CHILDREN FIRST CANADA

RAISING CANADA® 2024

TOP 10 THREATS

TO CHILDHOOD IN CANADA

A Generation is Falling Behind: The time to act is now. Our children deserve nothing less.

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Children First Canada acknowledges the leadership of the Council of Champions and their commitment to making Canada the best place in the world for kids to grow up!©

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Children First Canada is a national charity that aspires to create a country where children can grow up free from the barriers that prevent them from achieving their full potential – starting with the protection of their most basic rights to childhood. As a charity that's uniquely focused on the rights of children in Canada, we conduct research and raise awareness of the issues, equip children and youth as leaders and changemakers, and unite our country around a shared vision and plan to make Canada the best place in the world for kids to grow up.©

Visit childrenfirstcanada.org for more information.

Foreword

by Dr. Michael Ungar

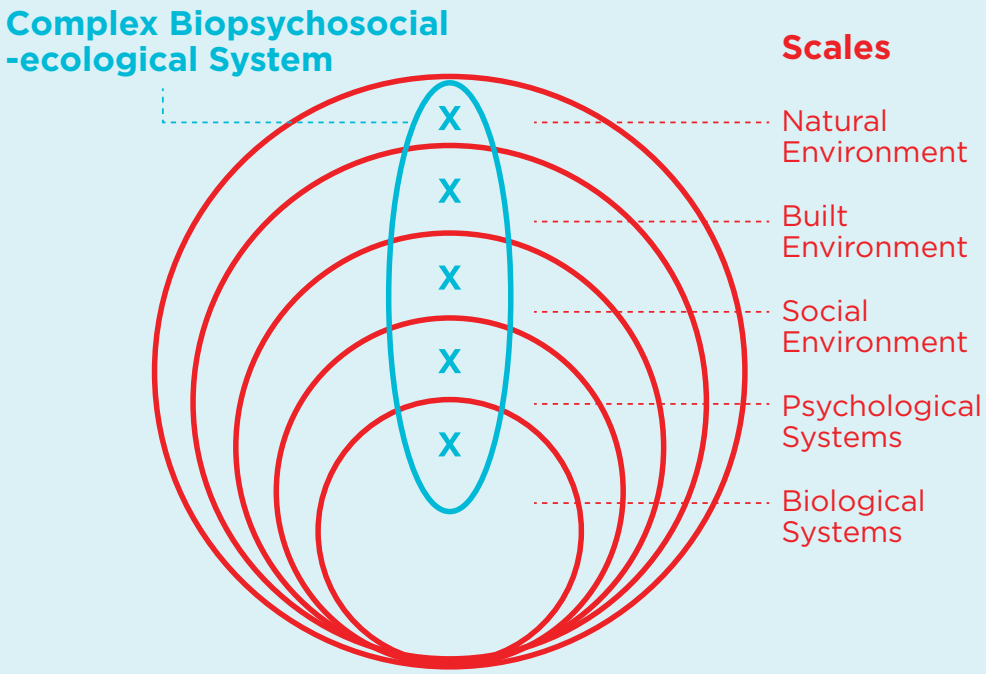
Dr. Michael Ungar, Ph.D., holds the Canada Research Chair in Child, Family and Community Resilience at Dalhousie University. Dr. Ungar directs the Resilience Research Centre, the leading research network on social and cultural studies of positive child and youth development. Dr. Ungar is a frequent speaker and commentator on issues affecting children and families. A Family Therapist and Professor of Social Work at Dalhousie University, his global program of research on resilience across cultures has made him the world's most cited Social Work scholar. Numerous educational institutions, government agencies, and not-for-profits, rely on his research and clinical work to guide their approaches to nurturing the resilience of children, youth and adults.

While the statistics in this, the 7th *Raising Canada* report, tell a story of persistent child vulnerability to 10 broad and diverse threats, the fact that we are acknowledging this story about our children gives me hope. We have a very long way to go, but our children's resilience to a world of complex stressors is possible if we identify the science behind the problems and focus attention on what we can do better. Worrisome statistics are also clues to what has to be changed.

For me, as a Maritimer who lives close to the ocean, this report is like a warning beacon which tells us how perilously close to the rocks we are. Read another way, the report is also a nautical chart through the shallows, identifying places where we can successfully help children navigate their way to better lives. My work on resilience with professionals and young people around the globe has taught me that we can create a world where children thrive, if we are willing to exercise our personal, collective, and political will to create the opportunities young people require. Not just to cope with a world in crisis, but to find new and better ways to realize their full potential.

The science of resilience can help, but first we are going to have to shed some old thinking about child development. Decades ago, we may have emphasized individual 'grit' or 'bouncing back' (both ideas imply individual responsibility for change). We now know that resilience relies on social, ecological, and culturally relevant sources of support. These sources of support make it possible for children to experience themselves as successful, no matter their race, gender, ability or historical experiences of oppression.

Creating a resilience-enabling world, though, means thinking about resilience as the process of positive growth across multiple systemic levels. What that means to those of us advocating for children is that every one of the 10 exceptionally complex threats to Canada's children needs to be addressed with a network of people, institutions and policies if we are going to see progress. I like to imagine a child's resilience as a nested, interdependent set of systems. Parents and caregivers have as much potential as teachers and neighbours to change the course of a child's development. But those 'systems' interact with a



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child's unique physiology (their immune systems, level of physical activity, diet), their psychology (their experiences of trauma, or anxiety about our climate emergency), as well as the institutions that shape their lives (including schools, health care systems, cultural institutions, faith communities, and many others), the natural environment, and so on. Good research on resilience tends, these days, to assess all these aspects of a child's life when seeking to inform practices and policies that will help children grow.

What is truly exciting, and is cause for optimism, is the evidence we have that as one part of a child's world changes there is potential for a domino effect where other systems get nudged in a positive direction as well.

Just as one threat to a child's life tends to cascade into an entire ugly world of negative experiences (think of poverty and its effect on access to education, a child's peer group, exposure to racism, violence, lack of recreation spaces, etc.) one can also imagine the exact opposite. A community that creates more inclusive policies for sexual and gender minorities, a school that promotes cultural and linguistic diversity, a family that supports a neurodiverse child, or a government that ensures reconciliation with Indigenous peoples through concrete funding decisions, are just a few examples of the way one system's resilience can change a child's physical, emotional and social world. What's even more exciting, is that increasingly we are witnessing children being the instigators of such change, through their courage and determination to build a brighter future for us all.

If I'm optimistic, it's because I have witnessed children addressing their own mental and physical health needs by mobilizing to protect the environment (and in the process take concrete action to decrease their anxiety about the future), as well as using social media to create movements that are talking back to long-held assumptions of their parents and caregivers. In

the spirit of allyship, I have also seen municipal governments place value on building recreation spaces and making streets safer for children. I have met politicians earnestly seeking ways to help child refugees resettle here in Canada. I have spent entire days with educators and health care providers redesigning services for children who have experienced abuse or bullying to create environments where children's anxiety is accommodated properly. I have witnessed communities share their culture and language with the next generation, often through partnerships with the very institutions (like schools) that a generation ago were stalwart defenders of a status quo that denied tolerance.

It is easy to find cause for cynicism when the statistics are still bleak and being exploited for power by both the extreme political right and extreme political left. However, the fact that we are ready and willing to discuss the science behind the problems facing children and ponder solutions tells me that there are plenty of us in the political middle ground committed to creating a world where more children can experience resilience.

Good solutions grow from the science, especially when that science reflects children's own lived experience. If there is one thing that worries me, it is that governments can be tempted to hide the data or silence science. When that happens, we not only lack the information we need to document children's lives, we also lose their voices and the way forward. We are navigating dangerous waters without a map.

Information is power. Our children's resilience depends on good data and ways to share it widely.

"This report reminds us that kids these days face a lot and they need our support. The world has changed, and so have their health issues. At CHEO we see first-hand how caring for children and youth has become more complex. We need to invest in kids' health now because it's an investment in Canada's future and the future of our health-care system."

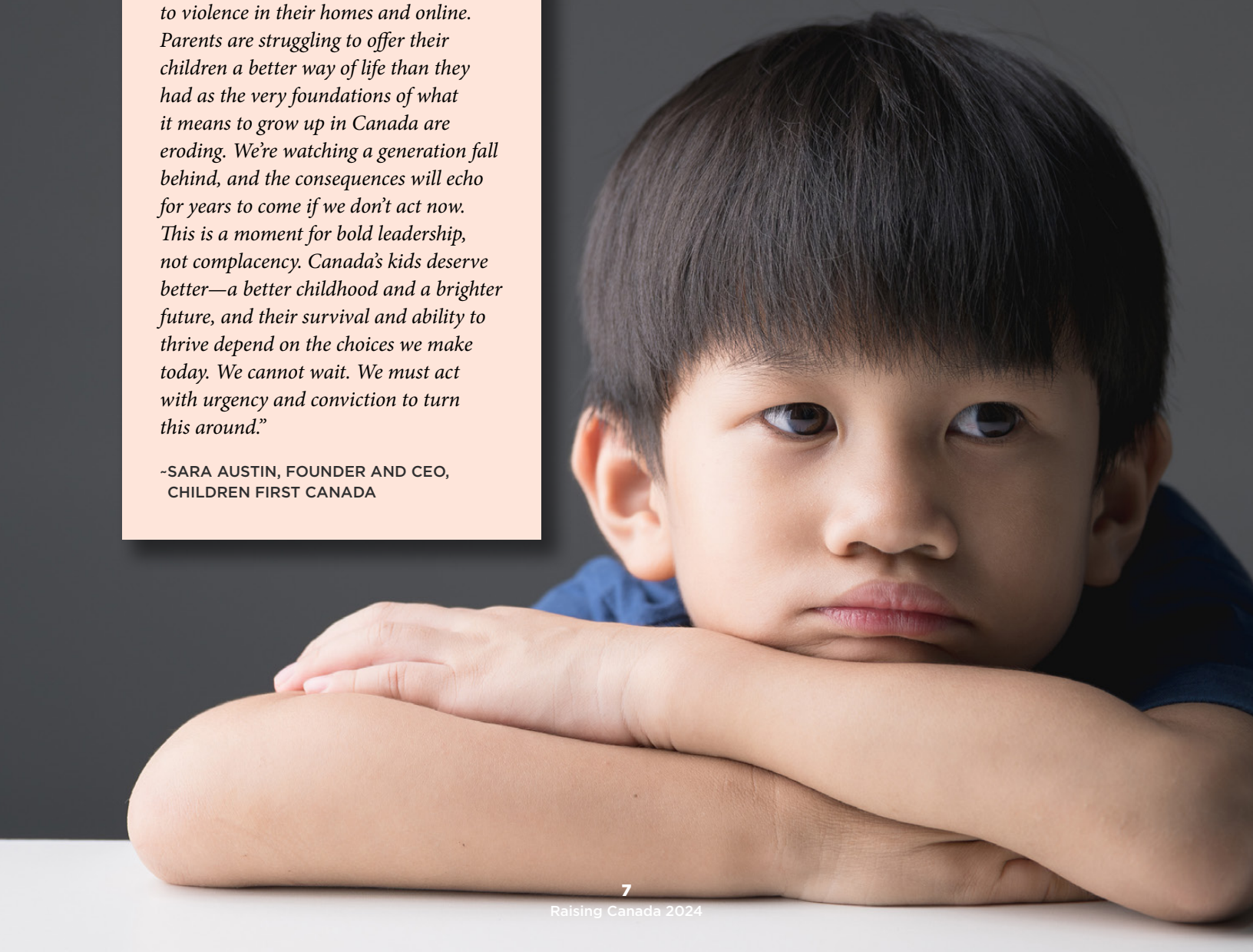
-DR. LINDY SAMSON, INTERIM PRESIDENT AND CEO, CHEO

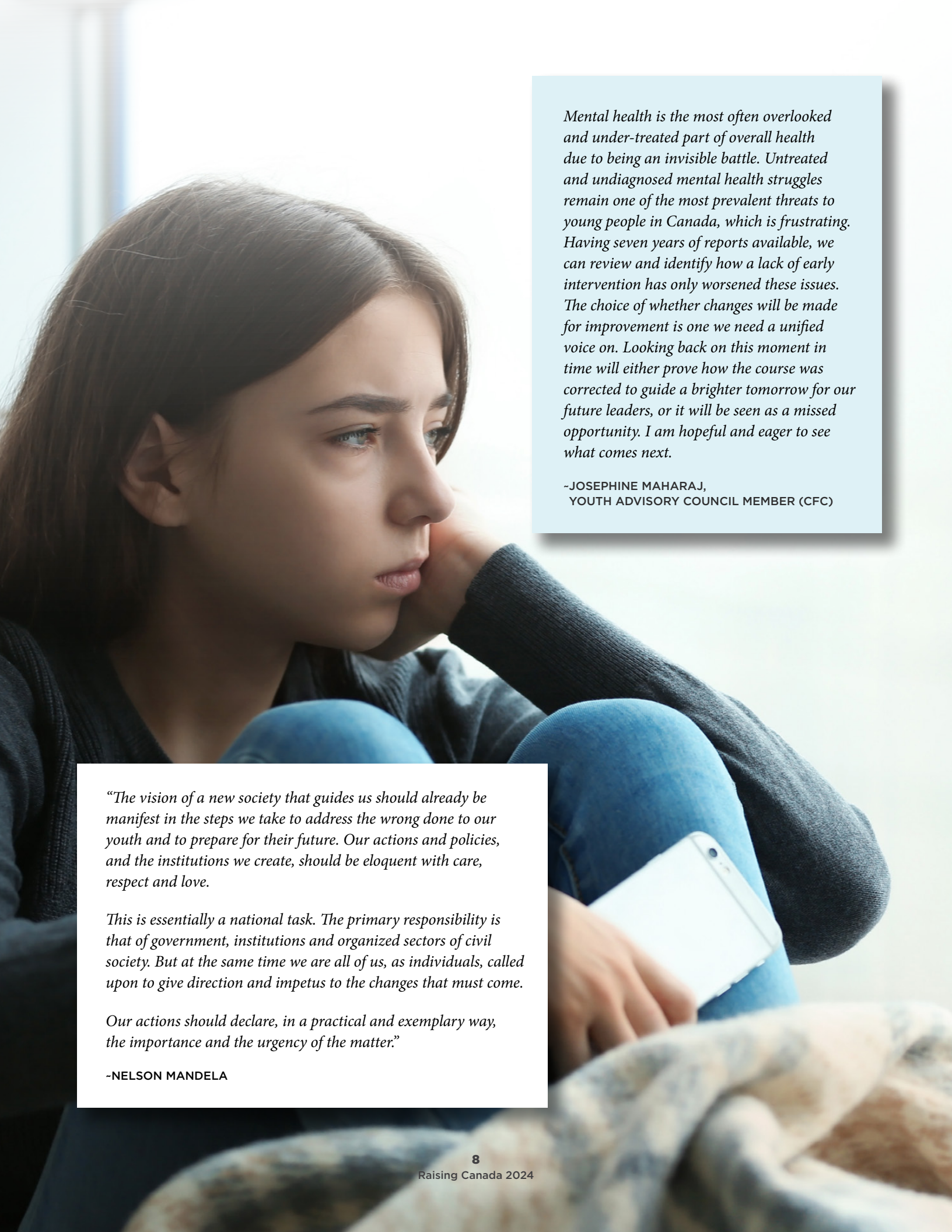
"The 2024 Raising Canada report highlights the continued and critical issues facing Canadian children and youth today. At SickKids, we are deeply committed to supporting this research and addressing how the top 10 threats impact the health and well-being of children and youth across the country. Children First Canada's report serves as a crucial reminder of the work that needs to be done to improve child health and our collective dedication to creating a brighter future for every child."

-DR. RONALD COHN, PRESIDENT & CEO, THE HOSPITAL FOR SICK CHILDREN

"The state of childhood in Canada is at a breaking point. Children today are facing unprecedented threats—from rising poverty and mental health crises to violence in their homes and online. Parents are struggling to offer their children a better way of life than they had as the very foundations of what it means to grow up in Canada are eroding. We're watching a generation fall behind, and the consequences will echo for years to come if we don't act now. This is a moment for bold leadership, not complacency. Canada's kids deserve better—a better childhood and a brighter future, and their survival and ability to thrive depend on the choices we make today. We cannot wait. We must act with urgency and conviction to turn this around."

-SARA AUSTIN, FOUNDER AND CEO, CHILDREN FIRST CANADA





Mental health is the most often overlooked and under-treated part of overall health due to being an invisible battle. Untreated and undiagnosed mental health struggles remain one of the most prevalent threats to young people in Canada, which is frustrating. Having seven years of reports available, we can review and identify how a lack of early intervention has only worsened these issues. The choice of whether changes will be made for improvement is one we need a unified voice on. Looking back on this moment in time will either prove how the course was corrected to guide a brighter tomorrow for our future leaders, or it will be seen as a missed opportunity. I am hopeful and eager to see what comes next.

~JOSEPHINE MAHARAJ,
YOUTH ADVISORY COUNCIL MEMBER (CFC)

"The vision of a new society that guides us should already be manifest in the steps we take to address the wrong done to our youth and to prepare for their future. Our actions and policies, and the institutions we create, should be eloquent with care, respect and love.

This is essentially a national task. The primary responsibility is that of government, institutions and organized sectors of civil society. But at the same time we are all of us, as individuals, called upon to give direction and impetus to the changes that must come.

Our actions should declare, in a practical and exemplary way, the importance and the urgency of the matter."

~NELSON MANDELA

Executive Summary: The Top 10 Threats — What's New?

Children and youth in Canada are our greatest natural resource. They possess an immense capacity for resilience, adaptability, and innovation in the face of massive local and global challenges. Yet, despite their inherent right to enjoy a childhood free from poverty, abuse, and neglect, they are facing unprecedented threats to their survival and development.

Raising Canada is a series of annual reports on the state of the nation's children (ages 0 to 18). Since 2018, the report has investigated the top 10 threats to the well-being of children and youth in Canada and provides a roadmap for change. 2024's report reveals alarming trends that demand immediate attention: increasing food insecurity, rising violence, and a decline in mental and physical health. A generation is falling behind, putting their childhood and our collective future at risk.

Our ranking of 66th out of 194 countries on the global KidsRights Index[2] highlights our nation's failure to provide the necessities of life. The threats to childhood continue to accelerate year after year while the quality of life for children in Canada is demonstrably worsening. Despite modest improvements, we still have a long way to go to become a global leader in child well-being.

Over the past seven years, *Raising Canada* has consistently called for collective action from all sectors of society to address these pressing issues. This year's report integrates the latest research, youth perspectives, and expert insights to provide a comprehensive view of childhood in Canada today. The report also accompanies each threat with policy and community recommendations to direct tangible change in their respective sectors. It is a rallying cry for policymakers to dedicate the necessary resources to ensure urgent and sustainable action.

In keeping with previous reports, the research underscores a need for a youth-centred approach. Given the disproportionate impact of the top 10 threats on different communities and individuals, it stresses the importance of policymaking with an equity, diversity, and inclusion lens. Further, the 2024 report emphasizes the threats' interconnectedness and the importance of a multidisciplinary approach to developing solutions. Several key themes have emerged.

YOUTH ENGAGEMENT AND ADVOCACY

It is time to recognize the value of youth engagement as a critical element of creating and implementing solutions to complex social issues: authentic youth involvement in policymaking, funding youth-led initiatives, researching youth-specific outcomes, and establishing robust youth health and social services. These efforts will help propel Canada into a future where partnering with youth on major issues becomes the standard practice instead of their tokenistic participation or exclusion altogether.

TECHNOLOGY: A DOUBLE-EDGED SWORD

Technology can be a powerful tool for good: it aids educational outcomes, supports social interaction, and amplifies youth voices in advocacy and social entrepreneurship. But technology also poses significant risks: the rise in hate-motivated acts, sexual exploitation, and unhealthy usage. This year's report outlines the cross-cutting implications of technology across the top 10 threats and stresses urgency in addressing the negative impacts. It is the collective duty of parents, educators, and policymakers to protect children from online harms while promoting responsible digital citizenship in young populations.

POLITICAL CONTEXT AND SHARED VALUES

With Parliament's fall session well underway, Canadians are once again poised for another federal election. Meanwhile, our eight million children face a critical juncture. Key decisions are currently on the table for issues that cannot wait, including proposed legislation to enact a national strategy for children and youth, protect kids from online harms, and safeguard them from violence in their homes and classrooms. The federal and provincial/territorial governments are actively negotiating agreements for the roll out of a National School Food Program.

These policies represent real solutions to pressing issues, but they must be passed swiftly. Delays mean more harm to children, so our elected officials must act with urgency and unity. Although children's issues rarely dominate Question Period or the campaign trail, their future—and ours—depends on decisive leadership. Children's health, safety, and rights are shared values, not partisan concerns. By prioritizing evidence-based policies and fostering collaboration, we can transform the future for kids in Canada. Our government must make our children's well-being a national priority. As citizens, we must demand nothing less.

EVIDENCE-BASED ACTION

Given the key findings and recommendations of *Raising Canada* 2024, and the overwhelming evidence that a generation of young Canadians is falling behind, Children First Canada remains steadfast in its mission of advocating for the rights of children and youth. It will require a collective, immediate, and sustained effort to protect children from these ever-present threats and empower them to be part of the solution.

KEY FINDINGS

Threat 1: Unintentional and Preventable Injuries

Unintentional and preventable injuries continue to be the leading cause of death for children under 15 years of age in Canada. The majority of injuries are due to transport incidents, drowning, and burns; while the leading causes of injury-related hospitalizations are falls, transport incidents, and poisoning. As well, the majority of injury-related emergency department visits are falls, transport incidents, and being struck by or against sports equipment.[3] Falls continue to be the leading cause of unintentional preventable injuries for

children under the age of 14, with a lack of change in the number of hospitalizations, emergency department visits and disabilities.[4]

Efforts to prevent fatal and non-fatal drowning injuries must be prioritized given their prevalence. Between April 1, 2011, and April 13, 2023, infants and children aged nine years or younger represented a large percentage (79.2%) of drowning fatalities as reported by the Canadian Hospital Injury Reporting and Prevention Program.[5]

Carbon monoxide is an emerging source of concern in children and youth. Between 2011 and 2023, children aged 0 to 4 represented 184 of 767 cases of unintentional carbon monoxide poisoning.[6] Additionally, substance-related injuries such as cannabis use among youth aged 16 to 19 years increased from 36% in 2018 to 43% in 2023, with users obtaining cannabis from social sources (43%) and "legal purchases" (41%).[7,8]

Threat 2: Poor Mental Health

In Canada, an estimated 1.6 million (or 20%) children experience diagnosed mental health challenges, including anxiety, depression, and substance use.[9] Self-harm is a significant concern, accounting for 9% of communications with Kids Help Phone and approximately 20,000 hospitalizations annually, particularly among females aged 10 to 19.[10,11]

Suicide is the second leading cause of death among youth aged 15 to 34 and the third leading cause of death for children aged 10 to 14, with an increase in suicidal ideation and attempts, particularly among girls.[11]

Depression and anxiety are significant issues for young people in Canada, with 28% and 37% of Kids Help Phone interactions relating to these conditions, and rising hospitalizations and medication prescriptions, especially among females.[10,12]

Eating disorders, which have high mortality rates, also saw an increase in hospitalizations during the pandemic.[13] Substance use remains a pressing issue with high hospitalization rates, particularly for cannabis and alcohol use, often co-occurring with mental health diagnoses among youths.[12]

Mental health disparities are evident, with low-income children more likely to receive less appropriate treatments, and 2SLGBTQIA+ and Indigenous youth face unprecedented challenges related to mental health and substance use.[14,15]

Threat 3: Violence Against Children Child Abuse

Approximately two out of three Canadians (60%) reported experiencing maltreatment before the age of 15, including emotional and physical abuse.[16] Females report higher rates of non-physical and combined abuse, while males slightly more often report only physical abuse.[16] Legislative efforts, such as Bill C-233 known as Kiera's Law and Bill S-251, aim to protect children by improving judicial training and eliminating corporal punishment, but they have yet to be passed into law.[17]

Teen dating violence is a significant issue, with over 45% of teens aged 15 to 17 reporting dating violence, most commonly emotional abuse.[18] One in ten teens reported physical violence, and 7% of teen girls experienced sexual abuse by a dating partner, with girls disproportionately affected. Rural teens face higher rates of dating violence than their urban counterparts, particularly in northern regions.[18]

The COVID-19 pandemic increased family distress and harsh parenting practices, especially in newcomer families, raising concerns about children's safety.[19]

Child homicide and filicide are significant issues threatening children's survival, with 40 child homicides reported in 2022.[20] While 2023/2024 national data is not yet available, there have been several publicly reported deaths of children due to intimate partner violence, including three children (ages 6, 7 and 12 years) in Sault Sainte Marie and

four children in Ottawa (ages 2 months, 3, 4 and 7 years).[21]

In recent months there has also been a series of alarming cases of deaths of children involved with the child welfare system in Ontario and British Columbia, drawing attention to the systemic failure of provincial child protection services to ensure the survival and development of children. Lack of comparable data for each province/territory makes national reporting on the deaths of children associated with child welfare on a national scale impossible, highlighting the need for greater transparency and accountability across the country.

Indigenous children continue to face disproportionately higher rates of abuse and representation in shelters for abuse victims due to the ongoing impacts of colonialism and intergenerational trauma.[22,23]

Threat 4: Vaccine-preventable Illnesses

Vaccines are vital for preventing serious diseases among children, yet vaccination rates remain below optimal levels, leading to a resurgence of illnesses like measles, COVID-19, and influenza.[25] Dr. Hans Henri P. Kluge, World Health Organization (WHO) Regional Director for Europe, emphasized the urgency of vaccination, stating, "Even one case of measles should be an urgent call to action."[24] In 2024, Canada saw a sharp increase in measles cases with 75 reported by May, the highest since 2019.[25] Tragically, Ontario recorded its first measles death in over a decade, when an unvaccinated child under five from Hamilton succumbed to the infection.[25] Of the six measles cases reported in Hamilton, all were unvaccinated children.[26]

Pertussis, or whooping cough, has also seen a troubling resurgence in Quebec. By June 2024, the province had reported over 3,471 cases, a more than 33-fold increase from the previous year.[27] Public health experts are particularly concerned about infants and children under five, who are at greater risk for severe complications and hospitalizations.[27] The cyclical nature of pertussis outbreaks, combined with pandemic-related delays in vaccination, contributed to this surge.

Globally, childhood immunization coverage stagnated in 2023, leaving an additional 2.7 million children either unvaccinated or under-vaccinated compared to pre-pandemic levels.[28] According to the WHO and UNICEF, 14.5 million children did not receive a single dose of the vaccine against diphtheria, tetanus, and pertussis (DTP) in 2023, marking an increase from 2022.[9] Additionally, measles outbreaks surged, with over 56,000 cases reported in Europe.[29]

COVID-19 vaccination coverage among Canadian children also fell far below target levels, with just 8.4% of those aged 0 to 4 receiving at least one dose and 1.1% being fully vaccinated according to the latest vaccine recommendations, and 4.5% receiving the XBB.1.5 vaccine.[30] Meanwhile, respiratory illnesses like RSV and influenza led to a 32% increase in hospital stays for children under four in 2023-2024.[31]

Threat 5: Systemic Racism and Discrimination

In Canada today, deliberate acts of violence against children and youth of various cultural, religious, and ethnic identities continue to amplify sentiments of isolation and exclusion and disproportionately impact their mental and physical health along with their educational and employment outcomes.

Of particular note in 2024, the rise of global conflicts including the escalation of violence in Palestine, Lebanon and Israel, and the catastrophic repercussions this violence is having on innocent lives, has resulted in Muslim and Jewish youth in Canada experiencing increased rates of hate crimes, and hate-motivated incidents in person and online. A recent Leger survey conducted by the Metropolis Institute and Association for Canadian Studies found that in Canadian youth aged 24 and under, 20.8%

reported seeing an increase in "hateful comments'' against Jews.[32] While comparable data was not available regarding rising rates of Islamophobia, a landmark report by the Senate of Canada's Standing Committee on Human Rights noted that incidents of Islamophobia are a daily reality for many Muslims; the report further cited that one in four Canadians do not trust Muslims and that Canada leads the G7 in terms of targeted killings of Muslims motivated by Islamophobia.[32]

Threat 6: Poverty

The rates of child poverty in Canada continue to pose a grave threat to children's well-being, though the scope of the problem is somewhat masked by differing views on the most accurate measure of this threat and the lag in time in which data is publicly reported.

In 2022, child poverty rose for the second year in a row, from almost 18% to nearly 20%, according to the LIM-60 measure that represents the percentage of children in households with income below 60 percent of the median national income.[33] Child poverty rose from 2021 to 2022 in all provinces except Prince Edward Island.[33] Concerningly, based on this metric, one in five children live in persistent fear and stress, face barriers to having their basic needs met, with lifelong consequences.[34]

However, the Government of Canada continues to report child poverty rates using the Market Basket Measure (Canada's official poverty line). The rate of child poverty using the Market Basket Measure for children under 18 years old increased by 3.5 percentage points to 9.9% in 2022, up from 6.4% in 2021 and comparable to the pre-pandemic level of 9.4% in 2019.[33,35,36]

In 2023, more than 1 in 4 children (28.4%) under the age of 18 in Canada's ten provinces lived in a food-insecure household. That amounts to 2.1 million children compared to almost 1.8 million in 2022, an increase from 24.3%.[37]

Notably, in the April 2024 budget, the Government of Canada introduced a new National School Food Program with an investment of $1 billion. Subsequently, the federal government introduced the National School Food Policy in June 2024, finally joining all other G7 countries in implementing such measures.[38] At the time of publication, only Newfoundland and Labrador had announced the signing of federal/provincial funding agreements to support the implementation of the program, highlighting the need for all provinces and territories to take immediate action to ensure that school meals can be delivered within this school year.

Threat 7: Infant Mortality

Canada's projected infant mortality rate (IMR) in 2024 is 3.843 deaths per 1000 live births, a 2.54% decline from the 2023 IMR of 3.943.[39] The leading cause of infant mortality in Canada is congenital malformations, deformations and chromosomal abnormalities (323 infant deaths in 2022).[40] Yet, as discussed in greater detail in this report, the root causes of infant mortality are often directly tied to socioeconomic factors such as poverty and systemic racism.

Rates of infant mortality are higher for Indigenous infants from low socioeconomic households. Nunavut consistently has the highest rate of infant mortality in Canada with a rate of 18.4 deaths per 1000 live births compared to 4.7 deaths per 1000 live births for the nation as a whole.[41,42] Equitable access to maternal and newborn care as well as a review of the impact of social determinants of health such as the housing crisis, unsafe sleep practices, and food insecurity, needs to be a priority to ensure quality care for children and their families.

Threat 8: Bullying

Children and youth in Canada continue to experience high rates of bullying in multiple forms including physical, verbal, social, electronic/cyber, religious, sexual, and disability bullying.[42]

Of particular note, rates of online sexual exploitation of children (a form of cybervictimization) are currently on the rise in Canadian youth, with the number of police-reported incidents having nearly tripled since 2014.[44] Online exploitation rates highlight the need for stricter online safety standards, greater vigilance on the part of parents/caregivers, and stricter accountability for social media and other technology-related companies.[45]

A specific form of online child sexual exploitation, sextortion, has increased by 150% since June 2022, based on reporting to Cybertip.ca.[44] Subsequent data from Cybertip.ca indicates an increase in reports of online sexual luring of Canadian children by an astonishing 815% in the last five years.[44]

During the past year, there have also been alarming reports of children in Canada dying by suicide as result of sextortion, including a 17 year old boy in PEI and a 12 year old boy in BC.[46,47] The tragic deaths of these children have prompted their parents, law enforcement officials, and child advocates to speak publicly about these alarming trends in the hopes of raising awareness among children and their parents. This is especially crucial to drive policy change and greater accountability for social media and technology companies.

Notably, the Government of Canada introduced Bill C-63 to create a new Online Harms Act in February 2024, with measures to create stronger protections for children online and better safeguard individuals from online hate.[48] The Bill has not yet been enacted, and the Conservative Party of Canada has announced plans to table their own Bill.

Threat 9: Limited Physical Activity and Play

Children in Canada continue to experience significant barriers to engaging in physical activity and play. ParticipACTION's 2024 Report Card gave Canada a D+, representing a very modest improvement from "D" since 2023.[49] While the overall physical activity grade has improved, a "D+" is still an undesirable grade, as it reveals that only 39% of children and youth in Canada (5 to 17 years of age) are 3 0

getting the recommended 60 minutes of moderate- to vigorous-intensity physical activity per day.[49]

Moreover, recent national data from the Canadian Health Measures Survey (2018-2019) show that 35.6% of youth aged 12 to 17 years meet the daily 60-minute moderate- to vigorous-intensity physical activity recommendation.[50]

Additionally, a Statistics Canada report from November 2023 found that the number of youth aged 12 to 17 who self-reported a body mass index (BMI) of overweight or obese rose to 673,100 in 2022 compared to 428,900 in 2018.[51]

Of note, children and youth who experience poverty, are racialized, or have a disability, are at greater risk of limited physical activity and play. Ultimately, the implementation of equity-based health promotion initiatives that involve youth, parents, schools and community groups, must be prioritized to encourage and support opportunities for increased physical activity.

Threat 10: Climate Change

Young people in Canada continue to be disproportionately impacted by the threat of climate change due to the immediate dangers it poses to their mental and physical health. Compared with adults, children have smaller airways and need to breathe more rapidly, which puts them at greater risk of inhaling more pollutants and subsequent lung diseases.

During the past year, children and youth from coast to coast to coast were directly impacted by extreme weather events linked to climate change, including wildfire, floods, rising sea levels, and heat waves. Moreover, children also faced threats to their health in the form of air and water

pollution, along with the contamination of their food and environment. Notably, climate change is emerging as a new barrier for children and youth to get more active due to the rising rates of weather alerts and the resulting cancellation of recess, sports events, and informal outdoor play.

A study done by Galway & Field (2023) found that youth are experiencing a diversity of emotions regarding climate change, where 37% of youth reported their feelings about climate change negatively affect their daily life at least moderately.[52] In addition to growing concerns about climate action and eco-anxiety, efforts to centralize the voices of Indigenous and Black climate activists must be taken to address the climate crisis at both policy and community levels.

CROSS-CUTTING THEMES

Cross-Cutting Theme 1: Influence of Technology on Children and Adolescents

- Research across the top 10 threats in this report revealed the influence of technology and digital media use in the lives of Canadian youth today.
- Despite the benefits of technology and digital media, these platforms make it easier to create and share messages of hate, discrimination, and cyberbullying, leading to adverse implications on mental health, physical activity, and the risk of violence and abuse. The negative effects of technology on mental health have been magnified since the onset of the pandemic.[53]
- Gaps in our understanding of the long-term impacts of digital media use and overuse warrant multidisciplinary collaboration and action.[53] This is especially necessary to understand and combat the consequences of technology overuse and the risk of sharing misinformation. Platforms like MediaSmarts aid in disseminating data found online based on the validity of a claim to help youth deconstruct false ideas.
- During the past year, several provinces have taken steps to restrict or ban cell phone use within schools, including Quebec, Ontario, Alberta, Nova Scotia, New Brunswick, and British Columbia, with exceptions made for students who use cell phones for health needs such as electronic monitoring of Type 1 Diabetes.[54]
- Policy and community recommendations are vital to implementing resources and educational tools to address positive technology use in children and youth. Positive technology use involves a set of parameters for the content consumed and the length of time spent on digital media platforms. This will aid in mitigating long-lasting consequences that may arise due to negative or inappropriate media use.

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

- Lack of timely access to primary health care is a pervasive issue impacting all Canadians, and one that directly impacts children and youth during a critical stage of their development. According to the Canadian Health Survey on Children and Youth, among children aged 1 to 11 who received or required the care of a family doctor, general practitioner, or pediatrician, 9.3% reported difficulty accessing health care service.[55]
- Prolonged wait times have also been connected to adverse youth mental health outcomes, given the inaccessibility of diversified interventions. Youth reflections from multiple research projects and surveys suggested that long wait times often deterred initial engagement with mental health services. In addition to long wait times, reports have found that the initial contact with a mental health provider is a key predictor of whether an individual will continue using mental health services in the future. If this initial contact with a mental health provider is a negative experience, it can often deter youth from seeking necessary mental health services.

- Canadian youth require appropriate resources and direction to improve transitions to adult care, especially youth with complex health care needs.[56] Pediatricians have urgently 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 meeting children's health care needs.[56] Despite the inclusion of this theme in the previous *Raising Canada* report, no improvements or strides forward have been implemented to alleviate this burden on older youth.

Cross-Cutting Theme 3: Active Youth Engagement

- Children and youth in Canada face significant barriers to realizing their right to participate in decisions that affect their lives, within their families, schools, communities, and in policy making.
- While increasing attention is being paid by elected officials and youth-serving organizations to involving youth through advisory councils or other forms of consultation, they often set arbitrary barriers such as age limits that restrict access to children and adolescents (such as a minimum age of 16). Moreover, when children and youth are consulted or engaged, the policies and practices may be unprofessional, and at worst, unethical.
- Equity-deserving youth across Canada experience a unique set of challenges that intersect with almost every sector of society. These challenges include inaccessible health care services, barriers to educational opportunities, negative mental health outcomes, and climate change.
- The need to include and promote the voices of youth, particularly those from marginalized communities, in decision-making spaces, research, and community-level engagement is imperative. This ultimately serves to incorporate youth voices on issues that concern their lived experiences, while informing policies for their present and future.

Methods and Framework

The *Raising Canada* 2024 report utilizes similar methods and follows the same framework as previous reports to highlight data reflecting the top 10 threats to children's well-being in Canada. To document recent developments in these threats, data collection was performed using a thorough search of peer and non-peer-reviewed data. The *Raising Canada* 2024 report is not a robust systematic review of the themes addressed. Rather, it serves as a proactive tool to feature the current patterns seen in various social and health-related factors, impacting child health and development. Data from government websites and search engines such as PubMed, MEDLINE, EMBASE, and Google Scholar were utilized as well as the University of Calgary and McGill University libraries.

The research incorporates new insights through integration of the voices of youth and subject matter experts. Ethics approval was obtained through the University of Calgary and McGill Ethics Research Board to conduct focus groups with subject matter experts and youth. Examples of other methods include:

- 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, expert professionals and other subject matter experts to provide direction and input on the findings and recommendations;
- Obtaining supporting data and recommendations from Children First Canada's Youth Advisory Council on threats that children and youth face across Canada, using a focus group style dialogue.

A child rights framework was included and incorporated throughout this year's report including the four overarching principles of the United Nations Convention on the Rights of the Child:[57]

1. Non-discrimination - children should be free from discrimination of any kind, irrespective of the child's parents or legal guardian, race, colour, sex, language, religion, political or other opinions, national, ethnic or social origin, poverty, disability, birth or another status.
2. The best interest of the child - all actions concerning children whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interest of the child shall be a primary consideration.
3. The right to survive and develop - governments have a duty to ensure to the maximum extent possible the survival and development of the child.

4. The views of the child - every child has the right to express their views freely in all matters affecting them, and their views must be given due weight in accordance with the age and maturity of the child.

The use of the terms "children", "adolescent/youth" and "young people" are used interchangeably in the report, based on individuals who identify as under the age of 18. The specific age range is clearly stated in instances where this age range is not consistent due to preserving the accuracy of data collected. A persistent challenge in preparing the annual *Raising Canada* report is the lack of consistent use of these terms by those collecting and reporting data on children and youth, including by governmental and non-governmental agencies that serve them. For instance, the United Nations 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.[57]

The following factors were considered when determining the 2024 top ten threats to childhood in Canada:

- a review of the literature
- the Young Canadians' Parliament (YCP) annual report
- individual interviews with subject matter experts
- focus groups with subject matter experts
- focus groups with youth
- a review of the report by subject matter experts
- a review of the report by youth as experts with lived experience

THREAT 1

UNINTENTIONAL PREVENTABLE INJURIES

INTRODUCTION

Unintentional injuries are predominately preventable. These include less severe injuries ranging from bruising, sprains and strains, and dislocations to more severe injuries such as fractures, crushing injuries, and intracranial injuries. Common causes of injury among Canadian children and youth are falls, transport incidents, poisonings, breathing emergencies (from choking, suffocation, and strangulation), incidents during sports and recreation such as being struck by or against sports equipment, drowning, fire and burns, and more. The severity of a potential injury can be mitigated through prevention efforts that address the cause of injury, where the injury occurs, and access to medical attention.

For children 0 to 14 years of age, the leading cause of death is unintentional injury, predominantly due to transport incidents, drowning, and burns.[58] The leading unintentional injury causes resulting in hospitalization are falls, transport incidents, and poisoning. And for emergency department visits: falls, transport incidents, and sports equipment.[58] Many non-fatal injuries result in disabilities including spinal cord injury and intellectual deficits.[59]

Unintentional injuries create a heavy financial burden on the Canadian health care sector. An estimated $25.3 billion annually is the associated cost of unintentional injury to Canadians for all forms of injury, including $19.2 billion in direct health care costs.[58] Injuries among children account for 10% of the total cost of injury at $2.9 billion. Falls were the biggest contributor to costs for injury in children and were the leading cause of hospitalizations, emergency department visits and disabilities for children.[58,60] Children aged 10-14 have the highest death and emergency department visit rates, while the 0-4 age group has the highest hospitalization rate.[58,60]

FALLS

Falling is a normal part of childhood development through primary functions such as walking, running, playing, and climbing to explore their environment.[58] According to Parachute, falls continue to constitute the leading cause of unintentional preventable injuries in children under 15 years old, where the circumstances of these incidents vary by age.[58] Infants and toddlers aged 0 to 4 years are most vulnerable to falls from furniture, playground equipment, and stairs; while children aged 5 to 9 years experience falls most often from playground equipment, alongside slips and trips on the same level, and during sport and recreation using skates, boards, and skis.[60]

Parachute reports that among children 1 to 9 years of age, falls from playground equipment was the top cause of fall-related hospitalizations, accounting for 35% of cases.[61] Ultimately, the prevention of serious fall-related injuries can alleviate the current prevalence of traumatic brain injury as 1/4 of fall-related injuries in Canadian children aged 0 to 9 resulted in traumatic brain injuries.[61]

Window falls are another common cause of serious injury and death among young children. Especially during warmer seasons, window falls can result in head and spinal injuries, life-long disabilities, or death.[62]

Falls among children in Canada under 15 years of age resulted in 1 death, 5861 hospitalizations, 297,889 emergency department visits, and 1636 disabilities in 2018. Similarly, falls among youth in Canada aged 15 to 19 years resulted in 7 deaths, 1139 hospitalizations, 79,478 emergency department visits, and 334 disabilities in 2018.[58] Between 2010 and 2019, more than a million fall-related emergency department visits in children aged 0 to 9 were reported by Ontario, Alberta, and Yukon combined.[61]

Fall-related injury prevention for children includes active supervision, removing hazards such as

clutter on stairs, the use of safety equipment to address risks for falls down stairs, and the proper design of things such as playground equipment and surfacing materials.[63,64,65] The prevention of falls from windows and balconies can be addressed with window and door safety locks, installation of window guards, and moving furniture away from windows.[66]

TRANSPORT INJURIES

Transport injuries include those occurring to motor vehicle occupants, pedestrians, and cyclists in the event of a crash. Motor vehicle crashes are a leading cause of death and injury to children in Canada.[67]Youth and young adults are killed in motor vehicle crashes at a higher rate than any other age group under 75 years.[68] Unequivocally, the data reveals that traffic injuries are 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.[69]

In 2018, transport incidents among children under 15 years of age in Canada resulted in 60 deaths, 1505 hospitalizations, 38,131 emergency department visits, and 371 disabilities. Among youth ages 15 to 19 years, transport incidents resulted in 113 deaths, 1529 hospitalizations, 37,882 emergency department visits, and 361 disabilities during the same year.[58] In the three-year period from 2020 to 2022, Transport Canada reported 472 fatalities and 3073 serious injuries among children and youth under 20 years of age.[69] This represents an annual average of 14 fatalities and 72 serious injuries in children under 5 years of age, 36 fatalities and 252 serious injuries in children aged 5 to 14 years, and 108 fatalities and 700 serious injuries among youth aged 15 to 19 years.[69]

Transport incidents cost $682 million in 2018 for children and youth in Canada under 20 years of age, with direct health care costs accounting for 49% of this total.[58]

Canada's Road Safety Strategy 2025 recognizes the safe systems approach in reducing motor vehicle crashes and minimizing transport-related injury by addressing safe roads, safe road users, and safe vehicles.[70] Safer roads include traffic calming and speed reduction, safer drivers includes a focus on distracted driving and driving while impaired or tired, and driving appropriately for conditions such as winter driving.[68] Graduated driver licensing programs have been linked with fewer road-related deaths among young drivers.[63] Infants and young children are required by law to be secured in an appropriate car seat or booster seat when travelling in a motor vehicle. Proper use of child seats can reduce the risk of injury by up to 82% and the risk of death by up to 71% in the event of a motor vehicle crash.[67] Children are well protected and less likely to be severely injured when the right car seat, booster seat or seat belt is used on every ride.[67]

Injury prevention for cyclists includes safer roads through the use of separated bike lanes and reduced speed limits. It also involves awareness of the rules of the road, improved safety practices by both cyclists and drivers—such as drivers providing a generous passing distance and cyclists signalling their intentions—and the use of lights and helmets by cyclists.[71] Similarly, pedestrian safety encompasses safer road design and practices such as adequate sidewalks and pedestrian crossings, and driver and pedestrian behaviour.[72]

Several municipalities in British Columbia have implemented slower residential speed limit zones or whole-of-municipality residential speed limits. For example, on April 10, 2024, City of Vancouver councillors agreed unanimously in favour of initiating work toward a citywide speed limit reduction to 30 km/h on local streets.[73] Furthermore, multiple local governments have requested more red light and speed cameras at high-crash intersections to reduce injuries and save the lives of vulnerable road users, including children.[74,75,76]

DROWNING

Drowning is a leading cause of preventable injury-related death in children and youth across Canada. Drownings occur in swimming pools, both public and residential, bath tubs, and natural bodies of water such as lakes, rivers, and oceans.[77]

Children under the age of five are at a unique risk for drowning, as they have small lungs and a decreased physiological means of recovering from a rapid filling of water in the lungs. Consequently, they can drown in depths as shallow as 2.5 centimetres (one inch) of water. Furthermore, young children may not understand the dangers associated with water.[78]

Drowning among Canadian children under 15 years of age resulted in 28 deaths, 93 hospitalizations, 572 emergency department visits, and 2 disabilities in 2018. Drowning among youth in Canada aged 15 to 19 years resulted in 18 deaths, 10 hospitalizations, 200 emergency department visits, and 1 disability.[58] In 92% of drownings among children under age five, the child was either not being supervised or the person supervising was distracted.[78]

A substantial 79% of drowning fatalities in Canada involved infants and children under 10 years of age, from April 1, 2011, to April 13, 2023. Among children aged 15 years and younger, 35% of fatal drownings involved swimming pools.[77]

For the ten-year period 2012 to 2021, children and youth under 20 years of age accounted for the greatest number of emergency department visits for non-fatal drowning in Ontario at 2541 visits, a rate of 8.2 visits per 100,000 population.[79] This rate declined with increasing age. Similar results were reported for Alberta, with children and youth under 20 years of age experiencing the highest number and rate of emergency department visits, with 1642 visits over 9 years between 2011 to 2020, and a rate of 8.2 visits per 100,000 population.[80] Drownings cost $69 million in 2018 for children and youth in Canada under 20 years of age, with direct health care costs accounting for 10% of this total.[58]

Efforts to address the disproportionate risk of drowning in younger children must prioritize prevention strategies that focus on layers of protection in and around water—active supervision, use of properly fitted life jackets or personal floatation devices (PFD), a 1.2 metre high four-sided fence with a self-closing, self-latching gate around pools and ponds, CPR and first aid training, and access to safety equipment (first-aid kit, phone, reaching pole, ring buoy attached to a rope).[78,81]

CHOKING

Breathing emergencies caused by choking, suffocation, strangulation, or entrapment are a leading cause of injury-related death in Canadian children. Choking hazards include food, small toys, and other small objects; suffocation hazards include plastic bags or balloons; strangulation hazards include cords on window blinds or clothing; and entrapment can occur in relation to furniture such as cribs, beds, sofas or couches. The prevalence of choking among children and youth is highest for infants and young children through the ingestion of household items such as food, small toys, and kitchen items.[82]

Approximately 44 children under 15 years of age die from choking, suffocation, or strangulation every year in Canada, with an additional 380 hospitalized for serious injuries caused by choking and asphyxiation.[83]

Prevention efforts for choking or suffocation in young children include close supervision, avoiding or cutting up foods that are high risk for choking (such as hard candy, grapes, or nuts), and removing access to small toys and other small objects, balloons, and plastic bags.[83] To prevent strangulation, use cordless blinds, remove cords from clothing such as hoodies, do not leave infants in car seats or other types of seats while sleeping, and ensure a safe sleeping environment.[83]

BUTTON BATTERIES

Button (or coin-sized) batteries present a unique risk to young children and are listed as a hazard of concern by Health Canada. In households across Canada, they are used in a diverse range of products including toys, electronics, car fobs, and hearing aids. Button batteries are extremely dangerous when swallowed or inserted into noses and ears, even when the battery is no longer charged.[84] Lithium batteries and batteries 20mm or greater in diameter pose the greatest risk.[85] Not only is choking a concern, the hydroxide release from the batteries can cause serious injury and, potentially, death. These injuries typically occur in children under five years of age, and can be difficult to detect.[84] Between 2016 and 2019, an average of 114 cases per year were reported to CHIRPP, while 125 cases were reported in 2020.[84]

Prevention efforts aimed at reducing injuries resulting from button batteries include ensuring products have secure battery compartments (for example, closed using screws), storing new batteries securely, wrapping used batteries in tape before disposing of them and disposing them appropriately (not in the garbage), supervising young children while they are playing with products with button batteries.[84]

Prompt recognition and urgent removal of an ingested battery is critical to avoiding devastating injuries, including death. Within 12 hours of a known or suspected button battery ingestion, 10 mls of pasteurized honey every 10 minutes (up to 6 doses) should be given immediately to children older than 12 months to delay alkaline burns, so long as it does not cause a delay in removal of the battery.[86]

UNINTENTIONAL POISONING

Poisoning is the third leading cause of unintentional injury hospitalizations for children under 15 years of age.[87] It can result from the inadvertent ingestion or inhalation of substances, or the intentional use of medications or substances. While medications are the leading cause of unintentional poisoning in children, other common substances include vitamins, household cleaners, alcohol, personal care products, certain plants, cannabis, and carbon monoxide.[87]

Unintentional poisoning among children under 15 years of age in Canada resulted in 5 deaths, 784 hospitalizations, 12,312 emergency department visits, and 185 disabilities in 2018. Unintentional poisoning among youth in Canada aged 15 to 19 years resulted in 59 deaths, 546 hospitalizations, 6029 emergency department visits, and 132 disabilities.[58] Poison centres across Canada received 215,000 calls in 2020, with more than a third of cases involving children aged five years and younger.[87]

The Canadian Hospitals Injury Reporting and Prevention Program (CHIRPP) captured 541 unintentional carbon monoxide-related events over the 12 years between April 2011 and June 2022. Children under five years of age accounted for the highest proportion of these cases at 34%.[88]

Unintentional poisonings cost $134 million in 2018 for children and youth in Canada under 20 years of age, with direct health care costs accounting for 35% of this total.[58]

Many products come with child-resistant packaging; however, prevention efforts for unintentional poisoning should also focus on clear labeling and restricted access. Products, including medications, vitamins, household cleaners, alcohol, and cannabis, should be stored in their original labeled containers, locked-up and out of reach of children. House plants should be identified as poisonous or not, and kept out of reach of small children. CSA-approved carbon monoxide alarms should be installed in homes.[87,89]

SPORT AND RECREATION

Injuries resulting from sport and recreational activities range from mild to severe. The leading types of injuries for children and youth aged 1-17 years as self-reported in the 2019 Canadian

Health Survey on Children and Youth included concussion, fractures, and serious cuts or punctures.[90] Further, the leading types of injury resulting in hospitalization among children and youth under 20 years of age in British Columbia from 2015 to 2019 were fractures, injury to internal organs, concussions, intracranial injuries, and open wounds.[91] A significant association has been reported between concussion injuries and age, suggesting youth may be at higher risk.[92]

Incidents among children under 15 years of age in Canada involving sports equipment resulted in 104 hospitalizations, 32,844 emergency department visits, and 131 disabilities in 2018. Incidents involving sports equipment among youth ages 15 to 19 years resulted in 74 hospitalizations, 18,602 emergency department visits, and 58 disabilities.[58]

Incidents involving sports equipment cost $154 million in 2018 for children and youth in Canada under 20 years of age, with direct health care costs accounting for 49% of this total.[58]

Injury prevention strategies during engagement in sport and recreational activities include learning and following the rules of the game, practicing skills and good sportsmanship, using the appropriate safety equipment for the activity (such as helmets, mouthguards, or pads), and being mindful of exhaustion or dehydration.[93,94] As well, learning how to recognize, respond to, and manage a concussion is important to supporting healthy recovery and reducing the risk of persisting symptoms.[95,95]

SUBSTANCE-RELATED INJURIES

Youth ages 12 to 24 years old are vulnerable to substance-related injuries given the social pressures, environmental factors, and structural influences that can result in substance use.[97] The misuse of substances such as opioids, cannabis, e-cigarettes or vaping, alcohol, and others has led to an increase in hospitalizations, and established substance-related acute toxicity deaths as a public health crisis in Canada.[97]

Despite a lack of research on the long-term implications of vaping and e-cigarette use, acute vaping-related injuries continue to rise in Canada.[98] Vaping products are consistently ranked among the leading hazards reported by Canadian consumers, due to both the potential for burn injuries and vaping-associated lung illnesses.[99]The 2023 Canadian Health Survey on Children and Youth by Statistics Canada found that more youth reported the use of e-cigarette or vaping devices in the past 30 days, compared to 2019 (96,000 youth compared to 256,800).[100] Youth vaping with nicotine reported their main reasons to be for relaxation (20%) and addiction (20%), while believing that they were at “great risk” (48%) or “moderate risk” (28%) of harm from vaping.[101]

Cannabis-related injuries continue to have a negative impact on the health and wellness of Canadian youth. Cannabis use among youth aged 16 to 19 years increased from 36% in 2018 to 43% in 2023, with users obtaining cannabis from social sources (43%) and “legal purchases” (41%).[102,103] In the recent release of the 2023 Canadian Health Survey on Children and Youth, the number of youth who self-reported cannabis use in the past 12 months, daily or almost daily was 44,900.[100]

The most common substances identified as contributing to substance-related deaths from 2016 to 2017 were fentanyl, cocaine, methamphetamine, and ethanol. Many of these youth had experienced mental health challenges, had a history of substance use, and may have experienced trauma. Although many were considered low income, all income brackets were represented.[97]

Prevention efforts to reduce substance use injury among Canadian youth include providing mental health services and addiction services, and addressing socioeconomic disparities. Underage use of vaping products and cannabis can be addressed by restricting advertising and limiting access.[102]

INEQUITIES

The prevalence of hospitalization rates for unintentional preventable injuries disproportionately affects BIPOC and equity-deserving communities. For this reason, injury is not experienced equally across the Canadian population, including children and youth. Various social determinants of health including income, education, housing, race, urban or rural environments, etc., contribute to the onset of unintentional preventable injury. For example, unintentional injury hospitalization rates were reported to be 15.5 per 10,000 population among First Nations and 11.7 per 10,000 population among the Métis population, as compared to 9.0 per 10,000 population among the other residents of British Columbia.[104]

Currently, injury surveillance systems do not typically capture these determinants of health beyond age, biological sex, and geographic region, making it difficult to identify those specific populations at highest risk of severe or fatal injury. To ascertain the risk of injury based on the social determinants highlighted, Canada must incorporate a national household travel survey that measures different travel modes with various population groups.[106]

Injury surveillance systems need to be capable of capturing a range of social, economic, and built environment determinants that may relate to the injury itself. It is also important that those working in injury prevention are able to identify inequities in injury rates so that those populations at highest risk for injury are prioritized for prevention strategies. This involves analyzing injury data in detail by factors such as age, sex, employment status, income, Indigenous status, education attainment, and the built environment.[105]

Research studies looking at equity-deserving populations are continually adding to the evidence base. For example, looking at transport-related injury, Branion-Calles et al. (2024) were able to use linked datasets to determine that low-income populations and Indigenous peoples had an increased risk of injury across all modes of transportation, excluding cycling hospitalizations. This was categorized by higher risks in Indigenous populations for pedestrian hospitalization and fatalities, motor vehicle hospitalization, fatalities.[106]

Similarly, a study conducted by Schwartz et al. (2022) estimated that neighbourhoods in Canada with high material deprivation and large proportions of recent immigrants and visible minority populations experienced higher rates of collisions involving child pedestrians.[107] Looking at access to health care, Fortin et al. (2023) found that children living in remote areas of Quebec, where health centres are between 30 to 1000 kilometres away from level I trauma centres, experience injury-related mortality rates three to four times higher than the national average.[108]

POLICY RECOMMENDATIONS

The most effective way to prevent injuries is to take a comprehensive approach that includes system-level changes, policies and standards (and enforcement), along with education and awareness-raising efforts. While not an exhaustive list, the following are recommendations to address and prevent unintentional injuries of children and youth in Canada.

- Policies to address community disparities in access to road safety interventions must be prioritized. These include speed humps and pedestrian crossings, lower speed limits in residential areas, automated speed enforcement, and clear sign placement on roads.[109]
- Support for the implementation of a national household travel survey to obtain data related to modes of transportation and their associated injuries.[106] This is in addition to robust epidemiological injury risk calculations and injury prevalence in different equity-deserving communities.
- Basic swimming ability is an essential element of any meaningful attempt to eliminate drowning in Canada. The Lifesaving Society's Swim to

Survive® program is aimed primarily at children and teaches basic swim survival skills.[110] *Raising Canada* echoes the recommendations set by the Alberta Non-Fatal Drowning Report and Ontario Non-Fatal Drowning Report for early childhood drowning, including future research endeavours to estimate the full burden of non-fatal drowning and how they differ from fatal drowning incidents.[111]

- To reduce the risk of injury from button batteries, the Canadian Pediatric Society recommends implementation of safety standards including battery compartments that can be safely closed with a cover and screw, child-resistant packaging, and limitations to the diameter and voltage of button batteries (to <20 mm in diameter and ≤1.5 in voltage). In addition, investing in public education campaigns are highly recommended to inform parents about the risks of button batteries, the importance of safe storage at home, and the emergency actions to be taken in the incidence of unintentional ingestion.[86]
- *Raising Canada* echoes Parachute's recommendation of implementing policies to prevent poisoning among children and youth. A multifaceted approach has been endorsed including data surveillance, educating families on the safe storage of medications, limiting the quantity of potentially harmful over-the-counter drugs that can be purchased in a single package, and mandatory carbon monoxide alarms in all residences.[112]
- Efforts that would enhance service provider training to address substance-related injuries, destigmatize shame around the substance-related injury, and how to provide acute care for youth with substance-related injuries.[113]
- *Raising Canada* supports investigating the long-term health risks associated with youth vaping through surveillance, as suggested by Chadi et al. (2024).[98] This includes leveraging multiple data sources such as self-reported data from care providers and youth, as well as administrative health data. Obtaining this data is critical to inform clinicians and policymakers on how to prevent and address vaping product-associated injuries among youth.

COMMUNITY RECOMMENDATIONS

- Improving access to health services, education, employment, quality housing, and better social environments can decrease the risk of falls among children. Similar to the initiative which resulted in banning baby walkers with wheels, efforts to improve policies are also effective in reducing the number and severity of falls.[64]The Fall Prevention Community of Practice Loop Junior is a good example of how communities can inform, share ideas and support each other to improve the implementation of evidence-informed fall prevention practices for children and youth .[114]
- Educational resources are necessary to inform and reinforce the importance of vigilant parental/caregiver supervision over children around bodies of water, regardless of their depth.
- Action at a local level is needed to support children in addressing substance use injuries. Education around vaping and drugs in school settings are one component that is needed to better equip students with the ability to make informed choices. However, education needs to be combined with system level solutions such as restricting access to these products.
- Follow-up visits supported by multidisciplinary teams are an essential component of care for children and youth who sustain concussions from sports-related and non-related injuries.[115] Education surrounding concussions, such as that offered by the Concussion Awareness Training Tool, and the need for raising awareness is critical to ensure that safety precautions are taken at the community level.[116]

THREAT 2

POOR MENTAL HEALTH

INTRODUCTION

In Canada, an estimated 1.6 million children and youth have a diagnosed mental health challenge[9], which can include issues ranging from anxiety and depression to substance use. The most recent data from Statistics Canada demonstrates the drastic effects of the pandemic on youth, with only 40% reporting excellent or very good mental health in early 2020, compared to 62% in 2018.[117] Furthermore, over half (57%) of participants aged 15 to 17 reported their mental health as somewhat or much worse than before the pandemic.[117]

Financial insecurity has a significant impact on mental health, with 41% of respondents in a recent survey reporting that financial pressures are affecting their mental health and 28% citing inability to pay as a reason for not accessing mental health care (Mental Health Research Canada, 2023). The high cost of living, including unaffordable housing and food insecurity, worsen these issues. About 1.8 million children and youth in Canada experienced food insecurity in 2022, leading to increased risks of mental health and substance use concerns.[118]

Access to mental health services continues to be a prevalent challenge for children and youth. In Ontario, nearly 30,000 young people were waiting for mental health treatment in 2020, with wait times averaging 67 days for counselling and therapy, and 92 days for intensive treatment.[119] Some wait times for intensive treatment stretched to 2.5 years, which is alarming in the context of a mental health crisis.[119] This situation is even more dire for those in rural, remote, and northern communities, who often lack access to any mental health services.[120]

To help address these issues, the federal government announced the creation of Canada's new Youth Mental Health Fund in Budget 2024, which will invest $500 million to reduce wait times and provide more care options for younger Canadians.[121]This initiative aims to support community health organizations in offering better mental health services and referrals. At the time of publication, the funding had not yet been released, raising concerns about delays in accessing much needed resources, and heightening the risk that funding will stall should an election be called. Additionally, the federal government has signed bilateral health care agreements with all 13 provinces and territories, providing $25 billion in new funding to improve mental health care, among other health services.[121]

> *"Many children and youth across Canada still face mental health issues, bullying, and more. Canadians are done with press conferences, they want action taken."*
>
> **-YOUTH PERSPECTIVE**

NEWLY-RELEASED STATISTICS CANADA RESULTS

On September 10, 2024, Statistics Canada released the 2023 Canadian Health Survey on Children and Youth (CHSCY). The results were collected in 2023 from the same children and youth who responded in 2019 to questions related to their mental and physical health. Similarly, the parents of these children and youth were also asked to comment on their perception of their child's mental health. This was done to capture possible changes in the perceived mental and physical health of youth over the last four years, particularly emphasizing a pre- and post-pandemic perspective of youth mental health in Canada.

The CHSCY 2023 results found that one-third of youth reported a change in their mental health status across a four-year follow-up period.[122] Among those who previously reported their mental health as 'good', 'very good', or 'excellent' (88% of respondents), 21% no longer felt this way.[122]This decline in perceived mental health was most common in older teens who were making the transition to young adulthood throughout the pandemic.

In addition to overall adverse mental health, girls were more likely than boys to report mental health

declines and are more likely to maintain low self-rated perceived mental health status.[122] In 2019, 16% of girls (aged 12-17) rated their mental health as fair/poor, twice as much as boys (7%); now, this proportion has increased to 33% for girls and 19% for boys of the same correspondent group (now aged 16-21).[122]

For parents who were asked to comment on the perceived mental health of their child, they often rated their child's perceived mental health more positively than youth reported themselves.122For this reason, it is important for youth-targeted mental health funding resources and programs, to actively engage parents, families, and communities in supporting the mental health of their children. It also requires parents to recognize the dire state of mental health for youth in order to implement sustainable solutions both at home and in their communities. Despite this discrepancy, parents commonly reported declines in mental health from 'good or better' to 'fair or poor' for older children (aged 12 to 17 years) compared to children aged 5 to 11 years.[122]

The CHSCY 2023 report also identified a link between optimism about school and declining mental health. With 'attitudes towards school' as an indicator of a child's current well-being, parents reported decreased optimism for school much earlier in the educational career of youth aged 7 to 11 years old.[122] While a majority of reports (84%) remained optimistic, a small connection was made (in terms of percent significance) between school optimism and lower mental health status reporting.[122]

Looking forward, the implementation of disaggregated data that accounts for sociodemographic characteristics including racialized populations, Indigenous identity, sex, gender, sexual orientation, immigration status and other characteristics, must be encouraged in future research endeavours. This information is necessary to capture the intersectionalities present in our society that often have lasting impacts on the perceived mental health status of children and youth.

SELF-HARM

Self-harm continues to be a prevalent mental health concern for Canadian children and youth, accounting for 9% of communications with Kids Help Phone.[123] The majority of these contacts come from Yukon, where 13% of communications contain content concerning self-harm, with both Saskatchewan and Alberta also showing significant figures (11% and 10% respectively). A concerning 26% of these interactions involve young children aged five to 13, while nearly half involve adolescents aged 14 to 17.[10,123] Self-harm rates among youth in rural and remote areas are disproportionately higher. A recent study found that hospitalization rates due to self-harm were particularly elevated among adolescents aged 10–19 in remote areas, with females in these regions exhibiting rates 7.5 times higher than those in more accessible areas.[124] Although specific data from the Yukon and Northwest Territories were not included, other research and anecdotal evidence suggests that Indigenous youth in northern regions also face alarmingly high self-harm rates, often due to limited access to mental health services.[124]

In Canada, there are approximately 20,000 hospitalizations due to self-harm annually.[125] The Public Health Agency of Canada (2023) reports that self-harm hospitalization rates are particularly high among females aged 10 to 19, who have the highest rate of all age groups and for both sexes. Suicide attempts, plans, and serious thoughts of suicide are notably prevalent, affecting hundreds of thousands of Canadians each year.[125]

A study by Predescu and Sipos (2023), demonstrated that while general susceptibility to suicidal ideation may not differ significantly between genders, girls with depressive symptoms were more likely to attempt suicide than boys.[126] Additionally, girls with both depressive symptoms and behavioural problems were more prone to engage in self-harm behaviour than boys.[126]

Recent studies also indicate a significant rise in self-harm behaviours among youth during the

COVID-19 pandemic, with emergency department visits for self-harm increasing by 29% and hospital admissions by 72% among Canadians aged 10–17.[127] This increase was particularly notable among females aged 10–13, underscoring the severe toll the pandemic took on youth mental health.[127]

Self-harm is notably high among bipolar youth in Canada, with more than 45% reporting lifetime self-harm incidents.[128] This is seemingly influenced by childhood trauma, with the most significant predictors being emotional abuse and neglect.[128]

SUICIDE

Suicide is the second leading cause of death among individuals aged 15 to 34, demonstrating the stark severity of mental health crises within Canada's youth population.[125] Particularly concerning is the frequency of suicide-related conversations among children accessing mental health services such as Kids Help Phone, where suicide is a predominant issue among children as young as 10 to 13 years old.[129] A meta-analysis from Madigan et al. (2023) looking to compare pediatric emergency department visits for attempted suicide, self-harm, and suicidal ideation pre and post-pandemic, noted a modest increase in suicidal ideation and attempted suicide, particularly among girls.[130]

Based on the population of the Canadian Health Survey on Children and Youth 2023 longitudinal sample, in youth aged 15-17 who did not self-report ever attempting suicide in 2019, 5.9% of these youth reported never attempting suicide in 2023.[122]

According to the *International Journal of Circumpolar Health*, Inuit youth suicide rates are 10 times higher than non-Indigenous youth in Canada, with young men being particularly at risk.[131] The study highlights the strong link between colonial trauma and current mental health issues, especially in areas like Nunavut, where access to culturally appropriate health services is limited.

DEPRESSION AND ANXIETY

Canadian youth are increasingly facing mental health challenges, a trend reflected in the 2024 Kids Help Phone data indicating that 28% and 37% of texting interactions concern depression and anxiety, respectively.[123] Similarly, a report published by CIHI in 2024 looked retrospectively at records from 2020 and noticed a rise in hospitalizations for mental health disorders to 23% of all hospitalizations for children and youth aged 5 to 24.[12] Moreover, the prescribing of mood and anxiety medications has increased over the past five years, with a notable difference between females and males, as rates in 2020 were more than twice as high for females (7,372 per 100, 000) compared to males.[12]

During the COVID-19 pandemic, Canadian adolescents experienced significant mental health challenges, as revealed in a study by Craig et al. (2023).[132] The research highlighted that 51% of adolescents reported depressive symptoms, 39% reported anxiety symptoms, and 45% exhibited signs of PTSD, emphasizing the severe impact of pandemic-related stressors.[132]

From 2019 to 2023 rates of depression and anxiety increased, with depression being prevalent in 24,600 children aged five to 13 in 2019 and 59,800 in 2023.[133] Anxiety as defined as being very anxious, nervous or worried daily, increased from 99,400 in 2019 to 194,900 in 2023 in this same age group.[133] This pattern is further confirmed by a meta-analysis from Madigan et al. (2023), which saw an increase in anxiety and depression symptoms following the pandemic, the latter being more prominent within females.[134]

EATING DISORDERS

Eating disorders disproportionately affect children and youth and are recognized as having one of the highest mortality rates among psychiatric illnesses.[135]According to the 2023 Canadian Health Survey on Children and Youth, for youth aged

12 to 17, the self-reported preoccupation with a desire to be thinner increased from 157,700 in 2019 to 312,100 in 2023.[100] Although this preoccupation cannot be used as a direct indicator of eating disorder prevalence, it is important to recognize this increase in analyzing ways to improve adverse physical and mental health outcomes of eating disorders.

The doubling of eating disorder hospitalizations among Canadian youth, especially during the COVID-19 pandemic, highlights the significance of this threat.[136] A recent systematic review and meta-analysis by Madigan et al. (2024) found a 54% increase in health care visits related to pediatric eating disorders during the pandemic, particularly among adolescent girls.[137] The analysis showed significant increases in the use of emergency department, inpatient, and outpatient services for eating disorders, with anorexia nervosa being the most commonly reported condition.[137] These findings underscore the pandemic's role in exacerbating the mental health crisis for youth, including a decrease in the average age of hospitalization, suggesting earlier onset of these conditions.[136] According to Kids Help Phone (2024), 3% of their interactions relate to disordered eating. Newfoundland and Labrador were the area with the highest percentage of messages concerning disordered eating at 4%.[10,123,138]

SUBSTANCE USE DISORDERS

Substance use remains an ever-pressing issue for Canadian youth. Hospitalizations due to substance use among Canadian teenagers aged 10 to 24 fell by almost 10% from 2022 to 2023, according to data from the Canadian Institute for Health Information (2023). However, the total hospitalization rates remain elevated compared to pre-pandemic levels.[139] The most common substance leading to hospitalization within youths is cannabis, followed by alcohol, stimulants, and opioids.[139] Notably, more male youth (14.5%) and male young adults (16.8%) reported harmful consumption of alcohol compared to female youth (9.6%) and female young adults (9.1%).[140]

A significant proportion of these hospitalizations involved a co-occurring mental health diagnosis, which demonstrates the interconnected nature of substance use and mental health issues in this demographic.[139] According to Halladay et al. (2024), 25.6% of adolescents in an outpatient mental health program presented with high levels of both substance use and mental health concerns, including emotional and behavioural disorders.[141] These co-occurring conditions were linked to increased clinical complexity, with teens reporting trauma, self-harm, and suicide attempts more frequently than those with lower substance use levels.[141] Similarly, trauma has been identified as a major driver of substance use in Indigenous populations, with 86.4% of studies reporting a positive link between substance use and historical trauma.[142]

Literature concerning the impact of cannabis advertising suggests that advertisements are actively increasing Canadian youths' intentions to use cannabis, suggesting that current Canadian policies are not proving effective.[139,141]

Recently, the Public Health Agency of Canada initiated an open call for proposals under its new Youth Substance Use Prevention Program, seeking innovative strategies to reduce substance use among.[143] Concurrently, a national survey is being conducted to gather detailed data on household substance use trends.[122]

MENTAL HEALTH AND INEQUITIES

Recent studies have highlighted significant disparities in mental health care access for Canadian children, particularly between socioeconomic groups. A study by Janet Currie and colleagues (2024) highlights that low-income children in Ontario are 49.4% more likely to be prescribed antipsychotics and 11% more likely to be prescribed benzodiazepines, (medications with significant side effects), compared to higher-income children, who are more likely to receive SSRIs, the recommended treatment for anxiety and depression.[14]

Furthermore, 2SLGBTQIA+ youth also face significant mental health challenges. According to the Canadian Mental Health Association (2024), 2SLGBTQIA+ youth aged 16-24 are 1.6 times more likely to be diagnosed with clinical depression, and non-binary youth are 1.8 times more likely, compared to their peers.[140] Additionally, thoughts of suicide and suicide intentionality are disproportionately high among non-binary youth (34.7%) and 2SLGBTQIA+ young adults (36.1%).[140] Substance use disorders are also more prevalent among 2SLGBTQIA+ youth, with 13.5% reporting a possible cannabis use disorder, significantly higher than the average for their age group.[140]

Systemic racism also plays a significant role in these inequities. A recent study conducted by Fante-Coleman et al. (2023) emphasizes that anti-Black racism (ABR) within Canadian mental health systems hinders Black youth from accessing adequate care.[144] Black youth are more likely to experience stigma, racism from mental health providers, and a lack of culturally responsive care. Systemic issues, including a lack of Black professionals and culturally appropriate services, result in Black youth often being left with inadequate support, which contributes to higher rates of untreated mental health disorders.[144] Black youth are also more likely to enter mental health care through law enforcement or forced hospitalization, further illustrating the inequities in access.[144]

Indigenous youth face disproportionate mental health challenges, including higher rates of depression and suicide, driven by intergenerational trauma and systemic barriers in health care.[145] Western biomedical model often overlooks the social and historical factors affecting Indigenous communities, which can result in misdiagnosis, over-medication, and in some cases forced hospitalizations.[145] Urban Indigenous youth, in particular, encounter culturally unsafe care, reinforcing mistrust and untreated conditions. A study conducted by Chartier et al. in 2024 discusses the mental health disparities faced by First Nations children in Manitoba.[15] These children are disproportionately affected by mental disorders, including higher incidences of ADHD, substance abuse, schizophrenia, and higher rates of suicide attempts and deaths compared to non-First Nations children.[15] As echoed previously, these findings underscore the urgent need for equitable access to culturally appropriate mental health services for Indigenous children.[15]

POLICY RECOMMENDATIONS

- Expand mental heath services for youth by prioritizing:
  - Increased funding for mental health services targeting children and adolescents, particularly in school settings, to provide early intervention and ongoing support. Includes hiring more school counsellors and psychologists.[146]
  - Implement national guidelines for treating youth with mental health issues to ensure consistency in mental health care across provinces, such as standardized protocols for addressing depression, anxiety, eating disorders, and self-harm in young people.[135]
- Enhance training for mental health providers under the following recommendations:
  - Mandate special mental health training for health care providers on identifying and managing childhood trauma and its long-term effects.[128]
  - Integrate mental health education into the curriculum for medical and nursing students, focusing on early detection and intervention strategies for mental health issues in children and adolescents.[143]
  - Train health care providers in cultural competency and develop guidelines for culturally safe care that respect Indigenous traditions, values and practices, as well as training for mental health professionals to address and mitigate anti-Black racism and stigma. This training should focus on

addressing the specific challenges these populations face, individually.[144,145]

- Improve access to mental health resources by developing and implementing policies to ensure equitable access to mental health services, particularly for marginalized communities. Subsidizing psychiatric medications for children from low socioeconomic backgrounds.[14]
- Collaborate with youth from equity-deserving communities to create culturally appropriate and specific mental health programs.[15]

- Support digital mental health interventions by:
  - Investing in digital mental health platforms that provide remote counselling and support services, ensuring they are accessible to all youth, including those in rural and remote areas.[129]
  - Addressing the digital divide by ensuring strong internet connectivity in rural and remote areas and providing subsidies for consistent internet access to low-income families.
  - Promoting public awareness campaigns about the availability of digital mental health resources, such as Kids Help Phone, and the many ways to interact with them.[10,123,138]

COMMUNITY RECOMMENDATIONS

- Continue to promote mental health education and awareness by raising awareness about mental health issues and the importance of early intervention through community-based education programs and campaigns. The Mental Health Commission of Canada emphasizes the significance of initiatives like Mental Health First Aid, which trains individuals to recognize and respond to mental health crises, promoting a supportive community environment.[9]
- Create supportive environments that address the specific needs of high-risk groups, including providing safe spaces, peer support programs, and community engagement activities to foster resilience and well-being.
- Recognize the role of parents and caregivers by providing them with training and education on early warning signs of mental illness to enhance early intervention efforts.
- Acknowledge the serious potential harms that newer provincial policies can create for 2SLGBTQIA+ youth, such as the pronoun policy and restrictions on sexual education in Saskatchewan and Alberta. These policies can adversely affect the mental health and well-being of 2SLGBTQIA+ youth.
- Enhance Coordination Between Social Services and Pediatric Mental Health by addressing the intersection between Social Services/ Child Protection and pediatric mental health. This is facilitated by improving the capacity of the Ministry of Social Services to manage the complex psychiatric and behavioural needs of children in care. This includes training and resources for dealing with complex trauma, self-harm, autism, and intellectual disabilities.
- Improve communication and coordination between provincial guardians and Indigenous Family Services programs to ensure consistent and trauma-informed care for children in foster care.
- Prevent the displacement of children in foster care by ensuring local housing options and minimizing the frequency of relocations to support attachment and reduce trauma-related issues.

THREAT 3

VIOLENCE/ CHILD ABUSE

INTRODUCTION

Violence against children remains a pervasive issue in Canada, manifesting in settings such as schools, sports, community organizations, online platforms and within their own homes. Recent investigations highlight the alarming prevalence of such violence and the urgent need for systemic changes to protect children and youth.

PHYSICAL, SEXUAL, EMOTIONAL ABUSE AND NEGLECT

As mentioned in last years report, the most recent data from the 2018 Survey of Safety in Public and Private Spaces (SSPPS) indicates that approximately 60% of Canadians reported experiencing some form of maltreatment before the age of 15, which includes both non-physical maltreatment (such as emotional abuse and exposure to intimate partner violence) and physical maltreatment (such as physical and sexual abuse).[16] As of March 2022, over 61,104 children and youth up to the age of 21 are involved with child welfare and living in out-of-home care due to maltreatment.[147] The impact of these forms of abuse are profound, often leading to long-term mental health issues such as depression, anxiety, and PTSD.[147] Research shows that children who experience severe abuse and neglect during their early developmental years are more likely to exhibit long-term emotional dysregulation, impaired cognitive deficits, and social difficulties compared to those who do not experience such trauma.[148]

A recent release from Statistics Canada's found that interpersonal aggression (45.7%) and emotional abuse (40.4%) were the most common forms of non-physical childhood maltreatment, followed by emotional neglect (20.0%), exposure to intimate partner violence (12.3%) and physical neglect (4.0%).[149] Non-physical childhood maltreatment (expression of emotional neglect and abuse, physical neglect, exposure to intimate partner violence etc.) also presented a correlation to an increased likelihood of lifetime suicidal ideation, compared to those who have never experienced these forms of maltreatment.[149]

The data also shows notable gender differences in child maltreatment. Females reported higher rates of non-physical maltreatment (34.7%) and combined physical and non-physical maltreatment (24.7%) compared to males (29.9% and 21.8%, respectively).[16] Males were slightly more likely to report only physical maltreatment (4.6% compared to 3.6% for females).[16] These findings are echoed by Statistics Canada who reported in 2019 that around 5,972 female children were victims of a sexual offence by a family member.[150] Additionally, 6,263 male children were victims of physical assault suggesting that, while both genders are affected by maltreatment, the nature and combination of abuses differ.[150]

Gender differences were also acknowledged by Statistics Canada, focusing on dating violence against teens 15-17 years old between 2009 and 2022.[150] Sexual violence in dating disproportionately impacts girls, with the rate of sexual violence among teen girls being significantly higher than boys (116 versus 5 per 100,000 population).[18] There are geographic differences as well. Police-reported data from 2022 shows that rural areas, particularly in northern regions, experience higher rates of teen dating violence, with rural teens facing more than double the rate of urban teens.[18]

In terms of legislation, Kiera's Law[i] (Bill C-233), which was passed in April 2023, mandates domestic violence training for judges to ensure better protection for children, representing a critical legislative effort to safeguard the rights and well-being of children in Canada.[17,150] As mentioned in last year's report, Bill S-251

i "Keira's Law" refers to Bill C-233, named in memory of 4-year-old Keira Kagan, whose tragic death brought attention to family violence issues, the law amends the Criminal Code and the Judges Act. It mandates continuing education for judges on intimate partner violence and coercive control, enhancing judicial understanding and responses to these critical issues (CBC News, 2023; Parliament of Canada, 2023).

aims to eliminate legal allowances for corporal punishment, aligning with the UN Convention on the Rights of the Child. The bill is not yet passed but as of January 2024 it is backed by UNICEF, which highlights the necessity of this bill to protect children from physical violence and fulfill Canada's obligations under international human rights standards.[151]

In recent news, the government of Newfoundland and Labrador is also making significant legislative changes to address the difficulties in seeking justice for survivors of child abuse. Following petitions and protests, the Justice Minister announced plans to amend the province's *Limitations Act*. This amendment aims to remove the time limits that currently prevent many survivors of non-sexual abuse from suing the government. This legislative change aligns Newfoundland and Labrador with the majority of other Canadian provinces.[152]

Additionally, on November 17, 2023, Ya'ara Saks, Minister of Mental Health and Addictions, announced a $245,367 investment in a World Health Organization (WHO) project aimed at disseminating and testing training to help health care providers recognize and respond to child maltreatment.[17] This initiative will distribute WHO training resources to health care professionals across Canada and internationally. The project is part of a broader commitment by the Public Health Agency of Canada to invest up to $10 million annually from 2022-23 to 2024-25, and $6.5 million in 2025-26, to support efforts that promote safe relationships and prevent violence.[17]

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

Violence in schools, sports, and community settings remains a significant threat for children in Canada. Advocates are calling for a national public registry for teachers facing serious disciplinary actions due to inadequate tracking systems.[153] A 2022 report by the Canadian Centre for Child Protection highlighted that 252 school personnel in K-12 schools committed or were accused of sexual offences against students between 2017 and 2021, emphasizing the need for greater transparency and accountability.[154]

Manitoba plans to launch an online registry and commission for teacher discipline by 2025, addressing the lack of available data on educator misconduct.[153] Advocates stress the importance of public access to disciplinary records, as current systems often handle cases in secrecy, making it difficult for parents to be aware of potential risks.[153]

The issue of sexual abuse in sports was highlighted at Play the Game conference 2024, where cases from various countries were discussed, revealing a widespread culture of abuse and secrecy. Canadian journalist Laura Robinson emphasized the need for systemic change, highlighting the ongoing challenges in Canadian hockey and other sports. The discussions revealed that athletes who speak out often face retaliation, further underscoring the need for comprehensive reforms in how sports organizations handle abuse cases.[155]

VIOLENCE AGAINST CHILDREN AND YOUTH ONLINE

The ever-growing use of online platforms has significantly exacerbated the risks children face, leading to a dramatic rise in online exploitation. Between 2014 and 2022, online sexual exploitation rates have more than tripled, escalating from 50 incidents per 100, 000 Canadian children to 160 incidents in 2022.[156] During this period there were 15,630 incidents of police-reported online sexual offenses against children and a staggering 45,816 incidents of online child pornography.[156] Notably, the rate of online child pornography has increased by 290% between 2014 and 2022. Girls comprised 71% of all victims in all offense types over the nine-year.[156]

In May of 2024, the Ontario Provincial Police (OPP) revealed "staggering results" from a multi-jurisdictional investigation into online child sexual abuse, involving 27 police services across the province.[153] The investigation led to 64 arrests and 348 charges, with 34 child victims identified. The use of AI-generated sexual abuse images has notably increased, presenting new challenges for investigators.[153]

In response to the alarming increase in online child sexual exploitation, the Canadian Centre for Child Protection has endorsed the Online Harms Bill.[157] This legislation is a much-needed step toward safeguarding children in the digital realm. The bill aims to align Canada with international standards by requiring social media platforms and other service providers to meet safety standards and protect users from exploitation and abuse.[157]

The widespread adoption of end-to-end encryption (E2EE) on digital platforms, while essential for privacy and cybersecurity, presents significant challenges for combating illegal activities such as child sexual exploitation and abuse. E2EE protocols can prevent platform operators and law enforcement agencies from accessing encrypted content, hindering efforts to detect and respond to criminal behaviour effectively. International alliances and governments, including Canada, advocate for incorporating safety features in platform designs that enable lawful access to encrypted data under specific conditions, balancing privacy protections with public safety imperatives.[158,159]

Furthermore, the Canadian Centre for Child Protection has launched a public awareness campaign to educate parents and youth on how to effectively respond to sextortion attempts.[157]

COVID-19 AND CHILD ABUSE

The COVID-19 pandemic raised concerns about potential increases in family violence due to prolonged confinement. However, the impact on children remains unclear. An umbrella review by Carsley et al. (2024) found that while administrative data showed declines in emergency department visits and child welfare case openings, this was most likely due to reduced health care availability and the suspension of key reporting channels like schools.[19] Survey data indicated increased family distress and harsh parenting practices. Additionally, the pandemic exacerbated mental health issues, self-harm, and eating disorders, leading to public health interventions in areas like Ontario, seeking to bolster community resilience.[19]

A study by Voyer-Perron et al. (2024) showed that most parents reported no violence against children during the pandemic, with a significant decrease in psychological aggression from 2020 to 2021, while corporal punishment rates remained unchanged.[160]

Newcomer families faced challenges during the pandemic, leading to threats to children's safety. A survey of Ontario's child welfare workers reported increases in parental emotional instability and substance use (86%), domestic/adult conflict (85.6%), and child emotional harm (66.3%).[161] Despite these increases, child sexual and physical abuse were underreported, leading to barriers in help-seeking and limited support for victims.[161]

FAMILICIDE, FILICIDE, FEMICIDE

Over the past year, reports of child homicide and filicide cases are raising concerns among experts and health care providers. Filicide describes a deliberate act of child homicide from immediate family members and guardians. According to Statistics Canada, 40 males and females aged 1-19, were victims of homicide in 2022.[162] These may reflect a significant underestimation of total cases, due to the complexities related to death caused by immediate family. An exploratory study by Johnson and Dawson (2023) found that familial perpetrators of child homicide were less likely to be convicted of murder. This is attributed to various stereotypes around intimacy and violence that introduces a level of bias in criminal convictions.[163]

Within the scope of filicide, familicide describes the homicide of a family member(s) by another family member.[164] Based on the research findings of Karlsson et al. (2024), child victims of familicide were often between the ages of 7-12 years old.[165] For this reason, the Canadian Criminal Justice System must be responsible for addressing the role of intimacy and effectively defending child rights.

The Canadian Femicide Observatory for Justice and Accountability reported that in 2022, the number of women and girls killed by male perpetrators in Canada increased by 27 percent compared to 2019, before the pandemic.[166]

CHILD ABUSE AND INEQUITIES

As highlighted in last year's report, there is a significant disparity in abuse rates between Indigenous and non-Indigenous children in Canada. A staggering 15.2% of First Nations, Métis, and Inuit individuals report having experienced physical and/or sexual abuse by adult perpetrators before the age of 15, more than double the rate among non-Indigenous individuals (7.5%) Specifically, 27.[22] 3% of Indigenous children reported incidents of sexual abuse compared to 13.7% for physical abuse. For those who experienced physical violence, 76% reported that the abuse occurred in their homes.[22]

A report by the Canadian Centre for Justice and Community Safety Statistics, modified in 2024, revealed that on April 14, 2021, there were 532 residents in Indigenous shelters for victims of abuse, nearly a third of whom were children.[23] Notably, 65% of children in these shelters were Indigenous, reflecting a disproportionate representation compared to the overall population, where only 8% of children identify as Indigenous.[23]

Recent research highlights disparities in child welfare involvement for Latin American children in Ontario compared to White children. A study analyzing data from the Ontario Incidence Study of Reported Child Abuse and Neglect 2018 (OIS-2018) found that Latin American families were more likely to be investigated by child welfare agencies, had higher rates of substantiation, and experienced higher rates of placement in out-of-home care.[167] Investigations involving Latin American children more frequently focused on family violence and were often initiated by police.[167]

POLICY RECOMMENDATIONS

- Enforcement of Safety Standards: Support for Bill S-251 is crucial in enforcing strong safety standards for social media platforms to prevent online exploitation, harassment, and abuse of children. This bill would ensure that technology companies have clear obligations to monitor and remove harmful harmful content, with penalties for non-compliance.[159] Regular audits of these platforms can ensure transparency, while tech companies should be required to implement robust reporting and moderation systems. Additionally a task force should be established to continually assess emerging risks and update safety measures in response to evolving technologies.
- Public Archives Documenting Online Harm: While last year's report highlighted the importance of creating data-driven policies, particularly in addressing inequalities in service access, establishing public archives of online harms aligns with these efforts. It would serve as a tool for policymakers, advocacy groups and researchers to analyze trends and develop targeted interventions. By making data on online exploitation and harm available, these archives can hold technology companies accountable while also informing future public policy decisions.[159] This would ensure that both public and private sectors have the necessary information to address ongoing and emerging risks to online safety.
- Rigorous Evaluation of Child Maltreatment Programs: Advocate for rigorous evaluation of programs addressing child maltreatment to ensure they are evidence-based and effective.

Programs like the VEGA project, which employs randomized controlled trials (RCTs) as outlined by Kimber et al. (2024),[168] should serve as a model. The VEGA project combines self-directed online learning with in person workshops, allowing healthcare providers to improve their skills in recognizing and responding to child maltreatment and intimate partner violence. The RCTs used in this model enable researchers to measure not only immediate knowledge gain but also long term behavior change among participants. Additionally, the VEGA project integrates trauma-informed care principles, making the interventions more comprehensive and sensitive to the needs of both survivors and healthcare providers. Continuous funding and support for RCTs can facilitate adjustments and improvements to ensure programs evolve with new research and societal changes.[168]

- Continuing to collect data, particularly through engaging marginalized communities, is crucial to developing culturally sensitive interventions. Policymakers should prioritize inclusive data collection methods, ensuring diverse populations are represented.[169]

COMMUNITY RECOMMENDATIONS

- Promote Positive Parenting Practices: Expand programs that educate parents and caregivers to reduce the risk of maltreatment by promoting positive parenting practices and early identification of abuse.[170] The previous report highlighted the need for culturally appropriate services, and expanding educational resources in diverse languages and formats can ensure that communities have the tools to recognize and respond to child maltreatment. These programs should focus on creating accessible resources for parents in diverse cultural and socio -economic groups. Additionally, public health campaigns should work to destigmatize seeking help for child maltreatment prevention.[168]
- Public Awareness Campaigns: Increase public awareness through campaigns like those conducted by the Canadian Centre for Child Protection, ensuring communities are informed about recognizing and responding to child maltreatment.[159] These campaigns should leverage both online and offline platforms, ensuring they reach vulnerable populations.
- Continue expanding mental health counselling and social support networks to aid both victims and their families in recovery and resilience building.[171]
- Develop secure online platforms and telehealth support services that facilitate the identification of child maltreatment, (particularly during times of limited in-person interactions like we saw during the COVID-19 pandemic.[172] There are also risks associated with online support, such as the potential for perpetrators to monitor online communications, the lack of safe spaces for victims to seek help, and inconsistencies in internet access and digital literacy. Researchers emphasize the importance of ensuring that online interventions are designed with these challenges in mind, providing secure and accessible support for all children and youth in need.[173]
- Equity in Virtual Support:
  - Ensure equity in virtual support by addressing barriers for children and youth experiencing violence, such as monitored devices, lack of safe and confidential spaces, data security concerns, and inequities in access to the internet and devices.[173,174]
- Design online systems accessible via low-tech devices to ensure that no one is left behind, and advocate for greater digital equality by providing free or low-cost technology.[175]

THREAT 4

VACCINE-PREVENTABLE ILLNESSES

INTRODUCTION

Vaccines are critical tools in preventing a variety of serious illnesses among children and youth. Despite their proven effectiveness, vaccination rates for both routine childhood vaccines and newer vaccines, such as those for COVID-19, remain suboptimal in many populations.[176] This section explores the landscape of vaccine-preventable illnesses, focusing on influenza, COVID-19, measles, and RSV. Additionally, this section explores vaccine hesitancy, and inequities in vaccine access and uptake, explaining the selection of these diseases due to their significant impact on public health and the challenges faced in improving vaccine rates.

Vaccination fears have been amplified in 2024 due to the recent measles outbreak, for which the number of cases has tripled since 2023.[177] This fear is echoed worldwide, as the WHO and UNICEF try to raise awareness and tackle the outbreak globally.[24]

Respiratory illnesses continue to affect Canadian children and youth. Among children 0-4 years old, respiratory illnesses were the top reason for hospitalizations in 2023, accounting for 32% of all hospital stays, up from 20% the previous year.[31] Additionally, hospitalizations for pneumonia nearly tripled, asthma hospital stays increased by 61%, and COVID-19 hospitalizations rose by 43%.[31]This surge in respiratory illnesses highlights critical gaps in the pediatric health system and underscores the need for continued investment and public health measures to protect young children.[31]

According to the 2019 population of the Canadian Health Survey on Children and Youth 2023 longitudinal sample, 41.9% of youth aged 9-11 whose parents reported them receiving the seasonal flu vaccine in 2019, did not report receiving a seasonal flu vaccine in 2023.[122] Similarly, in youth aged 16 to 21 years who self-reported not receiving the seasonal flu vaccine in 2023, 42.5% did not receive the seasonal flu vaccine in 2023.[122]

Ontario news channels reported earlier in the year that post-pandemic, Ontario is struggling to meet childhood vaccination targets, with public health officials warning that it could take up to seven years to address the backlog in certain regions. As of the 2022-2023 school year, only about 60% of seven-year-olds are fully vaccinated for diseases like measles, mumps, and polio, showing a significant drop from pre-pandemic levels, which were in the 82%-86% range.[30,176] Contributing factors include pandemic-related disruptions, delayed in-person health care, and challenges in school immunization programs.

A study by Li et al. (2024) examined factors associated with COVID-19 vaccination among young children in Toronto.[179] This study population was composed of 267 children aged 0 to 13 years, and found that 68.2% were vaccinated with at least one dose.[179] The study highlighted that older children, having COVID-19 vaccinated parents and positive parental beliefs about the importance and safety of COVID-19 vaccines, were significantly associated with higher vaccination rates among children.[179]

MEASLES

Tragically, in May 2024, an unvaccinated child under five from Hamilton, Ontario, died after contracting measles.[25] Public Health Ontario reported that five children had been hospitalized due to measles complications in 2024, including the child who died. As of May 4, 2024, there have been 75 cases of measles reported nationally in Canada, the highest number since 2019.[25]

In May 2024, the WHO and UNICEF reported a significant surge in measles cases across Europe, with 56,634 cases and four deaths recorded in the first three months alone.[29] This surge is expected to surpass the 61,070 cases reported in 2023, highlighting the devastating impact of measles on children's health, particularly among those under five years of age who missed routine vaccinations during the COVID-19 pandemic.[29] High hospitalization rates and the long-term

weakening of children's immune systems illustrate the drastic burden measles has on families and the Canadian health care system.[29]

Within Canada, measles cases are on the rise. From the beginning of the year up to August 31, 2024 there have been 82 cases of measles in Canada.[180,181] Measles is highly contagious, with one case capable of causing infection in 90% of exposed, unvaccinated people. Complications occur in 30% of cases, particularly among children younger than 5 years old.[177] The MMR vaccine is highly effective and safe, with two doses conferring more than 99% long-term protection.[177]

INFLUENZA

Influenza is a respiratory infection that typically impacts the population in the fall and winter months.[30,181]As mentioned in last year's report, the 2021–2022 influenza season in Canada saw the return of community circulation of seasonal influenza, beginning in mid-April and ending in mid-June, hospitalizing many children.[178] During this period, 16,126 laboratory-confirmed influenza detections were reported, with 49% of the cases among individuals aged 0–19 years, indicating a younger age distribution compared to before the pandemic.[178] Vaccine coverage for the 2021-2022 season remained stable, with vaccine effectiveness estimated at 36% for influenza A(H3N2).[178] However, according to a recent provisionally accepted study from Alami et al. for the Public Health Agency of Canada, 70% of children aged 6 to 17 years old did not receive the seasonal influenza vaccine in the 2021-2022 season.[182] The FluWatch report for the 2023-2024 season highlights a significant number of influenza outbreaks across Canada. Detailed surveillance data shows a resurgence in cases, particularly among vulnerable populations, including children and the elderly.[181]

In the 2022–2023 season, Canada saw a significant rebound in hospitalizations for respiratory illnesses among children under 18 years of age. The Canadian Institute for Health Information (CIHI) reported that hospitalizations for seasonal influenza among children aged 0 to 4 jumped to 2,444, returning to pre-pandemic levels.[31] Nearly half (45%) of reported influenza A(H3N2) detections were in the pediatric (younger than 19 years) population, with weekly pediatric influenza-associated hospital admissions persistently above historical peak levels for several weeks.[31] The total number of influenza-associated pediatric hospitalizations (n=1,792) far exceeded historical averages.[31]

From August 2023 to June 2024, there were 1,217 influenza outbreaks and 4,479 influenza-associated hospitalizations reported—lower than expected levels for the time of year.[30,182] From October 1, 2023, to May 11, 2024, there were 1,111 influenza-associated pediatric hospitalizations reported. Children under 5 years of age had the highest cumulative hospitalization rate at 99 per 100,000 population.[31,181,183]

COVID-19

COVID-19 vaccination has been a crucial tool in mitigating the impact of the pandemic on the Canadian population.[183] The Childhood COVID-19 Immunization Coverage Survey (CCICS) found that 67% of children aged 6 months to 17 years had received at least one dose of a COVID-19 vaccine.[184] Vaccine coverage was highest among children aged 12 to 17 years (89%) and lowest among those aged 6 months to 4 years (31%).[184] Among children who received a recommendation from a health care provider to get vaccinated, 83% received at least one dose, compared to 61% who did not receive a recommendation.[184] Additionally, 49% of children aged 5 to 17 years received a COVID-19 booster, and among those who had not received an additional dose, 32% of parents indicated they might get it for their child in the future.[184]

As of June 30, 2024, COVID-19 vaccination coverage for children in Canada varies significantly by age group. Among children aged 0 to 4, 8.4% have received at least one dose of

the vaccine, with only 1.1% vaccinated according to current guidelines, and 4.5% having received the XBB.1.5 booster. In the 5 to 11 age group, 41.4% have received their first dose, though just 0.6% are fully vaccinated per recommendations, and 5.4% have been administered the XBB.1.5 booster.[183,184] For those aged 12 to 17, 76.4% have received at least one dose, but only 0.7% are fully vaccinated per the recommended guidelines, and 6.1% have received the XBB.1.5 booster.[184] While vaccine uptake for the initial dose is relatively high among older children, the booster coverage remains low across all age groups.

A study conducted by MacDonald et al. (2024) reviewed vaccine coverage among Albertan youth and any factors associated with COVID vaccinations. Key factors positively associated with receiving at least one dose included older age and higher neighbourhood income. Similarly, living in moderate urban, rural, or rural remote areas, compared to the Calgary area, were associated with lower vaccination rates.[185] The type of school children attended also influenced vaccination tendencies, with higher rates for those in Charter and publicly-funded Catholic schools, and lower rates in those attending Francophone, Private, and ECS private operators.[185]

According to McAdam et al. (2024), the SARS-CoV-2 vaccine uptake among youth and young adults who use drugs (YWUD) remains a concern.[183] Their study revealed that only 50.2% of YWUD in Vancouver had received at least one dose of a SARS-CoV-2 vaccine, significantly lower than the 75% uptake among adults who use drugs and the 93% in the general population of British Columbia during the same period.[183]

VACCINE HESITANCY

Vaccine hesitancy remains a barrier to achieving optimal vaccination coverage. Studies show that lower education levels and lower household incomes were associated with higher hesitancy.[186] Parents who were unvaccinated themselves were significantly more likely to be hesitant about vaccinating their own children. Additionally, political affiliations and dissatisfaction with government handling of the pandemic were significant predictors of hesitancy.[186]

A study by Gurung (2024) examined the factors contributing to low childhood vaccination rates in the Central Zone of Alberta.[187] The project enlisted frontline public health nurses to identify contributing factors to low vaccination rates. Misinformation, mistrust in government, and lack of in-person community outreach were significant barriers identified.[187]

In terms of pandemic-related vaccine hesitancy, a study by Davidson et al. (2024) found that 26% of parents were hesitant to vaccinate their younger children (ages 3-11) against COVID-19.[186] The study surveyed a representative sample of parents of school-aged children (ages 3-11 years) from Canada's four largest provinces in June 2021. Participants completed a survey on the impact of COVID-19 on schooling, which included specific questions about their intentions to vaccinate their child(ren) against SARS-CoV-2.[186] They cited concerns about safety and side effects as the primary reasons. This hesitancy can spill over into other childhood vaccinations, further complicating public health efforts.[186]

The key predictors for non-vaccination for influenza included living in a rural environment, having parents without a high school education, and the absence of a chronic medical condition in children.[182] Other predictors included lower socioeconomic status, deterrence due to the pandemic, and parental hesitancy stemming from vaccine safety and effectiveness concerns.[182]

In regards to at-risk populations, the study by McAdam et al. (2024) highlighted that safety concerns, particularly regarding long-term side effects, were the most reported reasons for vaccine hesitancy among young adults who use drugs.[183]

INEQUITIES

Inequities in vaccine access and uptake are evident across different demographics. Discrimination and racism when accessing health care were most often experienced by Indigenous (27.8%) and racialized minorities (20.2%), compared to a reference group (4.8%).[188] Racialized minorities were more than twice as likely (119%) to report low acceptance of routine childhood vaccines during the COVID-19 pandemic, and younger parents and those with only preschool-aged children were less likely to have low acceptance.[188] Everyday stress was a significant factor preventing access to childhood vaccines during the pandemic.[184,188]

Significant disparities exist in health outcomes between Indigenous and non-Indigenous populations. For instance, life expectancy at birth for Indigenous populations has consistently been lower than for non-Indigenous populations.[189] Registered First Nations people living on reserve had some of the lowest life expectancy figures, with little improvement over the years, while non-Registered First Nations people and Métis showed more significant increases. Inuit populations also saw limited improvements, and in some cases, life expectancy decreased.[189] Infant mortality rates (IMRs) for Indigenous populations were approximately 1.8 times higher than those for non-Indigenous populations, although there was a general decline in IMRs over time for most Indigenous groups.[189]

Additionally, the lower vaccination rates among young individuals who use drugs, as reported by McAdam et al. (2024),[183] illustrate the challenges faced by certain marginalized groups. Factors such as recent engagement in addiction treatment and access to prescribed safer supply were positively associated with vaccine uptake, suggesting that integrated health care and harm reduction services can play a crucial role in improving vaccination rates.[183]

POLICY RECOMMENDATIONS

- Improving convenience and access: To enhance vaccine coverage, various strategies focus on making the vaccination process more convenient for parents and children:
- Technology solutions: Implement online appointment booking systems to streamline the vaccination process and free up health care providers' time for community outreach and education.[187]
- On-site vaccination options: Providing on-site vaccination options at schools, workplaces, and other community centres can increase accessibility. These mobile clinics can target high-risk groups such as pregnant women or individuals with chronic health conditions, and collaborate with local businesses and schools to create vaccine campaigns.[190]
- Routine health Care interactions: Incorporate vaccinations into routine health care visits to reduce the additional burden of scheduling separate appointments.[186]

COMMUNITY RECOMMENDATIONS

- Targeted interventions can effectively address the unique needs and barriers faced by high-risk populations:
  - High-Risk Groups: Focus on health care workers, pregnant women, and individuals with chronic health conditions by providing on-site vaccination and support from senior staff.[190]
  - Deploy nurses and health care workers to conduct outreach and education in high-risk communities to improve vaccination rates.[187]
- Effective communication is crucial in addressing vaccine hesitancy and improving vaccination rates:
  - Provide tailored information on vaccine safety and efficacy to address specific concerns of parents regarding younger children.[185]

    - Implement strategies to reduce pain and anxiety associated with vaccination, such as using distraction techniques and providing clear information on what to expect.[185]
    - Improve communication about the safety and effectiveness of vaccines to alleviate parental concerns.[186]
- Building and maintaining trust in public health officials and health care providers is essential for improving vaccination rates:
    - Engage trusted health care providers in conversations with parents to address concerns and provide reliable information about vaccines.[185]
    - Develop and implement tailored public health interventions that specifically address parental concerns and work towards rebuilding trust in public health systems.[186]
- Streamlining processes and implementing supportive policies can significantly enhance vaccination efforts:
    - Utilize existing digital reports to improve efficiency and ensure timely vaccination reminders.[187]
    - Consider the implementation of mandatory vaccination policies in public institutions, while being mindful of potential public resistance and the need for public buy-in.[187]

THREAT 5

SYSTEMIC RACISM AND DISCRIMINATION

INTRODUCTION

Systemic discrimination refers to the social systems that utilize actions/inactions, policies, and procedures, to create disadvantages and inequities.[191] These disadvantages serve to 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.).[191] Systemic racism and discrimination act as a direct threat to Canadian childhood experiences, as it fosters differential accessibility to various social and health-related services.

Given the fundamental identity of Canada as a multicultural and pluralistic society, the need to actively address the implications of systemic racism and discrimination is invaluable. This is especially relevant within the scope of children's health, as every child in Canada should possess the right to live and play in an environment that welcomes and embraces their identity. Systemic racism and discrimination can only be addressed by promoting dialogue and effective interventions on anti-racism, racial equity, and diversity, to inspire an inclusive Canadian society, free from racism and hate-motivated actions.[192]

The roots of Canadian systemic discrimination stem from historical legacies of colonialism, cultural genocide, chronic underfunding by the Canadian government, residential schools, and race-specific exclusionary.[193] These historical legacies maintain present-day implications through unequal treatment across various sectors including education, health, climate action, infrastructure, and the criminal justice system.[193] These sectors negatively impact the lives of Canadian youth across various minority groups, with additional implications on their mental health and developmental progression.

The UN Committee on the Rights of the Child has raised concerns regarding structural discrimination against "children belonging to indigenous groups and children of African descent,".[194] It was recommended that Canada "address disparities in access to services by all children, including those in marginalized and disadvantaged situations…".[194]Undertaking appropriate legislative measures to tackle these concerns, and ensuring effective implementation of such measures will yield positive results for the status of children's rights.[194]

ANTI-INDIGENOUS RACISM AND INTERGENERATIONAL TRAUMA

First Nations, Métis, and Inuit youth face unprecedented challenges including intergenerational trauma and discrimination as a result of colonialism and forced assimilation. For this reason, many Indigenous youth remain overrepresented in the child welfare system and constitute a large number of individuals who suffer from mental health struggles, including depression and suicide.[195]

In the last few years, the Government of Canada has committed to policy reform to address the inequitable treatment and disproportionate lack of opportunity and resources available to First Nations children and families. The 94 calls-to-action established by the Truth and Reconciliation Commission of Canada in 2015 continue to draw attention to the present-day implications of residential schools and government-sponsored practices of ethnic genocide.[196] In April 2023, a revised final settlement agreement was reached and later announced by the Assembly of First Nations and the First Nations Child and Family Caring Society. This final settlement outlined $23 billion in compensation for the overt acts of discrimination and systemic racism faced by First Nations children and their families from the child welfare system.[197,198]

Following this announcement, the Assembly of First Nations (AFN) legal counsel, alongside representatives for class action parties Moushoom and Trout, appeared before the Federal Court of Canada in October 2023.[197] The event took place to seek approval of the Final Settlement Agreement (FSA) on compensation.[197] This

served as the final step to ensure the allotted compensation reaches the hands of First Nations children harmed by the discriminatory acts of the First Nations Child and Family Services (FNCFS) welfare program.[197] Ultimately, more work is needed to amend the long-lasting impacts of systemic racism and discrimination against First Nations, Metis and Inuit peoples and ensure that Indigenous children receive equitable treatment in education, health care, and in all areas necessary for their survival and development.[198]

ANTI-BLACK RACISM AND DISCRIMINATION

In Canadian society, the needs and voices of Black children and youth are often ignored due to the systemic racism and alienation heavily embedded in multiple public sectors. In the education sector, Black students often express feeling "othered" by various social spaces, especially in predominantly White spaces. A study done by Oba et al. (2023), noted how Black youth participants did not feel their lives matter in the educational system, due to discrimination, alienation, non-inclusive communities, absence of Black educators, and failure of school leadership to address systemic racism.[199] Edwards et al., (2023) report that the overrepresentation of Black children and youth in Canadian child welfare systems initially stems from errors in the reporting or investigation stage.[200] Oba et al. (2023) outlines the need to incorporate Afro-centric and critical race theories in interventional measures to address this concern.[199] This generally requires a nationwide commitment to mitigating the effects of anti-Black racism through culturally responsive teaching, decolonized pedagogy, and politicized caring.[199] Ultimately, Black children and youth need to be celebrated and heard in the various spaces they occupy, without the fear of being alienated or misunderstood.

Anti-Black racism is a key social determinant of health-related outcomes and has been connected to adverse impacts on the early life of Black children. A qualitative study by Stirling-Cameron et al. (2023) found that the awareness of anti-Black racism in school systems is an ever present concern for Black families.[201] As a result of this awareness, Black parents often report feeling hypervigilant and overprotective, due to the liability of their children to acts of racialized violence at any stage of life.[201] Parents were also motivated to instill a strong sense of self-confidence in their children to counteract the effects of racial discrimination.[201] This is often a reactive response to the experience of Black children being "othered" in predominantly White spaces.[201] The results of the study found that children as young as 18 months are experiencing racial discrimination and adverse childhood experiences.[201] Ultimately, Black Canadian children and youth require more from their governments, communities, education systems, and health care systems to actively address and include Black voices in decision-making spaces.

ANTI-ASIAN RACISM

Children and youth of Asian heritage are often excluded from research endeavours that investigate their lived experiences in Canada. This creates a considerable number of deficits in our understanding of the prevalence and trends of racial discrimination faced by Asian Canadians. Current research endeavours highlight the effects of racial discrimination and alienation faced by Asian Canadian youth, as seen through the deterioration of mental health outcomes.

Hilario et al. (2024) highlight poorer mental health outcomes with higher rates of stress, despair, suicidal ideation, and inaccessible mental health services for Asian youth who have experienced racism.[202] This study obtained data from students participating in the British Columbia Adolescent Health Survey (BC AHS), where 32,253 youth of Asian descent were involved.[202] The study also found that Asian girls who experienced discrimination reported poor mental health outcomes more frequently than boys who had experienced racism.[202] Similarly, a study done

by Dissanayake et al. (2024) concluded that racial/ethnic disparities in the prevalence of psychiatric disorders are present in ethnically diverse youth with increased barriers to accessing mental health care.[203] The results of this study outline discrepancies in rates of diagnoses given the significantly higher levels of Obsessive Compulsive Disorder (OCD) and anxiety traits in East and South Asian youth, compared to their White counterparts.[203]

ANTI-ISLAMIC DISCRIMINATION

Muslim youth in Canada are faced with unique challenges related to discrimination and prejudice. This has been a particular concern for Muslim youth over the past year, given the rise of ongoing global conflicts, anti-Islamic acts of hate, and criminalized treatment during protests and encampments.

Researchers have raised concerns surrounding Muslim youth expressing greater feelings of exclusion and misunderstanding, compared to their peers. Murji et al. (2024) found that Canadian-born Shia Muslim youth (aged 14 to 17) expressed feelings of exclusion in search of belonging among their peers.[204] Murji describes this feeling of alienation, as a psycho-social theoretical framework where youth utilize a happiness defence (behaviour that portrays being a 'good immigrant', grateful to Canada for being their home).[204] This defence mechanism, as a result of seeking belonging, highlights the work required to foster community among diverse groups in schools and local gatherings.

Other commentary based on community research by Jamal et al., (2023),[205] found that Muslim youth must reimagine their own exclusive sense of identity in justifying what it means to be Canadian and Muslim simultaneously. The lack of robust research on the lived experiences of Muslim youth in Canada must be addressed to investigate the effects of exclusion and isolation on their mental and emotional development.[205] This is especially important given the rise of gendered Islamophobia among Muslim women and girls.[205] More community-based research is required to illuminate the experience of Muslim-Canadian youth, especially in the health care and education sectors.

ANTI-SEMITISM

Anti-semitism is categorized as an attitude of hostility and discriminatory behaviour towards individuals of Jewish identity and heritage. Anti-semitic acts are reported to be on the rise, given various political and social tensions globally. A recent Leger survey, conducted by the Metropolis Institute and Association for Canadian Studies, found that in Canadian youth aged 24 and under, 20.8% reported seeing an increase in "hateful comments" against Jews. These results were contrasted by the adult Canadian population which highlights a 46.2% increase in hateful comments against Jews.[32] In addition to these results, the Leger survey found that 1 in 6 Canadians between the ages of 18-24 believe that the Holocaust has been exaggerated.[32] This highlights an extreme lack of public awareness of the historical implications of the Holocaust and its present day consequences on Jewish Canadians.

DISABILITY AND DISCRIMINATION

Youth and children with disabilities often experience stigmatization, exclusion, and discrimination in their everyday lives, from systemic to policy-related challenges. New findings from the 2022 Canadian Survey on Disability (CSD) outlined that 27% of Canadians aged 15 and older, had one or more disabilities that limited their daily activities.[206] These results also showcase the increase in disability rate experienced among youth between 2017 and 2022 (Canadian Survey on Disability (CSD) from 2017 to 2022).[206] This increase in disability rates has yielded a variety of different disabilities, where mental health-related disabilities accounted for

68% of total cases followed by learning (46%) and pain-related (34%) disabilities.[206] Ultimately, increased rates of disability highlight a lack of social and political support to aid in both injury prevention and disability resource accessibility.

2SLGBTQIA+ DISCRIMINATION

Canadian 2SLGBTQIA+ youth continue to face multi-sectoral discrimination and violence, but actively advocate for safer and more inclusive spaces. These safe spaces are vital to the exploration of identity and community for youth who often encounter feelings of alienation and external social pressures to conform to cis-heteronormative societal norms. In addition to feelings of isolation, 2SLGBTQIA+ youth often experience higher rates of bullying, symptoms of depression, and lower scores on self-determination compared to their cis-gender heterosexual peers.[207] These findings were derived from investigating the relationship between student awareness of school-based Gay Straight Alliance (GSA) clubs and their bullying experiences.[207] GSAs are designed to promote safer school environments for students and foster a partnership between 2SLGBTQIA+ students and other allies. The use of GSAs is especially important, given the use of schools to proliferate hateful messages and recruit other students.[208]

Conversations around 2SLGBTQIA+ identity also involve an exploration of intersectional identities that may coexist in an individual. For Black and Asian 2SLGBTQIA+ youth, research suggests that feelings of rejection, isolation, and decreased familial or peer belongingness is a factor that contributes to poorer mental health outcomes.209,210 These sentiments stem from the complexities of possessing multiple marginalized minority identities, reinforcing the basic principles of intersectionality.[210] Additionally, there is great need for research that investigates the psychological and equity-based implications faced by populations that display these intersectionalities.

To support 2SLGBTQIA+ youth, more work must be done to ensure schools incorporate a well-rounded GSA ecosystem, enabling a safe and inclusive space for students. This is in addition to shifting language that emphasizes cis-heteronormative ideals and affirming each person's unique needs and identities.[211] Ultimately, practicing active engagement with the needs and concerns of 2SLGBTQIA+ youth aids in centralizing their voices in the advancement of 2SLGBTQIA+ inclusivity.

POLICY RECOMMENDATIONS

- In the 2023 *Raising Canada* report, education-related policy change was highlighted as a major focus. This should remain a continued area for improvement. Particularly, the inclusion of critical race theory and pursuing an actively anti-racist approach to teaching objectives and curricula. Ultimately, this discourages acts of racism and discrimination present in schools by promoting youth to take action to mitigate these harmful forces in society.
- The implications of racism and discrimination affect the ability of marginalized communities to engage with various sectors of society. This report relays the recommendations outlined by the Campaign 2000, "Unprecedented Progress on Poverty Reduction Being Undone" 2024 report, including proposals to create a well-funded and results-oriented Anti-Racism Act for Canada that provides a legislative foundation for the Anti-Racism Secretariat and a National Action Plan Against Racism.[212]
- With regards to 2SLGBTQIA+ discrimination, provincial governments such as New Brunswick and Saskatchewan have recently adopted anti-2SLGBTQIA+ policies that require schools to notify parents or guardians if a student would like to be referred to by a different name or gender.[213] Other provincial governments have implemented policies that require school personnel to use a student's preferred pronouns and to ask for their permission before informing their families of their pronoun

changes or choices.[213]These policy adjustments in the education sector foster the protection of 2SLGBTQIA+ children and youth while prioritizing their right to express their most authentic selves. The implementation of these policies and others like them must be incorporated into present-day curricula and school divisions across Canada.

- In addition to educational support for Indigenous children and youth, efforts to address anti-Indigenous racism require support for career planning and postgraduate opportunities. In 2022-2023, Ontario invested $120,000 to expand the Ontario Youth Apprenticeship Program to two on-reserve First Nations secondary schools.[214] This program encourages youth to explore possible careers in skilled trades and introduces the apprenticeship system.[214]

COMMUNITY RECOMMENDATIONS

- Change is required at the 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, including the provision of local platforms for children and youth to express their ideas and action plans for change. For example, the use of digital media platforms (social media, blog posts, etc.), local politics (youth councils and speaking engagements), youth-led protests, and school-wide events to discuss various issues. The mediums described aid in amplifying youth voices in different spaces and encourage collaboration for actionable change.

THREAT 6 POVERTY

INTRODUCTION

The implications of poverty, inadequate housing, and food insecurity continue to destabilize the lives of Canadian children and youth. There are several ways to measure child poverty; regardless of which measure is used, child poverty is rising rapidly in Canada.

Canada's Official Poverty Line is the Market Basket Measure (MBM), an indicator of whether or not an individual or family can afford to purchase their basic needs. From the MBM, the overall poverty rate was 9.9% in 2022, increasing from 6.4% in 2020.[33] This data was derived from the Canadian Income Survey as a sub-sample of the Labour Force Survey, which does not include information from Canada's three territories.

The rate of child poverty using the MBM for children under 18 years increased to 9.9% in 2022, up from 6.4% in 2021, and comparable to the pre-pandemic level of 9.4% in 2019.[35] Using a relative measure of income poverty calculated with 2021 tax filter data (under the Census Family Low Income Measure or CFLIM-AT), rates of child poverty increased in every province and territory, with the highest increases in Saskatchewan among the provinces (child poverty rate of 24.2%) and Nunavut among the territories (child poverty rate of 35.8%).[215,216]

According to the UNICEF Report Card on Child Poverty (2023), Canada has yet to introduce necessary social policy measures in response to rising child poverty rates.[217] This is despite a one-time cost-of-living payment made by the federal government alongside eight provinces.[218] Ultimately, Canadian children experiencing poverty were exposed to the short- and long-term effects of poverty including lack of opportunity, homelessness, access to quality early childhood experiences, nutritional security, and overall declines in mental and physical well-being.[34] Oftentimes, the implications of these health effects last well into adulthood.

In addition to the persistence of child poverty rates in Canadian youth, high rates of food insecurity continue to persist in Canada with 22.9% of Canadians living in a food-insecure household in the ten provinces.[37] Effectively, this rate amounts to 8.7 million Canadians, including 2.1 million children in households that are not able to afford the foods they need.[218,219] Food-insecure households experience extended material deprivation compromising other basic needs beyond food alone.[219]

For the 2019 population reflected in the Canadian Health Survey on Children and Youth longitudinal sample, 700 (52.8%) youth aged 1-13 were reported as living in a household where at least one child was marginally or severely food insecure.[122] In this same population, 9.2% of respondents who initially reported not being in a food-insecure household in 2019, changed their response to living in a food insecure household in 2023.[122]

INADEQUATE HOUSING AND HOMELESSNESS

According to Youth Without Shelters (2023), 20% of the Canadian homeless population are youth between the ages of 13 and 24 years.[220] Of this demographic, 40% of youth homelessness is experienced before the age of 16.[220] A young person's experience with homelessness introduces several barriers to healthy development and their integration into society as adults. Some of these challenges include exposure to violence, high levels of educational disengagement, substance abuse, and criminalization.[221] In addition to these challenges, disproportionately high levels of mental health symptoms contribute to vastly decreased well-being and early mortality.[222] Ultimately, up to 40,000 youth are homeless, with 6,000-7,000 youth seeking a place to be sheltered each night.[220].

Youth homelessness generally refers to youth aged 13 to 24 who are experiencing instability in their housing situations, with inconsistent access to social support and income stability.[223] Unlike adult homelessness, youth homelessness involves

a unique set of complexities such as the inability to complete educational qualifications, income instability, and volatile social dynamics at home.[223] For this reason, a review of the accessibility and quality of youth shelters and transitional programs is necessary for understanding and mitigating the effects of youth homelessness.

The disproportionality of homelessness among racialized communities reflects the historical and current impacts of colonialism, racism, and systemic discrimination across various sectors. From the 2020-2022 Point-in-Time Count for Homelessness, 20% of respondents surveyed identified with a racialized group, 8% of whom identified as Black. This data indicates an overrepresentation of Black individuals experiencing homelessness, including Black youth, as the Black community makes up just 4% of Canada's population.[224] Similarly, 70.5% of Indigenous youth experiencing homelessness in Canada have been involved in the child welfare system.[225] Bonakdar et al. (2023) found that child protective service involvement was more than twice as likely to be seen in Indigenous youth accessing homelessness services, compared to no child protective service involvement.[226]

FOOD INSECURITY

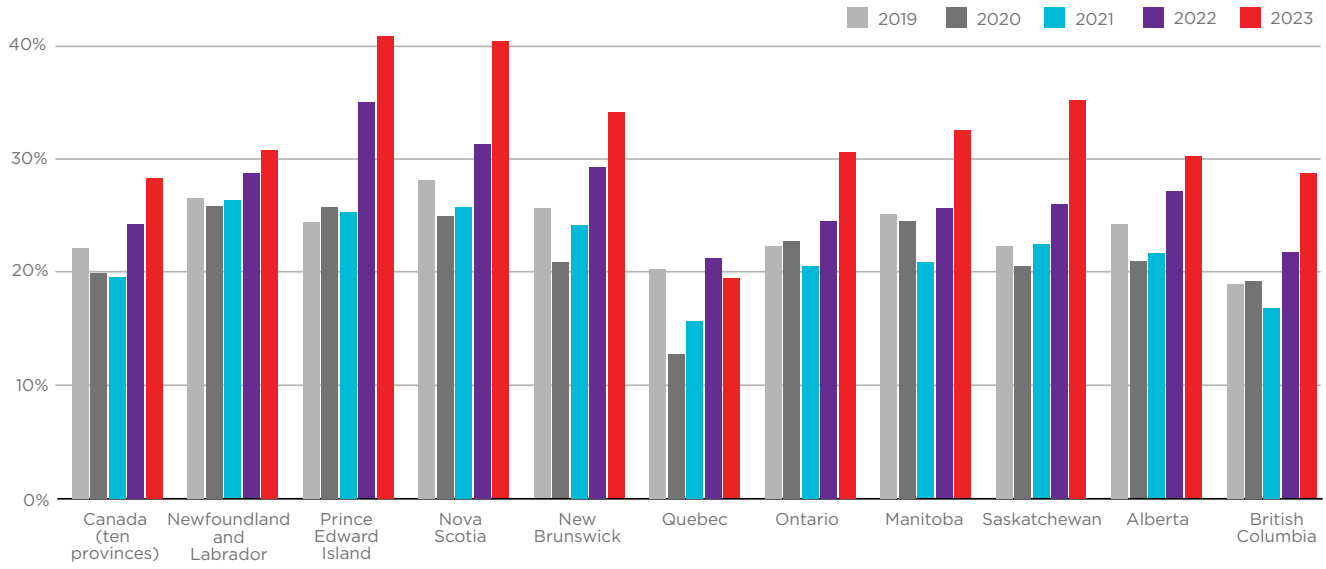
Current estimates of food insecurity rates in 2023 indicate record-high levels, showcasing the consequences of inadequate wages and public income supports and the untenable rise in cost of living across the country.[219] Structural factors such as regional economic disparities and local food distribution also play a role in food-insecurity rates. Public officials and policymakers should re-evaluate the design of current social policy to better protect households from food insecurity, as the recent increase in food insecurity rates suggests that more families are struggling with financial hardship. Consequently, effective interventions to address rising rates of food insecurity call for robust, evidence-based policy reforms such as adequate income support, across various levels of governance.[219]

Despite the basic human right to healthy food, food insecurity continues to serve as a barrier to the healthy growth and development of Canadian children. Food insecurity refers to the inconsistent or inadequate access to food, due to financial constraints. In children and youth, food insecurity poses a direct threat to physical and mental health through diet-related diseases such as diabetes and other long-term impacts that extend beyond nutritional deficits.[227,228] Notably, Clemens et al. (2023) found that children from food-insecure households incurred greater health care costs than children from food-secure households from greater needs to access hospitals, emergency departments, and prescription medications.[228]

In 2023, over 1 in 4 children (28.4%) under 18 in the ten provinces lived in a food-insecure household, amounting to 2.1 million children compared to almost 1.8 million in 2022 (an increase from 24.3%).[219] About three-quarters (74%) of these children (1.5 million children) were in moderately or severely food-insecure households, indicating a serious compromise to food quality or quantity.[219] The percentage of children living in food-insecure households rose in every province except Quebec.[219] Aside from Quebec, where 19.5% of children lived in a food-insecure household, the rates were over 30% in all of the other provinces.[219] The highest rates were in P.E.I and Nova Scotia, where 41% of children under 18 lived in a household struggling to afford food in 2023.[219]

Food insecurity statistics also reflect the serious financial disadvantage and challenges faced by lone-parent families. Female lone-parent-led families are particularly vulnerable to food insecurity. In 2023, 46% of people living in these families lived in a food-insecure household, compared to 24.7% of people in couple families with children.[229,230] Similarly, Statistics Canada data analysis by PROOF Canada found that 27.2% of people in families with children (not just children but other family members) lived in food-insecure households.[219]

Percentage of Children under 18 living in food-insecure households in the ten provinces 2019-2023



Source: Image is from PROOF's Article on "New data on household food insecurity in 2022" Data is from Canadian Income Survey (CIS) 2018-2021: Data on food insecurity for CIS are collected in the year following the survey reference year- Statistics Canada. Table 13-10-0835-01 Food insecurity by selected demographic characteristics.

NUTRITION SECURITY

Healthy eating with a diverse supply of nutritional sources is critical to the health and well-being of young people in Canada. While children living in food-insecure households have poorer quality, less nutrient-dense diets than those in food-secure households, food insecurity and nutrition insecurity are distinct problems.[231] *Raising Canada* 2024 seeks to outline the foundational differences between food insecurity and nutritional insecurity, as a means to outline the separate yet complimentary interventional measures needed to address these concerns. While food insecurity refers to material deprivation as a result of financial instabilities in a household, nutritional insecurity describes the quality and adequacy of an individual's diet where essential vitamins, proteins and other nutrients are provided for a well-rounded diet.

Canadian nutrition surveys have repeatedly found that most children have suboptimal diets,[232] failing to meet recommendations for fruit and vegetable intake,[233,234] and consuming excess amounts of ultra-processed foods.[231]

Concerns related to nutritional security including low-quality diets disproportionately affect ethnic minority groups in Canada. The disparity in nutrition security between Indigenous and non-Indigenous children has been a longstanding problem with Indigenous children having lower-quality diets[235,236] and higher risk of nutrient deficiencies.[237,238] Outlining the differences between food insecurity and nutritional security is a vital distinction as it fosters the design of interventions that sufficiently address the root causes of nutritional security beyond financial hardship. For this reason, nutritional security must be adequately defined as a research metric for government and research pursuits to better understand its impact on childhood development.

A well-designed universal, equitable, and culturally appropriate school nutrition program would help support healthy eating and improve children's nutrition.[239,240] In April 2024, the Government of Canada introduced a new National School Food program, with an attached investment of $1 billion as per Budget 2024 and implemented a National School Food Policy in June 2024.[38] Despite the anticipated benefit of nation-wide access to nutritious meal plans for schools, a school meal program is not a replacement for income security measures that must continue to be prioritized. With the introduction of an equitable and culturally appropriate food program, critical gaps in school meal availability will be addressed to ensure a more inclusive approach to meeting the food needs of school children. Support for Indigenous-led strategies on food sovereignty and traditional food access is also important for addressing inequities in children's nutrition security.[241]

POVERTY AND INEQUITY

Child poverty rates remain significantly elevated among marginalized groups such as First Nations, Inuit, and Métis children, as well as racialized and immigrant children. Moreover, children in single mother-led households, LGBTQ+ families, and families with disabilities encounter poverty-related obstacles.

The historic and ongoing harms of colonization continue to impact First Nations, Inuit, and Métis children. Based on the 2021 Census using the Low Income Measure (LIM-AT), First Nations children living on a reserve had the highest rate of child poverty at 37.4%, while First Nations children living off the reserve, Inuit children and Métis children had rates of 24%, 19.4%, and 15.2%, respectively.[212,215] Based on Census data, Non-Indigenous children had a poverty rate of 10.8%.[212,215]

In 2023, the highest percentage of individuals experiencing food-insecurity was found among Black households at 40.4% and Indigenous households at 36.8%.[242] Based on an analysis of 2022 data, PROOF Canada found that almost half (46.3%) of Black children and 40.1% of Indigenous children lived in a food-insecure household in 2022, compared to 19.3% of White children.[242] Indigenous communities have unique challenges regarding food insecurities, especially with instabilities in food sovereignty in isolated northern communities.[243]

The implications of youth homelessness related to mental, physical, and social health are well-studied. However, little information is currently available on these implications on youth with intellectual disabilities. Youth with intellectual disabilities experiencing homelessness are seemingly invisible in multiple service sectors and are often completely ignored.[244] Baker Collins et al. (2024) found that a lack of awareness of youth with intellectual disabilities facing homelessness, combined with siloed ways to address homelessness, has resulted in several health inequities and significant disadvantages for youth with disabilities.[244]

The underrepresentation of the intersectionalities present in youth continues to exacerbate health disparities and inaccessibility to health services. More work must be done to address this issue through multilateral collaboration that prevents an isolated approach to eradicating childhood homelessness.

POLICY RECOMMENDATIONS

Due to the inclusion of homelessness and food insecurity as factors related to poverty, policy recommendations must encompass a level of adaptability. For this reason, the *Raising Canada* 2024 report calls on the federal government to:

- Modify the Canada Child Benefit (CCB) to provide more money to low-income families with the explicit goal of reducing poverty and food insecurity rates among children. This

report echoes the recommendations related to the CCB outlined by the Campaign 2000, "Unprecedented Progress on Poverty Reduction Being Undone" 2024 report,[212,215] including proposals to:

- Initiate a non-taxable Canada Child Benefit End of Poverty Supplement (CCB-EndPov) for families experiencing poverty, which would provide an additional $8,500 per year to a family with an earned income of less than $19,000 for the first child. Additional amounts would be provided for multiple children and the supplement would be reduced at a rate of $0.50 for every additional dollar of income (data collected from the Canadian Centre on Policy Alternatives: Alternative Federal Budget).[212,215]
- Broaden access to the CCB for families with precarious immigration status by repealing legislation tying eligibility to immigration status. Expand the circle of people able to attest to a child's residency, ensuring that kinship, customary care, and families caring for children outside a formal arrangement have access to the CCB.
- Initiate economic policy reforms to improve job security and housing affordability as part of a holistic approach to poverty reduction.
- Provide government funding and additional support toward necessary infrastructure for transitional housing and shelters for youth experiencing homelessness.

COMMUNITY RECOMMENDATIONS

- Collaborate with Indigenous leaders to negotiate agreements for the inclusion of permanent independent distinctions based on First Nation, Métis, and Inuit school meal programs in the National Meal Program highlighted in the 2024 Budget. (The discussion of food sovereignty with the support of government funding, should continue to be a major focus given its importance to First Nation, Métis, and Inuit Peoples (e.g., gardening spaces, access to traditional hunting, fishing skill-based courses for youth).

THREAT 7

INFANT MORTALITY

INTRODUCTION

Infant mortality is defined as death before the age of one, consisting of neonatal mortality (deaths in the first 27 days of life) and post-neonatal mortality (deaths up to one year).[39]This understanding of infant mortality rates (IMR) can be used as an important marker for the overall health of children in a population.

According to Statistics Canada, the rate per 1000 live births for neonatal mortality in 2022 decreased from 3.6 in 2018 to 3.5.[41] This decline is consistent with a general decline in infant mortality rates throughout the past century. Despite these decreases, the IMR in Canada remains higher than in other OECD countries.[245] There are active measures to be taken to address the social factors contributing to infant mortality in order to reduce these rates even further.

ROOT CAUSES OF INFANT DEATHS IN CANADA

The leading cause of infant mortality in Canada is categorized by congenital malformations, deformations, and chromosomal abnormalities (accounting for 323 infant deaths in 2022).[40] Congenital malformations have been consistently ranked as the primary leading cause of infant mortality between 2018 and 2022.[40] This is followed by disorders related to prematurity and low birth weight (185 infant deaths in 2022) and newborns affected by maternal complications of pregnancy (167 infant deaths in 2022).[40]

In addition to neonatal mortality, post-neonatal causes of mortality include structural and functional birth defects, severe lack of oxygen, infection and immaturity (not fully grown).[40] Of these, bacterial sepsis of newborns, neonatal hemorrhages, sudden infant death syndrome, and unintentional injuries remain among the leading causes of infant mortality.[40] According to Statistics Canada, the rank of leading causes of infant death for birth asphyxia and respiratory distress remains at 6th and 11th place respectively, with no significant changes between 2018 and 2022.[40]

Despite the biological mechanisms described, many infant deaths are preventable using effective social interventions such as improved prenatal care, accessible health care services and nutritional security. Taking a multifaceted approach, beyond medical interventions only, is necessary to address the onset of infant mortality.

INEQUITY OF INFANT MORTALITY

Common risk factors for infant mortality include low maternal education, inadequate housing, lack of access to health care, immigration status, food insecurity, poverty, and unemployment.[246] These social risk factors indicate a disproportionate distribution of infant mortality, based on socioeconomic differences in the population.

A population-based cohort study conducted by Zeng et al. (2021), looked to identify inequities in perinatal outcomes between Asians and Caucasians in Ontario.[247] Their analysis of Asian and Caucasian pregnant women found that Asian expecting mothers possessed an increased risk of early preterm birth (under 32 weeks), low birth weight, and neonatal intensive care admission, compared to their Caucasian counterparts.[247]

Similarly, a study conducted by Miao et.al (2022) on racial variations of adverse perinatal outcomes in Ontario found that Black people were at an increased risk of gestational diabetes mellitus, preeclampsia, placental abruption, preterm birth (<37, <34, <32 weeks) neonatal intensive care admission etc., compared to their White peers.[248] In a study of obstetric racism and perceived quality of maternal care in Black women, participants relayed accounts of being dismissed, dehumanized, and paternalism, contributing to feelings of mistrust.[249] Participants in the study outlined the importance of anti-Black racism training in health care providers as well as investing in Black maternal health research in Canada to inform policy reformations.[249] The severity of these adverse perinatal outcomes for marginalized communities in Canada showcases

the need for more research to understand their underlying mechanisms.

Despite these findings, there is a significant lack of Canadian-based data for IMR in diverse ethnic communities, especially in Indigenous and Black communities. Relative disparities in infant mortality among ethnic groups may suggest the influence of racial discrimination in pregnancy care. This furthers the need for research endeavours to explore the impact that structural racism and unconscious bias has on care delivery, especially in relation to prenatal care accessibility, trust in health care systems, and the delivery of care. To prioritize these solutions and mitigate the risk of inadvertently causing further harm to the communities involved, it is crucial to involve individuals from marginalized communities in all phases of the design and research process.

Indigenous communities have historically experienced significantly higher rates of infant mortality. Notably, the Canadian non-Indigenous IMR was 4.4 deaths per 1,000 births in 2021 compared to the Indigenous IMR of 9.2 deaths per 1,000.[250] In highlighting the data, it is vital to also recognize the systemic factors that contribute to this disproportionate rate of infant mortality and to include more practical and culturally-relevant interventions, prioritizing Indigenous perspectives and solutions into health care practices.

The principal findings of Dion et al. (2024) reiterate these concerns while acknowledging the highly disproportionate onset of infant mortality in Indigenous communities.[251] They also reflect on a significant lack of statistical databases and access to disaggregated data that outline life expectancy and infant mortality as indicators for population well-being.[251] In addition to these barriers, Indigenous parents often face mistreatment during their birthing experiences based on anti-Indigenous racism and associated power dynamics in the health care system.[252] Efforts to increase the number of Indigenous midwives and other diversified health care providers are vital to resisting these barriers, while promoting Indigenous birth knowledge and self-determination.[252]

To address these issues, proactive measures that focus on upstream interventions for congenital abnormalities, sudden infant death syndrome (SIDS) and respiratory tract infection, are essential given their status as leading causes of infant mortality in Indigenous communities.

POLICY RECOMMENDATIONS

- Government and community-level investments into programs that improve women's health during their pregnancy through accessible and culturally-sensitive prenatal care. These programs may consist of adequate and long-term monitoring during the perinatal and postpartum period, which promote early antenatal care including assessment of maternal physical and mental health. This is especially important for pregnant individuals who are at risk of premature birth, possess preexisting health conditions, or those who often face challenges with inaccessible health care services.
- Establishing a robust national surveillance and review system will help identify risk factors and contributors to infant death. It is especially important to identify the underlying causes for higher infant mortality rates in Indigenous and other racialized populations. For Indigenous communities, this data must be in adherence to Indigenous data governance principles and guidelines when analyzing the lived experiences of Indigenous peoples.
- This will facilitate the development and implementation of evidence-based initiatives for preventing infant mortality, using reformed health systems approaches. Investigation into the effectiveness of these approaches can only be informed if there is systematic, safe, community-informed collection of race, ethnicity, and identity data and intersectional social determinant of health.
- The need for a national surveillance and review system of infant mortality is a necessary public health intervention as Canada has not been

efficient in collecting race-based maternal-newborn data. This has made it difficult to conduct robust studies on racial inequity in maternal morbidity and infant mortality at the population level.[253]

- Accessibility to diversified prenatal medical and birth-related professionals (e.g., midwives, nurses, obstetricians, etc.) to encourage a level of trust between expectant mothers and their service providers. This connectivity can aid in improving the birthing experience of pregnant individuals while decreasing levels of anxiety and distress.
- Additionally, increasing the representation of racialized health care workers who provide prenatal and postpartum care may be used as an effective means to improve the outcomes of racialized women and birthing individuals while addressing the lived experiences of unintentional and intentional bias.[249]

COMMUNITY RECOMMENDATIONS

- Community level engagement using non-profit organizations, religious gatherings, cultural centres etc., can help reduce infant mortality rates by organizing health promotion initiatives and community groups. This can increase awareness of maternal and infant mortality issues, present in certain communities, and educate about sustainable actions.
- Develop community and culturally-appropriate ways of learning and sharing in practices and interventions that promote health through and after pregnancy and into early development.

THREAT 8

BULLYING

INTRODUCTION

Bullying continues to pose a significant threat to children's health and development within various platforms, including school environments and online media. Bullying among children and youth is categorized by repeated and unwanted aggressive behaviours from peers and may involve an observed or perceived power imbalance.[254] This power imbalance aids in perpetuating sentiments of isolation and often discourages targets of bullying from seeking help. Examples of such power imbalances include differences in size, strength, popularity, cultural identity, and sexual orientation.[254] Similarly, power imbalances in bullying are often expressed through physical aggression, verbal abuse, social bullying, and cyberbullying.

According to the 2019 Canadian Health Survey on Children and Youth (CHSCY), the majority of Canadian youth aged 12 to 17 (71%) have reported experience with bullying in the past 12 months.[122] Among these, almost 3 in 4 youth would describe their lives as stressful, indicating an impact on social and mental health.[122] The most common forms of bullying reported include being made fun of, name-calling or insults (59%), rumours being spread by others (34%), and social exclusion (32%).[122] Bullying, in its various forms of expression, substantially impacts youth self-image and mental health, which requires active measures to address and alleviate.[122]

CYBERBULLYING

The 2019 CHSCY reports that 89% of Canadian teachers see cyberbullying as a top concern for students, where 1 in 4 youth aged 12 to 17 report being cyberbullied in the past year (2019 CHSCY). Cyberbullying is described as any behaviour done through electronic or digital media by individuals or groups that communicate hostile or aggressive messages intended to inflict harm to others.[256]

Cybervictimization in Canadian youth possesses notable associations with poorer mental health, including depression, suicidal ideation, and eating disorders.[257]A nationwide representative survey based on the 2019 CHSCY examines current patterns in cybervictimization among youth aged 12 to 17. Cybervictimization maintains similar elements to traditional bullying styles including harassment, sharing of personal information online without consent, sexual exploitation, and behaviours to incite fear and embarrassment.[25]

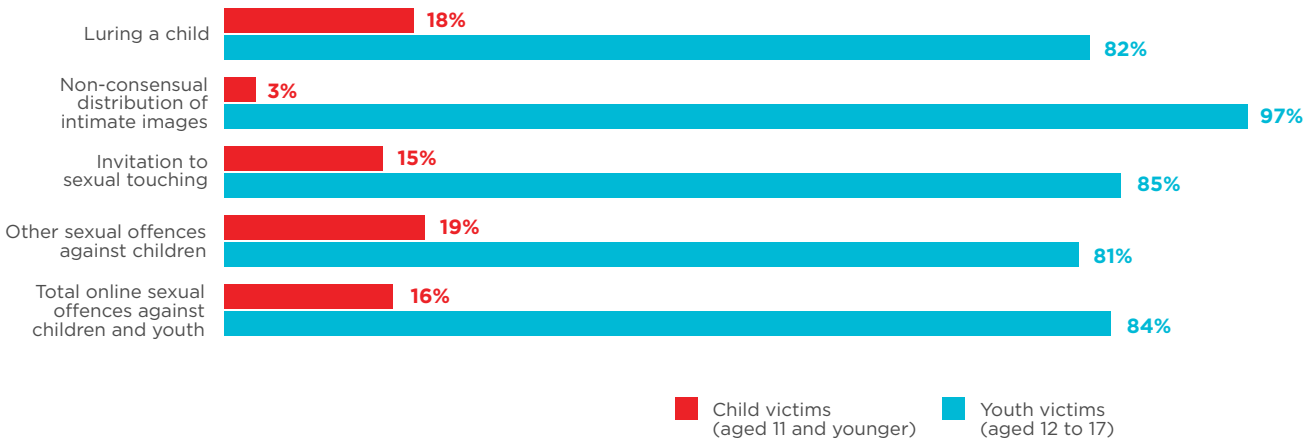
According to Statistics Canada (2023), frequent use of social media significantly increases the likelihood of being bullied online. Hango (2023) shows that 34% of these youth experienced cyberbullying through social networking and 36% of them from video and instant messaging.[258] In contrast, the risk of cyberbullying was lower in youth when their parents were aware of their child's online presence.[258]

ONLINE CHILD SEXUAL EXPLOITATION

Sexual exploitation in youth describes any form of sexual activity with children in exchange for money, food, drugs, shelter or any other intention, regardless of the status of consent from the child.[259] Reports of online child sexual exploitation have now been characterized at epidemic levels, warranting the concern of police officials, families, and communities.[260] According to Public Safety Canada (2023), online child sexual exploitation includes child sexual abuse material (child pornography), sexting, self-generated materials, and sextortion.[260] This also includes grooming and luring, live child sexual abuse streaming, and made-to-order content (ordering videos to suit an offender's demands).[261,262] Online sexual exploitation through these mediums is currently on the rise in Canadian youth, as the number of police-reported incidents has nearly tripled since 2014.[261,262] A notable increase of 25% in sexual exploitation efforts was observed during the first year of the pandemic.[44,261,262,263]

According to the Crime Severity Index from Statistics Canada, the reported rate of child pornography increased by 52% in 2023 with 21,417

Police-reported Online Sexual Offences Against Children from 2014 to 2022



Source: Statistics Canada, https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m2024007-eng.htm
Savage, L., 2024, "Online child sexual exploitation: A statistical profile of police-reported incidents in Canada, 2014 to 2022," Juristat, Statistics Canada Catalogue no. 85-002-X; Statistics Canada, Uniform Crime Reporting Survey, 2014 to 2022, and Integrated Criminal Court Survey, 2014 to 2021.

incidents of police-reported child pornography, compared to 2022. This has resulted in an increase in Canada's crime severity index in 2023.[261] From 2014 to 2022, 97% of victims of non-consensual intimate image distribution were youth aged 12 to 17.[263] Similarly, the total online sexual offences against children and youth was highest in youth aged 12 to 17 (84%) compared to children aged 11 or younger (16%).[44,261,263] With 15,630 incidents of police-reported incidents of online sexual offences against children and 45,816 incidents of online child pornography, 59% of online sexual offences against children are not solved by police.[263]

A specific form of online child sexual exploitation, sextortion, has seen a dramatic increase of 150% since June 2022, based on reporting to Cybertip.ca.[44] Sextortion refers to the use of coercion and threats to extort child sexual exploitation images/videos from youth (either by other youth or adult offenders), and may also encompass financial extortion. This financial extortion involves predators who threaten to release the compromising material unless the victim sends a payment.[44,262] Subsequent data from Cybertip.ca outlines an increase in reports of online sexual luring of Canadian children by 815% in the last five years.[44,262] This unprecedented increase in online child sexual exploitation is alarmingly unfamiliar to Canadian parents and families, emphasizing the need for immediate action and remediation.

BULLYING IN SCHOOL (PRE- AND POST-PANDEMIC OUTCOMES)

In addition to bullying inequities in vulnerable communities, there may also be a correlation between bullying victimization and school transitions. As Canadian children and youth progress in their education, transitions between elementary school to middle school or high school are universal experiences.[264] These experiences introduce a series of changes for a student including larger schools, shifts in peer groups, and increased academic expectations.[264] For these reasons, school transitions may introduce a sense of fear or anxiety. Variances in the relationship between bullying and school transitions remain subjective to each child and require individually-based intervention measures.

A narrative review by Vaillancourt et al. (2023) found that several studies worldwide reported both increases and decreases in rates of bullying during the COVID-19 pandemic.[264] These

results varied based on the strength of social restrictions imposed, where countries with fewer social restrictions reflect an increase in bullying rates.[264] Farrell et al. (2024) found that overall, bullying victimization held significant correlation to a range of mental health difficulties, both before and during the pandemic, despite a lower magnitude in girls and high school students.[265] Additionally, the research findings of Patte et.al, (2024) support recent outcomes suggesting a reduction in bullying aligned with remote schooling during pandemic restrictions as opposed to bullying victimization post-pandemic.[266] Recognizing the role of online learning in fostering social connections during the pandemic and in the post pandemic world, aids to actively address issues related to in-school and cyberbullying practices.

BULLYING AND INEQUITIES

Given the presence of an observed or perceived power imbalance in bullying, certain subpopulations of youth are more at risk of cybervictimization and bullying. Growing research efforts identify 2SLGBTQIA+ youth as disproportional targets of bullying and cybervictimization.[257] In predicting the likelihood of cyberbullying victimization, transgender and non-binary youth were more likely to experience cyberbullying (47.3% versus 24.5%) in youth aged 15 to 17.[257]

Individuals belonging to a minority ethnic or cultural background have also shown an increased risk of cyberbullying and in-person school bullying. Ultimately, this outlines the presence of discrimination and exclusion in cyberbullying efforts to inflict sentiments of fear and isolation on victims.

Similarly, the effects of cyberbullying on gender-based violence have shown a significant impact on young women and girls. A survey from Plan International Canada shows that 6 in 10 girls and young women have been harassed or abused online.[267] Specific forms of harassment identified include abusive and insulting language (72%), purposeful embarrassment (64%), body shaming (61%), sexual harassment (55%), and stalking (51%).[267] Popular social media platforms were identified in the study, where 37% of cyberbullying incidents occurred on Instagram, 33% on Facebook, and 22% on Snapchat.[267] This information suggests current efforts to address cyberbullying must include specific regulations on the content posted on these social media platforms.

POLICY RECOMMENDATIONS

- Given the prevalence of bullying, federal and provincial governments should prioritize continued funding for research on the short and long term implications of bullying. This includes publicly accessible data on the effects of social media use on child and youth well-being.[53]
- Social media apps should be required to strengthen age-verification processes and restrict harmful advertising (eg. vaping, alcohol, hate speech). This also includes the implementation of strict regulations surrounding data collected from children and youth based on algorithm construction.[53]

COMMUNITY RECOMMENDATIONS

- Due to the prevalence and severity of bullying targeted at sexually and gender-diverse youth, it is essential to have easily accessible and high-quality gender-affirming care localized in schools, cultural centres, and other community gathering spaces.
- Community-level engagement in the celebration of diversity and inclusion through cultural days, youth panels, artistic displays, discussion of historic traditions, as well as culturally sensitive initiatives and programming. These events aid in strengthening social awareness and engagement with different cultures, belief systems, and perspectives in an educational and non-judgemental manner.

THREAT 9

LIMITED PHYSICAL ACTIVITY & PLAY

INTRODUCTION

Physical activity is a crucial for the promotion of healthy growth and development among children and youth. Regular participation in physical activity is associated with improvements in physical health, cognitive function, psychological well-being, and social interactions.[268,269]These associations underscore the importance of encouraging healthy physical activity habits in children early in life so as to ensure positive health outcomes in the future.

The Canadian 24-Hour Movement Guidelines for Children and Youth (5-17 years) recommend 60 minutes of moderate-to-vigorous physical activity per day, limiting recreational screen time to 2 hours per day, and aiming for 9-11 and 8-10 hours of sleep for children and adolescents respectively. Despite the many benefits associated with physical activity, recent statistics report only 39% of children and youth are meeting national physical activity guidelines.[270]Accordingly, the 2024 ParticipACTION Report Card on Physical Activity for Children and Youth assigned a grade of D+ for overall physical activity.[270]

According to the 2023 Canadian Health Survey on Children and Youth, youth self-reported on whether they achieved an average of 60 minutes or more of moderate-to-vigorous levels of physical activity per day. From this survey, more youth reported an increase in physical activity in 2023 (187,700 respondents) than 2019 (105,500 respondents).[100] Based on the 2019 survey sample of 1,234,000 participants, 86.8% of youth aged 12 to 17 years reported not achieving an average of 60 or more minutes of physical activity per day in 2019 and 2023.[122]

These factors are vital to optimizing health benefits in children and youth through the promotion of healthy lifelong habits. Regular physical activity fosters several health benefits in youth including the prevention of chronic diseases, improved mental well-being.[271] Recent national data from the (2018-2019) Canadian Health Measures Survey show that 35.6% of youth aged 12 to 17 years meet the 60-minute moderate-to-vigorous physical activity recommendation.[50]

BODY MASS INDEX CONCERNS

According to Statistics Canada reports from November 2023, the number of youth aged 12 to 17 years who self-reported a body mass index (BMI) of overweight or obese was 673,100 in 2022 compared to 428,900 in 2018.[272] This accounts for a 7% increase in reports of obesity or overweight status (23.7% compared to 30.1%) with a BMI score of 25 to 29.9 (overweight category) or 30 and above (obesity category).[272] These increases are especially alarming within the 12 to 17 age demographic as research supports a progressive decline in physical activity as children reach adolescence. Without effective measures to combat food insecurity and affordability, access to health care and home-based interventions, obese children have a higher chance of remaining obese as adults. Overweight and obesity in children accounts for early predisposition to chronic diseases such as high blood pressure, type-2 diabetes, sleep apnea, bone and joint issues, and reduced balance.[273]

PHYSICAL ACTIVITY, ACTIVE PLAY AND INEQUITY

Participation in physical activity follows a social gradient,[274] such that 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. Consequently, physical activity should be considered a socialized issue with apparent health equity implications.

Compared to individuals in social positions of power, children and youth from equity-denied groups (e.g., girls, racially diverse groups, newcomers to Canada, persons with disabilities, Indigenous children and youth, and members of the 2SLGBTQIA+ communities) report lower rates

of physical activity participation,[275,276,277] placing these populations at even greater risk for poor health outcomes and premature death. Assuredly, these groups were disproportionately impacted by COVID-19 with regard to physical activity and sport participation, access, and opportunities.[275,277]

Limited physical activity may also be impacted by non-official language minority status in children and their families.[278] These disparities in the accessibility of physical activity programs, among various demographics that encompass Canadian children, must be addressed by introducing interventions that increase outdoor time across different settings (school, home, and after-school programs).[278]

Nayakarathna et al. (2023), reason that cultural and linguistic barriers faced by immigrant children in adapting to their new environments may in turn reduce their physical activity as a result of acculturation.[278] Their findings outline a 2000 steps per day difference between boys and girls, while boys spent 12 more minutes outdoors compared to girls of the same age range.[278] These findings effectively outline well-supported research that identifies a disparity in physical activity in girls. Efforts to reveal the barriers that impede physical activity in girls through extracurricular accessibility, organized sport participation, and active female role models, are vital to alleviating this issue.

Transgender and gender-diverse youth in Canada (representing 0.5% of Canadian population) have been shown to have lower levels of participation (fewer minutes) in organized sports, compared to their cisgender peers.[279] The accessibility of organized sport participation for gender-diverse youth may be attributed to the lack of gender inclusive communities in sports.

RECOMMENDATIONS TO SUPPORT INCREASED PHYSICAL ACTIVITY AMONG CHILDREN AND YOUTH

Article 31 of the Convention on the Rights of the Child declares the right to play is a fundamental necessity for healthy development in children across the world, through the ability to participate in recreation and engage in cultural activities. The promotion of play and physical activity across various settings (home, school, childcare, after-school programs) functions as the primary interventional setting to improve physical activity outcomes in children and youth.

In terms of home-based interventions, more work may be required to empower parents and guardians to prioritize health promotion initiatives for their children.[280] Efforts to increase parental engagement in facilitating health promotion at home during health crises and alongside school programming is essential to improving physical activity in children and youth. Ultimately, the implementation of equity-based health promotion initiatives must be prioritized.

> *" I learned factors that may cause female athletes to leave their sport such as if the environment isn't inclusive, safe, supportive, collaborative, positive, and if there aren't personal connections such as friends and bonds with teammates that the girls are inclined to think that the sport isn't worth returning to."*
>
> -YOUTH PERSPECTIVE

POLICY RECOMMENDATIONS

- A coordinated approach across various fields to address barriers to physical activity in various equity-denied groups. This dismantles a siloed approach to addressing and overcoming barriers to physical activity including lack of afterschool programs, socioeconomic disparities in local activity, and greener spaces.
- Continued support and advocacy are needed to enhance policies related to equity, diversity, and inclusion in outdoor play. This includes worldviews of different equity-denied groups in policy decisions.
- The *Raising Canada* 2024 report supports the recommendations outlined by the 2024 ParticipACTION Report Card on Physical Activity in Children and Youth and specifically endorses the following statement:

> *"Physical activity should be promoted early in life and often, and the many ways to incorporate purposeful and incidental daily physical activity should also be identified, to better equip children and youth to face climate-related changes such as heatwaves and air pollution."* [49,270]
>
> - 2024 PARTICIPACTION REPORT CARD ON PHYSICAL ACTIVITY IN CHILDREN AND YOUTH

COMMUNITY RECOMMENDATIONS

- The Canadian 24-hour Movement Guidelines for Children and Youth should be more thoroughly shared, communicated, and promoted with schools, parents, primary health care providers, and the community at large, to promote healthy recommendations related to physical activity. Education surrounding what this looks like as well as concrete strategies on how to promote an active lifestyle for young people is needed. Community educational initiatives may involve workshops, implementation in extra curricular activities, and ties into policy decisions as well as education within school systems.
- Increased efforts are required to ensure current physical activity guidelines, resources, and supports reflect the composition of Canada's diverse population and consider the sensitivities and intersectionalities of children and youth from various equity-denied groups.

THREAT 10

CLIMATE CHANGE

INTRODUCTION

Children and youth contribute the least to the ongoing climate crisis in Canada and are disproportionately impacted by climate change in their everyday lives.[52] As youth engagement in climate-related issues rises, the impact of governmental inaction constitutes a growing concern and may discourage voicing youth perspectives. For this reason, research inquiry into youth perspectives on climate change has revealed impacts on their health, including acute and chronic conditions, mental health (e.g., climate anxiety) and social well-being.

The various health risks related to climate change include injury, multiple cardiovascular and respiratory diseases, and even loss of life.[281]Similarly, certain social determinants of health related to climate change includes economic stability, food insecurity, and community resilience. It is quintessential that health care professionals and decision makers recognize the intersection between climate action, and child health in proposing climate-action initiatives. These initiatives drive the changes necessary to preserve and protect the future of our environment.

CLIMATE CHANGE AND RISK OF CHRONIC AND INFECTIOUS DISEASES

Medical professionals and experts continue to reiterate concern for the impact of climate change on child health. According to the Canadian Paediatric Society, health care professionals must be aware of growing concerns around emerging infections, health conditions, and the mental health implications of climate inaction. These consequences are heightened in youth, due to a disproportionate vulnerability in children from their developmental stages, accompanying behaviours, and lack of independent voice in society. Health-related risks from climate change include heat sickness (prominent in infants and children), psychological implications related to displacement and climate migration, reduced air quality from pollution aggravated by wildfires and heat, and water contamination.[282]

Climate change is an emerging threat to children's physical activity. Poor air quality can be attributed to the exacerbation of climate-related events, increasing the risk for respiratory diseases in children and youth. With Canada experiencing roughly 8,000 wildfires each year and the rising cost of fire suppression, the health, social, and economic implications of poor air quality become more difficult to quantify.[283]As of May 15th 2024, there were 26 uncontrolled, 9 held, and 76 controlled wildland fires in Canada this year.[284] The number of wildfires in Canada in 2023 surpassed the previous record in 1989 which accounted for 7.6 million hectares burnt.[284] This established wildfire smoke as a major contributor to poor air quality and an increasingly concerning issue for Canadian children.[285]

In addition to wildfires, greenhouse gas emissions, traffic-related air pollution, ozone, nitrogen dioxide and other volatile organic compounds, also contribute to deteriorating air quality. This ultimately advances an increase in allergic respiratory diseases in children and youth as their smaller bodies, physiological conditions, and higher outdoor physical activity levels allow for a greater intake of air pollutants compared to adults.[286] Additionally, children breathe at a faster rate than adults, leading to greater exposure to adverse health impacts from extreme heat, air pollution, and allergens.[286] According to the Canadian Partnership for Children's Health and Environment (CPCHE), air pollution can also cause or worsen asthma which is the leading cause of school absenteeism in Canada.

CLIMATE CHANGE AND MENTAL HEALTH

Climate anxiety (also known as eco-anxiety) is on the rise when it comes to young people's thoughts about the uncertainty of the future.[287] Climate emotions such as eco-anxiety can also

be felt by youth that are not directly exposed to extreme climate events. Providing youth with the language to describe their feelings towards climate-related anxiety, allows policy makers and practitioners to recognize the real psychological implications of climate change. Climate emotions such as eco-grief, eco-anger and eco-anxiety, are understood to include discontentment with the current state of climate injustices and heightened distress through worry, fear, sadness, anger, and powerlessness.[52,287,288]

Conversely, climate emotions can also serve as the driving force behind active youth engagement in climate action. A study by Maggie et al. (2023), found that several psychological constructs are known to be associated with differing levels of engagement with climate activism and pro-environmental behaviours.[288] This qualitative study categorizes these emotions into four main emotional responses: externalizing negative emotions, internalizing negative emotions, positive emotions, and neutral emotions.[288] Overall, youth sentiments around climate change are ever-developing and continue to grow in complexity due to persistent climate inaction.

A study by Galway & Field (2023), surveyed 1000 Canadian youth aged 16-25 on their thoughts and perspectives surrounding climate change.[52] This study found that youth are experiencing a range of climate emotions at high rates (e.g., 66% reported feeling afraid because of climate change), and 37% of youth reported that these feelings about climate change negatively affect their daily life at least moderately.[52] These results were supported by a study done in British Columbia by Wu et al. (2023), which found that 48.7% of surveyed youth aged 15-18 reported experiencing climate anxiety.[289]

With climate change categorized as the biggest threat to global health in the 21st century by the WHO, innovative ways to address its direct and indirect impacts on mental health are invaluable. For this reason, mental health professionals must equip themselves with the knowledge and climate literacy needed to be readily available to respond to various climate-related mental health crises.[290] This is especially crucial for youth that face barriers to accessible mental health resources and youth climate action resources.[290]

CLIMATE CHANGE AND INEQUITIES

First Nations, Métis, and Inuit children face unique challenges from the climate crisis, due to its direct impact on food security and livelihood. Despite this disproportionate impact, Indigenous youth are at the forefront of efforts to address and alleviate the consequences of climate change.[291] Indigenous youth engagement in climate justice continues to include climate initiatives through grassroots organizations, school programming, advising in decision-making spaces, and active community engagement.[292] Indigenous communities have historically advocated for diversifying current climate action initiatives by including interventions already present in communities.[292]

The lack of Indigenous youth presence and voice in conversations around the climate crisis showcases a significant gap in youth-led participatory research initiatives. The research findings of Brown et al. (2024), found that the implications of climate change have direct and indirect pathways of impact and resistance that uniquely target Indigenous youth mental health.[293] Direct pathways involve the physical consequences of climate change (air pollution, food quality, resource accessibility, etc.) while indirect pathways involve disruptions to culture and magnified social inequities, leading to mental ill health.[293]

Efforts to centralize the voices of Indigenous and Black climate activists must be taken to address the climate crisis on both a policy and community level. A qualitative study done by Berger et al. (2024), found that Indigenous and Black youth experience feeling deliberately unheard when conveying challenges faced by BIPOC youth climate activists.[294] Additionally, they found that nurturing identity through early connections with

the land, familial influences, and the Land Back Movement informed their participation in climate activism.[294] Ultimately, a sense of connection and collective incentive to implement climate action solutions aids in strengthening the voices of Black and Indigenous youth.

Indigenous and Black voices in climate advocacy inspire spaces for intergenerational knowledge transfer alongside a platform to express a diverse range of climate emotions.[294]According to the qualitative research findings of Datta et al. (2024), cross-cultural children's activities aid in amplifying the efforts of Indigenous-led youth climate response through early education and community.[295] These activities also strengthen the relationship between climate action and children activities through youth programming, individual responsibility to daily habits that improve climate responsiveness, as well as children's self-determination for climate-solutions.[295]

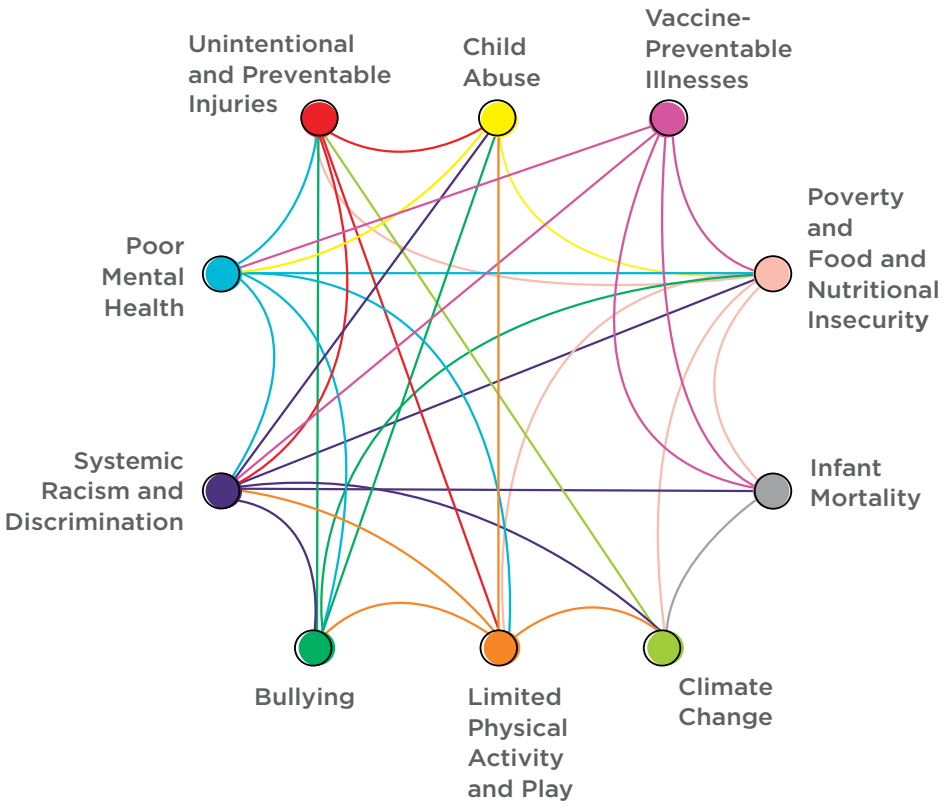
POLICY RECOMMENDATIONS

- Continued support for Canada's implementation of climate solutions outlined by the 2030 Emissions Reduction Plan. This involves sustained support for agricultural, nature-based solutions to fight climate change and biodiversity loss, waste, and transportation.[296]
- Inclusion of Indigenous climate ideas/ knowledge in mainstream policies to empower community-based climate solutions that utilize resources, systems, and ideas. This will increase the visibility and input of Black and Indigenous youth in designing climate action solutions in policy.
- An increase in qualitative and interdisciplinary research endeavours and curricula reformations by educational institutions at all levels (elementary to graduate) that capture the complexity and disproportionate effects of climate change on youth, particularly those from Black, Indigenous, and Queer communities. This involves proactive recommendations for what schools and universities should do better to support BIPOC youth engaged in climate justice.[294]
- Government measures to ensure equitable amounts of space and greenery dedicated for low-income, middle-income, and high-income areas, aid to alleviate the impacts of socioeconomic inequity. Additionally, designating and funding national parks can offer space for cleaner air for those who are living in more urban areas.

COMMUNITY RECOMMENDATIONS

- Enhanced efforts related to sustainable climate resilience plans that provide community adaptability to climate-related disasters. More specifically, climate resilience must be incorporated into youth educational outcomes and encouraged in youth-led climate initiatives.
- To mitigate exposure to low air quality conditions, 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



POVERTY AND MENTAL HEALTH

The intersection between poverty and mental health is well-documented, with numerous studies indicating a strong correlation between low socioeconomic status and increased mental health issues. A 2024 study found that food insecurity, a key indicator of poverty, significantly impacts the mental health of youth in Canada.[297] The study showed that 11% of Canadian children and youth experienced food insecurity, which was associated with a higher prevalence of mental health problems, including mood or anxiety disorders (5.7%), developmental disorders (7.9%), and suicidal thoughts (14.1%).[297]Another study highlighted that children living in poverty are

more likely to develop anxiety and depression as a result of the stress and instability of their socioeconomic conditions.[15] In Manitoba, research revealed that First Nations children living in impoverished conditions faced significant mental health challenges due to historical and systemic marginalization.[15] Furthermore, Wickham et al. (2024) emphasized that poverty and financial stress significantly influence the mental health of children, with those from low-income households being more susceptible to mental health disorders.[298]

CLIMATE CHANGE, MENTAL HEALTH AND POVERTY

Eco-anxiety, a term that describes chronic fear of environmental doom, is becoming increasingly prevalent among young people. As discussed in *Threat 10*, a national survey reported that 56% of Canadian youth (aged 16-25) experienced high levels of climate-related fear, sadness, and powerlessness.[52] Furthermore, 78% indicated that climate change negatively impacts their overall mental health, with 37% stating that their feelings about climate change interfere with their daily lives.[52] A global survey published in *Lancet Planetary Health* in 2021 reported that among a 10,000 person international population between the ages of 16 and 25, 60% described themselves as very worried about the climate, and nearly half said the anxiety affects their daily functioning.[299]

The direct and indirect effects of climate change contribute significantly to mental health issues. Extreme weather events, such as the 2021 Western North American heat dome, have been linked to increased climate change anxiety among affected populations.[300] The long-term impacts of climate change foster a pervasive sense of uncertainty and fear about the future, particularly among young people. Children in low-income families and racialized communities are particularly vulnerable, as they often have less access to mental health resources and are more susceptible to the adverse effects of climate change.[301]

PHYSICAL INACTIVITY AND CLIMATE CHANGE

The Canadian 24-Hour Movement Guidelines recommend that children accumulate at least 60 minutes of moderate-to-vigorous physical activity per day along with several hours of light physical activity.[302] However, as the threat of climate change becomes increasingly present in the daily lives of Canadians, it is reducing accessible green spaces, significantly impacting children's physical activity levels. Recent news reports have also found that sports and school days have been cancelled due to unpredictable weather reports across the country.[303,304]

The COVID-19 pandemic exacerbated this issue, with significant decreases in physical activity levels observed among children in Ontario, correlating with unexpected weight changes due to school closures and the cancellation of extracurricular activities.[306] Additionally, poor air quality, made worse by climate change, further limits outdoor physical activities, contributing to increased physical inactivity among youth.[301]

SYSTEMIC RACISM AND POVERTY (FOOD AND NUTRITIONAL INSECURITY)

Systemic racism significantly exacerbates food insecurity among Black-identifying children in Canada, intertwining with poverty to deepen vulnerabilities. Despite high levels of education, Black individuals faced an unemployment rate of 13.1% compared to 7.7% for non-visible minorities during the COVID-19 pandemic.[307] More recently, employment rates for Black Canadians have varied across regions, such as 67.2% in Quebec and 59.1% in Ontario as of April 2024.[308] During the COVID pandemic, nearly 50% of African Canadians struggled to pay their rent or mortgage on time, and they experienced 45% higher anxiety about housing costs compared to the national average.[309]This financial instability often forces families to deprioritize food, exacerbating food insecurity.[309] Black children

are particularly affected, as they are more likely to live in neighbourhoods with limited access to fresh, nutritious foods and an overabundance of unhealthy, processed options.[310] Additionally, a scoping review found that access to adequate amounts of healthy food was a significant challenge for families with school children, with African mothers reporting that food from food banks was often of poor quality, highly processed, or unfamiliar.[311]

UNINTENTIONAL INJURIES AND MENTAL HEALTH

A recent study highlighted the critical link between cannabis use, mental health, and unintentional injuries among Canadian youth. Adolescents aged 12-19 who use cannabis are at an 11.2 times higher risk of developing psychotic disorders compared to non-users.[185] This significant risk underscores the vulnerability of the developing brain to cannabis. Furthermore, cannabis use impairs cognitive and motor functions, increasing the likelihood of unintentional injuries such as falls, drownings, and motor vehicle accidents.[312] These findings illustrate a dangerous cycle where poor mental health can lead to increased cannabis use as a coping mechanism, further elevating the risk of injuries.[185] Addressing cannabis use through targeted prevention and education efforts is crucial to mitigating both mental health challenges and injury risks in Canadian youth.

Cross-Cutting Themes

INTRODUCTION

This assessment of the top 10 threats to Canadian children and youth presents a clear message: more must be done to protect the rights and unique perspectives of youth. In order to address these shortcomings and deliver actionable changes, the voices and lived experience of youth must be included in the spheres of policy-making and community-led engagement. Ultimately, we must recognize youth as leaders of today rather than action makers of the future.

CROSS-CUTTING THEME 1: THE INFLUENCE OF TECHNOLOGY ON CHILDREN AND ADOLESCENTS

The *Raising Canada* 2023 report highlighted technology misuse as an emerging threat to childhood development, with usage rising across multiple sectors. As an extension of that concern, *Raising Canada* 2024 recognizes the influence of technology and internet use as a pervasive theme running throughout the 10 threats addressed herein—a theme with the potential to exacerbate the severity of each threat. Technology has maintained a direct influence on mental health, bullying, limited physical activity, systemic racism and discrimination, while sustaining indirect influence on violence against children and climate change.

The Need for Digital Well-Being

Digital well-being describes efforts to promote healthy internet usage across different paltforms.[313] As the use of technology integrates into education, health, science and social spaces, the need to promote healthy online use is unprecedented. According to Asselin et al. (2024), approximately two-fifths of Canadians aged 15 to 24 (42%) report 20 hours or more per week spent online.[314] Within this demographic, general internet use has remained at roughly the same levels since 2020, but is at least 10% higher than 2018.[314]The increase in online usage since the beginning of the pandemic continues to persist today.

The 2020 and 2022 Canadian Internet Use Survey (CIUS) both reflect an increase in smartphone usage among younger Canadians. From their findings, individuals aged 15 to 24 were more likely to check their smartphone at least once per hour, and 46% report using their phones as frequently as every 15 minutes.[314] In light of these findings, it is important to recognize the potentially harmful outcomes associated with frequent online use including adverse mental health, cyberbullying, sedentary lifestyle habits, and decreased social competencies. For this reason, extensive interventional measures to ensure safe and healthy digital media use must be implemented early on through school, household, and community-level engagement.

The Influence of Internet Use on Mental Health

Despite the numerous benefits of technology and social media, these platforms are also instrumental in perpetuating messages of hate and discrimination, cyberbullying, and online sexual exploitation. These negative uses, in addition to digital overuse, have exacerbated mental health deterioration, resulting in increased stress, anxiety, and depression. The negative impacts of digital media on mental health have only magnified since the onset of the pandemic.[53]

> *"As a young person, it is very obvious to me that the state of childhood well-being in Canada is not of good quality. With potential social media-related causes, many young people, myself included, feel that empathy and compassion are at an all time low. We feel as though many young people fail to see other people's perspectives, let alone attempt to."*
>
> -YOUTH PERSPECTIVE

With any investigation into the relationship between digital media use and adverse mental health, age, gender, lifestyle of the individual user, and type of online activity, must be taken into consideration.[314] For example, both CIUS 2022 and Asselin et al. (2024) reveal that 44% of Canadians who spent more than 20 hours on general internet use reported very good to excellent mental health compared to 25% of participants who spent the same amount of time playing video games.[314]

Young Canadians are often prompted to temporarily cut off their social media presence for a period of time in hopes of prioritizing their mental well-being. According to the 2022 CIUS, taking a "social media break" was not associated with improvements to mental health.[314] In reality, the percentage of young Canadians who spent 20 hours or more online, when compared to those taking social media breaks, showcased similar mental health outcomes.[314] These findings reinforce the need to promote a sustainable decrease in online use rather than simply taking a temporary break. Clearly, youth require realistic and tangible solutions to decrease and control their daily technology consumption.

Practices to Promote Digital Well-being

The practice of "digital hygiene" refers to the intentional measures taken to maximize and maintain online health and security. These measures may include decreased use of social media before going to bed (or soon after waking up), setting time limits for certain apps, taking safety into consideration when posting content online, and seeking accountability from friends and loved ones. Establishing a set of parameters for the length of time spent on digital platforms and the content consumed helps mitigate the long-term consequences of negative or inappropriate technology use. In addition to these individual interventions, policy and community-wide interventions can be implemented to promote safe and healthy digital media use. Policy recommendations and community strategies are vital for the implementation of resources and educational tools that address positive internet use in children and youth.

> *"I would say that some strategies to improve the mental health of Canadian youth must involve the recognition of mental health as an essential part of our overall health. We must also empower families and communities to take part in the mental health of youth while advocating for an increase in services that make mental health aid more accessible."*
>
> -YOUTH PERSPECTIVE

Policy and Community Recommendations

- Implementation of positive digital media use in educational curricula in earlier stages of schooling (elementary level). Media literacy curricula as an early intervention measure to promote an understanding of how to safely engage with online information.[53]

- Youth should be encouraged to question and critique information gained online using digital literacy skills as a fundamental competency for technology use. Online platforms such as MediaSmarts.ca can help children and youth develop digital literacy skills, while dismantling the false narratives and information that is often spread online.[315]
- The *Raising Canada* 2024 report supports the action-items highlighted by the Proposed Online Harms Bill,[48] including the promotion of transparency among media platforms by,
  - publishing accessible and easy-to-use guidelines that include user standards of conduct and descriptions of compliance measures vis-à-vis harmful speech;
  - implementing tools and processes to flag harmful content, including notices to users who flagged content and users who communicated the content that was flagged;
  - labeling harmful content artificially amplified through third-party automated means such as bots or bot networks; and
  - preparing a digital safety plan that meets prescribed disclosure requirements (e.g., how the platform complies with the Act, statistics on the moderation of harmful content and an inventory of electronic data), submitting the plan to the Digital Safety Commissioner, and making it publicly available in an accessible and easy-to-read format.

CROSS-CUTTING THEME 2: **INACCESSIBILITY TO HEALTH CARE AND OTHER SOCIAL SERVICES**

An ongoing concern that spans across all 10 threats in the *Raising Canada* 2024 report is young people's access to health care and social services. This echoes the concerns highlighted in the previous *Raising Canada* 2023 report, with a greater emphasis on the consequences of inaccessible health services on childhood development in Canadian youth, the results of which include deteriorating mental health, exacerbating pre-existing access to care for equity-deserving communities, and worsening physical health.

A recent development in the fight for accessible health services is the Canadian Dental Care Plan (CDCP) for children and youth under 18 years old.[316] The CDCP, set to launch in 2025, is a dental benefit for eligible Canadian residents who do not have access to dental insurance and have an adjusted household net income of less than $90,000.[316] This intervention, once implemented, will serve as a social and financial relief for children and their families to broaden access to oral health care.

The Need for Diverse Mental Health Supports

The Canadian health care sector is struggling to meet the demand for accessible public services for youth. This is especially alarming given the state of mental health challenges and substance abuse concerns occurring during adolescence.[317] With 70% of people living with a mental illness experiencing symptoms before the age of 18, more must be done to provide diversified and robust mental health services for youth across Canada.

A study by Gorfinkel et al. (2023) found that the most commonly accessed supports for mental health needs were family doctors or pediatricians (23.1%), followed by adults at school.[318] This underscores the burden on primary care physicians to redirect youth to other mental health services based on their symptoms, acute needs, and long term care. A well-rounded resolution to this burden would require accessibility to a range of mental health professional and services such as counsellors, dieticians, and mental health workers through public health care systems. Gorfinkel et al. (2023) also found that the most preferred mode of mental health care was in-person counselling (72.4%), followed by chat-based services (15.0%), phone call (8.1%), and video call (4.4%).[318]

In Canada, prolonged wait times for mental health services stem from factors such as high demand, limited resources, and systemic issues, depending on the region, service type, and condition severity. This issue remains largely neglected, given the average reported wait time for community mental health services is 22 days across all age groups Further, children under 18 years of age often suffer longer wait times than adults.[318]

Prolonged wait times have also been connected to adverse youth mental health outcomes. Youth reflections from various research projects and surveys suggest that long wait times often deterred initial engagement with mental health services. With this deterred initial engagement, the possibility of leaving without receiving adequate care increases the likelihood of unaddressed mental and physical concerns.

Transition to Adult Care for Youth

In addition to challenges with service inaccessibility, young Canadians continue to struggle with the transition to adult service. This transition is usually faced with a lack of information on the services, fees, and challenges associated with adult care, leading to delays in seeking care. According to Statistics Canada, 1 in 5 youth felt their mental health was 'good' or better in 2019 no longer feel this way in 2023. Where those who previously reported their mental health as good, very good, or excellent (88% of respondents) in 2019, 21% of these respondents no longer felt this way.[122]This decline in perceived mental health was most common in older youth and young adults, making the transition to adulthood during the pandemic.

For youth living with disabilities, a high number of fragmented and complex health care systems during the transition to adult care can lead to dissatisfaction with the care provided.[319,321]This is due to vast differences in pediatric care compared to adult care, where adult health care programs have narrowed eligibility criteria for recent-onset disabilities.[320] Recent literature also indicates a lack of social support for youth with disabilities. The qualitative study of youth living with childhood acquired disabilities, done by Kokorelias et al., 2023, found that participants viewed their transitional care experiences to be isolating due to a lack of like-minded community and support.[320] Transitional care periods that occurred in tandem with major life transitions such as education, living arrangements, and employment can contribute further to feelings of loss and grief.[319,320]

In summary, Canadian youth require additional resources and direction to improve transitions to adult care, particularly youth with complex health care needs.[56] Pediatricians have urgently called on health care systems to build flexibility into service cut-offs based on age and, instead, consider the needs of *all* those requiring care.[56] Despite the inclusion of this theme in the previous *Raising Canada* report, no improvements or strides forward have been implemented to alleviate this burden on older youth.

Concerns with Childcare and Disability Services

According to the Statistics Canada survey on Early Learning and Childcare arrangements, only 35% of children with disabilities or long-term ailments were receiving necessary childcare and support services such as speech and language therapy, autism services, behavioural therapy, physical therapy, or occupational therapy.[321] These are troubling concerns given the extra support usually required for children with disabilities or long-term conditions. The survey also found that 52% of parents with children living with long-term conditions or disabilities reported difficulty in securing a childcare arrangement.[321]Those parents were faced with challenges like changes in work schedule (40%), working fewer hours (36%), or paying more for childcare services than anticipated (33%).[321]

Policy Recommendations

- Implement Healthcare Canada's recommendations which would allocate $29 million towards "...a robust maternal, child and youth health research agenda".[322]
- Prioritize research initiatives that measure the health outcomes of children and youth with access to transitionary support from pediatric to adult health care systems versus care as usual. Priority should be given to youth with increased health needs and/or chronic health conditions.
- Public funding for integrated youth services addressing mental health concerns with certified mental health professionals, counsellors, dieticians, etc. These sites function as a key component of measurement-based care that utilize shared data systems, common evaluation tools and research-based findings to individualized long term care.[317]

Community Recommendations

- Actively involving communities in the healing process to foster awareness of mental health and the importance of seeking support. This can be prioritized through educational resources, utilizing existing social platforms in the community, and supporting existing youth-led campaigns and programs that promote health advocacy.

CROSS-CUTTING THEME 3: **ACTIVE AND RESILIENT YOUTH ENGAGEMENT**

In the *Raising Canada* 2023 report, the systemic avoidance of asking young people about what matters to them and their views on the future was addressed. In response to exclusion, young people in Canada seek greater transparency from decision-making spaces through large-scale engagement in new and innovative solutions to the threats addressed in this report.[323]The *Raising Canada 2024 Report* seeks to expand on these ideas to further encourage meaningful sector-wide youth engagement while emphasizing the inclusion of equity-deserving communities.

In June 2024, Statistics Canada noted a significant decline in youth employment rates where the employment rate for returning students (aged 15 to 24) was 46.8%.[324]This is the lowest rate of employment documented since June 1998 (excluding June 2020 at the height of the pandemic), and marks a significant decline from June 2022 at 53.7%.[324] Students are facing more difficulties in finding work, as the unemployment rate for returning students was 15.9% in June 2024.[324] The overall youth employment rate has sustained a downward trend since April 2023.[324] Youth employment is a valuable metric to assess youth participation across various public and private sectors. For this reason, adequate incentives and policy reforms must encourage youth employment as a means of promoting youth engagement in decision-making and work quality.

Active Engagement Beyond Participation

Children First Canada recognizes youth as leaders of today as opposed to action makers of the future. This places a responsibility on current decision makers and health leaders to actively engage and seek out youth perspectives, voices, and engagement in local and national affairs. This requires meaningful engagement in multilateral organizations without the threat of tokenism. Active youth engagement includes providing spaces for youth to connect and be in community with one another to discuss their concerns. The ability to foster connection among peers strengthens their resolve to create actionable change in partnership with community organizations and platforms. These spaces can look like youth advisory councils, youth-led programs, online media platforms, and infrastructure.

In addition to fostering community, corporations can work to decentralize tokenistic engagement

by supporting reciprocity in youth engagement. This is to ensure that youth gain individual benefit from their engagement, while appreciating the time, dedication, and commitment to the values of the organization. Reciprocity includes providing mentorship opportunities in desired careers, remuneration for time commitments and event planning, and ongoing networking opportunities. This effort formalizes youth engagement by implementing accountability mechanisms, intergenerational collaboration and proactive problem-solving as a means of effective collaboration.[323]

Youth engagement also requires funding to start and maintain existing youth-run programs and initiatives which work to address the issues addressed in this report. Lastly, effective youth engagement requires opportunities to be in decision-making spaces such as government meetings, global summits, and community panels to actively harness youth voice and action. A collaborative effort across various sectors must be prioritized to ensure the normalization of these recommendations.

Inclusion of Equity-Deserving Communities

Equity-deserving youth across Canada experience a unique set of challenges that intersect with almost every sector of society, reflecting significant disparities in the accessibility of public and private health care services, barriers to educational opportunity, negative mental health outcomes, and climate change. It is imperative to include and promote the voices of marginalized communities in decision-making spaces, research endeavours and community-level engagement in order to incorporate youth voice in issues that concern their lived experiences and inform policies for their present and future.

Policy and Community Recommendations

- The *Raising Canada* 2024 report continues to support the recommendations of the previous report that highlights the need for active engagement and prioritizes an intersectional approach.
- Methods for inclusion must consider differences in interests and needs for all young people to ensure their participation is meaningful and effective. Differences in identity such as race, gender, socioeconomic status, whether the young person has a disability, and more, must be taken into account.

Strengths and Limitations

This year's *Raising Canada* research team is composed of a multidisciplinary group of students, professionals, and academics from various institutions and backgrounds across Canada. Our team includes members from diverse ethnic and cultural backgrounds, bringing a rich array of perspectives to the report. Each member has contributed their unique expertise, enhancing the depth and breadth of the analysis presented in this report.

Values of youth participation were incorporated into this report through the inclusion of young people in the research and writing team. This approach ensures that the perspectives and experiences of children and youth are authentically represented, making the findings and recommendations more relevant and impactful.

We also continued to prioritize engagement with children and youth by conducting multiple focus groups with young people from different regions and backgrounds, ensuring their voices were integral to our findings and recommendations. Additionally, we consulted with a wide range of subject matter experts to review the data and findings, ensuring the information's validity and relevance.

We have expanded our data to incorporate the latest literature, statistics, and reports to provide a comprehensive overview of the current threats facing children and youth in Canada. This pragmatic approach to literature review, combined with expert and youth input, has strengthened the reliability and applicability of our findings.

However, there are limitations to this report. As in previous years, this is not a systematic literature review. While we have attempted to include the most current and relevant data, some sources were not peer-reviewed, particularly in areas where peer-reviewed literature was lacking. Additionally, while focus groups provided valuable insights, the absence of individual interviews this year means that some nuanced personal perspectives may not have been captured.

Furthermore, although we made strides in including diverse voices, qualitative data from the Territories is missing. Efforts to engage Indigenous communities and include their perspectives were limited this year, highlighting an area for improvement in future reports.

Conclusion and Calls to Action

The *Raising Canada* 2024 report reveals alarming trends in the well-being of children and youth across Canada. From the impact of technology on mental health to inadequate access to health care and social services, the challenges are mounting. While efforts exist to tackle many of the top 10 threats to childhood, they remain fragmented and fail to address the complex, interconnected nature of these threats. Real progress requires a unified, multi-system approach that actively involves young people in the decisions that shape their lives.

Despite Canada's reputation as an affluent nation, we continue to rank poorly in child well-being compared to other OECD countries. Experts, parents, and youth are frustrated by the lack of decisive action. Year after year, the same threats endure, and meaningful change has been slow to materialize. A generation is falling behind.

It's time to turn the tide. Discussions must lead to concrete, lasting actions that prioritize the rights and well-being of all eight million children in Canada. Accountability at every level of government is essential, and the voices of children and youth must be central to decision-making. We can and must do better.

The Raising Canada report is not just a call for attention; it is a call for action. The future of our country rests on the well-being of our children, and we cannot afford to fail them.

2024 marks a critical juncture for Canada's children. The top 10 threats to childhood are not just eroding their quality of life, they are putting their survival and development at risk. Yet, despite these mounting challenges, there have been moments of hope through new policies and investments that could drastically alter the future for our youngest citizens.

Children First Canada, alongside our Youth Advisory Council, Young Canadians' Parliament, and Council of Champions, commends the federal government's recent prioritization of children in Budget 2024. Investments in areas like school nutrition programs, youth mental health, childcare, and online safety offer a glimmer of progress.

But let's be clear: celebration must not lead to complacency. Given the rapidly shifting political and economic landscape, it is worth emphasizing

that we all win when children are thriving. The stakes are higher than ever, and the need for sustained, bold leadership cannot be overstated.

Canada once ranked among the top 10 countries for child well-being. We can reclaim that standing—but only with a comprehensive, determined effort to address the root causes of the crises children face today. Now is the time to double down on investing in our greatest natural resource and ensure all children in Canada can be the best that they can be.

CALLS TO ACTION

The following Calls to Action, endorsed by our Council of Champions and developed with the input of children and youth from the Young Canadians' Parliament, provide a clear roadmap to achieving our shared vision of making Canada the best place in the world for kids to grow up:

1. **Develop a National Strategy for Children:** We call on the Government of Canada to develop and implement a comprehensive National Strategy for Children. This strategy must tackle the top 10 threats to childhood head-on and ensure the full realization of children's rights. Central to this strategy should be the appointment of an independent Commissioner for Children and Youth, who will provide leadership, ensure accountability, and advocate for the best interests of children at all levels of government.

2. **Invest in Children:** It is essential that the federal government follows through on the commitments made in Budget 2024 and goes further by establishing greater transparency and accountability. We urge the government to publish a Children's Budget, ensuring a clear line of sight to an equitable distribution of resources that prioritizes the rights and needs of all children. Additionally, we call for equitable funding and services for First Nations, Métis, and Inuit children and the full implementation of the Truth and Reconciliation Commission's 94 Calls to Action, including the Spirit Bear Plan, to rectify the systemic inequities faced by Indigenous children.

3. **Empower Children:** Children must be empowered to shape their own futures. We call on the government to invest in child rights education and to actively involve children and youth in the decisions that affect their lives. This includes their participation in our democratic systems of governance and the creation and implementation of policies and programs designed for their benefit. Children's voices must be heard and respected as we build a future that reflects their hopes, dreams, and aspirations.

Beyond these overarching Calls to Action, the *Raising Canada* 2024 report includes specific recommendations for policy change and community-based responses to each of the top 10 threats to childhood. These require immediate attention and resources to create meaningful change.

But the responsibility does not rest solely on the shoulders of federal leaders. Every Canadian has a role to play in ensuring a brighter future for our children. Parents, grandparents, teachers, business leaders, faith communities, sports organizations, and even the children themselves—each of us has the power to make a difference. We cannot afford to wait for others to lead the way. We must look within ourselves, imagine a better future for our children, and take concrete steps today to make it possible.

The time to act is now. Our children deserve nothing less.

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