CHILDREN FIRST
CANADA

RAISING CANADA® 2023

TOP 10 Threats to Childhood in Canada

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

Visit childrenfirstcanada.org for more information.

Foreword

Dr. Shimi Kang, Psychiatrist, #1 Best-selling Author, Founder of Future-Ready Minds, CEO of Spark, host of *Mental Wealth* on YouTube, and Clinical Associate Professor, UBC.

Dr. Shimi Kang is the former Medical Director for Child and Youth Mental Health for Vancouver community, founder of the Provincial Youth Concurrent Disorders Program at BC Children's Hospital, and founder of the Youth, Culture, and Mental Health Fund for the BC Mental Health Foundation. Dr. Kang is a Clinical Associate Professor at the University of British Columbia and has been involved in researching and teaching the science of motivation as it applies to behaviour change, mental health, and addictions.

RAISING CANADA'S CHILDREN TO BE FUTURE-READY

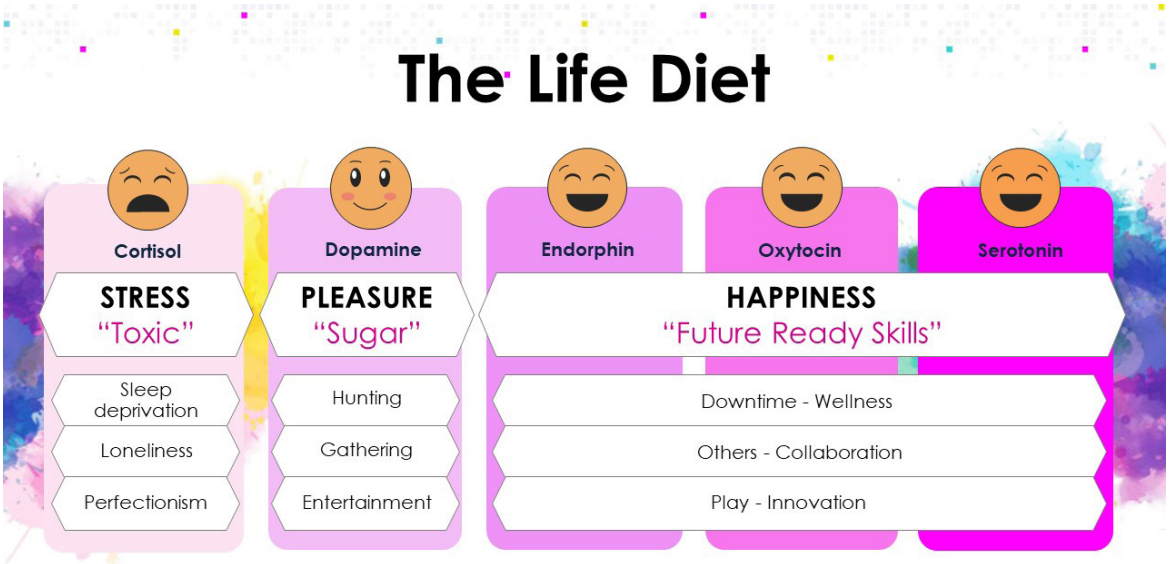
As you read the top 10 threats facing Canada's children, so thoughtfully and rigorously prepared in this report, you may wonder, are we sliding backwards? Never have we had such conveniences and the ability to connect with each other, yet never have we been so stressed and disconnected. The World Health Organization declared stress the #1 health epidemic of the 21st century and predicts loneliness as the next major health epidemic.

We have mastered the skies, stars, and oceans, yet we are nowhere near mastering our minds. In fact, we are getting further away from it. Anxiety, depression, and addiction are on the rise; in 2020 suicide killed more young people in the United States than war, homicide and natural disasters combined. Never in human history have we had a generation predicted not to outlive the one that came before them, until now. To me, this sounds like "negative evolution"—a paradox.

HOW DID WE GET HERE?

As a psychiatrist of 20 years, addiction researcher, parenting author and mother of three, my answer to this question is *dopamine*. Dopamine is what I call the sugar of our "life diet"—a concept that simplifies the brain's key neurochemicals released based on the experiences we consume. I hope that one day, just like nutrition, the ingredients of life are taught to every child in Canada.

Nothing wrong with sugar—it is found naturally in most foods, gives us energy, and tastes good. Like sugar, there is nothing wrong with dopamine. It is found naturally in the human brain, gives us motivation, and a hit of pleasure. The problem is, just like sugar, dopamine has been manipulated—whether in the food we eat, the tech we consume, or things we buy—and the young, underdeveloped brain is most vulnerable to this manipulation. I would argue that dopamine manipulation is directly connected to adverse childhood experiences (ACES) and the top 10 issues facing Canada's children.



Credit: Dr. Shimi Kang, Future-Ready Minds

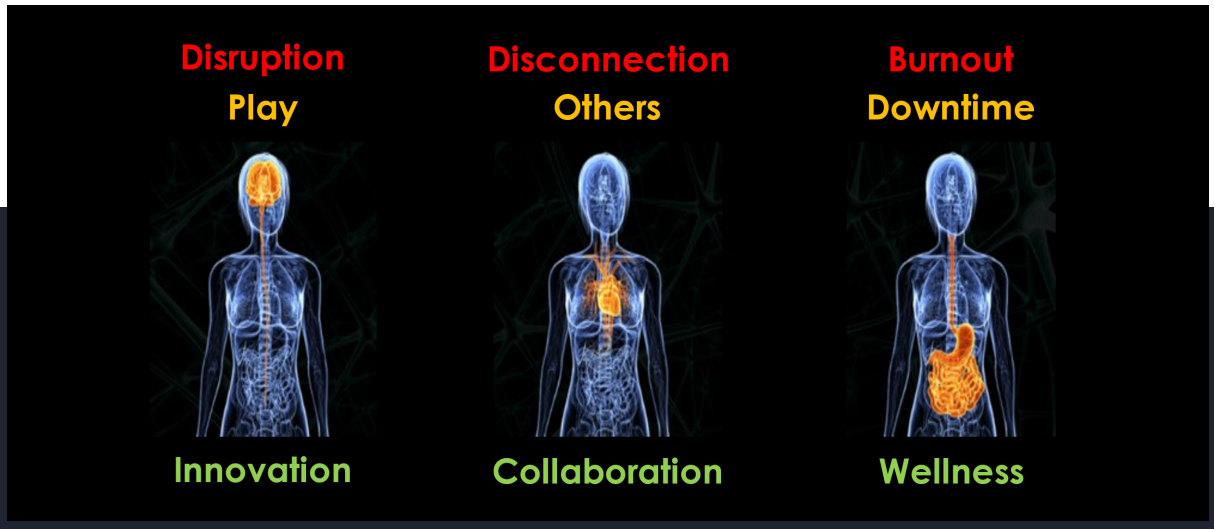
You may wonder, how is dopamine or a hit of pleasure connected to issues of preventable injuries, poverty, vaccines, or climate change? The answer is, dopamine manipulation across our society not only drives us toward unhealthy behaviours leading to addiction, diabetes, obesity, sedentarism, and mental illness, it also distracts, polarizes and isolates us. There is no better example of this than the increase in social media-related attention deficit, bullying, hate, discrimination and misinformation. The simple intervention of limiting cell phone use in school classrooms, hallways and lunchrooms will reduce the pull of dopamine and distractions, improving academic performance and a sense of school community.

WHERE DO WE GO FROM HERE?

As we move deeper into a 21st century marked by the global trends of stress, loneliness, and disruption—including AI, we must prepare children for the three future-ready skills of resilience, connection and innovation. Thankfully the human brain, especially a young brain, naturally seeks all these skills through the concept of neuroplasticity. This means we can change course and successfully prepare children for their future by providing an environment with three simple (but not easy) daily practices. These are the activities of the human "life diet" that include downtime/self-regulation leading to endorphins, connection with others leading to oxytocin, and play/exploration leading to serotonin. Whether at an individual, family, school, community, or national level, focusing on a healthy life diet will boost children's social-emotional-cognitive learning and help them face an uncertain and ever-changing future.

Although, on the ground, it may sometimes feel as if we are sliding backward, as a nation we are moving forward in many exciting ways. We recently saw the introduction of several federal initiatives including the Canada-wide Early Learning and Child Care System and the Canada Child Benefit. However, we need far more broad systemic changes including a Commissioner for Children, a National Strategy for Children, and a data collection system on children's health and well-being.

I applaud the hard-working, forward thinking, and brave researchers, experts, and advocates who helped create this powerful and timely report. I am grateful to those individuals across our nation who tirelessly work for the health of our children. I am optimistic about our future. The human brain is naturally driven toward health, happiness and adaptability. If we work together, Canada's future will be strong and bright.



Credit: Dr. Shimi Kang, Future-Ready Minds

Executive Summary

THE TOP 10 THREATS: WHAT'S NEW IN THIS REPORT?

Although restrictions have been lifted from COVID-19 and the recent acute pediatric crisis has waned, children and youth across what is now known as Canada[i] will be bearing the repercussions for years to come of the systemic gaps that exist in their services and efforts to uphold their rights.

This year's *Raising Canada* report includes new data on the top 10 threats to children and youth ages 0 to 18, and the perspectives of children and youth directly. All point to the urgent need for action. Policy and community recommendations are incorporated in the report with the aim of mobilizing change, to make Canada the best place in the world for kids to grow up.

The *Raising Canada* report aligns with the UN Convention on the Rights of the Child by encouraging the motto of *For every child, every right.*[i] The UN Convention on the Rights of the Child is also consistent with the Raising Canada report by emphasizing, "it is up to our generation to demand that leaders from government, business and communities fulfil their commitments and take action for child rights now, once and for all.[1] The Calls to Action provide direction to elevate the need to uphold the rights of children and youth in Canada. Children and youth need to be provided with institutionalized support and coordination of services and strategies. They need investments. Research and data are necessary to ensure continuous improvement can occur.

Congruent with last year, the report emphasizes an equity, diversity, inclusion and accessibility lens. There is a recognition that the threats do not impact individuals, communities and diverse groups in the same manner. As a result, an emphasis is placed on equity-deserving populations in each of the threats.

In light of the unprecedented challenges posed by the 'tripledemic' of RSV, Influenza and COVID-19 in the fall and winter of 2022, vaccine-preventable injuries have been moved up from threat 5 to 4, emphasizing the severity of the concerns. Given the increased risk of violence against children and youth, this threat has also been moved up from number 4 to 3.

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

While the voices and interests of children and youth have been highlighted in preceding *Raising Canada* reports, this year—for the first time ever—the report incorporates primary research with young Canadians and those that care for them. The need to listen and incorporate the voices of children and youth was made possible through a grant obtained from MITACS which allowed for a partnership between the University of Calgary, the University of Toronto and Children First Canada. Ethics Research Board approval was obtained through the University of Calgary Research and McGill Universities boards. Ethics Research Board approval enabled researchers to conduct individual interviews and focus groups with youth, parents and other subject matter experts. Quotes from participants are included throughout the report.

It is a fundamental understanding of this report that the top 10 threats are interconnected. The interdisciplinary and intersectional nature of the threats demonstrate the need for systemic change to address these violations of children's rights..

Canada consistently ranks among the best countries in the world to live. Our economic opportunities, political stability, and breathtaking scenery are the envy of the world. And yet, for many Canadian children, their day-to-day reality simply doesn't measure up.

At least one third of children and adolescents in Canada do not enjoy a safe and healthy childhood, and the vast majority of young Canadians (two-thirds) lack a sense of belonging. They feel isolated and unsupported by family, friends and teachers, and are affected by other key socioeconomic factors such as poverty, culture, gender, and sexual identity. Children feel lonely and disconnected, and their weak sense of belonging contributes to poor mental health, including depression, anxiety and suicide, along with poor grades, trouble with the law and homelessness. Children and youth from equity deserving populations are more likely to experience a lack of belonging due to the systemic racism and discrimination that they face. The urgency to act has never been greater.

Among 38 OECD countries, Canada ranks 30th for child well-being, according to UNICEF. On the Global Kids Rights Index, Canada ranks 81st. Numbers like these are entirely unacceptable in a nation overflowing with prosperity and promise. We cannot—we must not—leave our children behind.

The evidence laid out in this year's *Raising Canada* report confirms that investing in the well-being of children sets them on a path to lifelong health and yields a strong return on investment.

Investing in children is the very least we can do. Their future and ours depend on it.

KEY FINDINGS

Threat 1: Unintentional Preventable Injuries

According to new data from Statistics Canada,[2] unintentional injuries continue to be the leading cause of death for children aged 1 to 14. In fact, for that age group, one in every three deaths is due to a preventable injury. Canada-wide, on average, 44 children aged 14 or younger die yearly due to choking.[3] Injuries as a result of recreational drugs such as cannabis, vaping and multi-substance usage have increased by a third compared to pre-pandemic levels.[4] Rates of hospitalizations are higher among Indigenous youth than non-Indigenous children and youth.[5] Although Indigenous children and youth make up 3.3% of the Canadian pediatric population, they comprise 30.9% of fatalities.[5]

Threat 2: Poor Mental Health

Half of all Canadian youth (51%) aged 12 to 18 experienced depression, and more than one-third (39%) experienced anxiety during the pandemic.[6] There was a 7.4% increase in self-harm injuries among youth aged 11 to 18 in 2020, in comparison with 2018-2019.[7] Children who experience adverse childhood experiences such as poverty, abuse, or discrimination, are more likely to experience poor mental health.

Threat 3: Violence Against Children and Youth

Nearly two-thirds (60%) of Canadians report experiencing some form of maltreatment before the age of 15.[8] This new finding represents a more comprehensive understanding of child maltreatment across Canada than has been previously reported through other surveys, which estimated 33% of Canadians experienced maltreatment in childhood.[9] {Burczycka, 2017 #180} Children are experiencing violence in schools, with at least 548 children and youth in K-12 schools across Canada having reported an act of sexual nature made by 252 school personnel between 2017 and 2021.[10] On the internet, sexual luring of children has also increased by an alarming rate of 815% in the past five years.[11]

However, some groups of children and youth are more at-risk of violence. For example, First Nations, Métis and Inuit Youth (15.2%) report having experienced physical and/or sexual abuse by adult perpetrators before the age of 15—more than double the rate of non-Indigenous persons. (7.5%).[12] Additionally, children with an intellectual disability have a 3.5 times higher risk of experiencing sexual abuse compared to children without an intellectual disability.[13]

Threat 4: Vaccine-Preventable Illnesses

Based on analyses of the 2021 Childhood National Immunization Coverage Survey, released by Statistics Canada in June 2023, vaccination coverage for all vaccinations for 2-, 7-, and 14-year-olds still remains below the 95% coverage standard to prevent outbreaks.[14] For instance, for 2-year-olds, the national data indicated that diphtheria, pertussis and tetanus (DTaP) had the lowest coverage at 77% and polio and measles had the highest coverage at 92%.[14] There also remains limited uptake of the COVID-19 vaccination among children in Canada, especially among 2-5-year-olds where uptake of at least one dose is less than 10%.[15]

Threat 5: Systemic Racism and Discrimination

Trauma associated with the racism and discrimination children experience can have impacts that last a lifetime while simultaneously impacting future generations. Epigenetics research has shown there is a cellular impact of racism which causes changes that can be passed from parent to child,[1] otherwise referred to as intergenerational trauma.[16] Moreover, based on a report released in 2023, there was a 286% increase in reports of racist and discriminatory actions against Asian children in 2021 compared with data from 2020.[17] In addition, the disproportionate and "pervasive overrepresentation" of children from Indigenous communities in the child welfare system remains a major concern based on publications released within the past year.[18] Many other forms of systemic racism and discrimination faced by children are prevalent, and are often intersectional.

Threat 6: Poverty

According to the most recent (2021) data from the Census Family Low Income Measure After-

Tax (CFLIM-AT), 15.6% of children and youth aged 0-17—or over 1.1 million children across Canadian provinces and territories—live in low-income households, a significant increase from 13.5% in 2020.[19] However, advocacy organizations caution that current numbers do not accurately reflect the landscape of childhood poverty today because data over the past few years were collected during a period where COVID-19 supports were available that have since been clawed back.[20]

Around 6 out of 10 families with low incomes say they feel 'very concerned' about meeting their day-to-day needs, especially considering the rising cost of essential needs, such as housing and food.[21] Meanwhile, around 1.8 million children under the age of 18 were affected by food insecurity in 2022, a marked increase from the 1.4 million in 2021.[22,23] Alarmingly, 130,870 of children aged 0-17 who identified as First Nation, Métis and/or Inuit, both on and off reserve, are living in low-income, according to the low-income measure, after tax (LIM-AT).[24] This figure is in reality probably higher given this census data collection was during COVID relief efforts and looking at the census summary overall, 63 First Nation reserves were missed in this data collection due to forest fires and isolation protocols.

Threat 7: Infant Mortality

Canada's infant mortality rate in 2023 is 3.943 deaths per 1000 live births.[25] Rates of infant mortality are higher for Indigenous and immigrant infants from low socioeconomic status.[26,27] Lack of access to health care needs to be a priority to ensure quality care for children and their families, particularly in rural and northern communities. Pre-conceptional health, neonatal and post-neonatal, and the health of pregnant women are critical considerations in protecting children's right to life.

Threat 8: Bullying

In Canada, approximately 7 in 10 youth aged 15-17 years old experience bullying.[28] Even though bullying can affect children and youth regardless of their individual characteristics, evidence shows that Indigenous youth, adolescents from low socioeconomic status, and sexually and gender-diverse youth are more often the target of identity-based bullying. Parental support is considered a protective factor for children who experience bullying.

Threat 9: Limited Physical Activity and Play

In Canada, only 2.3% of youth meet the 24-hour movement guidelines.[29] Children aged 8-12 from middle-class or high-income households averaged 1180 more steps a day than those from low socio-economic status.[30] In terms of cultural differences, during COVID-19, there was a 38% decrease in physical activity among immigrant communities in contrast to non-immigrant Canadians.[31]

Threat 10: Climate Change

Climate change plays a significant role in the current and future health and well-being of young people. Nearly half (48%) of Canadian youth aged 16-25 expressed feeling high levels of anxiety about air pollution and climate change, while three-quarters (73%) expressed fear for their future.[32] 15,300 premature deaths occur yearly as a result of exposure to air pollution.33 Extreme weather and natural hazards can contribute to contaminated water and particularly impact vulnerable populations, including young people.[34]

There are currently (as of July 2023) 29 short-term water advisories (which did not include B.C.) in Canadian First Nation communities.[35] There is a correlation between exposure to wildfires within 50 kilometres of households

and higher rates of lung cancer (4.9% increased chance) as well as brain tumours, than in unexposed populations.36 This is problematic since, as of June 28th, 2023, there were 85 uncontrolled wildfires in Canada.[37]

In the summer of 2023 there have been multiple reports of child deaths due to extreme weather and pollution associated with climate change, and thousands of children have been displaced or had their daily activities disrupted due to wildfires and poor air quality.

CROSS-CUTTING THEMES

Cross-Cutting Theme 1: Access to Education and Childcare

- The pandemic revealed significant disparities in access to education and childcare. These disparities continue to be a challenge among Indigenous children, immigrant children, refugee youth, youth with disabilities and their families.
- Transitioning back to in-person schooling has been challenging for children and their families who are in need of access to services and supports during their education. Resources must be allocated to implement educational services to meet the needs of children who, during the pandemic, were not able to access services and succeed in their learning and development.

Cross-Cutting Theme 2: Access to Health Care and Other Social Services

- Children's hospitals across Canada have reported exceptionally high wait times in emergency rooms and delayed access to surgeries throughout the past year, particularly during and following the "tripledemic."
- Youth, especially those with chronic health needs, are still waiting for transitionary care between pediatric and adult health care systems. Pediatricians have urgently called on health care systems to build in flexibility around service cut offs based on age and instead consider the requirements of all those involved in meeting children's health care needs.[38]

Cross-Cutting Theme 3: Children's Participation

- Despite the fact that young people have been actively engaged throughout the pandemic,[39] and despite calls in previous *Raising Canada* reports for targeted solutions to bolster children's voices and expertise through meaningful engagements, findings from this year's report continue to indicate that children lacked opportunities to be meaningfully consulted and involved.
- While some opportunities for older youth (16+) exist, younger children and adolescents have very limited opportunities to participate in shaping programs and policies that are aimed at improving their lives.
- There is a significant disconnect between children's capacities and interests to be engaged and the opportunities (or lack thereof) that are available for young people to bolster these capacities with support from adults in positions of power.

LESSONS LEARNED

The past year has further exposed the systemic gaps that exist in services for children and youth. These gaps existed prior to the pandemic but were exposed in powerful and sometimes dramatic ways throughout the crisis. Now, we must address a compounded and complex urgent need to understand the long-term impacts and fallouts from COVID-19, which are continuing to put children and youth in crisis.

Youth, their parents, and subject matter experts have all stressed that these threats are interconnected. The key lesson learned is that addressing threats in silos will not be successful. Just as children's rights are interdependent, so are the threats they face and the solutions required.

Combating the top 10 threats means finding multifaceted solutions. We won't be able to solve these problems one at a time. One of the keys to this puzzle is realizing that the voices of children and youth have not been part of this conversation—and how badly that needs to change.

Children and youth have the right to take part in decisions made about them. Interviews and focus groups confirmed that there is a loud and urgent need to have effective mechanisms and systems in place for children and youth to take part in decision-making processes at all levels of political power. They are the subject matter experts and need to be respected as such.

CALLS TO ACTION

CFC was pleased to see the federal government act on key priorities for children in the past year, including: the national dental plan; an investment of $2 billion toward addressing the crisis in pediatrics (including emergency and surgical care); developing a national school food policy; releasing child-rights impact assessment tools and training; as well as solidifying a national childcare and early learning strategy. We applaud these priorities and the federal leadership behind these important objectives. However, we are now witnessing the urgent and heightened needs of children and youth in Canada who are facing a polycrisis following the global pandemic.

In May 2023, Children First Canada released a new report, *Pedianomics: the Social Return on Investment in Improving the Health and Well-being of Children and Adolescents,* which offers a comprehensive assessment of the past five years of investments in the lives of 8 million young Canadians, making the case to put children first during budget planning.

The report presents new data on the multi-billion-dollar price tag associated with the languishing health and well-being of children and youth, including the impact of the recent tripledemic pediatric crisis. A lack of progress in tackling the mental health crisis facing children and the urgent need to address childhood food insecurity are also considered.

The following Calls to Action are a direct response to this research and the latest findings in the *Raising Canada* report, and lay out a roadmap to help achieve our shared vision of making Canada the best place to grow up. They have been endorsed by our Council of Champions, and with the input of children and youth from the Young Canadians' Parliament. These youth are on the frontlines of social change, taking action in their schools, communities, and at the highest levels of government, to improve the lives of their peers from coast to coast to coast.

The urgency to act has never been greater. We call upon the Government of Canada to act decisively and make big, bold investments in the lives of children and youth.

1. Lead For And With Children

A. Establish a Federal Commissioner for Children and Youth

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

A **Federal Commissioner for Children and Youth** is a non-partisan and evidenced-based approach to improve the well-being of children, including children's health and safety, and to address specific issues such as child poverty and child abuse.

Children's commissioners have been established in more than 60 countries, including Sweden, the United Kingdom and New Zealand. It's a proven strategy to improve results for children. In the UK, the children's commissioners in Scotland, Wales and England helped improve their international rankings for child well-being by five points. That is a measurable change for children.

In Canada, support for children has had a fragmented approach. Children fall under multiple ministerial portfolios and there is no single lead Minister with ultimate responsibility for their wellness. A comprehensive and concerted effort is required to address the impacts of the COVID-19 crisis on children, as well as a child-focused lens on the federal response to the pandemic, which has been absent.

Federal responsibility for children spans across government departments, including but not limited to:

- Canadian Heritage
- Employment and Social Development Canada
- Indigenous Services Canada
- Immigration and Refugee Board of Canada
- Justice Canada
- Public Health Agency of Canada
- Public Safety Canada
- Women and Gender Equality Canada

As a result, it is difficult for big, bold comprehensive ideas for children to gain traction. A children's commissioner would coordinate efforts across departments in a new way and propel action to increase child well-being.

With a mandate to promote, investigate and advise on legislation and policies impacting children and youth—and defend the rights of children and youth across federal jurisdictions and ministries—a federal commissioner would have the authority and autonomy to influence significant positive change with respect to better outcomes for all young Canadians.

In establishing the federal Office of the Commissioner for Children and Youth, it is essential to work nation to nation, respecting and including the self-governance rights of First Nations, Métis and Inuit peoples. The Assembly of Seven Generations and the First Nation Child and Family Caring Society of Canada spoke with Indigenous Youth about establishing the federal Commissioner for Children and Youth, the results of which have been captured in: *Accountability in Our Lifetime: A Call to Honour the Rights of Indigenous Children and Youth*.

B. Develop a National Strategy for Children and Youth

In conjunction with establishing a Commissioner, CFC urges the government to develop a **National Strategy for Children and Youth**. National strategies or action plans for children, like Australia's National Children's

Mental Health and Well-being Strategy,[ii] can help ensure that the voices and needs of children are represented in government agendas and work to markedly improve the overall well-being of children.

Canada's last national strategy, *A Canada Fit for Children*, was issued in 2004 in response to the UN General Assembly Special Session on Children. It is an important resource that should be considered, along with the outcomes of recent consultations on a national strategy for children led by Senator Rosemary Moodie.

This strategy, developed with the provinces, territories, and national Indigenous organizations should outline priorities, targets and timelines, with a clear delineation of the responsibilities of the various levels of government required to make measurable progress for children in Canada. Efforts to tackle the top ten threats to childhood and put Canada back into the top 10 of global rankings for children's well-being can be further catalyzed by measuring what matters and investing in kids, as outlined in the following recommendations.

C. Measure What Matters: A comprehensive national data collection system for young Canadians

CFC recommends that the government collect **disaggregated national data** on the **health and well-being** of children across Canada by establishing a pan-Canadian and comprehensive data collection system, analyzing the data collected as the basis for consistently assessing progress.

Canada lacks national longitudinal studies that can provide a foundation on how Canadian child and youth mental health changes across time (including during the pandemic). As such, continuing to invest in a comprehensive annual survey led by Statistics Canada, such as regularly repeating the Canadian Health Survey of Children and Youth (CHSCY), represents an opportunity to obtain missing information about impacts of the pandemic on children's mental and physical health.

Additionally, there must be a national priority to collect and analyze data disaggregated by age, sex, geographic location, ethnicity and socio-economic background. This will facilitate analysis on the well-being of children, particularly those who are most vulnerable, and strengthen the application of the GBA+ lens in relation to children.

CFC's extensive experience with comprehensive data collection and analysis through the Raising Canada reports can act as a roadmap for the federal government to establish an ongoing national data collection system to facilitate analysis of the mental health of Canadian children. This will both facilitate analysis and strengthen application of the GBA+ lens in relation to children, while helping to ensure that proven and effective strategies are implemented to drive meaningful change for all children in Canada.

2. Invest in Children

The health and well-being of children in Canada has sharply declined over the past decade; their survival and development remains in jeopardy. The charitable sector is facing unprecedented demand to support children and their families, yet resources are dwindling. Urgent investments are needed to drive measurable change in the lives of children and youth.

CFC recommends that the Government establish **a Catalytic Investment Fund for Children to be allocated over the next four**

ii National Children's Mental Health and Well-being Strategy - National Mental Health Commission

years. The aim of the fund is to catalyze efforts to tackle the urgent threats to children's well-being resulting from the pandemic and drive systemic change.

The proposed Fund would provide the resources required to take immediate action on addressing the crisis facing children in our country and drive sustainable change for future generations, with the goal of making Canada the best place in the world for kids to grow up.

The Fund should be made available to children 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. Further, Canada must ensure that First Nations, Métis and Inuit children receive equitable funding and services.

Children First Canada developed a more in-depth analysis on the development of this Fund, which can be found here. While the initial proposal called for an investment of $2 billion over four years, it may be scaled up or down based on the available resources.

In conjunction with the Catalytic Fund, CFC recommends that the government publish a **Children's Budget** to ensure transparency and accountability for all federal expenditures for children. Children's budgets are a proven strategy that have been used globally to ensure that investments improve the lives of children.

Existing policy tools such as the GBA+ framework and Child Rights Impact Assessment (CRIA) can be leveraged for the Children's Budget, and build on the initial efforts used by the Department of Finance in Budget 2019 for the *Investing in Young Canadians* booklet.

This approach could also capture major federal investments in children and youth, including the landmark childcare agreements signed by the federal government with provincial and territorial governments:

- A child-centred approach to policy development and service delivery;
- Hold the highest aspirations for children;
- Big, bold investments in driving, short-, medium- and long-term change;
- Strategic partnerships;
- Evidence based and outcomes driven;
- Demonstrable return on investment; and
- A commitment to upholding the rights of children.

3. Raise Them With Rights

Almost half of children in Canada do not know they have rights and more than three quarters do not know what to do if their rights are violated.[iii] The federal government has a duty to ensure the full implementation of the UN Convention on the Rights of the Child, which includes the responsibility to support child rights education and provide children and youth with a platform to exercise their rights. Two priority investments include:

A. A National Rights-Based Leadership Program

CFC recommends that the government invest in the creation of a national K-12 school-based Leadership Program that promotes children's rights and responsibilities as citizens and develops their confidence and capacity as leaders of today and tomorrow. This program should be created to educate and engage a generation of civically active young leaders to create a brighter future for themselves and their communities. Rights-based education for children strengthens their resilience and buffers them from adversity. Youth who know their

iii https://childrenfirstcanada.org/press-releases/almost-half-of-canadian-children-dont-know-they-have-rights/

rights are less likely to bully or be bullied and are more likely to seek help and take action when they experience violations of their rights. When youth develop a strong sense of identity and self-worth, foster meaningful relationships with their peers and adults, and affect change in their own lives and the lives of others, they develop belonging and purpose and a greater sense of hope and optimism for the future.

In 2020, CFC developed a pilot curriculum and program for schools. It was designed by teachers during the pandemic to facilitate learning and skills development with students and equip them with knowledge and confidence as changemakers on some of the most pressing issues facing their generation.

Students learned about civic participation, how to engage with democratic systems, have their voices heard, and affect real, lasting change at local and national levels. It empowered students to harness their innate gifts, understand systemic issues and develop transformative skills to consciously act, using their voices to make a social impact on issues such as mental health, food security, climate change and racism. With additional financial support this program could be scaled up, expanding content, reach and impact across Canada.

B. Sustain Investment in the Young Canadians' Parliament

CFC calls on the government to continue supporting the Young Canadians' Parliament (YCP) as a forum for children and youth to learn about their rights, strengthen their attachment to Canada, and ensure that children's voices are represented in the Government's agenda.

The YCP provides children and youth with essential skills to affect meaningful change and provides pathways to future employment. Their annual work results in drafting Bills for a national debate and tabling a report with recommendations for federal decision-makers. The program has been made possible in part by partial funding through Canadian Heritage on an annual basis; an investment by the Government of Canada to support the scale up of this program on a multi-year basis would allow the program to become sustainable and more impactful on the lives of Canadian children.

The YCP was launched in 2020 and has successfully engaged nearly 1,000 youth as leaders and changemakers; the next cohort will be enrolled in the fall of 2023. We encourage the government to continue supporting this important initiative.

In summary, we call upon the Government of Canada to:

1. **Lead For and With Children:** Establish a Federal Commissioner for Children and Youth, develop a National Strategy for Children and Youth, and develop a national Data Strategy on the health and well-being of young Canadians.
2. **Invest in Children:** Launch a Catalytic Investment Fund for Children over the next four years and publish a Children's Budget.
3. **Raise Them With Rights:** Support child rights education and provide children and youth with a platform to exercise their rights as leaders of today and tomorrow.

By taking these necessary actions, we will uphold the rights of 8 million young Canadians and ensure that each one is able to achieve their full potential.

It's their right, and it's our duty.

"Pandemic restrictions have lifted and the recent acute pediatric crisis has waned, but the impacts will be felt for years to come. We are facing a generational catastrophe that requires urgent and sustained support. With a focus on the best interests of the child and a child rights lens to equitable planning and budgeting, we can ensure that every child in Canada thrives."

– SARA AUSTIN
Children First Canada Founder and CEO

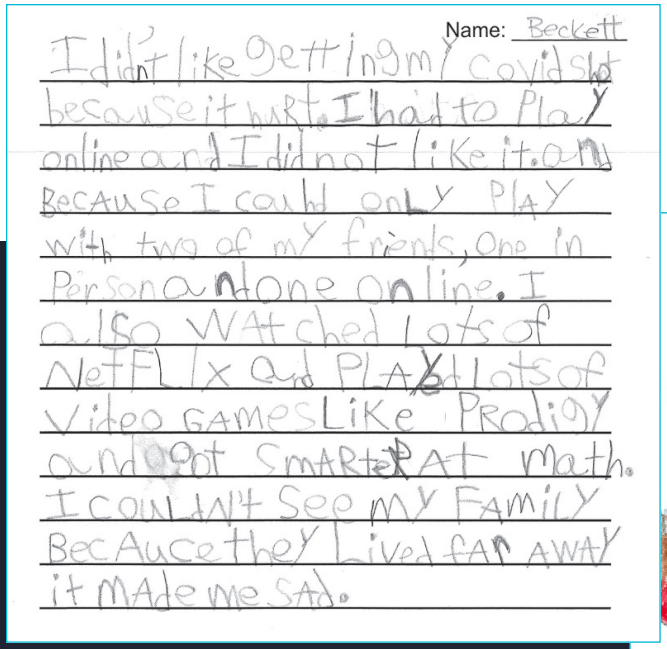
"The principle of 'pedianomics' is relatively simple: invest in kids' health now, save for a lifetime. For them. For everyone. Investing in children's health care is a long-term investment in the sustainability of universal medicare. Morally and money-wise, as this report underscores clearly, there is no better time than now to apply the principles of Pedianomics from coast to coast to coast."

– ALEX MUNTER
President & CEO, Children's Hospital of Eastern Ontario (CHEO) and the Ottawa Children's Treatment Centre

Introduction and Background

Raising Canada 2023 is the sixth in a series of annual reports exploring the top 10 threats that children and youth face in Canada. Newly released literature, the voices of children and youth, and other subject matter experts within academia, health care, and more have been included in this year's report to explore the state of childhood in Canada.

Over the past six years, *Raising Canada* has called for urgent action to be taken by parents, community-based organizations, government, and society as a whole to address these threats and ensure the well-being of children and youth in Canada. The top 10 threats identified in the report remain unchanged; however, they have a new prioritization, with additional emerging trends highlighted. The findings are solidified in both the literature and through the voices of subject matter experts, parents, and young people across Canada.


Name: Beckett

I didnt like getting my covid shot because it hurt. I had to play online and I did not like it. and Because I could only play with two of my friends, one in Person and one online. I also watched lots of Netflix and Play lots of video games like Prodigy and got smarter at math. I could'nt see my family Because they lived far away it made me sad.

BECKET ROSS, AGE 8

Methods and Framework

Similar to previous *Raising Canada* reports, this report aims to shine a light on the latest evidence on the top 10 threats to children's well-being in Canada, and the widespread violations of their rights. While this report is by no means an exhaustive or systematic literature review, it does highlight recent gains made in knowledge of persistent and emerging threats to children's survival and development. The *Raising Canada* research team conducted a thorough search of peer and non-peer-reviewed data using the Google Scholar search engine as well as the University of Calgary, University of Toronto and McGill University libraries. Data from government websites and grey literature are also included in this report.

A number of other components were integrated into the report which are consistent with last year including,

- sharing the report with children and youth as subject matter experts to gain their perspectives and input on the report;
- obtaining artistic displays from children and youth, which are incorporated in the report;
- sharing the report with service providers and other subject matter experts to provide direction and input on the findings and recommendations; and
- obtaining supporting data and recommendations from the Young Canadians' Parliament on threats that children and youth face across Canada.

The report highlights the systemic threats to children that pre-date the pandemic and reflects on threats that have been, and continue to be, exacerbated because of the pandemic. A Child Rights Framework[1] was incorporated throughout this year's report, including:

- Non-discrimination - children should not be discriminated against because of age, race, gender, disability or on any other basis, and have a right to equal treatment.
- Best interests of the child - the well-being of children must be a primary consideration in all actions concerning children.
- The right to survive and develop - children's welfare and ability to survive and thrive is ensured.
- The views of the child - listening to what children have to say and including their voices in decisions that affect their lives.

This year's *Raising Canada* research offered new insights through the incorporation of the voices of youth, parents, and other subject matter experts. Research Ethics Board approval was obtained through the University of Calgary and McGill University to conduct individual

interviews and focus groups with subject matter experts, parents, and youth. Twenty-six semi-structured interviews and three focus groups via Zoom were conducted with subject matter experts from an array of different professions who reside across Canada. A total of 16 interviews were conducted with parents of children aged 0 to 18, and 12 interviews with youth aged 12 to 18.

To identify those who are under the age of 18, the terms 'children', 'adolescent', 'youth' and 'young people' are used interchangeably in the report. Despite the use of language in the report, the definition varies. The United Nations[1], for example, refers to youth as being between the ages of 15 to 24. On the other hand, Article 1 of the United Nations Convention on the Rights of the Child (UNCRC) refers to a "child" as being under the age of 18.

In order to determine what top 10 threats should be included, the following inputs were considered:

- a review of the literature
- the Young Canadians' Parliament (YCP) annual report
- involvement of two youth in regular meetings with the research team to provide insight and consultation on the Raising Canada report, presentations, and manuscripts
- individual interviews with youth
- individual interviews with subject matter experts
- individual interviews with parents
- focus groups with subject matter experts
- a review of the report by youth as experts with lived experience
- a review of the report by subject matter experts

EMERGING THREATS

Although 10 threats have been identified, it should be noted there are numerous additional threats that undermine the health and well-being of children in Canada that are beyond the scope of this report. On an annual basis, the *Raising Canada* research team consults a wide range of experts—including children and youth—and scans the latest available data to identify emerging threats that may alter the top 10 rankings. For example, Climate Change was added as an emerging threat in 2021 and ranked in the top 10 in 2022.

This year both the input of key experts and the data suggest that technology misuse is an emerging threat that requires attention and action. At the onset of COVID-19, from April to August 2020, screen time was particularly high with preschool children across Canada on the screen two hours a day.[40] The 2018 Health Behaviour in School-aged Children (HBSC) Study[41] revealed that 6.85% of students grade 6 to 10 were at risk of having problematic social media use while 33.14% were at moderate risk.

Excessive screen time can impact the well-being of young people. Dr. Shimi Kang, who wrote *The Tech Solution*, shares the link between mental health issues in young people and technology use. The concerns raised include depression, addiction, anxiety, body image issues, sleeping disorders, and social skills impairment.[42] While a threat in and of itself, it is also worth noting that technology misuse cross-cuts many of the top 10 threats; as such, key implications have been highlighted throughout this report. In light of these findings, the Raising Canada team will continue to monitor this emerging threat in the year ahead. Moreover, given the rapid rate at which this threat is evolving, it warrants significant monitoring, vigilance and action by policymakers, service providers, parents, and

young people to reduce the risk of harm and ensure that children are provided with adequate safeguards.

METHODOLOGICAL LIMITATIONS

The report is not a systematic review of the literature. Given the breadth and wealth of information on some topics and the length of the report, only limited data can be incorporated.

Although the *Raising Canada* report strives to release data produced within the last year, it often takes years for findings to be published. As a result of the delay, despite studies being published in 2022 or 2023, occasionally, the findings may be from several years ago. For example, key data sources such as Statistics Canada, the Canadian Pediatric Society, and the national unintentional injury dataset hosted by Parachute do not publish findings yearly, and sometimes not for a few years, resulting in important Canadian data being retrospective. This is also true of most national data and research publications. Much of the data on unintentional preventable injuries is grounded in national data from Parachute based on 2018 findings, the Canadian Pediatric Society in 2020, and the 2021 Cost of Injury report.

As noted in previous *Raising Canada* reports, the lack of consistent annual data collection on the health and well-being of children by the federal and provincial governments presents a significant challenge to adequately monitoring progress or challenges in advancing the health and well-being of children and youth. Many other OECD countries have far more sophisticated data measurement tools to track the health and well-being of children at a national and provincial/state level. As one example, Kids Count Data Book[43] which is produced annually in the United States by the Annie E. Casey Foundation, provides timely, accurate and comparable reporting on key child health indicators.

The Canadian Health Survey of Children and Youth (CHSCY) conducted by Statistics Canada is an important starting point. First conducted in 2019, the CHSCY collected data on a nationally representative sample of approximately 45,000 children and adolescents based on the Canadian Child Benefit File (the most comprehensive sampling frame for children available).[44] The CHSCY is currently being repeated and will provide important insights into progress or regression in children's health, in comparison with the pre-pandemic baseline. Continuing to monitor children's health through the CHSCY will enable longitudinal monitoring.

As such, Children First Canada and the *Raising Canada* report continue to reiterate the need for the federal government to develop a comprehensive data strategy that would encompass the collection of disaggregated data on the health and well-being of children, supported by analysis, research and insights.

Threat 1: Unintentional Preventable Injuries

Unintentional preventable injuries can be classified based on external causes such as falls (mechanical), motor vehicle traffic crashes (MVT - mechanical), struck by/against (mechanical), poisonings (chemical), suffocation (asphyxiation or too little energy), fire/hot object/smoke (thermal/chemical), among others (various energy types).[45] In general, these refer to events that unintentionally cause harm, injury, and potentially death to a person–with a focus in this report on children.

Article 6 of the United Nations Convention on the Rights of the Child[1] recognizes that every child has the right to life, survival, and development, yet unintentional injuries have remained the leading cause of death among people aged 1 to 14 in Canada.[46] In fact, for that age group, one in every three deaths is due to a preventable injury. In the fiscal year 2018-2019, there were 20,626 reported injuries that required hospitalization for children aged birth-19, with 77% of them being unintentional injury according to Yao et al., 2020.[45] Moreover, the number of unintentional injuries in children aged birth to 14 years in the year 2018 have been reported as: Deaths - 141; Hospitalizations -12,796; Emergency Department Visits - 806,705.[47]

FALLS

Falls are the leading cause of injury among children from birth to 14 years according to the most recent Cost of Injury report released in 2021 using data from 2018.[48] Injury due to falls alone incurs a cost to the Canadian economy of $996 million annually.[48] Depending on the age range of the children, falls occur in different locations. For example, falls of children aged 0-5 usually occur at home (from stairs[48], furniture[48], and windows[49]) while for children aged 5-9, falls are more likely to occur at playgrounds (due to skates/skis/boards/blades).[48]

In 2018, there were 79,478 emergency department visits for youth aged 15-19, and 297,889 emergency visits and 5,861 hospitalizations in young people aged 0-14 as a result of falls.[47] In a 2022 master's degree thesis, between 2010 and 2019, Mahboob also identified that there were 26,345 fall-related hospitalizations among children aged 0-19 in Ontario.[50]

DROWNING

According to Parachute's large-scale Cost of Injury in Canada study,[47] there were 572 emergency department visits among children aged 0-14 related to drowning or near-drowning experiences; 328 were children aged 0-4 who had near-drowning experiences and there were 10 deaths in the same age range in 2018. The number of emergency department visits were more than double among this age group compared to any other ranges including 5-9 (138 children), 10-14 (106 cases), and 15-19 (100 youth).[47] Based on Yao et al., 201945 study as well as Parachute's Cost of Injury in Canada,[47] drowning in children nine years of age and younger comprises around 27% of all drowning-related emergency department visits and 7% of all drowning deaths. For children in Ontario, the number one factor is the lack of supervision with 96% of drownings occurring as a result of lack of supervision or distracted supervision of children aged 0 to 5.51 In addition, children and youth (aged less than 20 years) had the highest number and rate of emergency department visits for non-fatal drowning.[52]

In a retrospective study of unintentional fatal drowning cases from the Drowning Prevention Research Centre's national database, of the 4,288 people who died between 2007 and 2016, 187 were children under the age of 5, and 452 deaths occurred among children and youth between the ages of 5 to 19.[53] Two of the children under the age of 5 had a pre-existing respiratory disease, three had a seizure disorder, one had a physical disability and four had a neurocognitive disorder.[53] For the children and youth aged 5 to 19, two had a cardiovascular disease, five a respiratory disease, 18 had a seizure disorder, 12 had a physical disability and 15 had a neurocognitive disorder.[53] Overall, this highlights a link between pre-existing conditions and the child's potential for drowning. For youth aged 15-19, there were 200 emergency department visits in 2018 for drowning or near-drowning experiences.[47]

CHOKING

According to Parachute,[3] 44 children aged 14 or younger die in Canada yearly due to choking, while 380 are hospitalized with severe injury from suffocation or choking. Choking injuries are a major cause of death for children aged 0-4 and it should be noted that most of these injuries are in relation to food.[54] There are many factors that contribute to choking, but one of the leading reasons for choking among infants is the absence of supervision or children being fed improperly prepared foods such as popcorn, hot dogs and grapes which are choking hazards.[55,56]

POISONING

Parachute[57] research notes poisoning is the third leading cause of hospitalizations and emergency department visits for children aged 0-14 for unintentional injury in Canada. Poison Control Centres received 215,000 calls with more than a third of them being in relation to a child under the age of six in 2020.[57] In 2018, there were 12,312 unintentional poisoning visits to the emergency department in children aged 0-1447 Zhang et al.,[4] observed a 42.4% decrease in the total ED visits for children < 18 years of age during the pandemic, while the number (and the proportion) of poisoning-related emergency department visits increased. According to Zhang et al.,[4] from pre-pandemic (2018/2019) to the beginning of the pandemic (2020) there was a 127.8% increase in unintentional poisoning. The emergency visits for recreational drug use significantly increased during the pandemic (from 10 per 10,000 ED visits to 26 per 10,000 ED visits).[4]

TRAFFIC INJURIES

Traffic injuries among children and youth can include pedestrians, cyclists, and motor vehicle passengers and riders/drivers motor vehicle collisions. The most recent Transport Canada[58] report on Canadian motor vehicle traffic collisions revealed that in 2021 there were 15 fatalities and 1,248 injuries in children aged 0-4, while there were 42 fatalities and 4,055 injuries in the age group of 5 to 14. The corresponding number of fatalities and injuries increases in the age ranges of 15-19 years (94 fatalities, 9,399 injuries).[58] The statistics point to traffic injuries as one of the leading causes of death for young people aged 15-29, particularly before the pandemic, with 115 deaths and 12,010 injuries in 2019 for the same age.[58] Traffic injuries include pedestrian and cyclist motor vehicle collisions.

SPORTS-RELATED INJURIES

Self-reported data from the 2019 Canadian Health Survey on Children and Youth aged 1 to 17 revealed that, of young people who experienced a head injury or concussion, broken bone, fracture, or serious cut or puncture within the last 12 months, the most likely form of injury was a head injury or concussion (4%) which occurred at a rate of 44.8% during sports or physical activity.[59] The next most common injuries were fractures (3.2%), which also were most likely to occur from sports, at a rate of 51.9%.[59] In 2018, there were 32,844 injuries from being struck by/against sports equipment in children aged 0 to 14 in Canada.[47] In youth aged 15 to 19, there were 74 hospitalizations and 18,602 injuries from being struck by/against sports equipment in 2018.[47]

SUBSTANCE-RELATED INJURIES

Substance-related injuries result from ingestion or inhalation of substances such as non-opioid analgesics, antipyretics, antirheumatics, antiepileptic, sedative-hypnotic, anti-parkinsonism and psychotropic drugs. Other substances include alcohol, gases and vapours and cannabis.[60]

Cohen et al.[61] looked at pediatric hospital admissions in Canada prior to and following the legalization of cannabis in 2018. The mean age of young people in their study was 15.9. The authors found that following the legalization, there were greater risks of cannabis-related preventable injuries.

Substance-related injury and poisoning also results from cocaine use in combination with other substances. In July 2022 the Government of Canada reported that from 2012 to 2019, 19.8% of all cocaine-related injuries occurred in youth aged 15 to 19 while 3.4% were in young people aged 10 to 14.[62] The same report also indicated results specific to cocaine-related injuries that involved only cocaine (not mixed substances): 2.1% among those aged 10-14 and 12.5% among 15-19-year-olds.[62]

Another study looking at emergency department visits from 2016 to 2019 found that alcohol was the most common type of psychoactive substance involved in visits among youth ages 12 to 17.[63]

Concerns about vaping among Canadian youth have also increased in Canada. In 2019, Zutrauen et al.[64] conducted a cross-sectional survey on vaping-related injury/illness among children and youth under 18. They analyzed reported injury/illness cases (n=71) related to inhalation of vaping aerosols. Of these cases, 41% required hospitalization and or were admitted to the intensive care unit, while 54% presented with respiratory distress among children and youth under the age of 18.[64] The type of vaping varied, including 42% using nicotine and 24% using cannabis.[64]

Bechard et al.[65] (2022) examined emergency department visits by youth aged 10 to 24 in Ontario from 2003 to 2017 and found cannabis-related visits increased from 3.8 per 10 000 youths (95% confidence interval - CI 3.5-4.0) in 2003 to 17.9 (95% CI 17.4-18.4) in 2017. The highest use was by youth aged 19-24 at 25.0 per 10 000 and 21.9 per 10 000 among youth aged 14-18 followed by those aged 10-13 at 0.8 per 10 000.[65] Reasons for these visits include agitation, psychosis, and tachycardia, among others. Many of these youth needed intubation. Bechard et al. (2022)[65] reported that in 2017, the number of emergency department visits for cannabis exposure among Ontarian youth aged 10–24 years was nearly five times the number in 2003. A study by Zhang et al.[4] on ED visits among children under 18 years found a 44.3% increase in poisoning cases from recreational cannabis use among youth in Canada during the pandemic compared to pre-pandemic levels.

Overdoses from opioid use have also substantially increased among youth as demonstrated in a new report released in June 2023. From 2014 to 2021, overdoses from opioids tripled among Ontario youth aged 15 to 24, from 69 to 297.[66] Among 15- to 17-year-olds, the number of overdoses during this time period also tripled from 32 to 86 visits in Ontario.[66] From March 17th, 2020 to March 16th, 2021, 169 young people aged 15 to 24 died from opioid overdose in Ontario.[66]

INJURIES AND INEQUITIES

There are clear discrepancies in the rates of hospitalization and outcomes due to unintentional preventable injuries among Indigenous, non-Indigenous and newcomer children and youth, as well as other equity-seeking groups. The inequities include living in low socio-economic homes and neighbourhoods as a result of systemic racism and discrimination. Socioeconomic status is an important contributing factor in vehicular deaths and injuries of children and youth (aged 1-19) as there are higher rates of child pedestrian-motor vehicle collisions in more underserviced neighbourhoods in urban cities.[67]

Over the period of 2000-2019 in Ontario, there were 523 children ages 1-19 who were killed or seriously injured (KSI) in pedestrian-motor vehicle collisions, with a steep decrease in rates in all neighbourhood deprivation levels between 2000 and 2014, followed by an increase in rates between 2015 and 2019.[67] Although not statistically significant, the study suggests that higher neighbourhood deprivation was associated with elevated KSI rates. The factors that relate to socioeconomic status include income, education, employment, community safety, and social support.[67] Schwartz et al.,[67] (2022) also mentions that factors related to socioeconomic status include communities and conditions, interventions and environments. For example, lower-income communities may have fewer speed bumps or less signage.

In line with the 94 Calls to Action of the Truth and Reconciliation Commission[68] and obligations to implement the UN Declaration on the Rights of Indigenous Peoples (UNDRIP),[69] it is important to ensure equitable support for First Nations, Métis and Inuit peoples who are twice as likely as non-Indigenous people to have injuries from traffic/vehicular collisions and three times as likely to die from such collisions.[70] This highlights a significantly higher risk for Indigenous peoples which draws attention to intergenerational trauma, colonial oppression exemplified by lack or inadequate infrastructure in rural areas where many Indigenous communities are located. The issues of health, safety and well-being are closely connected with geographical space and the right to non-discrimination in the child rights framework.[1] As Williams

recommends, coordinated efforts are needed, and future studies should explore strategies of engagement that involve the communities and honour Indigenous worldviews, traditions and practices.[70]

Indigenous children and youth account only for 3.3% of the Canadian pediatric population yet comprise 30.9% of fatalities and have hospital stays 67% longer than their non-Indigenous peers.[5] An analysis of motor vehicle collisions in Alberta found that up to 73% of Indigenous children who died in road events were not wearing the indicated protective devices, a high rate compared with 39% of non-Indigenous children.[5] In Quebec, where health centres are between 30 to 1000 kilometres away from trauma centres, Indigenous peoples are three times as likely to be injured as non-Indigenous Canadians.[71]

RECOMMENDATIONS

Policy Recommendations

- It has been shown that speed and high volume of traffic are the top contributors to traffic-related incidents with children, according to Amiour and colleagues.[72] One of the most effective ways to eliminate death and serious injury to children and youth is through changes to and enforcement of traffic bylaws, e.g., lower speed limits on highways, residential areas and playgrounds, automated speed enforcement, proper signage, and changes to the road environment, including speed bumps.
- *Raising Canada* echoes Parachute's[57] recommendation to implement policies to prevent poisoning among young people. With the number one cause of unintentional injuries from poisonings in children under the age of 14 occurring as a result of medication, a multifaceted approach has been recommended including data surveillance and safe storage of medication and switching to limited quantities and single packaging for more harmful medications.[57]
- Encourage all provinces and territories to adopt and enforce the updated National Building Code of Canada 2020, which includes requirements for safer windows in newly built single-detached homes across the country.

Community Recommendations

- Action at a local level is needed to support children in addressing substance use injuries. Proper education and discussion around vaping and drugs in school settings are needed to better equip students with the ability to make informed choices. Furthermore, in relation to substance use such as vaping, Simpson et al.[73] suggests that vaping used by adolescents is more experimental or with the view of vaping as being 'cool' as opposed to adults generally using vaping to quit smoking. Simpson et al.[73] also mentions that applying a theory of planned behaviour approach is a strong way to help educate children and youth on the harms of vaping by including discussion around the risks and benefits of usage, informed choice-making, peer pressure management and parental awareness.
- Implement evidence-informed injury prevention programs, such as adhering to the Loop Junior Fall Prevention Community of Practice.[74]
- Ramp up the national education campaign messaging on the various circumstances in which children under age five can drown.
- Dedicate more resources to address the gaps in research on all preventable injuries among Indigenous populations.

Threat 2: Poor Mental Health

Mental health and well-being are critical to the functioning and overall health of young people throughout their childhood and as they develop into adults. It is not uncommon for mental illness to occur under the age of 18, with more than 70% of mental health challenges developing before adulthood.[75] In Canada, 1.2 million young people experience mental illness which rises to 7.5 million by the age of 25.[75]

Poor mental health increases the likelihood of suicide, self-harm, and long-term/chronic conditions such as depression or eating disorders. Calls, texts, live chats or visits to the Kids Help Phone jumped from 1.9 million in 2019 to 15 million since 2020.[76] Globally, a meta-analysis that included Canada, revealed that in the first year of the pandemic one out of four young people experienced clinically elevated rates of depression.[77] Subsequent research examining changes in youth mental health has shown that depression, particularly among girls, worsened during the pandemic.[78]

The most recent data released by Statistics Canada revealed that in 2018, 62% of youth aged 15 to 24 had excellent or very good mental health. But that number markedly decreased in the spring of 2020 to 40% in the same age category.[79]

> "We weren't going out during COVID-19 because my sister has cerebral palsy. We couldn't because if we got sick, and my sister got sick there would be a higher chance that she would die, and that impacted my mental health. It definitely impacted my family's mental health and I've heard from a lot of youth that throughout COVID they've felt that their mental health declined significantly."
>
> – YOUTH PARTICIPANT 2

The People for Education[80] found that youth in Ontario aged 12 to 17 who indicated that they had very good to excellent mental health declined from 73% in 2019 to 61% in 2022. Another study published in Ontario in 2023 looking at youth aged 12 to 25 found that between February 19 and March 18, 2021, more than 86% of the participants reported worsening mental health. The decline in mental health was also consistent in Saskatchewan

where 64% of youth reported that their mental health declined during the pandemic.[81]

Interpersonal trauma (or those traumas that occur from direct interactions with other people) is a large predictor of the need for urgent mental health services. Interpersonal trauma involves events that cause harm to someone (i.e. emotional, physical, sexual, spiritual) conducted by another person. An Ontario study of young people aged 12 to 18 noted that youth were 65% more likely to need supports if they experienced trauma.[82]

The decline in mental health is further problematic given that support in Canada is not always easily accessible in the public health system and cost can be a significant barrier to seeking mental health services.[83] A Canada-wide survey found that 35.8% of participants experienced barriers to accessing mental health supports for children and youth.[84] Lack of support and adequate treatment to address mental health concerns can result in long-term challenges that impact young people into their adult lives.[85] Another study found that of youth aged 12 to 24 who reported mental health and substance use challenges, 3 out of 5 accessed support in 2022.86 Of those, more than half did not find that they were readily accessible.[86] In fact, there was a decline of physician based-visits for mental health during COVID-19.

> "When children do need mental health help it's just not there. There's just not enough help. I don't know what it's like everywhere else, but I know here we're short on any kind of therapy, and when they do help, it's quick and it's not actually fabulous therapy, but they're very quick to want to medicate you."
>
> -PARENT PARTICIPANT 4

Even prior to COVID-19, the wait times for children's mental health services across Canada were excessively prolonged.[87] According to Children's Mental Health Ontario (CMHO),[88] the longest wait for services can reach 919 days or 2.5 years. Additionally, average wait times for counselling and therapy is 67 days and for intensive treatment the average is 92 days.[88] Lack of quality support has often left young people without services to address their well-being for years, which can have detrimental impacts on their survival and development.[87] In the first 12 months of COVID-19 there was a rapid increase in physician-based outpatient mental health services in Ontario with 10 to 15% above what was expected.[89]

SELF-HARM

A 2023 study revealed that from 2018-2019 there was a significant 78% jump in self-harm injuries in youth aged 11 to 18, compared to 2020.[7] Results from a global systematic review, which also included data from Canada, revealed that COVID-19 resulted in more hospital visits and hospitalizations for self-harm, suicidal ideation and suicide attempts in children and youth.[78]

On average, 9% of calls by young people to Kids Help Phone are due to concerns related to inflicting self-harm, with most calls originating from Yukon followed by Saskatchewan and Alberta.[76] Approximately 25% are children between the ages of five to 13 while 46% are 14 to 17 years old.[76]

Self-harm is particularly high among Canadian youth with bipolar disorder. A study conducted by Toigo et al.[90] revealed that 38.1% of youth aged 13 to 20 with bipolar disorder reported non-suicidal self-injury in their lifetime.

SUICIDE

A global systematic review and meta-analysis, which also includes data from Canada, revealed that there was an increase in emergency department visits for suicide attempts and suicidal ideation from pre-pandemic to mid-pandemic, in particular for females (39% as opposed to 6% of males).[78] Suicidal thoughts are the third most likely reason for young people to call Kids Help Phone, while the first is mental/emotional health.[76]

As noted in the limitations, Statistics Canada data on children's mental and physical health is not published yearly. However, it is noteworthy that suicide was the second leading cause of death for youth 15-24 with 25% of deaths in this age group. It was the third leading cause of death for young people aged 10-24 between 2016 and 2020.[2]

Findings released from a 2023 study in Quebec retrospectively found that between 2000 and 2021 there were 3,174 hospitalizations due to suicide attempts by youth aged 10 to 14 and 19,865 in young people aged 15 to 19 years old.[91]

DEPRESSION AND ANXIETY

Despite an increase in mental health concerns during the pandemic, only one in four sought mental health treatment.[92] The Canadian Centre on Substance Use and Addiction[92] reported that 24% of youth experienced moderate to severe depression and 42% had moderate to severe anxiety during the pandemic. Mental health stigma and self-stigma may contribute to these numbers being much higher in reality. Findings suggest that mental health concerns may be amplified by stressors related to school (19%), financial issues (13%), and social isolation (11%).[92] Anxiety was cited as the most prominent reason for young people texting the Kids Help Phone in Canada.[76]

A study published in 2023 based in Canada during the period of June 17th to July 31st, 2020, reported that 60.7% of adolescents aged 12 to 18 had clinically significant symptoms of at least one mental health concern.[6] This study also revealed that 51% of the youth experienced depression and 39% anxiety during that same time period.[6]

EATING DISORDERS

At the Hospital for Sick Children (SickKids), located in Toronto, there was a 63% increase of anorexia-related hospital admissions from March 11, 2014, to March 11, 2021.[93] The Alberta Children's Hospital, located in Calgary, also experienced an influx of admissions for anorexia nervosa among adolescents with an increase of 132%.[93] Of those with eating disorders, 72.9% of adolescents at SickKids were diagnosed with anorexia while 68.3% of adolescents experienced anorexia at Alberta Children's Hospital.[93] In Ontario, eating disorders among youth more than doubled during the pandemic.[94] The length of hospitalizations for eating disorders between 2015 and December 2020 in youth increased in duration from 2.2 months to 6.3 months due to complexity and severity.[94]

SUBSTANCE USE DISORDERS

Since the start of the pandemic in 2019/2020, there was an 8% increase in hospital stays for Canadian youth aged 12 to 24 for substance use compared to 2021/2022.95 The severity of the problem is particularly apparent in British Columbia, where youth overdoses are the third leading cause of death.[96]

Vaping is becoming more prevalent among youth, as identified by a Statistics Canada97 report published in 2022, with approximately 13% of youth aged 15 to 19 identifying that they vaped nicotine in 2021. For 33% of these

youth, their rationale for vaping was stress from the pandemic.[91] Of those who had vaped nicotine within 30 days of taking the survey, 61% indicated that they had never smoked cigarettes.[97]

MENTAL HEALTH AND INEQUITIES

It is well established that First Nation, Métis, and Inuit youth are more likely to experience poorer mental health outcomes than their non-Indigenous counterparts due to the impacts of colonization, residential schools, intergenerational trauma, and ongoing systemic racism and discrimination. Among four First Nation and two Inuit communities, 55% of youth aged 11 to 29 who accessed supports reported that their mental health was fair or poor while 50% reported suicidal thoughts within the last month.[98] Although these discrepancies have been cited because of Indigenous mistrust of Canadian health care stemming from historical abuses by the medical field, systemic health inequalities such as disproportionate rates of poverty, domestic violence, food insecurity and child welfare services (CWS) in Indigenous communities are also critical determinants.[99,100] Lack of accessible services has also been problematic for remote communities, resulting in inequitable access to much-needed supports.[81]

The following inequities are often connected to colonial trauma—a fact supported by a 2022 cross-Canada study that found higher rates of interfamilial residential school attendance are connected with higher rates of distress experienced by First Nation and Métis youth.[101] Youth with no residential school attendance in their family had rates of distress 12% lower than those with a grandparent who had attended and 26% lower than those with a parent who had attended.[101] It was also found that First Nation and Métis youth with higher rates of residential school attendance within their familial line had rates of external Child and Family Service placement more than 10% higher than Indigenous youth with no residential school history in their family.[101] This factor has been noted as a source of substantial distress for First Nation and Métis youth in Canada.[101]

In British Columbia it was found that Child Welfare placements increased rates of self-harm, drug overdose, suicidal ideation and suicide attempts in First Nation and Métis youth.[101] This was supported by a 20-year study released in 2022, which found that in Saskatchewan the highest rate of hospitalizations due to self-harm was found in Status First Nation females aged 15 to 24.102 These statistics have been exacerbated by the COVID-19 pandemic, which was found to have caused regression in the mental health of Indigenous youth.103 This may be correlated to federal and provincial restrictions which resulted in therapeutic care, schooling, and case meetings being moved online, despite only 35% of Indigenous homes on reserves having access to reliable internet.[104]

Immigrant children and youth are exposed to more adverse conditions than their Canadian-born peers due to the migration process, which can be traumatic and stressful for children and their families.[105] These experiences have contributed to higher rates of mental health concerns in the children of immigrants, as established by a 2022 study that found the mental well-being of parents and their exposure to trauma and distress greatly influenced the mental health of immigrant youth, at a rate of 37.2%.105 It was found that 33.4% of immigrant youth in Canada aged 14-25 experienced higher rates of mental distress during the COVID-19 pandemic.[106]

During the COVID-19 pandemic, ethnically diverse youth aged 15-17 reported rates of

mental distress 4.9% higher than adolescents of European background, with 57% of Black adolescents in Canada reporting COVID-19 had been a detriment to their mental health.[107] Statistics Canada[108] shared that 4% of immigrants aged 15 to 24 experienced suicidal thoughts compared to 6% of their Canadian-born peers.

Canadian children with disabilities experience inequitable rates of mental distress.[109] This is especially the case for youth with developmental disabilities, who were shown to have rates of mental distress 6% higher than those with a sensory disability and 22% higher than those with a physical disability.109 It has been found that children with autism spectrum disorder (ASD) aged 7 to 11 years have higher rates of stressful life experiences (SLE) than children without an ASD diagnosis, which included exposure to familial or individual stressors.[110]

The presence of stressful life experiences (SLEs) has been shown to predict a 10% higher risk of poor mental health outcomes in children aged 7 to 11 with autism spectrum disorder (ASD) and low cognitive shifting ability.110 Nearly three-quarters of youth (72%) with disabilities display rates of mental distress, with 20% of individuals assessed within the severe category for Strengths and Difficulties (SDQ) scores.109 A 2022 study found that social isolation significantly increased the risk of mental illness in neurodivergent youth, who currently report rates of mental illness at 35% which is ten times higher than neurotypical populations.[109] Mask bylaws, for instance, proved difficult for those with sensory concerns aged 0-30 and consequently, restricted their social interaction during the COVID-19 pandemic, further isolating said individuals.[111]

The 2SLGBTQIA+ community has long been known to face significant mental health hurdles due to the pervasiveness of heteronormative culture and the resulting discrimination.[112] Fewer 2SLGBTQIA+ youth aged 16-29 accessed mental health services than those who are not part of the community.[112] Transgender youth aged 16-29 have cited experiences of ostracization and discrimination within the health care system which may be the result of lack of feelings of cultural safety, insufficient training or lack of knowledge, and provider biases.[112]

Transgender youth aged 15 to 24 have rates of suicidal ideation 14.1% higher than the cisgender population and 22.7% higher rates of suicide attempts.[113] A 2022 study found that 33% of surveyed 2SLGBTQIA+ youth in Ontario aged 14-29 reported a suicide attempt during the COVID-19 pandemic.[114] Transgender youth aged 13-24 who were actively using gender-affirming-hormone-therapy (GAHT) were shown to have reduced rates of depression and suicidality than those without access to gender-affirming care.[115] Parental support in this regard has also been correlated with better mental health outcomes for youth aged 11-19.[115]

RECOMMENDATIONS

Policy Recommendations

- Aligned with Children First Canada's recent report, *Pedianomics: The Social Return on Investment in Children's Health and Well-being*,[116] more investments in mental health need to be made for children and youth. The report echoed *Raising Canada* 2022's call for a Catalytic Investment Fund for Children, including an allocation of funding for maternal/child/youth health research and earmarking 25% of mental health funding for children/youth. This would include increased funding and access for high quality child psychiatrists, psychotherapy, psychological assessments (including educational assessments) and team-based care.

- Mental health remains one of the most pressing priorities identified by young Canadians. Children and youth have a right to be heard and should be integrated in all decision-making on policies and programs that affect their lives at a municipal, provincial and federal governmental level.

Community Recommendations

- The government needs to ensure that equitable and culturally appropriate services are being provided to address mental health issues of marginalized populations. Given the high prevalence of mental health concerns among equity-deserving young people and the lack of culturally sensitive care, sensitivity training needs to be provided for staff as well as increased efforts made to hire a diversity of mental health professionals. Reducing systemic inequalities should also be a target of the government when implementing services. For example, more education needs to be provided to service providers regarding 2SLGBTQIA+ and ensure that they have safe spaces to access services, particularly given the challenges they face in accessing supports.
- Aligned with a report by Pisolkar et al.[117] services to remote communities are particularly lagging. Providers within these communities and mental health crisis services need to be added to ensure their well-being is adequately met.[117]
- Services need to be made more accessible to young people, including reducing excessive wait times. Early prevention and intervention can help address some of the influx of mental health concerns faced by children and youth in Canada and ultimately address lengthy wait times.[87]

Threat 3: Violence Against Children and Youth

Violence against children continues to be a pervasive public health issue in Canada. Children have experienced widespread violation of their right to protection in their homes, schools, sports teams and across the internet. From maltreatment within and outside the home to online sexual luring, children across Canada require urgent support to ensure their inherent right to grow up in a safe and nurturing environment. While many high profiles cases of violence against children have made the headlines this past year, far too many children continue to suffer in silence due to shame and stigma, and the abuse of power and authority over them.

> "I know we can't prevent all bad things from happening...but I think there are modifiable risks in what kids are exposed to. There are ways to support parents, adults, communities, to modify those risks, not necessarily to get rid of all violence or all the trauma."
>
> **-STAKEHOLDER PARTICIPANT 21**

> "Child abuse doesn't happen in a vacuum. It happens as a result, in part, because of other structural issues."
>
> **-STAKEHOLDER PARTICIPANT 17**

PHYSICAL, SEXUAL, EMOTIONAL ABUSE AND NEGLECT

Based on a report released in 2023 using the 2018 Survey of Safety in Public and Private Spaces data, nearly 60% of Canadians have experienced maltreatment before age 15. Maltreatment includes both non-physical child maltreatment such as witnessing interpersonal violence and/or emotional neglect (32.3%), as well as physical child maltreatment such as physical and/or sexual abuse (4.1%).[8] This represents a more comprehensive picture of the prevalence of child maltreatment across Canada than previously reported through

other surveys, such as the 2014 General Social Survey, which last estimated 33% of Canadians experienced maltreatment in childhood.[9]

These findings on the national prevalence of child victimization translates to about 3 out of 10 Canadians having experienced physical and/or sexual abuse before the age of 15 with only 7.7% reporting the abuse to police or child protective services.[118] With regards to gender differences, 28% of females experienced physical and/or sexual abuse in childhood compared to 26% of males.[118]

According to an analysis by Fallon et al. using the 2019 Canadian Incidence Study of Reported Child Abuse and Neglect, child welfare investigations have increased to 48.22 investigations per 1000 children compared to 39.16 investigations per 1000 children in 2008.119 Child welfare workers cited emotional harm in 35% of the maltreatment investigations whereas physical harm was reflected in 4% of maltreatment cases.[119] However, this does not take into account acts of violence against children that are reported to other authorities, such as police. Another study by Esposito et al. in Québec found neglect accounted for 47.6% of child welfare cases.[120]

In addition to non-physical forms of maltreatment, there has been a significant rise of violence against children in families, with a 25% increase in cases reported to the police since 2009, occurring at a rate of 343 cases per 100,00 people.[121]

On April 27, 2023, the Canadian Senate passed Bill C-233, also known as Kiera's law, which requires federally appointed judges to undergo training on domestic violence.[122] Kiera's law was introduced as a result of the tragic and preventable death of 4-year-old Kiera Kagan in 2020 at the hands of her father, despite Kiera's mother's advocacy for protection in the courtroom and with child welfare services. This disturbing trend of children being killed by a parent or guardian, also known as filicide, has been widely discussed across Canada in 2023. In cases involving children under the age of 11 who were victims of police-reported violent crime, parents were identified as the most common group of offenders, followed by casual acquaintances.[123] Specifically in cases of homicide and other violations causing death and attempted murder, parents were the largest group of perpetrators among children aged 0-11 years, responsible for the death of 27 children in 2021 alone.[123]

More legal reform is also underway to end corporal punishment of children in Canada. Under Canadian law, children and youth are the only people who are not legally protected from assault. Bill S-251, *An Act to repeal section 43 of the Criminal Code (Truth and Reconciliation Commission of Canada's call to action number 6)* was introduced by Senator Kutcher in the Senate in 2022. When passed, Bill S-251 would extend legal protection to children. It would also address the Truth and Reconciliation Commission's call to action number 6 and allow Canada to meet its human rights obligation to protect children from violence under the UN Convention on the Rights of the Child.

VIOLENCE AGAINST CHILDREN AND YOUTH IN SCHOOLS, SPORTS AND COMMUNITY ORGANIZATIONS

Violence in schools, sports and other community settings continues to be a pervasive threat for children in Canada. This has led educators to call for immediate support amid a state of crisis, citing acts of hate speech, threatening behaviours and fear so deeply rooted that children are soiling themselves to avoid visits to the washroom.[124]

According to the Canadian Centre for Child Protection in their latest 2022 report, between 2017 and 2021, at least 548 children and youth in K-12 schools experienced an act of sexual nature made by 252 school personnel while an additional 38 school personnel received a criminal charge relating to child pornography.[10]

Canadians are also increasingly hearing about children at risk of violence within team sports. Most notably, Hockey Canada has been exposed in the past year for its significant mishandling of sexual assault allegations.[125] In addition, a group called Gymnasts for Change, representing more than 500 current and former gymnasts, has called for a public inquiry into what they say is the sport's toxic culture. A recent study of abuse in Canadian sports found that coaches were most frequently the perpetrators of neglect, physical harm, and psychological harm whereas athletes reported peers as being among the top perpetrators of sexual abuse, followed by coaches.[126]

There have also been high profile cases of violence against children in community-based organizations. Most recently, the Calgary Stampede accepted liability and negligence—after initially denying any wrongdoing—in a case involving an adult staffer with The Young Canadians program who abused teenage boys for years before a police investigation was launched. The class action lawsuit involved 70 children, including those who allege to have been lured or photographed, abused or assaulted.

These cases continue to highlight the need for greater due diligence on the part of organizations that serve children, including the need for policies and procedures to prevent abuse and respond to allegations of abuse. Moreover, they have also brought to bear a much-needed conversation about accountability for organizations which fail their moral and legal duties to protect children from violence, including halting public funding and ensuring that Board Directors and senior management are held accountable.

VIOLENCE AGAINST CHILDREN AND YOUTH ONLINE

Sexual luring of children through online platforms has increased by an alarming rate of 815% in the past five years.[11] Of growing concern is the act of sextortion, when an abuser poses as a child of similar age and attempts to obtain nude photos of the child. Upon retrieval of the child's nude photo, the abuser then threatens to release the photos to loved ones if they do not pay a fee. An analysis of posts on the Reddit forum r/Sextortion (n=6,506) revealed that users referenced Instagram (n=2,263), Facebook (n=1,212) and Snapchat (n=1,068) most often and further analysis showed that boys are most often affected.[127]

COVID-19 AND CHILD ABUSE

Federal and provincial responses to the COVID-19 pandemic included school closures, limited in-person gatherings and the temporary discontinuation of social services. These disruptions to children's day-to-day activities reduced their access to trusted adults to whom they might report abuse or who might otherwise recognize signs of abuse or maltreatment. An analysis of incoming calls to Edmonton Police Services found that calls citing child abuse drastically changed before and during COVID-19. On average, 82 calls were made in the third quarter of the years 2015-2019, whereas in 2020, this quarter fielded 126 calls concerned with child abuse.[128]

A 2022 report analyzing police-reported family violence data from the 2021 Uniform Crime Reporting Survey and the Homicide Survey

found that family violence against children had increased by 9% since 2019, with 64% of victims identifying as girls.[121] As this data was collected during the COVID-19 pandemic, it might be that children were more often around a perpetrator because of stay-at-home orders implemented by provincial governments.

During the COVID-19 pandemic, rates of cyberviolence against children were of growing concern. The latest police-reported data from 2021 on cybercrime shows an increase from 2020 in online luring of children with 59 more charges (N=1,816 total charges) and 145 more child pornography charges (N= 1,743).[129]

CHILD ABUSE AND INEQUITIES

There is a significant difference in rates of abuse between First Nations, Métis and Inuit peoples compared to non-Indigenous individuals. 15.2% of First Nation, Métis and Inuit report having experienced physical and/or sexual abuse by adult perpetrators before the age of 15, which is more than double the amount of non-Indigenous peoples (7.5%), with significantly more incidents of sexual abuse (27.3%) compared to physical abuse (13.7%).[12] For Indigenous children who experienced physical violence, this abuse most often occurred in their home (76%).[130] These widely disproportionate rates of abuse among Indigenous children are a direct result of the pervasive effects of colonization and systemic racism experienced through residential schools, the Sixties Scoop and ongoing overrepresentation of Indigenous children in care across Canada.

From 2011-2021, children aged 0-17 were among the second highest age group (24%) to have experienced human trafficking.[131] An alarming 24% of victims of police-reported human trafficking were age 17 and younger.[131] During the 10-year-span between 2011 and 2021, 110 youth were accused of human trafficking in Canada. Girls (56%) were accused more often than boys (44%),[131] highlighting that girls are affected by human trafficking more often than boys as a victim and/or as a perpetrator.

Children with an intellectual disability have a 3.5 times higher risk of experiencing sexual abuse compared to children without an intellectual disability.[13] In Canada, a look at school-based referrals to child protection services highlights that 13% (n=6,872) of referrals involve a child presenting with attention deficit hyperactivity disorder while 12% (n=6,349) of referrals made note of the child presenting with an intellectual or developmental disability.[132]

RECOMMENDATIONS

Policy Recommendations

- Re-evaluate child welfare policies to expand the scope of intervention to include preventative efforts against child abuse. As recommended by Fallon et al., Canada's child welfare system must have the policy support to meet the needs of children and families with both chronic and urgent needs versus urgent-only needs.[133]
- Based on the disturbing increase in charges of child pornography, especially among school personnel, provincial governments must increase safeguards against sexual abuse by requiring training for all school staff and early childhood educators. Staff and educators must be equipped to identify and safely intervene upon suspicion of child maltreatment and respond to disclosures of maltreatment, including sexual abuse and cases of trafficking.

- As per the 2023 brief to the House of Commons developed by Scholars Against Abuse in Canadian Sport, the Canadian government must initiate compliance-based audits of National Sports Organizations, such as the Canadian Olympic Committee and Sport Canada to protect the safety of the current and next generation of children in sports.[134]
- Enact Bill S-251, *An Act to repeal section 43 of the Criminal Code (Truth and Reconciliation Commission of Canada's call to action number 6)*, which was introduced by Senator Kutcher in the Senate in 2022.

Community Recommendations

- Schools and extracurricular organizations can play a key role in education and awareness of harmful behaviours online by talking with children, youth and their families about harmful online tactics used by perpetrators (e.g., sexual luring, grooming), when to seek help from a trusted adult and/or where to access reliable and safe help to report the harmful behaviour.
- Research would benefit from the inclusion of children's voices on issues that directly impact them, such as child maltreatment, using a trauma-informed approach to shape research initiatives while also being mindful of their safety and emotional well-being.[135]

Threat 4: Vaccine- Preventable Illnesses

Over the past year, concerns related to the disruption of existing vaccine programs and decreases in vaccine coverage, which would lead to the re-emergence of vaccine preventable illnesses, has been a significant topic of concern in Canada. Moreover, tracking and understanding immunization coverage and gaps presents a number of significant challenges including the use of different systems across provinces and territories that may be fragmented, sub-optimal practices for record keeping, inconsistent sampling methodologies for data collection, and health data that does a poor job at differentiating between uptake of specific vaccines.

In a study based in Alberta, a team of researchers tracked the immunization status for a population of children (n=41,515) on entry to kindergarten compared to the end of Grade 1. The team found that vaccination coverage was "strikingly low" when measured at kindergarten entry (44.5%), but the school-based catch-up program helped to substantially increase coverage by the time children were finishing first grade (74.8%).[136] In an annual report prepared by the Saskatchewan Ministry of Health and released in 2022, the percentage of 2 and 7-year-olds who were vaccinated for Pertussis, Measles, *and* Meningococcal serogroup C disease was 71.8% and 73.1% respectively.[137] This indicates that coverage was lower than in 2021.[137]

However, recently published data from the Childhood National Immunization Coverage Survey has highlighted that the 2021 national childhood vaccination rates were either relatively stable or had increased when compared to 2019. Importantly, though, vaccination coverage for all vaccinations for 2-, 7-, and 14-year-olds still remains below the 95% coverage standard necessary to prevent or reduce the risk of future outbreaks.[14] For instance, for 2-year-olds the national data indicated that diphtheria, pertussis and tetanus (DTaP) had the lowest coverage at 77% and polio and measles had the highest coverage at 92%. Likewise, for 7-year-olds, the national indicated that diphtheria, pertussis and tetanus (DTaP) had the lowest coverage at 72% for five doses and rubella had the highest coverage at 94% for one dose.[14]

In what follows, literature about vaccine-preventable illnesses published over the past

year is highlighted. While the scope of the *Raising Canada* report has been highlighted earlier in the methods section, we wish to acknowledge that what is included here is a superficial overview of a complex topic and we encourage readers to looks to the Canadian Paediatric Society, Statistics Canada, and work of various researchers in the field of vaccine-preventable illnesses for a more comprehensive discussion related to this threat.

COVID-19 INFECTIONS AND VACCINATIONS

In previous *Raising Canada* reports, the evidence analyzed for this threat has primarily highlighted the severity of COVID-19 for *communities* across Canada as children have tended to be less likely to experience a severe case of viral infection. However, a paper published in August 2022, including data from April 2020-May 2021 through the Canadian Paediatric Surveillance Program, highlighted that of the 544 children hospitalized for COVID-19 during that period, severe disease was present in approximately 29.7%, where severe disease was defined as "disease requiring intensive care, ventilatory or hemodynamic support, select organ system complications, or death."[138]

There remains limited receptivity of COVID-19 vaccinations among children in Canada, especially among 2–5-year-olds where uptake of at least one dose is less than approximately 10%.[15] While an Oxford University study has identified that COVID-19 was a leading cause of death for children and youth in the United States, no such studies have been published in Canada.

Acknowledging vaccine coverage is once again important in the context of COVID-19 as it is one strategy to prevent large-scale outbreaks that may arise and lead to further spread of this illness. Parental attitudes towards the SARS-CoV-2 vaccines has played a significant role in determining whether a child is or is not vaccinated against COVID-19.[139]

In one Toronto study of caregivers' attitudes towards COVID-19 vaccinations that took place between April and July 2022, researchers found that only 59% of respondents intended to vaccinate their children below the age of five, while 90% indicated that their child above age five had received at least one dose.140 From this study, researchers found that parents were hesitant about COVID-19 vaccines due to concerns about long-term side effects and a lack of data/evidence.[140] In another study, parental perspectives related to the following cross-cutting themes were found to contribute to the degree of COVID-19 vaccine uptake: the novelty of SARS-CoV-2 vaccines and related evidence; the politicization of the SARS-CoV-2 vaccinations; the social pressure related to the SARS-CoV-2 vaccines; and weighing the individual and collective benefits of vaccination.[139] Understanding these concerns is vital in order to improve strategies for vaccine rollout efforts.

VACCINES AND INEQUITIES

Data released since the early days of the COVID-19 pandemic has continued to highlight various inequities and disparities related to COVID-19 vaccination and infection rates, particularly for racialized communities. Results from the 2021 Childhood National Immunization Coverage Survey, released in June 2023, indicate that children under the age of two who identify as Black were significantly less likely to have vaccine coverage for diphtheria, pertussis, and tetanus (65.5%), haemophilus influenzae type B (65.1%), pneumococcal (73.1%), and rotavirus (69.0%) compared to White children.[14] Moreover, there has been a lack of

integrating equitable approaches to identify those who have been missed with school-based vaccinations. For instance, while data generally captures those that have received a vaccination as opposed to those who are missing, it becomes even more challenging to track data for those who lack a family doctor or recently moved to Canada.[141] This evidence was highlighted in the context of the COVID-19 pandemic but applies to national vaccination tracking more broadly also.

Based on Census 2021 data, COVID-19 mortality rates tended to be higher in two-or-more-person non-Census family households (i.e., households that did not consist of a married or common-law couple, with or without children) at 54 deaths/100,000 population compared to lone-parent households at 30 deaths/100,000 population.[142] Families of children with disabilities identified significant concern for their well-being during the pandemic, which was heightened in comparison to children without disabilities. This was in addition to concerns about an inability to access necessary physical and mental health care during the pandemic.[143]

> "The media reported lower vaccination rates among Indigenous people generally, but haven't really reported the rationale. These communities don't have access to, or not easy access to, health care services, especially if you're talking about some of the more Northern communities and remote reserves."
>
> - STAKEHOLDER PARTICIPANT #12

"TRIPLEDEMIC": RSV, INFLUENZA AND COVID-19

In the fall of 2022, a paediatric health care crisis affected the entire country. Rates of COVID-19, seasonal influenza, and respiratory syncytial virus (RSV) spiked simultaneously, creating challenges with allocation of resources in paediatric health care across Canada.[144-146] News stories, including those that interviewed paediatric specialists, were the primary sources highlighting the significance of issues ranging from massive wait times,[144-146] to closure of specific clinics,[147] to children being transferred to other cities to receive critical care.[148]

From the summer of 2022 until early 2023, there was also a shortage of over-the-counter children's medications and antibiotics to treat symptoms related to these illnesses, which heightened concerns across the country as well.[149] In some ways, these impacts were predictable and preventable, as a presentation from mid-September 2022 for the Canadian Paediatric Society's Grand Rounds had highlighted earlier-than-normal peaks in RSV infections in 2020 (compared to previous years) and a 2.5 times increase in the size of the peaks from 2020 compared to 2019.[150] Based on this surge, there was an emphasized focus on vaccinations to mitigate these overlapping concerns.

VACCINE HESITANCY

As mentioned in the 2022 *Raising Canada* report, vaccination hesitancy may impact vaccine uptake for children across Canada. It is important to note that vaccine hesitancy, and by extension, attitudes towards vaccines on the whole, represent a complex phenomenon as it involves beliefs and attitudes towards vaccination, but also dimensions surrounding the actual development and implementation of these tools (for example, the trustworthiness of government/clinicians).[139,151] In addition, the recent anti-vaccination movement has ableist roots. There has been a pervasive belief that vaccines cause autism (although this claim is

based on discredited data),[152] and an interest in avoiding vaccines for that reason, implying that autism is a problematic condition to be avoided.

In relation to COVID-19 vaccination hesitancy, there have been a few studies published in the last year on parents and caregivers' attitudes towards these vaccines. The identified reasons for hesitancy have been varied. In one study involving a "secondary data analysis of a multicentre, cross-sectional survey" (pg. 491) of caregivers who attended four pediatric emergency departments in Canada, approximately one-third (35.9%) of total parent respondents (n=331) said they were not willing to vaccinate their child against COVID-19, referencing vaccination-pain and stress for their child and themselves as key factors for this hesitancy. [141] In another study that involved focus groups with adults in a region of Manitoba with historically low rates of childhood vaccination, three drivers of vaccine hesitancy were identified, specifically: (a) perceptions about the risks associated with COVID-19 and related vaccines, (b) personal beliefs (whether religious or political), and (c) overarching distrust in the government and science.[153]

As highlighted above, parental attitudes and concerns about COVID-19 vaccination tended to exist on a continuum as opposed to a dichotomized view that was either for or against vaccination.[129] Concerns mentioned in a recent qualitative study involving semi-structured interviews with a purposive sample of parents from Toronto, included the newness of vaccines and related evidence, individual benefits in contrast with collective benefits, trust in government and pharmaceutical companies, and social pressures towards vaccination.[129] From the Toronto study, researchers found that the parents surveyed were hesitant about COVID-19 vaccines due to concerns about long-term side effects and a lack of data/evidence.[140] Understanding these concerns is vital to improving future strategies for vaccine rollout efforts.

COVID-19 IMPACTS ON ROUTINE VACCINATION

Since the beginning of the pandemic, *Raising Canada* reports—informed by other research—have examined how routine vaccination rates have been impacted by COVID-19. In a longitudinal cohort study of children aged 0-2 involved with TARGet Kids! Primary care research network in Toronto (n=1,277), researchers found that the proportion of on-time vaccinations decreased significantly during the pandemic, from 81.8% pre-pandemic to 62.1% during. These delays primarily occurred during the first wave of the COVID-19 pandemic, but rippling effects are thought to be of particular concern in the containment of vaccine-preventable diseases.[154] This lag was also identified in news stories from 2022, with the anticipated effects being a large piece of the discussion, along with provincial/territorial strategies to manage these delays.[155-157] Vaccination strategies currently involve multi-faceted tools to improve uptake including surveillance letters, and school, primary care physician, and community clinic options to receive vaccines. These multi-pronged approaches are necessary to meet families where they are at.

COVID-19 IMPACTS ON OTHER ASPECTS OF CHILDREN'S HEALTH

Finally, there have been a variety of examples published outlining the ways in which COVID-19 (both the virus and the pandemic overall) have impacted children's health more broadly. A recent study from Ontario analyzed the incidence of diabetic ketoacidosis (DKA)

during the pandemic. DKA is a preventable but life-threatening diagnosis, when a child is identified with type-1 diabetes (T1D). The research findings indicated that rates of DKA at diagnosis of T1D were significantly higher (44.9%) during the pandemic compared to before (33.1%).[158]

Another recent study involving a systematic review and meta-analysis found that the incidence of type-1 diabetes and DKA rates at T1D diagnosis were higher during the pandemic compared to pre-pandemic rates. Specifically, data indicated that the incidence rate of T1D was 1.14 and 1.27 times higher in the first and second years of the pandemic, respectively, compared to rates before the pandemic, while DKA at diagnosis was 1.26 times higher in the first year of the pandemic compared to pre-pandemic.[159] While the exact mechanism delineating the relationship between the pandemic and the higher incidences of T1D and more severe presentations at diagnosis are still to be explored, researchers have identified a delay in receiving care during the pandemic as one potential contributor.[159]

RECOMMENDATIONS

Policy Recommendations

- During a pandemic, in the context of children's health care, policymakers and health systems leaders often need to rely upon ethical frameworks to shape the ways in which their decisions are informed by principles and processes that are child-centred, with the best interests of the child being a primary consideration. In 2022, researchers in Canada developed an ethical framework to fill a gap that existed in regards to having a child-inclusive infrastructure, with the intention of providing decision-makers and public health officials with tools to take action (in health and social policy decisions) that are ethically sound and informed by the pandemic concerns that young people are facing.[160] Widespread implementation of context-adapted frameworks such as this are a necessary step for provincial/territorial governments and health system leaders to take. While there are various principles and processes that exist within the framework previously highlighted, transparency is one ethical principle that is important to highlight as it promotes health literacy among young people and adults, thereby improving their overall well-being and helping to ensure their choices with respect to vaccination are well-informed.
- There is also benefit to implementing a federally adopted COVID-19 surveillance program in Canada, such as the one proposed in a recent paper by Côté and colleagues,[161] that is focused on post-pandemic recovery in order to mitigate and address pandemic-related impacts affecting children and youth—either those impacts from infection or those from the precautionary measures implemented.

Community Recommendations

- Despite the World Health Organization announcing an end to the COVID-19 public health emergency, concerns related to viral transmission are ongoing as there are ongoing endemic impacts. As such, COVID-19 vaccines will continue to be an important public health management tool. For improving COVID-19 vaccine uptake in regions with historically low childhood vaccine rates, some suggestions were offered by community members who participated in focus groups that took place in Manitoba. These included: improving public health messaging to emphasize benefits of the vaccine and build trust, listening to and addressing community-specific needs and

interests, dispelling misinformation, ensuring transparency with relation to vaccine safety, and emphasizing vaccination as a behaviour that can coexist with religious beliefs and traditions. In a community setting, this can be achieved through funded partnerships and collaborations between local experts/representatives and policymakers, to generate trust and confidence.[153]

- For improving uptake of preventable illness vaccines more broadly, a three-pronged solution has been recommended by experts in the field, including engagement with subject matter experts using a shared decision-making model to identify gaps in vaccine coverage, delivery of vaccines in a variety of settings (e.g., schools, pharmacies, clinics) to minimize barriers, and developing and implementing clear messaging that is shared by subject matter experts regarding catch-up plans for vaccinations.[162]

Threat 5: Systemic Racism and Discrimination

Systemic racism and discrimination refer to social forces, in the form of actions/inactions, policies and procedures, that create disadvantages and inequities that marginalize individuals from certain minority groups in society based on race (racism) or other aspects of identity (e.g., disability, socioeconomic status, gender and sexual identity, religion, etc.). Over the last year, systemic racism and discrimination have continued to impact the lives of children and youth in Canada and impede the realization of their rights (see Article 2, CRC[1]) and their enjoyment of good health.

Before outlining the particular impacts racism has had on children, based on evidence published within the last year, it is important to note that a culture of racism and discrimination is one that individuals can be socialized in from birth. This can lead to a rise in patterns of discriminatory thoughts and actions which are thought to exist in many communities in Canada.[16]

While the findings highlighted in this section provide a snapshot of recent literature, it is critical to note that there is a large body of literature on these subtopics. Further immersion in the literature is critical for determining the necessary policy, practice and behavioural changes.

> "I think racism is big thing. Even those microaggressions do damage."
>
> - PARENT PARTICIPANT #9

Research has repeatedly shown that racism has significant detrimental effects on children's health outcomes[163] through a series of "cumulative adverse events" (including microaggressions). This is heightened for racialized children with a disability based on their intersectional identities,[164] along with young people who identify as 2SLGBTQ+, those

experiencing poverty and others from diverse social locations.[165] Trauma associated with racism can have impacts that last a lifetime. Future generations are also impacted. Epigenetics research has shown there is a cellular impact of racism which causes changes that can be passed from parent to child, otherwise referred to as intergenerational trauma.[16]

ANTI-INDIGENOUS RACISM AND INTERGENERATIONAL TRAUMA

First Nations, Métis, and Inuit children have faced generations of racism and trauma because of colonialism. One concern highlighted in the evidence published in the last year, though initially recognized and analyzed in literature from several decades ago, is the "pervasive overrepresentation" of First Nations children in Canada's child welfare system.[18] This is also true for Métis and Inuit children, though there is a lack of literature on this topic from the last year in particular.

Between 2013 and 2018, several changes to policies and practices occurred at federal and provincial/territorial levels to address this concern.18 Most notably, the Truth and Reconciliation Commission of Canada (TRC) published 94 Calls to Action in 2015. The Calls to Action include steps to resolve ongoing issues resulting from Canadian residential schools and Federal Indian Day Schools, as well as acknowledging that cultural genocide took place.[68] In addition, the Canadian Human Rights Tribunal ruled in 2016 that there was "discrimination in the provision of services to First Nations children and families".[18]

Moreover, in 2018 the "Child, Youth, and Family Services Act" replaced the "Child and Family Services Act". Provisions related to child protection service delivery for First Nations, Inuit, and Métis children and families were outlined in this new Act.[18] The new Act also recognized Jordan's Principle—acknowledging the need to provide First Nations children with services as promptly as possible.[18] In a recent study, the impact of these changes on the discrepancies in the child welfare system was assessed and researchers found that improvements were negligible. As such, there have not been reductions to the number of Indigenous children in care and a child's status as First Nations is a significant predictor of out-of-home placement.[18] The lack of action taken to fulfill the TRC's Calls to Action speaks to the problem of what needs to change to improve the lives of First Nations children and youth.

In April 2023, after several years of dialogue and legal dispute, a revised final settlement agreement was reached with the Government of Canada as announced by the Assembly of First Nations and First Nations Child and Family Caring Society. Based on the settlement, First Nations children and their families will receive $23 billion in compensation for the discrimination they faced in the child welfare system.[116,166] Though there is more work needed to rectify the racial discrimination First Nations communities have faced in Canada, this settlement represents an important and necessary first step.[116,166]

> "I think that we struggle significantly with racism and specifically with racism towards the Indigenous population. Truth and Reconciliation, that it's a lot of lip service. I don't think that anything has really been done."
>
> - PARENT PARTICIPANT #11

ANTI-BLACK RACISM AND DISCRIMINATION

Health-related discrepancies experienced by Black children and youth in Canada are a

result of systems with ingrained racism and discrimination. Moreover, these systems of oppression operate at both individual and societal levels, with institutional, structural, and systemic roots. Implications extend well-beyond the health sector into other areas related to the well-being of Black children and youth (e.g., education, job-market, etc.).[167]

In particular, impacts of the pandemic on Black children and youth in Canada were both direct and indirect and highlighted the disproportionate health concerns faced by Black communities.[107] This included a heightened experience of psychosocial stressors for Black children and youth based on worries about their futures.[107] In a secondary analysis of data from the population-based 2018 British Columbia Adolescent Health Survey published in 2023, researchers found that in the previous year, more than 38% of respondents (n=942) reported experiencing racism associated with peer victimization, emotional impacts, physical assault, not attending school, and using avoidant behaviours to evade racism.[168]

In the child welfare system, policies and legislation have the potential to disproportionately impact Black children, youth, and families through disparities in system involvement and individual outcomes. In a recent critical race discourse analysis, researchers found that guiding legislative documents within the Ontario child welfare system lacked an explicit acknowledgement of anti-Black racism.[169] This lack of specificity has the potential to, "contribute to disparate reporting and decision-making for Black families" by allowing the state to detach itself from the responsibility of mitigating impacts associated with not recognizing the experiences of Black individuals and communities.[169] Ultimately, this was thought to undermine the well-being of Black children and their families.[169]

ANTI-ASIAN RACISM

Anti-Asian racism has also continued to be a major concern for young people in Canada, particularly throughout the pandemic. Data that was analyzed through an initiative launched by the Chinese Canadian National Council Toronto Chapter (CCNCTO) and Project 1907, indicated that reports of racism against children (up to age 18) increased dramatically in 2021. Specifically, there was a 286% increase in reports of racist and discriminatory actions against Asian children in 2021 compared to 2020.[17] Moreover, experiences of anti-Asian racism were heightened during the COVID-19 pandemic, as mentioned in previous Raising Canada reports, which has been reiterated in a recent qualitative study.[170] Though this research only included participants aged 18 years or older, there were particular impacts that young Asian participants faced in light of their generational positionality.[170]

ANTI-ISLAMIC DISCRIMINATION

Findings from a recent Statistics Canada analysis indicate concerns affecting Muslim populations in Canada.[171] Specifically, the recent report highlighted that police-reported hate crimes against Muslim individuals increased by more than 71% in 2021 compared to 2020.[171] These findings raise serious concerns about the well-being of Muslim communities in Canada, yet research is extremely limited on the discrimination experienced by Muslim children in Canada. A recent scoping review looking at research around racial discrimination Muslim women and children are subjected to in Canadian health care settings indicated that there were no studies focused on children's experiences.[172] This lack of qualitative and quantitative data highlights a significant gap that leads to limited understanding and action to counter Islamophobia in health care spaces.

ANTI-SEMITISM

Young people who identify as Jewish across Canada have also reported heightened anti-Semitic experiences in their day-to-day lives. A recent news story highlighted the experiences of some high school students who say that Antisemitic conspiracy theories have been proliferating online and causing harm to Jewish young people.[173] They highlighted that Holocaust education provided in public education is insufficient.[173]

ONLINE HATE AGAINST GIRLS AND WOMEN

Previous evidence has also highlighted that, with the rise in spending time in online spaces (such as on social media), there has been an increase in cyber hate against people of all genders, especially against girls and women. This aligns with similar statistics showing a rise in cyberbullying, as described under the bullying threat below. Cyber hate against women can take the form of harassment, stalking, exploitation, non-consensual distribution of images and more.[174] Hate towards girls and women has also been facilitated by the incel movement, which uses online forums such as Reddit to blame women for "involuntary celibacy" and further hate rhetoric.[175] While outside the scope of this annual report, evidence published over the last decade continues to highlight the rise in online hate and violence against all genders, but particularly against girls and women, and the heightened impacts that girls and women from equity-deserving groups face.

DISABILITY AND DISCRIMINATION

Children with disabilities experience discrimination, stigmatization, and exclusion in a variety of settings, from the micro level to the macro (i.e., policy) level. In the 2022 New Brunswick State of the Child report, a focus on discrimination in educational settings for children and youth with special needs was highlighted.[176] For youth with special needs in grades 6-12, who live in New Brunswick, only 20.3% reported feeling like they belong.[176]

> "I think some aspects of my sister's experience could be labeled as discrimination, like the baby talk. I think that's like an inherent discriminatory mindset against people with disabilities. But I think most of the time it isn't malicious. It's just the way that we, as a society, have seen disability, and continue to see disability, for decades and that it's hard to break out of that."
>
> - YOUTH PARTICIPANT #2

2SLGBTQIA+ DISCRIMINATION

A recent study[177] identified health disparities and discrimination among 1,519 surveyed transgender and/or non-binary youth (aged 14-25) in Canada who either identified as White or as Black, Indigenous and People of Colour (BIPOC). In particular, for racialized youth who identified as trans or non-binary, they were more likely than White trans or non-binary youth to have attempted suicide in the past 12 months (24.9% compared to 19.6%) and to have experienced something discriminatory being said about their race (68.0% compared to 10.1%).[177]

When analyzing the relationship between (a) discrimination and violence and (b) health among BIPOC trans and non-binary youth, it was identified that

- for individuals facing discrimination due to their race, there is a significant association

with missing needed physical care (i.e., racism is associated with individuals not seeking out and/or receiving needed physical care);

- discrimination by gender or physical appearance was significantly associated with all health outcomes (i.e., self-rated physical health, self-reported mental health, foregone physical health care, a lack of mental health care, self-harm, suicide ideation, and suicide attempts); and
- all experiences of violence reported by BIPOC trans and non-binary youth were significantly associated with having foregone a lack of health care.[177]

In the 2022 New Brunswick State of the Child Report, 25% of 2SLGBTQIA+ youth reported feeling unsafe while at school, which was significantly higher than the 16.6% of boys and 15.6% of girls who reported feeling the same.[176] From the same report, it became evident that 2SLGBTQIA+ youth felt their best interests were not being respected or treated fairly in their communities.[176] These studies highlight the importance of considering intersectional identity, including sexual orientation and gender identity, in order to improve the health and well-being of young people in Canada.

RECOMMENDATIONS

Policy Recommendations

- Education-related policy change has been a major focus over the past year and should remain an area for continued improvement with respect to acknowledging the impacts of racism and discrimination, and encouraging children and youth to take action to mitigate these harmful forces in society. As one research team has stated:

> "[...] resources, materials, and curriculum must constantly be challenged and deconstructed to resist the normalcy of White supremacy and White privilege. Educators must not shy away from critical conversations and interactions involving race and racism and must coherently name them when they arise [...]"[178] (pg. 52)

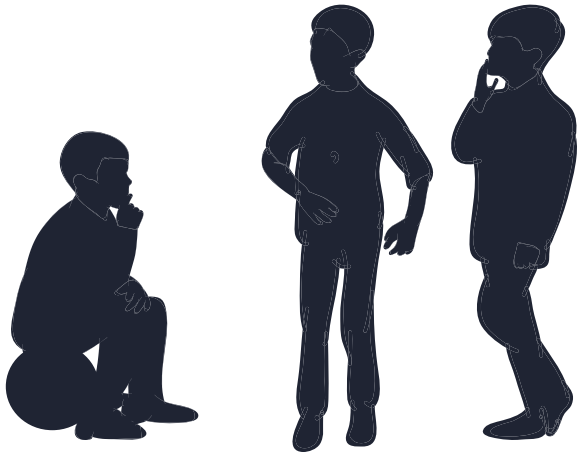
- With regards to anti-Indigenous racism, despite progress from some provincial and territorial ministries of education (such as in British Columbia)[179] and educational staff to redesign curriculum to be reconciliation-based, very little is known about the impact of the Truth and Reconciliation Committee's (TRC's) Calls to Action on teacher and student learning and engagement. As such, ministries of education must fill these gaps. In a recent study, a team of researchers suggested having ministries and educational staff partner with the Caring Society to engage in "curricular and pedagogical opportunities'' aligned with the UNESCO calls for equity and justice and the TRC's Calls to Action.[180] This should be prioritized over the next five years.

Community Recommendations

- There is a need to bolster public education through the voluntary and invited sharing of stories by those who have faced systemic racism and discrimination, including leveraging credible resources available in online forums. *Unlearn It* (i.e., Unlearn Antisemitism) is an online resource hub available across Canada providing short educational videos and discussion guides to teach young people about anti-Semitism and the related harms.[181] It is intended for use both in the classroom and at home. The

launch of this resource offers a guideline for other communities experiencing racism and how to innovatively and effectively provide education to young students in Canada on these topics.[181]

- Change is required at meso and micro-levels (i.e., across institutions/sectors and individuals) to deal with racism and discrimination experienced by children in the health care system. Specifically, a recent paper highlighted the need for change in individual behaviours and actions (being more accountable), but also change to continued education (to be anti-racism focused) at an organizational level with regards to strategies and leadership.[182]



Threat 6: Poverty

Poverty is still a major threat to the lives of children in Canada and a persistent violation of their right to an adequate standard of living. According to the most recent Census Family Low Income Measure After Tax (CFLIM-AT), published in July 2023, 15.6% of children and youth aged 0-17 live in low-income homes[19], an increase from 13.5% in 2020.[183] This represents over 1.1 million children across Canadian provinces and territories (calculated using 2021 T1 Family File (T1FF) personal income taxes).[19]

However, these numbers might not accurately reflect the current landscape of childhood poverty as the data was collected during a period where COVID-19 supports were available, such as the Canadian Emergency Response Benefit and the Canada Recovery Caregiving Benefit.[20] When these supports were available during the COVID-19 pandemic, income support kept 542,980 children out of poverty.[184] These supports have since been phased out by the government. By revoking these temporarily supports, any gains made in diminishing the poverty gap among racialized youth and First Nation, Métis and Inuit children and families may be lost.

> "I wish that healthier foods would be cheaper, so families have more access to nutritional foods. Also, hopefully the housing prices will go down so kids can get a proper home"
>
> - YOUTH PARTICIPANT #8

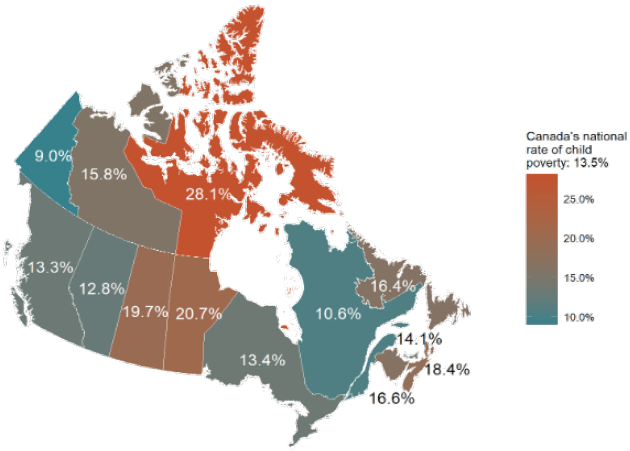
As income supports are being clawed back, alongside rising inflation, families are becoming increasingly worried about their ability to afford daily expenses. Around 6 out of 10 families with low income say they feel "very concerned" about meeting their day-to-day needs, especially considering the rising cost of necessities such as housing and food.[21] The Consumer Price Index highlighted that the rising price of shelter (+6.9%) and food (+8.9%) were among the top three areas that saw the highest increase in 2021 from previous years.[185] The Canadian Social Survey on Quality of Life and Cost of Living, which collected perspectives of Canadians between October 2022 and December 2022, found 26% of families felt they did not have the income to pay for an unexpected $500 expense.[186]

> "I feel like there should also be more scholarship opportunities for students from low-income backgrounds, because tuition costs are soaring, and a lot of young people are not going to be able to afford schooling."
>
> - YOUTH PARTICIPANT #9

Based on 2021 census data, the highest rates of low income after tax are seen among children 0-17 who live in one-parent census families (28.1%) and those persons not in a census family, such as those living with non-relatives (32.6%), compared to children living in two-parent households (7.3%).[187] There are also meaningful gender differences based on family composition that have long term consequences for children. In homes where the parent or guardian identifies as a woman+, 343,220 children are considered low-income (29.7%) compared to 69,275 children (22.3%) in one-parent homes where the parent or guardian identifies as a man+.[187] Additionally, 62% of families that live in the lowest income bracket rely on government transfers as their main source of income.[188]

Using 2020 tax filer data to calculate the CFLIM-AT, a map from Campaign 2000's annual report in 2022 illustrates how many children under 18 experience poverty throughout Canada. Rates of poverty remain highest in Nunavut at 28.1%, more than twice the national average.[20] Manitoba has the second highest child poverty rate among the provinces, with one in every five children experiencing poverty.[189]

Child Poverty Rates across Canada, under 18, 2020



Source: Image is from Campaign 2000's 2022 Report Card on Child and Family Poverty in Canada – Data is from Statistics Canada, Statistics Canada Table 11-10-0018-01. After-tax income status of tax filers and dependents based on Census Family Low Income Measure (CFLIM-AT), by family type and family type composition, 2020.

INADEQUATE HOUSING AND PERSONS EXPERIENCING HOMELESSNESS

Homelessness is one of many indicators that a child or young person may be experiencing poverty. The experiences of unhoused young people are vastly different from adults, especially when it comes to the circumstances that led to the unmet housing need. For example, youth identifying as gay, lesbian or bisexual frequently experience homelessness as a consequence of family breakdown from disclosure of their sexual orientation to their family.[190]

To understand the scale of homelessness, point-in-time counts are conducted in various regions across Canada. The most recent data from these counts show that youth in Vancouver make up 9% of the total number of people experiencing homelessness compared to youth in Regina (26%), Toronto (11%) and Whitehorse (7%).[191-194] Shelters providing beds to youth in Saskatchewan have decreased between 2020

and 2021 from 1,451 to 1,091 with only 20 beds in the province for youth despite the high rates of unhoused youth mentioned above, as well as risks specific to children and youth.[195]

Homelessness experienced by children and youth carries distinct risks, such as increased internalized symptoms (e.g. emotional problems), externalized symptoms (e.g. inattention, hyperactivity, conduct) and sex trafficking.[196,197]

First Nation, Métis and Inuit peoples are disproportionately represented in the data available on homelessness in Canada. A recent study looked at data from the Canadian Housing Survey in 2018 and found that 12% of First Nations people living off-reserve, 6% of Métis peoples and 10% of Inuit peoples experienced unsheltered homelessness compared to 2% of non-Indigenous peoples.[198] This is likely influenced by ongoing systemic racism and the effects of ongoing colonialism.

Inadequate housing—such as homes in need of major repairs, overcrowding, lack of affordability, and not meeting safety requirements—is of growing concern to the lives of children in Canada. With the cost of living increasing, data from 2021 released in 2022 shows there were 29,100 lone-parent households on the waitlist for social and affordable housing in Canada, often waiting at least two years to be placed.[199]

Similarly, a 2022 analysis of 2016 census data found that 1,471,010 children in Canada were living in households that spent over 30% of the household income on shelter, which is significantly more than the total population.[200] This highlights that children are living in unaffordable housing, which might not be sustainable, with long wait lists for affordable alternatives such as subsidized housing. According to the same census data, children were not only living in unaffordable housing but they were also more often residing in a dwelling that was in need of major repairs, such as homes that pose a structural or electrical risk (7.7%), compared to the total population (6.7%).[200]

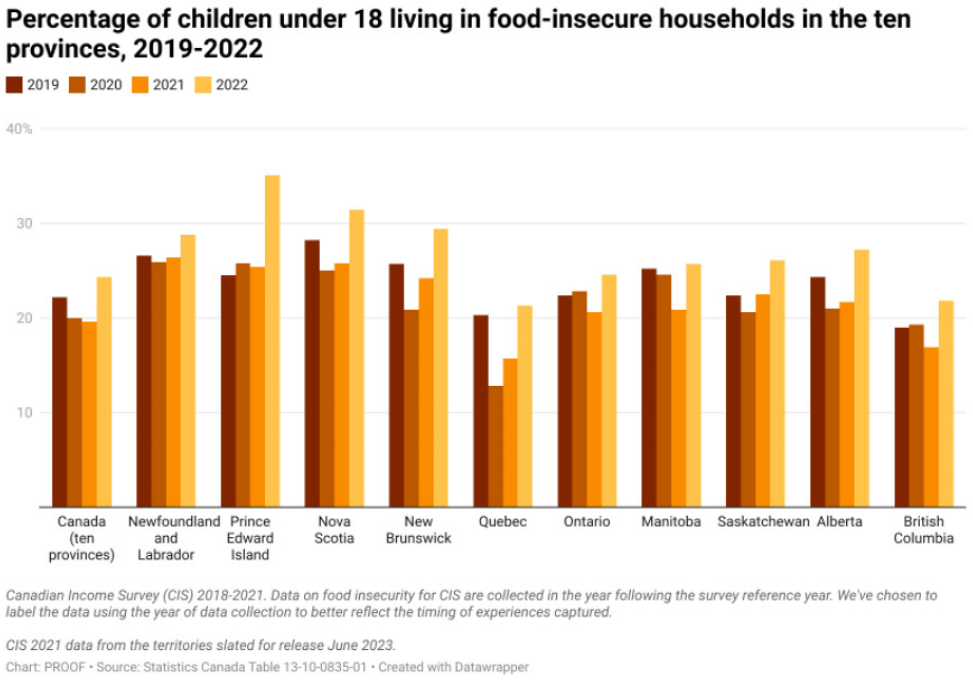
FOOD INSECURITY

There is a concerning rise in food insecurity among children and youth in Canada that requires immediate government action. According to the latest release from Statistics Canada's Canadian Income Survey, one in four children across Canadian provinces lived in households without enough access to food due to financial constraints in 2022.[22] This means around 1.8 million children under the age of 18 were affected by food insecurity, a marked increase from the 1.4 million in 2021.[22,23]

It is becoming more difficult for young people and their families to access food due to the rising costs of living across Canada. What is even more worrisome is that a large portion (69%) of these 1.8 million children affected by food insecurity are living in moderately or severely food-insecure households.[23] Children and youth in more severely food-insecure households are more likely to have poor diets and experience mental health problems like emotional distress, mood and anxiety disorders, depression and suicidal thoughts.[201,202]

The prevalence of food insecurity also varies by province. In 2022, the percentage of children living in food-insecure households was highest in P.E.I (35.1%), followed by Nova Scotia (31.4%) and New Brunswick (29.4%), and lowest in Quebec (21.3%).[23] New data from the territories is forthcoming, but previous surveys have shown very high percentages of children living in food-insecure households, especially in Nunavut.[203]

Federal income programs have the potential to reduce food insecurity by providing low-income families with more financial support.



A recent study showed that the larger benefit amount provided to families with children under six years old meant a lower risk of food insecurity for those families.[204] These programs are especially important for some racialized youth as well as First Nation, Métis and Inuit young people given these groups are disproportionately affected by food insecurity.

Recent research on adolescents ages 12-17 using data from Statistics Canada's Canadian Community Health Survey 2017/2018 found that Black adolescents and Indigenous Adolescents living off-reserve are almost twice as likely to live in a food-insecure household compared to their White counterparts, even after taking into considering differences in other sociodemographic characteristics.[203] Other independent predictors of food insecurity for adolescents include living in a household relying on social assistance, a renting household, or a single-parent household.[203]

NUTRITIONAL INSECURITY

National School Nutritious Meal Program

All children have a right to nutritious food to support their healthy development. This is particularly evident for the approximately 5.5 million children aged 3-18 enrolled in elementary and secondary schools across Canada. School meal programs can take the pressure off family budgets and can play an especially critical role in supporting the most vulnerable 1.4 million children and youth under the age of 18 living in food-insecure households.

School meal programs are not a replacement for income security measures that should be prioritized (e.g., child tax benefits), but indeed constitute a strategic and cost-effective complement to them. This is because they have a specific focus on the quality, adequacy, and healthiness of food, are directly targeted to children, and serve as a highly efficient mode of delivery with a comprehensive and convenient reach to all children in local school settings.

The establishment of a universal, cost-shared National School Nutritious Meal Program will complement and enhance the existing network of diverse food programs across Canada. It will address critical gaps in school meal availability and ensure a more equitable and inclusive approach to meeting the food needs of school children. By ensuring improved access to adequate healthy food, the Program would begin to address critical problems associated

with insufficient and non-nutritious food for millions of school children in Canada, affecting their physical and mental health, risks of lifelong chronic diseases, school attendance and performance, self-esteem, and longer-term personal development and well-being. This is of great—and growing—significance because of the rising challenges faced by many school children and their families in ensuring reliable access to healthy foods and avoidance of over-reliance on unhealthy, cheap, ready-made, ultra-processed food.

POVERTY AND INEQUITIES

Poverty disproportionately affects children at various intersections of their identity in Canada. The most recent data from the Canadian Income Survey looking at income trends in 2021 reports that Canadians belonging to a racialized visible minority group experienced MBM-poverty at a higher rate (9.5%) than those not identifying as belonging to a minority group (6.5%), which is a 1.5% increase from 2020.[205] Alarmingly, 130,870 of children aged 0-17 who identified as First Nation, Métis and/or Inuit, both on and off reserve, are living in low-income, according to the low-income measure, after tax (LIM-AT).[24] This figure is in reality probably higher given this census data collection was during COVID relief efforts and looking at the census summary overall, 63 First Nation reserves were missed in this data collection due to forest fires and isolation protocols.

Another measure that looks at potential risk factors for poverty is the prevalence of youth who report not being employed, enrolled in education or in training (NEET). Between September 2020 and October 2022, 13.1% of youth aged 15-19 were not in employment, education or training (NEET) across the provinces, with Newfoundland and Labrador (15.9%), Alberta (15.5%) and Nova Scotia (15.3%) among the highest rates.[206] Data from this measure report 7% of immigrant youth aged 15-19 identified as NEET in 2020/2021 compared to 4% in 2019/2020.206 When compared to non-immigrant youth, their rates of NEET remained constant regardless of the COVID-19 pandemic at 6%, highlighting the disproportionate felt effects of the COVID-19 pandemic on racialized children from systemically marginalized groups in Canada.[206] This is especially concerning given that those with precarious immigration status do not have access to income supports, such as the Canada Child Benefit.[20]

For First Nation, Métis and Inuit children living on a reserve in Nova Scotia, there is a poverty rate of 43.5% compared to non-Indigenous youth at 16.5%.[207] Similarly, in Ontario, 18% of Indigenous children who reported living off-reserve experienced poverty compared to 9% of children belonging to a non-visible minority in Ontario.[208] This is comparable to poverty in Ontario experienced by Black (19%), immigrant, (19%) and racialized (14%) children.[208] As a result of the widespread and disproportionately higher rate of child poverty across Canada, there is a need for more trauma-informed and culturally appropriate systems that target child poverty.[209]

As poverty is largely defined using the Market Basket Measure (MBM), it is difficult to accurately report on the rates of poverty among children with disabilities. A recent analysis of the MBM conducted in 2022 by Scott et al. revealed that this measure neglects the consideration of average family composition and additional costs incurred by children with disabilities (e.g., prescription pharmaceuticals, assistive devices).[210] Therefore, it is likely that data on poverty among children with disabilities is not an accurate reflection of the current state of poverty among this group. The latest demographic data from the 2017 Canadian Survey on Disability estimated that 41% of lone parents with a severe disability were living in poverty.[211] However, this figure does not yet take

into consideration the COVID-19 pandemic and rising inflation but highlights that families of children affected by disabilities face increased financial hardship as a result of ableism.

RECOMMENDATIONS

Policy Recommendations

While poverty encompasses many issues like homelessness and food insecurity, it is important to recognize that each of these problems affecting young people have unique and complex causes that require tailored policy recommendations. To meet the United Nations Sustainable Development Goals, specifically Goal 1.2 to reduce the rates of poverty among children by 50% before 2030 and Goal 2.1 to "end hunger" by 2030 (most appropriately operationalized as severe food insecurity in the Canadian context), this report calls on the federal government to:

- Modify the Canada Child Benefit to provide more money to low-income families with the explicit goal of reducing poverty and food insecurity rates among children, as recommended by Campaign 2000, Canadian Centre for Policy Alternatives, and PROOF, a University of Toronto research program studying food insecurity in Canada.[204,212,213]
  - Provide additional money to the lowest-income families by creating a CCB End of Poverty Supplement as described in the Canadian Centre for Policy Alternatives' 2023 Alternative Federal Budget.[213]
  - Create a CCB supplement for remote and Northern communities to address the exceedingly high proportion of food-insecure households and elevated costs of living.[212]
  - Provide families with children over 6 with the same benefit amount as those with children under 6, in recognition of the impact that the extra amount has on poverty and food insecurity.[204,212]
  - Expand eligibility of the Canada Child Benefit to include families with precarious immigration status by discarding s.122.6(e) of the Income Tax Act.[20]
  - Adapt the Market Basket Measure (MBM) to accurately reflect the realities children with disabilities and their families face and adjust disability income supports to account for this reality.
- Include $1 billion over five years in Budget 2024 to establish a National School Nutritious Meal Program as a key element of the evolving Food Policy for Canada, with $200 million per year to contribute to provinces, territories and First Nation, Métis and Inuit partners to fund their school food programs.
- Recommend that the federal government enter immediate discussions with Indigenous leaders to negotiate agreements for the creation and/or enhancement of permanent independent distinctions based First Nation, Métis and Inuit school meal programs.
  - In these discussions, food sovereignty should be a major focus given its importance to First Nation, Métis and Inuit peoples, with government providing funding to increase what nations find most important to them (e.g., gardening spaces, access to traditional hunting, fishing skill-based courses for youth)
- Recommend that the government create a dedicated school food infrastructure fund to enhance food production and preparation equipment and facilities so they can reliably and efficiently serve healthy food in adequate volumes.

Threat 7: Infant Mortality

Infant mortality is an index of population health and refers to the deaths of infants during the first year after live birth. The infant mortality rate is defined as the number of deaths of live born babies in the first year after birth expressed per 1,000 live births.[214]

Canada's infant mortality rate has been stable over the last few years: the rate declined from 5.0 per 1,000 live births in 2010, to 4.5 per 1,000 live births in 2015 and 4.5 per 1,000 live births in 2020 (the latest year for which figures are available). In 2020, there were 1,622 infant deaths in Canada, and of these 1,241 were neonatal deaths (deaths within 28 days after birth).[25]

Canada's infant mortality rate has been persistently high in comparison with other OECD countries. In 2021, Canada ranked 30th out of 38 countries;[25] however, the rates have declined in the last year. According to the United Nations, Canada's current infant mortality rate in 2023 is 3.943 deaths per 1000 live births, a 2.76% decline from 2022.[215]

ROOT CAUSES OF INFANT DEATHS IN CANADA

The leading underlying causes of infant death in Canada in 2020 were due to congenital anomalies (389 infant deaths) and disorders related to short gestation and low birth weight (174 infant deaths). Other leading causes of infant death included maternal pregnancy complications (142 deaths), complications of the placenta, cord and membranes (78 deaths), and complications of labour and delivery (56 deaths). Sudden infant death syndrome ranked 15th among the underlying causes of infant death (10 deaths).

While the causes of infant death in Canada are not well-identified, research shows that birth defects can be considered one of the major causes. Sattolo et al.[216] conducted a longitudinal cohort study among 1,037,688 children in all hospitals in Quebec, to determine mortality rates by cause of death in children with and without birth defects defined as a structural and functional anomaly with or without an underlying genetic anomaly. They found that almost half of the children with birth defects died before age 14. The risk of death was particularly elevated between 28 and 364 days of life. Central nervous system defects were associated with more than ten times the risk of death; heart defects, with more than eight times the risk; and chromosomal anomalies, with more than 17 times the risk. Birth defects were strongly associated with mortality due to circulatory, respiratory and digestive causes.

IMPACT OF COVID-19 ON INFANT MORTALITY RATES (IMRS)

The infant mortality rate was 4.4 deaths per 1000 live births in 2019 and 4.5 deaths per 1000 live births in 2020. The novel SARS-CoV-2 pandemic has provided a set of unique challenges for pediatric patients requiring emergency care across the globe, including a higher risk of admission to a hospital, admission to an intensive care unit, and death for pregnant individuals.[217] In fact, pregnant women were at higher risk for more severe illness from COVID-19 than non-pregnant women; thus, more likely to be admitted to hospitals. SARS-CoV-2 infection during pregnancy is associated with adverse maternal and birth outcomes, including preterm birth, fetal growth restriction and stillbirth.[218]

Pregnant women have reported being skeptical about getting their vaccines for COVID-19 due to fear of potential negative outcomes. Importantly, Fell et al. (2022) found that immunization with an mRNA COVID-19 vaccine during pregnancy is not associated with an increased risk of preterm birth, spontaneous preterm birth, very preterm birth, small for gestational age at birth, or stillbirth.[218]

INEQUITY OF INFANT MORTALITY

Social determinants such as poverty or lack of access to health care drive health outcomes. Race, social status, and immigration status are factors that can impact the health of newborns. The physical environment has been shown to impact the well-being of expectant mothers, thus affecting the baby's health.

In a recent study, Miao et al.[26] examined the inequities in adverse perinatal outcomes between Black and White pregnant women in Ontario by conducting a population-based retrospective cohort study. In their study that included all Black and White pregnant women who attended the prenatal screening and had a singleton birth in any Ontario hospital (April 1st, 2012-March 31st, 2019), they found that Black pregnant women had higher rates of stillbirths and were likely at an increased risk of several poor maternal and neonatal outcomes, including placental abruption, preterm birth, emergency caesarean section, NICU admission, and hyperbilirubinemia requiring treatment. Jairam et al.[219] compared the risk of severe neonatal morbidity and mortality (SNMM) between newborns of immigrant and non-immigrant mothers who resided in low-income neighbourhoods. Their findings indicated that newborns of immigrant females in low-income areas appear to have better neonatal outcomes than newborns of non-immigrant females.

While there have not been studies assessing infant mortality among First Nations, Inuit and Métis population in the last year, previous studies suggest that their rates are substantially higher than those among other Canadians[27,220], particularly for children in the North. Eggenberger et al.[221] highlight the lack of health care resources for pregnant women in the Northwest Territories (4 out of the 33 communities in the territories provide maternity care). Lack of maternity care services impacts their delivery and overall well-being, given the economic and physical hardships during pre- and post-delivery (i.e., lack of funding available for travel, loneliness, and lack of connection to the community and loved ones during the delivery).

RECOMMENDATIONS

Policy Recommendations

- Developing a surveillance system to track maternal deaths will help researchers determine risk factors and causes of infant death. This will facilitate the development of evidence-based initiatives for preventing infant mortality that could become public health interventions.
- Public investment should be directed toward programs that aim to improve women's health during their reproductive years to increase the likelihood of having a healthy pregnancy and healthy newborn. For instance, programs should promote preconception health and address maternal physical and psychological health (e.g., prevent/treat overweight, gestational diabetes, and hypertension, and prevent/treat depression, anxiety, and suicidality).
- Public investment in access to high-quality prenatal care (monitoring and interventions in the perinatal period) is needed for at-risk women, including immigrant and Indigenous females who often face barriers when accessing services (e.g., transportation barriers, systemic racism).
- Investing in culturally safe accessible health care and telehealth can facilitate access to care for all women despite their race, socioeconomic status or background.
- Public investment should be directed toward home visiting programs to support pregnant moms and new parents. These programs can improve the family's health and potentially reduce emergency room utilization, preterm birth, and infant mortality. Home visit programs are also an evidence-based approach to child abuse prevention.
- A substantial fraction of infant deaths occur among extremely preterm infants who are cared for in ICUs. For this reason, wait times need to be reduced and financial, emotional and informational support needs to be provided to families.

Community Recommendations

- Non-profit organizations can help reduce infant mortality rates by delivering health promotion initiatives, capacity-building activities, disseminating data to increase awareness of infant mortality issues, and educating about proactive behaviours that promote healthy growth and development for babies.
- Given the heterogeneity in the demographic and social characteristics among different Black communities, there is a need for improved measurement of race and ethnicity to understand the underlying mechanisms of inequities, including implicit bias in health care.
- Educators should promote a pedagogical environment where Indigenous children and youth have access to education that is culturally and linguistically appropriate.

Threat 8: Bullying

Bullying is a significant problem experienced by youth, most commonly in school environments and online. In fact, 7 in 10 youth aged 15-17 years old experienced bullying in Canada.[28] Bullying remains a pervasive concern associated with short-term and long-term effects on the mental and physical health of children and youth, including poor academic outcomes,[222] high levels of distress, substance use, low life satisfaction, more psychological symptoms (e.g., anxiety and depression), and somatic symptoms (e.g., headaches and vomiting).[223] Bullying has the potential to negatively impact the overall quality of life of children and youth. The engagement and participation in society of targets of bullying will likely also be impacted.[224]

> "I feel like in my son's school bullying is pretty bad. From being bullied comes a decline in mental health. My son has been bullied and I can see how it has affected him in a way. It's very sad."
>
> - PARENT PARTICIPANT #6

CYBERBULLYING

With children having increased access to the internet and social media, the risk for being victimized online has increased. There is a significant co-occurrence between traditional bullying perpetration and cyber perpetration. Children bullied face-to-face at school also are likely to be cyber-bullied.[224] In fact, this study also revealed that 25% of youth aged 12 to 17 indicated they had experienced cyberbullying in 2019. Types of cyberbullying often experienced by children include hurtful information about them posted online, exclusion from an online community, and/or receiving threatening or insulting messages.[224] A systematic review exploring data from Canada found lower rates of cybervictimization (10.4%) among children and youth aged 10 to 24.[224]

BULLYING IN SCHOOLS AND COMMUNITY SETTINGS

A study of 91 children aged 4 to 11 based out of Ottawa shared the negative impacts of bullying within schools including internalizing symptoms.[225] Results also show that those who

bully often display more externalizing behaviour such as physical assault, lying, defiance, truancy and substance abuse.[225] When bullying is prevalent, parental support often lessens the severity of the consequences associated with bullying. Another study based on 225 Grade 7 and 8 students out of Western Canada found that supportive parenting can assist in negating bullying towards others, and developing effective problem-solving skills when faced with a bully.[226]

Findings from a report by Vaillancourt et al. revealed that there is a decline in bullying victimization and perpetration as young people in Canada transition through school.[227] The authors found that there was a particularly notable drop in bullying between Grades 8 and 9.[227]

> Well, at my school there's a lot of bullying...if you're not the bully, you're always the bullied. So that's something that really is painful for a lot of my friends. Bullies always try and find certain qualities that make you insecure. And it's really bad for people's mental health."
>
> - YOUTH PARTICIPANT #5

BULLYING AND INEQUITY

Although all children and youth can experience bullying, certain groups are at higher risk. Youth from marginalized communities, adolescent girls, Indigenous youth, adolescents from low socioeconomic status, those living with disabilities and sexually and gender-diverse youth, are more often the target of bullying. These groups experience more bullying in general, but also more identity-based bullying. This is problematic as they are being bullied because of who they are. This type of bullying can have devastating impacts. For instance, online hate often results in discomfort, anxiety, and fear among individuals who do not meet societal stereotypes and expectations.[228]

Farrington et al. found that girls were more likely to be cybervictimized than boys (cybervictimization for males = 11.5% and 17.5% for girls) and that cybervictimization was also more prevalent in racial/ethnic minority groups.[224] Gender-diverse youth (aged 15-17) were most at risk, with 77% experiencing some form of bullying, compared to 69% of cisgender youth who are exclusively attracted to a different gender.[28] Furthermore, Yokoji et al. found that poverty is a risk factor for being a victim of bullying and added that being part of a low socioeconomic status intensifies the association between bullying victimization and poor health.[223]

RECOMMENDATIONS

Policy Recommendations

- Given the high prevalence of bullying, federal and provincial governments should prioritize reducing all forms of bullying. In addition, the government must prioritize funding for the testing of new and innovative anti-bullying prevention strategies that promote protective factors for cyberperpetration and cybervictimization for individuals, families, schools and communities.
- Recognizing the adverse effects associated with identity-based bullying, it is important to direct resources to fund interventions that address this type of violence as it reflects larger systemic issues of discrimination and prejudice related to basic human rights.
- Interventions should focus on addressing common root causes of identity-based bullying, focus on disrupting oppression, as well as building individual skills and capacities that are developmentally appropriate, can be embedded across the school day and address

multiple social levels (individual, classroom, school-wide, family).

- Introduce an online safety act for children that includes protection of children's online privacy, and other measures to protect against online hate, cyberbullying, and cyberexploitation perpetrated against children.

Community Recommendations

- Considering the connection between poor mental health and bullying among sexually and gender-diverse youth, it is fundamental to have an increased availability of gender-affirming care to serve the needs of these populations.
- Given that the number of hours spent on social media is considered a risk factor for perpetrating or being a victim of cyberbullying, parents/caregivers should be encouraged to participate in educational training on how to prevent or intervene in situations of cyberbullying so they can learn about parental engagement and parenting strategies (i.e., high warmth and control) for technology use by their youth.
- Paul et al.[229] corroborated the importance of traditional cultural events in buffering the links of bullying to distress. Among youth who experienced cyberbullying, those who participated in community cultural events on occasion reported lower distress compared to those who rarely or never participated. Given the importance of enhancing their sense of community belonging, creating opportunities to increase their feelings of belonging and promoting their well-being is fundamental.

Threat 9: Limited Physical Activity and Active Play

Physical activity is a vital and modifiable health behaviour. A recently published survey conducted in 2020 suggests only 2.3% of children and youth aged 5-17 (*N*=1,568) meet the 24-hour movement behaviour guidelines for physical activity, sedentary behaviour, and sleep.[29] According to this 2020 survey, the lowest adherence to these movement behaviour guidelines were reported in Quebec (1.1%) compared to British Columbia, the Prairies, Ontario, and the Atlantic provinces, which reported proportions ranging from 1.3% to 6.2%.[29].

Similarly, the 2022 ParticipACTION Report Card on Physical Activity for Children and Youth[230] assigned a grade of "D" for Overall Physical Activity, a "D-" for Active Play, an "F" for 24-Hour Movement Guidelines (physical activity, sedentary behaviours, and sleep combined). Given the well documented association between physical activity and children's physical, mental, social, emotional, and environmental health, additional multi-system efforts are needed to elevate and target this important public health issue.

Not surprisingly given the various public health restrictions introduced over the course of the COVID-19 pandemic (e.g., school and community centre closures; prohibited access to parks, suspension of team sports), activity levels among children and youth suffered as a result.[231] Specifically, one Canadian survey compared physical activity levels at two time points and found Canadian youth (aged 12-17) were getting an average of two hours less physical activity per week in 2020 compared to 2018; a 4% and 8% decrease in the number of girls and boys (5 to 11 years) in meeting national physical activity recommendations of 60 minutes of daily moderate-to-vigorous physical activity, respectively.[31,232]

BODY MASS INDEX CONCERNS

According to the latest Statistics Canada report released in August 2022, nearly one third (27.2% or 567,700 youth) aged 12-17 had high body masses, were overweight or obese.[233] This rate was 4% higher than the rate reported in 2020 (23.2% or 453,900).[233] A high body mass index is associated with an adverse metabolic profile and an increased risk of chronic diseases. For example, one Canadian study that explored challenges in children aged 2 to 17 with high body mass indexes found that

23.7% had increased blood pressure and 52.8% had a lipid abnormality,[234] indicating a risk to overall cardiometabolic health. Physical activity is an important contributor to both primary and secondary prevention of chronic disease and a primary treatment method for obesity.[234] Additionally, physical activity reduces the risk of chronic disease regardless of weight status, and thus should be promoted across body mass indices.[235]

PHYSICAL ACTIVITY, PLAY AND INEQUITIES

Every child has the right to play and take part in creative activities (Article 31, CRC),[1] yet there is often noticeable inequality in the fulfilment of this right.

As outlined in sequence below, equity–deserving groups—e.g., women and girls, racially diverse groups, newcomers to Canada, persons with disabilities, and members of the 2SLGBTQIA+ communities—report lower rates of physical activity participation, placing these populations at even greater risk for poor health outcomes and premature death. These groups were disproportionately impacted by COVID–19 in regard to physical activity and sport participation, access and opportunity.

Participation in physical activity follows a social gradient. Specifically, those who are more advantaged are more likely to be regularly physically active, less likely to be sedentary, and less likely to experience the adverse health outcomes associated with inactive lifestyles than their less advantaged peers.[236] Consequently, physical activity should be considered a socialized issue with apparent health equity implications. As such, an intersectoral approach is needed to address the disparities among equity-deserving groups.

GIRLS

There is ample research to suggest that girls suffer from the disadvantages that gender inequality poses, especially in physical activity and active play. For example, specific to school children in Canada (8-12 years), boys report taking an average of 2,000 more steps per day and spending an extra 12 minutes outside compared to girls.[30]

Approximately 25% of young females who had previously participated in sports did not return to sports upon the lifting of restrictions.[237] Specific to Ontario, 73% of 10-to-16-year-olds end up dropping out of competitive soccer.[238]

The way in which public outdoor spaces are designed may also impact children's physical activity differently, as public outdoor space usage tends to differ based on sex and gender. For example, a 2022 study found that 70% of girls living in Ontario aged 5-12 preferred playing with music and sensory components of playgrounds, while boys preferred open spaces, such as paved areas and fields.[239]

NEWCOMER CHILDREN AND YOUTH

A 2022 study found that immigrant youth aged 12-17 were less likely to adhere to the Canadian 24-hour movement guidelines than Canadian-born youth.[240] This discrepancy worsened throughout the COVID-19 pandemic and the decline of in-person schooling as immigrant youth in Canada primarily accessed physical activity within a school setting.[240] This is confirmed by another 2022 study that placed the decrease in physical activity for immigrant Canadians over the COVID-19 pandemic at 38% higher than non-immigrant communities.[31] Over this period, youth of colour saw an 18%

decrease in physical activity compared to Caucasian youth, while Indigenous youth saw a 37% decrease in physical activity.[31]

CHILDREN AND YOUTH FROM LOW SOCIOECONOMIC STATUS HOUSEHOLDS

Socioeconomic status has been shown to be a significant factor in determining physical activity levels and play in Canadian children. Children 8-12 years from low socioeconomic households were found to average 1,180 fewer steps a day than children from middle-class or high-income households.[30] Further, this population's activity levels appear to be impacted by parental education levels, as youth from households with education levels beyond high-school reported a 30% less decrease in physical activity during the COVID-19 pandemic than children and youth from households with lower education levels.[31]

CHILDREN AND YOUTH WITH DISABILITIES

A Canadian-wide report based on parental reports from 2022 revealed that only 1.3% of children with disabilities met the 24-hour Movement Guidelines.[241] Children with disabilities from homes with household incomes of less than $50,000, were 3.47 times more likely to have decreased their physical activity levels during the pandemic.[242]

Notably, children with disabilities who came from homes that had several children were less likely to experience a decrease in physical activity during the COVID-19 pandemic, perhaps suggesting that adherence to movement behaviour guidelines may be mitigated by having other siblings (i.e., natural playmates) with whom they can play.[242]

INDIGENOUS CHILDREN AND YOUTH

In the 2022 ParticpACTION report card, Beth Warner-Hudson of *Table Tennis North* described the need for physical movement initiatives for Indigenous-based programming (such as land-based after school programs), and highlighted that the physical health and well-being of Indigenous children and youth is integral to "living a good life" as stewards of Mother Earth.[230]

RACIALIZED CHILDREN AND YOUTH

The most recent demographic analysis prepared by Maximum City in 2020 found that across Canada, Black, Indigenous and People of Color aged 9-15 more often reported a decrease in physical activity, feeling less safe outside, and going outside of their homes less, compared to their White European peers.[243]

2SLGBTQIA+ CHILDREN AND YOUTH

2SLGBTQIA+ children and youth face barriers that can limit their accessibility to safe physical activity and play. A 2021 report conducted by Physical Health Education Canada provides recommendations for schools and physical activity programs for 2SLGBTQIA+ children and youth that continues to be relevant in 2023.[230,244] Some of these recommendations, constructed from the responses of 180 Canadian youth from grades 7-12, include adults engaging in critical self-reflection, offering culturally sensitive physical programs, and creating safer physical spaces for 2SLGBTQIA+ in sport (e.g., bathrooms, change rooms).[230,244]

RECOMMENDATIONS

Policy Recommendations

- Aligned with Outdoor Play Canada's State of the Sector Report,[245] additional focus and advocacy work is required to elevate the crucial issues of equity, diversity, and inclusion in outdoor play. The worldviews of different equity deserving groups should be included in policy decisions related to outdoor play.
- As suggested by the 2022 ParticipACTION report, research efforts must use common tools and metrics to measure movement behaviours among children and youth. This would help to accurately compare results across various determinants of health, such as socioeconomic status, physical environment and access to health services.[230]

Community Recommendations

- Promotion of active transportation such as walking and biking is gaining traction as effective methods for promoting children and youth's physical activity.
- The Canadian 24-hour Movement Guidelines for Children and Youth should be more thoroughly shared, communicated, and promoted with schools, parents and the community at large.
- Continue to promote the positive association between physical activity and mental health. As indicated earlier in this report, research suggests that mental health is at an all-time low for children and youth—physical activity is an effective and equitable option for supporting mental wellness in this population.

Threat 10: Climate Change

The impact of climate change on children's mental and physical health and well-being is an area of active inquiry that is rapidly evolving, accumulating and expanding. Current evidence suggests the effects are significant. It is imperative to acknowledge the significance of these issues as child health is deeply connected to the health of the climate, environment and the planet.

Young people have been left feeling like they have little influence on decisions related to climate change despite being the generation most impacted.[246] They have often been marginalized when it comes to policy change.[246] Immediate action to remediate and reverse environmental damage must be taken in concert with adaptation strategies at the child, community, and health system levels to ensure the future of children and youth is secured. Prevention and intervention needs to be implemented immediately and continuously to address the damage already done to the environment.

The direct link between climate change and children's right to survival has never been more evident in Canada. In the summer of 2023 alone, there have been multiple reports of childhood deaths due to extreme weather and pollution associated with climate change, including in British Columbia and Nova Scotia, and thousands of children have been displaced from their homes or disrupted in their daily activities due to wildfires and poor air quality. Parents are rightfully demanding that policymakers take more urgent action to ensure the survival of their children, and young people are increasingly calling on public and private sector leaders to ensure their right to survival and a sustainable future.

CLIMATE CHANGE AND RISK OF CHRONIC AND INFECTIOUS DISEASES

It is anticipated that extreme weather will continue to increase in Canada, particularly impacting vulnerable populations like children.[34] Extreme weather and natural hazards can contribute to contaminated water.[34] Water-borne diseases are on the rise in Canada with the increase in rain and snow melt, including liver and kidney damage and gastrointestinal illness.[247]

Poor air quality contributes to an array of different challenges in young people including respiratory and cardiovascular disease, allergies, and risk of infectious diseases, to name a few.[248]

Air pollution results in approximately 15,300 premature deaths yearly.[33]

Ammonia (NH3) emissions in Canada increased between 1990 and 2021 by 25%.[37] A systematic review found that ammonia emissions from agriculture can result in early onset asthma in children.[249] This is particularly problematic given that 12 to 25% of children already have asthma in Canada, which is often correlated with aeroallergens and other air pollutants.[248] Ammonia also contributes to particulate matter (PM) in the air$_{2.5}$ which can result in health impacts that children are particularly susceptible to, and can result in long-term lung problems.[248]

Over 8,000 forest fires occur yearly in Canada.[250] As of June 28th, 2023 there were 85 uncontrolled, 80 held, and 144 controlled wildland fires in Canada.[250] The number of wildfires in 2023 has already surpassed the previous record set in 1989, which accounted for 7.6 million hectares burnt.[250] Wildfire smoke has become an increasingly glaring issue for Canadian children.[36] Individuals exposed to wildfires within 50 kilometres of their households were found to have a 4.9% higher rate of lung cancer and 10% higher rate of brain tumours than unexposed populations.[36]

This is especially significant as British Columbia's annual wildfire season has extended by 14 days and over 1 million hectares of forest burns annually.[36] A study of children aged 4-12 in B.C. found that long term exposure to forest smoke caused 1.8mm/Hemoglobin (Hg) increase in blood pressure.[36] Conversely, decreased levels of PM2.5 were correlated with reductions in blood pressure, which saw a 45% reduction between day 3 and day 21 of reduced PM2.5 exposure.[36]

A 15 year study released in 2022 found that $PM_{2.5}$ exposure during gestational weeks 10-20 led to an 11% increased risk of cerebral palsy in Ontario children.[251] This was supported by a 10-year study released in 2023, which found that wildfire smoke days had raised the risk of emergency department visits 1.13-fold in asthmatic children aged 1-17 in Calgary.[252] The same study determined that there was a 25% increase in emergency department visits for children during wildfire smoke days as compared to green, or orange zone days for air pollution.[252] A 2022 study found that Canadian children under 10 years of age living in neighbourhoods with high levels of greenery had protective factors from air pollution and 30% reductions in pediatric irritable bowel disorder.[253]

CLIMATE CHANGE AND MENTAL HEALTH

Climate anxiety (also known as eco-anxiety) is increasing when it comes to young people's thoughts about the future and the uncertainty that can negatively affect human development.[254] Adolescents are acquiring more knowledge from external sources rather than their parents, increasing their worry and anxiety about the world.[254] It is clear that youth are aware of the negative effects that climate change has on the earth and their own mental and physical health.[255] The COVID-19 pandemic and restrictions limited opportunities for youth to express their views on the climate emergency, thereby reducing the feeling that they have any influence on the world of their future.[256]

> "A lot of youth just don't see the Government of Canada providing enough support on climate change. They don't see a future for themselves with the instability of the planet."
>
> - STAKEHOLDER PARTICIPANT 13

Galway and Field[32] present concerns for youth on climate change and how climate emotions and climate anxiety is becoming a more prevalent concern in society. A 2023 study found that 78% of surveyed Canadian youth, aged 16-25, expressed that climate change had a negative effect on their mental health, with 48% reporting high levels of anxiety surrounding climate change.[32] Further, 73% of youth communicated fear for their future due to climate change, with 39% reporting hesitancy on having children given the trajectory of climate change.[32] At least 56% of respondents reported feeling afraid, sad, anxious, and powerless, while 37% reported that their feelings about climate change negatively impact daily functioning.[32] The results concluded that over 50% of the participants had high negative emotions associated with climate change.[32]

There are multiple emotions associated with climate change that are negatively impacting youth.[264] A 2022 study of 23 young people aged 16 to 29 from 15 countries, including Canada, explored the feelings associated with climate change and how professionals make policies and practices around the world, reflect the voices of youth, and create support systems that will provide the most benefit to their experiences.[264] The participants in the study recognized that knowing how much damage is being caused makes it hard to engage in everyday tasks due to feelings of guilt regarding their carbon footprints. This was also seen in developing countries with relatively small carbon footprints such as Vietnam, despite youth understanding that the structures and systems we live in make ethical choices extremely difficult.[264]

CLIMATE CHANGE AND INEQUITIES

First Nations, Inuit, and Métis children are particularly affected by climate change, impacting water quality, air quality, mental well-being and overall health.[257] Climate change ultimately increases already-existing health disparities among Indigenous children and non-Indigenous populations.[257] Floods and forest fires are not uncommon in Indigenous communities, and support and resources to predict and contain environmental disasters are often scarcer in these communities.[258]

Galway et al.[259] completed a community-based project in Fort Williams First Nation, a Anishinaabe community in Northern Ontario, to understand the connection between climate change and health. Their findings suggest there have been notable changes to the land including waterways, which were perceived to be a result of external factors and connected to colonialism.[259] The results also suggest there are ongoing health concerns, resulting in illnesses that will ongoingly impact future generations of First Nation children.[259]

In April 2022 there were 33 short-term and 54 long-term drinking water advisories in First Nation communities in Canada.[35,260] As of June 2023, there were 28 long-term advisories. And on July 4th, 2023 there were 29 short-term advisories (not including B.C.) in First Nation communities.[35] These advisories have existed for years and are prevalent among First Nations, Inuit, and Métis communities.[261] In a study based out of Six Nations of the Grand River First Nations in Ontario, of the 66 participants who were part of the study, 57% experienced challenges with safe and reliable water.[262] Indigenous children are at particularly high risk of diarrheal infections and influenza, occasionally resulting in death as a result of unsafe drinking water.[261]

RECOMMENDATIONS

Policy Recommendations

- Government measures and policies, such as better educating parents on the necessity of a Carbon Tax to transition to a greener economy should be implemented. These measures may deter temperature increases and may help reduce feelings of anxiety in youth.[254]
- Include Indigenous Climate ideas/knowledge in mainstream policies.
- Climate change's impacts often intersect with poverty, as evidenced by the correlation between low levels of greenery and low-income urban communities, and higher impact levels within urban heat islands.[263] Government measures to ensure equitable amounts of space and greenery for low-income, middle-income, and high-income areas may help alleviate this strain. Additionally, funding and designating national parks can offer some space for cleaner air for those who are living in more urban areas.

Community Recommendations

- Validating the emotional responses of children and youth to climate change in a compassionate way is significant in supporting youth through these complex times, as is providing them with a platform to affect change within their communities and through policy development.
- Promoting green space can be a mitigator/buffer for physiological effects, and also has the benefit of social cohesion and improved well-being. Health system issues include patient advice to mitigate the effects of climate crisis, but also promote planetary health and sustainability including decreasing Green House Gases (GHG) generated throughout the health sector.[265]
- To mitigate exposure to wildfires, measures should be taken to limit time outdoors, visit well ventilated areas, and to utilize masks in areas in which there is poor air quality. The benefits of a tree canopy and greenery to ameliorate air quality has been demonstrated.

Interconnection Between Threats

As indicated throughout this report, the top 10 threats to childhood are not standalone and should not be siloed in policy action, in practice, or in research. Many of the threats are interconnected and, thus, can be influenced by one another. While a full analysis of the interconnections is beyond the scope of this report, some examples are highlighted in what follows, with a web of interconnections shown in the graphic below.

- **Poverty and Infant Mortality**: Preterm birth can have serious negative health outcomes and is a leading cause of mortality in infants and young children. Though not Canada-specific, a systematic review from 2022 found that lower socioeconomic status has been shown, across various studies, to be significantly associated with preterm birth.[266]
- **Poverty and Mental Illness**: Poverty and lower socioeconomic status have been correlated with an increased likelihood of mental illness. A 2022 study found that children living in poverty have higher rates of anxiety and depression, but are 10.7% less likely to be prescribed selective serotonin reuptake inhibitors (SSRIs), which have proven to be the most effective medical treatment of depressive disorders.[267] In addition, the same study found that physicians in Ontario were 76% more likely to prescribe antipsychotics, despite the substantial risk of side effects, when treating a child from a low-income household than when treating higher income children.[267]
- **Violence Against Children, Bullying and Mental Illness:** In Ontario, researchers found that child maltreatment and peer-victimization (which includes bullying) overlapped in 10% of the sample (n=2,910) of young people (aged 14-17) included in this study. Moreover, the interactive and cumulative effects of this overlap resulted in a heightened mental health-related risk for females and males—differing based on sex.[268]
- **Physical Inactivity and Poverty**: Barriers to accessing an array of supports are often present when there are financial constraints. For instance, children may not be able to access physical activities and sports when facing familial financial challenges, yet sports can offer immense benefit to these young people in particular. A qualitative study completed by Sulz and colleagues[269] on Canadian youth from low-income families revealed that by financially supporting young people to participate in sports, they were able to foster life skills, social skills, holistic health,

and alleviate stress from having to face the extra financial burden of participating in activities.

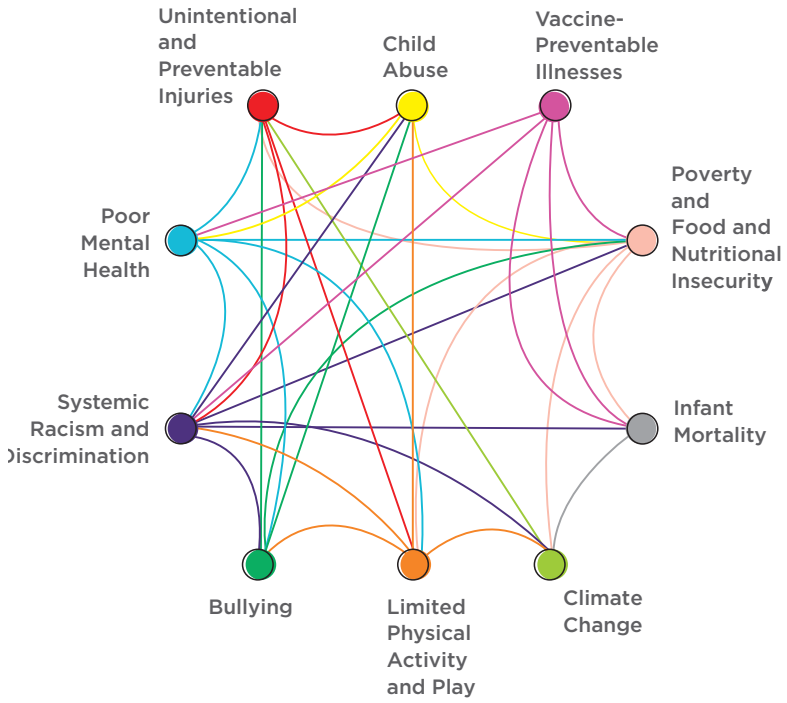
- **Unintentional and Preventable Injuries and Discrimination:** Social and biological elements of identity (such as gender, race, sexual orientation, age) impact risk of injury through systems of oppression (e.g., racism and discrimination). For instance, gender discrimination can lead to increased stress and mental health impacts, which may result in a young person engaging in risky behaviours (e.g., substance use) that causes unintentional harm to themselves.[270,271]
- **Mental Health and Physical Inactivity**: The noted decrease in children's physical activity mentioned earlier in the report is concerning as high amounts of sedentary time have been correlated with higher levels of anxiety, depression and distress.[272]
- **Climate Change, Food and Nutritional Insecurity and Discrimination**: Climate change and environmental exposures are associated with poorer child health outcomes and have heightened negative impacts on children's lives. Environmental exposures carry the risk of contaminating food and water necessary to sustain life.[273] In addition, certain populations (for instance, Indigenous populations) face inequitable environmental exposures as a result of climate change, resulting in a disproportionate risk of experiencing food insecurity.[273]

"I think that there's going to be more kids who are unsafe due to lack of access to proper nutrition. Parents are pulling their kids from before- and after-school programs because the cost is going to be prohibitive."

- PARENT PARTICIPANT 11

"Bullying depends on whether you're male-identifying or female-identifying. We know that LGBTQ young people experience a much greater rate of violence in the school context."

- STAKEHOLDER FOCUS GROUP 2



Cross-Cutting Themes

Children continue to experience widespread violations of their rights within Canada. The lack of protection for children's rights must be addressed as a matter of priority, and must include children's voices because these issues impact them on a daily basis. We must value the wisdom from each child and youth surrounding their circumstances and realities.

Cross-Cutting Theme 1: Access to Education and Childcare

Early childhood education is a key determinant of children's well-being. For this reason, access to safe, reliable and quality childcare is fundamental for enhancing children's development in Canada. Undoubtedly, the COVID-19 pandemic has highlighted the importance of affordable, inclusive and high-quality childcare for Canadian families and children. Families face difficulty balancing their caregiver, home learning, work and daily demands without childcare.

Acknowledging this need, the Government of Canada made a transformative investment of over $27 billion over five years to build a Canada-wide early learning and childcare system with the provinces and territories. When combined with other investments, including Indigenous early learning and childcare, it amounts to $30 billion over five years; in line with Canada's Multilateral Early Learning and Child Care Framework. The goal is to provide families with access to high-quality, affordable (an average of $10 a day by 2025/2026 for all regulated childcare spaces), flexible and inclusive early learning and childcare regardless of an infant or child's background.[274]

While much progress is being made across the country, the Canadian Centre for Policy Alternatives has estimated that 776,000 children (44% of all non-school-aged children) in Canada currently live in childcare deserts—communities that are parched for available childcare.

IMPACTS OF LEARNING LOSS FROM COVID-19

While a full school year has passed since most COVID-19 restrictions were lifted, many children continue to bear the brunt of significant learning loss that occurred during the pandemic. In particular, the COVID-19 pandemic highlighted the challenges of immigrant children, refugees, youth with disabilities (i.e., learning disabilities, neurodevelopmental) and their families in accessing education.

In their qualitative study, Seth et al. interviewed parents and caregivers across Canada to understand their experiences as parents/caregivers of youth with neurodevelopmental disabilities. They suggested that disruptions and remote learning compromised the unique learning needs of their children given the loss of a structured learning environment and access to school services, including therapies, counselling, and educational assistants.[111]

Transitioning back to in-person schooling also increased anxiety and anger, as students still did not have available support and accommodations, resulting in significant challenges in their development. Davies et al. highlighted the societal stigmatization of ASD reflected by the scarce opportunities for sexuality education and the lack of focus on the sexual health and well-being of children and youth with Autism Spectrum Disorder in Canada.[275]

EDUCATION, CHILDCARE AND INEQUITIES

Historically, groups of children that face significant educational inequities include First Nations, Metis and Inuit children and other racialized youth. Despite this fact, during the last year no studies have explored the educational challenges and needs of these populations.

Nyika[276] examined the experiences of youth who have migrated from Africa and the Caribbean region to Nova Scotia concerning education and health-related programs. The results suggest that African immigrant students face significant challenges in navigating their school system, including language barriers, unfamiliar methods of instruction, feelings of disconnection with teachers, and black consciousness. In addition, Ayoub et al. conducted a study among Syrian refugee students in elementary public schools in Ontario. While they found that most of the students have experienced positive resettlement in Canada, they also face several challenges given their pre-migration difficulties as they did not have access to any type of education in refugee camps.[277] Constant efforts between educators, parents and children must bridge this long learning gap.

RECOMMENDATIONS

Policy Recommendations

- The government should ensure access to accommodations, services and a continuum of care for youth with disabilities and their families during the recovery period of the pandemic, and in a systemic manner moving forward.
- Regardless of the education delivery model, individualized education supports and accommodations should be developed to facilitate inclusive and uninterrupted access to quality education for youth with disabilities.
- Structured monitoring and data collection of school responses should be utilized to determine the short-term and long-term outcomes of educational measures used during the pandemic and the recovery period.

- Developing strategies for schools to support newcomer students with their learning and integration into the school community is fundamental.
- Ensure accessibility to ESL programs for newcomers whose first language is not English.
  - Develop and promote school activities where Indigenous youth feel proud of their identities, cultures and languages. Advocate for curriculum and teaching methods that incorporate and recognize Indigenous communities' histories, cultures, ways of learning and traditional knowledge.

Cross-Cutting Theme 2: Access to Health Care and Other Social Services

An ongoing concern that spans all threats in the *Raising Canada 2023* report is young people's access to health care and social services, especially at the height of the pandemic through to the present day. The past year has presented challenges across Canada including long wait times in pediatric emergency rooms and unprecedented rates of illnesses, such as RSV, COVID-19 and influenza. Together, these illnesses affecting children in Canada are known as the "tripledemic."

In February 2023, the Canadian Institute for Health Information published their most recent data on pediatric hospitalizations between 2021 and 2022. Unlike previous years, acute lower respiratory infections were listed as the second most common reason for hospitalization while COVID-19 was ranked the sixth most common reason for hospitalization among children aged 0-4 years.[278] However, child and youth presentations to health care services differ between groups of children. For example, pediatric refugees arriving to Canada via government-assistance or through a blended visa office-referral program, experienced higher rates of morbidity than Ontario-born children and privately sponsored refugees despite accessing the health care system more often, with minimal demand on the health care system overall.[279]

Children's hospitals such as Toronto's SickKids reported a staggering 120% capacity rate and the closure of operating rooms to address the surge in demand. In response to the complexity of pediatric needs and accessibility of services, Children's Health Care Canada, the Canadian Association of Paediatric Nurses and the Canadian Paediatric Society released a joint statement on November 18, 2022 calling on governments to work together to address the health care crisis in Canada.[280] They called for a comprehensive health human resources strategy, infrastructure expansion, and enhanced access to primary care.

The paediatric crisis rippled beyond the health care system, with families struggling to balance work and caregiving responsibilities. A coalition of "Moms, Grandmoms, and Caregivers for Kids" urged the government to address the paediatric crisis and its far-reaching consequences on children, families, the economy, and our

country's future; their efforts reaching the floor of the House of Commons for discussion.

In February 2023, the federal government announced a major expansion of health care priorities and funding, with $196.1 billion allocated over 10 years, including $46.2 billion in new funding. The 2023 Bilateral Agreements focus on four shared health priorities and include a separate $2.5 billion investment for Indigenous priorities. However, concerns exist about the nature of progress indicators, lack of disaggregated data, and insufficient focus on children and youth. As part of this announcement, the government committed $2 billion to address backlogs in paediatric care.

Despite this, public spending on children's health does not align with the increased costs; more targeted funding for child and youth mental health is needed. Children First Canada's recent *Pedianomics* report revealed that in 2020, provincial spending on adult health was four times higher than on children. This disparity in investment raises questions about the priorities and allocation of resources in health care systems. By neglecting the unique needs and rights of children, society may be inadvertently contributing to long-term adverse outcomes and higher health care costs. Rebalancing health investments to support the well-being of children and adolescents is essential for a healthier, more equitable and prosperous future for all Canadians.

DELAYS IN ACCESSING CARE

While restrictions due to the COVID-19 pandemic have largely been lifted across Canada, the legacy of the pandemic continues to affect children and youth today. As of April 2023, the emergency room occupancy rate at Montreal Children's Hospital in Québec was at 183%.[281] Similarly, McMaster Children's Hospital in Hamilton, Ontario has reported 1,400 children awaiting surgery beyond the recommended wait times to ensure no long-term effects.[282] Between April and June 2022, children and youth across Canadian provinces (n= 2,088) reported that the top three barriers to accessing mental health and substance use services were feeling overwhelmed and not sure how to best continue (86%), the timing of services (or lack thereof with respect to wait times [67%]) and limited choice of services available to them (64%).[283]

In July 2023, the Ontario Government made an historic investment of $330 million to expand children's health care across the province. The funding will allow children's hospitals and community-based providers across the province to expand services and reduce wait times for essential children's health care services, including surgeries, procedures, diagnostic imaging, mental health treatment, and child development and rehabilitation. It will also allow providers to run more operating rooms, open more beds, expand clinics, hire more staff, and, perhaps most importantly, deliver more innovative programs in partnership. This important milestone is worth celebrating, and Children First Canada urges other provinces and territories to follow suit in prioritizing investments in the health and well-being of children from coast to coast to coast.

Of note is the perspective of the Indigenous Watchdog which illuminates the ongoing issue of federal funding and the need for equitable access to health care for Indigenous people. In response to the 2023 federal budget announcement where governments agreed to $2 billion over the span of 10 years towards Indigenous health priorities, in addition to the annual $5 billion dollar allocations, the Indigenous Watchdog critiques that this is considerably less than what is needed to truly make a difference in Indigenous communities.[284]

DELAYS IN PREVENTABLE CARE AND RECEIVING DIAGNOSIS

Delays in preventable care can have devastating effects on children and their families. A study published in 2023 using retrospective data from July 2011-July 2016 at the B.C. Children's Hospital in Vancouver, found that 47.9% of cases (n=384) were delayed resulting in 7.6% deaths with an analysis revealing that delays were highly associated (85%) with changes of mortality.[285] While similar data is not yet available for more recent years, it is important to consider how the rates of delay might have shifted with restrictions and the subsequent backlog of surgeries in a post-pandemic era.

Access to preventable care among children and youth continues to be a barrier for First Nation, Métis, and Inuit communities. Families in Nunavut, for instance, have shared their experiences of having to travel upwards of 12 hours between their home in Clyde River to Ottawa to attend medical appointments that are outside the scope of what pediatricians in their hometown can offer.[286]

GAPS IN CARE FOR YOUTH WITH CHRONIC HEALTH CONDITIONS

Experts are shedding light on the gaps faced by youth with chronic health conditions. One of these major gaps is the lack of transitionary supports in place to support youth aging out of pediatric health care and into the adult health care system.[287] As a result, pediatricians have collectively called on health care systems to build in flexibility around service cut-offs based on age, and instead, consider the needs of all those involved in the care of managing chronic health conditions.[38]

A 2023 qualitative study with 40 parents of youth with neurodevelopmental disabilities (NDD) across Canada reported that the COVID-19 restrictions impacted service providers' ability to adequately assess the development of their outcomes, which can have lasting impacts on children and youth even now that restrictions are lifted.[288]

GAPS IN SOCIAL SUPPORT

Gaps in social support have been exacerbated throughout the restrictions of the COVID-19 pandemic. A 2023 survey conducted for Children's Healthcare Canada found that among 1,500 Canadians, with nearly half of respondents identifying as a parent, 48% of people in the study did not feel confident that children could have timely access to mental health care such as therapists.[289] Another 2023 study found that 41% of youth in British Columbia (n=1,928) expressed a need for mental health support but did not seek help. This was especially true for youth exhibiting depressive or anxiety symptoms or identifying as a gender and/or sexual minority.[290] Possible reasons why youth do not reach out, or are unable to reach out, are endless and often intersect, such as geographical inaccessibility in rural communities, felt discrimination in health care, or financial barriers to participate in social support groups.

RECOMMENDATIONS

Policy Recommendations

- Immediately operationalize recommendations for a collaborative approach to children's well-being that unites federal, provincial and territorial levels of government to form an Advisory Council in development of a pan-Canada strategy versus the current approach which is fragmented between provinces.[116,291]
    - A pan-national strategy must view accessibility to health care from an intersectional lens to better advocate for equitable funding for pediatric care,

especially for racialized, Indigenous and 2SLGBTQIA+ children and youth.

- Increase funding for health care spending that aligns with the *Truth and Reconciliation Commission's Calls to Action* [18-24].[68] Reconciliation must include addressing the disparity of health care needs between Indigenous and non-Indigenous children and youth. The 2024 budget would benefit from increasing fiscal allocations to Indigenous health care from $7 billion annually to *at least* $9.81 billion to represent the total population of Indigenous peoples.[284]
- Implement Children's Healthcare Canada's suggestions which would allocate $29 million towards "...a robust maternal, child and youth health research agenda".[292]
- Prioritize research initiatives that measure the health outcomes of children and youth with access to transitionary care from pediatric to adult health care systems versus care as usual. Priority should be given to youth with increased health needs, such as neurodevelopmental disabilities and/or chronic health conditions.

Community Recommendations

- Maintain access to in-person services, especially for organizations serving gender and/or sexual minorities.[290]

> "When people can't afford to pay privately, there are incredibly long wait lists. When young people rely on publicly funded services, when there's a lack of staff resources, this group really suffers in a way that I think you know other kids don't."
>
> - STAKEHOLDER PARTICIPANT

> "I mean, people will get up, give up and go home when the wait times in emergency rooms are too long. And then you see people that end up, you know, losing their life because of it."
>
> -STAKEHOLDER PARTICIPANT

Cross-Cutting Theme 3: Children's Participation

In many ways, the threats that continue to impact the lives and well-being of children in Canada over the past year are enhanced by a systemic avoidance of asking young people about what matters to them and how they envision change for their generation's futures. In some ways this is not surprising, as "childism", which refers to a form of prejudice against all children based on the supposed superiority of adults, is structurally engrained in much of western society.[293] Despite children having rights to be meaningfully involved in decisions (of all kinds) that may impact them (per Article 12 of the CRC[1]), and the continuous calls for representation from various organization in Canada, including CFC,[294,295] progress is extremely slow in bringing this to fruition.

> "You know, children are, nearly a quarter of our population, but they're 100% of our future."
>
> - STAKEHOLDER, PARTICIPANT 21

WHAT IS MEANINGFUL INVOLVEMENT?

Involving children and youth in meaningful ways refers to the active and intentional partnership between young people and an organization,[296] rather than asking them to "check a box" or fulfill an obligation or principle—which is otherwise referred to as tokenism. Respecting the perspectives, interests, and voices of young people is vital for meaningful involvement. It means considering youth as experts and to not overlook their experiences and ideas.[296] Meaningful engagement is "often long-term and resource-intensive",[296] so purposefully reserving resources to facilitate this engagement is a key step in involving youth.

DIFFERENT FORMS OF EXCLUSION

The lack of children's involvement has impacted many sectors. As highlighted in relation to violence against children, young people continue to experience a lack of opportunities to actively engage in and inform research on this topic.[135] This is also true for many other topics.

Children are not consistently involved in policy discussions or the implementation and evaluation of changes. Their exclusion from informing decisions has been made especially evident over the past few years as pandemic policies have not been developed to be child-inclusive.[160] However, children have increasingly been demonstrating their competence and capacity as leaders and changemakers, particularly throughout the pandemic.[39] There is a disconnect between the things children are truly capable of and the opportunities, or lack thereof, that are available for young people to bolster these capacities with support from adults in positions of power.

LEADING EXAMPLES OF CHILD AND YOUTH INCLUSION

While many gaps exist in relation to protecting children's rights to participate, it is important to acknowledge the positive changes that have taken place over the last decade and more in regard to inclusion. For instance, the Toronto Youth Cabinet was established to contribute to municipal government decisions in Toronto. Many children's hospitals have established child and youth advisory councils, such as the Holland Bloorview Kids Rehabilitation Hospital Youth Advisory Council. Children and youth who have experience receiving medical care and services can provide insight into various projects at Holland Bloorview. The Young Canadians Roundtable on Health are a group of youth who aim to close the gap between young people and policymakers regarding child and youth health, and to represent Canadian youth in all of their diversity. The Prime Minister's Youth Council provides advice to the Prime Minister and the Government of Canada based on the issues that matter to them, and Canadians in general.

While youth advisory councils play an important role in ensuring that the voices and interests of young people are reflected in policies and programs to improve their lives, they often exclude the participation of younger children. It is common practice that youth advisory councils set a minimum age of 15 or 16 years to participate, creating an arbitrary barrier that discriminates against the young.

Within CFC itself, there have been two programs which provide a platform to meaningfully engage young people of diverse ages and backgrounds. The Youth Advisory Council (YAC) provides support for organizational programs and operations. The Young Canadians' Parliament (YCP) is a movement to bring young people and

policymakers together to support youth in speaking on issues that matter to them, advocating for their rights, and engaging in meaningful dialogue. Importantly, both programs are open to children and youth up to the age of 18, in keeping with the UN Convention on the Rights of the Child Article 12 which protects the rights of all children to participate in keeping with their evolving capacity. In the past year alone, the YAC and YCP have participated in high-level policy development on a broad range of topics, such as the development of Canada's National School Food Policy, the development of an Online Safety Act, the need for urgent investments in child and youth mental health, the need for a federal Commissioner for Children and Youth and a National Strategy for Children and Youth.

While these excellent examples exist as models for the country, during the pandemic and beyond, opportunities for further inclusion and representation have continued to be thwarted, magnifying the threats highlighted and leaving many children on the margins.

RECOMMENDATIONS

Policy Recommendations

- Establish permanent mechanisms to enable the participation of children and youth in policy making at the federal and provincial levels, such as bolstering support for the Young Canadians' Parliament to expand its reach and impact.
- Position the development and sustainability of public health guidelines to be in line with the best interests of the child and their right to participate in decisions that affect their lives. As Koller and colleagues[39] have highlighted, "adults should acknowledge and support the existence of two competing worlds by influencing public health policy and championing children's right to an adequate childhood" (pg. 158). Actively listening to children and their suggestions is a vital tool to address impacts of the pandemic[7] and of the top 10 threats in general.
- When inclusion and participation are prioritized in decision-making spaces, these approaches need to be intersectional in nature. Methods for inclusion need to account for differences in interests and needs for all young people, to ensure their participation is meaningful and effective, while also accounting for differences in aspects of identity such as race, gender, socioeconomic status, forms of disability and more. For instance, providing stipends to support young people experiencing poverty that enables them to join meetings, or having cultural sensitivity training for *all* members (including leaders) of organizations that include young people.

KATIE WILKINS, AGE 9

KATIE DREW A BRAIN AND ALL THE THINGS IT MADE HER FEEL OR DO.

Strengths and Limitations

The *Raising Canada* research team consists of multidisciplinary participants with differing perspectives representing a variety of learning institutions, faculties, and academia across Canada. Members of the team come from diverse ethnic backgrounds and share their own unique perspective. Each team member contributed expertise from their own professional and personal experience, adding essential breadth and depth to the report.

To further diversity research perspectives, the voices of subject matter experts, parents, and youth were incorporated within the research methods and the development of this report through personal interviews. Subject matter experts also shared their views through three focus groups. Participants were spread geographically throughout Canada and came from a diversity of organizations. In the individual interviews, several different cultural backgrounds were represented, including Filipino, Persian, Asian, Latino, Indigenous, Pakistani, Black, Cuban, Albanian, Mexican, Ukrainian, and White. The inclusion of primary data was a new addition to the *Raising Canada* report and served to strengthen the examination of the top threats presented herein.

An important consideration for future research is the need to provide funding for translation to support the participation of parents and youth who are not proficient in English. Of note, an organization that works with immigrants whose first language is not predominantly English, reached out to express they had some parents who would be interested in participating. Unfortunately, due to funding constraints and the inability to hire translators, their engagement was not a possibility this year.

Given the breadth and depth of the topics covered in this report, it was not possible to capture all of the important policy and community recommendations required to ameliorate the top 10 threats to childhood. Some of the more salient recommendations were captured this year.

Within the report, literature published within the past year was incorporated to provide a high-level perspective on the top 10 threats to childhood, combined with the views of subject matter experts, parents, and youth gathered through interviews and focus groups. In the future, focus groups are anticipated to occur with parents and youth.

It should be noted that although the report included diverse perspectives and groups of

people, qualitative data from the territories was missing. Although there was success in incorporating the expertise from diverse cultural groups in the interviews with subject matter experts, none of them identified as Indigenous. In the future, the team intends to ask for an amendment to ethics to recruit through Indigenous organizations and work collaboratively with Indigenous communities to build partnerships and culturally sensitive research practices. While two of the youth participants brought Indigenous lived experience and one parent was Métis, a continued effort will be made in subsequent years to include diverse groups and hear recommendations on how to do so from our partners, subject matter experts, community members, parents and young people.

Concluding Remarks

The literature continues to explore challenges posed by the COVID-19 pandemic and will likely do so for years to come. Through the voices of subject matter experts, parents, and youth, many shared that they have grave concerns for the future as a result of educational loss and the impacts to children's mental and physical health, which not only impede childhood, but may have lifelong impacts.

This year's report continues to share the cross-cutting themes of disruption to education, access to health care and other social services, and youth representation. These themes are important to consider due to the strong interconnection between the threats and the critical need to incorporate the voice of young people in decision making. None of these threats occur in silos, thus solutions can also not be standalone. Multiple systems and partnerships are needed to work together, including with young people, to address concerns and facilitate change.

Throughout the years, Children First Canada has continued to emphasize the aim of making Canada is the best place in the world for children to grow up. And while the federal government has embraced this vision in its mandate, little progress has been made. It is deeply dismaying that a country which prides itself on its global commitments to defend human rights, ranks 30th among 38 OECD countries for child well-being[297] and 81st on the Global Kids Rights Index. In a recent review by the United Nations Committee on the Rights of the Child, Canada received a scathing report for its failure to protect the rights of children or to demonstrate tangible progress on recommendations issued in preview reviews.

Children in Canada continue to experience widespread violations of their rights. Yet very little is being done to rectify these concerns. A key issue that has arisen through the voices of subject matter experts, children and parents

in focus groups and individual interviews, is frustration with the maintenance of the "status quo." Despite a recognition of the importance of children and youth and the need for change, no substantial progress has been made.

The top 10 threats to children remain persistent, and in some cases are accelerating, suggesting there has not been enough effective action to address these concerns. Children's basic right to survive and thrive are being ignored, and their lives are placed in jeopardy. We cannot continue to flourish as a country if our children are languishing.

While there has been much talk of the need for urgent action to address the inequalities facing young Canadians, and to ensure the protection of their rights, the voices of subject matter experts, parents and youth suggest that there is more "lip service" than actual change. As a result, there is little movement towards ensuring the rights and well-being of children and youth in Canada.

> "Politicians will say, "Yeah, we're going to fix the climate crisis. We're going to do this and we're going to do that" and then nothing ever comes of it."
>
> - YOUTH PARTICIPANT 2

There are more than 8 million children in Canada. They are citizens with rights, and they demand and require accountability. Combating the top 10 threats to childhood requires multifaceted solutions. One of the keys to this puzzle is recognition that the voices of children and youth have not been part of the conversation—and how badly that needs to change. Young people have important perspectives about the issues affecting them and a passionate drive to create innovative and groundbreaking solutions.

While young people are increasingly rising up and taking action, there is still an onus on adults and public and private institutions to defend their rights to childhood. It takes much more than the proverbial village to raise a child; it takes strong public policies and strategic investments.

There is a need for leadership and commitment on the part of parents and grandparents, policymakers, the private sector, civil society organizations, doctors, nurses, teachers and more, to ensure that every child in Canada not only survives, but thrives.

It's time to raise a nation. It's time for us all to do our part.

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