TOP 10 THREATS
TO CHILDHOOD IN CANADA

A Generation at Risk: How Childhood in Canada Has Deteriorated

CHILDREN FIRST CANADA

RAISING CANADA® 2025

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Foreword

When I took on my first leadership role in child and youth health nearly 20 years ago, it would have been hard to imagine what lay ahead. Pediatric visits to Emergency Departments for anxiety, depression and self-harm were stable or declining. The main concern about vaccination was how quickly we could get shots in arms. New initiatives, like full-day kindergarten and expanded investments in children's health care, were launched in many jurisdictions. And a slow and steady decrease in child poverty was under way.

But then the 2008 financial crisis led to years of austerity that meant health care and housing did not grow at the same rapid rate as the population, creating serious gaps for many kids and families. Social media algorithms targeted kids' developing brains and have had a devastating impact on their physical and mental health. And, of course, the pandemic and the disruptions it caused disproportionately affected the most vulnerable children, youth and families.

Perhaps the good news is that Canada's middling performance in the international UNICEF child well-being rankings didn't drop even further. That is thanks to educators, clinicians, child health organizations, Indigenous Nations and many others who have worked tirelessly to achieve the goal of making Canada the best place in the world in which to grow up.

In that spirit, this 8th Raising Canada report not only lays out the challenges but also presents a series of specific, actionable proposals to address those challenges. My thanks to Children First Canada and all that are involved in producing this thorough and detailed assessment of the challenges we face and how to best tackle them.

The arrival of a US administration hostile to Canada has galvanized governments to focus on strengthening Canada, protecting our independence and securing our way of life. To state the obvious, any version of a successful future for Canada depends on fostering the health and potential of those who represent that future—children and youth. This report offers insight into how to do that.

Alex Munter
Chief Executive Officer
Canadian Medical Association

"As we mark Children First Canada's 10th anniversary, we are more committed than ever to making Canada the best place in the world for kids to grow up. Yet, the alarming trends revealed in *Raising Canada 2025* show that childhood in Canada is deteriorating at a pace that cannot be ignored. From rising online harms to increasing food insecurity, the fundamental rights of children—rights to safety, education, health, and a secure future—are being compromised. This is not just a policy issue; it is a call to all of us to act. Children, youth, parents, educators, community leaders, corporate leaders, and policymakers must come together to ensure that every child not only survives but thrives. The rights of children must be at the heart of every decision we make, and it's our collective responsibility to create a society where children are not only protected but empowered to reach their fullest potential. Canada's prosperity is inextricably tied to the well-being of our children, and it is up to all of us to invest in their rights, their safety, and their future today."

~SARA AUSTIN, FOUNDER AND CEO, CHILDREN FIRST CANADA

"This year's *Raising Canada* report makes it clear that children and youth are facing unprecedented challenges. SickKids is proud to play a role in addressing these threats and supporting the health and wellbeing of the future generation. We are aligned with Children First Canada in our commitment to elevating the voices of children and youth as we work collaboratively to create a better world for all young people."

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

Executive Summary:
The Top 10 Threats:
A Generation at Risk

Children and youth are one of Canada's greatest sources of resilience, innovation, and strength, yet they are increasingly at risk. As *Raising Canada 2025* reveals, childhood well-being in Canada is deteriorating at an alarming rate, with young people facing escalating threats to their health, safety, and development. Despite their fundamental right to a childhood free from poverty, violence, exploitation, and preventable hardship, children in Canada continue to encounter barriers that undermine their welfare and future potential. This generation is at risk, and it is up to all of us—across every sector of society—to take urgent action to protect their rights and create a future where every child can thrive.

Canada now ranks 67th out of 193 countries on the global KidsRights Index (2025), a troubling decline from our 66th place standing in 2024.[1] This drop underscores a decline in 3 out of 5 domains, with calls to uphold international protection of child rights, namely health service accessibility, protection from violence, and youth participation in decision-making.[1]

The *Raising Canada* report series has tracked the top 10 threats to childhood since 2018, providing an evidence-driven, solutions-oriented roadmap for safeguarding the well-being of children and youth, ultimately mobilizing action toward Children First Canada (CFC)'s vision of making this the best place in the world for kids to grow up. Despite incremental progress in certain areas,

the broader reality is undeniable: Canada is falling short in adequately protecting its youngest citizens and upholding their fundamental rights to a safe, healthy, and fulfilling childhood. As Children First Canada marks its 10th anniversary, we are reminded that the work ahead is as urgent as ever. While we have made strides in raising awareness and advocating for change, the challenges facing children today—from rising online harms to increasing food insecurity—demand immediate, collective action. This anniversary is not just a time for reflection but a renewed call to every sector of society to join us in ensuring that Canada becomes a place where children's rights are fully realized and every child is empowered to thrive.

This year's report draws from the latest data, expert consultation, and youth-led focus groups to present an updated, intersectional view of childhood well-being in Canada. Each identified threat is accompanied by evidence-informed, youth-driven recommendations aimed at creating meaningful, sustainable change. This report serves as both a reflection of the current state of the nation's children—where we are today—and a call for all sectors of society—policymakers, business leaders, civil society organizations, parents and grandparents, educators, and children and youth themselves—to act with urgency and accountability in addressing the generational challenges facing our kids.

In line with previous reports, *Raising Canada 2025* reinforces the critical importance of a child and youth-centred, equity-focused approach. The report presents four pressing concerns, revealing worsening trends in vaccine-preventable illness, youth unemployment, online harms, and mental health challenges. These threats facing children and youth do not exist in isolation—they are interconnected, often disproportionately affecting marginalized and underrepresented communities. Solutions must be grounded in equity, diversity, inclusion, and the recognition that systemic barriers—such as racism, poverty, and discrimination—compound these risks.

VACCINE-PREVENTABLE ILLNESSES

A concerning development in 2025 has been the sharp rise in vaccine-preventable illnesses across Canada, notably with the alarming number of measles cases reported in multiple provinces. Currently, Alberta has the dubious distinction of having the highest measles cases per capita in North America.[2] Meanwhile, Ontario has reported more measles cases since October than the entire United States in 2025, making it the western hemisphere's measles hotspot.[3] National immunization rates for routine childhood vaccines have fallen far below critical thresholds, driven by

systemic inequities in health-care accessibility and vaccine misinformation.[2,3] Addressing this crisis requires urgent investment in vaccine accessibility, public health education, and targeted outreach to communities disproportionately impacted by health-care barriers.

AN INCREASE IN YOUTH UNEMPLOYMENT

Youth unemployment is on the rise with a 2.9 percentage point increase from April 2023 to 2024, reaching 12.8%, and climbing to 14.2% by May 2025.[4] As of July 2025, the unemployment rate for youth aged 15 to 24 is 12.5%.[4,5] Prolonged unemployment during adolescence and early adulthood delays workforce integration, hinders the development of essential soft skills like communication, teamwork, and adaptability, and weakens young people's confidence and career readiness. Youth unemployment not only affects their financial stability but also undermines their mental health, self-confidence, and career readiness, creating barriers to education, skills development, and long-term financial independence. If left unaddressed, it risks perpetuating a cycle of inequality, limiting future opportunities and economic security for young people.

ONLINE HARMS AND THE IMPACT OF BILL C-63

Technology continues to shape the lives of children and youth in both positive and negative ways, offering unprecedented opportunities for learning, connection, and empowerment, while also introducing significant risks. The rapid rise in online harms presents a growing threat to young people's safety and mental well-being. Cyberbullying, sexual exploitation, exposure to violence, hate speech, the spread of algorithm-driven misinformation and deep fakes, all disproportionately impact children and youth. The introduction of Bill C-63, the proposed Online Harms Act, and Bill C-412, an Act to enact the

Protection of Minors in the Digital Age Act and to amend the Criminal Code, in the last session of Parliament reignited national debate over how to protect young people from digital harms while respecting their rights to privacy and freedom of expression. Notably, the Bills did not pass prior to the recent election and advocates are urgently calling for the reintroduction of legislation as a top priority for the new session of Parliament this fall.

Online privacy for children, encompassing both their immediate safety and long-term well-being, has become increasingly urgent, as evidenced by incidents like the breach by PowerSchool, which compromised the personal data of 2.77 million current and former students in Canada, highlighting the vulnerabilities children face in the digital world. Youth advocates have called for stronger safeguards, digital literacy initiatives, and accountability for technology companies to ensure online spaces prioritize child safety without restricting youth voices in advocacy and activism. Of note, the Canadian Privacy Commissioner is currently developing a Children's Privacy Code to enhance online privacy protections for children.

THE MENTAL HEALTH CRISIS

Youth mental health in Canada continues to deteriorate, with rising rates of anxiety, depression, substance use, and suicide. Wait times for mental health services often exceed acceptable limits, with rural, Indigenous, and marginalized youth facing the greatest barriers to care. The 2025 report highlights mental health as both a standalone crisis and a cross-cutting issue that intersects with all other top 10 threats, including poverty, violence, and online harms. Youth across the country are calling for equitable access to culturally relevant, trauma-informed, and community-based mental health supports as a national priority.

The findings of *Raising Canada 2025* underscore that the threats facing children and youth are escalating; however, they are not insurmountable. With immediate, coordinated action, informed by

youth and grounded in rights-based, equity-driven approaches, Canada can reverse these trends and create a future where every child and youth has the opportunity to survive, thrive, and lead.

KEY FINDINGS

Threat 1: Unintentional and Preventable Injuries

Unintentional injuries are still the leading cause of death for children and youth in Canada.[6] Motor vehicle crashes are the top cause of fatal injuries among youth aged 1 to 24, and traffic crashes account for about 71% of unintentional deaths among 15- to 19-year-olds.[6] Falls continue to be the main reason for injury-related hospital visits and hospitalizations, especially for kids aged 1 to 14.[7] Poisonings, particularly involving detergent packets, affect younger children under age five and became more common during COVID when kids were spending more time at home.[8] Sports-related concussions and head injuries continue to be a big issue for youth aged 5 to 19.[9] Off-road vehicles, like ATVs, still cause serious injuries and deaths, with children making up a bigger share of victims than riders.[9]

Injuries in childhood can also have lasting effects later in life. For example, burns have been linked to higher risks of arthritis and respiratory illness, and trauma more generally is associated with chronic conditions like cancer, diabetes, and heart disease.[10] The economic impact is also significant. Injuries cost Canada about $29.4 billion in 2018, with unintentional injuries accounting for 86% of that total.[11] All of this demonstrates why prevention efforts matter so much.

Threat 2: Poor Mental Health

Poor mental health remains a serious and growing issue among Canadian children and youth, impacting their academic performance, social development, and overall quality of life.[12] About one in five young people aged 12 to 17 report

symptoms consistent with a mental disorder, with anxiety, depression, and ADHD being especially common.[13] The COVID-19 pandemic made these issues worse, as isolation, disrupted routines, and family stress have contributed to rising rates of anxiety and depression.[12,14]

Indigenous youth face a higher burden of poor mental health due to colonization, intergenerational trauma, and ongoing inequities,[15] while 2SLGBTQIA+ youth experience greater mental health challenges linked to discrimination and stigma.[16]

Adverse childhood experiences, such as abuse or neglect, and social determinants like poverty, food insecurity, unsafe housing, and discrimination further increase risk.[17,18] Excessive use of social media has also been linked to anxiety, depression, and body image concerns.[19] Research shows that mental health challenges in childhood can lead to more severe mental health disorders later in life,[20] underscoring the importance of early action and better support for young people across Canada.

Threat 3: Violence Against Children/ Child Abuse

Violence against children remains a serious and widespread issue in Canada, disrupting healthy development and leaving lasting physical and mental health impacts.[21] It includes physical abuse, emotional maltreatment, sexual abuse, neglect, and cyberviolence.[21,22] Physical abuse is the most commonly substantiated form of maltreatment, followed by neglect and exposure to intimate partner violence.[22] In 2023, over 70,000 substantiated cases of child maltreatment were reported, though the actual number is likely much higher due to underreporting.[22] Online sexual exploitation is an emerging risk, with reports rising by over 35% between 2022 and 2024.[23]

Children exposed to violence are more likely to experience anxiety, depression, PTSD, suicidal thoughts, substance use, and academic difficulties.[24] Indigenous, racialized, 2SLGBTQIA+, and disabled

children face even higher risks because of intersecting forms of oppression, highlighting the urgent need for better prevention, early intervention, and culturally appropriate support.

Threat 4: Poverty

Poverty remains a critical and escalating threat to childhood well-being in Canada, with interconnected challenges in income, housing, food, and long-term health outcomes. The end of pandemic-era support programs and rising inflation have reversed earlier gains, exposing more families and children to material deprivation.[25,26]

In 2023, child poverty increased to 10.7%, the highest level since 2017, with wide provincial disparities (e.g., 6% in Quebec vs. 16% in Saskatchewan).[25] Between 35,000–40,000 youth face homelessness annually, comprising 20% of the total homeless population.[27] Key risk groups include 2SLGBTQIA+ youth and youth who have experienced government care—45% of unhoused youth had care involvement, and 51% among Indigenous respondents.[27,28]

As of 2024, 10 million Canadians—including 2.5 million children—live in food-insecure households.[29] This is the third consecutive year of increasing food insecurity, with disproportionate impacts on Black (46.7%) and Indigenous (39.9%) households compared to non-racialized groups (21.6%).[25,30] In April 2024, Canada launched a National School Food Program with a $1 billion investment to feed 400,000 additional children annually. By March 2025, all provinces and territories had joined.[25,30,31] Success hinges on swift implementation, equity-driven standards, and sustained funding.

Threat 5: Vaccine-preventable Illnesses

Vaccine-preventable illnesses remain a significant public health concern for children and youth in Canada.

According to Canada's National Immunization Strategy, the ideal target for infant and childhood vaccines is 95%.[32] National vaccine coverage estimates for 2-year-olds ranged from a low of 77% for diphtheria, pertussis and tetanus (DTaP) to a high of 92% for polio and measles; varicella vaccine coverage increased from 83% in 2019 to 87% in 2021.[33]

Recent outbreaks of measles and rising cases of pertussis highlight ongoing risks for children's health, especially in communities with lower coverage.[33,34]

Measles cases rose sharply in 2025, with over 3,100 cases reported and nearly half affecting children aged 5 to 17.[34] Vaccination coverage varies widely across provinces and between rural and urban areas, with concerns about access and equity, particularly among Indigenous, remote, and newcomer communities.[35] Influenza continues to disproportionately affect young children, but vaccine coverage for kids remains low at just 31% in 2023–2024, declining from previous years.[34] COVID-19 hospitalizations also remain highest among children under five, with significant gaps in future vaccination intentions among parents.[34]

Vaccine hesitancy, misinformation, and declining trust in public health institutions contribute to lower vaccination rates, compounded by access barriers and disparities in primary care.[34,35] Ensuring high vaccination rates for diseases like measles, pertussis, influenza, pneumococcal disease, and meningococcal disease remains critical for protecting Canadian children and reducing preventable harm.

Threat 6: Systemic Racism and Discrimination

Systemic racism and discrimination continue to create inequities that deeply impact the well-being of children and youth in Canada.[36,37] Discrimination contributes to anxiety, stress, depression, and harms self-esteem, increasing risks for negative behaviours (Kafele, 2004; Government of Canada, 2024a). In education, systemic biases result

in differential treatment and lower academic achievement for racialized children.[35,38]

Indigenous and Black children remain overrepresented in the child welfare system, often due to racial biases and poverty being misinterpreted as neglect.[40,41,42] Racialized children and families also face inequities in health care, including lower quality care and delays.[35,37] Systemic racism contributes to the overrepresentation of Black and Indigenous youth in Canada's justice system.[35,42] Addressing these disparities requires dismantling institutional biases, promoting culturally competent practices, and investing in community-led initiatives to reduce inequities and create equal opportunities for all children.[43,44,45]

Threat 7: Infant mortality

Infant mortality remains a concerning public health issue in Canada, with a national rate of 4.6 deaths per 1,000 live births in 2023.[46] In Nunavut, the infant mortality rate is 18.9 per 1,000 live births, reflecting serious inequities in remote and Indigenous communities.[46] From 2004 to 2016, Indigenous infants had mortality rates 1.8 times higher than non-Indigenous infants, with Inuit infants facing the highest rates.[47]

Black birthing people are also at greater risk of preterm birth, a leading cause of infant death, due to systemic racism and barriers to equitable health care access.[48] Despite these disparities, Canada does not collect race-based infant mortality data, which limits understanding and makes it difficult to design targeted interventions and policies.[48]

Threat 8: Bullying

An overwhelming majority of young Canadians— 71% of youth between the ages of 12-17—reported experiencing some form of bullying in the past 12 months, as per the most recent iteration of the Canadian Health Survey on Children and Youth (CHSY).[49] The most common forms of bullying experienced by youth were name calling (59%),

the spreading of rumours (34%) and exclusion from activities (32%).[49] Frequency of bullying varied between responders with 42% of victims reporting experiencing bullying monthly or more frequently while 58% reported experiencing bullying only a few times a year.[49]

Negative health outcomes associated with bullying include difficulty sleeping, headaches, and stomach/back pain.[49] While 71% of teachers claim that they act to prevent forms of bullying, only 25% of students feel supported by teachers within the school setting.[50] These sentiments are reflected in Canada's 2022 Programme for International Student Assessment (PISA), which found that Canada ranked 24th out of 36 OECD countries in the number of students who reported exposure to bullying in the past 12 months.[51]

At least one in five teens (25%) reported experiencing cyberbullying in the previous year, according to the 2019 CHSY.[49] Similar trends were found in CAMH most recent OSDUHS survey results with 26% of students reporting experiencing cyberbullying in the last year, showing a significant increase since 2017 at 16%.[52] Youth are at a much higher risk of experiencing cyberbullying due to their increased usage of online platforms in comparison to other demographics (Statistics Canada, 2023).

Certain youth demographics have a higher risk of experiencing bullying within Canada. As per findings from the CHSY survey, 58% of youth reported witnessing racially motivated bullying while at school while 14% reported experiencing race-based bullying themselves.[53] These findings reflect the growing issue of identity-based bullying within Canada.

Threat 9: Limited Physical Activity and Play

Physical inactivity remains a growing concern for children and youth in Canada. Only 28% of children aged 5 to 17 meet the recommended 60 minutes of moderate to vigorous physical activity daily, falling short of World Health Organization standards.[54] A study from Ontario showed that children's BMI nearly doubled post-pandemic, reflecting reduced activity during lockdowns.[55] Childhood obesity rates in Canada have tripled over the past three decades, highlighting the long-term health risks associated with inactivity.[56]

These trends are especially pronounced among children from lower socioeconomic backgrounds, who face barriers such as unsafe neighbourhoods, lack of recreational opportunities, and limited access to nutritious food.[57] Beyond physical health, inadequate activity harms cognitive, physical, and social development in children and increases future risk for chronic diseases like heart disease and diabetes,[58] underscoring the importance of creating equitable opportunities for all children to be active.

Threat 10: Climate Change

Climate change is an escalating threat to the health and well-being of children in Canada. Its impacts include increased exposure to extreme weather events, worsening air quality, and growing food insecurity.[59] Children are more vulnerable than adults because of their developing bodies, reliance on caregivers, and lack of political voice.[60] Climate-related stressors are already disproportionately affecting children in marginalized communities.[59]

Both physical and mental health is at risk. Air pollution has contributed to spikes in pediatric asthma cases, especially in western provinces,[60] while rising temperatures have increased the risk of heat-related illnesses and the spread of vector-borne diseases such as Lyme disease and West Nile virus.[59]

Many children report experiencing climate anxiety, distress about their future, and post-traumatic stress after natural disasters. These impacts are not distributed equally: children in northern and remote regions, particularly in Indigenous communities, face greater risks due to limited infrastructure, unsafe drinking water, and food insecurity.[15]

EMERGING THREAT HIGHLIGHT: ONLINE HARMS

Digital Environments as Sites of Harm

As our society becomes increasingly interconnected through digital spaces, the nature of bullying, harassment, and harm has evolved. The line between offline and online harms remain blurred, yet they are interconnected.

Today, online platforms are not only sites for connection but also spaces where youth, particularly those from equity-deserving communities, are subjected to relentless hate speech, cyberbullying, sextortion, and misinformation. These digital harms are not isolated incidents and reflect symptoms of broader systemic failures to protect young people in an online world. Online harms pose an increasingly alarming threat to various aspects of childhood well-being and notably intersect with threats such as mental health, violence against children, systemic racism and discrimination, and bullying.

In light of this shifting landscape, this year's *Raising Canada* report intentionally focuses on available research to address the cross-cutting nature of online harms. This approach is rooted in the lived experiences of youth and underscores the need for coordinated, equity-informed policy solutions that address the full scope of digital harm, not just in classrooms or homes, but throughout all spaces where young people live, learn, and connect.

Online-Mediated Hate Speech

In addition to discussions around online-mediated victimization, the rise of hate speech and discrimination in digital environments remains prominent. Hate speech spread through digital platforms has become a significant form of cyberbullying experienced by youth, fostering sentiments of hostility and exclusion online. The *Survey of Online Harms in Canada* (2025), conducted by The Dais at Toronto Metropolitan University, captures the growing tension between reliance on digital platforms by Canadians and their increasing exposure to online harms. Based on responses from 2,502 Canadians aged 16 and older, youth and equity-deserving groups, including racialized individuals, newcomers, people with disabilities, and 2SLGBTQIA+ communities, are disproportionately affected by hate speech at rates 50% to 100% higher than the general population.[61,62] In 2025, hate speech related to immigration (18%) and the Israel–Palestine conflict (17%) were the most frequently cited themes.[62]

In addressing online hate, specific measures have received widespread support, including mandatory removal of child sexual abuse material, improved parental controls, the labelling of AI-generated content, and stronger protections against non-consensual image sharing.

"Hate speech has scaled a lot faster, similar to the way social media has grown in the past year, and especially with the increase in AI tools."

~YOUTH FOCUS GROUP PARTICIPANT

Concerns Around Online-mediated Misinformation, Artificial Intelligence and Deepfakes

Increasing levels of misinformation in online communities not only facilitates the spread of hate speech but also creates an increasingly unsafe online environment for youth. Exposure to deepfake content has recently increased, with 67% of Canadians reporting they encountered synthetic media in 2025.[62] Use of AI tools is also increasing, with daily usage of ChatGPT rising from 4% to 7%, and 17% of users under age 30 reporting daily engagement.[62]

Often, the content that drives hate speech can rise from the spread of false ideas and misinformation, with 75% of Canadians encountering false or misleading content multiple times per year.[62] Bullying in digital environments can also be greatly influenced by misinformation, including the spread of false rumours, manipulated images or AI-generated impersonations to shame peers and amplify the permanence of bullying through viral attacks.

Overall, the findings reflect a public that is highly engaged in digital life but increasingly mistrustful of the platforms that dominate it. There is clear and growing support for government-led regulation and platform accountability to ensure that digital environments are safe, equitable, and trustworthy.[62]

Recent Phone Restrictions in K–12 Schools

In response to these harms, alongside concerns about excessive screen time and digital distraction in schools, several provincial governments including Ontario, Alberta, British Columbia, Quebec, Nova Scotia, and New Brunswick, have implemented mobile phone restriction policies within K–12 educational settings over the past school year.[63] These measures are largely motivated by growing bodies of research linking excessive screen time with a range of adverse academic and health outcomes.[64]

According to the national survey conducted in January 2025 by Pollara Strategic Insights, more than four in five Canadians (81%) support mobile phone restrictions in schools.[64] This support indicates strong public sentiment in favour of phone-restrictive interventions in classrooms and was widely consistent across provinces and age groups.

Despite consensus on the implementation of these interventions, perspectives on the effectiveness of existing restrictions are undecided. While 37% of respondents consider current policies to be at least somewhat effective, 40% perceive them as ineffective.[64] In response to this divide, provincial governments would benefit from improving public information around the implementation and enforcement of these digital distraction policies..

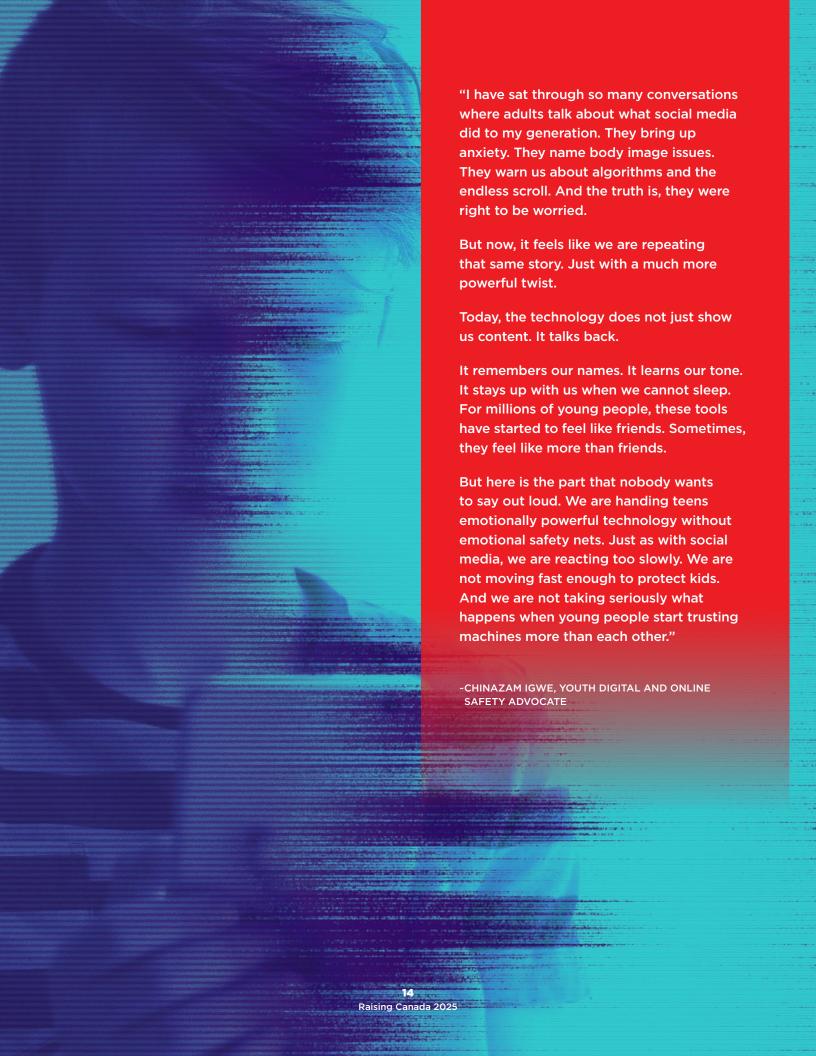## Implications of Phone Restrictions for Marginalized Youth in School Settings

Consideration for the role of phone restrictions on marginalized youth in school settings must also be taken into account when assessing the efficacy of this intervention strategy. A recent mixed-methods study reflecting the Ontario Ministry of Education's current 2024 classroom cell phone policy offers necessary insights into the perspectives of Black students enrolled in the Toronto District School Board (TDSB).[65]

Based on data collected from 65 students in Grades 10 through 12 through surveys, focus groups, and literature review, most participants felt that the phone ban did not adequately reflect their lived experiences, needs, or priorities.[65] Many Black students viewed mobile devices as vital tools for learning, noting their role in supporting independent study, research, and comprehension.[65] Concerns around safety were also expressed by participants, where many students emphasized the importance of phones for contacting parents or emergency services during times of crisis and noted their use in documenting incidents of anti-Black racism in school settings.[65]

Overall, ambiguity around the policy's enforcement emphasizes the need for clearer, more inclusive approaches that account for the diverse realities of those most affected. These findings highlight the importance of student-informed approaches to policy development, particularly those that amplify the voices of marginalized communities, who are often disproportionately affected by disciplinary frameworks in schools.

Youth Social Media Use: Concerns Beyond the Classroom

Beyond discussions about phone restrictions in the classroom, many Canadians emphasized the importance of safeguards surrounding social media use. A qualitative review conducted by Clayborne et. al (2025) using the 2017/2018 Canadian Health Behaviour in School-aged Children (HBSC) study found that Canadian adolescents who engaged in problematic social media use, as opposed to active use, were consistently less likely to report strong indicators of positive mental health.[66] Problematic social media use was characterized using a social media disorder scale, which identifies addiction-like symptoms including mood modification and interpersonal conflict, while active use corresponds to online contact frequency almost daily or several times each day.[66] These findings in school-aged children outline growing concerns around the negative consequences of problematic and unregulated social media use, warranting increasing support for appropriate social media restrictions and interventions.

"I have sat through so many conversations where adults talk about what social media did to my generation. They bring up anxiety. They name body image issues. They warn us about algorithms and the endless scroll. And the truth is, they were right to be worried.

But now, it feels like we are repeating that same story. Just with a much more powerful twist.

Today, the technology does not just show us content. It talks back.

It remembers our names. It learns our tone. It stays up with us when we cannot sleep. For millions of young people, these tools have started to feel like friends. Sometimes, they feel like more than friends.

But here is the part that nobody wants to say out loud. We are handing teens emotionally powerful technology without emotional safety nets. Just as with social media, we are reacting too slowly. We are not moving fast enough to protect kids. And we are not taking seriously what happens when young people start trusting machines more than each other."

~CHINAZAM IGWE, YOUTH DIGITAL AND ONLINE
 SAFETY ADVOCATE

CROSS-CUTTING THEMES

Cross-Cutting Theme 1: The Youth Unemployment Crisis and Lack of Financial Literacy

Canada's youth unemployment crisis has reached alarming levels, with jobless rates for those aged 15 to 24 climbing to 14.2% in 2025, exceeding pre-pandemic averages.[4,5] Notably, youth employment rates have fallen sharply, while the average time young people remain unemployed continues to rise. Behind these statistics is a generation of youth entering adulthood without the financial knowledge or skills to navigate a volatile job market, access higher education, manage student debt, or achieve long-term stability.

Despite these realities, financial literacy remains inconsistently taught across Canadian schools, leaving many youth, especially those from marginalized communities, at heightened risk of financial instability, exploitation, and long-term economic hardship. The current patchwork approach to financial education is insufficient to address the growing complexity of Canada's economy or the pressures facing young people today. Urgent, coordinated federal and provincial action is needed to implement a standardized, mandatory financial literacy curriculum nationwide. Ensuring every young person is equipped with essential financial, employment, and consumer safety knowledge is not only a matter of individual empowerment, it is a foundational step toward reducing youth unemployment, closing economic gaps, and building a more resilient and equitable future for all Canadians.

Cross-Cutting Theme 2: Youth Engagement in Local, National, and Global Advocacy

Across the country and beyond, youth are at the forefront of local and global struggles, demanding action on issues like human rights, climate justice, racial equity, and Indigenous sovereignty. From leading ceasefire protests for ongoing global conflicts, to organizing climate strikes and defending Indigenous lands, to mobilizing for educational, health care, and policy reforms, Canadian children and youth are demonstrating that they are not passive bystanders—they are driving change. Their activism highlights the urgent need for systems that empower, rather than suppress, youth voices. Social media continues to serve as a critical tool for youth mobilization and education, despite growing barriers like censorship and algorithmic suppression that often silence youth-led movements.

Informed by this activism and lived experience, children and youth across Canada have articulated clear policy demands for structural change. They are calling for the establishment of a National Child and Youth Commissioner to ensure their voices are embedded in decision-making, alongside urgent federal action to eliminate child poverty, increase investment in mental health services, and implement the Truth and Reconciliation Commission's Calls to Action impacting Indigenous youth. These are not isolated demands; they reflect an understanding that, without systemic investment in the protection of their rights, and improving health and equity, temporary solutions will fail to address the root causes harming young people today. Children and youth are demanding not just inclusion, but a seat at the decision-making table, with tangible pathways to shape policies and programs that secure justice, dignity, and well-being for their generation and those to come.

Methods and Framework

The *Raising Canada 2025* report builds on the same methodological framework as previous years to track and analyze the top 10 threats to children's well-being in Canada. To reflect the most recent developments, the research team conducted an extensive review of both peer-reviewed and non-peer-reviewed data sources. While this report is not intended as a formal systematic review, it serves as a practical, research-informed tool to spotlight the evolving patterns of social, environmental, and health-related issues affecting children and youth in Canada today. Data was gathered from credible sources, including government websites, academic databases such as PubMed, MEDLINE, EMBASE, and Google Scholar, as well as research resources accessed through the University of Calgary.

A key enhancement in this year's report was the deeper integration of child and youth perspectives and subject matter expertise throughout the research process. Ethics approval was secured from both the University of Calgary and McGill University Research Ethics Boards to conduct focus groups with youth and expert stakeholders. These discussions provided essential qualitative insights that shaped both the identification of key threats and the development of solutions. Examples of other methods used in this year's report include:

- Sharing draft versions of the report with children and youth as subject matter experts to obtain their feedback and ensure their lived experiences are reflected.

- Engaging service providers, professional experts, and other stakeholders to review the data, validate findings, and strengthen recommendations;

- Incorporating input and recommendations from Children First Canada's Youth Advisory Council through focus group-style discussions on the major threats facing young people across the country.

A child rights-based framework was consistently applied across the *Raising Canada 2025* report, rooted in the four core principles of the United Nations Convention on the Rights of the Child (UNCRC):

- Non-discrimination — All children should be protected from discrimination of any kind, regardless of their race, ethnicity, gender, language, religion, disability, socioeconomic status, or other factors.

- The best interests of the child — In all decisions and actions affecting children, their best interests must be the primary consideration.

- The right to survival and development — Governments have a responsibility to ensure the survival, protection, and holistic development of every child to the maximum extent possible.

- The views of the child — Every child has the right to express their views freely in all matters that affect them, with those views given due consideration based on their age and maturity.

Throughout this report, the terms "children," "youth," "adolescents," and "young people" are used interchangeably to refer to individuals under the age of 18, unless otherwise specified. In cases where the specific age range differs to maintain data accuracy, those distinctions are clearly stated. As in previous years, the inconsistent use of these terms across data sources—particularly between government agencies and international organizations—continues to present challenges. For instance, the UNCRC defines a child as anyone under 18, while the United Nations defines youth as individuals aged 15 to 24.

The following sources and methods were considered when identifying the top 10 threats to childhood in Canada for the 2025 report:

- A comprehensive review of recent literature and national data;

- Insights from the Young Canadians' Parliament (YCP) annual report;

- Individual interviews with subject matter experts across health, education, and child welfare sectors;

- Focus groups with subject matter experts to validate findings and recommendations;

- Focus groups with youth to centre their lived experiences and priorities;

- A full review of the report by youth as experts with lived experience to ensure authenticity and relevance.

Notably, this year's process also continued to emphasize the intersectionality of these threats, along with the inequitable impacts on marginalized and underserved populations, and the need for more holistic, equitable policy solutions, recognizing that the challenges facing children and youth are deeply interconnected and cannot be addressed in isolation.

Children First Canada, in partnership with the University of Calgary, has once again led this collaborative research effort. Ethical oversight for this project was provided by the University of Calgary Research Ethics Board.

"Simply the fact that this is the eighth edition of the *Raising Canada* report is an indication of how much progress is still needed to improve the lives of children in Canada. Over the years this report has been issued, many of the challenges facing children and youth from across the country have remained constant, while new challenges have also emerged. In order to have a better world in the future, it is imperative that children grow up in a healthy way and are truly raised by those around them. As such, with every passing year it is increasingly important to truly address the threats listed in the *Raising Canada* report. If these threats are not alleviated, we risk creating a generation of people whose lives will forever be affected due to the impact of threats they experienced during childhood."

~ROMAN WOLFLI, CHILDREN FIRST CANADA YOUTH
 ADVISORY COUNCIL CO-CHAIR

"For the past decade, the *Raising Canada* report has made one thing clear: children in our country face unacceptable challenges and risks. Children are 100 per cent of our future, and we must act now—not with band-aid solutions, but with bold investments in people, a right-sized pediatric health-care system and innovation through big data and AI. At Holland Bloorview, we believe children and youth with disabilities and developmental differences deserve equitable, timely access to the right services, at the right time, in the right place. We're proud to be building partnerships with our community to reduce barriers not only to the medical care they need, but to things like music & arts and employment. Let's continue to work with local, provincial and national partners to achieve the most meaningful and healthy futures for all children and youth."

~JULIA HANIGSBERG, PRESIDENT AND CEO, HOLLAND
 BLOORVIEW KIDS REHABILITATION HOSPITAL

UNINTENTIONAL PREVENTABLE INJURIES

THE SIGNIFICANCE OF UNINTENTIONAL INJURIES IN THE HEALTH OF CANADIAN CHILDREN

Unintentional injuries are the leading cause of both death and morbidity in children and youth in Canada.[67] Unintentional preventable injuries are those which occur without the intent to hurt and could have been avoided through the implementation of effective preventive measures. These injuries can range from minor incidents such as bruises, sprains, and dislocations to severe and life-altering harm, including fractures, crush injuries, and traumatic brain injuries. Because they are predictable, they are also preventable.

Data show trends over time; however, the leading causes of death and serious injury among children and youth in Canada remain the same: falls, transport-related incidents, poisoning, breathing emergencies (such as choking, suffocation, or strangulation), sports and recreation injuries, drowning, and fire or burn-related incidents.

The importance of research and collective prevention efforts in this area cannot be overstated. Beyond the moral imperative of saving children's lives, the economic impact of unintentional injuries is substantial. Recent estimates indicate that unintentional injuries cost the Canadian health care system approximately $29.4 billion annually, with $20.4 billion attributed to direct health care costs.[11] Injuries among children alone account for roughly 10% of this burden, totalling an estimated $2.9 billion.[11] Falls remain the leading contributor to injury-related health care costs for children, as well as the top cause of hospitalizations, emergency department

visits, and disability. Children aged 10 to 14 experience the highest rates of injury-related deaths and emergency department visits, while children aged 0 to 4 have the highest rates of injury-related hospitalizations.[11]

Because medical treatment is costly and adverse health effects can occur regardless of the quality of medical care after an injury has been sustained, prevention is recognized as the best means of attempting to reduce this issue.[68,69]

Injuries do not impact everyone living in Canada equally. There are those who may be placed at higher risk due to social determinants of health. For example, families who live in low-income housing may not be able to control their environment. Installing safety features such as window guards or buying products such as stair gates to decrease hazards, may not be feasible. Decreased rates of injury occur when we improve access to health care services, education, employment income,

quality housing, and improved social environments. Therefore, continued research into the root causes and consequences of unintentional injury, and the development and implementation of evidence-based prevention measures, is critical to improving the health and safety of Canadian children.

PREVALENCE AND EPIDEMIOLOGY OF UNINTENTIONAL INJURIES AMONG CANADIAN CHILDREN

The leading causes of unintentional injury deaths among Canadian children vary considerably across different age groups, underscoring the need for tailored prevention strategies. Based on the Injury in Canada report, the following leading causes of unintentional preventable injuries are highlighted alongside associated hospitalization values for each age group.

Ages	Deaths	Hospitalizations
Combined, 0-14	Transport* (60) Suicide/self-harm (46) Drowning (28) Breathing and suffocation (22)	Falls (5861) Transport* (1504) Suicide/self-harm (1089)
0-4	Breathing and suffocation (19) Transport* (19) Drowning (10) Burns (4)/ Violence (4)	Falls (2124) Unintentional poisoning (562) Burns (353)
5-9	Transport* (20) Drowning (10) Burns (6) Suicide/self-harm (2)/ Violence (2)	Falls (2318) Transport* (517) Unintentional poisoning (98)
10-14	Suicide/self-harm (44) Transport* (22) Drowning (7) Violence (5)	Falls (1419) Suicide/self-harm (1085) Transport* (760)

*Includes occupant/motor vehicle, pedestrian, cyclist, ATV/Snowmobile

Source: The Cost of Injury in Canada report, Parachute, 2021, (Parachute, 2021).

Falls

Falls are a significant concern, identified as a leading cause of emergency department visits for unintentional injuries among children aged 1 to 14 years, and the leading cause of hospitalization for unintentional injuries overall (37%).[68,69] Notably, sports, physical activity, or playing were the activities most associated with the occurrence of these injuries[7] for older children and youth, while younger children and toddlers are more likely to suffer injuries from a fall down stairs or off of furniture. The prevalence of head injuries and concussions was highest among youth aged 15 to 17 years, while fractures were most common in children aged 10 to 14 years. Serious cuts and punctures were most frequent among the youngest children (1 to 4 years).[7] These findings highlight the importance of focusing prevention efforts on common injury mechanisms and the settings in which they occur.

Household Hazards

Hazards in homes for children include injuries and deaths from burns (hot liquids, hot water, fireplaces), choking and strangulation (window blind cords, bedding in cribs), falls from windows/balconies, as well as poisonings. While medications (prescription and over the counter) continue to be the leading cause of poisonings in children, there are household items such as detergent packets that also attract attention.

Detergent packets, often marketed for their convenience, continue to pose a significant and growing risk to Canadian children and youth, particularly those under the age of five. A recent national study using data from the Canadian Hospitals Injury Reporting and Prevention Program (CHIRPP) identified 904 injury cases related to detergent packets among children individuals aged 17 and younger between 2011 and 2023.[70] These injuries represented a rate of nearly 60 cases per 100,000 emergency department visits, with 86.5% of incidents occurring in children

under four years old—the group most vulnerable to unintentional exposure.[70]

The majority of these injuries were classified as poisonings from medications and other household items (58.8%), followed by eye injuries (30.6%) and other physical harm.[70] More than 7% of all cases required hospitalization, underscoring the potential severity of these incidents.[70] Ingestion of detergent packets was the most common cause, accounting for 56.9% of cases, often due to young children mistaking the colorful packets for candy or toys.[70] Additionally, 32.3% of incidents occurred when the packets burst, exposing children to concentrated detergents through skin or eye contact.[70]

Concerningly, among adolescents aged 10 to 17, the study identified 22 cases of intentional ingestion, predominantly involving young girls, reflecting the broader public health concern around self-harm in youth.[70] The overall rate of detergent packet-related injuries has increased steadily, rising by 5% per year between 2012 and 2022.[70] Eye injuries have shown the sharpest increase, with rates growing by 16.6% annually, while poisonings began to decline after 2015, likely due to increased public awareness and safety regulations.[70]

The COVID-19 pandemic exacerbated these alarming trends, with detergent packet-related emergency visits rising by 43% from March 2020 to December 2022 compared to pre-pandemic years.[70] This increase may be attributed to children spending more time at home, unsupervised, during school closures/lockdowns. Despite efforts to introduce child-resistant packaging and safety campaigns, these findings highlight an urgent need for strengthened prevention measures. These include secure product storage, improved packaging regulations, and targeted public awareness initiatives to reduce the risk of both unintentional and intentional injuries associated with detergent packets in Canadian households.

Sports/Concussion and Head Injuries

Regarding non-fatal unintentional injuries, self-reported data from the 2019 Canadian Health Survey on Children and Youth indicate that head injuries and concussions were the most commonly reported (4.0%) type of injury among children and youth aged 1 to 17 years.[7] Broken bones or fractures were the second most frequently reported (3.2%), followed by serious cuts or punctures (2.5%), which were particularly common among children aged 1 to 4 years.[9]

The Canadian Paediatric Society (CPS) points out that head injuries, ranging from concussions to severe traumatic brain injuries (TBIs), remain a major cause of injury-related emergency department visits, hospitalization, and disability among Canadian children and youth.[71] National data from the Public Health Agency of Canada shows that between 2006 and 2017, there were more than 34,000 hospitalizations related to TBIs among children and youth up to age 19—an average of over 3,000 cases per year—with males accounting for over 66% of those affected.[71]

Children and youth aged 5 to 19 are particularly vulnerable to head injuries, with sport and recreation-related injuries and falls making up 44% and 24% of TBI cases in this age group, respectively. Children younger than five years have the highest rates of fall-related head injuries, except for older adults aged 75-plus. For every 100,000 infants (less than 12 months old), more than 3,000 will be seen in an emergency department for a head injury.[70,71] The CPS further reports that sport-related concussions alone account for nearly 200,000 injuries annually, representing the vast majority of pediatric TBIs.[71] Data from the Canadian Hospitals Injury Reporting and Prevention Program (CHIRPP) found over 650,000 head injury cases reported from 2011 to early 2024, including nearly 291,500 TBIs, with a significant portion linked to sports such as rugby, ice hockey, and ringette.[70] The CPS, Canadian medical and sport guidelines, and international research evidence stress that early removal from play, timely medical assessment, and a gradual,

structured return-to-play process are essential to reducing the long-term risks of concussions and head trauma in young people. Notably, the urgent need for preventative measures remains crucial to alleviating head injuries including strategies around the use of mouthguards and neuromuscular training.

Traffic Injuries

Transportation injuries–those that happen when children and youth are occupants in vehicles, pedestrians, and cyclists–are a leading cause of injuries and death.

One area where children and youth have a disproportionate burden of injury is the use of off-road vehicles (ORVs), such as all-terrain vehicles (ATVs) and side-by-sides. Although young people make up only 12% to 15% of ATV riders, they account for a staggering 27% to 35% of all ORV-related fatalities in Canada.[72] While hospitalization and death rates linked to ORV incidents have remained relatively stable over the past decade, a sharp increase was observed during the 2020–2021 period, coinciding with the COVID-19 pandemic when recreational vehicle use rose significantly.[72]

This data is concerning because ORVs are not designed with children in mind, and their size, speed, and instability increase the risk of serious injuries such as traumatic brain injuries, spinal damage, or death. The CPS emphasizes that young riders, especially those under age 16, lack the physical strength, cognitive development, and judgment required to safely operate these vehicles, putting them at significantly higher risk of harm.

Parachute Leaders in Injury Prevention emphasizes the life-saving impact of using child restraint systems correctly, reporting that proper car seat use can reduce the risk of serious injury in a crash by up to 82% and lower the risk of death by as much as 71%.[73] Despite these proven benefits, research shows that misuse of car seats and booster seats remains common

across Canada, often due to incorrect installation, premature transition to adult seat belts, or lack of public awareness.[73] Ensuring that children are secured in the right car seat for their size, correctly installed and used consistently on every ride, is one of the most effective ways to prevent devastating injuries or fatalities. Parachute stresses that the safest place for children in a vehicle is the back seat, where they should remain until at least 13 years of age, as front-seat airbags and the impact of frontal collisions pose significant risks to younger, smaller passengers.[73]

PHYSICAL HEALTH CONSEQUENCES OF UNINTENTIONAL INJURIES

Mortality figures underscore the severity of unintentional injuries as a threat to child health in Canada. Unintentional injuries are the leading cause of death for children and youth aged 1-19 in Canada, as shown by Statistics Canada data available for 2000-2023.[74]

Hospitalization data further illustrates the significant physical impact of unintentional injuries on Canadian children. In 2018, there were 204,893 injury-related hospitalizations in Canada, 12,796 were children aged 0-14 years.[70,75] Unintentional injuries rank as the second leading cause of hospitalization among children aged 1 to 9 years.[70,75]

Among children aged 0 to 17 years hospitalized due to falls, the most common injuries include fractures of the shoulder, upper arm, and forearm, as well as head injuries.[7] These figures indicate that falls and injuries, especially those involving the head, are significant contributors to severe health outcomes requiring hospital care in the pediatric population. The long-term effects of unintentional injuries can be devastating. These injuries can lead to permanent disabilities such as blindness, spinal cord injuries, or intellectual impairment resulting from traumatic brain injuries.[75]

Research also suggests a link between childhood injuries and the later development of chronic health conditions.[10] For instance, burn injuries in childhood have been associated with an increased risk of respiratory illnesses and arthritis in later life.[10] Furthermore, physical trauma experienced during childhood has been linked to a higher likelihood of developing conditions such as cancer, diabetes, cardiovascular illness, and obesity.[10] These potential long-term consequences underscore the profound and enduring impact unintentional injuries can have on a child's later health and well-being.

The emotional well-being of a child following an injury is an important aspect of their overall health and should not be overlooked. It is essential to recognize and address the mental health and well-being of the entire family unit also. When a child experiences an unintentional injury, parents and caregivers must also receive the necessary support and resources to cope with the emotional challenges they face. An intersectional, systems-level response is critical to managing emerging threats such as unsafe e-scooter use, substance-related injuries, and new affordability challenges.

CONCLUSION

The alarming rates of unintentional injuries among Canadian children and youth and their associated physical, emotional, and economic consequences, underscore the urgent need for stronger, evidence-informed prevention strategies. As demonstrated by injury trends across diverse categories, including falls, sports-related head trauma, household hazards, motor vehicle incidents, and off-road vehicle use, these injuries are largely preventable with the right interventions in place.

Despite the fact that causes of injury and solutions are known, physical injury has remained the leading cause of death for children in Canada. It begs the question, why? Fragmented approaches and lack of priority from government and public

health officials limit progress in reducing injury rates. Investments in the upstream, public health approach to preventing injuries, will result in significant reductions to the injury-related deaths and hospitalizations of children.

To effectively mitigate unintentional injuries, a unified, strategic collaboration between provincial, territorial, and federal governments as well as nonprofit organizations is essential. Evidence-based policies must be consistently developed, implemented, and enforced across jurisdictions to ensure all Canadian children benefit from the same high standards of safety. This requires aligning regulatory frameworks, sharing data, and coordinating public awareness campaigns to drive measurable reductions in injury rates. Proven interventions, such as built environment improvements (e.g., separated bike lanes), graduated licensing programs, mandatory helmet and restraint use, and childproof packaging standards, must be expanded, enforced, and regularly updated based on emerging research.

Notably, the prevention of unintentional injuries cannot be limited to addressing known hazards alone. As new and evolving threats such as e-scooters, personal mobility devices, and substance-related injuries among youth continue to emerge, proactive policy action, monitoring, and research becomes even more critical. A comprehensive, future-focused approach that integrates injury prevention with broader health equity efforts will be key to protecting children and youth from both existing dangers and the next generation of risks. Injuries do not impact everyone living in Canada equally. For those who may be placed at higher risk due to social factors, comprehensive, systemic changes are most effective at addressing these inequities.

By strengthening regulatory consistency, investing in prevention research, translating that knowledge into action, and fostering collaboration across all levels of government and the nonprofit sector, Canada can significantly reduce the burden of unintentional injuries—and ensure safer environments for every child to grow, play, and thrive.

POOR MENTAL HEALTH

Positive mental health is a key determinant of healthy emotional and social well-being not only in childhood but throughout life. Yet, recent data has shown that by the age of 25 approximately one in five Canadians will be diagnosed with a mental illness, with a majority of this segment beginning to experience symptoms before the age of 18.[76] Poor mental health represents a significant and growing threat to the well-being of children and adolescents in Canada. It impacts various facets of their lives, hindering their academic performance, social development, and overall quality of life.[77] While studies have previously documented an overall decline in youth mental health, the COVID-19 pandemic has further exacerbated it.[78]

As the world continues to face challenges such as climate change, economic instability, technology misuse, and civil unrest, it is crucial for Canada to implement actionable interventions that prioritize the mental health of children and youth. However, to determine which interventions will drive the most effective and sustainable change, it is essential to gain a comprehensive understanding of the root causes of poor mental health.

These include adverse childhood experiences such as poverty, violence and abuse, systemic racism, and discrimination, which disproportionately affect the well-being of young people. This section will provide an overview of the prevalence and trends of poor mental health among Canadian youth, explore the contributing factors, and offer policy and community recommendations to address this critical issue.

PREVALENCE AND TRENDS OF MENTAL HEALTH CHALLENGES

As per Statistics Canada, a 2022 Mental Health and Access to Care survey found approximately 18.3% of youth aged 15 years and older meet the diagnostic criteria for mood, anxiety or substance use disorder.[79] These findings are in line with more recent data from The Canadian Health Survey on Children and Youth in 2023, which revealed that approximately one in five young people aged 12 to 17 reported symptoms consistent with a mental disorder.[80]

The increasing awareness and destigmatization of mental health may also contribute to higher reported rates, as more young people and their families feel comfortable acknowledging their struggles and seeking help.[81] While increased reporting is a positive step toward addressing the issue, it also underscores the growing demand for mental health services and the need for adequate resources to meet this demand.

To determine what services are most needed for youth, it is important to understand how mental health services are currently being accessed. Oftentimes, youth will seek mental health care through emergency department (ED) visits when experiencing a mental health crisis. When analyzing ED visit trends in children and youth between the ages of 5 to 24, there has been an overall decline in ED visit rates since the 2018-2019 fiscal year.[82] As a result, the rate of hospitalization for mental health disorders within this age group has also decreased by 23%.[82] On the other hand, an 18% increase in dispensation of mood and anxiety medications was seen between 2018 and 2024.[82] In contrast, an increase in the number of youth receiving physician-led mental health care in community settings increased in the 2022-2024 fiscal year compared to pre-pandemic levels.[82]

However, further analysis of this data shows disparities within these trends. As per the Canadian Institute for Health Information, females visited the ED for mental health issues at almost a 50% higher rate than males during the 2023-2024 fiscal year.[82] ED visits were highest among 15-17 year old females due to mood, trauma or anxiety disorders. The highest rate of male ED visits were seen in the 18-24 age group for substance related disorders.[82] While research has shown that girls experience poorer mental health at a higher rate compared to boys, disparities in ED and hospitalization rates may be associated with stigma that discourages men from seeking care.[82]

Disparities in prevalence also exist across different marginalized communities of the Canadian youth population. Indigenous youth, for example, often face a disproportionately higher burden of mental health challenges due to the ongoing impacts of colonization, intergenerational trauma, and systemic inequities.[15] Similarly, 2SLGBTQIA+ youth may experience higher rates of mental health issues due to discrimination, stigma, and a lack of inclusive support systems.[16] In addition, data has shown that youth living in the lowest income-group in Canada report experiencing anxiety and other mood disorders at 2.4 times the rate of those in higher income groups.[82,83] In contrast, youth in this same income group had the lowest rate of seeking physician-led mental health care in community settings and dispensation of mood and anxiety medications,[82,84] highlighting the disparities in care faced by vulnerable Canadian youth.

SPECIFIC MANIFESTATIONS OF POOR MENTAL HEALTH IN CHILDREN

Canadian adolescents experienced extreme mental health issues during the COVID-19 pandemic, as revealed in research conducted by Craig et al. (2023).[85] The research indicated that 51% of adolescents experienced depressive symptoms, 39% experienced anxiety symptoms, and 45% experienced PTSD symptoms, thus revealing the extreme impact of pandemic-related stressors.[85] This trend is also reinforced in a meta-analysis conducted by Madigan et al. (2023), in which they determined a rise in depression and

anxiety symptoms following the pandemic, of which the latter was most commonly observed in female participants.[86] From this discussion, the most commonly reported disorders experienced in youth include:

Depression and Anxiety

Poor mental health in children and adolescents can manifest in a variety of ways, impacting their emotional, behavioural, cognitive, and social functioning. Anxiety disorders, including generalized anxiety disorder, social anxiety disorder, and panic disorder, are among the most common mental health challenges experienced by young people in Canada.[87] These disorders can lead to excessive worry, fear, avoidance behaviors, and physical symptoms such as headaches and stomachaches, significantly interfering with daily life and activities.[87]

Depressive disorders, characterized by persistent sadness, loss of interest, changes in appetite and sleep, fatigue, and feelings of worthlessness, are also prevalent among Canadian youth.[88] Depression can significantly impair academic performance, relationships, and overall well-being. In severe cases, it may lead to suicidal ideation and behaviour.[88] Moreover, prescription rates for mood and anxiety medications have risen over the past five years, with a significant difference observed between females and males.[9]

Recognizing the signs and symptoms of depression in youth is crucial for early intervention and support. Attention-Deficit/ Hyperactivity Disorder (ADHD) is another common neurodevelopmental condition that can significantly impact a child's mental health and daily functioning. Characterized by patterns of inattention, hyperactivity, and impulsivity, ADHD can lead to difficulties with concentration, organization, and self-regulation, affecting academic success and social interactions.[89] Co-occurring mental health conditions are also common in children with ADHD, showcasing the need for assessment and treatment.

Substance Use Disorders

Poor mental health can also manifest as behavioural problems, such as aggression, defiance, and substance use, particularly in adolescence.[90] Substance abuse levels in youth have remained consistent between 2021 and 2024,[90] with alcohol consistently ranked as the most widely used substance among Canadian students, 22% of whom report use.

Other commonly used substances by youth include cannabis at 12% and vaping at 15%.[90] Substance use was most commonly seen by students living in rural areas, with students in these areas reporting the highest prevalence of alcohol, vape, and illegal drug use.[90] These behaviours can be indicators of underlying emotional distress and may require mental health support and intervention.

Substance use is still a problem among Canadian children. Hospitalizations due to substance use in Canadian youth aged 10 to 24 years decreased by nearly 10% from 2022 to 2023, as per the Canadian Institute for Health Information (2023).[7,9] Nonetheless, the overall rate of hospitalization continues to be high, with 22,985 hospitalizations, in comparison to pre-pandemic times.[7,9]

The most prevalent drug causing hospitalization among youth is cannabis, followed by alcohol, stimulants, and opioids.[7,9] It is noteworthy that a higher proportion of male youth (14.5%) and male young adults (16.8%) reported harmful alcohol drinking than female youth (9.6%) and female young adults (9.1%).[91] A large majority of these hospitalizations were associated with a concurrent mental health diagnosis, indicating the entwined nature of substance use and mental health concerns.[7,9] Research on the effects of cannabis advertising suggests that ads are having a profound effect on increasing Canadian youths' intention to use cannabis, indicating that existing policies are not yielding effective outcomes.[92]

Eating Disorders

Eating disorders, such as anorexia nervosa, bulimia nervosa, and binge-eating disorder, represent serious mental health conditions, resulting in significant physical and psychological consequences for young people.[93] Bullying-induced emotional distress may also manifest as disordered eating patterns,[94] since youth may not possess the necessary resources needed to cope with the psychological trauma.

The rate of ED visits and hospitalizations for eating disorders in youth spiked during the pandemic but has been decreasing since 2022. However, hospitalization rates still remain higher than pre-pandemic levels during the 2023-2024 fiscal year.[7,9] Eating disorders have some of the highest mortality rates among psychiatric illnesses and disproportionately target children and youth.[94] The increased rates of eating disorder hospitalizations among Canadian youth, particularly throughout the COVID-19 pandemic, underscore the seriousness of this risk.[95]

Recent research conducted a retrospective gender difference analysis of eating disorders in youth for the year 2022, opining that the most common incidence is in females and youth, with a highly alarming decrease in the average age of hospitalization,, indicating an earlier age of onset of these disorders.[95]

The highest rate of hospitalizations for eating disorders was seen in the 10-17 year old female age group.[7,9] According to Kids Help Phone (2024), 3% of their interactions are disordered eating-related.[49,96] Newfoundland and Labrador represent the province with the highest percentage of messages regarding disordered eating, at 4%.[49,96] Furthermore, it is possible that children use substances as a maladaptive coping mechanism to dampen the emotional pain of bullying, thus exacerbating the negative health consequences.[7,9]

Suicide and Self-Harm

Depression can significantly impair academic performance, relationships, and overall well-being, and in severe cases, can lead to suicidal ideation and behaviour. These behaviours are serious outcomes of untreated mental health conditions and highlight the importance of early identification, intervention, and the availability of appropriate support services. Emotional distress can contribute to feelings of worthlessness and hopelessness which may lead to self-harmful behaviors.[96]

Suicide is the second most common cause of death in the age group 10 to 24 years, reflecting the serious nature of mental health emergencies among Canada's youth population.[97] Of special concern is the frequency of suicide talk among children accessing mental health services, including Kids Help Phone, where suicide is a major issue, especially through text and live chat. This is evidenced in children as early as 10 to 13 years of age.[98]

Self-harm issues constitute 9% of contacts with Kids Help Phone, indicating how serious this problem is among young Canadians.[96] The majority of these contacts are from Yukon, with 13% of interactions involving content related to self-harm; Saskatchewan and Alberta follow closely, with 11% and 10% respectively.[96] A concerning 26% of these encounters are with young children aged 5 to 13, and nearly half are with teenagers aged 14 to 17.[96] Self-harm is particularly prevalent among Canadian bipolar youths, with over 45% of them reporting lifetime incidents of injury.[50] This has been determined to be influenced by trauma in childhood, with emotional abuse and neglect as the most predictive of self-harming behaviour.[50]

Hospitalization rates related to self-harm are especially concerning for females between the ages of 10 and 19 years, who experience the highest rates across all age groups and both sexes.[51] Suicidal plans, attempts, and intense

suicidal thoughts are extremely prevalent, touching the lives of hundreds of thousands of Canadians annually.[51] In very severe instances, bullying can also heighten risk for suicidal thoughts and behaviours, further underscoring the need for immediate support and intervention.[98,99]

MENTAL HEALTH AND INEQUITIES

First Nations children in Canada have a greater prevalence of mental health disorders, including much higher rates of suicide attempts and suicides compared to non-First Nations children.[100]

A study conducted by Chartier et al. (2024) explains the inequalities in mental health for First Nations children in Manitoba. Children experience a disproportionate burden of mental disorders, including increased ADHD, substance use, schizophrenia, and significantly increased suicide attempts and suicide deaths in comparison to non-First Nations children.[100] As we have previously noted, these findings highlight the urgent need for equitable access to culturally appropriate mental health services that are tailored for First Nations children.[100] Substance use disorders are even more elevated in 2SLGBTQIA+ youth, who reported a potential cannabis use disorder at 13.5%, which is considerably above the average for their age.[101]

"If there is a lack of something in a community or you don't have access to something, it can often influence mental health. And I think there's a lot of instances like that. Specifically when you go to more remote or northern communities."

~ YOUTH FOCUS GROUP PARTICIPANT

CONSEQUENCES OF POOR MENTAL HEALTH IN CHILDHOOD

The consequences of poor mental health in childhood extend far beyond immediate distress, impacting various aspects of a child's development and well-being, including potential long-term ramifications. Academically, children struggling with mental health challenges often experience difficulty with concentration, motivation, and school attendance, leading to lower grades, increased risk of school dropout, and limited future educational and employment opportunities.[102] Mental health issues can significantly interfere with a child's ability to learn and thrive in an educational setting.

Socially, poor mental health can hinder the development of healthy relationships and social skills. Children experiencing anxiety or depression may withdraw from social interactions, struggle with peer relationships, and experience feelings of isolation and loneliness.[103] These difficulties can further exacerbate mental health challenges and impact overall social adjustment. Furthermore, poor mental health in childhood is a significant risk factor for the development of mental health disorders in adolescence and adulthood.[104] Untreated mental health issues can become more entrenched over time, leading to chronic conditions that impact all areas of life, including relationships, work, and overall well-being.

AVENUES FOR INTERVENTION AND SUPPORT

Addressing the significant threat of poor mental health in Canadian children requires a multifaceted approach encompassing prevention, early intervention, and accessible, evidence-based treatment and support services. Prevention strategies play a crucial role in promoting positive mental health and building resilience from an early age. These initiatives can include universal programs in schools that focus on social-

emotional learning, coping skills development, and mental health literacy for students, educators, and parents.[105] Creating supportive and inclusive school environments can foster a sense of belonging and well-being, reducing the risk of mental health challenges.

Timely access to evidence-based treatment and support services is essential for children and adolescents experiencing mental health challenges. This includes individual and group therapy, family therapy, and medication when appropriate, delivered by qualified mental health professionals.[106] Ensuring that these services are culturally sensitive, geographically accessible, and affordable is crucial for reaching all young people in need. Leveraging technology, such as telehealth and online resources, can also help to improve access, particularly for those in remote or underserved communities.

Furthermore, encouraging collaboration across sectors, including education, health care, social services, and community organizations, is vital for creating a comprehensive and integrated system of support for children's mental health.[107,108] Strengthening partnerships and improving communication between these sectors can ensure that young people receive coordinated and holistic care. Finally, ongoing research and evaluation are necessary to inform the development and implementation of effective interventions and to monitor the mental health needs of Canadian children and adolescents. By recognizing the complexity of poor mental health and investing in timely and appropriate interventions, Canada can work toward fostering a healthier future for its young people.

VIOLENCE AGAINST CHILDREN / CHILD ABUSE

Violence against children continues to be a deeply concerning threat to the well-being of young people across Canada. Defined as any form of physical, emotional, or psychological harm, including neglect, exposure to intimate partner violence and sexual abuse where violence can occur in homes, schools, institutions, online spaces, or within peer relationships. According to the World Health Organization (2023), violence not only disrupts healthy development during childhood but can result in lifelong physical and mental health consequences.[21]

A population-based study from Afifi et. al (2025) found that the prevalence of any form of child abuse in Canada in 2022 was 34.4%, based on data collected by the 2012 Canadian Community Mental Health and Access to Care surveys.[109] This report explores the multifaceted impacts of violence against children in Canada, examining recent prevalence data, health consequences, disproportionate risk among marginalized groups, systemic barriers to support, and current interventions.

CHILD MALTREATMENT MORTALITY RATES

According to newly published data from the Canadian Coroner and Medical Examiner Database (CCMED) from 2007 to 2016, out of 1758 child deaths classified as a homicide or undetermined, maltreatment was probable in 20.4% or 359 of these deaths.[110] This was determined based on 14.9% classified as probable maltreatment and 5.5% as possible maltreatment.[110] Additional findings showed that most child maltreatment

deaths took place in children younger than 5 years old (72.1%, n=259).[110]

This ultimately translates to a national child maltreatment mortality rate of 0.55 per 100,000, with a homicide rate for children aged 0 to 17 as 0.67 deaths per 100,000.[110] From these results, the mortality rates were consistently higher for males than females across all possible causes of deaths.[110] Equally concerning: the latest Statistics Canada data reveals that homicide is the 4th leading cause of death for youth ages 15 to 24, the 5th cause of death for adolescents ages 10 to 14, and the 6th cause of death for children ages 5 to 9 (source Table: 13-10-0394-01 (formerly CANSIM 102-0561)).[74]

Despite the extremely alarming nature of the CCMED and Statistics Canada data, police-reported data often did not include incidents of possible maltreatment. This suggests that police data may under-represent maltreatment deaths, especially in younger children where the rate of mortality is much higher.[110] Consequently, the data collected around child maltreatment mortality is subjective to the evidence-based standards of the sector collecting this data. Notable considerations that influence this data include the classification of death and the definitions used to constitute child maltreatment. These findings underscore the vulnerability of younger children to fatal maltreatment where surveillance approaches must adapt and standardize their methods of collecting data to better understand child maltreatment mortality patterns.

PHYSICAL AND EMOTIONAL ABUSE AND NEGLECT

Children in Canada experience various forms of violence, including physical abuse, emotional maltreatment, sexual abuse, neglect, and cyberviolence. A recent release from Statistics Canada's Health Report September 2024 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%).[111] In 2023, over 70,000 substantiated cases of child maltreatment were reported in Canada, although the true number is estimated to be much higher due to underreporting.[112] The emergence of digital platforms has also introduced new risks: reports of online sexual exploitation have increased by over 35% from 2022 to 2024.[113]

Teen Dating Violence

The recognition of dating violence as a significant threat to the social development of youth in Canada is concerningly undermined, especially given the lack of national data on the extent of its negative effects. According to the 2018 Survey of Safety in Public and Private Spaces (2018 SSPPS) published in 2024, self-reported data suggests that 45% of teens have experienced dating violence since turning 15 years old, for both teen girls (46%) and teen boys (46%).[114]

Acts of dating violence include criminal actions such as physical and sexual violence, or psychological abuse (i.e. stalking) as well as non-criminal acts such as emotional abuse, both with significant long term consequences for victims.[114] Examples of behaviours related to the experience of emotional abuse include jealousy (36%), being called names/put down (22%), and demands to know whereabouts (20%).[114] From the self-reported data of the 2018 SSPPS, 10% of teens reported experiencing physical violence by a dating partner.[114] In addition, there were higher rates of police-reported cases of intimate partner violence by females. Overall, 4% of teens reported sexual violence, both respectively reported since turning 15 years old.[114] Sexual violence often entailed forced sexual acts (7%) or attempted forced sexual acts (5%).[114]

According to the police-reported administrative data from the Uniform Crime Reporting Survey (UCR) covering 2009 to 2022, 41,057 persons aged 15 to 17 were victims of police-reported

teen dating violence, accounting for 77% of all police-reported intimate partner violence against teens.[114] From this cohort, the highest rates of victimization were found in Nunavut (2142 persons) and the Northwest Territories (1646 persons), with rates in rural areas being twice as high as those in urban areas.[114]

The results from this survey also highlight technology-facilitated violence as a medium used to perpetuate violence where 6% of police-reported cases of teen dating violence occurred online. This proportion has increased by 11% from 2018 to 2022, with a peak during the pandemic period in 2020.[114] Overall, incidents of technology-facilitated violence showed 44% of cases involved sexual violations while 53% included the non-consensual distribution of intimate images.[114] Similar to the UCR survey, the 2018 SSPPS found that 19% of teens experienced unwanted online behaviour in the 12 months prior to the survey, with a higher proportion seen amongst girls (24%) compared to boys (15%).[114]

Teen dating violence affects both the physical and mental well-being of youth who are exposed to these violent dating behaviours. Experiences of dating violence have detrimental implications for future relationships. For this reason, education, advocacy, and upstream interventions are necessary to end dating violence.

MENTAL AND PHYSICAL HEALTH IMPACTS

Violence in childhood is a key contributor to poor mental and physical health. Children exposed to violence are more likely to experience anxiety, depression, PTSD, suicidal ideation, substance use disorders, and academic challenges.[115] Chronic exposure to stress and trauma can dysregulate the body's stress response systems, leading to long-term health consequences such as cardiovascular disease, diabetes, and immune dysfunction.[115,116] Victims of violence may also face relational difficulties and a lack of trust in adults,

contributing to lifelong challenges in building secure relationships. The earlier the exposure, the more severe the developmental impact, particularly when support systems are weak or absent.

DISPROPORTIONATE RISK IN MARGINALIZED GROUPS

Indigenous youth, youth who are racialized, 2SLGBTQIA+ youth, and youth with disabilities are at heightened risk of experiencing violence due to intersecting systems of oppression. According to Statistics Canada (2024), Indigenous children are overrepresented among victims of child abuse, often due to intergenerational trauma, colonization, and systemic neglect.[117,118]

Black and other racialized children are also more likely to be investigated by child protection services, even when accounting for parental income and education levels.[118] 2SLGBTQIA+ youth face elevated risks of physical and emotional abuse at home and in school environments, with 64% reporting experiences of bullying or harassment.[119] These disparities reflect broader inequities and demand culturally safe, community-driven prevention and intervention strategies.

FEMICIDE, FILICIDE, FAMILICIDE

As discussed in *Raising Canada 2024*, reports of child homicide and filicide cases are raising concerns amongst experts and health care providers. According to the #CallItFemicide 2024 report conducted by the Canadian Femicide Observatory for Justice and Accountability, 187 women and girls were killed in Canada in 2024. In incidents where the accused was identified, 93% of cases were perpetrated by males. Further, 46% of victims were killed in rural areas/small towns with Nunavut, Manitoba, Saskatchewan, and Nova Scotia having the highest rates of killings of women and girls.[120,121]

The prevalence of femicide cases nationally are continuously rising as killings of women and girls involving male accusers has increased by 26% from 2019 (pre-pandemic) to 2024.[120,121] Notably, racialized and Indigenous women and girls make up 35.5% of case victims respectively, compared to White victims that make up the remaining 29% distribution.[120,121]

Filicide describes a deliberate act of child homicide from immediate family members and guardians. About 50% of victims were killed by current or former intimate partners while another 28% were killed by other family members as a function of familicide.[120,121] Within the scope of filicide, familicide describes the homicide of a family member(s) by another family member. Based on the research findings of Karlsson et. al (2024), child victims of familicide were often between the ages of 7-12 years old.[122] For this reason, the Canadian Criminal Justice System must be responsible for addressing the role of intimacy and effectively defending child rights.

The lack of interdisciplinary interventions for femicide reporting, underreported media coverage, and lack of innovative research engagement for femicide cases in Canada, has a large-scale influence on the prevalence and advocacy for necessary change. Much more can be done to highlight the lived experiences of intimate partner violence and filicide by women and girls in our communities as a preventative measure.

BARRIERS TO REPORTING ACTS OF VIOLENCE AND ACCESSING SUPPORT

Despite the high prevalence of violence against children, many do not report abuse due to fear, shame, stigma, mistrust of institutions, or other reasons. In marginalized communities, historical and ongoing harms—such as the legacy of residential schools or over-policing—have eroded trust in child welfare and law enforcement systems.[123] Furthermore, services may lack cultural competency, trauma-informed practices, or age-appropriate accessibility. Immigrant families may face language barriers, fear of deportation, or unfamiliarity with Canadian support systems. It is crucial for steps to be taken to address these barriers as early intervention is critical to reduce the negative social and physical impact from experiencing child abuse. Research has shown that early intervention for children experiencing abuse was associated with increased resiliency and emotional development.

EFFORTS, INTERVENTIONS, AND THE WAY FORWARD

While Canada has introduced legislative reforms, community partnerships, and national strategies to address violence against children, these efforts remain fragmented and insufficient, falling short of the urgent, coordinated action needed to confront the scale and systemic nature of the problem. Programs such as Jordan's Principle ensure that First Nations children have access to necessary services without delay due to jurisdictional disputes. The Canadian Centre for Child Protection provides education and online safety resources, while provincial initiatives like Ontario's Strategy to End Gender-Based Violence aim to improve child protection systems. However, gaps remain in funding, service coordination, and evaluation.

Moving forward, investing in upstream prevention, culturally grounded services, universal school-based programs, and child rights education is essential. Youth participation in designing solutions should also be prioritized, recognizing their lived expertise. To ensure meaningful engagement from youth, youth must be involved at all stages of both the research and policy process to ensure that policies can elicit the most effective and sustainable changes.[124]

CONCLUSION

Violence against children is a devastating and preventable crisis in Canada, both a public health emergency and a human rights violation that demands immediate and coordinated national action. The evidence underscores its profound impact on children's mental and physical health, the disproportionate risks faced by marginalized communities, and the systemic barriers that prevent effective protection and response. Addressing this crisis requires a commitment to equity, culturally responsive care, and child-centered prevention and intervention strategies. Canada must uphold its obligations under the UN Convention on the Rights of the Child and ensure that all children grow up free from violence, with the support, safety, and opportunity needed to thrive.
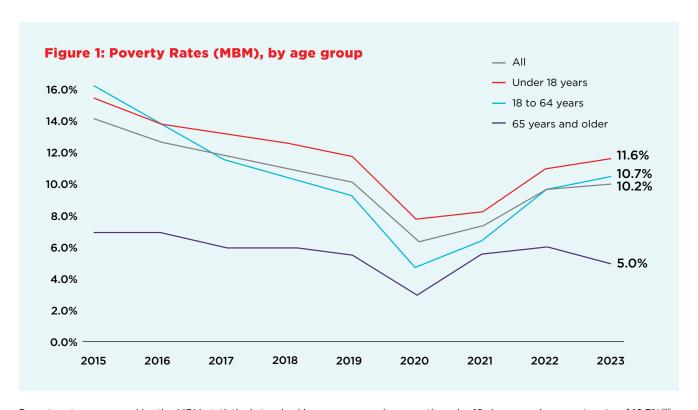
POVERTY

Health and well-being are strongly shaped by an individual's socioeconomic status (SES), which stems from a broader concept including income, education, occupation and neighbourhood type where income is generally used as a flawed proxy for SES. Household income levels greatly affect children's access to food, housing, education, health care services and more.[26] Notably, there is a growing body of evidence that suggests health status, developmental, educational, mental health, and criminal justice outcomes (as well as accessibility) are driven by income.

The impact of poverty, inadequate housing, and food insecurity continue to destabilize Canadian children and youth with far-reaching implications. According to the Campaign2000 2024 National Report Card, Ending Child Poverty: The Time Is Now, nearly 1.4 million children in Canada live in poverty—roughly one in five.[153] There are several ways to measure child poverty; however, regardless of which measure is used, child poverty is on a rapid rise in Canada.
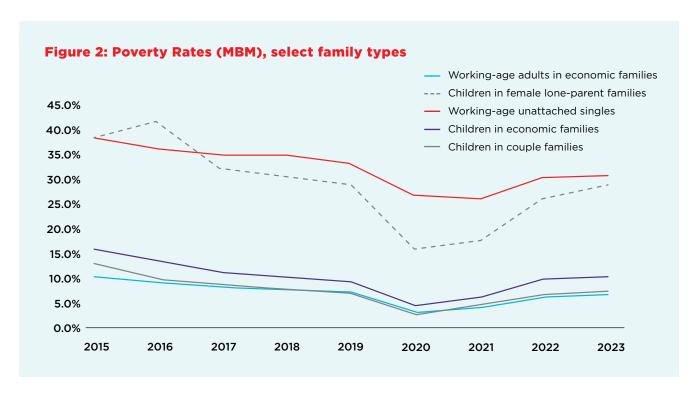
Concerningly, the 2023 poverty rate for children under age 18 grew at a faster pace than any other age group in Canada. Child poverty increased from 9.9% in 2022 to 10.7% in 2023, a level of poverty not seen for this group since 2017.[125] While a decrease in poverty rates were seen in Canada when income support programs were enacted during the pandemic, since 2022 an increase in poverty levels has been observed.[125]

The official measure of poverty in Canada is the Market Basket Measure (MBM) used by Statistics Canada. The MBM measures material deprivation and refers to the cost of a basket of goods or services needed for a basic standard of living.[125,126] This measures whether or not an individual or family can afford to purchase goods to fulfill their basic needs. When calculating the MBM, a reference family of two adults and two children is utilized to determine the cost of items such as food, clothing, shelter, transportation, and other necessities.[126] Across various metrics, poverty rates vary greatly in Canada, with Quebec having a rate of 6% in 2023 in comparison to Saskatchewan at 16%.[125] 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.

Figure 1: Poverty Rates (MBM), by age group

Poverty rates measured by the MBM statistical standard by age group where youth under 18 showcased a poverty rate of 10.7%.[125]

Source : Statistics Canada. Table 11-10-0135-01 Low income statistics by age, sex and economic family type, DiBellonia, S., & Oliveira, T. (2025, May 28). No progress, no plan: What the latest poverty numbers tell us. Maytree. https://maytree.com/publications/no-progress-no-plan-what-the-latest-poverty-numbers-tell-us/

Figure 2: Poverty Rates (MBM), select family types

Family type affects poverty rate. Children growing up in lone mother-led families have a significantly higher rate of child poverty than those in couple families.[125] This accounts for the reduced income of the family and signals a need for policies to better support lone parent-led families.

Source : Statistics Canada. Table 11-10-0135-01 Low income statistics by age, sex and economic family type, DiBellonia, S., & Oliveira, T. (2025, May 28). No progress, no plan: What the latest poverty numbers tell us. Maytree.[127] https://maytree.com/publications/no-progress-no-plan-what-the-latest-poverty-numbers-tell-us/

With the erosion of social safety nets and a rise in inflation, many families have been left vulnerable to economic shocks and unable to afford basic necessities for their children.[128] In fact, Canada only invests 1.68% of its GDP on policies aimed at supporting children and families in comparison to other OECD countries investing an average of 2%.[38.26]

Experiencing poverty as a child may also negatively affect one in their adult life. For instance, youth who experienced educational disadvantages stemming from poverty are more likely to face greater barriers in obtaining employment later in life.[129] Poverty is a complex and multifaceted issue that is intergenerational in nature. In order to properly address how poverty affects children within Canada it is important to discuss key ways in which poverty impacts children's lives.

INADEQUATE HOUSING AND HOMELESSNESS

Approximately 35,000 to 40,000 youth experience homelessness annually in Canada, comprising 20% of the homeless population.[27] With rising apprehension regarding issues of affordability, many Canadians have voiced concern about their ability to afford housing costs. Between 2018 and 2024 the number of unhoused individuals in Canada increased by 20%.[26] Youth, especially those who identify as part of the 2SLGBTQIA+ community, face a disproportionately higher risk of experiencing homelessness in comparison to other Canadians.[26]

One method in which homelessness is tracked in Canada is nationally-coordinated Point-in-Time (PiT) counts. PiT counts determine an estimated number of individuals experiencing homelessness

in a single night using a set of standardized questions administered to unhoused individuals.[28] As per findings from the most recent PiT counts, approximately 3,000 youth were experiencing homelessness in a single night between 2020 and 2022.[28] Moreover, women and 2SLGBTQIA+ youth had a higher representation in survey results among youth respondents.[28]

In addition, youth with experiences in government care—such as foster care, group homes, or other child welfare programs—face a significantly higher risk of homelessness compared to their peers.[28] Approximately 45% of youth respondents reported having been in care, including 51% of Indigenous respondents. Overall, 44% of all respondents indicated they experienced homelessness for the first time before the age of 25.[28]

Experiencing homelessness during one's youth is associated with higher risk of chronic homelessness, unsheltered homelessness, and negative health outcomes.[28] Housing insecurity affects children's physical, social, and mental well-being, causing psychological distress, feelings of helplessness, and is associated with poor academic performance.[26] Housing must be recognized as a national issue by policymakers. The impacts of precarious housing and homelessness in youth can lead to detrimental long-term negative health impacts. Policy initiatives focusing on income-based solutions to address homelessness must be prioritized by policymakers within the country.

FOOD INSECURITY

As of 2024, approximately 10 million Canadians live in food-insecure households, including 2.5 million (nearly 1 in 3) children.[29] Food insecurity is defined as inadequate or insecure access to food due to financial constraints.[130] Children who experience food insecurity are more likely to face developmental delays, including impaired cognitive function, poorer academic performance, and behavioral problems.[131]

Moreover, experiencing food insecurity has profound and lasting negative impacts on children's physical health, increasing their risk of malnutrition, weakened immune systems, and chronic diseases.[132] Experiencing food insecurity may also have negative effects on children's social and mental well-being. Further, mental health challenges, such as anxiety and depression, are more prevalent among children in food-insecure households due to the stress and uncertainty associated with a lack of access to food.[132]

Food insecurity rates have remained alarmingly high in Canada, with 2024 marking the third consecutive annual increase of household food-insecurity levels within the country.[29] Disparities in rates of food insecurity have also been found within Canada. As per the most recent Canadian Income Survey (CIS), racialized groups in Canada face higher rates of household food insecurity in comparison to non-racialized Canadians. For instance, 46.7% of Black Canadians and 39.9% of the Indigenous population experience household food insecurity, in comparison to 21.6% of non-racialized Canadians as of 2023.[25]

To efficiently address food insecurity in Canada would require policymakers to also address issues surrounding poverty. Household food insecurity occurs due to financial constraints and thus is best solved with income based solutions.[25]

CONCLUSION

The challenges facing Canadian children related to poverty, homelessness, food insecurity, and affordability are deeply interconnected, reinforcing one another and disproportionately harming marginalized and low-income families. Addressing these issues requires coordinated, intersectional policies that reflect how factors like income, race, housing, and education overlap to shape child health and well-being.

Isolated, one-dimensional interventions are not enough. Improving child outcomes demands an integrated approach across housing, income

support, food systems, health care, and education. For example, tackling food insecurity requires both income-based support and access to affordable, nutritious food. Likewise, reducing homelessness demands investments in housing and supports for vulnerable youth, such as those aging out of care. Strategic collaboration across all levels of government is essential to create consistent, evidence-informed policies that address root causes. Without this, Canada risks deepening cycles of hardship and limiting children's futures. Ensuring every child has access to safe housing, nutritious food, and stable, supportive environments is key to breaking cycles of poverty and promoting long-term health and opportunity for all.

VACCINE-PREVENTABLE ILLNESSES

The creation of vaccines is seen as one of the most successful public health interventions in human history. Immunization has resulted in the prevention of numerous diseases and saved millions of lives worldwide. While vaccination programs have dramatically reduced the incidence of many infectious diseases, ongoing challenges related to vaccine hesitancy, access, and emerging disease patterns pose a continued threat to the health and well-being of Canadian youth.[34] Vaccine-preventable disease represents a significant public health concern, particularly among children in Canada. Vaccine-preventable illnesses can have significant consequences for children's health, well-being, and development. These consequences range from mild illnesses to severe complications, long-term disabilities, and death.[133]

PREVALENCE AND TRENDS OF VACCINE-PREVENTABLE ILLNESSES

According to the Canadian Pediatric Society, immunization rates in Canada remain suboptimal, leaving children vulnerable to vaccine-preventable illnesses that pose significant threats to their health and well-being.[134] Notable diseases include:

Measles

Measles is a highly contagious viral infection caused by the rubeola virus or *morbillivirus hominis*. It is characterized by symptoms such as cough, fever, conjunctivitis, and maculopapular rash.[135] The virus is spread both by air and by contact with respiratory secretions. Contracting the virus can lead to severe complications such as respiratory failure, encephalitis, and death. Severe long term complications such as blindness, permanent neurological deficits, and deafness can also occur from measles.[135] Although the disease is completely preventable with a two dose vaccine, over 22 million children worldwide have yet to receive a first dose, leading to a global rise in the disease since 2024.[133] The effects of this rise in cases has been seen in Canada in recent years.

Canada officially eliminated endemic cases of measles in 1998.[136] Between 1998-2024 an average of 91 measles cases were reported annually within the country; however, a sharp increase was seen in 2025. As of June 2025, 3,170 cases of measles were reported across the country.[135] The majority of reported cases occurred within the 5-17 year old age group (46%). Additionally, 85% of reported cases occurred in those who were unvaccinated.[135] This sharp increase in case numbers was initiated by an outbreak linked to an internationally imported case in New Brunswick.[137] Since then, outbreaks in multiple jurisdictions have occurred within Canada, a majority occurring in communities with lower vaccination coverage rates.[137]

The recommended vaccination coverage rate to eliminate endemic cases of measles is 95%. Canada's vaccination coverage rate, however, falls below this average.[136] Vaccine coverage rates are highly variable throughout the country with some jurisdictions having coverage rates of over 90% and others below 60%.[136] As a result, numerous communities across the country would be at risk of experiencing a measles outbreak if introduction of the virus were to occur.[136] Lower vaccination rates in these communities can be attributed to factors such as vaccine hesitancy, disparities in health care access, and appropriate access to health education in marginalized or remote communities.[138] This places children within these communities at a greater risk of contracting measles and experiencing negative health outcomes due to an overall decrease in herd immunity.

Influenza

Influenza, more commonly known as the flu, is a respiratory infection caused by influenza viruses.[139] Seasonal influenza epidemics occur annually within Canada during the late fall and winter months. Some may view influenza as similar to the common cold; however, this is not the case. Influenza generally results in a more severe illness, particularly in children under the age of five.[139] While most infected with influenza recover within 7-10 days, vulnerable populations such as younger children and older adults are at a higher risk for severe complications such as pneumonia, acute respiratory distress, and death.[135] Prior to the pandemic, approximately 20-30% of influenza cases affected children.[135]

Historically, children experience a higher burden of disease when experiencing influenza B in comparison to other age groups. Despite the less than 24-month age group comprising only 2% of the Canadian population, this group accounts for 10.8% of reported influenza B cases based on previous data.[139,140] Annual influenza vaccination is recommended for all children aged six months and older to reduce the risk of infection and other complications. Yet, during the 2023-2024 influenza

season only 31% of children between the ages of 6 months to 17 years received the influenza vaccine, which was a decrease from 34% in previous years.[135]

Similar to previous trends, children living in urban areas had a higher vaccine coverage rate at 33% in comparison to those living in rural areas at 23%.[135] As per the Childhood Seasonal Immunization Coverage Survey (CSICS), the most common reasons parents cited for their hesitancy to immunize their children against influenza were concerns about the effectiveness and safety of the vaccine, and a lack of trust in the government and pharmaceutical companies.[135]

COVID-19

Although COVID-19 rates have significantly decreased since the onset of the pandemic, infections from COVID-19 are still affecting children nationwide. While cases of COVID-19 in children typically result in mild symptoms, some children can experience severe illness, resulting in hospitalizations or even death.[140] Children with underlying health conditions and those who are unvaccinated are at increased risk of experiencing severe illness if infected with COVID-19.[140,141] Beyond the acute risks, COVID-19 also causes major physical, emotional, developmental, behavioural, and social short-term and long-term health consequences for children.

Between 2024-2025, the hospitalization rate for children in the 0-4 age range peaked at 4.00 per 100,000 population.[142] Children in this age group experienced the second-highest level of hospitalizations due to COVID-19 in Canada, behind the 65+ year age group.[142]

Annual vaccination against COVID-19 is recommended to protect against these negative health outcomes in children. As per results from the 2024 CSICS survey, 67% of children between the ages of 6 months to 17 years old received at least one of the COVID-19 vaccines.[142] However, when parents were asked if they planned to keep their children's COVID-19 vaccinations up to date only 40% of parents stated they would.[142]

Other Notable Diseases of Interest

Meningococcal disease, caused by the bacterium *neisseria meningitidis*, can lead to meningitis and septicemia, which can either be fatal or cause severe long-term disabilities.[34,143] Vaccination against meningococcal disease is recommended for adolescents and young adults, who are at increased risk. Pertussis (whooping cough), a bacterial infection that causes severe coughing fits, is another significant concern, especially for infants.[33] Pertussis can be life-threatening for infants and young children, highlighting the importance of timely vaccination and booster doses.

Pneumococcal bacteria may cause serious and life-threatening infections in children such as meningitis, septicemia, and pneumonia. The pneumococcal vaccine is recommended for children six weeks and older to protect against these harmful health outcomes.[144] Varicella (chickenpox) is a viral disease caused by the primary *varicella zoster* virus.[145] Infection of the varicella virus most commonly occurs in children. While the illness is usually mild, in severe cases the infection may result in pneumonia, bacterial skin infection, hospitalization, and in rare cases, death (Immunize Canada, 2025). Moreover, after recovering from varicella the virus remains in the body. A reactivated infection later in life results in *herpes zoster* (shingles) underscoring the importance of timely vaccination against varicella.[145]

Finally, *human papillomavirus* (HPV)-associated disease represents a significant public health issue within Canada. There are more than 100 types of HPV-associated diseases. While some infections can be mild, more serious HPV infections may result in developing cancer.[146] If unvaccinated, it is estimated that 75% of the population will be infected with at least one HPV in their lifetimes.[147] Vaccination, surveillance and screening strategies are crucial for the prevention of HPV-associated cancers within Canada. Canada has set a national target of achieving 90% vaccination coverage rate against HPV by 17 years of age. To reach this goal it is crucial for Canada to continue its current

strategy of providing universal access to HPV vaccines to all children using cultural sensitivity.[147] These specific diseases underscore the ongoing importance of maintaining high vaccination rates and ensuring timely access to immunization services for Canadian children.

INEQUITIES IN VACCINE-PREVENTABLE ILLNESSES

Disparities in vaccination coverage also exist across different demographic groups. Indigenous communities, remote populations, and newcomers to Canada may face barriers to accessing immunization services, leading to lower vaccination rates and increased risk of vaccine-preventable diseases.[148] A recent study by Gellert et al. (2025) found that in 2021, by the age of two, both Indigenous and Black children in Canada had the lowest vaccination coverage rates for the MMR, hepatitis B and DTP vaccine in comparison to other racialized groups within the country.[149] Disparities in vaccination rates can be linked to issues surrounding accessibility, historical trauma, and structural issues within the health care system of Canada.

A key obstacle identified by parents of racialized children was limited access to primary care. Excluding Quebec and Alberta, where immunizations are administered by public health offices, the majority of parents rely on primary care physicians to provide both immunizations and education on vaccines. Yet, an estimated one in five Canadians do not have access to a primary care physician or nurse practitioner they are able to see regularly.[150] However, this issue disproportionately affects certain demographics within Canada with those of lower socioeconomic backgrounds or racialized groups being more likely to not have a primary care physician.[149]

A lack of access to a trusted primary care physician may contribute to increased levels of vaccine hesitancy in these populations, resulting in delayed or missed vaccinations in children.[149] Moreover, parents in Black and Indigenous

communities face greater barriers to vaccine acceptance driven by a lack of trust in the health care system rooted in historical injustices experienced by these groups in Canada.[149] Addressing these disparities requires culturally sensitive and accessible immunization programs that meet the specific needs of these populations.

"A lot of these families are unable to get the vaccine or it is hard to get to the doctor... there's a lot of influences and I'm sure those influences more directly affect certain populations."

~YOUTH FOCUS GROUP PARTICIPANT

AVENUES FOR INTERVENTION AND SUPPORT

Addressing vaccine-preventable illnesses in Canadian children requires a multi-faceted approach that includes public education, improved access to immunization services, and strengthened surveillance systems.

Addressing Misinformation on Vaccines

Public education campaigns are crucial for addressing vaccine hesitancy and promoting informed decision making about vaccinations.[135,145] Vaccine hesitancy fueled by misinformation and distrust in scientific information is a significant barrier to achieving and maintaining high vaccination rates.[135,147] Misconceptions about vaccine safety and efficacy, often spread through social media, can lead parents to delay or refuse vaccinations for their children. Addressing vaccine hesitancy requires effective communication strategies that build trust and provide accurate information about the benefits and safety of vaccines. Public health campaigns should provide accurate information about the benefits and safety of vaccines, address common misconceptions, and build trust in public health institutions. In addition, as noted in previous sections, access to a trusted primary care physician can aid in combating misinformation among patients as well.

Increasing Accessibility

Improving access to immunization services is essential for ensuring equitable protection against vaccine-preventable diseases.[148] Barriers to access, such as geographical distance, lack of transportation, and financial constraints, can prevent children from receiving timely vaccinations.[150] Improving access to immunization services, particularly in remote and underserved communities, is essential for ensuring equitable protection against vaccine-preventable diseases. This can include providing transportation assistance, and offering flexible appointment times for these communities.

Strengthen the Health Care System

Furthermore, strengthening surveillance systems is crucial for detecting and responding to potential outbreaks of vaccine-preventable diseases.[143] This includes improving immunization data collection and reporting systems, the creation of an electronic vaccine registry for all required immunizations, enhancing laboratory capacity, and fostering collaboration between public health agencies and health care providers. Finally, ensuring the continuity of essential immunization services during public health emergencies is crucial for protecting the health of children and preventing the resurgence of vaccine-preventable diseases. This includes developing contingency plans for maintaining immunization services during emergencies and communicating effectively with the public about the importance of vaccination.

"There have been very long wait times to get health care along with the shortages of family doctors. It's been very difficult to find and keep a family doctor."

~ YOUTH FOCUS GROUP PARTICIPANT

CONCLUSION

Vaccine-preventable illnesses continue to pose a significant threat to the health of Canadian children, despite the availability of effective vaccines. Ongoing challenges related to vaccine hesitancy, access to immunization services, and emerging disease patterns necessitate a comprehensive and collaborative approach. Public education campaigns, improved access to immunization services, and strengthened surveillance systems are crucial for protecting children from these preventable diseases. By addressing these challenges and maintaining high vaccination rates, Canada can work toward ensuring the health and well-being of its youngest population.

SYSTEMIC RACISM AND DISCRIMINATION

Systemic racism and discrimination casts a long shadow over the lives of children in Canada, creating a landscape of inequity that undermines their well-being and limits their potential. These pervasive forces are woven into the fabric of essential societal institutions such as education, health care, and child welfare. Racism and discrimination manifest themselves in various forms, from overt prejudice to subtle biases, impacting everything from mental health and educational outcomes to child welfare systems and access to health care.

Systemic discrimination in Canada is deeply rooted in historical injustices including colonialism, cultural genocide, the residential school system, and exclusionary policies targeting racial groups, further compounded by chronic government underfunding. These legacies continue to shape contemporary disparities, leading to unequal treatment across key sectors such as education, health care, climate policy, infrastructure development, and the criminal justice system. The resulting inequities disproportionately affect youth from marginalized communities, contributing to

adverse mental health outcomes and hindering healthy developmental trajectories.

This review explores the multifaceted dimensions of systemic racism and discrimination as a critical threat to children in Canada. The impact is examined through six key subcategories: mental health, educational disparities, child welfare system involvement, health care inequities, and overrepresentation in the justice system. Synthesizing current research and statistics reveals a comprehensive

understanding of the challenges faced by racialized children and highlights the urgent need for systemic change and targeted interventions to ensure equitable opportunities and outcomes for all children in Canada.

MENTAL HEALTH IMPACTS

Feelings of helplessness, hopelessness, fear, mistrust, despair, alienation, and loss of control are all common emotional responses to systemic discrimination.[151] Furthermore, the internalization of negative stereotypes and discriminatory messages can damage a child's self-esteem and increase the likelihood of engaging in risky behaviours such as addiction and violence.[38] Everyday racial discrimination has been specifically linked to depressive symptoms among Black individuals in Canada, and anti-Black racism in particular, significantly impacts the mental health of youth.[39]

A qualitative study conducted by Mahinpey et. al (2025), found that compared to their White peers, Black individuals had two to three times the probability of experiencing everyday discrimination.[151] These outcomes were also associated with a 40% to twofold increase in the odds of experiencing adverse mental health impacts, even when compared to the already high prevalence of adverse mental health outcomes in their White counterparts.[151] These experiences contribute to poor mental health and negatively affect stress levels, perceptions of safety, sense of social connectedness, and overall self-esteem in children and adolescents.[39]

The cumulative impact of social inequities, including systemic racial discrimination, poverty, and marginalization, have a debilitating effect on the mental health prospects of racialized groups and Indigenous communities.[152] Historical and ongoing harms of colonization continue to impact First Nations, Inuit, and Métis children, contributing to trauma and mental health challenges.[153] For instance, among First Nations people aged 15 and older who had been under

the legal responsibility of the government as children, the proportion who reported excellent or very good mental health was significantly lower (30%) compared to those who had not been in government care (48%).[42] Additionally, a higher proportion of Indigenous people with a history of government care in childhood reported having a mental health-related disability (38%) compared to those without such a history (19%).[42] These statistics underscore the long-lasting mental health consequences of systemic injustices on Indigenous children.

It is also important to mention that some children are disproportionately targeted by bullying. According to the Canadian Mental Health Association (2024), 2SLGBTQIA+ young people between 16-24 are 1.6 times more likely to have been clinically depressed, and non-binary young people are 1.8 times more likely in comparison to their peers.[115] Suicidal intent and ideation are also disproportionately high among non-binary youth (34.7%) and 2SLGBTQIA+ young adults (36.1%).[115]

EDUCATIONAL DISPARITIES

Systemic racism and discrimination create significant disparities in the educational experiences and outcomes of children in Canada. Black communities, in particular, have long highlighted the presence of racism and discrimination within education systems across the country.[36] Within Ontario's educational institutions, racial discrimination and harassment continue to negatively impact Black children, youth, educators, and education workers.[36] Numerous reports have shown that many Black students do not receive the necessary support for success and face discrimination and harassment within the system. Black educators and administrators also disproportionately bear the burden of addressing anti-Black racism in schools and are often targets of harassment themselves.[36]

Systemic biases can influence educators' perceptions and expectations of students from racialized backgrounds, leading to differential

treatment such as lower academic streaming or harsher disciplinary measures.[36] This can result in a lack of access to enriched learning opportunities and contribute to lower academic achievement and graduation rates for racialized children.[36]

Furthermore, the absence of culturally relevant curriculum and a lack of representation among educators can create a sense of alienation and marginalization for racialized students, hindering their engagement and success in school.[36] For example, data indicates disparities in treatment, workplace discrimination, and misinformation contributing to struggles within the education system for Black youth.[39] Addressing these disparities requires targeted mental health support, culturally relevant resources, and proactive initiatives to combat systemic racism in educational institutions.[35,39]

OVERREPRESENTATION OF MARGINALIZED YOUTH IN CHILD WELFARE SYSTEM

Systemic racism is a key factor in the overrepresentation of Indigenous and Black children in Canada's child welfare system. Negative assumptions and biases related to race, class, and poverty can lead educators and other professionals to disproportionately report racialized families to child welfare agencies.[40] Poverty within racialized families may be misconstrued as neglect, leading to unwarranted interventions.[40] Professionals' conscious or unconscious racial biases can result in incorrect assumptions about the level of risk faced by children in racialized families.[40] Risk assessment tools and service delivery practices have been criticized for reflecting White, Western, Christian notions of acceptable child-rearing, which may not align with the cultural practices of racialized communities.[40]

Statistics Canada's 2021 Census revealed that 54% of foster children under the age of 15 were Indigenous, despite Indigenous children comprising only 8% of the overall child population in Canada.[42] This overrepresentation highlights the systemic biases and discriminatory practices within the child welfare system that disproportionately impact Indigenous families.[36,41] The removal of children from their families and communities can exacerbate trauma, necessitating a robust support system that recognizes and addresses the unique racial challenges these children face.[39] Initiatives such as Ontario's One Vision One Voice program aim to address these disproportionalities and improve outcomes for children, youth, and families involved in the child welfare system.[154]

HEALTH CARE INEQUITIES

Systemic racism is apparent in the Canadian health care system, creating significant inequities in access and quality of care for children from racialized communities. Racialized individuals often experience lower quality services or face delays in receiving necessary medical attention.[37] For Indigenous communities, these disparities are closely linked to social determinants of health, including inadequate housing, food insecurity, and limited access to clean water and culturally safe health care services.[37] These factors contribute to poorer early-life health outcomes for Indigenous children, including disparities in prenatal care, maternal health services, and pediatric health care, which can have long-lasting negative effects on their well-being.[37]

The COVID-19 pandemic further exposed and exacerbated these health care inequities, with Black and Indigenous communities experiencing higher infection and fatality rates due to systemic factors such as overcrowding, employment in high-risk industries, and limited access to culturally relevant medical care.[37] Mistrust of health care institutions, stemming from historical injustices such as residential schools and forced sterilizations, also creates barriers for Indigenous families seeking support.[37] Addressing these systemic barriers requires mandatory anti-racism and cultural competency training for health care

professionals, the collection of race-based health data to track disparities, and the implementation of culturally safe and equitable health care services for all children in Canada.[37]

OVERREPRESENTATION IN THE JUSTICE SYSTEM

Systemic racism contributes to the overrepresentation of racialized youth, particularly Black and Indigenous youth, within the Canadian justice system. Data illustrates the significant impact of social determinants, including economic stress, limited resources, and systemic racism, on youth justice involvement.[35] Black youth face disproportionate targeting, leading to a revolving door within the justice system, often fueled by racial profiling, discriminatory practices, and a lack of community support.[35] In 2020-2021, Indigenous youth comprised 50% of youth correctional system admissions, a rate significantly higher than their representation in the overall population.[42]

Cultural disparities, language barriers, and a lack of understanding regarding familial relations can contribute to flawed justice system interactions for racialized youth.[35] The consultations for Canada's Black Justice Strategy highlighted difficulties faced by Black individuals, particularly newcomers, in navigating and accessing support within the justice system, with concerns raised about the influence of racial bias in charging and sentencing decisions.[35] Addressing this overrepresentation requires culturally competent approaches within justice services, anti-bias training for stakeholders, and community-centric strategies that focus on prevention and rehabilitation rather than criminalization, particularly for Black youth.[35]

ANTI-RACISM INITIATIVES AND THE PATH FORWARD

Efforts are underway in Canada to address systemic racism and discrimination affecting children, although comprehensive evaluations of their long-term impact are still emerging. Several provinces have implemented anti-racism legislation, and various organizations are developing and implementing anti-racism policies and strategies.[43] For instance, Ontario's Anti-Racism Strategic Plan outlines progress in collecting race-based data across child welfare, education, and justice sectors.[44] The Black Youth Action Plan in Ontario supports community-based initiatives aimed at eliminating systemic disparities and increasing opportunities for Black children, youth, and families.[43]

The Government of Canada has also launched initiatives such as the Supporting Black Canadian Communities Initiative to empower Black-led organizations and address systemic barriers.[39] Additionally, there are ongoing efforts to integrate cultural safety training in health professions and improve Indigenous representation in health care.[39] Moving forward, it is crucial that anti-racism initiatives are adequately funded, implemented effectively, and rigorously evaluated to measure their impact on the lives of children in Canada.[45] This includes continuous monitoring of race-based data, encouraging community collaboration, and holding institutions accountable for creating equitable and inclusive environments for all children, regardless of their racial background.

CONCLUSION

The evidence presented in *Raising Canada 2025* underscores the profound and detrimental effects of systemic racism and discrimination on children in Canada. The disparities observed across mental health, education, child welfare, health care, and the justice system highlight the urgent need for comprehensive and sustained action. Addressing these systemic issues requires a multifaceted approach, including the dismantling of institutional biases, promoting culturally competent practices, and investing in community-led initiatives. Furthermore, the importance of race-based data collection, robust evaluation of anti-racism initiatives, and ongoing dialogue with affected communities cannot be overstated.

While progress has been made in acknowledging and addressing these inequities, much work remains to be done. To ensure that all children in Canada have the opportunity to thrive, it is imperative that we commit to dismantling systemic racism and build a more equitable and just society. Future research should prioritize longitudinal studies to better understand the long-term impacts of systemic racism and the effectiveness of interventions. Ultimately, creating a Canada where every child, regardless of their racial or ethnic background, can reach their full potential requires a collective commitment to dismantling systemic barriers and fostering a society that values equity and inclusion for all.

INFANT MORTALITY

Infant mortality refers to the death of an infant before their first birthday.[155] Infant mortality rates (IMRs) are tracked globally as they reflect the social, environmental, and economic conditions that children live in and how they may affect their health and well-being.[155] As per Statistics Canada, the rate of total infant deaths before the age of 1 was 4.5 per 1,000 live births in 2020.[46] Although a 0.2 decrease in the IMR was noted between 2022-2023, Canada's IMR rate is relatively higher than many other developed countries.[46,155]

Although biological mechanisms contribute to infant mortality, many infant deaths remain preventable through the implementation of effective social strategies. These include enhancing access to prenatal care, establishing regional and national programs aimed at preventing preterm birth, and addressing the root causes of prematurity. A solely medical approach is insufficient; instead, a comprehensive strategy that integrates social interventions is essential. Such measures may involve ensuring consistent prenatal support, expanding access to health care services, and promoting nutritional security for expecting mothers.

ROOT CAUSES OF INFANT MORTALITY IN CANADA

Variations in IMRs are seen between provinces and territories, with northern and rural regions experiencing higher IMRs than more urban areas. The IMR was 18.9 per 1,000 live births in Nunavut as of 2023 in comparison to the national average of 4.6 per 1,000 live births in 2023.[46] The leading cause of death in infants as of 2023 is congenital malformations or chromosomal abnormalities, followed by issues related to short gestation period/ low birth weight, and finally by issues related to maternal complications during pregnancy.[46] The

three leading causes of death have remained consistent since 2019 and are identical between sexes, as detailed in last year's report.[46]

Other notable causes of infant death include delivery-related complications, such as issues involving the placenta or umbilical cord (4th leading cause) and other complications of delivery (5th leading cause).[46] Other significant causes of mortality include accidents and unintentional injuries (7th leading cause), respiratory distress (11th leading cause) and sudden infant death syndrome (SIDS) (12th leading cause).[46]

INEQUITIES IN INFANT MORTALITY RATE

Numerous studies have shown that IMRs vary across socioeconomic and population groups, with more vulnerable populations, such as Indigenous communities, experiencing higher rates. A 2024 study found that, at the national level, between 2004 and 2016, Indigenous populations had higher IMRs in comparison to non-Indigenous populations by a factor of 1.8, with the Inuit population consistently having the highest IMRs followed by First Nations.[47]

Dion et al. (2024) highlight the disproportionate rates of infant mortality within Indigenous communities, while also pointing to a critical lack of disaggregated data related to life expectancy and infant health, key indicators of population well-being.[47] In addition to these data gaps, Indigenous parents often report mistreatment during childbirth, shaped by anti-Indigenous racism and imbalanced power dynamics in the health care system.[47] Expanding the presence of Indigenous midwives and diverse care providers is essential for challenging these barriers and supporting Indigenous birthing knowledge and autonomy.

Black Canadians also face inequities in infant mortality rates. Currently, there is no publicly collected race-based data related to infant mortality in Canada. However, research shows that Black women and infants face a much higher likelihood of experiencing risk factors associated with infant mortality than their White counterparts. As previously noted, a short gestational period and low birth weight is the second leading cause of infant mortality in Canada, placing preterm babies at a much higher risk compared to full-term infants. This difference in health outcomes can be attributed to delayed and inadequate prenatal care among Black women due to racial and systemic barriers in Canada's health care system.[48]

NEXT STEPS/POLICY RECOMMENDATIONS

Significant disparities exist within Canada related to IMRs, yet there is limited research focusing specifically on the Canadian context. Addressing these issues requires a multifaceted approach to target systemic issues in both the health care and political system.[48] However, without an increase in Canadian race-based studies to determine areas of both weakness and improvement, these changes cannot be made.

Despite growing awareness, there remains a critical gap in Canadian data on IMRs among ethnically diverse populations—particularly within Indigenous and Black communities. Persistent disparities in IMRs point to the role of racial discrimination in prenatal and perinatal care. This underscores an urgent need for research that explicitly examines how structural racism and implicit bias shape health care delivery—from access to prenatal services and trust in providers to the quality of care received. To advance effective, evidence-based interventions, it is imperative to investigate the systemic factors that perpetuate these inequities. Equally essential is the active inclusion of marginalized voices at every stage of the research process, ensuring that solutions are both relevant and non-extractive, and grounded in meaningful, community-led change.

BULLYING

Bullying has profound, long-lasting effects, placing children at heightened risk for a wide range of mental disorders. These youth commonly experience persistent sadness, negativity, and fear which can trigger depression and anxiety.[156] The effects of bullying extend beyond physical and mental health issues, often severely interfering with a child's relationships and academic performance. Those experiencing bullying may also experience social isolation, withdrawing from social interactions and struggling to form or maintain friendships, potentially having a long-lasting impact on their social skills and overall well-being.

Bullying can also disrupt a child's ability to focus in an educational setting, resulting in poor grades, reduced academic motivation, and higher absenteeism as they attempt to escape their tormentors. Aside from the psychological impact, bullying also has negative consequences on children's physical health. Individuals who experience bullying may also experience sleep disruption, including an inability to sleep or frequent nightmares.

BULLYING PREVALENCE RATES

An overwhelming majority of young Canadians— 71% of youth between the ages of 12-17—reported experiencing some form of bullying in the past 12 months, as per the most recent iteration of the Canadian Health Survey on Children and Youth (CHSY).[49] Bullying refers to unwanted and aggressive behaviour that creates a power imbalance resulting in victims feeling unsafe, afraid or uncomfortable. Youth can experience

bullying both in-person and online. To design effective and sustainable solution to deal with bullying it is important to understand the different forms that bullying may take.

BULLYING IN SCHOOL SETTINGS

The most common forms of bullying experienced by youth were name calling (59%), the spreading of rumours (34%), and exclusion from activities (32%).[49] Frequency of bullying varied between responders with 42% of victims reporting experiencing bullying monthly or more frequently, while 58% reported experiencing bullying only a few times a year.[49] Students who experience bullying within the school setting have been found to show reduced levels of school engagement and poorer academic results.[50]

Other negative health outcomes associated with bullying include difficulty sleeping, headaches, and stomach/back pain.[49] While 71% of teachers claim that they act to prevent forms of bullying, only 25% of students feel supported by teachers within the school setting.[50] These sentiments are reflected in Canada's 2022 Programme for International Student Assessment (PISA), which found that Canada ranked 24th out of 36 OECD countries in the number of students who reported exposure to bullying in the previous 12 months,[51] further highlighting the need for structural changes to address bullying within Canada.

However, more recent data from provincial level surveys have found some decreases in bullying, rates within the school setting. The Centre for Addiction and Mental Health (CAMH) 2023 Ontario Student Drug Use and Health Survey (OSDUHS) have found decreased levels of students reporting bullying in the school setting between 2003 (33%) to 2023 (25%).[52] Yet, worryingly, cyberbullying levels have significantly increased in recent years.

CYBERBULLYING

At least one in five teens (25%) reported experiencing cyberbullying in the previous year according to the 2019 CHSY (Statistics Canada, 2023), with the highest prevalence of cyberbullying being found in Nunavut and Nova Scotia (Public Safety Canada, 2025). Similar trends were found in CAMH's most recent OSDUHS survey results with 26% of students reporting experiencing cyberbullying in the last year, showing a significant increase since 2017 of 16% (CAMH, 2024).[52] Cyberbullying refers to the use of electronic devices to embarrass, hurt, mock, or threaten someone online (Public Safety Canada, 2025).[157] Youth are at a much higher risk of experiencing cyberbullying due to their increased usage of online platforms in comparison to other demographics (Statistics Canada, 2023).[49]

The impact of digital platforms on children's well-being is most evident in the rise of cybervictimization among youth in Canada. Cybervictimization refers to online incidences of harassment, discrimination, bullying or the misuse of personal videos and content (Statistics Canada, 2025).[157,158] Adolescents face the highest risk of experiencing cyber victimization in Canada in comparison to other demographics (Statistics Canada, 2025).[158] Exposure to cybervictimization is associated with an increased risk of poor mental health, the development of eating disorders, and suicidal ideation and attempts (Statistics Canada, 2023).[49] Higher rates of cybervictimization were noted in teens who uploaded self-created content, used virtual reality (VR) devices to access the internet, or used video game streaming services (Statistics Canada, 2025).[158]

ONLINE CHILD SEXUAL EXPLOITATION

In the *Raising Canada 2024* report, a substantial emphasis was placed on the rise of online child sexual exploitation (OCSE) which provided the premise to help parents and community members navigate this unprecedented threat. New data

highlights that police-reported cases of OCSE only continue to rise, which may serve as an indication of increased awareness surrounding the issue and reporting from youth victims.[158] Notably, this increase can also be attributed to the implementation of more police resources to better detect and report such crimes, including acts of luring, invitation to sexual touching, non-consensual distribution of intimate images, and online child pornography.[158]

Between 2014 and 2021, there were approximately 50,653 police-reported incidents of OCSE, where 72% of cases involved the distribution, production and possession of child pornography online.[158] Of these incidents, 23% were solved by police where the accused perpetrator was directly linked to the case, while 77% did not identify the accused and showcased a high attrition point, largely due to the increasing sophistication of cybercrime and the anonymity provided by digital tools.[158] However, following the identification of the accused, 69% of OCSE incidents resulted in charges being laid, along with a subsequent recommendation for prosecution.[158]

53% of police-reported OCSE incidents that resulted in a formal charge, proceeded to court and concluded with a completed case. Such cases involving at least one OSCE-related offence, accounted for 3,100 court cases and 12,479 charges.[158] Despite a small number of OCSE incidents resulting in a formal charge and subsequent court appearance, OCSE cases were more likely than physical assault cases to result in a guilty decision for any charge associated with the case.[158] In criminal court cases related to OCSE, individuals found guilty were typically sentenced to custody, probation, or a fine, with 88% receiving a custodial sentence.[158]

A specific form of online child sexual exploitation, sextortion, has seen a dramatic rise of 150% since June 2022, based on reporting to Cybertip.ca.[159] Sextortion is, at its core, blackmail and it possesses devastating consequences for Canadian youth and their families.[159] Between January 1 and December 31, 2024, the Canadian Centre for Child Protection (C3P) received over 2,300 sextortion reports, averaging six reports per day.[158,159] This surge reflects a highly organized and targeted attack against youth, particularly young boys, as 83% of sextortion victims were male when gender was identified.[159]. The exploitation often begins on Instagram and then shifts to Snapchat, with these two platforms involved in 63% of known cases.[159] Offenders frequently pose as young girls and can gain a victim's trust within just 20 minutes of initial contact.[159]

Threats often involve sharing identifying information, such as the youth's contacts, school, or address to heighten fear and control.[158,159] Offenders may even accept negotiated payments if victims claim they cannot pay the full amount. Demands have ranged from as little as $9 to as much as $7,500, using platforms like PayPal, e-transfers, gift cards, or money transfer services.[158,159]

BULLYING AND INEQUITIES

Certain youth demographics have a higher risk of experiencing bullying within Canada. As per findings from the CHSY survey, 58% of youth reported witnessing racially motivated bullying while at school and 14% reported experiencing raced-based bullying themselves.[53] These findings reflect the growing issue of identity-based bullying within Canada. Identity-based bullying, also known as stigma-based bullying, refers to forms of bullying that are motivated or rooted in discrimination/biases against an individual's real or perceived identity.[53] In comparison to non-racialized Canadian youth, students who are part of visible minority groups are three times as likely to experience bullying.[53] Moreover, Indigenous youth were found to experience a higher prevalence of cyberbullying in comparison to non-indigenous youth across all provinces (Public Safety Canada, 2025). Other identities linked to an increased likelihood of experiencing bullying include 2SLGBTQIA+ identity, weight-based bullying, and religious-based bullying.[53]

THE ROLE OF MULTISECTORAL COLLABORATION TO END BULLYING

To tackle this chronic issue and reduce its ill effects on Canadian children and youth, several key policy recommendations are essential. Schools should introduce comprehensive anti-bullying programs that emphasize prevention, intervention, and ongoing support for both those who are targeted by bullying and the bullies themselves. It is also important to provide sufficient mental health care to ensure that all children can access mental health services, including counselling and therapy, to deal with the emotional aftermath of bullying. The inclusion of mental health services in the education system and community health sector is of utmost importance to increase the availability of services that can reduce mental distress in children and youth.[160]

In addition, addressing systemic injustices requires the development of culturally responsive programs and policies that support vulnerable groups, such as 2SLGBTQIA+ and First Nations youth, who are disproportionately affected by bullying.

Finally, awareness and education through public campaigns are necessary to make children, parents, and teachers aware of the harmful effects of bullying in order to make environments more inclusive and welcoming for all.

LIMITED PHSYICAL ACTIVITY AND PLAY

Decreased levels of physical activity among children has become a significant public health issue within Canada in recent years. The World Health Organization recommends that children between the ages of 5-17 engage in 60 minutes of moderate to vigorous physical activity in a day.[163] However, recent data from ParticipACTION indicate that only 39% of Canadian children meet these guidelines.[54] This is a serious concern for public health practitioners given the critical role that play and physical activity hold in healthy childhood development. Regular play and physical activity aids children in their physical, cognitive, and social development, while a lack of activity can hinder development in these key areas.[58] Moreover, inadequate physical activity increases the risk of facing chronic diseases such as obesity later in life.

The 2024 ParticipACTION Report Card gave Canadian children a D+ for overall physical activity and an F for active play, suggesting that not much has changed in recent years.[54] Nearly half of children aged 5 to 11 aren't getting enough unstructured playtime, a major way they stay active outside of organized sports or physical education classes.[164] Even more concerning, device-measured data shows that kids might be moving even less than they think they are.[54] These patterns reflect deeper systemic barriers, such as limited access to safe play spaces or after-school programs, making it harder for many children to be active on a daily basis.

Tackling this issue means looking beyond individual choices and thinking about the systems that support (or limit) movement. This also ties into Canada's commitments to the UN Sustainable Development Goals, particularly the goal of promoting health and well-being for all.[164] With physical activity linked to better mental health, school performance, and long-term outcomes, making it a national priority isn't just a health issue, it's a social one too.

According to the 2023 Canadian Health Survey on Children and Youth, respondents self-reported on whether they achieved an average of 60 minutes or more of moderate-to-vigorous levels of physical activity per day. From the survey results, more youth reported an increase in physical activity in 2023 (187,700 respondents) than 2019 (105,500 respondents).[54] 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 and improved mental well-being.

PHYSICAL HEALTH CONCERNS

According to the Public Health Agency of Canada (2023), childhood obesity rates have tripled in the last 30 years.[56] While there has been an overall decrease in the prevalence rate of childhood obesity since 2004, recent trends show potential for rates to increase again, specifically within Ontario. For instance, longitudinal data comparing the weights of children between the ages of 5-17 in Ontario before and after the pandemic showed that their body mass index (BMI) almost doubled due to a decrease in physical activity,[55,56] thus highlighting the growing issue of childhood obesity in Canada.

These changes in body weight highlight serious health concerns that extend beyond basic measurements. Many children in Ontario who experienced weight gain during the COVID-19 pandemic—when schools were closed and opportunities for daily activity were limited—have continued to have elevated BMI measurements in the years that followed. This trend, as noted in the 2024 ParticipACTION Report Card through data interpreted by McQuillan and colleagues, suggests the impacts of reduced movement during that period may be long-lasting.[54,55] Sustained increases in BMI during childhood are associated with a greater risk of developing chronic conditions such as type 2 diabetes, high blood pressure, and cardiovascular issues later in life. These risks are not only physical; young people affected by obesity may also face mental health challenges related to self-confidence, emotional well-being, and social participation as they enter adolescence.[54]

Rising sedentary behaviour is a growing concern even in children who do not meet clinical definitions of obesity. Prolonged inactivity can contribute to reduced metabolic health, weakened immune function, and difficulty with focus and emotional regulation. While children may appear healthy by weight alone, a lack of regular movement can quietly set the stage for long-term physical and cognitive issues.[54]

Recent findings suggest that early to middle childhood may be a particularly vulnerable stage when it comes to physical inactivity and its health effects. Children in this group are in a critical period of physical growth and cognitive development, yet many are falling short of movement targets, while also facing rising rates of unhealthy weight gain.[54] Without timely support, these early patterns can become deeply rooted, increasing the risk of metabolic conditions and making healthy lifestyle changes harder to sustain in adolescence and adulthood. These physical health outcomes do not occur in isolation. To effectively address rising rates of inactivity and obesity, it is necessary to consider the broader social and environmental conditions shaping children's daily lives.

PHYSICAL ACTIVITY AND INEQUITY

Issues surrounding decreased play and physical activity differ across socio-demographic groups within Canada. The most notable social determinant of health in relation to childhood obesity is socioeconomic status. Socioeconomic status refers to how one's income, education, occupation, and place of living affect social status within their communities. Those of lower socioeconomic status lack numerous resources in comparison to those of higher status.[57] As a result of unequal access to resources, those of lower socioeconomic status often face higher rates of negative health outcomes compared to their more affluent peers.

Children's access to physical activity is deeply shaped by social and economic conditions. Those from more privileged backgrounds are generally more active and face fewer health consequences related to inactivity. By contrast, children who grow up with fewer financial resources or live in marginalized communities often have fewer opportunities to participate in regular physical activity, making them more vulnerable to negative health outcomes over time.[164]

This divide is especially pronounced among equity-denied groups, including girls, newcomers, Indigenous youth, racialized communities, children with disabilities, and 2SLGBTQIA+ youth. These groups consistently report lower activity levels and face more barriers to sport and recreation. According to Spence et al. (2024), the COVID-19 pandemic further magnified these inequities by disrupting school programs and limiting access to safe, affordable spaces for movement.[164]

"I would say the biggest issue facing children and youth in this current climate is the lack of green spaces. There's always a lot of construction going on which sacrifices green spaces and parks. And with that, children barely have any spots or areas to play outside."

~ YOUTH FOCUS GROUP PARTICIPANT

Factors that contributed to this issue include access to and affordability of nutritious foods, the safety of the built environment, access to children's recreational programs, and more.[57] These factors highlight the importance of one's environment and how those of lower socioeconomic status are often faced with an environment that is not conducive to a healthy lifestyle. As a result, children of lower socioeconomic backgrounds are at greater risk of living a more sedentary lifestyle with decreased access to nutritious foods.

These gaps show just how important it is to create more inclusive and accessible spaces for kids to be active. If policies don't step in to address these barriers, the same patterns will likely continue, leading to long-term challenges not just in health, but also in education and social development.

RECOMMENDATIONS TO SUPPORT INCREASED PHYSICAL ACTIVITY AMONG CHILDREN AND YOUTH

According to Article 31 of the United Nations Convention on the Rights of the Child, every child has the right to rest, leisure, and play. Yet in Canada, not all children have equal opportunities to participate in regular physical activity. As outlined in the 2024 ParticipACTION Report Card, disparities in access to safe environments, inclusive school programs, and community support continue to limit movement opportunities, especially for those from marginalized groups. Targeted strategies to promote active lifestyles in schools, homes, and community settings are essential to reduce these gaps and support long-term health and well-being.[54, 164]

Another way to shift attention back to physical activity is by reducing screen time. With children spending hours each day on devices, there is often less time available for movement and outdoor play. Encouraging small changes, such as screen-

free routines at home or active breaks during school, can help make daily movement more manageable and accessible.[54]

During the COVID-19 pandemic, many students lost interest in being active when school routines and social supports were disrupted. For many children, the challenge wasn't just the lack of space, it was the absence of structure or someone to be active with. Moving forward, health promotion efforts should prioritize rebuilding these routines and making physical activity feel social and consistent again. Even small strategies, like peer-support systems or regular check-ins, can help children stay engaged. Findings from Dabravolskaj et al. (2024) emphasize that future physical activity programs should pay closer attention to children's motivation and sense of connection.[165]

CLIMATE CHANGE

Climate change poses a rapidly escalating threat to the health and well-being of children in Canada. From increased exposure to extreme weather events to worsening air quality and food insecurity, its consequences are far-reaching and deeply inequitable. Children are more vulnerable than adults to environmental hazards due to their developing bodies, dependency on caregivers, and limited political voice. Recent data highlight how climate-related stressors have already begun to impact Canadian children disproportionately, particularly those in marginalized communities.[59] This section of *Raising Canada 2025* explores the multifaceted impacts of climate change on children's health, identifies gaps in policy, and outlines actionable next steps to ensure that climate resilience strategies centre youth voices and needs.

HEALTH-RELATED IMPLICATIONS OF CLIMATE CHANGE

Effects on Physical Health

Climate change affects the physical health of children through climate hazards such as wildfires, drought, extreme heat events, water contamination, vector-borne disease and more.[166] However, one of the more notable hazards is air pollution. Air pollution is considered one of the greatest environmental risks to human health.[166] Outdoor air pollution consists of a complex mixture of gas and particles such as sulfur oxide, particulate matter, nitrogen oxide and more.[167] While Canada does have lower levels of air pollution in comparison to other countries globally, Canadians are still exposed to air pollution every day.[167] Exposure to air pollution, even at low levels, is associated with increased risk of hospitalizations, disease, and premature death.[167]

Worryingly, children are more vulnerable to harm from air pollution in comparison to adults due to physiological differences.[168] Children inhale more air per kilogram of weight compared to adults, which exposes them to higher levels of air pollutants. In addition, children are at increased risk of negative health outcomes associated with air pollutants due to the fact that their respiratory and neurological systems are still in development.[168] Increased exposure to air pollution, including wildfire smoke and allergens, has led to spikes in pediatric asthma cases, particularly in western provinces.[60] As well, exposure to air pollution in children has been linked to potential cognitive development issues,[169] and also results in negative health impacts on newborns. Recent studies have shown that exposure to ambient levels of air pollution during pregnancy and in infants is associated with increased risk of adverse neurological, cardiometabolic, or immune outcomes.[169]

Another notable climate hazard affecting

children's health are extreme heat events. Extreme heat events are defined as two or more consecutive days in which average temperatures greatly exceed a region's typical temperature range.[166] It is estimated that the annual number of extreme heat days experienced in Canada will double within the next 30 years.[166] Children are at a higher risk of experiencing negative health outcomes associated with extreme heat than adults. Sweating begins at a higher temperature in children in comparison to adults. Moreover, due to having a higher surface area to mass ratio, children overheat more easily than adults.[166] A study completed in Ontario found that extreme heat events were associated with an increased rate of pediatric hospital admission for dehydration, respiratory illness, parasitic disease and general infections.[166]

In June 2025, Ontario and Quebec experienced a heat wave, with temperatures rising into the low to mid-30s°C and extraordinary humidex values reaching the mid-40s°C. This extreme heat prompted several school boards, including the Toronto District School Board (TDSB), to close schools due to safety concerns, as many schools lacked air conditioning. Similarly, in Quebec, the education minister urged schools to take safety measures and the Western Québec School Board cancelled classes, citing the severe heat as a health risk. These closures highlight the urgent need for infrastructure improvements to ensure the safety and well-being of students during extreme weather events.

Extreme heat events threaten to overwhelm infrastructures such as electrical and water supplies, which may increase the transmission risk of both water and food-borne illness.[166] Extreme heat events have also been found to affect children's academic performance. Overheating within school buildings has been linked to negative outcomes on both cognitive functioning and learning performances of students.[170]

Effects on Mental Health

Today's youth are the first generation to grow up in a world where climate change poses a significantly greater threat than it has for previous generations. A lack of substantial policy change, coupled with an increased level of extreme climate events globally, has resulted in many youth having a negative outlook of the future. Many youth have begun to report negative mental health outcomes related to climate change, with common emotional responses including guilt, anger, helplessness and an existential dread.[171] These impacts are compounded by social and economic stressors that strain support systems.

Youth begin to experience these emotions through direct exposure to short-term climate hazards such as floodings and wildfires, and from feelings of helplessness associated with the long-term effects of climate change.[172] A survey of Canadian youth between the ages of 16-25 found that the most commonly reported emotions in relation to climate change were fear, sadness, and helplessness.[171] Experiencing climate grief or anxiety can become a chronic stressor in a young person's life which can further exacerbate existing mental health issues such as anxiety, depression and substance use.[171]

While these emotions can have negative effects on their well-being, many youth have instead used these emotions to begin advocacy work. Worldwide, youth have led climate protests, participated in climate policy networks and filed lawsuits to encourage policy makers to create interventions that directly address climate change.[173] Youth have reported that participating in this work can aid in alleviating feelings of anxiety and despair in relation to climate change.[173] Another strategy utilized by youth to deal with climate anxiety is the creation of climate cafés. Climate cafés are safe spaces created by youth across Canada in which individuals can express their thoughts and feelings about climate change and organize grassroots initiatives to grapple with the issue.[171] To address the mental health impacts of climate change on youth effectively, the responsibility of change must be taken on by governmental bodies. Without adequate climate adaptation and emergency mental health planning, these negative mental health outcomes are likely to intensify.

> "A lot of it doesn't just have a physical impact on people and our planet; it has a mental impact too. Myself and a lot of my friends have been really concerned about climate change and its extreme progression, and it's getting to a point where it's affecting our daily lives. It's making us worried and it's distracting us from other things".
>
> ~ YOUTH FOCUS GROUP PARTICIPANT

CLIMATE CHANGE AND INEQUITIES

The impacts of climate change are not distributed equally. Children living in northern and remote regions, particularly Indigenous communities, face heightened risks due to limited infrastructure, unsafe drinking water, and food insecurity linked to disrupted ecosystems.[174] Seasonal shifts have affected traditional harvesting patterns and reduced access to foods, undermining both physical and cultural well-being. For instance, Inuit youth have experienced heightened negative emotions due to a disruption in land-based and cultural activities caused by climate change.[171] Youth reported increased levels of restlessness, fear, isolation, and anger which further exacerbated alcohol and substance use disorders.[171] Climate change has also affected the biodiversity in many Indigenous communities, leading to a decrease in common prey such as fish, caribou, and moose during hunting seasons.[175]

Low-income families are also disproportionately impacted, as they may lack access to air conditioning, stable housing, or safe green spaces. For instance, lower income households are less likely to own air conditioners, placing them at higher risk for negative health outcomes during extreme heat events.[175] In addition, low-income neighbourhoods are more vulnerable to extreme heat due to poor climate resilience resources.[176] Climate-driven displacement caused by floods or wildfires can lead to prolonged disruptions in education, housing, and health care, exacerbating existing inequities across regions.

YOUTH AND ENVIRONMENTAL JUSTICE

Environmental justice is central to addressing climate change in Canada. The overlap between climate vulnerability and systemic inequities such as racism, poverty, and colonialism, creates compounding risks for children in affected communities. Water advisories in Indigenous territories, substandard housing in low-income urban areas, and lack of safe recreational spaces in heat-affected neighbourhoods highlight how environmental harm intersects with social determinants of health. These issues are particularly urgent for children, who require stable environments to learn, play, and grow. Addressing climate change must include attention to housing, clean air and water, and the right to a healthy environment.

Canada has launched several promising initiatives, including the Climate-Resilient Health Systems Framework (2023) and the National Adaptation Strategy, which calls for integrated planning across sectors. However, many existing policies fail to prioritize children's unique needs. Most emergency response protocols are not child-specific, and youth are rarely included in climate decision-making forums.[167] Programs like Healthy Environments for Healthy Children and the Child Health Indicator Framework (CHIF) offer models for integrating child-centered climate metrics into planning. However, implementation has been uneven across provinces and territories.

To build a more climate-resilient future for children in Canada, a series of targeted actions are needed:

- Increase funding for child-specific climate adaptation strategies and emergency response planning.

- Develop national indicators to monitor climate-related health impacts in children.

- Expand access to mental health services for children experiencing eco-anxiety and disaster trauma.

- Mandate the inclusion of youth voices in municipal, provincial, and federal climate decision-making.

- Support Indigenous-led climate programs that restore traditional knowledge and food systems.

Policy Recommendations in Response to the Top 10 Threats

ADVANCING SYSTEM-LEVEL, INTERSECTIONAL SOLUTIONS FOR CHILD WELL-BEING IN CANADA

Background: Evolving from the 2024 Approach

In past iterations of *Raising Canada*, each report offered targeted policy and community recommendations tailored to each of the Top 10 Threats to childhood in Canada. While this issue-based approach enabled specificity, it often reinforced siloed responses, missing opportunities to address the deeper, overlapping systems that shape these threats. Many of the risks children and youth face today are not discrete challenges but interconnected structural inequities across health care, education, justice, and social policy.

In recognizing the significance of designing holistic policy models to ensure actionable solutions, *Raising Canada 2025* introduces a reimagined policy recommendations model. Grounded in intersectionality, systems thinking, and shared accountability across various responsible actors, this approach reflects the realities children and youth face, where issues of poverty, discrimination, digital harm, and mental health do not occur in isolation.

Instead of presenting recommendations by individual threats, this year's report organizes

them by the broader systems of Canadian society that shape multiple child well-being outcomes. This integrated framework aims to support decision-makers, advocates, and communities in breaking down policy silos, fostering collaboration, and ensuring children's rights and needs are prioritized through **Health System Supports**, a **Rights, Safety and Justice** framework, **Social and Economic Supports**, alongside **Education System Supports** (Table 1).

SECTION 1: HEALTH SYSTEM SUPPORTS

The health of children and youth in Canada is in a critical state. The rates of depression, anxiety, and psychological distress have sharply increased over the past decade, with female youth and children from low-income households disproportionately affected. One in four children enter kindergarten with at least one developmental vulnerability, placing them at greater risk for lifelong mental health, physical health, and educational challenges (*Raising Canada, 2024*).

This is not only a crisis of access to care, it reflects deeper systemic gaps in how we support children's health, from prenatal care through adolescence. Canada must move beyond reactive approaches that focus on managing crises and instead invest in upstream, coordinated systems of care. Holistic solutions must address physical,

mental, and developmental health, while also tackling the social determinants of health such as poverty, nutrition, and community infrastructure that shape children's well-being.

Threats Addressed:

Mental Health, Infant Mortality, Unintentional and Preventable Injuries, Vaccine-preventable Illness, Nutrition (Poverty)

Policy Recommendations

Invest in Accessible and Equitable Pediatric Mental Health Care

The *Raising Canada 2025* report calls for dedicating 30 percent of federal transfer payments under the Canada Mental Health Transfer to child and youth mental health services to ensure timely and equitable access.[177] Digital platforms such as Innowell, which offer personalized and measurement-based mental health care, should be implemented and adapted to meet the needs of diverse communities, including rural, Indigenous, and 2SLGBTQIA+ youth.[177] This is important as being culturally sensitive can lead to open communication amongst physicians and patients to identify the presence of potential problems.

Prioritize Perinatal and Early Childhood Health

Healthy child development begins before birth. Canada must expand culturally sensitive prenatal and postpartum care, particularly for Indigenous, racialized, and low-income families. Establishing robust national surveillance and review systems will help identify risk factors contributing to infant mortality, while educational outreach programs can empower parents to recognize early developmental concerns and access appropriate supports. These efforts must be guided by Indigenous data governance principles and co-developed with Indigenous governments.

Strengthen Immunization Coverage

The COVID-19 pandemic disrupted vaccination schedules, leaving many children under-immunized. Provinces and territories must prioritize outreach to families whose children missed routine vaccines, supported by culturally relevant education campaigns targeting marginalized, rural, and newcomer communities.[178] Public health authorities must be held accountable for achieving vaccination coverage goals through transparent reporting and strengthened national strategies for equitable access.

Expand Nutrition Programs and Address Child Poverty

Nutrition is a central focus of child health. Canada must expand universal school food programs to ensure that every student has access to a nutritious breakfast and lunch. Increasing the Canada Child Benefit rates and indexing them to food inflation would provide direct support to families experiencing poverty. Nutrition-focused interventions should also address systemic barriers faced by racialized, Indigenous, rural, and disabled children. Programs must be informed by the voices of youth with lived experience of food insecurity to ensure their effectiveness and cultural relevance.

Promote Physical Health and Injury Prevention

Children need safe, accessible opportunities for movement. Investment in walking routes, green spaces, and affordable after-school programs will integrate physical activity into daily life. All physical health initiatives should embed equity, diversity, and inclusion, ensuring culturally relevant and community-driven approaches. Collaboration across schools, municipalities, and grassroots organizations can increase the reach and sustainability of these initiatives. Early engagement and guidance will prevent mental health challenges that can occur later in life. The integration of mental with physical health

prevention can ensure time to adapt to supportive services and optimal management pathways.[179]

Responsible Actors

The federal government has a central role in advancing child health through Health Canada, which oversees programs such as the Community Action Program for Children, and through the Department of Finance, which administers federal transfers that fund provincial and territorial health initiatives. Justice Canada ensures that health policies align with Canada's obligations under the United Nations Convention on the Rights of the Child, while Indigenous Services Canada partners with Indigenous governments to deliver culturally grounded care.

Provincial and territorial governments are responsible for managing health systems, expanding school-based health and nutrition programs, and implementing immunization outreach. Municipal governments play a key role in providing local infrastructure for physical activity and community-based services. Civil society organizations, including child health advocacy groups and community-based non-profits, contribute to outreach, program delivery, and advocacy for at-risk populations. International organizations, such as UNICEF, provide oversight and technical guidance to align Canada's child health policies with global standards.

SECTION 2: RIGHTS, SAFETY AND JUSTICE

Violence against children including physical, sexual, and emotional abuse, neglect, and exposure to intimate partner violence remains a pervasive and urgent crisis in Canada. The Canadian Centre for Child Protection has reported alarming increases in sextortion and non-consensual image sharing, with children as young as ten being targeted.[180] These harms disproportionately impact 2SLGBTQIA+ youth, racially marginalized girls, and children in the welfare system, many of whom face systemic barriers to accessing survivor support.

While Canada's National Strategy to Protect Children from Sexual Exploitation on the Internet is an important step, gaps remain in platform accountability. Technology companies are not legally required to proactively detect or remove harmful content, leaving children vulnerable to exploitation. At the same time, systemic racism has led to the overrepresentation of Black and Indigenous youth in child welfare and justice systems. Indigenous youth account for more than half of all children in care despite representing only eight percent of Canada's child population, and Black youth face disproportionate levels of police surveillance, use of force, and incarceration.[41]

Canada has legal and moral obligations under the United Nations Convention on the Rights of the Child, the United Nations Declaration on the Rights of Indigenous Peoples,[181] and the Truth and Reconciliation Commission's Calls to Action to protect children from all forms of violence. Meeting these obligations requires bold, survivor-informed reforms across child protection, digital governance, and justice systems.

Child Abuse and Neglect, Child Sexual Exploitation (including Sextortion), Online Exploitation and Predation, Systemic Racism and Discrimination in Justice System

Policy Recommendations

Strengthen Child Protection and Early Intervention

Prevention must be central to child protection efforts. Public education campaigns should reduce stigma, encourage disclosure, and equip children, parents, and professionals with tools to recognize, report and respond to suspected abuse. Child-sensitive protocols must be scaled up across health, education, and social services to prevent victimization. Expanding early childhood development initiatives and sustaining funding for Health Canada's Community Action Program for Children are critical for addressing vulnerabilities before they escalate.

Modernize Legislation and Regulate Digital Platforms

Canada's laws must evolve to address the emerging threats posed by artificial intelligence (AI) and other forms of online exploitation. Building on Criminal Code reforms such as Bill C-15, which criminalized child pornography and curtailed anonymity for offenders, the federal government must introduce binding regulations for social media platforms and internet service providers to respond to the growing risks posed by AI. These regulations should require companies to proactively detect, report, and remove child sexual abuse material, as well as prevent the use of AI tools to generate or disseminate harmful content. Additionally, targeted awareness campaigns for children, caregivers, educators, and health professionals are essential to foster prevention, increase reporting, and ensure that everyone is equipped to respond effectively to these emerging threats.

Address Systemic Racism in Child Welfare and Justice Systems

Structural racism must be dismantled in child protection and justice systems. Mandatory, culturally sensitive anti-racism training for child welfare staff and robust data collection on racial disparities across social services are key to accountability. Justice outcomes should be transparently reported, disaggregated by race, gender, and disability.[41] Governments must collaborate with Black, Indigenous, and other racialized communities to co-create survivor-informed, culturally grounded interventions that address historical and systemic inequities. Implementing these measures will foster equitable treatment, rebuild trust between marginalized communities and institutions, improving safety and well-being for children.

Reform Policing Practices and Expand Restorative Justice

Policing must shift toward community safety and restorative approaches. Police education and hiring practices should prioritize cultural competency, mental health awareness, and de-escalation techniques. Establishing neighbourhood-based policing models, expanding youth-focused restorative justice programs, and enforcing strict accountability for police misconduct including mandatory public reporting and the use of body cameras are critical to building trust and ensuring safety for children. Implementing these reforms will reduce harm, strengthen community relations and create safer environments for children.

Responsible Actors

Preventing violence against children requires collaboration across all levels of government, civil society, and the private sector. Federally, Public Safety Canada leads the National Strategy for the Protection of Children from Sexual Exploitation on the Internet, while Justice Canada advances legal protections and enforces Canada's obligations under international child rights frameworks. Indigenous Services Canada and Crown–Indigenous Relations are responsible for implementing culturally grounded prevention programs for Indigenous children, while Health Canada supports early intervention for at-risk families through programs like the Community Action Program for Children.

Provincial and territorial governments oversee child welfare systems, enforce mandatory reporting of abuse, and integrate digital safety education into school curricula. Law enforcement agencies, including the Royal Canadian Mounted Police and local police services, are tasked with investigating exploitation, enforcing accountability, and adopting culturally responsive community-based policing strategies. The judiciary plays a key role in expanding youth restorative justice programs and ensuring justice outcomes are transparent and equitable. Civil society organizations, such as the Canadian Centre for Child Protection, Indigenous-led organizations, 2SLGBTQIA+ advocacy groups, and Black community organizations, deliver prevention programs, survivor support, and culturally relevant outreach. The private sector, particularly social media platforms and internet service providers, must comply with legally binding governance frameworks to protect children online. International agencies, including UNICEF, provide oversight and technical support to ensure Canada's policies align with global child protection standards.

SECTION 3: SOCIAL AND ECONOMIC SUPPORTS

Child poverty in Canada is shaped by a range of intersecting issues, including food insecurity, inadequate housing, homelessness, and lack of access to basic needs—each reflecting broader systemic economic challenges. Over time, these factors compound, negatively impacting children's mental and physical health, school engagement, safety, and future opportunities.[182] To truly address child poverty, we need a unified, coordinated response rooted in social and economic justice that tackles the root causes rather than just responding to its consequences. This involves strengthening income supports, improving access to affordable housing, enhancing food security programs, and ensuring justice for all children.

Threats Addressed:
Poverty Reduction, Food Insecurity, Inadequate Housing and Homelessness, Inadequate Access to Basic Needs

Policy Recommendations

Strengthen the Canada Child Benefit to Directly Target Families Living in Poverty

The *Raising Canada 2025* report calls for urgent federal action to strengthen the Canada Child Benefit (CCB) as a direct lever to reduce child poverty and food insecurity. These recommendations, aligned with the *Campaign 2000: Unprecedented Progress on Poverty Reduction Being Undone* report, propose the creation of a non-taxable CCB-EndPov supplement.[182]

Notable targets reflected in this supplement is the investment of $5.9B to create a nontaxable CCB End of Poverty Supplement to provide an additional $8,500 per year to families earning less

than $19,000, based on the CFLIM-AT poverty measure, with incremental support for each additional child.[182] This policy is grounded in the understanding that income poverty is the strongest predictor of food insecurity and inadequate access to housing. By increasing direct financial support to vulnerable families, this supplement tackles the root of multiple deprivations at once to support improved nutrition, housing stability, and access to essential needs.

Additionally, the eligibility of the CCB must be widened regardless of parental citizenship status to ensure that children in informal and kinship care possess the necessary arrangements required to access the CCB. By allowing alternate documentation and broader attestation models for caregivers, including kinship and customary care arrangements, this policy ensures that no child is left behind due to bureaucratic or legal barriers. This also supports children experiencing informal care outside of the traditional family system many of whom are Indigenous, racialized, or involved in child welfare systems.

Expand Government Support for Transitional and Emergency Housing for Youth

Youth homelessness is both a symptom and consequence of poverty, family breakdown, child welfare involvement, and systemic discrimination. The federal government must invest in transitional housing and youth shelters designed with input from youth with lived experience. A notable recommendation from the Campaign 2000 2024 Report Card on Child and Family Poverty outlines the implementation of a targeted housing strategy that establishes a national framework on extended care for youth in child welfare, supported by the ongoing work of the First Voice Advocates and provinces.[182]

These supports must go beyond short-term shelter by integrating education, mental health care, and employment services to create pathways out of homelessness. This also involves the endorsement of specific parameters in an Equitable Standards for Transitions to Adulthood for Youth.[182] Investments in these spaces also relieve pressure on overburdened child protection systems and emergency services.[179,182]

Ensure Indigenous-Led Food Security Programs Are Supported

As part of a broader National School Food Program announced in the 2024 Budget, the government must work with Indigenous governments and communities to fund and implement permanent, distinctions-based school meal programs. These initiatives should be designed and governed by First Nations, Métis, and Inuit communities to reflect local food traditions, cultural practices, and knowledge systems. These programs support children's right to nutritious food while reinforcing community resilience and intergenerational healing.

The Need for a Unified Response

Each of these policy recommendations reflects a different facet of a common challenge: children living in poverty are being denied the foundational support they need to thrive. Food insecurity, inadequate housing, income instability, and exclusion from benefits do not occur in silos. They are interconnected—and disproportionately experienced by children from equity-deserving communities due to systemic racism, intergenerational trauma, and social exclusion. What is required is not a patchwork of reactive programs, but a cohesive and equity-driven policy approach that prioritizes prevention, dignity, and rights-based support.

SECTION 4: EDUCATION SUPPORTS

Raising Canada 2025 acknowledges the importance of education in spearheading the change required in the lives of children and youth. Importantly, education in this context moves beyond the traditional confines of formal schooling. It includes community-based learning, intergenerational knowledge-sharing, peer-to-peer exchange, and youth–adult partnerships. Learning occurs not only in classrooms but also through summits, conferences, digital platforms, mentorship, and everyday conversations. Education is deeply relational, rendering it crucial to shaping the environment necessary for inclusivity and respect for lived experience as a transformative tool for social change.

This broader understanding of education is essential for addressing today's most pressing issues affecting youth well-being. From the rise in digital harms to the need for inclusive, anti-oppressive school environments, education offers a powerful mechanism to respond. Collaborative learning that values youth voices, intersectional thinking, and shared responsibility across sectors is critical to designing policies and programs that reflect the realities of young people's lives.

Education is also key to shifting how we approach complex issues like youth mental health, racism, online hate, and misinformation. By embedding digital literacy, anti-racism, gender equity, and consent education into both formal and informal learning spaces and ensuring that youth are included in the development of these resources, Canada can build systems that protect, empower, and support young people more effectively.

Threats Addressed:
Bullying, Online Harms, Systemic Racism and Discrimination

Policy Recommendations

A National Digital Literacy Curriculum with Equity at Its Core

The call for a mandatory, national digital literacy curriculum is foundational to addressing bullying, discrimination, and online harm in an integrated and sustained way. Youth emphasized that this curriculum must go beyond technical skills to include content on privacy rights, online empathy, consent, misinformation, and digital resilience which are all framed through an intersectional lens. The ongoing development of the Children's Privacy Code, which includes youth consultation and a rights-based lens, offers a model for participatory education that prioritizes equity and safety.[183]

This curriculum can directly reduce harm by equipping students with the knowledge to protect themselves from exploitation, recognize when they or their peers are being targeted, and take action in safe and constructive ways. It can also empower youth to see themselves as digital citizens with agency and collective responsibility, rather than passive consumers of harmful content. Community-based programs, peer-led workshops, and youth-driven online spaces can extend the reach of this education beyond the classroom, ensuring it remains relevant and accessible.

Platform Accountability and Harm Mitigation in School Contexts

Youth emphasized the need for platform accountability that extends into school environments, where digital harms such as cyberbullying, doxxing, hate speech, and identity-based misinformation often manifest in peer interactions and school culture. Without consistent enforcement of platform standards and protections for whistleblowers, harmful content continues to spill into educational spaces, reinforcing cycles of marginalization and fear.

To disrupt this cycle, schools must be equipped with clear harm mitigation protocols, including

reporting mechanisms that do not penalize victims, and restorative approaches that acknowledge the compounded impacts of race, gender, and ability-based discrimination.

Finally, awareness and education through public campaigns are necessary to make children, parents, and teachers aware of the harmful effects of bullying and how to prevent it in order to make the environment more inclusive and welcoming for all. The Public Health Agency of Canada has launched an open call for proposals under its new Youth Substance Use Prevention Program to solicit innovative solutions to substance use prevention among youth.[161] At the same time, a national survey is underway to collect comprehensive data on household substance use trends.[162]

Designing for Well-being, In and Beyond the Classroom

Youth have called for platforms to adopt healthy digital design practices, such as time limits, notification controls, and scheduled offline periods that align with academic hours. These changes are not only about limiting screen time— they are about interrupting the constant exposure to online bullying, comparison culture, and hate-fueled content that undermines student well-being and sense of safety.

Educational spaces must reinforce these design principles by embedding digital wellness education into health curricula and school culture. This includes classroom discussions about digital stress, sleep disruption, online anxiety, and the toll of experiencing or witnessing discrimination in digital spaces. Such interventions contribute directly to bullying prevention, mental health promotion, and the cultivation of safer learning environments.

Responsible Actors

To move these recommendations forward, provincial and territorial ministries of education must lead curriculum reform and system-wide digital literacy integration. School boards, educators, youth organizations, and students themselves are key stakeholders in shaping, implementing, and evaluating these changes. The Council of Ministers of Education Canada (CMEC) can play a national leadership role, setting guiding principles and supporting cross-jurisdictional collaboration.

Above all, young people must be partners in this transformation. Whether through classroom feedback loops, youth policy summits, or community-led learning initiatives, the insights and experiences of young people must inform every step of the process. Education, in its most inclusive sense, remains one of the most powerful tools we have to protect, empower, and uplift the next generation.

Table 1. Condensed Overview of Policy Recommendations

System	Recommendation	Intersectional Focus	Responsible Actors
Health System Supports	Universal, youth-centered mental health services integrated across schools, primary care, and community settings	Prioritized access for marginalized groups: racialized, Indigenous, rural, 2SLGBTQIA+ youth	Provinces/Territories (delivery), Federal (funding & standards)
	National Child Injury Prevention Strategy with equity-based targets	Address higher injury risks in low-income, racialized, rural communities	Federal (strategy), Provinces (implementation), Municipal (local design)
Rights, Safety and Justice	Strengthen laws and cross-border collaboration on online child sexual exploitation; expand survivor supports	Culturally responsive services for overrepresented groups (e.g., Indigenous youth, marginalized boys)	Federal (legislation), Provinces (justice), Tech Sector
Social & Economic Supports	National Child Poverty Reduction Plan including income security, housing, food, and child care measures	Targeted strategies for marginalized families, Indigenous communities, rural/remote areas	Federal-Provincial-Municipal collaboration
Education System Supports	Mandatory digital literacy and online safety education K-12	Culturally relevant, accessible for diverse learners and marginalized youth	Provincial Ministries of Education, School Boards
	Embed mental health, anti-racism, and gender equity education	Prioritize high-risk communities; integrate Indigenous-led content	Provinces, Education stakeholders

Cross Cutting Themes

CROSS-CUTTING THEME 1: THE YOUTH UNEMPLOYMENT CRISIS AND LACK OF FINANCIAL LITERACY

Canada's young people are facing an escalating unemployment crisis, deepening their vulnerability in an already uncertain economic climate. According to the most recent Statistics Canada Labour Force Survey (May 2025), the unemployment rate for youth aged 15 to 24 has surged to 14.2%, significantly higher than the national average and well above the 10.8% pre-pandemic benchmark observed in 2017-2019. Particularly concerning is the unemployment rate for returning students, which now stands at 20.1%, marking a 3.2 percentage point increase compared to May 2024.[184] These figures mirror the alarming levels recorded during the 2009 Global Financial Crisis, underscoring the severity of the challenges youth are encountering when trying to secure stable employment.

"Every single place we try to go to you just can't find a job anywhere. I think this is the biggest crisis that almost all youth are facing today."

~ YOUTH FOCUS GROUP PARTICIPANT

Throughout 2024, the situation continued to deteriorate. By November 2024, youth unemployment had risen to 13.9%, with young people facing the steepest increase in joblessness of any age group. Young Canadians also experienced longer job searches, with the average duration of unemployment increasing from 18.4 weeks in May 2024 to 21.8 weeks in May 2025. Simultaneously, youth employment rates for those aged 15 to 29 declined by 2.7 percentage points, with only 62.9% of this group employed as of March 2024.

Behind these statistics lies a generation of young people increasingly unprepared for the complex realities of Canada's evolving job market largely due to systemic gaps in financial education. Despite navigating high tuition fees, record student debt, rising housing costs, and precarious employment, many youth report feeling ill-equipped to manage personal finances, plan for employment, or make informed decisions about credit, debt, and savings.

Recent youth consultations conducted by organizations such as Children First Canada and CivicAction reveal a growing consensus: Canadian youth are calling for comprehensive, mandatory financial literacy education, starting in secondary school and extending into post-secondary environments. In a 2024 national survey by Statistics Canada, nearly 67% of youth aged 16 to 25 reported that they felt "underprepared" to

handle basic financial tasks such as budgeting, understanding credit, filing taxes, or evaluating employment contracts. Alarmingly, only 21% of surveyed youth indicated they had received formal financial literacy instruction during their secondary education, and an even smaller proportion had exposure to job market preparation resources beyond basic career fairs.

Without adequate financial literacy, young Canadians are vulnerable to a cascade of long-term risks: escalating student debt, poor credit management, exploitation in the workforce, and limited capacity to navigate housing or personal investments. The impact extends beyond individual hardship where Canada's economic resilience depends on a generation that is financially capable, economically stable, and prepared to transition into productive, independent adulthood.

The reality is stark: as unemployment rises, young people face an increasingly complex financial landscape without the foundational knowledge to navigate it. They are expected to manage student loans, apply for jobs that often offer insecure or part-time contracts, negotiate salaries and benefits, maintain credit scores, and prepare for long-term financial stability, all while lacking the tools to do so effectively. This systemic gap contributes to cycles of poverty, underemployment, and financial precarity that disproportionately affect marginalized youth, including newcomers, racialized communities, and those from low-income families.

It is no longer acceptable to treat financial literacy as an optional add-on to the curriculum. The economic landscape has changed and our education systems must change with it. Provinces and territories across Canada must work together to implement a national, standardized financial literacy education framework, ensuring every young person, regardless of geography or socioeconomic background, has access to:

- **Foundational Financial Knowledge**, including budgeting, credit management, debt repayment, tax filing, and savings strategies, taught in a practical, accessible manner.

- **Employment Preparedness Education**, equipping youth with the ability to understand job contracts, wage structures, employee rights, tax obligations, and how to navigate Canada's increasingly gig-based, contract-driven economy.

- **Post-Secondary Financial Planning**, including guidance on managing student loans, accessing scholarships, understanding tuition structures, and building early credit responsibly.

- **Digital and Consumer Financial Safety**, providing youth with the skills to protect themselves against scams, predatory financial products, and online fraud—issues that have become increasingly prevalent in today's digital-first world.

Across Canada, fragmented policies and inconsistent delivery of financial education have left students facing unequal levels of preparation. Some provinces, like Ontario, have made strides by integrating financial literacy into secondary school math curricula, but these efforts remain limited in scope and inconsistent in quality. Many students, particularly in marginalized communities, still fall through the cracks.

Raising Canada calls for immediate, coordinated federal-provincial action to ensure all Canadian youth receive robust, standardized financial literacy education as part of their core schooling. Youth unemployment is not just an economic indicator—it is a signal of systemic failure to equip the next generation for independent adulthood. Equipping youth with essential financial and employment skills is a critical step toward building a resilient, equitable, and economically secure future for all Canadians.

CROSS CUTTING THEME 2: NUTRITIONAL SECURITY

Ensuring that all Canadian children have consistent access to nutritious food is essential to safeguarding their health, development, and future potential. Nutritional security goes beyond just having enough food; it encompasses consistent access to a variety of safe, affordable, and nutritious foods that meet dietary needs for an active and healthy life.[185] While food quantity remains important, true nutritional security focuses on quality, diversity, and long-term access to the resources necessary for optimal growth and health.

In Canada, structural inequalities create additional layers of vulnerability for certain groups. Systemic inequities linked to race, education, household structure, and home ownership status exacerbate both poverty and nutritional insecurity for certain groups.[185] The consequences of nutritional insecurity are particularly concerning for children, as early-life nutrition plays a vital role in shaping long-term health outcomes. To meaningfully address nutritional insecurity, solutions must extend beyond food-based interventions, and must tackle the root causes of poverty and implement policies that ensure all Canadians have adequate income to afford a healthy diet.[186] Income-based policies, including living wages, social assistance programs, and affordable housing, are essential to giving families the financial stability needed to prioritize healthy eating.

Importantly, progress is being made to ensure children in Canada have access to nutritious food. In April 2024, the Government of Canada launched the National School Food Program with a $1 billion investment over five years, aiming to provide nutritious meals to an additional 400,000 children annually. By March 10, 2025, all provinces and territories had signed bilateral agreements, ensuring nationwide participation. The program is designed to alleviate food insecurity, support academic performance, and promote equity, particularly for Indigenous and marginalized communities

As the new school year approaches, the focus now shifts to effective implementation. Key priorities include establishing clear nutritional standards, ensuring adequate funding, and fostering community partnerships. Timely and efficient execution is crucial to meet the urgent needs of children and families, especially as the school year begins. The success of this program hinges on coordinated efforts across all levels of government and community stakeholders.

CROSS CUTTING THEME 3: YOUTH ENGAGEMENT IN LOCAL, NATIONAL AND GLOBAL ADVOCACY

Young people in Canada are not waiting for permission to shape the future—they are already leading. Across local, national, and global contexts, Canadian youth are at the forefront of movements demanding systemic change, equity, and justice. Their leadership reflects more than a reaction to crises—it is a demonstration of agency, expertise, and commitment to building a better world. Recognizing this leadership means creating systems that elevate youth as changemakers rather than treating them as passive recipients of adult-led policy decisions.

At the local level, youth are deeply engaged in issues that directly affect their communities. From organizing mutual aid networks to advocating for mental health resources in schools, young people are driving conversations regarding education reform, housing affordability, and accessible health care. Youth-led groups have mobilized around school board decisions, urban development plans, and municipal responses to public health challenges, demanding that policies reflect the realities they face daily.

On the national stage, Canadian youth are advancing bold advocacy efforts for systemic change. They have been instrumental in calls for truth, reconciliation, and justice for Indigenous communities, including amplifying the Truth

and Reconciliation Commission's Calls to Action and supporting Indigenous land defenders. In the context of the ongoing affordability crisis, young Canadians are also organizing for economic justice, climate policy accountability, and increased investment in youth mental health. National organizations such as Children First Canada, Campaign 2000, and various youth councils continue to push for the establishment of a National Child and Youth Commissioner, expanded social safety nets, and policy reforms that centre youth rights and well-being.

> *"I think it's really important to empower youth to make changes in their local communities and to have programs to make changes in their local communities themselves… Canada is a very large country with lots of different cultures… No matter where you are, every community is different. So having the infrastructure and support systems locally to help youth make these changes would be great"*
>
> **~ YOUTH FOCUS GROUP PARTICIPANT**

Globally, Canadian youth are increasingly engaged with international struggles for justice, demonstrating solidarity with movements for human rights, peace, and equity. Youth across Canada have mobilized in support of Palestinian human rights, organizing ceasefire protests and education campaigns. Others have taken to the streets as part of the global climate strike movement, reframing the climate emergency as an issue of intergenerational justice and survival. Additionally, youth-led anti-racism, disability justice, and gender equity movements are demanding that Canada play an active role in dismantling systemic oppression both at home and abroad. Social media has emerged as a powerful tool for this engagement, serving as both a platform for mobilization and a space for critical education. Despite barriers like censorship, misinformation, and algorithmic suppression, youth continue to use digital spaces to organize protests, amplify marginalized voices, and share resources that strengthen community action.

With the political landscape that preceded the Canadian federal election, young Canadians are not merely participating in advocacy, they are setting the agenda. Through grassroots organizing, national campaigns, and policy consultations, youth across the country are advancing specific, systemic demands aimed at improving the conditions that shape their lives. Central to these demands is the establishment of a National Commissioner for Children and Youth, an independent, non-partisan office that would hold the federal government accountable for decisions affecting young people. Youth advocates emphasize that without institutionalized mechanisms to ensure their perspectives are included at the highest levels of decision-making, policy development will continue to overlook their realities. A Commissioner, empowered with investigative authority, reporting responsibilities, and a mandate to monitor the implementation of children's rights and elevate youth voices, would address this long-standing gap in Canadian governance.

Eliminating child poverty remains another urgent priority for young Canadians, as economic insecurity continues to disproportionately affect youth and their families. With nearly one in five children in Canada living below the poverty line, youth advocates argue that economic justice must be at the heart of any meaningful child and youth well-being strategy. They are calling on the federal government to implement comprehensive poverty reduction measures, including targeted supports for marginalized communities, improved access to affordable housing, increased social assistance rates, and policies that address the root causes of generational poverty. Youth leaders emphasize that economic insecurity is not only an issue of income, it is deeply intertwined with mental health, education, and long-term opportunities.

Access to high-quality, culturally relevant, and community-based mental health services is another central demand. Young people across Canada continue to face long wait times, limited services, and significant barriers to mental health support—challenges that are exacerbated for Indigenous, racialized, and 2SLGBTQIA+ youth.

Advocates are pushing for a coordinated national mental health strategy that prioritizes prevention, addresses service gaps, integrates mental health into schools and community spaces, and ensures equitable access across all regions, including rural and remote communities. They highlight that addressing youth mental health is not only about crisis intervention but requires investment in early supports, culturally competent care, and services designed in partnership with young people themselves.

Finally, youth across Canada are calling for full implementation of the Truth and Reconciliation Commission's Calls to Action, with an emphasis on those that directly impact Indigenous children and youth. They recognize that the ongoing impacts of colonization, residential schools, and systemic discrimination continue to harm Indigenous young people, families, and communities. Youth advocates are demanding concrete action on issues such as equitable education funding for Indigenous students, the revitalization of Indigenous languages and cultures, mental health supports grounded in Indigenous knowledge, and the protection of Indigenous rights to land and self-determination. They stress that reconciliation cannot be symbolic—it requires structural change, accountability, and investment in Indigenous youth leadership and well-being.

Together, these policy demands reflect a unified call for systemic reform that addresses the interconnected challenges facing young people in Canada. Youth are clear: temporary programs or surface-level investments will not solve the crises they face. Instead, lasting change requires embedding youth voices in governance, addressing poverty and inequality, expanding access to essential mental health supports, and advancing true reconciliation with Indigenous peoples. Young Canadians are not asking to be included as an afterthought, they are demanding a seat at the table, and the tools to build a future rooted in justice, equity, and opportunity for all.

Strengths and Limitations

The *Raising Canada 2025* research team reflects a multidisciplinary group of students, professionals, and academics from diverse institutions and communities across the country. Our team brings together individuals from a wide range of cultural, geographic, and professional backgrounds, with lived experience spanning different regions, ethnicities, and socioeconomic realities. This diversity of perspectives has strengthened the depth, intersectionality, and relevance of the analysis presented in this year's report.

A defining strength of *Raising Canada 2025* is the meaningful involvement of young people throughout the research and writing process, and in the dissemination of the results and subsequent advocacy efforts. Upholding our commitment to youth participation, we included young people directly within the research team, ensuring their perspectives, lived experiences, and priorities shaped both the process and the content of this report. Beyond youth involvement in authorship, we also prioritized targeted engagement with children and youth by hosting multiple focus groups with young participants from various regions, backgrounds, and lived experiences. These focus groups were instrumental in shaping our understanding of the cross-cutting themes highlighted in this year's report— particularly youth engagement in local and global

advocacy movements, and the ongoing youth unemployment crisis in Canada. The insights shared by youth participants emphasized the interconnected nature of the issues they face and reinforced the need to approach these challenges with systemic, equity-driven solutions.

In response to these findings, the *Raising Canada 2025* team made a deliberate decision to present a more holistic, intersectional policy recommendations section. Rather than isolating proposed solutions within siloed threat categories, we have adopted an integrated policy approach that reflects the realities young people experience: multiple, overlapping crises that demand comprehensive, interconnected solutions. This year's policy recommendations prioritize tangible, structural reforms designed to address threats to child and youth well-being in an equitable, unified, and actionable way.

We have further strengthened our methodology by expanding the scope of our literature review to include the most recent national statistics, peer-reviewed research, and reports published in 2024 and 2025, ensuring our findings reflect the evolving challenges facing Canadian children and youth. This approach, combined with youth-driven insights and expert consultation, enhances both the credibility and practical relevance of the report's recommendations.

Despite these improvements, certain limitations remain. As with previous editions, this report is not a systematic literature review. While we made significant efforts to incorporate the most current and credible data, some sources included, particularly in emerging areas of concern, have not undergone peer review. Furthermore, while the youth focus groups provided valuable insights, the absence of individual in-depth interviews this year means that some personal, nuanced experiences may not have been fully captured.

Finally, while efforts to include diverse youth voices were expanded, we acknowledge continued gaps in qualitative data from Northern and remote regions, including the Territories. The perspectives of Indigenous communities, particularly those in the North, were underrepresented in this year's engagement process, a gap that we recognize as a critical area for improvement in future research and reporting.

Concluding Remarks and Call to Action

The *Raising Canada 2025* report paints a stark picture of a generation of children at risk. With increasing threats like climate change, digital harms, and the growing disparity in accessing essential resources, children in Canada are facing unprecedented challenges. Despite some progress, these threats continue to erode their well-being, leaving many children without the opportunities they deserve to thrive. This generation's future is being compromised, and it is our collective responsibility to act before it's too late.

Canada's continued struggles with child poverty, mental health, and educational disparities place our youngest citizens in a precarious position. While government investment in school nutrition programs, mental health resources, and climate resilience are steps in the right direction, they are not enough to address the systemic issues driving these threats. Our nation must make bold, coordinated changes to protect the rights and well-being of children—especially those who are most vulnerable, including Indigenous and marginalized youth.

As we mark Children First Canada's 10th anniversary, we are reminded that we cannot afford to wait for change—we must create it. The time for complacency is over. It is time for Canada to recommit to its most fundamental promise: that every child deserves the opportunity to grow up safe, healthy, and ready to lead. To protect the future of our children, we need urgent, action-oriented solutions *now.*

CALLS TO ACTION

The following Calls to Action, endorsed by our Youth Advisory Council, Young Canadians' Parliament, and Council of Champions, provide the framework for addressing the deepening crises children face:

1. **Implement a National Strategy for Children and Youth:** We urge the Government of Canada to create and execute a National Strategy for Children and Youth, which tackles the top threats to childhood and promotes the full realization of children's rights. This strategy should include the establishment of an independent Commissioner for Children and Youth, who can ensure accountability and advocate for children's best interests at all levels of government.

2. **Invest in Children as a Nation-Building Priority:** We call on the federal and provincial governments to recognize that investing in children is one of the most important nation-building projects Canada can undertake—yielding profound social, economic, and health dividends for generations to come. Children who have a safe, healthy, and supported start in life are more likely to thrive, achieve better lifelong health outcomes, and contribute meaningfully to society. Governments must not only honour current budget commitments but also earmark a proportionate share of public health and social budgets for children—who make up 25% of the population and represent 100% of our future—addressing the long-standing disparity in funding relative to adults. Transparency and accountability are essential, including publishing a Children's Budget to ensure equitable resource allocation. Full implementation of the Truth and Reconciliation Commission's Calls to Action, including the Spirit Bear Plan, is critical to redress historical inequities faced by First Nations, Métis, and Inuit children, and to build a foundation for a stronger, more equitable Canada.

3. **Empower Children to Shape Their Future:** We urge all levels of government to invest in child rights education and actively involve children and youth in the decision-making processes that affect their lives. This includes lowering the voting age to 16, ensuring young people have a direct say in the policies that shape their future. Their voices must be central to the creation of policies and programs designed to support them, empowering them to take an active role in their communities and democracy. This is essential in creating a future that reflects the hopes, dreams, and aspirations of children and youth across Canada.

Beyond these national actions, this report includes immediate recommendations to address the top threats to childhood in Canada. These calls require swift and sustained effort to create meaningful change.

However, the responsibility for change does not lie solely with government. Every Canadian—parents, educators, community leaders, business leaders, and children themselves—must play a role in ensuring a brighter, safer future for our children. We must come together as a society to take bold action, fostering an environment where every child has the opportunity to thrive. Our children deserve a childhood in which they can flourish, and a future built on opportunity and support.

Let's rise to the challenge and create a future where every child in Canada is protected, empowered, and ready to lead.

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