innovative solutions to lift the burden from children.

Nutritional Crisis in Childhood

Additionally, poor access to healthy foods for families across Canada – and particularly in Northern Canada – has led some experts to state, for several years, that Canadians are facing a “nutritional health crisis.”¹⁶⁸ There are several ways to measure the lack of access to nutritious foods, such as: environmental conditions (e.g., limited access in some regions to full grocery stores), transportation availability, distance between residential areas and grocery stores, and others. Areas where there is a lack of access to nutritious and affordable foods are called “food deserts.”¹⁶⁹

Canadian children rank third out of 45 affluent countries for the rate of daily fruit and vegetable intake. Canadian children also report eating sweets less often and drinking less sugary drinks daily than their counterparts.¹ Yet children living in low-income homes tend to have greater food insecurity and lower access to nutritious foods.¹ In 2017, Canada ranked 37th out of 41 countries for providing healthy food to young people¹⁶⁹⁻¹⁷¹ – yet it remains one of the few industrialized countries without a national school food program. The current patchwork of school food programming reaches only a small percentage of the over five million students across Canada.¹⁶⁹ Overall, nutritional status affects several aspects of a child’s or youth’s state of well-being¹⁷ and is critical to their healthy development.

RECOMMENDATIONS

Policy Recommendations

- The Government of Canada should publicly recognize the right to food as a basic human right, and that within this right is a requirement to provide an adequate standard of living. This announcement should also outline obligations that the government has to Indigenous communities and the ways in which climate change has impacted food poverty. It should also outline the ways in which Indigenous knowledge of environmental conditions and the ways climate impacts traditional food sources are

relevant for realizing a right to food.¹⁷² Closing the gap between income and the cost of living is a key step to resolving food insecurity.¹⁶²

- Establish a Canada-wide universal cost-shared school food program to provide healthy food in all public schools, with federal standards as proposed by the Coalition for Healthy School Foods.¹⁷³ For programs in suburban and urban locations, relying on research that has implemented school-based programs to provide nutritious, healthy snacks and foods to children in elementary school is a helpful tool.¹⁷⁴ There must be a particular focus on ensuring that Indigenous school food programs are designed by First Nations, Métis and Inuit communities so that children and youth can promptly access the program and receive traditional or other culturally-appropriate food.²⁷ The Yukon First Nations School Food program provides a strong model.
- In light of COVID-19, immediate income support must be made available for those most affected by the pandemic, social assistance programs must be overhauled to ensure recipients have sustained resources and means to move out of poverty, and strong workforces that can earn enough to afford the current cost of living must be developed.¹⁶⁶

8

INFANT MORTALITY

Infant mortality rate (IMR) is often described as the “single most comprehensive indicator of health in a society and [a] long-established measure of child and family well-being” (pg. 33)¹⁸. Based on the most recent data from 2019, as shared in *Raising Canada 2020*, Canada’s IMR is 4.4 infant deaths per 1,000 live births, which is high considering the country’s socioeconomic status.¹⁸ As such, this is another instance in which children’s rights to survival and to enjoy the highest attainable standard of health is compromised by these high rates of infant and child mortality ([Article 24](#)) and that children’s right to life is also violated ([Article 6](#)).

Measuring Canada’s IMR Against Other Countries

In 1960, Canada ranked fifth out of the 17 OECD countries included in the analysis. In 2021, Canada’s IMR has significantly declined and now has the second highest IMR among those same countries – where only the United States (with a rate of 5.8 infant deaths per 1,000 live births) performs worse.¹⁸ Importantly, comparison of national IMR rates requires consistency in how births are registered – a topic and challenge that has previously been articulated by scholars¹⁷⁵ – and Canada and the U.S. both register a high proportion of babies weighing less than 500 grams with low odds of survival and high likelihood of infant mortality.¹⁸

Differences in IMR by Region

IMRs are not equally distributed among all of Canada’s provinces and territories.¹⁸ Statistics Canada data from 2019 showed that British Columbia (3.3), New Brunswick (3.8), and Prince Edward Island (3.8) are the only provinces with IMRs lower than 4.0 infant deaths per 1,000 live births. Meanwhile, rates in Nunavut continue to be the highest in the country, with the same data from 2019 placing Nunavut’s IMR at 16.7 infant deaths per 1,000 live births.¹⁷⁶ Additionally, Ontario is often excluded from national reports due to issues related to birth registrations and challenges linking live birth rates with Vital Statistics infant death registration. However, more recent research has indicated the ways in which linkages can be made.¹⁷⁷

Poverty and IMR

For families living in “income-deprived areas” who may experience poverty, unemployment, low education, food insecurity, and poor housing, there are higher IMRs compared to families living in the least deprived areas.¹⁸

IMR in Racialized Communities

Additionally, the Public Health Agency of Canada reported and highlighted the inequities disproportionately experienced by Indigenous peoples that results in higher IMR.¹⁸ This is observed when the IMRs of Inuit (3.9 times the national rate), First Nations (2.3 times) and Métis (1.9 times) populations are compared to the overall Canadian rate.¹⁷⁸ Evidence from the U.S. indicates that Black babies are significantly more likely to survive if they also have a Black doctor.¹⁷⁹

Pandemic and Preterm Births

Researchers in Canada and around the world have reported that the number of preterm births during the pandemic have actually decreased, which is important to consider as prematurity is associated with a risk for infant mortality.^{180, 181} Early data indicated that Calgary saw a 37% reduction in the number of preterm infants born, Edmonton saw a 20% decrease, Ottawa saw a 30% decrease, and Halifax saw an 80% decline.¹⁸⁰

One study from Denmark, for example, indicated that the proportion of extremely and very premature births was significantly different between the 2020 lockdown and the previous five years (from 2015-2020). Extremely premature births declined to 0.19/1,000 births during the 2020 lockdown, compared to an average of 2.9/1,000 live births for the five years previous.¹⁸¹

However, other evidence has indicated that overall rates of premature birth, stillbirth, or other perinatal outcomes did not change during the first six months of the COVID-19 pandemic. There was a small but significant reduction (of 0.1%) in preterm birth rates at less than 32 weeks gestational age during the pandemic (1.2%) compared to the historical group (1.3%). Yet overall, the COVID-19 pandemic did not coincide with significant changes in total premature and stillbirth rates in Ontario.¹⁸² As such, the evidence is currently inconclusive regarding whether the pandemic has been associated (or not) with a decrease in premature births in Canada and internationally and, if so, what the reasons for this decline would be.

RECOMMENDATIONS

Policy Recommendation

- A policy mentioned earlier, namely the Earned Income Tax Credit, which provides income support for low-income workers, was also associated with documented reductions in infant mortality, low birth weight, and maternal smoking during pregnancy.¹⁸³ A study from the U.S. indicated that there was a statistically significant inverse association between implementation of the Earned Income Tax Credit and infant mortality, meaning as the degree of Earned Income Tax Credit increased the IMR rate decreased.¹⁸⁴

Clinical and Research Recommendations

- Professional colleges and institutional leaders should prioritize the integration of social dimension into the delivery of health care to reduce infant mortality. This may include:¹⁸
 - » Adjusting clinical activities and settings to reduce social inequities, by providing education and practical tips for those facing marginalization and discrepancies with downstream impacts on infant survival.
 - » When social risks are high, connecting families/parents with social care resources, such as a counsellor for those with addictions, preconception and prenatal care, etc.
 - » More coherence and alignment within health care systems to understand, organize and deploy social care assets. This includes improvements for tracking IMRs, research that aims to examine and address variations in IMRs among marginalized populations, and implementation of low-technology ideas, such as the Welcome to Parenthood® model used in Alberta, or Japan's Mother-Child Handbook and Finland's "baby box."
 - » Continuous advocacy to ensure policies for social equality in education, income, and material wealth are implemented and upheld.

9

BULLYING

Various forms of bullying impact the lives of children and youth in Canada, ultimately undermining their right to have their best interests upheld ([Article 3](#)). In Canada, 20% of young people reported being frequently bullied, placing Canada at a rank of 23rd out of 38 countries in relation to bullying impacts.¹

A recent study was undertaken examining the impact of bullying on students in the Hamilton-Wentworth District School Board (HWDSB) prior to COVID-19. Findings revealed that the prevalence of bullying victimization among HWDSB students is very high with close to 60% of surveyed students reporting being bullied by others at any rate (pre-COVID) and close to 20% being bullied frequently (pre-COVID).¹⁹

Bullying against Marginalized Young People

In the same region of HWDSB, children who identified within the 2SLGBTQ+ community reported the highest rates of bullying victimization. Specifically, 72.7% of gender diverse students and 67.6% of students who identified as two-spirit were bullied.

Children and youth were most often bullied for the following reasons: sexual identity, race or ethnicity, newcomer status, disability, religion and Indigenous identity. Unfortunately, when students told someone about their experiences of bullying victimization, resolution only occurred in about one-third of the cases.¹⁹ These experiences reflect a tendency to ignore the rights of many children outlined in [Article 2](#), which states that children have a right to not face any sort of discrimination related to their identity. Therefore, associated impacts still require mitigation.

Cyberbullying

Cyberbullying has become an increasing threat to children and youth in Canada. In addition to being hurtful and damaging to children, cyberbullying can also have serious legal consequences.¹⁸⁵ Some forms of cyberbullying are offences under the Canadian Criminal Code, including: sharing intimate images without consent, uttering threats, intimidation, and inciting hatred, among others.

In a survey conducted by Plan International Canada, girls and young women disclosed information about their cyberbullying experiences. Six in 10 girls had faced harassment or abuse online.¹⁸⁶

Evidence from the U.S. related to cyberbullying has revealed a 70% increase in cyberbullying (in the form of hate-speech between children and teens) between December 2019 and April 2020,^{187, 188} and the increased time spent at home and on devices has led parents and schools to be concerned about their child experiencing instances of cyberbullying.¹⁸⁹

Bullying During COVID-19

Near the beginning of the last school year, scholars indicated concern for a new form of bullying: “pandemic bullying.” With heightened forms of mental health concerns, distress, and substance use, along with isolation from peers and at-home stress, there were concerns that the pandemic could heighten risk for both cyberbullying and in-person bullying. When in-person, it would also be challenging for children to remove themselves from a situation or aggressor, as they had to remain in cohorts with their classmates (which may include the bully).¹⁹⁰

However, other emerging research has shown that there are some positive outcomes associated with at-home learning for some children and youth, particularly when it comes to bullying. In a survey led by researchers at the University of Saskatchewan, 63% of respondents indicated that they believed that access to online learning would have a positive long-term change. For some students, remote learning has meant less bullying and less of a need to fit in.¹⁹¹

Another study examining the impact of COVID-19 on the prevalence of bullying in a group of 6,578 Canadian students between Grades 4 and 12 found that when all forms of bullying were examined together, rates of bullying were higher during pre-pandemic times (59.8%), compared to during the pandemic (39.5%). More respondents also self-reported bullying others before the pandemic (24.7%) as opposed to during the pandemic (13.0%). Across all students, there were similar rates of cyberbullying (both victimization and perpetration) pre-pandemic and during the pandemic.¹⁹²

RECOMMENDATIONS

Policy and Community Recommendations

- The bullying that children and youth face due to elements of their identity indicates a need for a systemic and intersectional approach to bullying prevention and intervention across the related policy sectors, especially in schools. Community consultation and survey findings both clearly describe the co-occurrence of bullying and discrimination in its many forms. For decision makers, this points to the need to seek out, listen to and learn from a multitude of student voices.¹⁹

- Adults at home, in school and in the community must prioritize actions and policies that uphold children's right to be safe and to eliminate the systematic issue of bullying. From previous research, youth have highlighted one way to shift the school culture that perpetuates bullying – namely by encompassing a model of “preventative education” and sharing information on the dynamics and complexities of interacting online with young people and parents.¹⁹⁰ These amended models can be implemented by ministries of education across the country.

Policy Recommendation

- Per insight shared by Dr. Debra Pepler, there is also a need to implement educational policies for social-emotional learning and for the promotion of positive and inclusive relationships across the country. This includes policies that promote positive relationships between all school staff and students. This is critical, considering the relational nature of childhood and the various ways in which racialized and other marginalized students face discrimination.

10

LIMITED PHYSICAL ACTIVITY AND PLAY

Physical inactivity is a persistent threat to children in Canada, impacting not only their physical health, but also their mental health. For many years, Canada has received a poor grade in PartcipACTION's annual report card on physical activity. The most recent report, issued in 2020, gave children and youth a D+ for Overall Physical Activity and a D+ for Sedentary Behaviours, and less than one in five children (five to 11-year-olds) and youth (12 to 17-year-olds) were meeting national movement behaviour guidelines for physical activity, sedentary behaviours and sleep.¹⁹³

Recent evidence related to physical activity and inactivity has largely pertained to the impacts of COVID-19 on movement behaviours. In one study examining the differences between regions of Canada (i.e., British Columbia, the Prairies, Ontario, Quebec, Atlantic Canada), researchers surveyed 1,472 parents of children and youth aged five to 17 and found that all regions in Canada exhibited a decrease in time spent outdoors and in outdoor play, with Ontario having experienced the greatest decline in both.²⁰

In another study, there was a split result of parents' perceptions related to their child's level of outdoor physical activity, with 38.7% of respondents indicating that it had increased and 39% of respondents indicating that it has decreased during the COVID-19 pandemic.¹⁹⁴ This evidence aligns with results from the CHILD Cohort Study, in which 56% of children self-reported that they have spent less time engaging in physical activity during the pandemic.¹⁹⁵

There was also an impact to rates of physical activity levels based on the built environment, as living in areas with access to parks increased the odds for increased outdoor activities during the pandemic among youth.¹⁹⁶ Those living in apartment buildings were more likely to see greater declines in physical activity, time spent outdoors and play.¹⁹⁷ Children living in large municipalities were more likely to report decreases in time spent outdoors, along with their sleep quality.¹⁹⁷ Only 4.8% (2.8% girls, 6.5% boys) of children and 0.6% (0.8% girls, 0.5% boys) of youth were meeting combined movement behaviour guidelines during COVID-19 restrictions.²⁰

The decline in physical activity among children resulted in more time engaging in sedentary behaviours.²⁰ This is expected, given the closure of school and recreational facilities, cessation of sports and physical activity programming, the shift to online learning and socialization, "stay at home" messaging, and more.

Most parents reported that their children spent more than two hours per day watching TV (74.1%), using a computer or gaming device (63.7%), or using another screen-based device (60.7%).¹⁹⁴ In the summer of 2020, 64% of parents responded in a Statistics Canada survey emphasizing their concern about the amount of screen time their children were engaging in during the pandemic, with almost nine in 10 parents saying that their children had screen time daily or almost every day.⁶¹



>
“COVID-19 sucks. I want
to go outside and play.”

Sophie, 8, Ontario

Racialized young people were more likely than their white counterparts to report a decrease in being physically active, a decrease in time spent outside, a decrease in places to play, and having fewer places to play or exercise outside of their home.¹⁹⁷

Through the National Physical Measurement Study, researchers assessed the ways in which the pandemic impacted movement behaviours for children and youth with disabilities. Of the 151 parents of a child with a disability who participated, 60% said their children and youth were engaging in less outdoor activity, 44% engaged in less walking, wheeling or biking, 84% engaged in more recreational time (such as watching TV or using a computer), and 55% experienced a decline in balancing their movement behaviours throughout the day.¹⁹⁸

Parents reported trying to support their children by finding ways to engage in a physical activity and to take breaks from screens by engaging in other forms of recreation (e.g., puzzles, cooking, gardening, etc.)¹⁹⁴ For children with ADHD, physical activity was greatly modified during the pandemic with half of the 587 caregiver respondents reporting less physical activity participation.⁵⁴

Play is an essential element of childhood that results not only in fun and enjoyment, but also supports children’s cognitive, social and physical

development. It has been described by some as the “essential work of childhood” and is a process for learning and adaptation that equips children to handle different types of challenges. Play is also a fundamental right that children have in the CRC ([Article 31](#)).

During the pandemic, children have experienced significant violations of their right to play, due to public health restrictions that prevented their ability to socialize with their peers. The inability for children to play with others outside of their homes – along with the closure of schools, playgrounds, recreational programs, and other public places – has led some to argue that children’s right to play has been an overlooked casualty of the pandemic.¹⁹⁹

The decision to close public parks has since become largely recognized as public policy failure, as it had limited effect in curtailing the spread of COVID-19, and had a detrimental impact on the mental and physical health of children – including a disproportionately harmful impact on low-income families that were less likely to have access to space for children to play and remain physically active. This threat to childhood also encourages decision makers to return to and align themselves with the priorities in the Human Development Top 10, wherein a child’s engagement in “play-based learning” is outlined as an area of vital importance.²⁰⁰

For children with physical disabilities, intellectual disabilities, sensory developmental disabilities, or other underlying conditions, playing at outdoor playgrounds can be challenging or impossible due to the often inaccessible environments. When a child with mobility challenges cannot access a play area in the community due to various reasons, “their opportunity to play and exercise their bodies ends before it can even begin.”¹⁹⁸ Considering that children with disabilities have rights to a full and decent life and active participation in the community ([Article 23](#)), any action that prevents this is a direct violation of their rights.

RECOMMENDATIONS

Policy Recommendations

- Implement recommendations outlined in the 2020 ParticipACTION Report Card on Physical Activity for Children and Youth,¹⁹³ including the need for governments to support families’ pursuit of and engagement in healthy movement behaviours for their children and youth by:
 - » Developing plausible strategies for the achievement of healthy movement behaviours (drawing on the guiding strategy outlined in “A Common Vision for Increasing Physical Activity and Reducing Sedentary Living in Canada: Let’s Get Moving” and “A Framework for Recreation in Canada”²⁰¹)

- » Providing sustained resources and policies for promoting and implementing the Canadian 24-Hour Movement Guidelines for Children and Youth: An integration of physical activity, sedentary behaviour, and sleep
- » Requiring manufacturers of digital screen devices to disclose harms of excessive use on their products
- » “Updating educational curricula to better incorporate for healthy physical activity, sedentary and sleep behaviours with a family-focused lens and through a whole school approach” (pg. 30)¹⁹³
- Ensure experts in physical activity are working with policy makers in major cities to emphasize and recognize the importance of parks and open spaces, along with opportunities for outdoor activity, play and recreation.¹⁹⁶
- A top public health priority should be the preservation and promotion of access to outdoor play by keeping public green spaces open and promoting outdoor play when children return to schools.^{20, 21}
- For children with disabilities, policy action is necessary to ensure accessible physical activity programming, places and equipment are widely available. This includes reform to the policies, procedures and practices that prevent children with disabilities from being able to participate and to play with their friends.²⁰²

Community Recommendation

- Public health officials should also support parents/guardians by implementing safe physical distancing measures in a pandemic that provide extra space for families to walk, cycle, wheel and scoot. For example, this could involve temporary reallocation of roadway space.²⁰



➤ “Play outside. Eat well.
Stay healthy.”

Michelle, 9,
British Columbia

INTERCONNECTION BETWEEN THREATS

	Unintentional and Preventable Injuries	Poor Mental Health	Systemic Racism and Discrimination	Child Abuse	Vaccine-Preventable Illnesses	Poverty	Food and Nutritional Insecurity	Infant Mortality	Bullying	Limited Physical Activity and Play
Unintentional and Preventable Injuries		●	●	●		●			●	●
Poor Mental Health	●		●	●	●	●	●		●	●
Systemic Racism and Discrimination	●	●		●	●	●	●	●	●	●
Child Abuse	●	●	●			●	●		●	●
Vaccine-Preventable Illnesses			●			●		●		
Poverty	●	●	●	●	●		●	●	●	●
Food and Nutritional Insecurity		●	●	●		●		●	●	●
Infant Mortality			●		●	●	●			
Bullying	●	●	●	●		●	●			●
Limited Physical Activity and Play	●	●	●	●		●	●		●	

In describing the top 10 threats to childhood, it may appear as though they are occurring independently of one another or that the threats are entirely segregated. In reality, many of the threats are co-occurring or one threat is causally or directly connected to the emergence of another threat in a particular individual.

For instance, experiences of bullying in early childhood can be linked to significant concerns related to one’s mental health throughout their

life.²⁰³ One study from 2015 found that frequent experiences of bullying at eight years of age was associated with diagnoses of psychiatric disorders in adulthood and that exposure to bullying in childhood is similar to other type of childhood abuse or trauma.²⁰⁴

Another example is that systemic racism and discrimination are associated with declines in various indicators for child well-being and health, along with impacting lifelong health outcomes.

Racism is a pervasive issue that affects a child's environment and quality of life, ranging from the quality of the education and health care they receive, to the quality of housing, food and air that a child is exposed to.²⁰⁵ The American Academy of Pediatrics has described racism as "a socially-transmitted disease passed down through generations" (pg. 3).²⁰⁶ Directly and indirectly, racist systems and policies contribute to health conditions that can impact a child for life.²⁰⁶ Moreover, lifetime experiences of systemic racism and discrimination have been associated with household food insecurity and depressive symptoms.²⁰⁷

Rates of physical inactivity and poverty are also related in various ways. One study found that children living below the poverty line had 83% higher odds of inactivity, 340% higher odds of not participating in sports, and 152% higher odds of watching television for three or more hours per day, compared to children whose annual family income was 400% above the poverty line.²⁰⁸ Another study found that per parent reports, children from lower-income households engaged in more physical activity than children from higher-income families, and children from lower-income households frequently used their immediate environment for activity, whereas children from higher-income households engaged in more organized opportunities for activity.²⁰⁹

Finally, a study led by Maximum City provided some insight into the characteristics of those young people who thrived during the COVID-19 lockdown. In the study of young people between the ages of nine and 15, those who had positive experiences during the pandemic felt their lives were over-structured before the pandemic. For these young people, the pandemic offered an opportunity for freedom from school, social pressures and commitments. This allowed some young people to have more free time to play, to be in nature, and to have more quality time with those they love.²¹⁰ As such, for children who reported no decrease in play during the pandemic, they reported significantly better well-being across several measures, compared to their peers who experienced a decrease in play.²¹⁰ Similarly, a comparable study also found that healthy movement behaviours were positively related to subjective well-being, meaning those who had higher levels of physical activity during the pandemic were more likely to have a higher subjective well-being rank.⁷⁴

An in-depth description of the linkages between each of the top 10 threats to childhood is a task that is outside the scope of this report, but one that warrants further study. However, some examples have been raised to highlight the fact that the threats are interrelated and can amplify a young person's experience of poor mental and physical health.

CROSS-CUTTING THEMES

Overall, one of the most prevalent and cross-cutting themes that has become evident in the *Raising Canada 2021* review is the lack of protection of children’s rights. For many years, advocates have called for urgent action by the federal and provincial/territorial governments to fully implement the United Nations Convention on the Rights of the Child, most recently through reports submitted by civil society organizations drawing attention to the gaps.²¹¹

The lack of knowledge of children’s rights in Canada remains a persistent and unwavering concern. A poll released by Children First Canada and Abacus Data in November 2020 revealed that just over half of young people (56%) are aware that they have rights, and even fewer know what to do if they feel their rights have been violated (26%).²¹²

The evidence presented in the *Raising Canada 2021* report clearly demonstrates the various ways in which children’s rights have been violated in evidence emerging over the past year, particularly by deprioritizing a comprehensive examination of children’s best interests as they relate to each of the threats.

Aside from this rights-based commonality, there are also four cross-cutting themes related to the top 10 threats to childhood, namely: access to education and child care, access to health care and social services, inequity and inequality, and climate change. COVID-19 has amplified the presence of these four themes and indicated a need for urgent action related to each. These themes, and associated recommendations, are explored in what follows.

1

ACCESS TO EDUCATION AND CHILD CARE

The Impacts of School Closures

The impacts of school and daycare closures during the pandemic on the lives of children have become apparent. These closures are a fundamental factor in exacerbating many of the top 10 threats to childhood. Experts from the UN have warned that students are facing a “generational catastrophe” as a result of COVID-19 impacts on global education.²¹³ Children have a right to education that advances various aspects of their development ([Articles 28 and 29](#)), so many scholars and advocates perceive the shift to online schooling and the associated challenges to be linked to a broad disregard for these rights.

School closures were applied unevenly across the country, resulting in varied impacts to children’s education and their mental and physical health. While all jurisdictions maintained school closures in the first wave of the pandemic, a patchwork of approaches was used in various provinces and territories in the second and third waves. Ontario closed schools for longer than any other jurisdiction in the country, for a total of 20 weeks from March 14, 2020, to May 15, 2021. Prince Edward Island had the second longest closure for 19 weeks during that same period, followed by Alberta, where secondary schools were closed for 19 weeks (primary schools closed to a lesser degree). Notably, Quebec had

the fewest closures, for a total of eight weeks for both elementary and secondary schools.²¹⁴

In areas like Finland, where schools reopened during the pandemic, elevated infection risks were not witnessed. In Sweden, where daycare, primary, and elementary schools remained open throughout the pandemic, there was also no increased risk of infection observed among school or daycare staff.²¹⁵ While these studies have outlined relatively low transmission risks, other schools (such as those in British Columbia) have found that 52.5% of transmissions occurred between students and that there were clustered outbreaks in Surrey schools.²¹⁶ In Yellowknife, one school had a major outbreak where 87% of the cases were among children and youth²¹⁷. As such, these experiences are not universal.

What has been consistently established is that school closures have had a devastating impact on many children and youth, including: uneven attainment of educational opportunities; increased susceptibility to adverse effects, such as stress, poor mental health and low school connectedness; increased family stress and violence; food insecurity; and impacts on behaviours (e.g., sleeping, physical activity, eating, etc.)²¹⁵ These impacts have been experienced by all school-aged children in Canada to a greater or lesser degree, with the most acute impacts being felt by children that had other exacerbating factors, such as poverty, racism and abuse.

It is simultaneously important to consider the challenges that teachers across Canada have had to face by pivoting, sometimes several times, to different models of learning throughout the pandemic.²¹⁸ It is also crucial to consider the ways in which teacher burnout and mental distress negatively impacts students' ability to learn effectively.²¹⁹

Some children and youth have also experienced impacts to achievement, where early analyses have shown that fewer students met reading expectations early in the 2020-2021 academic year.^{218, 220}

Impacts for Children Living in Poverty

Considering that most regions in Canada have used online learning mechanisms throughout the pandemic, access to a dedicated device and a stable internet connection has been critical for success with at-home learning. For children from socioeconomically disadvantaged positions and schools, pre-existent inequities have been exacerbated. In 2018, 88% of socioeconomically disadvantaged students reported having access to a computer, compared to 98% of socioeconomically advantaged students.²²¹ Low-income households were also more likely to have less than one device for each member of the household (63% vs. 56% of high-income households).²²²

One in 10 Canadian households still have no internet at home, resulting in children relying on mobile, schools and libraries for basic connectivity. Children in remote and rural communities, low-income families, and First Nations, Métis and Inuit children were most likely to be impacted by lack of connectivity. Even households that do have an internet connection may not have had sufficient bandwidth to support online learning.^{223, 224}

Impacts for Children with Disabilities

For children with disabilities, the pandemic has caused a significant disruption to continued learning and accessing disability-related services.²¹⁸ 58% of parents of children with disabilities were very or extremely concerned for their children's school year and academic success, while findings showed 36% for parents of children without disabilities.⁵³

For children with ADHD, for example, 90% switched to web-based instruction following school closures, indicating a small percentage that did not complete the transition, though reasons are not documented. Parent reports also affirm these challenges, with over 60% indicating that they found it challenging to maintain a routine for their child in the pandemic and a large proportion indicating that their child's learning disability was not accommodated in the virtual-school setting.²²⁵ Children on the autism spectrum also experienced significant impacts to their learning and development, as did children with various learning disabilities, since online learning and one-on-one support were unfeasible.²²⁶

As such, calls for in-person learning for children with disabilities occurred across Canada²²⁷ – especially because some children with disabilities use school as a space for therapy and workshops that are beyond the educational lessons.²²⁸ Though advances have been made to the mainstream education system to be inclusive of people with disabilities, treating children with disabilities as an afterthought means that “the legacy of marginalization” can live on.²²⁷ This also means that their right to a life with dignity could not be realized ([Article 23](#)).

Absence from School and “Third-Bucket Children”

Concerns related to the number of students who have been “ousted” from schooling around the world, referring to those who are attending neither in-person nor virtual school,²²⁹ are also apparent in Canada. It is estimated that there are 200,000 of these “third-bucket children” in Canada.²² Other data from early in the 2020/2021 school year indicated that high school attendance dropped by two to three percentage points for both sexes aged 15-19, despite high school re-openings for complete or partial in-person learning in fall 2020.²³⁰ If these children

(elementary and secondary levels alike) are not found and reintegrated into schooling with the greatest possible speed, they simply cannot succeed in a post-pandemic world.²²⁹

Additionally, data from September to October 2020, though from a small sample size, indicated that the NEET (Not in Employment, Education, or Training) rate was 20% for young Indigenous women, compared to 12% for non-Indigenous young women. For males, the NEET rate was 21% for young Indigenous men, compared to 14% for non-Indigenous young men.²³⁰

Child Care Impacts

Prior to the pandemic, parents and guardians faced several challenges to find child care for their children and when they did, they often had to pay high costs for care that varied in quality across providers in Canada.²³¹ Findings from January 2021 indicated that the majority of care providers are unlicensed home-based providers as opposed to licensed centre-based and home-based providers.²³² Parental and family characteristics and the age of the child also had an impact on child care use, such that lone-parent families were somewhat more likely to report using child care for their children between the ages of one and 12 (approximately 70%) compared to partnered parents (64%).²³³ In addition, immigrant parents (53%) and non-permanent resident parents (54%) were less likely to use child care in the 12 months preceding the survey compared to Canadian-born parents (69%).²³³

While the international benchmark for government spending on early learning and child care is about 1% of a country's GDP, 2020 data revealed that Canada spent only about 0.5%.²³¹ Yet access to high-quality child care is seen as a key “countermeasure” to reducing the effects of poverty for children living at or below the poverty line.¹⁴⁹

In a Statistics Canada crowdsourcing survey from June 2020, about one-third (33.7%) of respondents indicated that their children would return to child care once services reopened and nearly nine in 10 (88%) parents indicated that child care was necessary for a return to work. However, many parents indicated various challenges in finding child care (35% of respondents), affordability of child care (48%) and finding care that met the needs of their work schedule (38%).²²² Ultimately, when child care (and schooling) are unavailable, the effects on the family, and particularly mothers, are critical.⁷⁷

In April 2021, the federal government announced a historic commitment of \$27.2 billion to be spent over the next five years to create a national child care system.²³⁴ The announcement has been widely applauded by child care advocates in addition to a wider range of stakeholders within the child health and well-being sectors, the private sector and beyond, given the significant ramifications – both for children as well as women’s participation within the workforce. While it was widely proclaimed as a feminist victory, it also stands to be a victory for children’s rights.

RECOMMENDATIONS

Policy Recommendations

- Provincial and territorial governments must take the following actions:²³⁵
 - » Prioritize the re-opening of all schools in a safe way and ensure schools stay open
 - » Ensure adequate public health measures are in place to allow for a safe return to school, including: vaccination, widespread testing, isolation, contact tracing, physical distancing and masking as essential and effective measures to controlling the spread of COVID-19²³⁶

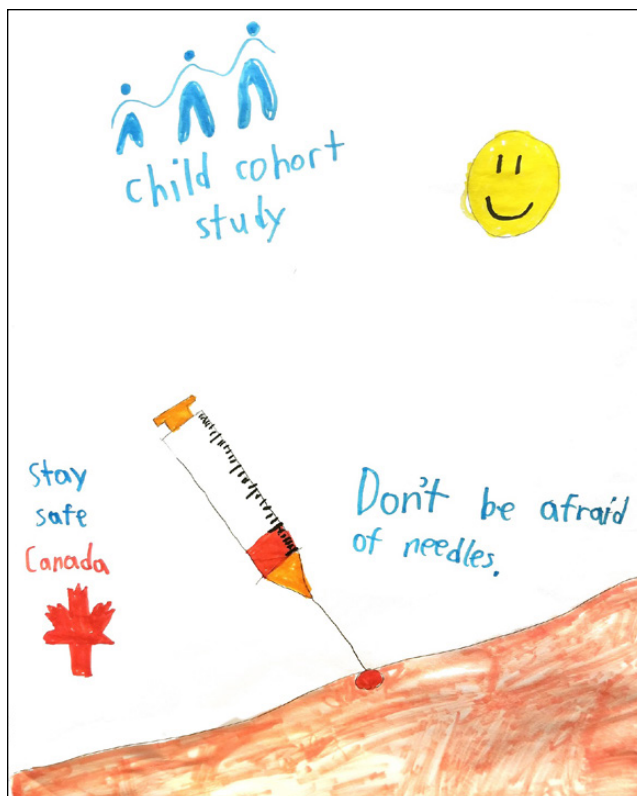
- » Commit to providing greater transparency about the criteria used to justify school closure decisions and engaging with professionals in the area of child health and mental well-being²³⁷
 - » Prioritize educators and school support staff in vaccination rollout plans
 - » Provide funding for schools to implement infection prevention measures
 - » Acknowledge the importance of healthy relationships in school settings by prioritizing the reduction of bullying and investment in emotional learning programs for students
 - » Invest more funds to ensure and prioritize the well-being of school staff
- Governments need to focus on mitigating barriers to education that have been experienced by children marginalized by social, economic, racial, cultural, and other aspects of their identity – especially for Indigenous children and youth. Supporting Indigenous students involves providing targeted funding to teachers and school officials in under-resourced areas, free and equitable access to reliable internet with a focus on providing sessions in Indigenous languages, and incorporating digital literacy curricula for students who are learning online.²⁷ Ministries of education should develop plans and mechanisms to identify and engage with children who are underrepresented in or previously excluded from the education system.²⁷

Policy and Community Recommendations

- The COVID-19 pandemic has taught us many lessons about the necessity of high-quality education and child care. Parents and students alike require assistance beyond the provision of teaching materials, which has been made evident from the proxy-educator role that most

parents have had to take on. School check-ins with proxy-educators would be one tool to determine where supplemental supports are required.²¹⁹ Targeted financial measures must be set aside for children experiencing poverty during the pandemic, by providing school materials, transportation or meals.²⁷ Part of recovery from COVID-19 also requires the world's 100 million teachers and educators to be given priority in vaccination campaigns according to UNESCO.²³⁸

- Implement the Roadmap for Affordable High Quality Child Care for All to ensure that all children, regardless of where they live in Canada, have access to regulated, affordable, inclusive, culturally safe, flexible, high-quality early learning and child care (ELCC) from birth to age 12.²³⁹ In order to achieve the child care movement's shared goals for ELCC, the substantial federal funds must be used to



Leo, 9, Ontario

drive transformational change in ELCC with regard to public responsibility for funding, management and delivery. Transformation is necessary to replace the current market provision model with a universal public system that will make high quality, affordable, inclusive, flexible, culturally safe, regulated early learning and child care accessible to all who want it, and that properly compensates those who work in the sector. Decisions regarding a Canada-wide system of ELCC must honour and respect the Indigenous Early Learning and Child Care Framework, wherein Indigenous policies and programs are Indigenous-led, based on Indigenous knowledges, and supported by holistic and meaningful partnerships with Indigenous children and families.²³⁹

- To reach “third-bucket children,” national and provincial/territorial “back to school” communications and mass outreach campaigns are necessary to reach children who have been out of school.^{22, 27} Attendance-registration triangulation facilitated by school boards can also be used to determine which students are missing and where they are.²² The Worldwide Commission to Educate All Children (Post-Pandemic) has encouraged both national and regional/provincial/state decision makers, as well as school boards, to comprehensively survey and audit cases of children who were “ousted” from school and to develop strategies to reintegrate these children into the school system.²²⁹ Overall, solutions to retain students must be flexible, individualized, and multidisciplinary to meet “third-bucket children” where they are at.²²

2

ACCESS TO HEALTH CARE AND OTHER SOCIAL SERVICES

Delays in Accessing Care

Many of the threats were centered around the ways that COVID-19 has framed the lives of children and youth over the 2020 and 2021 year and, as such, access to health care and other social services has re-emerged as an overlapping theme. As indicated throughout the report, children have rights to access the highest attainable standard of health and health care ([Article 24](#)), meaning the pandemic has impeded the achievement of this right. CIHI data from March to June 2020 has indicated that the number of emergency department visits has decreased by 54% for zero to four-year-olds by 50% for five to 19-year-olds, when compared against March-June 2019 data.²⁴⁰ For transgender youth, a recent survey also indicated that 67% of respondents had avoided an emergency department visit in the past year.²⁴¹

The story of Emily Viegas, a 13-year-old child who died as a result of COVID-19 infection, has impacted many and gives new meaning to the data. Emily's parents, essential workers from Brampton, Ont., were unable to socially distance in their home after being diagnosed with COVID-19 in mid-April. Emily's mother was in the hospital on oxygen, and as Emily's health deteriorated, Emily's father was unsure whether he should call an ambulance (considering orders to remain under strict isolation). He was also worried that Emily would be redirected to a hospital far from their home.²⁴² This story exemplifies the concerns of clinicians²⁴³ about the implications of delays in seeking care due

to fears related to accessing care during the pandemic (along with socioeconomic layers of marginalization).²⁴²

Delays in Receiving Diagnoses

Relatedly, there are also concerns that children with either diagnosed or undetected underlying health conditions are either waiting to receive life-saving treatment that they may require and that is not available to them, or not receiving this care whatsoever. This includes children who may be facing cancer, diabetes, and other chronic illnesses or diseases. For example, one pediatric endocrinologist said that over the last year of the pandemic 50% of new type 1 diabetes diagnoses occurred where the child had developed diabetic ketoacidosis, which is a serious complication of untreated diabetes that can lead to death.²³

Clinicians have also been diagnosing less cases of type 1 diabetes than what they have seen in the past or what they would expect based on trends.²³ Data suggests that changes to health care related to the pandemic have led to major delays for clinicians to provide and for pediatric patients to access timely medical care – which has a greater degree of associated morbidity.²⁴⁴

Virtual Care

In terms of the virtual care provided to young people during the pandemic, youth have reported that they recognize both the benefits (e.g., time saving, ease of access, comfortability and reduced COVID-19 exposure risk) and limitations (e.g., lack of physical examination capabilities) of this pivot.²⁴⁵ In a study examining the perspectives of clinicians on patients that were perceived to have received suboptimal quality of care or health outcomes linked to pandemic impacts, researchers found that most perceived cases of suboptimal care were linked to delays in seeking and acquiring timely medical attention, resulting in preventable intensive

care admissions, delayed diagnoses, and delayed treatments. There were also challenges and barriers associated with accessing and providing virtual care, for patients and providers respectively.²⁴⁴

Accessing Social Supports

In terms of accessibility of social supports, results of a report commissioned by the Ontario Association of Children's Aid Societies revealed that two in five Ontarians indicated that their family/household needs additional support from social service providers during the COVID-19 pandemic.²⁴⁶ Relatedly, where individuals have children, respondents were substantially more likely to report at least one social need. More than half of Ontarians are unsure of how to access social support services if their family or a family they know in their community needed support and, specifically, two-thirds of respondents who responded that their families "currently need support" did not know how to access services.²⁴⁶

There are particular challenges for Indigenous youth accessing out-of-home care, whereby Indigenous children are systemically overrepresented in the child welfare system.²⁴⁷ These challenges also indicate that children's rights to benefit from social security and supports (**Article 26**) are undermined in the ongoing pandemic and related to discrepancies experienced by many marginalized children.

In a national survey of parents conducted by Abacus Data on behalf of Inspiring Healthy Futures, only a quarter of parents said they have received adequate support from all levels of government throughout the pandemic. The remaining 75% either said they have received some, but it hasn't been enough (42%), or they said they haven't received any support at all (33%).^{248, 249}

RECOMMENDATIONS

Policy Recommendations

- Considering the evidence outlined throughout the report, policy makers must develop, implement, and continually evaluate strategies and interventions to help the entire family unit during and beyond the pandemic (or future pandemics). There are short-, medium- and long-term investments required to mitigate the impacts of the pandemic to children's education, along with their mental and physical health. As highlighted in the #codePINK campaign, this includes scaling up virtual care programs, reducing backlogs for surgeries and rehabilitation, and investing in new models of mental health programs to meet the urgent and rising demands. This will also require feedback, input and support from major stakeholders, including policy makers, clinicians, parents and children themselves.²⁵⁰
- Children's Healthcare Canada has called for an urgent federal investment of \$450 million to reduce wait times for mental health services, to expand the range of mental health and addictions services for children with special needs or medical complexity, and to augment crisis support to appropriately care for children, youth and families who avoid emergency department visits. Mental health human resource planning will be a necessary and additional step to ensure a sustainable pipeline of providers to meet the growing needs of children and youth.²⁵¹

Clinical Recommendations

- As the health systems in Canada adapts in response to the COVID-19 pandemic, youth have indicated that they are willing and able to adapt to how they receive health care services. As such, virtual care options in a post-COVID-19 world should be permitted as supplements to the in-person services for youth.²⁴⁵

Research Recommendations

- Significant investments into child and youth health research, related to and beyond the COVID-19 pandemic, is a matter of necessity. This is urgently needed to drive meaningful long-term policy and program change and initiatives that will yield better outcomes related to child and youth health.²⁵²

3

INEQUITY AND INEQUALITY^x

Children, as a whole, are often viewed as less than equal citizens. Young people have been largely overlooked throughout the pandemic. The deprioritization of children's rights and well-being has been justified by some, as children generally face less severe outcomes than adults when they are infected by COVID-19. This is a serious injustice, as it means that solutions (those in both policy and practice) have not been oriented to meet the immediate and long-term needs of children in Canada. Additionally, it indicates that the voices, capacities, and perspectives of children and youth in Canada have been largely ignored within pandemic policy decision-making.²⁵³ This further undermines their rights to participate in conversations that impact their lives ([Article 12](#)) and to share their thoughts freely ([Article 13](#)).

There are also a variety of ways in which young people have faced heightened inequities across the threats based on elements of their identity (e.g., race, gender, sexual orientation,

gender). As the Canadian Medical Association has stated, "60% of our risk of illness is linked to social determinants of health and another 25% is because of variations in access to health and social care."²⁵⁴ While not a complete list, social determinants of health include: income and social status, employment, education and literacy, childhood experiences, gender, culture, race/racism, and others.²⁵⁵

In this section, inequities are separated based on siloed elements of identity, but there is a crucial need for an intersectional approach to understand how layers of identity can lead to disproportionate impacts on subsets of the pediatric population.

Racial Inequities and Inequalities

Racial inequities exist and have been highlighted throughout the report, particularly in the "systemic racism and discrimination" threat and, as such, this inequity also represents an impediment to children's right to be free from discrimination for any reason – including racial discrimination ([Article 2](#)).

First Nations, Métis and Inuit children experience grave inequities in several areas, including: severe food poverty, impacts of climate change on food security and opportunities to develop and transmit traditional Indigenous knowledge, lack of access to clean water and living with boil water advisories for years, physical health impacts, mental health impacts and more.²⁷ Indigenous children have also been overrepresented in the child welfare system.²⁵⁶ These disproportionate rates must be conceptualized in the context of past and ongoing colonialism impacting First Nations, Métis and Inuit individuals and communities who were forced to separate from their families

x We've redefined the "inequality" threat to be "inequity and inequality," as this more fully captures the breadth of ways in which marginalized populations face health and social-related discrepancies (inequality), but also the moral injustices that are a result of prejudice against a group (inequity) (see [Global Health Europe 2009](#) for more).

in residential “schools” where they experienced trauma,^{103, 256} and in which intergenerational trauma has been transmitted.

For Black children and youth in Canada, disparities are a result of historical and continued systemic discrimination. This results in inequities that exist in the ways Black children and youth are treated in the education and child welfare systems, their experience of food insecurity and their exposure to other risk factors, such as unemployment, substance abuse, intimate partner violence and more.²⁵⁷ Importantly, the higher proportion of these risk factors, along with the documented overrepresentation, are largely due to structural factors, including systemic and structural racism.²⁵⁸

Racialized groups living in Canada have faced poorer mental health outcomes during the pandemic when compared to white individuals. For example, a greater proportion of participants from racialized groups reported “fair” or “poor” self-rated mental health (27.8%) compared with white individuals (22.9%). These poor mental health outcomes also differed across racialized groups.²⁴ For recent immigrants to Canada, there have also been heightened disparities during the pandemic related to financial well-being¹⁵¹ and these impacts can have significant downstream impacts on children’s lives.

Gender Inequities and Inequalities

There are also gender inequities that exist for children, particularly for girls, children who identify as transgender, children who identify as non-binary, and children who identify as diverse gender identities that are outside of the dominant expectations related to gender norms.

These impacts are heightened when intersectional elements of identity are layered on top of gender. A recent study found that Black girls in Ontario classrooms were subjected to marginalization and teacher-based

microaggressions, which are “problematized by the intersection of race, class and gender” (pg. 153).²⁵⁹ In particular, participants in the study mentioned feeling isolated and excluded because they are Black girls. They also mentioned that recognition often ignored the intersectional identities of Black girls and led to inequity.²⁵⁹

Indigenous women and girls are also far more likely to experience abuse and homicide. In a recent brief, the high rate of missing and murdered Indigenous women and girls in Canada was described as “a result of political, economic, and social inequality dating back to colonialism.” (pg. 72)²⁶⁰ In the final report of the National Inquiry into Missing and Murdered Indigenous Women and Girls, it states: “the truths shared in these National Inquiry hearings tell the story – or, more accurately, thousands of stories – of acts of genocide against Indigenous women, girls, and 2SLGBTQQIA people” (pg. 50).²⁶¹

A different report from 2020 based on the Canadian Trans and Non-binary Youth Health Survey indicated that disparities exist in the health care treatment of transgender and non-binary youth across different provinces within Canada and that there is a lack of gender affirming care.²⁶²

Inequities and Inequalities for the 2SLGBTQ+ Population

Youth in Canada who identify as 2SLGBTQ+ have experienced disproportionate declines in employment throughout the pandemic. Considering that a large portion (30%) of the 2SLGBTQ+ community in Canada are considered youth and that this population has simultaneously experienced the largest decline in employment level since February 2020 (-11.5% for women and -8.9% for men), it is reasonable to be concerned that 2SLGBTQ+ youth are being disproportionately affected.¹⁵² 2SLGBTQ+ children and youth are also often overrepresented in the child welfare system.¹¹⁸

There are several reasons for this, but one major reason is that these youth in particular may be at risk of experiencing conflict with their parents related to their identities.¹¹⁸

Class or Socioeconomic Status Inequities and Inequalities

Children living in socially and economically vulnerable positions have been particularly impacted by the pandemic, seeing an increased risk of infection associated with congregant homes and associated challenges with physical distancing in those settings.²⁶³

Disability-Related Inequities and Inequalities

For children with an underlying condition or disability, various pre-existing inequities have been amplified over the last year due to prolonged impacts of the pandemic.²⁶⁴ For instance, for young people with an intellectual and developmental disability (IDD), educational inequities have persisted despite the school system shifting to more inclusive education models. During the pandemic, the implementation of virtual schooling has also been remarkably more challenging and fewer resources have been available to support young people with disabilities and the parents or guardians of young people with a disability, indicating a disproportionate impact on this population. COVID-19 has “magnified existing inequities for students with IDD, particularly in the areas of school access and learning” (pg.29).²⁶⁴

RECOMMENDATIONS

Policy, Research and Community Recommendations

- To account for the ways in which children, as a whole, have been largely overlooked

within Canadian policy and society, it is time for a national dialogue on the well-being of children. We must ask young people what would improve their sense of well-being,¹ especially within the pandemic where children have systematically been overlooked.²⁵³ The Canadian Children’s Charter, created in 2018, is an initial starting point and can be further elaborated upon in light of children’s experiences of the top 10 threats throughout the pandemic.

- In addition, the voices of those furthest from opportunity must be included in public policy-making that affects their lives. Children and youth have also continually indicated that they want to be involved in decisions that impact their lives. One effective model for policy makers to engage children and youth is through Children First Canada’s Young Canadians’ Parliament program. “For adults and policy makers, it is time to listen, learn and act” (pg. 57).¹ One practical way to achieve this is by lowering the voting age to ensure governments feel an increased sense of responsibility to be accountable to the rights and priorities of young people.²⁶⁵

Policy Recommendations

- Where possible, the integration of an intersectional lens with federal, provincial/territorial and municipal policies needs to be ensured. This is needed to examine the ways in which elements of children’s identity can be compounded and result in substantial inequities for children and youth from certain racial, social, and cultural positions within Canada.
- Canada should enact the Spirit Bear Plan to End Inequities in Public Services for First Nations Children, Youth and Families,¹⁰⁴ which calls on Canada to comply with rulings issued by the Canadian Human Rights Tribunal and cease discrimination against First Nations

children through problematic funding. This plan has other actionable items for various sectors.²⁷

Policy and Community Recommendations

- To combat inequities faced by Black children and families, collaboration between governments and community organizations is crucial. It is also one way to improve child protection systems treatment of and response to Black individuals and communities. These collaborations may “decrease disproportionately and disparity by providing support services needed to address structural barriers, inequitable service access, and systemic factors that influence the child protection system’s response” (pg. 12).⁹⁰
- To address the inequities that transgender and non-binary youth face, there are various strategies outlined by Taylor et al.²⁶² to draw on, including:
 - » Advocating for the elimination of disparities between provinces and territories, by having every province and territory work towards equitable coverage for gender affirming health care, surgery and hormones, safe and welcoming schools, affirming legal documents, and protection from discrimination and violence
 - » An inclusive and comprehensive sexual education

4

CLIMATE CHANGE

While Canada has a relatively small population of 37.5 million people, it is still among the

top 10 countries worldwide in greenhouse gas emissions, with per capita emissions approximately three to four times the global average and rising.¹⁷² **Children, as a population, are most at risk for climate-related health impacts,²⁶⁶ as a result of direct and indirect effects of climate change.²⁶** For example, direct effects of climate change have been associated with changes to one’s physical well-being and health. Indirect effects of climate change are multifaceted and may be short or long term.²⁶ The various health impacts indicate another instance of children’s rights being disregarded, particularly their right to have the highest attainable standard of health by taking environmental pollution risks into consideration **(Article 24).**

With the recent wildfires in British Columbia, Alberta and Saskatchewan, researchers have voiced concerns about the health-related impacts on babies and children, particularly those with pre-existing conditions, such as asthma – both for their short- and long-term development.²⁶⁷ Dr. Anne Hicks, an assistant professor in pediatric respiratory medicine at the University of Alberta, has found that pregnant people are more likely to have preterm babies or babies that are small for their gestational age when exposed to wildfire smoke.²⁶⁷

Federal climate change policies have overlooked and ignored the impacts of climate change on First Nations, Métis and Inuit communities’ right to food,¹⁷² contributing to the systemic racism and discrimination that Indigenous peoples face. Climate change threatens to decimate traditional food systems, with serious impacts to the lives and health of Indigenous communities.²⁷ In the three areas where Human Rights Watch conducted research, Indigenous people reported drastic reductions in the quantity of harvestable resources available, attributing it to changes in wildlife habitats due to climate change.²⁷ Most existing policies were designed without



Sophia, 8, Ontario

meaningful participation of First Nations and fail to monitor – let alone address – human rights impacts in these communities. Food subsidies and health resources required to respond to the current and projected impacts are often not available, insufficient, or do not reach those who need it the most.¹⁷²

Other racialized communities and individuals living in the lowest income neighbourhoods in Canada face inequities, leading many children to be more vulnerable to climate-related health impacts.²⁶⁶ Marginalized communities are also less capable of accessing air-conditioning when there is a heat wave, accessing health and social supports, moving away from areas with poorer air quality, or protecting their homes from the impacts of extreme weather events.²⁶⁶ Overall, the prevailing inequalities between and within countries largely determine how climate change impacts children. Disadvantaged children suffer from a disproportionately high and truly unjust health burden from climate change.²⁶ These impacts represent effects of discrimination and

the persistent ways that the right of children to not experience discrimination is undermined (Article 2).

For all children, youth and young adults, the impacts of climate change are associated with increased levels of stress and anxiety, which has also been called “climate change-induced angst.”²⁶⁸ These mental health impacts also disproportionately affect marginalized children.²⁵ Many young people cite climate change as the defining issue of their generation. They view it as a threat not only to their current well-being but also to their right to a sustainable future.

In 2019, Greta Thunberg and 16 of her peers filed a landmark complaint with the United Nations Committee on the Rights of the Child, using the third Optional Protocol to the CRC, alleging that governments had violated their rights by failing to prevent the climate crisis.²⁶⁹ Canada has yet to ratify the third Optional Protocol, and as such children in Canada cannot yet avail themselves of this remedy to protect their rights.²⁶⁹

RECOMMENDATIONS

Policy Recommendations

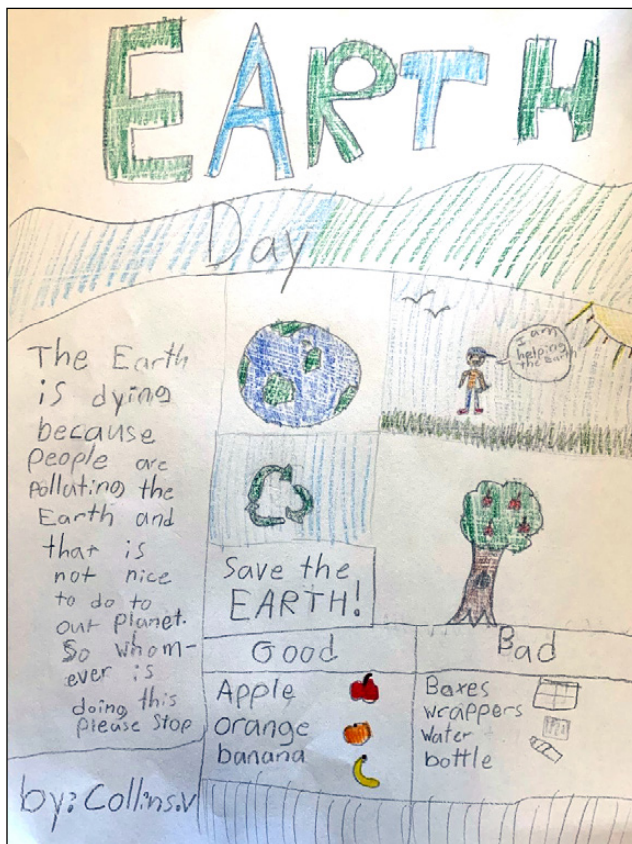
The Canadian government should urgently strengthen its climate change policies to reduce emissions in line with evidence-based recommendations, such as those outlined by the Intergovernmental Panel on Climate Change (IPCC)^{xi} to prevent a global temperature rise above 1.5 degrees. These actions should include renewing the commitment to reach net zero emissions by 2050.^{27,172} During the COVID-19 pandemic, or any future pandemics, stimulus packages should support a transition towards renewable energy.¹⁷²

To address the challenges and injustices that

Indigenous communities have faced in relation to climate change impacts, consistent and long-term supports, including an investment of funding and resources, are necessary.^{27,172} Government action must involve supporting Indigenous-led programs that monitor the impacts of climate change on the realization of the rights to food and health that Indigenous people have outlined in the UN Declaration on the Rights of Indigenous Peoples, along with enabling comprehensive and self-determined Indigenous climate change solutions.²⁷ It is essential that all climate change adaptation and mitigation policies do not further harm Indigenous peoples and communities.¹⁷²

Clinical Recommendations

- Considering the various ways in which climate change can impact the health and well-being of Canadians, physicians must be trained to identify, assess and manage environmental risk factors and engage with higher education institutions around the world to recognize these impacts.²⁷⁰



Collins, 7, Manitoba

xi IPCC's most recent assessment report, "AR6 Climate Change 2021: The Physical Science Basis," is now available.

STRENGTHS AND LIMITATIONS

One strength of this report is that it is comprehensive – even though a systematic literature review was not used to complete the report. Many sources, data sets, reports and discussions were included to inform the construction of this report and analyze the ways in which child health and well-being has been threatened over the past year.

This year’s research team consists of a diverse, interdisciplinary team with a variety of expertise from leaders across the country, including adults and children and youth. Having an interdisciplinary team is necessary for a report of this type, as many different aspects of young people’s lived experiences are examined within the report. As a result, this requires insight from various experts.

This year, our team further prioritized engagement with young people by creating opportunities for consultation and engagement during the planning and construction of the report. Among other things, this included opportunities for young people to create and contribute art as a means of sharing knowledge and perspectives related to the top 10 threats to childhood.

The limitations of this report include the fact that this was not a systematic literature review, in which a precise and standardized search strategy is used to examine literature related to a topic and report back findings. Additionally, this report relies on some non-peer-reviewed

sources – particularly where published, peer-reviewed literature was not yet available on a particular topic. The majority of the sources, however, are from reputable databases (e.g., CIHI, StatsCan), peer-reviewed publications, and other comprehensive and robust reports.

Another limitation is that this report relies solely on secondary research, as no new data was collected for the purpose of this report. The data used in this report is also a reflection of the data that was available and accessible at the time of publication. However, it is important to note that the data was also been rapidly changing, given the evolving nature of the pandemic and its impact on children’s well-being and health.

Finally, there is a need for continual, rigorous data collection on the health and well-being of children in Canada that can be disaggregated by age, gender and other status, and by geographic regions.

In last year’s report, we referenced the new StatsCan Canadian Health Survey on Children and Youth conducted in 2019, which provided baseline information on issues that affect children in their day-to-day lives. If this survey were to be repeated, it would help clarify the extent to which children’s health has changed as result of the pandemic. New surveys and longitudinal research are needed to continue capturing information on the top 10 threats and other issues related to the health and well-being of children.

CONCLUDING REMARKS

Children have experienced disruptions to almost every aspect of their lives as a result of the COVID-19 pandemic. They have experienced social impacts, psychological impacts, educational impacts, physical impacts, financial impacts and more. They miss their friends and family. They long for a return to a stable routine and sense of security. However, it is important to remember that many of these threats were pre-embedded in the lives of young people in Canada and the pandemic has only served to perpetuate those harms.

Based on the evidence collected from the last year, we are beginning to get a clearer picture of how COVID-19 continues to impact young people in various ways, compared to the findings highlighted in *Raising Canada 2020*. Four themes emerged that indicate the underlying ways in which children's lives continue to face significant challenges: access to education and child care, access to health care and social services, inequity and inequality, and climate change.

Moving forward, there is a continued need for a public policy framework that protects and prioritizes the best interests of children – in the broadest sense possible. However, there

is also a need to fully recognize the ways in which children are inherently relational, meaning impacts to children and youth will affect the social circle in which they are situated and, likewise, impacts within their social circles will have long-term impacts on the lives of young people. Solutions need to be interdisciplinary and multifaceted to attend to the rights and needs of young people during the pandemic and well beyond.

The full acknowledgement of children's rights as true *rights* is also necessary – considering 30 years have passed since Canada ratified the United Nations Convention on the Rights of the Child in 1991. These rights are protected in international law and Canada has a duty to fulfil these rights, whether during times of peace and prosperity or times of crisis, such as a global pandemic. Children's rights deserve prevalence and priority throughout the policy deliberations occurring across Canada, both at the federal and provincial/territorial levels. And true recognition of these rights involves simultaneously recognizing children as citizens with capacities to engage and voices to share.

As Canadians rebuild from the pandemic and look to the year ahead, **children deserve a central position on our agendas, in our policies, and in our investments. Making Canada the best place in the world for kids to grow up is possible. But it will require big, bold leadership, and tangible actions and investments to address the top 10 threats to childhood. And it will require us to act with children – not just for them – and put them at the heart of Canada's pandemic recovery plans.**



Youssof, 9, British Columbia



NEXT STEPS & CALLS TO ACTION

Children First Canada calls on *all* federal parties to pledge to:

Make a big, bold plan to improve the lives of children and make Canada the best place in the world for kids to grow up.

Ensure that children's voices are heard and that their issues are prioritized.

Put children at the heart of Canada's pandemic recovery plans, and invest in short-, medium- and long-term solutions for children to survive and thrive.

There are six essential building blocks to improve the lives of all 8 million kids in Canada:

1. Appoint an independent Commissioner for Children and Youth.

As highlighted in *Raising Canada 2020*, the Government of Canada has a responsibility to ensure that children's rights are being met and that children are able to reach their potential, as Canada ratified the United Nations Convention on the Rights of the Child (CRC) 30 years ago.

There are many ways in which the rights of children in Canada, outlined in the CRC, can be realized more fully. This includes having a federal Commissioner for Children and Youth whose role would be to ensure that the CRC is implemented and that children's best interests are prioritized in all relevant policy decisions.

2. Develop a National Strategy for Children to tackle the top 10 threats to childhood in Canada and ensure the full protection of children's rights.

As highlighted throughout this report, children and youth in Canada have faced serious and complex threats to their state of well-being and health. These impacts also affect young people who face marginalization to an even greater degree. As such, there is reason to once again call on the federal government to take urgent action, in partnership with provincial and territorial governments, to create and implement a national strategy to address the top 10 threats to children in Canada and to ensure the full scope of the CRC is realized in Canada.

3. Establish a Catalytic Investment Fund for Children and Children's Budget to address the top 10 threats to childhood in Canada.

Establish an investment fund of \$2 billion to be allocated over the next four years to catalyze efforts to tackle the top 10 threats to childhood and put Canada back into the top 10 global rankings for children's well-being. Funds should be made available to national and local child- and youth-serving organizations to implement proven and effective strategies to address the short-, medium- and long-term needs of children, and drive meaningful change for children's mental and physical health and the protection of their rights.

We also call on the government to publish a Children's Budget to ensure transparency and accountability for all federal expenditures for children. Children's budgets are a proven strategy that has 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. Children's budgets help ensure that kids get their fair share of resources. This strategy often does not result in more money spent – but rather in money being spent more wisely. We urge the federal government to continue to strengthen the application of the Gender-based Analysis+ lens in relation to children, who represent a quarter of Canada's population.

4. Measure what matters by implementing a longitudinal study on children's health and well-being, ensuring the collection of disaggregated population-level data through the Canadian Health Survey of Children and Youth (CHSCY), and leveraging the real-time aggravate data of direct service providers, such as Kids Help Phone.

While this year's report highlights a substantial fraction of the enormous amount of evidence emerging in Canada related to children and youth, there is still a need to invest in research related to children's well-being and health. For example, we lack national longitudinal studies (and related data) on children and youth that can provide a foundation on examining how Canadian child and youth mental health changes across time (including during the pandemic). As such, investing in a comprehensive survey led by Statistics Canada, as a follow-up to the CHSCY, represents an opportunity to obtain missing information about mental health impacts. Additionally, there must be a national priority to collect and analyze race-based data related to children, especially using longitudinal methods.

We were pleased by the Canadian Institute of Health Research's (CIHR's) announcement of a funding opportunity that aims to understand and mitigate the impacts of the COVID-19 pandemic on children, youth and families in Canada. This grant opportunity was made possible by the CIHR Institute of Human Development, Child and Youth Health, in collaboration with various additional CIHR institutes. More opportunities to support scholars in undertaking child-centred research is necessary.

5. Provide equitable funding and services for First Nations, Métis and Inuit children through implementing the TRC's Calls to Action and the Spirit Bear Plan.

A key takeaway from the report is the continued and disproportionate harms that First Nations, Métis and Inuit children face, especially in light of the COVID-19 pandemic. These impacts are the result of generational trauma experienced by Indigenous peoples, families and communities, the ongoing consequences of settler colonialism, and the devastating genocide that continues to harm Indigenous children. Recommendations for urgent action have previously been outlined in the Truth and Reconciliation Commission's (TRC's) Calls to Actions.

Additionally, the Spirit Bear Plan has outlined actions that are necessary to end inequities in public services that First Nations children, youth and families have had to endure – a plan informed by Jordan's Principle. Despite these recommendations that have been informed by Indigenous communities, minimal progress has been made by the federal government to answer these calls in order to mitigate and resolve ongoing harms against First Nations, Métis and Inuit communities. As such, we urge the federal government to take immediate action towards the calls in both the TRC and the Spirit Bear Plan.

6. Involve children in decisions that affect their lives.

According to the United Nations Convention on the Rights of the Child, young people have rights to be involved in decisions that impact their lives – to have their views acknowledged and meaningfully considered. However, this engagement is not consistent across policy-making that occurs federally and provincially/territorially. As such, governments must develop strategies to consult children and youth to determine how the government can best support young people's well-being and health.

These strategies must not be universal, and they must also allow for flexibility to meet children “where they are.” However, what must remain consistent is that engagement should avoid tokenizing children's and youth's perspectives and experiences, but should amplify these voices to meet their interests and needs. Mechanisms like the Young Canadians' Parliament and youth advisory councils should be supported and regularly used by government to meaningfully engage them as leaders today and leaders of the future.



Finally, we also call on the federal government to lower the voting age in Canada. While some adults may view this as a radical concept, the Canadian Charter of Rights and Freedoms already protects the rights of every citizen to vote. Children are citizens, and they have a right to be involved in decisions that impact them, including electing members of Parliament.

All of Canada's major federal political parties already allow 14-year-olds to join as members and enjoy full participatory rights, including voting in party leadership contests and local nomination contests. Many jurisdictions around the world have successfully lowered the voting age and boosted voter engagement.^{xii} When recommending that the voting age be lowered, youth have also called for increased education for children and adolescents about their civil and political rights and responsibilities, in addition to educating adults and combatting the stigma that youth aren't capable.

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

xii Countries that have lowered the voting age to 16 include: Argentina, Austria, Brazil, Ecuador, Estonia (in local elections), Germany (some state elections), Malta, Nicaragua, Scotland and Wales.

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