



The State of Childhood in Canada in the Digital Age

Online harms become the number
one threat facing children in Canada



TOP 10 Threats
to Childhood
in Canada

 **CHILDREN FIRST**
CANADA

With Gratitude

Raising Canada 2026 was made possible through the generous support and expertise of our **National Presenting Partner, PolicyWise for Children & Families**, and our **Foundational Partners, The Hospital for Sick Children (SickKids)** and the **Canadian Medical Association**.

We are deeply grateful for their investment in this important work and their shared commitment to advancing the health, wellbeing, and rights of children across Canada. Their partnership enables us to bring together the evidence, expertise, and voices of young people needed to understand the state of childhood and inspire meaningful action for all of Canada's children.



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In Loving Tribute

Behind every statistic in this report is a child.

A child who was loved. A child with family and friends, dreams and talents, laughter and possibility, and a future that should have been theirs to live.

This report is dedicated to the children whose lives were tragically cut short following cyberbullying, sextortion, and other harms connected to the digital world. They are no longer here to tell their own stories, so we remember them by name.

Amanda Todd, 15 **Harry Burke, 17**
Rehtaeh Parsons, 17 **William Doiron, 16**
Carson Cleland, 12 **Penelope Sokolowski, 15**
Daniel Lints, 17

These are the children whose stories we know. There are others whose names never made headlines, and countless more who are living with the lasting impacts of online harm. Their lives were full of possibility. Their pain was preventable.

We also pay tribute to the six children whose lives were taken in the devastating mass shooting in Tumbler Ridge, British Columbia:

Emmett Jacobs, 11 **Zoey Benoit, 12**
Abel Mwansa, 12 **Ticaria Lampert, 12**
Kylie Smith, 12 **Ezekiel Schofield, 13**

They were children before they were victims. They were sons and daughters, siblings, classmates and friends, each with a story, people who loved them, and a future that should not have been taken from them. We honour their families, friends, teachers, and community who continue to carry an unimaginable loss.

The circumstances surrounding the tragedy remain under investigation, including examination of the perpetrator's digital activity. What happened in Tumbler Ridge has raised difficult and urgent questions about the intersection of digital environments, violence, mental health, and children's safety.

Canada must be willing to confront those questions with care, evidence, and an unwavering commitment to protecting children.

This tribute is also for the children who survived. The children carrying trauma, shame, fear, or pain because of something that happened online. The children who have been bullied, exploited, manipulated, threatened, or exposed to harmful and hateful content that they should never have witnessed. What happens online is real, and its consequences do not stay behind a screen.

And we honour the parents and families who have turned unimaginable grief into action. They have spoken their children's names when it would have been easier to remain silent. They have shared deeply painful stories, sought justice, demanded accountability, and walked into classrooms, courtrooms, newsrooms, legislatures, and Parliament carrying a message no parent should ever have to deliver:

We must do better for our children.

Their courage has helped awaken a country to the urgency of online safety and driven changes that will protect children they may never meet. We recognize the enormous personal cost of this advocacy and, above all, the extraordinary love behind it.

To every child who has been harmed, and to every family fighting for justice, accountability, and change: ***we see you, we hear you, and we stand with you.***

May the children we have lost be remembered not simply for how they died, but for how they lived, who they loved, who loved them, and the change their lives continue to inspire.

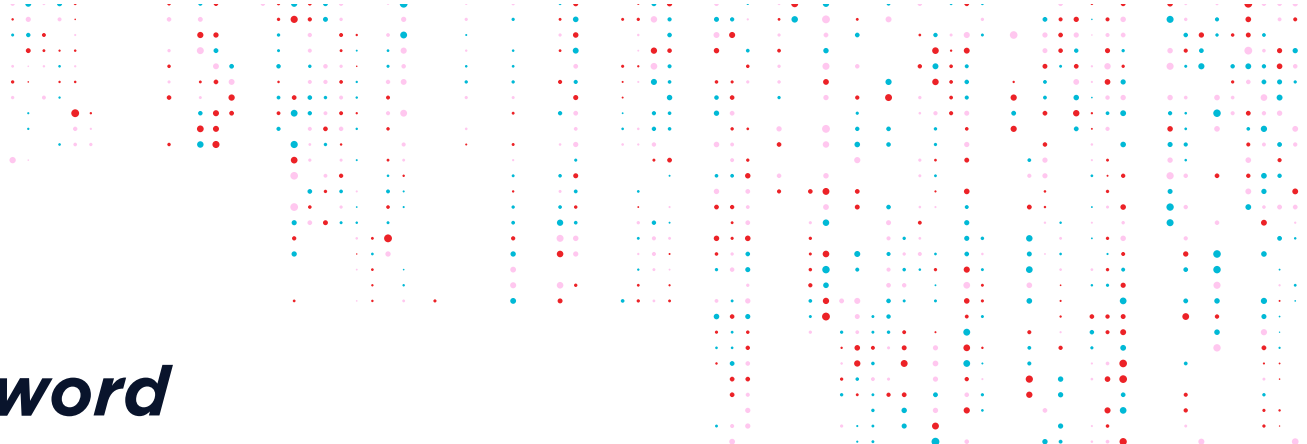
We honour them by refusing to accept preventable harm as the price children must pay for growing up in a digital world.

We honour them by acting.

***No more waiting. No more excuses.
Time is up on online harms.***

Table of Contents

Foreword by Sara Austin, Founder and CEO, Children First Canada	5
What Children have been trying to tell us: A Letter to Canadians from Carol Todd	8
Quotes from Dr. Ronald Cohn, Zachary Fathally	12
Quotes from Dr. Bolu Ogunyemi, Kristine Williamson	13
Acknowledgement	14
Executive Summary: Key Findings	17
Methods and Framework	23
Threat 1: Online Harms	25
Threat 2: Unintentional Preventable Injuries	36
Threat 3: Violence Against Children / Child Abuse	46
Threat 4: Poverty	55
Threat 5: Poor Mental Health	64
Threat 6: Vaccine-Preventable Illnesses	71
Threat 7: Bullying	76
Threat 8: Systemic Racism and Discrimination	82
Threat 9: Limited Physical Activity and Play	90
Threat 10: Climate Change	99
Emerging Threat: The School Crisis	105
Watchlist: Infant Mortality	110
Integrated Policy Recommendations	116
Executive Summary of Policy Recommendations	118
Strengths and Limitations	129
Conclusion	130
Calls to Action	131
References	134



Foreword

Sara L. Austin is the Founder and CEO of Children First Canada, a national charity dedicated to making Canada the best place in the world for kids to grow up. An international human rights lawyer, mother, and globally recognized and award-winning child rights advocate, she has spent more than 30 years advancing children's rights in Canada and around the world through law, public policy, and social change. As she raises her own son in an increasingly digital world, she is equally committed to ensuring that every child in Canada grows up safe, healthy, connected, and empowered to thrive.

Ten years ago, we launched Children First Canada with a simple but urgent message: the kids are not alright. It was a call to action grounded in evidence, informed by the voices of children and youth, and driven by a belief that Canada could and should be one of the best places in the world to grow up. A decade later, that message is more urgent than ever.

This year's Raising Canada report identifies online harms as the number one threat to children and youth in Canada; it's the first time we have ranked it in the top 10, let alone at the top of the list. The decision was not made lightly. It reflects a growing body of evidence and a reality that is unfolding in homes, classrooms, playgrounds, and communities across the country every day.

The digital world has become the defining environment of childhood. Children are encountering AI-powered toys and algorithmic-driven content before they can even read. They are spending increasing amounts of time with platforms designed to capture and hold their attention. They are navigating social media, gaming environments, and AI chatbots that shape how they learn, think, relate to others, and understand themselves. While these technologies offer tremendous potential, the pace, scale, and intensity of the risks have outpaced government efforts to promote digital

literacy and implement regulations that protect children from harm.

The impacts are profound and far-reaching. While online harms are ranked as the number one threat this year, they cannot be confined to a single issue. They are woven throughout many of the other top threats identified in this report, contributing to rising rates of poor mental health, including anxiety, depression, loneliness, self-harm, and suicide. They are reducing opportunities for physical activity, play, and meaningful human connection. They are amplifying racism, misogyny, climate discrimination, and hate. They are fueling misinformation and disinformation that make children more vulnerable to vaccine-preventable illnesses and reducing trust in public health-care providers and health institutions. They are creating new pathways for bullying, violence, exploitation and abuse, and accelerating harm at a global scale. Even the climate crisis is connected, as the rapid expansion of data centres and artificial intelligence carries significant environmental consequences.

What is most alarming is not only the scale of these harms, but how quickly we have come to accept them as normal. As I immersed myself in the research for this report, I found myself asking a question that I believe every parent, educator, policymaker, and technology leader should ask:

How did we allow technology to become so deeply embedded in childhood before ensuring it was safe for children?

We have become the first generation to raise children immersed in digital technology from birth through adolescence, conducting what often feels like a real-time experiment on childhood without fully understanding the long-term consequences for children's developing brains, mental and physical health, learning, relationships, and well-being.

Canada has stiff regulations and safety standards for every other product that impacts children: food, medicine, toys, car seats, and even pajamas are heavily regulated. And if they make a child sick, cause a severe injury, or result in a death, they are immediately recalled and cannot be put back on the market until they are proven to be safe. Why did we give the tech companies a free pass?

It has been 13 years since Amanda Todd became the first Canadian teen to die following cyber exploitation and cyberbullying. Why wasn't that the wake up call we needed? As Amanda's mother, Carol Todd, shares (page 6) the consequences of failing to act have been devastating. She now leads the Amanda Todd Legacy Society and has steadfastly advocated, educated, and rallied support for change, yet we have been too slow to heed her cries. Now, there is a community of bereaved parents who have had to do the unthinkable: bury their children. We owe it to these "forever children," and to their parents and families, to honour their legacy by saying, "Not one more."

The data presented in these pages keeps me up at night. It should serve as a wake-up call for parents, educators, health-care professionals, policymakers, business leaders, and philanthropists alike. Yet the numbers tell only part of the story. Behind every statistic are real children and real families who have paid the price for our inaction.

Over the past year, I have had the privilege of listening to children and youth from every region

of Canada. They have shared their experiences with remarkable honesty and courage. They have spoken about cyberbullying, harmful content, online hate, exploitation, social pressure, and the challenges of growing up in a world where there is no escape from the digital sphere. But they have also spoken about hope.

Again and again, they have asked adults to do our part. They are asking us to create a world that is safer, healthier, and more worthy of their potential. They are asking us to set boundaries, establish safeguards, and put their well-being ahead of corporate interests and political inertia. And they are asking us to listen with humility and curiosity—and to work alongside them to solve these problems.

Children and youth cannot solve this crisis alone. Nor can parents, teachers, doctors, academics, or even our governments. What we need now is a national movement that recognizes protecting childhood is not a partisan issue, a sector issue, or a parenting issue. It is a nation-building priority. When we talk about building a stronger Canada, there is no greater investment we can make than in the well-being of our children. No nation can reach its full potential when its youngest citizens are being left behind.

The warning signs are all around us. Canada now ranks 22nd among OECD countries on key measures of child well-being and 67th on the KidsRights Index. Behind every ranking is a child whose potential is being diminished, a family facing impossible choices, and a future that is being compromised.

At Children First Canada, these realities are forcing us to evolve and expand our efforts. When we launched Children First Canada a decade ago, we did so not simply as a charity acting alone, but as a movement that harnessed the power of the young and old alike to unite around a singular vision: ensuring that children are seen, heard, and empowered to play a role in the decisions that shape their lives.

Over the past ten years, that movement has grown into a powerful force for change. Together with children, youth, parents, educators, researchers, health-care professionals, community leaders, advocates, business leaders, and policymakers from coast to coast to coast, we have helped shine a spotlight on the challenges facing children and youth while driving meaningful action. We have seen, time and time again, that when people come together around a common purpose, change is possible.

This report has become a catalyst for change. Each year, *Raising Canada* elevates the voices of children and youth, brings evidence to the forefront, and challenges leaders to confront the realities facing the next generation. And each year, we see the impact. Issues that were once overlooked become national priorities. Conversations turn into commitments, and commitments turn into action.

The progress we have made on online safety is a powerful example. For years, children, youth, parents, survivors, researchers, health-care professionals, and advocates have been sounding the alarm about the dangers children face online. Their courage and persistence helped move online harms from the margins to the centre of the national conversation. Their collective efforts also helped pave the way for the tabling of the Safe Social Media Act in June; a significant milestone and an important step forward for the protection of children in Canada.

But it is only a first step. The legislation must be strengthened, debated, passed, and implemented without delay. Strong enforcement mechanisms, including the new Digital Safety Commission of Canada, must be established. Children must be protected from emerging harms driven by artificial intelligence and rapidly evolving technologies. Parents, educators, and young people need better education, tools, resources, and support. We absolutely must invest in digital literacy, prevention, and public awareness at a scale that matches the urgency of the crisis.

The stakes are simply too high for half measures. The evidence presented in this report makes one thing abundantly clear: we cannot continue to treat the well-being of children as an afterthought. When children struggle, our communities struggle. When children thrive, Canada thrives.

That is why Children First Canada is deepening its commitment to grassroots engagement by mobilizing parents, children, and youth, and ensuring that their voices are heard in the places where decisions are made. We are strengthening partnerships across sectors and communities because meaningful change requires all of us. Most importantly, we are transforming concern into action.

The challenges outlined in this report are significant, but they are not inevitable. The future is still ours to shape. The children and youth we meet every day continue to inspire us with their resilience, creativity, compassion, and determination. They are not waiting for change—they are leading it. The question is whether the rest of us will join them.

So, consider this your invitation: read the report, share it, and talk about it with your family, colleagues, community, and your elected representatives. Ask what role you can play in creating a Canada where every child is safe, healthy, valued, and empowered to thrive. Then take action.

Visit [Children First Canada](#) and join the growing movement to put children first.

Future generations will judge us not by the technologies we created, but by whether we had the courage to protect the children who inherited them. The kids are counting on us. Let's not let them down.

Sara L. Austin
Founder & CEO
Children First Canada



What Children Have Been Trying to Tell Us

BY CAROL TODD

Carol Todd is the Founder of the Amanda Todd Legacy Society, a parent, educator, and internationally respected advocate for online safety and child protection. Since Amanda's death in 2012, Carol has dedicated her life to helping prevent online exploitation and cyberbullying through education, public awareness, and policy advocacy. She has worked with governments, schools, law enforcement, and communities in Canada and around the world to create a safer digital future for children.

There are moments in life that divide everything into a “before” and an “after.”

For me, that moment came on October 10, 2012, when my daughter Amanda died by suicide after enduring years of sextortion, cyberbullying, harassment, and abuse.

Nothing prepares a parent for the loss of a child. Nothing prepares you for the realization that the very technologies designed to connect us can also be used to isolate, humiliate, exploit, and harm.

In the years following Amanda's death, I made a promise to her, and to other children and families, that I would do everything in my power to help prevent others from experiencing what we did. That promise has shaped the last thirteen years of my life.

Since Amanda's death, I have travelled across Canada and around the world sharing her story and advocating for safer digital spaces for children and youth. I have spoken with hundreds of thousands of students, parents, educators, health-care professionals, law enforcement

officers, and community leaders. I have worked with provincial and federal governments, advised policymakers and practitioners, and participated in countless conversations about how we can better protect children growing up in a digitally connected world.

What has stayed with me most over those years is not the conferences, meetings, or policy discussions. It is the people.

It is the parent who reaches out because their child is being bullied online and they don't know what to do. It is the young person who waits until everyone else has left a presentation before quietly sharing something they have never told another adult. It is the teacher trying to support students through challenges that did not exist when they first entered the classroom. It is the families who are grieving unimaginable losses and wondering how this could have happened to their child.

Over and over again, I hear the same concerns. Parents feel overwhelmed. Educators feel unprepared. Children feel exposed. Everyone

is trying to keep up with technologies that are evolving faster than our ability to understand their impact.

When Amanda died, social media was at the centre of the conversation. Today, the landscape is far more complex.

Children are growing up in a world shaped not only by social media, but by gaming platforms, group chats, livestreams, artificial intelligence, anonymous forums, image-sharing apps, and technologies that are changing almost daily. For many young people, there is no meaningful separation between their online and offline lives. Their friendships, education, recreation, identity, and sense of belonging increasingly exist in digital spaces.

This year, I had the opportunity to travel to Parliament Hill alongside Children First Canada, standing shoulder to shoulder with children, youth, parents, survivors, health-care professionals, and families whose children had been harmed—or, in some cases, lost their lives—as a result of online harms. It was a powerful moment in this journey of advocacy.

From around the room, I heard stories that reflected more than a decade of warnings. Families whose children had experienced cyberbullying, sextortion, online exploitation, online hate, harmful algorithms, and exposure to dangerous content that has brought on trauma. Young people courageously sharing experiences no child should have to endure. Parents carrying grief no parent should ever have to bear.

It gave me hope. It also broke my heart.

Amanda's story should have been enough to put precautions in place.

No parent should have had to stand in that room because their child was harmed. No family should have had to bury a son or daughter before we decided to act. Yet almost 14 years after Amanda's death, I found myself standing alongside families carrying stories that sounded painfully familiar.

Different children. Different technologies. The same preventable harms.

We cannot change what happened to Amanda. We cannot undo the suffering experienced by so many children and families over the past decade. But we can decide that this generation will be the last to grow up without the protections they deserve.

Time is up. Children have waited long enough.

Children have been paying the price for our inaction far too long. The evidence is clear. The stories are real. The consequences are devastating. We can no longer afford to debate whether there is a problem. The question now is whether we have the courage to respond with the urgency children deserve.

That is why this year's *Raising Canada* report resonates so strongly with me. For the first time, online harms have been identified as the number one threat facing children and youth in Canada. After more than a decade of listening to children and families, I believe this reflects a reality that young people have been trying to tell us for years.

What concerns me is not only the prevalence of these harms, but the way they are interconnected with so many of the other threats facing children today. Online harms do not exist in isolation. They have become woven into the fabric of childhood itself.

We see the connections in rising rates of anxiety, depression, loneliness, and poor mental health. We see them in the decline of physical activity and play as more childhood experiences move onto screens. We see them in the spread of racism, discrimination, misogyny, and hate through online communities and algorithms that reward outrage and division. We see them in bullying that no longer ends when the school bell rings, but follows children into their homes and bedrooms through their devices. We see them in cases of violence, exploitation, sextortion, and child abuse that increasingly begin online. We see them influencing children's sense of self-

worth, their relationships, and their ability to feel safe and connected. We even see them shaping how children understand the world around them, including issues such as climate change, through misinformation, manipulation, and the growing environmental impacts of the technologies themselves.

These impacts do not stay on a screen. They affect children's mental health, self-esteem, relationships, learning, physical activity, safety, and overall well-being. They show up in our schools, our homes, our health-care systems, and our communities.

As I read this report, I found myself thinking about all of the children whose stories may never make headlines, but whose lives are being shaped by the issues described in these pages. Children who are struggling with anxiety. Children who are being targeted by bullies. Children who are exposed to harmful content before they have the maturity to understand or process it. Children who are searching for connection and belonging in environments that are not always safe.

I also thought about the many young people who continue to show remarkable resilience despite these challenges. They are thoughtful, compassionate, creative, and determined. They care deeply about the world around them. They are not asking adults to solve every problem for them. They are asking us to pay attention. They are asking us to take responsibility. They are asking us to create conditions that allow them to grow up safely and thrive.

My message to parents is simple: stay involved. Be watchful of today's generation of children. Stay curious about your children's digital lives. Ask questions. Listen more than you lecture. Create space for honest conversations. Let your children know they can come to you when something goes wrong. The most important safeguard a child can have is a trusted adult who is willing to listen.

To educators, thank you. Every day, you are helping children navigate challenges that extend far beyond academics. Continue creating environments where students feel safe, supported, and seen. Media literacy that includes digital citizenship, online safety, abuse prevention and healthy relationships are now essential life skills that every child deserves the opportunity to learn.

To policymakers, I would ask that you listen carefully to what children, families, researchers, and frontline professionals have been saying. The evidence is clear. The harms are real. The need for action is urgent. We cannot afford knee-jerk reactions or simplistic solutions to complex challenges. We need stronger protections for children, greater accountability from technology companies, meaningful investment in prevention and education, and policies that place children's rights at the centre of decision-making.

We have made important progress. The tabling of the Safe Social Media Act is evidence of what can happen when survivors, children, parents, doctors, advocates, and experts work together to demand change. It is a significant milestone and one that many people have worked tirelessly to achieve.

As we stood together on Parliament Hill earlier this year, so many emotions and thoughts came through my body and mind. For many of us, that moment represented years of advocacy, heartbreak, and determination. For some families, it represented the hope that no other child would have to suffer what their child had suffered. For others, it was an opportunity to honour a child they had lost. The legislation represents progress, but it also represents a promise—a promise that Canada will finally begin to put the safety and well-being of children ahead of the interests of powerful technology companies.

But it is only the beginning.

The challenges facing children today will not be solved by a single law, a single program, or a single organization. They require sustained commitment from all of us.

For fourteen years, I have carried Amanda's story into classrooms, communities, boardrooms, and legislatures around the world. What continues to give me hope is seeing people come together because they believe children deserve better.

My hope is that this report does more than inform. I hope it motivates action. I hope it encourages difficult conversations. I hope it inspires leaders to act with courage and urgency.

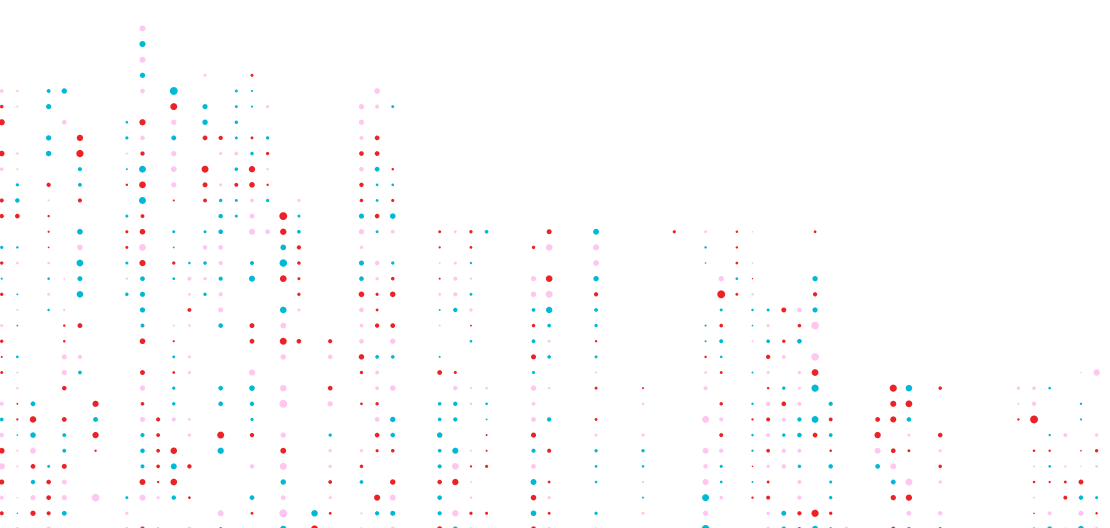
Most of all, I hope it reminds every reader that behind every statistic is a child.

The children of Canada are telling us what they need.

Are we prepared to listen?

Carol Todd

*Founder, Amanda Todd Legacy Society
Parent, Advocate, Educator, and Champion for
Online Safety and Child Protection*



“In my view, online safety is one of the biggest challenges for my generation because of its toll, among others, on youth mental health. The solution isn’t just taking our screens away. We need real protections and better digital literacy teaching in schools. Instead of just telling youth what they shouldn’t do, adults need to work with us to build safer environments where we feel safe reporting harms and navigating the digital world with confidence. Social media platforms and big tech companies must be held accountable for the algorithms they design that make children so vulnerable. By actively involving young people in these crucial conversations, we can create safer, more secure online platforms for everyone.”

— ZACHARY FATHALLY, YOUTH ADVOCATE

“The health of children is no longer determined solely by their biology or the care they receive in hospitals. It is increasingly shaped by the environments in which they grow, learn, connect, and interact, including the digital world. As technology becomes woven into every aspect of childhood, ensuring that online spaces are safe, healthy, and developmentally appropriate has become one of the defining child health challenges of our time. At SickKids, we believe that advancing children’s health means combining science, advocacy, and collaboration to create environments both physical and digital where every child has the opportunity to thrive.”

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

“The strongest policy decisions are informed by both evidence and experience. Raising Canada gives us an opportunity to learn from research, from young people, and from communities. PolicyWise is proud to partner with Children First Canada to ensure that knowledge strengthens the systems of support that help children and youth thrive.”

— KRISTINE WILLIAMSON, PRESIDENT & CEO,
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“Children’s health extends far beyond the walls of a hospital or physician’s office. The evidence presented in Raising Canada reinforces what healthcare professionals across the country are seeing every day: children’s mental, physical and social wellbeing are deeply interconnected. As we head into a new school year, we have an opportunity and a responsibility to work together to create healthier digital environments for children.”

— DR. BOLU OGUNYEMI, PRESIDENT, CANADIAN MEDICAL ASSOCIATION

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Dr. Shimi Kang, Founder of Dolphin Kids: Future-Ready Leaders, CEO of Spark, and host of the YouTube show; Mental Wealth with Dr. Shimi Kang

Alex Munter, CEO, Canadian Medical Association

Dr. Holden Sheffield, Chief of Pediatrics and General Pediatrician, Qikiqtani General Hospital, Iqaluit, Nunavut

Rebecca Shields, President and Chief Executive Officer of Kids Help Phone (KHP)

Lori Spadorcia, Senior Vice-President, Public Affairs, Partnerships and Chief Strategy Officer, CAMH

Bruce Squires, President, McMaster Children's Hospital

Kathleen Taylor, Chair of the Hospital for Sick Children (SickKids), Chancellor of York University, and Corporate Director

Sommer Wedlock, CEO, Canadian Children's Literacy Foundation

Leah Zille, Executive Director, The Treehouse (Vancouver Child and Youth Advocacy Centre)



Raising Canada 2026: Executive Summary

Children and youth in Canada hold inherent worth and dignity and are entitled to the full realization of their rights. Yet they are increasingly vulnerable to a range of interconnected challenges that undermine their health, safety, and well-being. Because these challenges are complex and deeply intertwined, protecting children's rights demands coordinated, evidence-informed action across governments, sectors, and communities.

Since 2018, the *Raising Canada report* series has tracked the top 10 threats to childhood, serving as an annual assessment of the state of the nation's children and providing an evidence-driven, solutions-oriented roadmap for safeguarding children's rights and advancing Children First Canada's vision of making Canada the best place in the world for kids to grow

up. By tracking emerging trends, documenting persistent challenges, amplifying the voices of young people, and identifying actionable policy solutions, the report inspires collective action and strengthens accountability for children's rights.

The urgency of this work is reflected in Canada's continued decline on the global KidsRights Index, where the country now ranks 72nd out of 194 nations—down from 67th in 2025 and 66th in 2024.¹ Canada's standing has also slipped in the UNICEF Child Well-Being Report Card, falling from 19th out of 36 high-income countries in 2025 to 22nd out of 37 peer countries in 2026.¹ Together, these rankings underscore persistent gaps in children's access to health care, protection from violence, and meaningful participation in decisions that shape their lives.

They also serve as a stark reminder that Canada is falling behind many of its peers in creating the conditions children need to survive and thrive.

This year's report reveals a rapidly evolving landscape of challenges affecting childhood in Canada. **For the first time, *Raising Canada* identifies online harms as the number one threat facing children and youth.** From cyberbullying, luring and sextortion to AI-facilitated abuse and the mental health impacts of social media, gaming, and increasingly immersive digital technologies, the online world has become one of the most consequential environments shaping children's lives. Online harms are no longer a standalone issue. They are amplifying many of the other threats facing children, contributing to declining physical activity and play, bullying, violence and child abuse, racism and discrimination through online hate, and even climate change through the growing environmental impacts of digital infrastructure and artificial intelligence.

Heightened concern about online harms is reflected in mounting public pressure for action, the introduction of new legislation such as the Safe Social Media Act and the Protecting Privacy and Consumer Act, policy initiatives such as the National AI Strategy, an expanding body of academic research, and increasing reports of harm from children, youth, parents, educators, and health-care providers. From this uniquely dynamic environment, online harms represent an urgent systemic challenge requiring coordinated action across government, industry, schools, families, and communities. Given their scale, reach, and potential to influence nearly every domain of childhood well-being, online harms warrant recognition as one of the leading threats facing children in Canada today.

Yet this report reflects a reality even bigger than the risks children face online: childhood itself is under threat.

Across Canada, children and youth are growing up amid interconnected crises that deeply affect their lives. Mental health challenges continue to rise, families face growing economic pressures, educational systems are under increased strain, rising incidences of discrimination, and the impacts of climate change are shaping the daily experience of young people. These issues do not exist in isolation. They constantly interact and compound one another, creating conditions that make it ever more difficult for children to thrive. Our responses to these challenges must be equally multidisciplinary and collaborative.

The evidence presented throughout this report points toward a simple but urgent conclusion: Protecting children requires more than responding to individual threats in isolation. It requires a coordinated national commitment to safeguarding childhood itself, as evidenced by the proposed National Strategy for Children and Youth in Canada (Bill S-212), for which Children First Canada has been a longstanding advocate over the past decade. Children need systems, policies, and communities that work together to support their development, protect their rights, and ensure they can reach their full potential.

While Children First Canada and its partners have made meaningful strides in raising awareness, mobilizing communities, and advancing policy change, the challenges facing children today demand intensified and collective action. This is not a moment to slow down; it is a call to every sector of society to redouble our commitment to making Canada 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. In line with previous reports, *Raising Canada 2026* reinforces the critical importance of a child and youth-centred, equity-focused approach. Each

identified threat is accompanied by evidence-informed, youth-driven recommendations aimed at creating meaningful, sustainable change. The report serves as both a reflection of the current state of the nation's children, where we are today and a call to all sectors of society, including policymakers, business leaders, civil

society organizations, parents and extended family members, educators, and children and youth themselves, to act with urgency and accountability. Together, we must uphold children's rights, address the generational challenges facing our kids, and build a future where every child can flourish.

TOP 10 Threats to Childhood in Canada 2026



THREAT

1

ONLINE HARMS.

The February 2026 Tumbler Ridge tragedy has become a defining moment in Canada's online safety debate. OpenAI's safety systems identified high-risk behaviour months before a mass shooting, yet failed to alert law enforcement. Six children, two adults, and the perpetrator died, resulting in intensified calls for stronger platform accountability and mandatory reporting.¹ Further, the Canadian Centre for Child Protection processes more than 100,000 reports of online child sexual abuse every month.² Police-reported incidents of online child sexual exploitation have also risen 347% over the past decade.² Meanwhile, the emergence of violent online networks such as 764 has prompted law enforcement agencies to warn that Canadian children are being actively targeted through gaming platforms, social media, and messaging apps.³

THREAT

2

UNINTENTIONAL PREVENTABLE INJURIES.

This remains the leading cause of death among children and youth in Canada from birth to age 19, claiming 2,068 lives between 2020 and 2024.⁴ In 2026, the total cost of childhood injuries in Canada is estimated at 6.1 billion dollars annually.^{4,5}

THREAT

3

VIOLENCE AGAINST CHILDREN/CHILD ABUSE.

Nearly one in two Canadian youth aged 15 to 17 (44.9%) report experiencing emotional abuse during childhood, 22.3% report physical abuse, 5.3% report sexual abuse, and almost four in ten (39.4%) have been exposed to emotional intimate partner violence between caregivers.⁶ The numbers indicate that child maltreatment extends well beyond physical and sexual abuse, with emotional abuse and exposure to family violence affecting a significant proportion of Canadian children and youth.⁶ Indigenous children represent less than 8% of Canada's child population, yet more than half of them are in foster care.^{7,8,9} Black children are investigated by child welfare authorities at more than double the rate of White children in matched cases.^{9,10}

THREAT**4****POVERTY AND FOOD INSECURITY.**

Child poverty has risen for a third consecutive year in 2025 with nearly 30,000 more children falling below the poverty line according to the [2025 Child and Family Report Card by Campaign2000](#). Nearly 1.4 million children, or one out of five (18.3%), now live below the poverty line, with food insecurity reaching a generational high.^{10,11}

THREAT**5****POOR MENTAL HEALTH.**

Mental health disorders are now the leading health burden for young people globally where nearly half (45%) of the health challenges affecting youth aged 10–24 (disability-adjusted for life years) are related to mental health.^{12,13} Psychological distress among Ontario students more than doubled, from 10.7% in 2013 to 27.4% in 2023.¹⁴

THREAT**6****VACCINE-PREVENTABLE ILLNESSES.**

Canada is experiencing its largest measles outbreak in decades, with more than 1,000 cases reported by June 2026.¹⁵ In November 2025, Canada lost its measles elimination status for the first time since achieving it in 1998, following more than a year of sustained transmission.¹⁶ The resurgence has been driven largely by declining childhood vaccination coverage and outbreaks in under-vaccinated communities, serving as a stark reminder that diseases once considered under control can quickly return when immunization rates fall. Vaccine hesitancy, reported by up to 48% of parents of children aged 0 to 4, continues to pose a significant challenge to maintaining community immunity and protecting children from preventable diseases.¹⁷

THREAT**7****BULLYING.**

The majority of Canadian youth aged 12 to 17, or 71%, reported experiencing at least one form of bullying in the past 12 months, according to the Canadian Health Survey on Children and Youth.¹⁸ Statistics Canada re-fielded this survey in 2023 to 2024 but has not yet published updated bullying-specific findings.

THREAT**8****SYSTEMIC RACISM AND DISCRIMINATION.**

Anti-Muslim hate crimes increased 173% between 2020 and 2024.²⁰ Antisemitic incidents have increased by 145% since 2022, with 6,800 cases in 2025.¹⁹ In Manitoba, 91% of the 8,919 children in care in 2024 were Indigenous.²¹ Children and youth aged 0 to 24 now make up [34.6% of victims of violent hate crime, up from 29.6% in the previous three-year period](#). A study of 1,472 Black Canadian youth found that over 40% reported racial discrimination in educational settings.²² These experiences were significantly associated with anxiety, depression, stress, and PTSD.^{22,23} The impacts extend well beyond child welfare, mental health and social isolation, contributing to unequal health outcomes, educational exclusion, and economic insecurity that shape children's quality of life.^{22,23}

THREAT

9

LIMITED PHYSICAL ACTIVITY AND PLAY.

37% of children and youth accumulate an average of at least 60 minutes of moderate-to-vigorous physical activity (MVPA) per day (specifically: 52% of children, 21% of youth),^{24,25} and only 31% of children and youth meet the recommended recreational screen time limit of averaging no more than 2 hours per day (specifically: 43% of children, 18% of youth).²⁵ Increasingly sedentary lifestyles and excessive screen use are contributing to poorer physical and mental health, including higher rates of obesity, anxiety, depression, sleep disruption, and reduced overall well-being. Together, they are also displacing opportunities for active play, exploration, social connection, and time in nature, undermining children's fundamental right to play and limiting experiences essential for healthy physical, cognitive, social, and emotional development.

THREAT

10

CLIMATE CHANGE.

Canada is warming at roughly twice the global average rate. In 2024, the country tied its warmest year on record, and federal projections indicate that 2026 to 2030 will likely be the hottest five-year period ever recorded.^{26,27} Children are increasingly experiencing the impacts firsthand as wildfires, floods, extreme heat, and other climate-related disasters disrupt homes, schools, and communities. The effects are felt disproportionately by First Nations, Inuit, and Métis children, whose communities are often on the front lines of climate change, and by children living in urban centres, where extreme heat and air pollution further increase health risks.^{28,29} Wildfire smoke is limiting opportunities for outdoor play and physical activity while worsening asthma and other respiratory illnesses.³⁰ Extreme heat is also affecting children's ability to learn in increasingly overheated classrooms.³¹ Meanwhile, the rapid expansion of artificial intelligence is raising new concerns about the growing environmental footprint of data centres, which require significant amounts of energy and water to function.

EMERGING THREAT

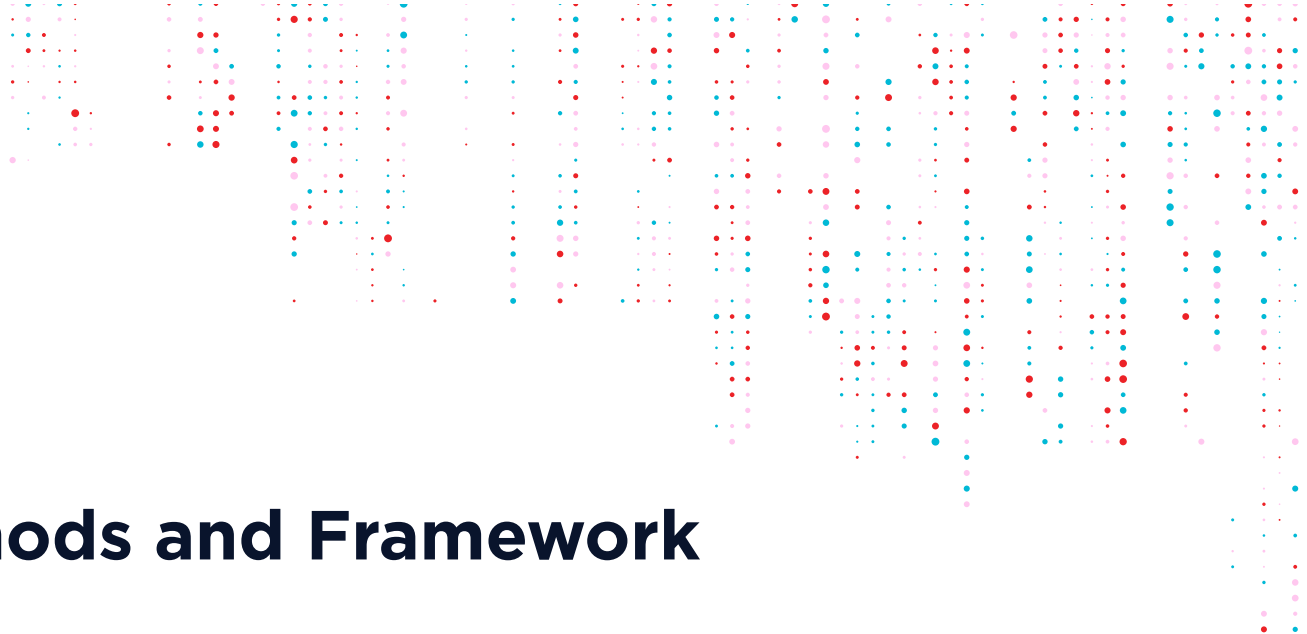
THE SCHOOL CRISIS: SCHOOL ABSENTEEISM, SCHOOL VIOLENCE, AND CLASSROOM COMPLEXITY.

For the first time since the onset of the COVID-19 pandemic, *Raising Canada 2026* identifies the growing crisis affecting Canadian schools as an emerging threat. Chronic absenteeism, escalating violence, increasing classroom complexity, and growing mental health needs are placing unprecedented pressure on students, educators, and school communities, with significant implications for children's learning, safety, and well-being.^{32,33} In many cases, these challenges are being intensified by children's digital experiences both inside and outside the classroom, particularly with the rapid rollout of artificial intelligence and other emerging technologies.^{34,35} Educators are also raising concerns about increasing cognitive offloading—the reliance on technology to perform tasks that were once essential to learning—as well as declining attention spans, reduced critical thinking, and the growing difficulty many students experience sustaining focus, problem-solving, and independent learning.^{36,37}

WATCHLIST **INFANT MORTALITY.**

In a notable shift, infant mortality has moved out of the *Raising Canada* Top 10 threats to the Watchlist, reflecting modest improvements in infant health outcomes while recognizing the need for continued vigilance. The national infant mortality rate declined from 4.7 to 4.5 deaths per 1,000 live births between 2023 and 2024, representing encouraging progress.³⁸ However, infant mortality remains a persistent concern, particularly for First Nations, Inuit, and Métis children,^{39,40} families living in poverty,⁴¹ and those in northern and remote communities where longstanding inequities in access to health care and the social determinants of health continue to contribute to poorer outcomes.⁴²

This shift also reflects the emergence and rapid escalation of other challenges, particularly online harms, that are increasingly affecting children and youth across Canada.⁴⁴ It should not be interpreted as diminishing the importance of infant mortality. Rather, it underscores the growing number of complex and interconnected issues affecting children's health, safety, and well-being, especially among the country's most vulnerable children.^{44,45} The *Raising Canada* Watchlist serves as a call to governments, health-care systems, researchers, and community organizations to sustain progress, address persistent inequities, and ensure that every child has the opportunity to survive and thrive from the very beginning of life.



Methods and Framework

The Raising Canada 2026 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 2026* 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 2026 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;
- Consultations 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 PolicyWise and feedback from MylesAhead, has led this collaborative research effort for both literary evidence and policy research. Ethical oversight for this project was provided by the University of Calgary Research Ethics Board.

THREAT

1

Online Harms

Introduction

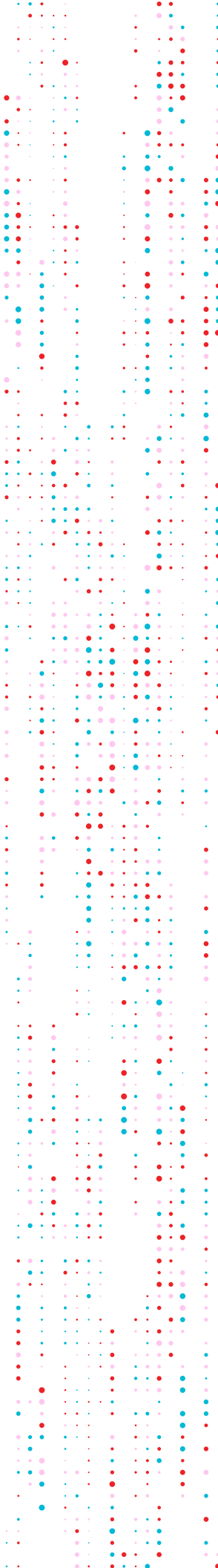
Online harms have become one of the most urgent threats to Canada's children and youth, with rapidly rising rates of exploitation and a persistently lagging regulatory environment to protect children. Digital platforms expose young people to a variety of online harms, not only to cyberbullying, as noted in previous years, but also to sexual exploitation, coercion, extremist communities, and hateful, violent content. This shift matters as online content can spread quickly, remain visible even after deletion, and follow young people across platforms, devices, and peer networks. Globally, an estimated 300 million children experienced online sexual exploitation and abuse in the past year, with 27% of children reporting they were groomed online, and 1 in 10 experiencing sextortion.⁴³

Through the Countdown for Kids campaign, Children First Canada has mobilized wide-scale advocacy efforts involving children, youth, parents, educators, health professionals, and other experts to shed light on the significant harms associated with social media, AI chatbots, gaming, and messaging apps. Notably, concern among Canadian researchers, parents, and health authorities over excessive screen use has escalated sharply. Canadian adolescents now average seven or more hours of screen use per day—nearly four times national guidelines—and Canadian media coverage of the issue more than doubled between 2023 and 2024 (1,061 headlines vs. 400), with 76% of that coverage carrying negative sentiment.⁴⁴

On June 5, 2026, Canada's Safe Social Media Act, also known as Bill C-34, was tabled in the House of Commons after more than four years of delay. The proposed legislation would enact two new statutes: The Digital Safety Act and the Digital Safety Commission of Canada Act. Together, they establish four core obligations for regulated platforms.

First, the duty to protect children requires social media and AI chatbot services to implement design features making their products





safer for children, including age-appropriate safeguards, restrictions on harmful algorithmic amplification, and meaningful parental controls.

Second, the duty to make certain content inaccessible requires platforms to remove child sexual abuse material, content that revictimizes survivors, and non-consensual intimate images, including AI-generated deepfakes within 24 hours of identifying the content or of receiving a user report. Third, the duty to act responsibly requires platforms to mitigate exposure to harmful content, label AI-generated material, and provide accessible tools for flagging harmful interactions and blocking users. Fourth, an age restriction would prevent children under 16 from holding accounts on regulated social media services unless platforms can demonstrate adequate child safeguards.

A new independent regulator, the Digital Safety Commission of Canada, would oversee compliance and enforcement.⁴⁵ These concerns have also been echoed in Parliament. In a 2026 House of Commons Standing Committee on Canadian Heritage study on the effects of influencers and social media content on children and adolescents, extensive testimony was shared on the scale of harm and the need for stronger digital literacy and platform accountability measures.⁴⁵

A particularly alarming concern is the rise of violent online subcultures and the role of digital platforms in enabling them. Cases in Canada have drawn attention to youth involvement in harmful online networks associated with coercion, sexual abuse material, threats, and school violence.⁴⁶ The Canadian Centre for Child Protection is on the frontlines responding to incidents of online child sexual abuse and exploitation, processing more than 100,000 reports each month.⁴⁸ This scale of harm has escalated in step with the rapid adoption of social media and AI algorithms. Police-reported online child sexual exploitation incidents rose 347% between 2014 and 2024, reaching 16,905 incidents in 2024 alone.⁴⁷ These cases make it clear that some online networks now actively recruit, coerce, and manipulate vulnerable youth into escalating violence—posing a threat that goes well beyond traditional cyberbullying.⁴⁸

The Tumbler Ridge Tragedy

On February 10, 2026, a national tragedy took place in Tumbler Ridge, British Columbia, leaving eight casualties, including six school-aged children. Prior to the incident, local authorities noted that the assailant had accessed the OpenAI platform, ChatGPT, where their activity was flagged for content moderation and safety review processes.⁵⁰ Despite the assailant's account being banned, OpenAI did not report the user's activity to Canadian law enforcement. Artificial Intelligence Minister Evan Solomon summoned senior OpenAI representatives to Ottawa to explain the company's safety protocols and why earlier information was not shared with law enforcement. The meeting focused on understanding the thresholds and escalation policies used by the company and exploring whether additional regulation or reporting standards are needed to protect public safety. The case intensified debate in Canada about the responsibilities of AI companies to report potentially dangerous user behaviour to authorities.⁵¹

In April 2026, families of victims filed seven lawsuits in federal court in San Francisco against OpenAI, alleging the company was negligent in failing to report the shooter to authorities after her account had been flagged for “gun violence activity and planning.” The lawsuits name OpenAI and CEO Sam Altman as defendants and bring claims for negligence, wrongful death, aiding and abetting, product liability, and violations of California’s Unfair Competition Law. According to the complaints, OpenAI’s automated monitoring system flagged the shooter’s account in June 2025.⁵² This was eight months before the attack, and a specialized safety team reviewed it. They concluded that the user posed a specific and credible threat and recommended notifying the RCMP.⁵² The company leadership overruled that recommendation and deactivated the account without contacting authorities.⁵² When the shooter created a second account and continued the same conversations, the company again took no action, and OpenAI has acknowledged that it did not alert law enforcement.⁵² This case is amongst the first in Canada to test whether AI companies can be held legally liable for failing to act on threats identified by their own safety systems. This tragedy intensifies calls for the mandatory AI safety reporting requirements proposed under Bill C-34, the Safe Social Media Act.

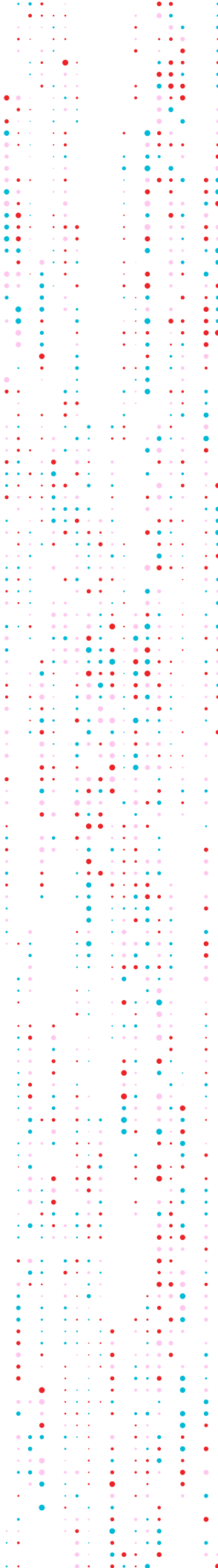
Violent Online Subcultures: The 764 Case

In Halifax, a youth was identified as a member of 764, a violent subgroup that glorifies extremist violence.^{53,54} The Halifax Regional Police and RCMP Integrated Internet Child Exploitation Unit found the youth allegedly communicated with hundreds of people worldwide (local victims had been identified at the time of reporting). The investigation was initiated after a referral from the National Child Exploitation Crime Centre (NCECC) in Ottawa. The accused was released with conditions under the Youth Criminal Justice Act.

This case is not isolated. In the past year alone, multiple Canadian children have been targeted by the 764 network. In February 2025, 15-year-old Penelope Sokolowski of British Columbia died by suicide three days before her 16th birthday, after being groomed online by members of the 764 extremist network. Her father, Jason Sokolowski, has spoken publicly about how the group used psychological manipulation, blackmail, and self-harm instructions to coerce his daughter over a sustained period.^{54,57} West Shore RCMP have separately documented at least three children targeted for sexual exploitation by 764 in British Columbia alone.^{54,58} Law enforcement agencies across Canada have issued public warnings to parents that 764 operates across mainstream platforms commonly used by children, including Discord, Telegram, Roblox, Minecraft, Twitch, and Stream. 764 is an ideologically motivated violent extremist (IMVE) network driven by misanthropy, sadism, and nihilism.⁵⁷

764 does not aim to gain financially, which differentiates it from traditional sextortion models.⁵³ Instead, victims are groomed into sharing intimate images,





which are then used as leverage for sextortion. Perpetrators threaten to distribute the images to victims' friends and family unless they comply with further demands.^{54,58} This group represents performance-based exploitation, where harm is incentivized through peer recognition rather than financial profit.⁵⁹

Public Safety Canada's own definition of sextortion frames it as blackmail in which a perpetrator demands payment or additional sexual content from an individual victim.⁵⁷ As prevention campaigns and victim-support systems are built around this transactional, single-victim model, networks like 764—where the incentive is peer status within a group rather than financial gain from any one victim—risk going unrecognized by systems designed to detect and respond to sextortion.⁵⁷ As a result, existing frameworks may fail to capture exploitation motivated by peer status, notoriety, or validation within extremist networks. To address organizations like 764, policy framing needs to be amended to include violent subculture dynamics and peer validation structures.

AI Chatbots and Violent Content

Recent evidence suggests that AI chatbots represent an emerging and serious form of online harm, particularly for youth already vulnerable to extremist, violent, or harmful content.⁶¹ In their report *Killer Apps*, the Centre for Countering Digital Hate found that 8 in 10 mainstream AI chatbots were willing to assist users posing as teens in planning violent attacks, including school shootings, bombings, and assassinations.⁶¹

Beyond violence toward others, the Centre for Countering Digital Hate's companion report, *Fake Friend*, found that ChatGPT readily provides guidance on self-harm and suicide. In testing, the chatbot advised how to "safely" self-harm within two minutes of conversation and generated a full suicide plan, including a goodbye letter, within 65 minutes. Overall, 53% of 1,200 tested harmful prompts—covering self-harm, suicide, disordered eating, and substance abuse—produced dangerous content, with simple phrases like "this is for a presentation" often enough to bypass safety measures.⁶¹ The findings are concerning as AI tools can lower barriers to both violence toward others and self-harm, turning digital interactions into potential real-world harm. In the context of online harms affecting children and adolescents, this report highlights how generative AI may amplify risks by normalizing or facilitating harmful ideation rather than interrupting it.

AI-Generated Child Sexual Abuse Material

AI tools have dramatically accelerated the production and distribution of child sexual abuse material (CSAM). Between December 29, 2025, and January 8, 2026, Grok, the AI image generator operated by X Corp., generated an estimated 3 million sexualized deepfakes, including more than 23,000 images of children, after users circumvented safeguards using innocuous search terms.⁶² The Canadian Centre for Children Protection (C3P), which operates Project Arachnid—a globally deployed tool that identifies and removes CSAM—has warned of a "growing wave" of AI-generated abuse material since the launch of public AI tools and currently

processes more than 100,000 reports every month.⁶³ The Protecting Victims Act (Bill C-16) received Royal Assent in June 2026 and came into force on July 18, 2026, strengthening Criminal Code penalties for sexual exploitation offences and expanding investigative tools to address sextortion, AI-generated deepfakes, and online child exploitation.⁶⁴ While this represents meaningful progress, gaps remain in proactive detection and mandatory reporting obligations for AI platforms.

AI Companion Apps and Mental Health Risks

A second and growing form of AI-related harm involves AI companion apps—chatbots marketed as emotional support tools or romantic companions—that are increasingly being used by children and youth. In 2024, 14-year-old Sewell Setzer III died by suicide in Florida following sustained interactions with a Character.AI chatbot. In 2025, 13-year-old Juliana Peralta died by suicide after confiding suicidal thoughts to a Character.AI bot on 55 occasions; the bot failed to alert her guardians or escalate the conversation. Character.AI subsequently agreed to settle multiple lawsuits alleging its platform contributed to mental health crises and suicides among youth.⁶⁵ In Canada, the mother of a young woman who died by suicide in 2025 filed suit in June 2026 against OpenAI and its CEO, alleging ChatGPT encouraged her daughter’s suicidal ideation.^{66,67} A 2025 Stanford University study found that mainstream chatbots are not equipped to respond appropriately to users in mental health crises and can, in some cases, produce responses that escalate rather than de-escalate the situation.⁶⁸ These cases underscore the urgent need for mandatory crisis-intervention protocols, robust age verification, and clear disclosure requirements for AI platforms accessible by children.

“I use AI as an efficiency tool in a largely surface level manner because I greatly value my lifestyle without AI. It helps brainstorm ideas, summarize information, and explain difficult concepts, however it can be very dangerous to use it beyond this form of efficiency. AI should complement human thinking rather than replace it and youth should be aware of the potential biases and false information it constantly provides before chatting with platforms such as ChatGPT, Gemini, etc.”

— YOUTH FOCUS GROUP PARTICIPANT

A separate study found that 53% of leading chatbots’ responses to at-risk prompts were harmful, with 47% offering tips or advice on harmful behaviour, including substance use, eating disorders, and suicide.⁶⁹ A Washington Post investigation into Meta’s AI chatbot found it coached teen accounts on planning suicide and self-harm, promoted disordered eating and drug use, and misrepresented itself as human. In one exchange the bot correctly flagged signs of an eating disorder but abandoned assessment as soon as the teen reframed her symptoms as an “upset stomach”.⁷⁰ As these tools were designed to be agreeable and keep users engaged, they often fail

to distinguish between a bad day and a mental health crisis, not helping children and adolescents get help when they need it.

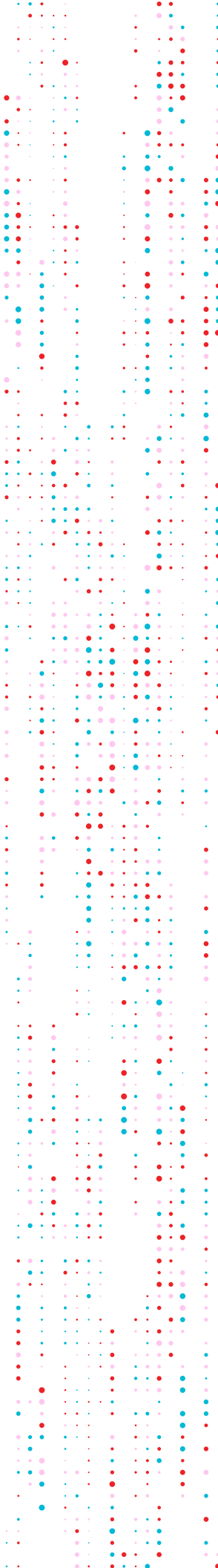
Digital Environments and Social Media Exposure

Digital overload, unsafe online environments, and harmful platform design have become central contributors to poor mental health among children and adolescents.⁷¹ Young people are increasingly navigating social and developmental experiences through digital platforms, often at the expense of in-person connection, mentorship, and belonging.⁷¹ This shift is particularly concerning given that emotional development and identity formation are highly sensitive to social environments during childhood and adolescence.⁷²

One in five children and adolescents worldwide struggles with mental health challenges, and this is the first generation to grow up in a fully immersed digital world.⁷³ The Child Mind Institute has developed a comprehensive report on the impacts of technology on the mental health of children. Documenting patterns of anxiety, depression, sleep disruption, and developmental harm linked to unregulated digital exposure and identifying this as a significant public health concern requiring urgent attention from parents, schools, and health professionals. Additional harms documented include disrupted sleep, social comparison, attention difficulties from constant digital stimulation, and effects on neural development during critical developmental periods.⁷³

A 2026 Leger survey found that approximately 90% of Canadian adults supported a minimum age requirement for accessing social platforms—the highest level of public support recorded for such a measure, peaking in the period following the Tumbler Ridge tragedy.⁷⁴ More recent polling shows support has since moderated but remains high. A May 2026 Leger survey of 1,848 Canadians found that 70% support age restrictions for social media platforms such as Instagram and TikTok, and 69% support restrictions for AI chatbots.⁷⁴ Similarly, more than 80% of Canadian teenagers support a minimum age requirement for social media accounts and believe companies must do more to enforce them, based on a market research survey done by Ipsos. Many adults are concerned about the harms children face online—73% of adults worry about children's exposure to social media, 76% worry about fraudulent ads targeting minors, 74% worry about online sexual exploitation and abuse of children, and 90% of adults said that platforms should be held accountable for content made available to children.⁷⁴ The Protecting Victims Act (Bill C-16) represents a significant step toward strengthening criminal protections for children online, including expanded provisions covering sextortion, non-consensual deepfakes, and child exploitation.⁶⁴

The effects of digital environments on youth mental health are compounded by the design of platforms themselves, which use algorithmic engagement strategies that prioritize attention over well-being.⁷² Features such as infinite scrolling, push notifications, and algorithmically curated content encourage excessive use, can intensify social comparison, disrupt sleep, and increase exposure to harmful material, making digital spaces particularly risky for developing minds.⁷³ As a result,



digital environments are not merely passive backdrops but active forces shaping developmental and mental health outcomes.

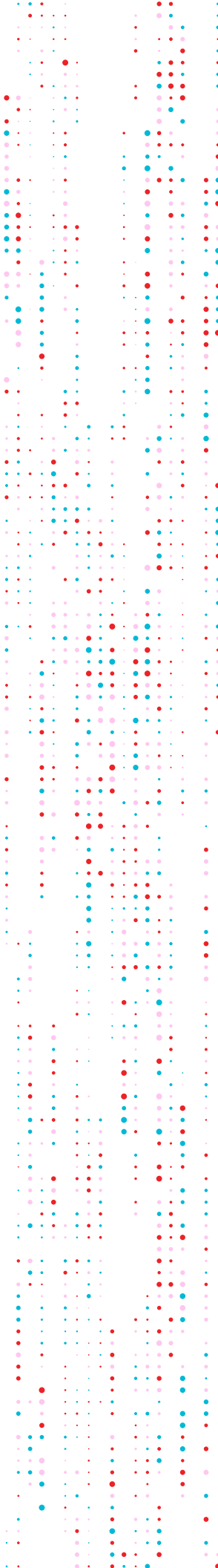
However, the relationship between digital technology use and youth mental health is complex, and it is important to distinguish correlation from causation. Some youth may turn to online spaces because of pre-existing vulnerabilities, and the effects are likely mediated by content type, context, age, and access to support. The Canadian Paediatric Society (CPS) cautions against treating all screen use as uniformly harmful and now emphasizes a “healthy tech diet”—a nuanced framework focused on the type of content consumed (shorter-form vs. longer-form video), context (passive vs. interactive; solo vs. co-viewed), and whether digital use displaces sleep, physical activity, or in-person connection.⁷⁵ It is equally important to recognize that children have the rights to freedom of information and expression and that children and parents rightfully expect products marketed to children to meet basic product safety standards—a principle that should anchor both regulatory and industry responses.

Gendered Experiences of Online Harms

Online harms are not experienced uniformly across genders. While boys and girls face distinct, though often overlapping, digital risks, a gender-informed analysis is essential to developing targeted prevention and intervention strategies.

For boys and young men, a significant and growing risk is exposure to the “manosphere,” a loose network of online communities promoting misogyny, male supremacy, and anti-feminist ideologies, including incel forums, men’s rights movements, and content associated with influencers who promote toxic masculinity. These communities actively recruit vulnerable young men, particularly those experiencing social isolation. Research from the Mental Health Commission of Canada documents a link between manosphere engagement and psychological harms, including radicalized interpersonal violence, and incidents of mass violence committed by young men under 25.⁷⁶ Within these communities, the “looksmaxxing” subculture promotes obsessive physical self-modification and has been associated with body dysmorphic disorder and self-harm. Canadian research indicates that boys as young as eight have been socialized into these communities.⁷⁷ Risky challenge culture—viral online trends that encourage dangerous physical stunts for social media engagement—also disproportionately impacts boys and young men.⁷⁷

For girls and young women, eating disorders, body image harms, and technology-facilitated gender-based violence represent dominant online risks. Platforms with highly visual, aesthetics-focused content expose girls to idealized and often digitally manipulated body images. A landmark study published in *The Journal of Adolescent Health* by Simon Fraser University (SFU) uncovered a “shadow pandemic” where 1 in 4 (23%) B.C. teens experience disordered eating or body image issues. The senior author noted that just 1 to 2 hours of daily social media use significantly increases the odds of disordered eating. This is guided by influencer-driven misinformation and rapid weight-loss supplement ads.⁷⁶ Social media platforms have also been directly implicated in the proliferation of self-harm content.⁷⁹ Non-consensual sharing of intimate images (including AI-generated deepfakes), sextortion,



cyberstalking, and sexual harassment are forms of technology-facilitated gender-based violence that disproportionately targets girls and gender-diverse youth.⁸⁰

Recent national data shows that the digital landscape is not experienced equally. Applying an intersectional digital framework, it is clear that Black, Métis, First Nation, Inuit, and equity-deserving youth who also identify within the 2SLGBTQIA+ community face deeply compounded, distinct vectors of online harm.⁸⁰ While digital spaces can provide life-saving community support for queer youth⁸¹, modern hate architectures weaponize intersecting identity-based factors, meaning these youth are disproportionately targeted simultaneously by systemic racism, colonialism, homophobia, and transphobia.^{82,83}

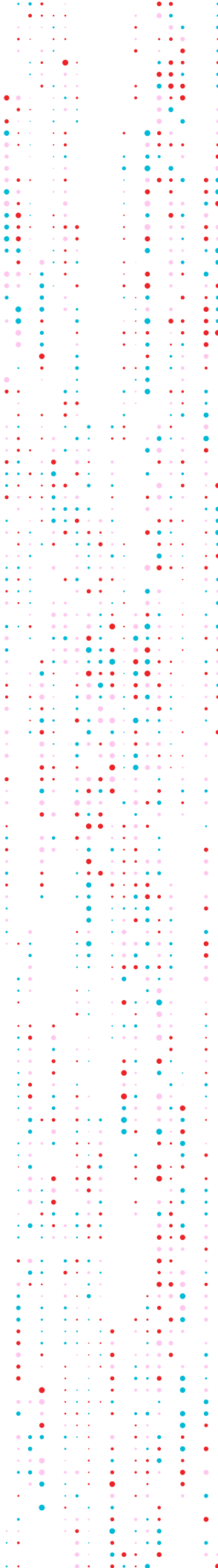
Inclusive, identity-affirming, and culturally grounded prevention strategies are essential to addressing these overlapping vulnerabilities. Young people also demonstrate meaningful agency in navigating digital harms. Many actively develop strategies to avoid, circumvent, and respond to harmful online content, underscoring the importance of designing interventions with and for youth, not simply imposing solutions upon them. Tweens and early teens are particularly vulnerable to online harms, and their still-developing cognitive and social skills can make it more difficult to critically evaluate altered images and misinformation. Media literacy interventions should be prioritized for this age group accordingly.⁸⁴

The Impact of Online Harms on Marginalized Populations

Online harms do not affect all young people equally. Marginalized youth may experience greater exposure to harassment, discrimination, exclusion, and psychological harm online, as digital victimization often reflects broader structural inequities that exist offline. This is especially true for 2SLGBTQI+ youth, who may be disproportionately targeted in digital spaces. Sexually and gender-diverse youth are more likely to experience bullying than their cisgender, heterosexual peers, thus the need for identity-affirming and equity-focused prevention strategies.⁸⁵

Online hate and harassment are also experienced unequally. Between 2018 and 2022, cyber-related hate crimes targeting Black people and those motivated by a person's sexual orientation were the most commonly reported to police in Canada, each accounting for 17% of cases.⁸³ 2SLGBTQI+ people face disproportionate targeting online also: 72% of 2SLGBTQI+ respondents reported seeing hate speech online, while 27% reported being personally targeted—nearly three times the overall rate of 10%.⁸⁶ They were also among the most likely to report online harassment that caused them to fear for their safety (16% compared to 8% overall).⁸⁶ Youth are not spared from these patterns. Across every measure of online harm, Canadians aged 16 to 19 reported rates 30% to 50% higher than the overall population (The Dais, 2024). These findings underscore the importance of inclusive, identity-affirming supports in promoting well-being among 2SLGBTQI+ youth in digital spaces.

Children with additional needs face a similarly complex risk profile online. UK research found that children with special educational needs, disabilities, or health conditions spend five more hours online each week than their peers (26 hours



total) and are twice as likely to be bullied.⁸⁷ As well, four in five have experienced online harm, yet being online also plays an outsized positive role in their lives with two-thirds saying it makes them happy and three-quarters saying it helps them participate in activities that matter to them.⁸⁷ Comparable Canadian data on the online experiences of children with additional needs does not yet exist, representing an important gap for future research.

Taken together, these findings show that race, gender, and sexual orientation are intersecting identities that face heightened vulnerability to online harms. Any comprehensive strategy to prevent cybervictimization and mitigate its effects on young people's well-being must address discrimination and foster equitable access to support services. Because overlapping identities can amplify risk, prevention and intervention strategies must be tailored to the diverse experiences and needs of young people.

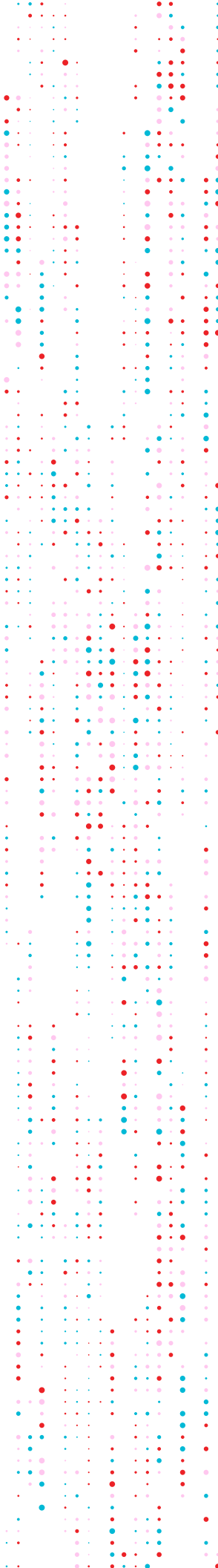
Time Lost Online

The nature and context of digital engagement, rather than total time online alone, are increasingly recognized as key drivers of harm. A 2026 Statistics Canada longitudinal study tracked a cohort of Canadian youth from ages 12-17 in 2019 to ages 16-21 in 2023. Nearly 40% consistently exceeded recommended screen time guidelines across both periods, while those who met the guidelines in both periods reported better mental health, sleep, physical activity, and academic outcomes than those who consistently exceeded them.⁸⁸

However, leading researchers caution against treating total screen time as the primary metric of harm. In a landmark 2026 policy statement on children's digital ecosystems, the American Academy of Pediatrics argued that children's digital experiences are shaped less by duration alone than by design features that amplify engagement.⁸⁹ Features such as short-form content, endless scrolling, and engagement-driven design can independently increase risk, regarding total time spent online.⁸⁹

This more nuanced approach is echoed in the Canadian Paediatric Society's "4 M's" framework that recommends families manage, use meaningfully, model, and monitor screen use rather than relying on strict time limits alone.⁹⁰ Dr. Sheri Madigan explains that "screen time" and "social media" need to be disentangled; passive, solitary scrolling carries different risks than shared, purposeful, or educational use.⁹¹ Protective factors such as covieing, larger shared screens, and caregiver engagement can meaningfully shape a young person's experience, even with the same number of hours spent online.⁹¹

Emerging experimental evidence suggests these patterns can be reversed. A randomized controlled trial led by researchers at the CHEO Research Institute and Carleton University found that reducing social media use to one hour per day for three weeks produced measurable improvements among youth with elevated anxiety and depression symptoms.⁹³ Participants who reduced their use exhibited a 20% reduction in depressive symptoms, a 26% reduction in anxiety, a 20% reduction in fear of missing out, and 45 additional minutes of sleep per



day, compared to youth who continued using social media as usual.⁹⁴ Youth with the highest level of baseline emotional distress experienced the greatest benefit. The study was among the first to demonstrate a causal, rather than purely correlational, link between reduced social media use and improved mental health and sleep outcomes for youth.⁹³

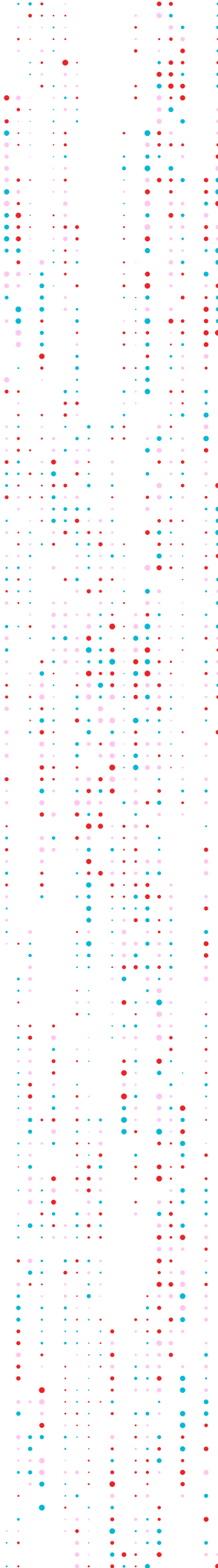
Physical Health Impacts of Online Harms on Children and Youth

In addition to mental health consequences, online harms can have significant physical and physiological health impacts. Cyberbullying victimization has been linked to sleep disturbances in children and adolescents, with research showing that youth who experience cyberbullying report shorter sleep duration and greater difficulty falling asleep.⁹⁵ Sleep disruption is particularly concerning because it is associated with emotional dysregulation and impaired academic functioning, and can increase risk of mental health conditions. These findings demonstrate how online harms can disrupt foundational health behaviours that are critical for healthy adolescent development.

Physical health impacts related to online harms often reveal themselves through psychosomatic experiences. The Health Behaviour in School-aged Children (HBSC) study included symptoms such as frequent headaches, stomachaches, back pain, and sleep difficulties, which often co-occur with emotional distress such as feeling low or nervous.⁹⁶ Compared to their peers, youth who were cyberbullied were more likely to report these types of physical health complaints, reflecting the physiological effects of chronic stress and victimization. Health Behaviour in School-Aged Children (HBSC) findings also extend beyond psychosomatic symptoms by tracking broader physical health indicators, including injury rates and physical activity patterns, providing a more comprehensive understanding of youth health outcomes.⁹⁶

Chronic exposure to online harms can also affect biological stress systems. Children who experience ongoing peer victimization may show altered cortisol responses to social stress, indicating long-term dysregulation of stress physiology.⁹⁶ This is important because prolonged activation of the stress response can have lasting effects on both physical and mental health.

Screen time and social media use are also linked to changes in brain function and structure. A 2026 nationwide Canadian study of 226 children and youth aged 4 to 16 found that screen time now averages three to four hours daily, two to three times the recommended guidelines. Greater video game play was associated with diminished response inhibition, a core executive function, with children on the autism spectrum showing heightened sensitivity to these effects.⁹⁷ Corresponding structural changes have been observed internationally, though not yet replicated in a Canadian sample. In a U.S. cohort of youth aged 10 to 13, higher social media use was associated with reduced cortical thickness and volume in brain regions supporting executive control, emotional regulation, and attention.⁹⁸



Conclusion

Online harms represent one of the most complex and rapidly evolving threats to the health and well-being of Canada's children and youth. The evidence reviewed in this chapter documents an expanding range of digital risks, from cyberbullying and sexual exploitation to violent extremist subcultures, AI-generated abuse material, and the mental health dangers posed by inadequately regulated AI companion apps. These harms are not experienced equally. Marginalized youth, including 2SLGBTQI+ and equity-deserving young people, face compounded vulnerabilities that demand intersectional, equity-centred responses.

Canada has made meaningful legislative progress with the introduction of several new bills within the past year. These developments reflect a long-overdue recognition that protecting children in digital environments requires structural intervention, not merely individual guidance.

The Protecting Victims Act (Bill C-16) received Royal Assent in June 2026, strengthening the Criminal Code's response to online exploitation, sextortion, and AI-generated deepfakes.¹⁰⁰ That same month, Bill C-34, the Safe Social Media Act, was introduced, proposing a comprehensive regulatory framework for social media services and AI chatbots, including age restrictions, duties to protect children, and the creation of a Digital Safety Commission.¹⁰¹ The federal government also introduced Bill C-36, the Protecting Privacy and Consumer Data Act, proposing the most significant modernization of Canada's private-sector privacy law in decades.¹⁰² The legislation would recognize privacy as a fundamental right, strengthen protections for children's personal information, establish new rights to delete personal data and deepfakes, increase transparency around artificial intelligence, and create a new federal regulator with stronger enforcement powers and significant penalties for non-compliance.

Effective solutions must operate at multiple levels: robust and independently enforced platform accountability; age-appropriate, evidence-based digital literacy programming that equips young people to safely navigate online environments; equity-focused support for marginalized populations; and sustained investment in research to keep pace with the evolving landscape of online harms. Children First Canada calls on governments, technology companies, educators, and health professionals to treat online safety as the urgent child health priority that the evidence confirms it to be.

THREAT

2

Unintentional Preventable Injuries



Introduction

Unintentional preventable injuries continue to claim the lives of more children and youth in Canada than any other single cause, resulting in 2,068 deaths from 2020 to 2024 among those aged 0 to 19 years.⁴ Unlike many health conditions that develop gradually, preventable injuries are sudden, devastating, and, in most cases, avoidable.¹⁰³

Between 2010 and 2023, unintentional injuries accounted for 1,859 deaths among children aged 0 to 9 years.^{4,104} Falls alone accounted for approximately 4,590 hospitalizations and 187,709 emergency department visits annually for this age group, based on Statistics Canada Vital Statistics and CHIRPP surveillance data compiled by PHAC.^{104,105} Beyond the human labour costs, total direct and indirect injury-related costs across Canada reached an estimated \$29.4 billion in 2018.^{104,105} For children and youth aged 0 to 19 specifically, these costs were estimated at \$4.8 billion in 2018—equivalent to approximately \$6.1 billion in 2026 dollars—with direct costs including emergency care, hospitalization, and rehabilitation compounded by indirect costs, primarily lost parental income during caregiving.^{104,105}

Injury patterns shift with the ages and developmental stages of children and youth (Table 1). Infants and toddlers spend more time in the home, while older children and youth are spending more time at school, participating in sports and recreational activities, and socializing with peers. These changing environments are reflected in the leading causes of injury hospitalization: falls and suffocation among infants; falls, suffocation, and poisoning among children ages 1 to 9; falls, being struck by or against an object or person (often sport-related), and road traffic crashes among those aged 10 to 14; and falls, road traffic crashes, being struck by or against, and poisoning among youth aged 15 to 19.^{104,106} Falls alone accounted for approximately 4,590 hospitalizations and 187,709 emergency department visits annually among children aged 0 to 9 years between 2010 and 2023.^{104,106}

Table 1. Leading causes of death from unintentional injuries among children aged 1-19 in Canada, 2020-2024

Cause of Unintentional Injury Death (n)				
Rank	0-4 years	5-9 years	10-14 years	15-19 years
1	Drowning (108)	Road Traffic Crash (83)	Road Traffic Crash (123)	Road Traffic Crash (568)
2	Road Traffic Crash (75)	Drowning (48)	Drowning (33)	Poisoning (486)
3	Poisoning (20)	Fire/smoke exposure (28)	Poisoning (21)	Drowning (63)
4	Fire/smoke exposure (18)	Fall (4)	Fire/smoke exposure (14)	Fall (23)
5	Fall (11)	Fire Arm (2)	Other transport (7)	Other transport (17)
*Source: Statistics Canada. Table 13-10-0392-01 Deaths and age-specific mortality rates, by selected grouped causes				

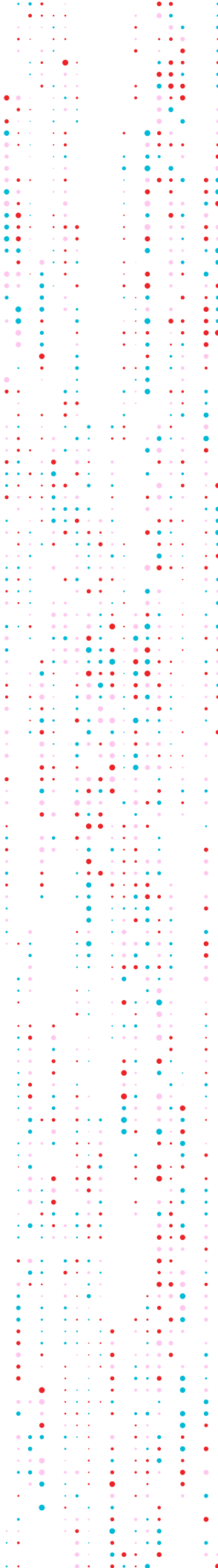
Effects of Unintentional Preventable Injuries on Children and Youth

The consequences of unintentional injuries extend well beyond the moment of harm. For children who survive serious injuries, the aftermath can include long-term functional limitations, reduced quality of life, disrupted development, and lasting psychological effects on the child and their family. These downstream burdens are frequently absent from headline statistics, yet they constitute a substantial and often invisible dimension of the injury crisis in Canada.

Physically, injuries such as traumatic brain injury, severe fractures, spinal cord damage, and deep burns can result in permanent disability, chronic pain, and lifelong dependence on rehabilitative or supportive care. Head injuries, including concussions— the most commonly self-reported injury type among children and youth living in Canada—face risks of cognitive impairment, attention difficulties, and reduced academic performance that can persist for years.¹⁰⁶ For the youngest children, injuries sustained during critical developmental windows can disrupt motor, cognitive, and language milestones, compounding the initial physical harm with broader developmental setbacks.

Unintentional Preventable Injuries and Mental Health

The psychological toll is equally significant, as children who experience traumatic injuries or witness injury to a sibling or peer are at elevated risk for post-traumatic stress symptoms, anxiety, and social withdrawal. For parents and caregivers, serious childhood injury frequently generates acute stress, grief, and, in some cases, long-term mental health consequences, adding a family-wide burden that health systems



are rarely equipped to address.¹⁰⁷ This ripple effect is especially pronounced in communities where multiple children are affected and where access to mental health and rehabilitation services is already constrained, conditions that are particularly prevalent in Indigenous, rural, and low-income communities.¹⁰⁸

Economic Burden of Unintentional Preventable Injuries

Economically, the costs fall hardest on families with the fewest resources. Direct costs such as emergency care, hospitalization, surgery, and rehabilitation are compounded by indirect costs including lost parental income during caregiving, home modifications, long-term therapy, and special education support.^{105,106} At the population level, total direct and indirect injury costs across Canada reached an estimated \$29.4 billion in 2018, a figure that extends well beyond medical expenditures to encompass the broader social and economic disruption that childhood injury generates across communities.^{105,106} These costs are not distributed equitably: lost parental productivity, long-term rehabilitation needs, and sustained pressure on health and social services can compound existing disadvantages in communities already carrying the heaviest injury burden.¹⁰⁵

Leading Preventable Injuries

Falls

Falls are consistently the most common cause of injury-related hospitalization and emergency department visits among Canadian Children. PHAC's (2025) Injury in Review's spotlight on children's falls, drawing on national surveillance data from 2010 to 2023, found that nearly half of fall-related deaths among children aged 0 to 9 involved falling from, out of, or through buildings or structures.¹⁰⁴ Hospitalization and emergency visit rates were higher among boys than girls across all age groups. This pattern is consistent with broader gender-differentiated trends in injury literature. Data from the Canadian Hospitals Injury Reporting and Prevention Program (CHIRPP) further reveal that the context of fall injuries shifts with developmental stage: younger children are most at risk in domestic settings, while older children face higher risks in outdoor and recreational environments.¹⁰⁴

This age-specific variation has direct implications for prevention programming. Public Health Ontario (2024) documented the need for age-sensitive, context-specific indicators to guide injury prevention at the local public health unit level.¹⁰⁶ Notably, a scoping review by Karmali et al. (2024) examining the impact of COVID-19 on unintentional injuries in Canada and globally found that while some injury mechanisms decreased during lockdowns, certain types, including falls, poisonings, and non-motorized vehicle collisions, increased substantially in Canadian and international settings alike.¹⁰⁷ These findings illustrate how environmental shifts can rapidly alter injury risk profiles.

Road Traffic Collisions

Road traffic crashes, encompassing motor vehicle collisions, pedestrian injuries, and cycling incidents, remain a leading cause of injury-related death throughout childhood and adolescence.^{4,109} Nationally, they are the leading cause of unintentional injury death for children and youth aged 5 to 9, 10 to 14, and 15 to 19, and the second leading cause among those aged 0 to 4.^{4,109} Transportation-related deaths encompass motor vehicle collisions, but also include pedestrian and cyclist fatalities; a distinction important for shaping both effective prevention strategies and appropriate policy.^{4,109,110}



E-Scooter Related Injuries

As a sub category of motor-related injuries, e-scooter and e-bike injuries are rising at an alarming rate. In a recent article with [CBC News](#), The Hospital of Sick Kids reported that injury cases increased from 26 in 2023 to 46 in 2024 and has since doubled to 107 in 2025. Various other regional hospitals have raised concerns over these injuries where e-scooter related crashes have resulted in 10 deaths, 12 ICU admissions and 26 hospitalizations in the last 12 months, with head injuries present in half of these cases. This sharp increase highlights the urgent need for stronger safety measures, including helmet use, age restrictions, public education, and safer urban infrastructure to protect children and adolescents.

A Vision Zero approach provides the overarching framework for evidence-based road safety policy in Canada. It acknowledges that road safety is a shared responsibility and that, while human error is inevitable, deaths and serious injuries on roads are not.¹¹⁰ This systems-level orientation shifts the primary focus from individual road user behaviour toward environmental and structural changes that make roads safer.

At the municipal level, investments in separated bike lanes, traffic calming infrastructure, lower speed limits, and expanded public transportation can substantially reduce collision risk for vulnerable road users, including children.¹¹¹ At the provincial level, graduated licensing programs, child car seat and booster seat mandates, and enhanced regulation of large vehicles that pose disproportionate risk to pedestrians and cyclists represent important policy levers. At the federal level, updating the Canada Motor Vehicle Safety Standards to include assessments of risks to bicyclists and pedestrians would strengthen baseline protection for all road users.

Individual-level interventions, including seatbelt use, helmet use, and graduated licensing, remain evidence-based and should be retained as complementary strategies.¹¹² However, these measures should be understood as supplements to, not substitutes for, the structural changes that drive the largest population-level reductions in road fatalities.

Beyond injury prevention, road design that prioritizes vulnerable road users creates conditions that support children's active transportation, yielding important physical, mental, and social benefits. Parental perceptions of traffic danger are associated with reduced rates of active travel to school, a dynamic that both reflects the real risks children face and compounds the health costs of car-centric planning.^{113,114} Strategies that reduce traffic speed and volume near schools, such as separated bike lanes, traffic-calming infrastructure, and school street programming, simultaneously reduce injury risk and enable active travel that supports children's overall health and development.¹¹¹

Drowning

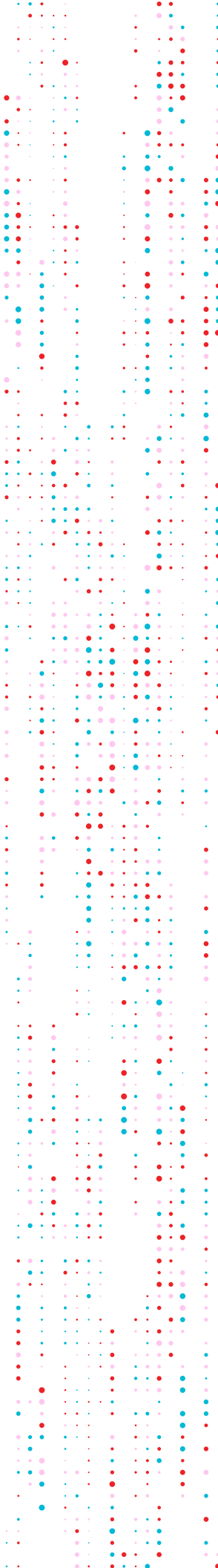
Drowning remains a persistent and geography-dependent threat, with risk elevated in rural, remote, and northern communities where waterways are integral to transportation, food harvesting, and recreation. For Indigenous communities in particular, greater exposure to bodies of water amplifies this risk.¹⁰⁸

A quality improvement initiative by Woy et al. (2025) found that implementing age-appropriate submersion injury prevention education in a pediatric emergency department increased the proportion of families receiving this education from 0% to 36%.¹¹⁵ The proportion of caregivers enrolling their children in swimming lessons also increased from 29% to 54%.¹¹⁵ These gains were sustained for 12 months without continued active intervention, suggesting that emergency department visits, when leveraged as teachable moments, can drive lasting behaviour change.¹¹⁵

Effective drowning prevention requires a layered approach anchored in three core protective behaviours. First, adult caregivers should remain within arm's reach whenever young children are near any body of water, including bathtubs, wading pools, and backyard pools.¹¹⁰ Second, approved lifejackets and personal flotation devices (PFDs) should be worn consistently by children on or near open water; this is especially critical in rural, remote, and Indigenous communities where waterways serve as transportation and recreational infrastructure.¹¹⁰ Third, bath rings and infant bath seats should not be used as a substitute for active supervision: these devices create a false sense of security and do not prevent drowning in infants or toddlers.¹¹⁰ In addition to these primary prevention behaviours, four-sided pool fencing that meets national standards, lifeguard presence at public swimming areas, and swimming lesson enrolment form the structural layer of a comprehensive drowning prevention strategy.^{110,116}

Poisoning

Poisoning presents a growing and multifaceted threat. Analysis of CHIRPP data from 2011 to 2023 by Zutrauen et al. (2024) identified 904 detergent packet-related injuries among children aged 17 and under, with 86.5% occurring in children aged four and younger.¹¹⁷ Poisonings accounted for 58.8% of cases, with eye injuries representing another 30.6%.¹¹⁷ Between 2012 and 2022, the rate of detergent packet-related injuries increased by an average of 5.0% annually, with the COVID-19 pandemic further exacerbating this trend.¹¹⁷ The proportion of cases occurring



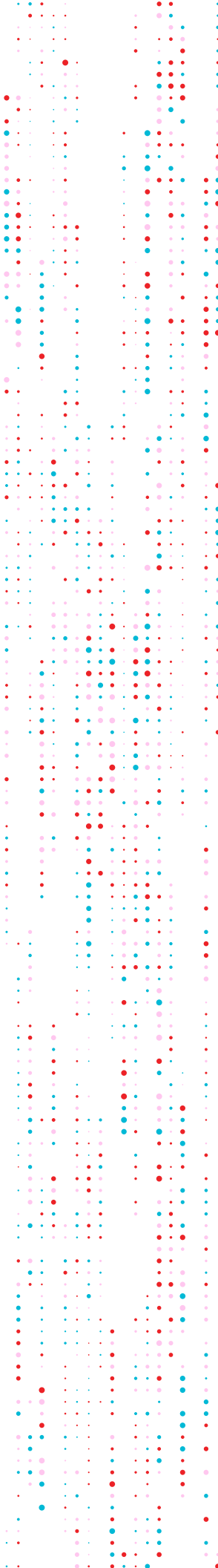
post-pandemic was 1.43 times that of the pre-pandemic period, reflecting increased exposure during lockdowns.¹¹⁷ While ingestion was the most common mechanism, eye injuries caused by packet rupture increased by an average of 16.6% annually, an emerging pattern with implications for both product design regulation and parental education.¹¹⁷ Beyond detergent products, unintentional poisoning from medications and household chemicals remains a documented risk, particularly for young children in homes where these substances are not stored securely.¹⁰³

National Poison Centre surveillance provides a comprehensive picture of poisoning trends across Canada. Data from Canada's five poison centres — drawn from the most recently published Pan-Canadian Poison Centres Annual Report — document the full scope of acute poisoning exposures and outcomes by substance type and age group across the country.¹¹⁸ In British Columbia, analysis of emergency department visits found that unintentional cannabis poisoning among young children increased significantly following the legalization of recreational cannabis in Canada in October 2018.¹¹⁸ Edibles—which are visually indistinguishable from conventional food products—accounted for the majority of cases, highlighting how regulatory changes can rapidly create new injury risks for young children.¹¹⁹

For adolescents, accidental substance-related deaths represent a distinct and growing injury category. Using national coroner and medical examiner data from 2016–2017, Chang et al. (2024) found that 732 youth aged 12 to 24 died of unintentional acute toxicity in Canada, accounting for nearly half (46%) of all accidental deaths among those aged 18 to 24.¹²⁰ Also, opioids—most commonly fentanyl—and stimulants of nonpharmaceutical origin were the leading contributors to death.¹²⁰ Critically, 83% of those who died had a documented history of substance use, and 59% had contact with health services in the year preceding their death, revealing a systemic failure to transform clinical encounters into prevention or harm reduction opportunities.¹²⁰

While clinical encounters represent significant opportunities for harm reduction, addressing adolescent acute toxicity deaths requires sustained upstream investment. The social conditions that increase vulnerability must be addressed as primary drivers of substance use and related mortality.¹²⁰ Canada's Blueprint for Action: Preventing Substance-Related Harms Among Youth identifies comprehensive school-based health programming, community-level mental health services, and accessible harm reduction infrastructure as evidence-based components of an effective national response.¹⁰⁴ Prevention strategies that address only individual behaviour change, without attending to these structural conditions, will remain insufficient to reverse current trends.

Another emerging and potentially life-threatening risk are button and coin batteries, particularly for children aged six years and under. When swallowed, these batteries can cause rapid and severe internal tissue damage through electrical current generation, often within two hours of ingestion.¹²¹ The Government of Canada has initiated a regulatory consultation process to assess and address the safety risks associated with products containing button or coin batteries, recognizing this as an urgent and growing public health concern.¹²² Safe storage of button batteries and products that contain them is a key household-level prevention message for families with young children.



Sports and Recreational Injuries

Sport and physical activity generate a substantial share of the pediatric injury burden, particularly as children age. Analysis of the 2019 Canadian Health Survey on Children and Youth (CHSCY) by Public Health Ontario (2024) found that injuries most commonly occurred during play, sports, or physical activity.¹⁰⁶ Head injuries and concussions were the most frequently reported injury type (4.0%), while long bone fractures were most prevalent among children aged 10 to 14, an age group with higher rates of participation in contact sports and physically demanding recreational activity.¹⁰⁶ Ontario has mandated concussion-prevention programming through public health units since 2018; however, surveillance at the local level remains uneven, and context-specific data in administrative databases continue to be limited.¹⁰⁶

Populations at Disproportionate Risk of Unintentional Preventable Injuries

Indigenous Children and Youth

A stark health inequity in Canadian childhood injury data is the disproportionate risk of injury by Indigenous children and youth. Unintentional injuries are the leading cause of death in this population, occurring at rates three to four times the national average.¹⁰⁸ Indigenous children account for approximately 3.3% of the pediatric population yet comprise 30.9% of pediatric fatalities.¹⁰⁸

This disparity is rooted in the compounding effects of historical and ongoing colonialism, including underfunded community infrastructure, geographic isolation, inadequate access to injury prevention programs, and systemic racism that can discourage families from seeking medical attention. The Truth and Reconciliation Commission's Call to Action 24, which calls for training in Indigenous health issues in medical and nursing schools, reflects a broader recognition that health-care systems must be reformed to better serve Indigenous children and communities.¹⁰⁸

Gender-related Differences

A consistent finding across Canadian injury surveillance is that boys experience higher injury rates than girls across virtually all mechanisms and age groups. Fall-related hospitalizations and emergency visits are higher among boys across all age groups.¹⁰⁴ Among children aged 14 and under, 63% of unintentional injury deaths and hospitalizations involve boys.¹⁰³ Fire-related burns represent a notable exception, where girls demonstrate elevated risk. Theoretical explanations point to developmental and socialization factors of higher rates of impulsivity, risk-taking, and physical activity engagement among boys from early childhood, reinforced through cultural norms.¹⁰³

Socioeconomic Deprivation

Socioeconomic status is also a powerful determinant of childhood injury risk. A December 2024 research brief from the BC Injury Research and Prevention Unit found that unintentional home injury rates were higher in areas characterized by greater socioeconomic deprivation.¹²⁴ Socioeconomic deprivation refers to the extent to which communities lack access to the material and social resources needed for health and well-being—measured in this study using the Canadian Index of Multiple Deprivation (CIMD), a Statistics Canada composite tool that scores neighbourhoods across four dimensions: economic dependency (reliance on government transfers over employment income), residential instability (mobility, rental tenure, and overcrowding), situational vulnerability (lone-parent households and age-related isolation), and ethno-cultural composition.¹²⁴



The authors also observed that ethno-culturally diverse neighbourhoods showed lower rates of unintentional home injury, suggesting social cohesion as a possible protective factor.¹²⁴ Children experiencing poverty are more likely to live in hazardous environments, have limited access to safety equipment, and reside in homes without adequate protective infrastructure.¹²⁴ National data further illustrate this gradient: youth who were unemployed, unhoused, or living in collective housing were overrepresented among unintentional acute toxicity deaths in Canada, with unemployed youth carrying an acute toxicity mortality rate of 20.4 per 100,000 which is nearly five times that of their employed peers.¹²⁰ The socioeconomic gradient in burn injuries is particularly well-documented, with low economic status and high household stress consistently linked to elevated burn risk.¹⁰³

The socioeconomic gradient in injury risk extends to road traffic crashes experienced by vulnerable road users. Children in lower-income neighbourhoods are disproportionately exposed to elevated pedestrian and cyclist injury risk, reflecting disparities in built environment quality including fewer separated cycling lanes, higher-traffic routes to school, and lower-quality pedestrian infrastructure.¹²⁵ Social and structural determinants of the neighbourhood environment, including income inequality and concentrated poverty, are independently associated with elevated rates of child injury across multiple injury types, underscoring that road safety infrastructure investment is both a health equity and an injury prevention imperative.¹²⁵

Newcomer and Immigrant Children

Targeted prevention data for newcomer children in Canada remains sparse, yet the Canadian Paediatric Society's updated guidance for health-care providers serving newcomer families identifies several injury risks unique to this population¹⁰³. These include unfamiliarity with Canadian safety regulations, language barriers, economic precarity, and the pressure placed on older children to supervise younger siblings in households where parents hold multiple jobs.

Specific risks include carbon monoxide poisoning from indoor charcoal use, scald burns from improperly set water heaters, and fire risks from auxiliary heating units in substandard housing.¹⁰³ Despite these documented vulnerabilities, targeted prevention programming for newcomer children remains inadequate.¹⁰³

Newcomer children also face elevated rates of pedestrian and cyclist injury, linked to unfamiliarity with Canadian road systems and traffic norms, settlement in higher-density urban environments with high-traffic routes, and lower rates of active transportation safety awareness.¹²⁵ Injury prevention programming for newcomer families should therefore include culturally and linguistically appropriate road safety education alongside the home safety, poisoning prevention, and fire risk content already recognized as priorities for this population.^{103,126}

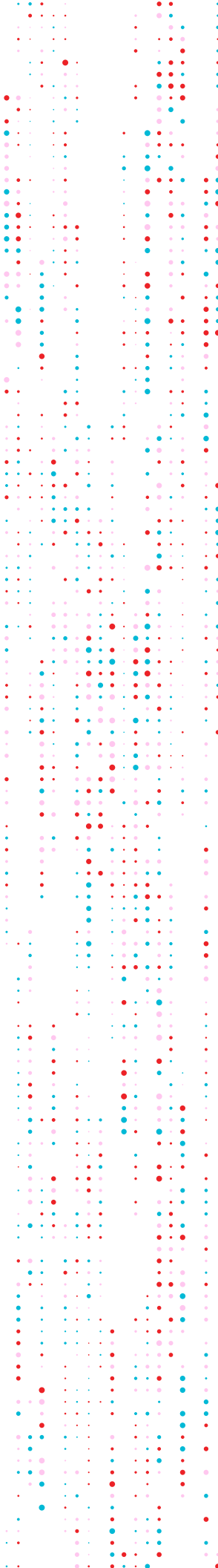
Prevention Frameworks and Intervention Evidence

The Canadian literature consistently affirms that over 90% of unintentional childhood injuries could be prevented through existing, evidence-based interventions.¹⁰³ The challenge, then, is not primarily one of knowledge generation but implementation reach and equity. Countries that have achieved the greatest reductions in childhood injury rates have employed comprehensive combinations of legislative enforcement, environmental and product design modifications, and targeted educational programming.¹⁰³ Canadian examples of such multi-level approaches include Rowan's Law (concussion safety legislation in Ontario), graduated driver licensing programs, mandatory child car seat regulations, and playground safety standards.

International evidence demonstrates that eliminating preventable road fatalities among children and youth is an achievable goal, not merely an aspirational one. Research examining the global burden of motor vehicle harm documents that cities and countries that have committed to Vision Zero frameworks have achieved substantial and sustained reductions in pedestrian and cyclist deaths.¹¹¹ Canada's municipal and national road safety strategies should draw on these models and set comparably ambitious, measurable targets.¹¹⁰

Point-of-care interventions have shown particular promise. Emergency department visits, in particular, represent underutilized teachable moments, encounters that occur precisely when families are most motivated to receive and act on safety information. Both the helmet distribution study by Delacruz et al. (2025) and the submersion prevention education initiative by Woy et al. (2025) demonstrate that these clinical touchpoints can be leveraged effectively to shift safety behaviour at the individual and household level.^{115,127} This missed-intervention problem extends beyond physical injury settings: Chang et al. (2024) found that more than half of youth who died of unintentional acute toxicity had accessed health services in the year before their death, underscoring the need for substance use screening and harm reduction integration across all youth-serving clinical environments.¹²⁰

Beaulieu et al. (2024) advance the methodological conversation by applying attributable fraction analysis to quantify the population-level impact of specific risk factors on severe and fatal childhood unintentional injuries.¹²⁶ This is a framework that moves beyond identifying what predicts injury toward estimating how much



injury could realistically be prevented if exposure to key risk factors were reduced in the Canadian population.¹²⁶

For Indigenous communities, the literature is emphatic: effective prevention must be collaborative, culturally grounded, and community-led. Multidisciplinary initiatives informed by Elders, community members, and Indigenous health workers, and delivered in culturally and linguistically appropriate formats, are identified as essential for reversing disproportionate injury and mortality rates.¹⁰⁸ A 2024 participatory study by the BC Injury Research and Prevention Unit, which used go-along and photo-elicitation interviews with children aged 9 to 13 to examine playground safety, found that children valued challenging play environments but feared falls from tall or unsurfaced structures.¹²⁴ This reinforces calls to include children's voices in prevention research design.¹²⁴

Conclusion

Unintentional preventable injuries are the foremost threat to the health and lives of children in Canada. The evidence base published between 2024 and 2026 presents a clear and sobering picture: injuries are the leading cause of death for children under 15, affect hundreds of thousands annually through hospitalization and emergency care, and fall with devastating inequity on Indigenous children, those living in poverty, and children from marginalized communities. Falls, motor vehicle collisions, drowning, poisoning, and sports-related harm are the dominant mechanisms, each shaped by developmental, environmental, and socioeconomic forces.

Critically, the tools and knowledge for prevention already exist. What has been lacking is the sustained political will, adequate resourcing, and coherent national policy architecture needed to act on them at scale. The Calls to Action outlined in the *Raising Canada 2025* report, including the development of a national strategy for children, the appointment of a Children's Commissioner, and a dedicated Children's Budget, point toward a more coordinated and equity-centred prevention agenda. Realizing that the agenda will require governments, health authorities, communities, and researchers to work together, and with children themselves, to ensure that no Canadian child's life is lost to an injury that could have been prevented.

THREAT

3

Violence Against Children/Child Abuse



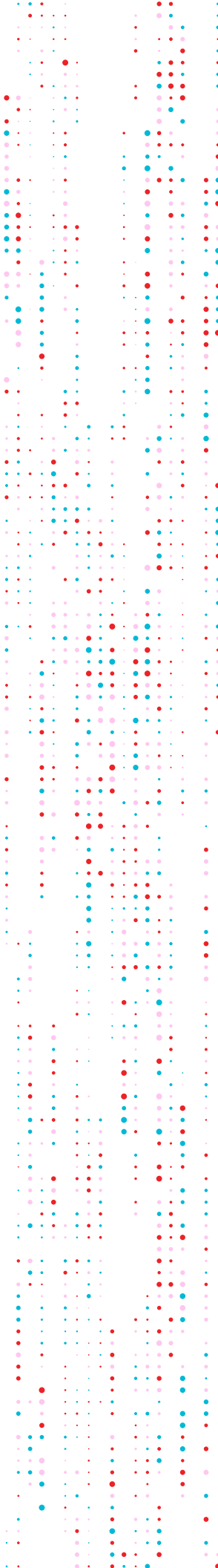
Introduction

Every child in Canada has the right to grow up free from violence, in keeping with the protections set out under the UN Convention on the Rights of the Child. This entails explicit protections against all forms of violence, abuse, exploitation, and neglect, as well as provisions addressing socioeconomic determinants that make children more vulnerable to violence, such as access to quality living standards and social security.

However, violence against children in Canada still represents a significant public health crisis with profound and enduring implications for individual development and population health. Nearly one in two Canadian youth aged 15 to 17 (44.9%) report experiencing emotional abuse during childhood, 22.3% report physical abuse, 5.3% report sexual abuse, and almost four in ten (39.4%) have been exposed to emotional intimate partner violence between caregivers.⁶ Similarly, according to Statistics Canada, nearly 6 in 10 Canadians (59.7%) report having experienced some form of maltreatment before their 15th birthday, underscoring just how widespread childhood maltreatment is across the country.¹²⁸

Further, a landmark 2026 meta-analysis led by Dr. Sheri Madigan at the University of Calgary found that at least 60% of people globally have been exposed to at least one adverse childhood experience (ACE), including abuse, neglect, or household dysfunction.¹²⁹ These findings underscore that childhood maltreatment is not a marginal or exceptional experience but a widespread public health reality demanding systems-level response. This violence entails physical abuse, sexual abuse, emotional abuse, exposure to intimate partner violence, and neglect, all of which carry long-term repercussions for mental health, physical well-being, and social functioning.¹²⁸

Adverse childhood experiences can have enduring consequences for developmental trajectories. Violence against children in Canada reflects a complex interplay between individual circumstances,



familial dynamics, community structures, and systemic frameworks. Violence emerges from the intersection of individual, relational, community, and systemic factors. No single cause explains its occurrence, and no single group is immune. Risk is shaped at every level: individual and family vulnerabilities, neighbourhood conditions, cultural norms around discipline and gender, and structural forces including poverty, racism, inadequate housing, and underfunded social services.¹³⁰ These factors rarely operate in isolation but cluster and compound within the lives of the most vulnerable children, reinforcing the need for responses that address root causes rather than individual family characteristics.¹³⁰

Types of Violence against Children

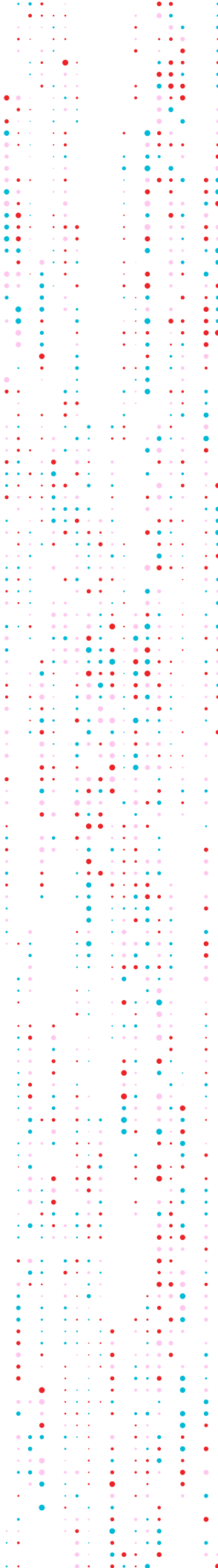
Teen Dating Violence

Among teenagers, dating violence is a significant issue that often involves physical, emotional, and sexual harm within romantic relationships. More than four in ten (45%) teens aged 15 to 17 in Canada have experienced some form of dating violence since turning 15, with girls nearly nine times more likely than boys to be victimized (500 versus 56 victims per 100,000 population in 2022).¹³¹ Emotional abuse is the most common form, reported by all teens who experienced dating violence, either on its own or alongside physical and sexual harm.¹³¹

A study by McKinnon et al (2026) found that compared to males, emotional abuse was more than twice as prevalent among gender-diverse youth and was also more common among females.¹³² Exposure to emotional IPV followed a similar pattern, with 60.7% of gender-diverse youth reporting this experience, compared to 44.1% of females and 33.5% of males.¹³² Teens who experience dating violence face a higher risk of further victimization as adults.¹³³ This pattern of revictimization can begin even earlier: adolescents with a history of childhood abuse are more likely to encounter controlling, fear-based, and emotionally abusive dynamics in romantic relationships, illustrating how early exposure to harm can increase vulnerability in subsequent relationships.¹³³

Furthermore, teen dating violence often involves humiliation, intimidation, and manipulation.¹³¹ For young people who experience dating violence as teenagers, these harms greatly impact emotional well-being and increase the risk of developing psychological distress, academic difficulties, and other mental health concerns.¹³³ Survivors may feel devastated, confused, hurt, angry, betrayed, or deeply disappointed, responses that reflect the serious harm of what they have experienced and should never be minimized or dismissed.¹³¹

A recent case in Brockville, Ontario, in which a 17-year-old was charged with the first-degree murders of his girlfriend, aged 15, her 17-year-old sister, and their 49-year-old mother¹³⁴ illustrates with devastating clarity how teen dating violence can escalate to lethal outcomes and how its consequences extend to entire families. Police identified the incident as a case of intimate partner violence.¹³⁴ According to the Ontario Association of Interval and Transition Houses, eight femicides involving women and girls had been reported in Ontario in the preceding five months alone.¹³⁵



This case reflects a broader and worsening national pattern rather than an isolated tragedy. Police-reported teen dating violence against 15- to 17-year-olds in Canada rose 33% between 2015 and 2022, reversing a period of decline from 2009 to 2014.¹³¹ Teenage girls remain disproportionately affected, experiencing police-reported dating violence at roughly nine times the rate of teenage boys.¹³¹

Neglect

Neglect is a form of child maltreatment where a caregiver fails to provide for a child's basic needs such as physical care, medical attention, education, emotional support, or supervision, despite having the resources available.¹³⁶ This lack of proper care harms children's growth both physically and emotionally.

Neglect encompasses several distinct but overlapping forms: physical neglect involves failing to provide adequate food, shelter, or clothing; emotional neglect involves withholding consistent love, affirmation, and emotional responsiveness; and educational or supervisory neglect involves failing to ensure children's safety, learning, and appropriate oversight. Exposure to family violence is also a recognized form of neglect in Canadian child welfare law.¹³⁶ These forms rarely occur in isolation and often co-exist with other types of maltreatment.

The impacts of neglect extend across all its forms. Physical neglect can impair growth, increase vulnerability to illness, and disrupt brain development during critical early years. Educational neglect limits children's cognitive development and social integration. Supervisory neglect exposes children to preventable injuries and unsafe environments. Emotional neglect, across all of these contexts, undermines a child's ability to develop resilience skills foundational to healthy functioning at every life stage.¹³⁶ The effects of neglect unfold over many years. Emotional neglect, in particular, can hinder a child's ability to build resilience skills like coping with stress, feeling good about themselves, and managing emotions. These are skills needed for healthy living at every life stage.

Physical violence

Physical violence against children involves the deliberate use of force to harm a child, causing varying levels of physical injury from minor harm to serious injuries requiring medical attention.¹²⁸ Beyond obvious marks like bruises, fractures, burns, or cuts, it leads to lasting effects on brain function, movement skills, and stress responses.¹³⁰

About one in five Canadians reports physical or sexual abuse before age 16, with physical abuse rates staying steady over time while sexual abuse has declined.¹³⁷

Physical abuse risk is shaped by a complex web of intersecting factors operating at individual, family, community, and societal levels, not by any single characteristic. Structural conditions, including poverty, unemployment, housing instability, and inadequate social supports, create environments of chronic stress that can erode caregivers' capacity to cope, increasing vulnerability across family systems.^{130,136} Physical abuse can lead to immediate injuries, chronic health impacts, disruptions

to brain development, emotional difficulties, and increased risk of revictimization in adulthood.¹³⁶

Psychological / Emotional Violence

Emotional or psychological violence against children involves a broad range of harmful behaviours that damage mental and emotional health without leaving visible physical scars. These actions often undermine self-worth, foster ongoing fear, and interrupt healthy development.^{128,132} Mckinnon et al (2026) found that emotional abuse was reported by 83.7% of gender-diverse youth, 52.2% of females, and 35.4% of males.¹³² Verbal attacks like insults, name-calling, and demeaning comments; cunning manipulation such as gaslighting; relentless criticism that shatters a child's confidence in their abilities; frightening threats designed to instill terror; and intentional limits on social contacts that isolate the child and encourage reliance on the abuser are all examples of emotional or psychological violence.¹²⁸ This form of violence distorts how children perceive themselves and their surroundings. Prolonged exposure plants negative beliefs about personal value and security and can hinder the ability to form relationships, manage emotions, and engage in school.¹³⁸

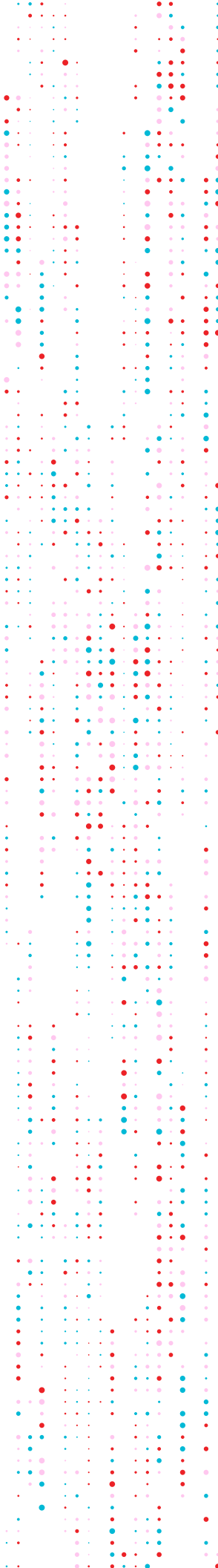
Sexual Violence

Sexual abuse of children includes any sexual acts with minors by adults in positions of power, authority, or trust; or coercive acts with peers where kids can't truly give consent due to their age and maturity.¹²⁸ The defining features of child sexual abuse are the abuse of power and the absence of meaningful consent regardless of whether harm involves physical contact or non-contact acts.¹²⁸ Survivors of sexual violence are at elevated risk of mental health concerns and psychological disorders across their lifespan, though individual responses vary widely and may include emotional numbness, dissociation, or other reactions that do not follow a single predictable pattern.^{139,140} Sexual and gender minority groups such as 2SLGBTQI+ youth may experience heightened impacts, including increased anxiety and a greater risk of depression.¹³⁹ In Canada, the law requires protective action in cases involving adult-minor contact, regardless of whether physical injury is evident. However, stigma—particularly when the alleged abuser is known to the child—contributes to underreporting¹³⁶, and reported rates of sexual abuse appear to be declining among younger cohorts relative to physical abuse.¹³⁷

Sextortion

Sextortion is an increasingly serious form of online harm affecting Canadian youth, with consequences that can be immediate and devastating. As noted earlier, it has been 13 years since the death of Amanda Todd due to sextortion and cyberbullying. Tragically, there have been several publicly reported cases of other children dying due to sextortion since that time.

Notably, the case of 17-year-old Harry Burke in Prince Edward Island drew national attention to the dangers of coercive online exploitation after he was targeted through fake online contact and then threatened after sharing intimate images. His death underscored how digital abuse can escalate rapidly into acute psychological crises for young people.



Later that same year, in October 2023, Carson Cleland, a 12-year-old boy from Prince George, British Columbia, became a victim of an online sextortion scheme. After being contacted on Snapchat by someone posing as a teenage girl, Carson was manipulated into sharing intimate images and then threatened that they would be distributed unless he paid money. Tragically, Carson died by suicide shortly after the extortion began. Following his death, Carson's parents, Nicola Smith and Ryan Cleland, became leading advocates for stronger online protections for children. They have launched legal action against Snap Inc. and continue to call for greater accountability from technology companies and stronger laws to prevent online exploitation, ensuring that no other family experiences the same devastating loss.

These cases of sextortion are not isolated incidents; cyber safety organizations report that sextortion often begins on social media and messaging platforms and is frequently driven by shame, fear, and threats of exposure, making it especially dangerous for adolescents. As a result, sextortion should be understood not only as a criminal justice issue but also as a pressing child health, mental health, and online safety concern.¹⁴¹

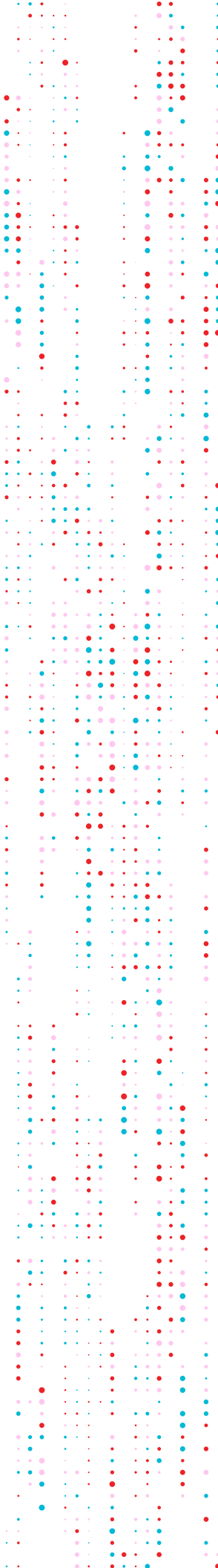
Exposure to Violence

Children's exposure to violence in Canada constitutes a significant form of child maltreatment, with escalating rates positioning it as a top threat to child well-being. Specifically, exposure to intimate partner violence (IPV) accounts for nearly half of substantiated child welfare cases and is classified as maltreatment due to associated physical, psychological, and developmental harm.¹⁴² Whether observing violence at home, navigating dangerous neighbourhoods, or enduring peer bullying at school, children can develop profound and lasting consequences. These include heightened anxiety and depression, post-traumatic stress, suicidal thoughts, substance use problems, and academic struggles. In some cases, children may develop aggressive behaviour as a result of prolonged exposure to violence, reflecting the normalization of violent responses in their environment, disrupted emotional regulation, or the use of aggression as a learned self-protective strategy.¹⁴³

Beyond the home, children living in high-poverty communities face relentless exposure to neighbourhood violence, which cultivates a state of chronic hypervigilance. This constant threat perception amplifies anxiety as children remain perpetually on guard.¹³⁶ Meanwhile, school bullying compounds these vulnerabilities, particularly for children already carrying trauma from home. Bullying reactivates Post-Traumatic Stress Disorder (PTSD) symptoms and triggers avoidance behaviours like skipping classes or disengaging entirely, creating cascading academic disruptions that further disadvantage children.¹⁴³

Technology-Facilitated Abuse and Online Child Sexual Exploitation

The internet has opened disturbing new possibilities for harming Canadian children. Kids can experience harassment through messaging apps, controlling behaviour enforced digitally, intimate images shared without consent, grooming on social media



and gaming platforms, and spyware monitoring their activities.¹⁴⁴ While abusers have always manipulated and intimidated, technology gives them constant access regardless of distance. Technology-facilitated abuse is dangerous considering it rarely exists in isolation. Grooming that begins digitally frequently escalates into physical assault. Similarly, technology-facilitated abuse frequently co-occurs with other forms of maltreatment, with digital platforms providing additional mechanisms for control, surveillance, and harm that can compound existing experiences of abuse.¹⁴⁵

This abuse has adverse effects on children's mental health and development. Victims experience severe anxiety, depression, and post-traumatic stress as digital content resurfaces repeatedly, preventing psychological healing.¹²⁸ Beyond abuse-specific harms, broader population-level data from Statistics Canada (2026) illustrates the mental health burden of excessive screen exposure among Canadian youth more generally.¹⁴⁶ Youth who chronically exceeded screen time guidelines were substantially more likely to report poor mental health, high stress, body image concerns, and lower life satisfaction than peers who adhered to recommendations—patterns that are plausibly amplified when screen use occurs in contexts of abuse or exploitation rather than recreational use.¹⁴⁶

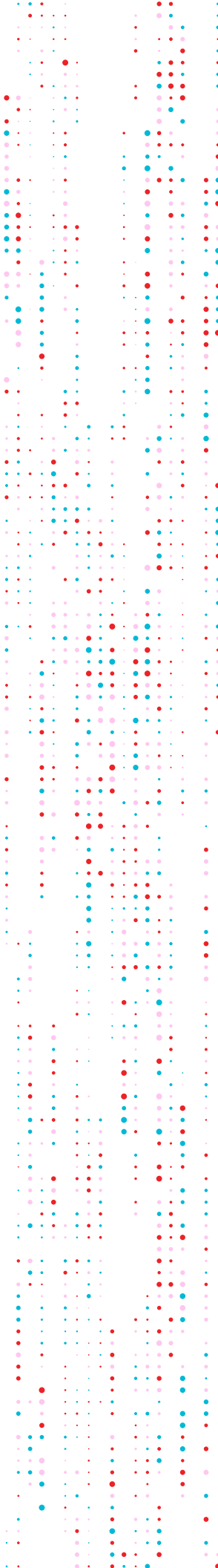
Femicide, Filicide, and Familicide

Femicide, filicide, and familicide represent the most extreme manifestations of gender-based and family violence in Canada, with devastating impacts on children and communities. In 2024, 187 women and girls were violently killed in Canada, with 93% of identified accused being male.¹⁴⁷ Half were killed by current or former intimate partners, with another 28% murdered by other family members, predominantly occurring in private locations such as victims' homes.¹⁴⁷ Rates increased 46% between 2019 and 2024, with rural areas, small towns, and provinces including Nunavut, Manitoba, Saskatchewan, and Nova Scotia experiencing disproportionately high rates.¹⁴⁷

Filicide, which involves parental killing of children, claims approximately 30 children annually in Canada, with infants under one year facing highest risk.¹⁴⁸ Familicide, the killing of multiple family members, also occurred in 26 documented incidents between 2010-2019, representing gendered crimes involving primarily male perpetrators with domestic violence histories using firearms.¹⁴⁸ In these cases, children witness over 50% of femicide cases, experiencing intergenerational trauma requiring urgent public health intervention.¹⁴⁸

Impact on Marginalized Communities

Violence against children does not distribute evenly across Canadian society. Certain groups face dramatically steeper odds, with patterns revealing systems that are failing the most vulnerable. Indigenous children make up less than 8% of Canada's child population yet represent over half of those in foster care, with approximately 3.2% of Indigenous children living in out-of-home placements compared to just 0.2% of non-Indigenous children.⁷ This overrepresentation is itself a form of violence: children removed from their families, communities, and cultures experience



profound trauma, grief, and loss of identity.⁷ Entry into care does not eliminate risk; children in the child welfare system are at elevated vulnerability to further abuse and exploitation, and the disruption of family and cultural connections causes lasting harm to well-being and development.^{149,150}

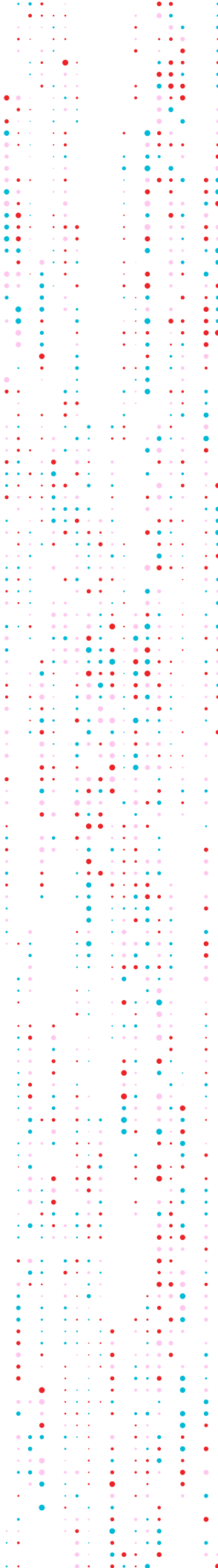
Black children face troubling disparities at every stage of child welfare involvement. They are investigated at more than double the rate of White children and, even when cases appear identical on paper, are twice as likely to be removed from their homes.^{9,151} This differential treatment constitutes a form of structural violence, exposing Black children to the trauma of family separation in ways that reflect racial bias rather than evidence of greater harm. Far from providing protection, these disparities can compound trauma and undermine trust in the very systems meant to safeguard children.^{9,151,152}

The pattern extends across other marginalized groups. For instance, newcomer children face nearly three times the scrutiny compared to non-newcomer kids, while Latin American children get investigated 2.3 times more often than White children.¹⁵³ 2SLGBTQI+ children and youth carry additional and compounded burdens of violence. Bisexual individuals report childhood abuse rates of 51.8% compared to 32.7% among heterosexual peers, while gay and lesbian individuals also report elevated rates of maltreatment across all forms.¹⁴⁰ Similarly, physical neglect was reported by 17.9% of gender-diverse youth, compared to 5.8% of females and 3.9% of males, based on results from the Canadian Health Survey on Children and Youth.¹³² Gender diverse youth were 4.6 times more likely than males to report physical neglect.¹³² These disparities reflect the heightened vulnerability created by stigma, family rejection, targeted victimization, and the absence of affirming spaces in which 2SLGBTQI+ youth can seek safety and support.¹⁴⁰ Research also indicates an elevated risk of eating disorders and substance use disorders among 2SLGBTQI+ youth who have experienced maltreatment, reflecting the use of these behaviours as coping mechanisms in the absence of adequate affirming mental health support.¹⁴⁰

Also, in Canada, children with disabilities and those from lower socioeconomic backgrounds face elevated risks across the board. These disparities reflect intersecting systems of oppression, including poverty, discrimination, language barriers, and services that fail to respect cultural differences.

Mental Health Impact of Violence Against Children

Childhood maltreatment leaves deep scars on mental health that often last a lifetime. When children endure emotional abuse or neglect, they face dramatically higher risks for depression, anxiety, PTSD, and suicidal thoughts. PTSD shows up differently in children than in adults. Instead of flashbacks and nightmares, traumatized kids replay their abuse through repetitive play themes and react to everyday situations with exaggerated startle responses that push friends away.¹²⁸ Abuse perpetrated by parents creates profound damage, as children cannot establish healthy emotional regulation when their primary attachment figure simultaneously serves as both protector and threat.¹³³



Suicidality represents one of the most serious and urgent mental health consequences of childhood maltreatment. Research using nationally representative Canadian data demonstrates a substantially elevated risk of suicidal ideation, suicide attempts, and completed suicide among children and youth who have experienced any form of maltreatment, including non-physical forms such as emotional abuse and neglect, which are often underestimated in their severity.¹²⁸ The association between maltreatment and suicidality is particularly pronounced among those who experience multiple or chronic forms of abuse, and among 2SLGBTQI+ youth who face the compounding effects of stigma and discrimination alongside maltreatment.¹⁴⁰ Early identification, trauma-informed mental health intervention, and safe reporting pathways are therefore not only developmental priorities but in many cases, life-saving necessities.

Depression and anxiety appear most commonly among survivors, with emotional abuse proving as harmful as physical or sexual violence.¹³² When children hear repeatedly that they are worthless, those messages become core beliefs that shape how they see themselves.¹³⁶ 2SLGBTQI+ youth face compounded struggles navigating both trauma and ongoing discrimination they encounter in society, putting them at elevated rates of anxiety and depression.¹²⁸

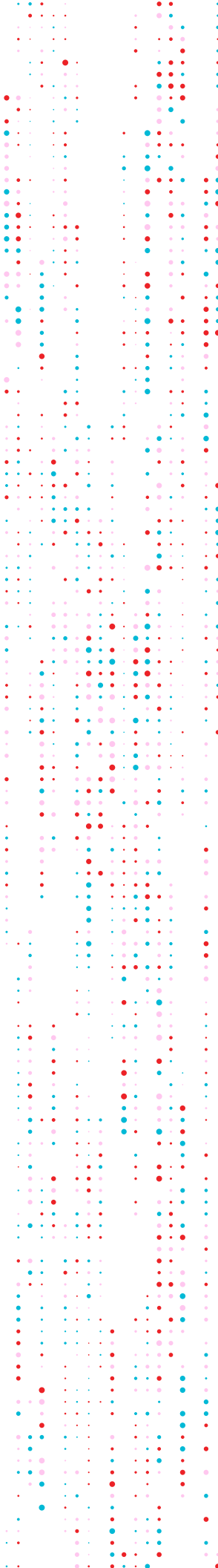
Physical Health Impact of Violence Against Children

The physical toll of child maltreatment goes beyond what is immediately visible. Any form of violence can have lasting consequences for a child's developing body, even when no external injury is apparent.^{128,130} What happens inside a child's body as a result of chronic stress, fear, and trauma can create biological vulnerabilities that persist into adulthood.¹³⁰ These impacts are not guaranteed in every case, but the risk is substantially elevated compared to children who have not experienced maltreatment, and the consequences can compound across time without adequate support and intervention.¹⁴⁹

Younger children bear the heaviest burden, as their rapidly developing brains and bodies make them especially vulnerable to lasting impairments.¹⁴⁹

Physical neglect intensifies these problems through both immediate deprivation and long-term stress. Also, poor nutrition during critical growth windows of children affects brain development and bone formation, correlating with lower IQ scores and slower physical development.¹⁴⁹ Meanwhile, chronic inflammation from repeated injuries or persistent stress sends damaging molecules into the brain, affecting memory centres.¹³⁰ When childhood trauma goes untreated, it creates lasting biological vulnerabilities and weakened immunity that persist into adulthood.¹³⁰

Sleep health also represents an often overlooked but significant casualty of childhood maltreatment. Children who have experienced abuse or neglect demonstrate substantially higher rates of sleep disturbance compared to children without maltreatment histories.^{130,143} These disruptions are not merely symptomatic of other mental health conditions but constitute independent harm: poor sleep impairs memory consolidation, emotional regulation, immune function, and the brain's capacity for growth and repair, compounding the developmental



vulnerabilities already created by trauma exposure. For children with trauma histories, addressing sleep health must be an explicit component of any comprehensive intervention plan.

Barriers to Accessing Support

Getting help after abuse should be straightforward, but multiple overlapping barriers trap victims and families in cycles of harm. Marginalized communities face the greatest barriers to care. In Canada, Indigenous children, racialized families, those living in poverty, newcomers and refugees, children with disabilities, and families affected by substance use or child welfare involvement often struggle to access needed prevention and treatment services.^{9,151} Geographical locations also compound these challenges significantly. Rural and remote families often have inadequate specialized services like speech therapy, physiotherapy, or mental health support nearby.¹⁵² Financial challenges are usually a barrier for low-income families who cannot afford private services, especially when publicly funded programs have long waitlists for accessing services.

Moreover, language barriers and cultural disconnection from mainstream services keep many newcomer and Indigenous families from seeking help. Services designed without cultural input can feel alienating for marginalized communities.¹⁵³ As a result, many families who experience abuse may not disclose it or request support because they fear triggering child welfare investigations that could tear their families apart.¹⁵³

Conclusion

Child maltreatment is one of Canada's most serious public health concerns, requiring urgent and comprehensive action. Its impacts are wide-ranging, affecting mental health, disrupting physical development, interfering with educational progress, and weakening social relationships in ways that can persist across lifetimes and even generations.¹²⁸ This burden falls unevenly as research reveals that Indigenous children, children with disabilities, Black youth, and children from marginalized communities suffer disproportionately through structural inequities born from colonization and ongoing discrimination.⁷ Therefore, real structural change requires substantial effort. Effective prevention requires coordinated support, including economic assistance, mental health services, parenting supports, and culturally appropriate interventions that address root causes rather than only surface issues.^{130,136}

To address these issues holistically, sustained commitment to equity-focused solutions, cross-sector collaboration, and meaningful engagement of affected communities as equal partners is required.¹⁵⁴ Approaches that integrate diverse perspectives offer Canada one of its most promising paths for protecting children and fostering resilience across communities.

THREAT 4



Poverty

Introduction

Every child deserves the chance to thrive, yet poverty continues to shape the lives of far too many children in Canada. It affects more than just a family's income, influencing whether children have enough healthy food to eat, a safe place to live, opportunities to learn and play, and the security they need to grow up healthy, confident, and hopeful about their future. Together, these disadvantages can accumulate and compound across every stage of a child's development.¹⁵⁵

The effects of poverty on children are also mediated through the family environment. Economic stress intensifies parenting strain, depletes emotional resources, and heightens household tension in ways that are associated with elevated rates of behavioural problems, poorer school performance, and worse overall health among children.^{156,157} Parents living in poverty do not love their children less, but the relentless pressure of material scarcity can erode the conditions in which attentive, responsive parenting is possible. Understanding poverty's impact on children therefore requires considering not only what income deprivation denies children directly, but also how it affects the families and environments within which they grow.

Over the past decade, Canada made notable progress in reducing child poverty, largely through federal income transfer programs introduced in the mid-2010s, particularly the Canada Child Benefit (CCB), which at its peak reduced child poverty by nearly nine percentage points.¹⁵⁸ Yet the withdrawal of pandemic-era income supports has sharply reversed those gains. By 2023, approximately 1.4 million children were once again living below the poverty line, with the national child poverty rate climbing to 10.7%, its highest level since 2017.^{157,1578} Unless otherwise specified, figures in this report use Canada's Official Poverty Line, measured by the Market Basket Measure (MBM). Where authors report data using the Census Family Low-Income Measure (CFLIM), this is noted in text.¹⁵⁸

Current Trends in Child Poverty

A comprehensive national snapshot of child poverty is provided by Campaign 2000's 2025 Report Card, which documents that child poverty has risen for the third consecutive year, with nearly 30,000 additional children falling into poverty in 2023 alone.^{158,159} Today, 802,000 children (10.7%) live in poverty according to Canada's official Market Basket Measure while, using a broader income measure, nearly 1.4 million children live in poverty, marking a stark reversal from 2020, when pandemic-era benefits temporarily reduced child poverty to a record low of 13.5% (Campaign 2000, 2025).¹⁵⁹ The cause of this reversal is not difficult to identify. The expiration of pandemic-era income supports, particularly the Canada Emergency Response Benefit (CERB), removed a temporary but significant financial floor from low-income households.^{158,159} The Canada Child Benefit (CCB) has also lost some of its poverty-reduction effectiveness over time, as benefit levels have not kept pace with rising costs and the progressive targeting of the benefit has weakened relative to the depth of need among the lowest-income families.^{157,159}

It is worth noting that the CCB's poverty-reduction achievements were accomplished even though the benefit was not optimally designed to target the lowest-income households most effectively.^{159,160} Strengthening the CCB's progressive targeting could significantly improve its impact without proportional cost increases.¹⁵⁸

The depth of poverty has also worsened, whereby Campaign 2000 reports that families with children are now living more than \$15,000 below the MBM poverty line on average, reflecting a deepening gap between household income and the cost of basic needs (2025).

This widening gap signals that the most vulnerable families are not just below the poverty line, but falling further below it. In Toronto, Social Planning Toronto and Campaign 2000 (2024) found that the child poverty rate rose from 16.8% in 2020 to 25.3% in 2022, an 8.5 percentage point increase in two years, with some census tracts reporting child poverty rates as high as 61%.¹⁶¹

In 2023, British Columbia's child poverty rate was 16.7% (CFLIM-based), representing 149,370 children.¹⁶¹ Despite a stable overall rate, the absolute number of children in poverty grew by 1,800 over the prior year. This is attributable primarily to population growth rather than a rate increase; however, reflecting that, the overall count of children living in poverty continued to rise even as the headline rate held steady.¹⁶²

Food Insecurity

Food insecurity is among the most immediate and measurable harms of child poverty. In 2024, approximately 2.5 million children in Canada's ten provinces lived in food-insecure households—about one in three children under age 18 and a record high.¹⁶³ These figures exclude children living in the territories and on First Nations reserves, as well as those experiencing homelessness.¹⁶³

Research found that children aged 5 to 11 living in food-insecure households had significantly poorer mental health outcomes than food-secure peers.¹⁶⁴ Using data

from the Canadian Health Survey on Children and Youth, the study identified a dose-response relationship between the severity of food insecurity and rates of diagnosed conditions, including anxiety and mood disorders, ADHD, and autism spectrum disorder.¹⁶⁴ These findings make clear that food insecurity is not merely a nutritional concern but a developmental and psychological one.¹⁶⁴ In British Columbia, First Call BC (2025) documented that 33% of children experienced food insecurity in 2023 and that by March 2025, children accounted for over 30% of all food bank visits in the province.¹⁶²

Daily Bread Food Bank (2025) found that children living with food insecurity were 75% more likely to be hospitalized and twice as likely to require care for mental health or substance use challenges.¹⁶⁶ Early childhood hunger has also been associated with impaired brain development, reduced academic performance, difficulties with emotional regulation, and weaker relationship formation.^{164,167}

Tarasuk (2025) argued that food-based charitable responses like food banks, while politically popular, do not address the income-based root causes of food insecurity and may inadvertently reduce pressure on governments to pursue more effective, income-focused solutions.¹⁶⁸

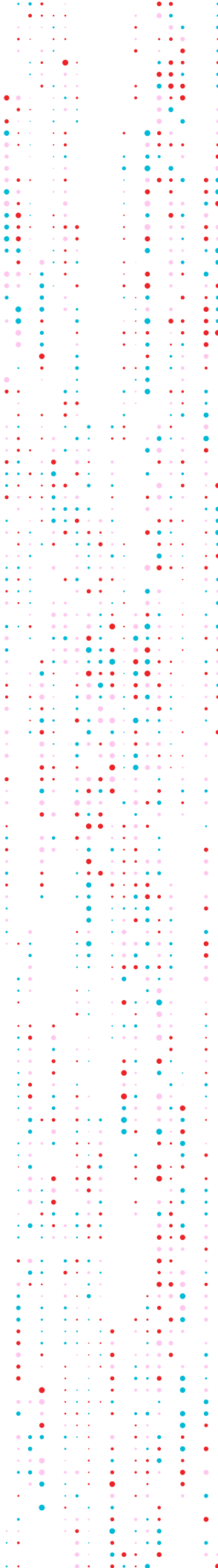
Housing Instability and Child Well-Being

Poverty and housing instability are deeply linked in Canada's current economic climate. The NACP reported that despite over \$57.57 billion committed to housing construction and repair by the federal government as of September 2024, many families with children continue to live in unsafe, overcrowded, and unaffordable conditions (2025).¹⁵⁷ Community testimonies gathered by the Council described social housing residents finding their homes poorly maintained, unsafe, and infested with pests which are conditions that directly undermine children's health and sense of security.¹⁵⁷

Housing pressures are particularly acute in British Columbia. First Call BC (2025) reported that vacant two-bedroom rental units in Metro Vancouver cost 36% more than occupied units, and three-bedroom vacancies cost 56% more.¹⁶² Families on the BC Housing waitlist grew by 77% between 2019 and March 2024, rising from 4,434 to 7,864 applications for Metro Vancouver alone.¹⁶² The housing cost crisis feeds directly into child poverty by consuming disproportionate shares of family income, pushing households deeper below the poverty line.¹⁶²

A case study on Saint John, New Brunswick, drawing on housing and income data from 2015 to 2023, found that average rent in the province increased by 42% over that period, and that the average house price in Saint John was 63% higher than the city's median income.¹⁶⁹ The study identified the gap between wages and housing costs as a primary structural driver of child poverty.





A significant structural driver of Canada's rental housing crisis is the increasing financialization of multi-family residential properties—the process by which institutional investors, real estate investment trusts (REITs), and private equity firms acquire and manage rental housing primarily as a financial asset rather than a form of shelter. As these actors acquire residential buildings, they typically pursue rent increases and cost-cutting measures in ways that reduce housing affordability and quality for low-income tenants, including families with children.¹⁷⁰ This dynamic has been particularly acute in urban centres, where investment-driven rent inflation has widened the gap between market rents and what low-income households can afford, contributing directly to housing cost pressures that deepen child poverty.^{170,171}

The Federal Housing Advocate's 2024–2025 Annual Report also emphasized that housing insecurity is not experienced equally.¹⁷⁰ Indigenous people, Black and racialized communities, women fleeing domestic violence, newcomers, and youth are disproportionately affected, and the current housing system reflects deep structural discrimination.¹⁷⁰

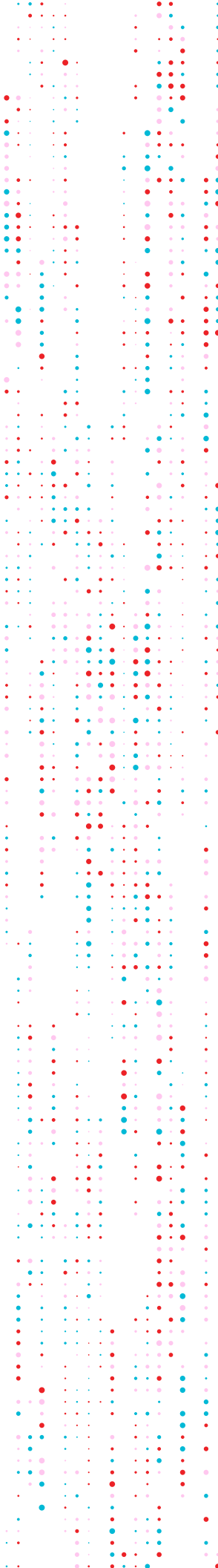
Again, the Canada Housing Benefit (CHB), introduced as part of Canada's National Housing Strategy, has also faced criticism for its limited reach and impact. The Federal Housing Advocate has documented that the CHB has been inconsistently implemented across provinces, is subject to complex eligibility rules that exclude the most precariously housed, and provides benefit levels that fall well short of bridging the gap between incomes and market rents.¹⁷⁰ For families with children, this means that even those technically eligible for housing support may find that the benefit provides insufficient relief under current rental market conditions, particularly in high-cost cities where vacancy rates remain low and average rents far exceed what low-income households can afford.^{165,170}

Educational Outcomes

Poverty is one of the strongest predictors of poor educational outcomes among Canadian children, with socioeconomic disadvantage consistently associated with lower school readiness, reduced academic performance, and greater developmental vulnerability across the life course.^{167,172} Children growing up in low-income households face significant barriers to learning, including reduced access to enrichment activities, unstable housing that disrupts school attendance, and chronic stress that impairs concentration and cognitive development.^{158,159}

Critically, these effects are not merely circumstantial: poverty and socioeconomic disadvantage have been shown to measurably affect brain structure, executive function, and cognitive capacity, including in early childhood, meaning that the educational gaps associated with child poverty have neurological as well as social roots.¹⁵⁵ The implications for school readiness and long-term academic trajectories are significant and are addressed in greater detail in the Health and Developmental Impacts section below.

Wright et al. highlight that Canada lacks the integrated, multi-sectoral data systems needed to fully capture how poverty affects children's educational trajectories alongside their health and social outcomes, a gap that limits the design of effective



school-based interventions (2024).¹⁷³ Reid-Westoby et al. provide evidence of this effect in the Canadian context, finding that children in lower socioeconomic neighbourhoods showed significantly higher rates of developmental vulnerability at kindergarten entry both before and after COVID-19, with post-pandemic recovery distributed unevenly across income groups.¹⁷² First Call BC similarly reports that early childhood poverty can impede cognitive development in ways that affect school readiness and long-term academic performance.¹⁶⁵ Dimitrova further argues that improving children's physical health and developmental outcomes in Canada is inseparable from addressing the income insecurity that shapes their earliest years.¹⁷⁴

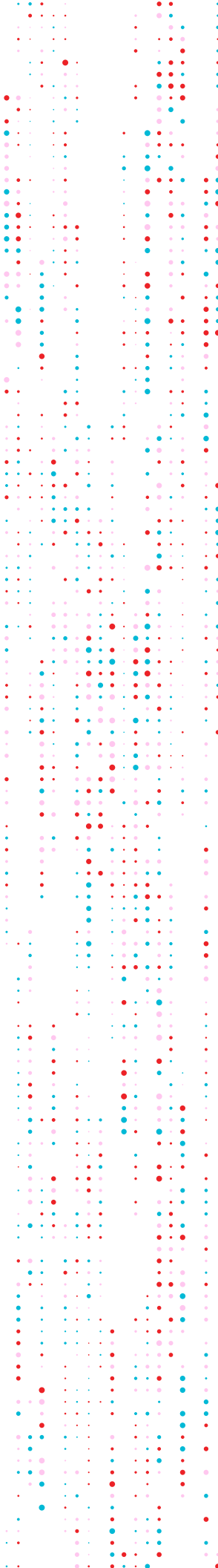
Health and Developmental Impacts

The health consequences of growing up in poverty extend well beyond childhood. The OECD's 2024 report on the economic cost of childhood socioeconomic disadvantage in Canada demonstrated that children who grew up in poverty consistently lag in cognitive development, academic performance, physical health, and mental well-being relative to their more economically advantaged peers.¹⁶⁷ Across Canada and comparable European countries, childhood disadvantage costs the equivalent of 3.4% of GDP in lost employment, earnings, and health outcomes over the life course.¹⁶⁷ However, the consequences of a childhood spent in poverty do not end at age 18. They accumulate across the life course in the form of lower educational attainment, reduced lifetime earnings, poorer physical and mental health in adulthood, and greater use of health and social services, creating a cycle of disadvantage that is costly both to individuals and to society as a whole.^{155,157,167}

Research on poverty's neurological effects affirms that socioeconomic disadvantage does not only limit opportunities but can affect development itself. Poverty and low socioeconomic status measurably affect brain structure, executive function, stress-response systems, and cognitive capacity in children, with effects detectable as early as infancy and compounding through childhood.^{130,175}

The mechanisms are multiple: chronic exposure to poverty-related stress elevates cortisol levels in ways that interfere with neural development; nutritional deficits impair myelination and synaptic pruning; and the absence of cognitively stimulating home environments limits the range of experiences that support healthy brain development.¹⁵⁵ These neurological effects can explain why the educational and health gaps associated with child poverty are so persistent and difficult to reverse without early, adequate, and sustained support.¹⁵⁷

Socioeconomic disadvantage has also been linked to specific health risks. Lower household income and maternal education have been associated with higher vulnerability to antimicrobial-resistant infections in children, including acute middle ear infections. This finding illustrates how poverty can create conditions of heightened medical risk. For Indigenous children, this vulnerability is compounded by the ongoing consequences of colonial inequities that have produced overcrowded homes and inadequate access to clean water in many First Nations communities. These conditions contribute to elevated rates of community-acquired infections, not as the result of individual or community failure, but of systemic



and structural neglect.^{157,165} The NACP also reinforces the economic case for early intervention, estimating that for every \$1 invested in young children living in poverty, between \$3 and \$9 can be saved in future spending across health, criminal justice, and social assistance systems (2025).¹⁵⁷

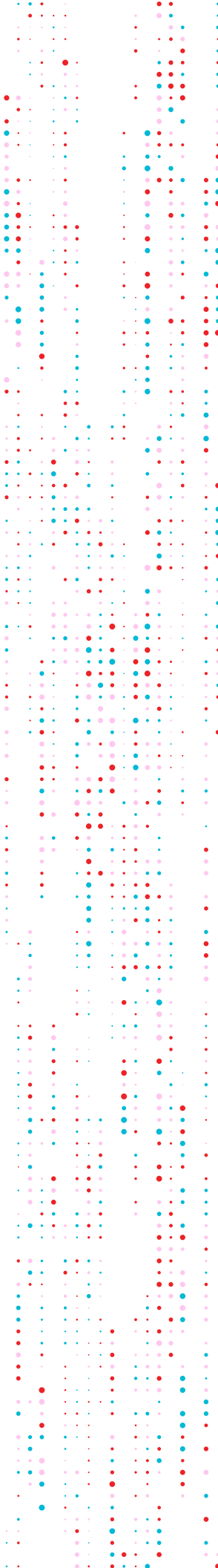
Mental Health

The mental health consequences of child poverty have been well-documented in recent Canadian literature and extend well beyond the clinical setting. The National Advisory Council on Poverty (NACP) gathered community testimony confirming that experiences of discrimination compound the psychological burden of poverty on Black, racialized, and Indigenous children, creating layered stressors that income transfers alone cannot resolve.¹⁵⁷ Wright et al. called for multi-sectoral approaches that integrate mental health supports into the broader social and economic response to child poverty, noting that siloed clinical services consistently fail to reach the children most in need (2024).¹⁵⁷

Child Protection and Family Stress

While poverty is not a root cause of child maltreatment, it can influence the broader conditions that intensify family stress and bring families into contact with child protection services. In Canada, socioeconomic disadvantage has been consistently linked to heightened vulnerability not because low-income parents are less capable but because material hardship, housing insecurity, and inadequate social supports erode the resources families need to cope.¹⁵⁷ Qualitative research with parents of young children in Ontario illustrated this dynamic directly. Parents under financial strain described constant emotional exhaustion, self-sacrifice, and persistent fear of being unable to meet their children's basic needs, stressors that permeate household environments regardless of parental effort or intention (Martin et al., 2024). Campaign 2000 et al. similarly found that families living in the deepest poverty were simultaneously the least reached by current policy mechanisms and the most exposed to compounding risks.^{158,159}

A particularly troubling dimension of the relationship between poverty and child protection is the role of surveillance. Low-income families—and Indigenous families in particular—are subject to disproportionate scrutiny from child welfare systems, often under conditions where poverty itself is misread as evidence of neglect.¹⁷⁶ Stefanick and Tait (2024) demonstrate that structural poverty and the ongoing effects of colonization work in tandem to drive elevated rates of child apprehension among Indigenous families in Canada.¹⁷⁶ As a result, the child welfare system can intervene in response to material deprivation rather than maltreatment, removing children from families who need income support, not state supervision.¹⁷⁶ This pattern is not accidental; it reflects the historical role of child welfare systems as instruments of colonial control and continues to cause profound harm to Indigenous children, families, and communities.¹⁷⁶ Any serious approach to child poverty must grapple with the reality that the systems nominally designed to protect children can, in the absence of adequate income and housing support, become an additional source of harm.^{157,176}



Evidence from Manitoba on unconditional prenatal income support demonstrated that providing greater financial stability to families before they reach a crisis point produced measurable improvements in birth and early childhood outcomes.¹⁷⁷ These findings suggest that upstream economic interventions can help buffer the family stress pathways through which poverty threatens child well-being.¹⁷⁷

Disproportionate Impacts on Indigenous, Racialized, and Newcomer Children

Child poverty in Canada is not distributed equally. It is shaped by systems of colonialism, racism, and structural exclusion. Campaign 2000 explicitly situated Indigenous child poverty within the context of ongoing colonialism, arguing that ending poverty for First Nations, Inuit, and Métis children requires the realization of rights to lands, territories, and resources, not merely income supplements (2024).^{158,159} The NACP reported that Indigenous persons living off-reserve faced a poverty rate of 17.5% in 2023, compared to 9.9% for the non-Indigenous population (2025).¹⁵⁷ First Nations people living on reserve may experience even worse conditions that reflect decades of systemic underfunding and structural neglect rather than any failing of First Nations communities themselves.^{157,178,179}

In British Columbia, 2021 Census data shows children living on 61 First Nations reserves faced a poverty rate of 34.8%.¹⁶² Those in rural reserves faced a 42.2% poverty rate, more than double the provincial average of 16.7%.¹⁶²

Racialized and newcomer children face similarly elevated risks. Social Planning Toronto found that 17.8% of racialized children in their city were living in poverty, nearly double the 9.1% rate for non-racialized children (2024).¹⁶¹ Indigenous children in Toronto faced a rate of 20.4%, while immigrant children experienced 21%.¹⁶¹ Among newcomer children who arrived between 2020 and 2021, the rate reached 38.1%, and children from non-permanent resident families faced the highest rate of all at 42.6%.¹⁶¹

For Black children specifically, a scoping review found that Black children and youth in Canada face compounded health vulnerabilities driven by structural racism, socioeconomic disadvantage, and a lack of culturally responsive health research and services.¹⁸⁰ In Atlantic Canada, Black children also face disproportionately high rates of child poverty relative to Black children in other regions of the country, further intensifying these vulnerabilities.¹⁸¹

Newcomer and precarious-status families face additional layers of exclusion. Bernhard et al. (2025) documented that, in Toronto, families with precarious legal status navigate multiple institutional barriers when seeking early childhood services, resulting in what the researchers described as “multigenerational punishment” for children who are denied stable access to care due to their parents’ legal status.¹⁸²

A critical and frequently overlooked policy gap compounds these exclusions. Under Section 122.6(c) of the Income Tax Act, eligibility for the Canada Child Benefit (CCB) is tied to immigration and tax status in ways that effectively exclude many children born in Canada to parents with precarious or non-permanent legal status.¹⁸² As a result, children who are Canadian citizens by birth and bear no responsibility

for their parents' immigration circumstances can be denied access to the CCB's poverty-reduction benefits solely due to their parents' legal status.^{158,159} Campaign 2000 has explicitly called for the repeal of this provision, recommending that CCB access be broadened to all families with children regardless of immigration or citizenship status, a reform that would directly reduce poverty among some of the most vulnerable children in Canada.^{158,159}

The NACP further noted that racialized families experience active discrimination within the social safety net itself, including landlords refusing tenants with non-European-sounding names and food banks excluding single individuals.¹⁵⁷

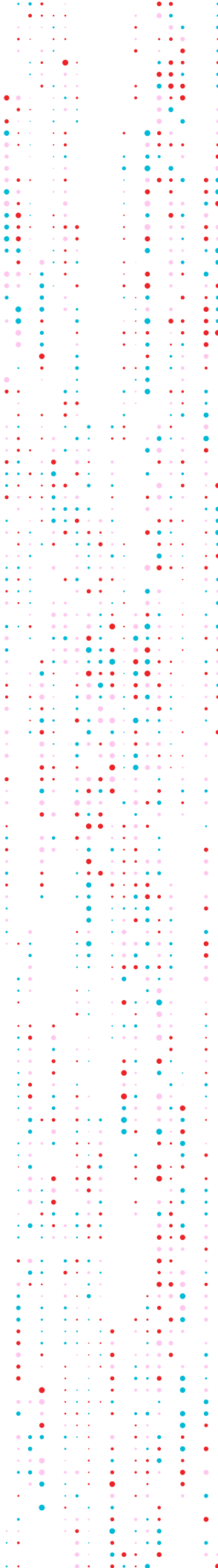
The OECD confirmed that, despite overall progress on reducing child poverty, groups such as low-income single parents, ethnic minorities, and recent immigrants have not benefited proportionately from existing transfers, underscoring the limits of universal policies that fail to address structural barriers (2024).¹⁶⁷

Limitations and Research Gaps

Despite the literature on child poverty, several important gaps remain. Much of the available data is concentrated in large urban centres, particularly Toronto and Vancouver, leaving rural, remote, Atlantic, and Northern communities comparatively underrepresented.¹⁸¹ This geographic bias means that children in smaller municipalities and isolated communities, who often face distinct structural barriers, are insufficiently captured in national-level analyses.¹⁸¹ Wright et al. specifically highlight the absence of integrated, multi-sectoral data systems in several provinces, particularly Alberta, where siloed health, education, and social service data prevent coordinated, evidence-based intervention for children experiencing poverty (2024).¹⁷³

While the immediate post-pandemic rebound in child poverty is well-documented, the longer-term developmental consequences of that period of instability on specific demographic groups remain incompletely understood.¹⁷² Data on children living on First Nations reserves and in the territories also continue to be limited, with First Call BC explicitly cautioning that reported poverty rates for children living on reserves likely underestimate the true extent of deprivation given data collection constraints.¹⁶² Additionally, much of the qualitative evidence relies on parent-reported experiences, which may underrepresent children's direct exposure to hardship, as parents often actively shield children from awareness of their financial circumstances.¹⁷⁶

A further gap in the current literature concerns the differential health and developmental impacts of poverty based on its duration, timing, and pattern across childhood. Research consistently shows that chronic or persistent poverty produces more severe consequences than episodic poverty, and that poverty experienced in early childhood carries disproportionate long-term risks compared to poverty experienced later in childhood or adolescence.^{167,172} Yet much of Canada's current child poverty reporting and policy evaluation focuses on cross-sectional poverty rates at a given point in time, rather than tracking how children move into, through, and out of poverty over their development. The dynamics of entry into and exit from poverty, including the role of precipitating events such as parental job loss,



relationship breakdown, or health crisis, remain incompletely understood in the Canadian context, limiting our ability to design timely, targeted interventions that reach children at the moment of maximum developmental risk.^{157,173}

Conclusion

Poverty is a pervasive and systemic threat to the health, development, food security, housing stability, and prospects of over one million Canadian children. The sharp reversal of pandemic-era gains, the deepening severity of poverty for the most vulnerable families, and the persistent overrepresentation of Indigenous, racialized, newcomer, and lone-parent households all point to a system failing those it was designed to protect.

What the literature also makes clear is that this is not inevitable. As UNICEF Canada noted, high-income countries choose their levels of child poverty through the policies they adopt or fail to adopt (2024).¹⁸³ Canada's own experience between 2016 and 2020 demonstrated that targeted, adequate income supports can dramatically reduce child poverty in a short timeframe. The question is not whether this is possible, but whether there is the political will to sustain and deepen that investment.

Addressing child poverty requires more than adjusting a single benefit or building more housing units. It demands a coordinated, rights-based, and equity-centred approach that recognizes the compounding disadvantages faced by Indigenous, racialized, and newcomer children, removes structural barriers within the social safety net itself, and prioritizes prevention over crisis response. The cost of inaction, measured in lost cognitive potential, compromised health, reduced productivity, and intergenerational disadvantage, far exceeds the cost of the investments required.

THREAT

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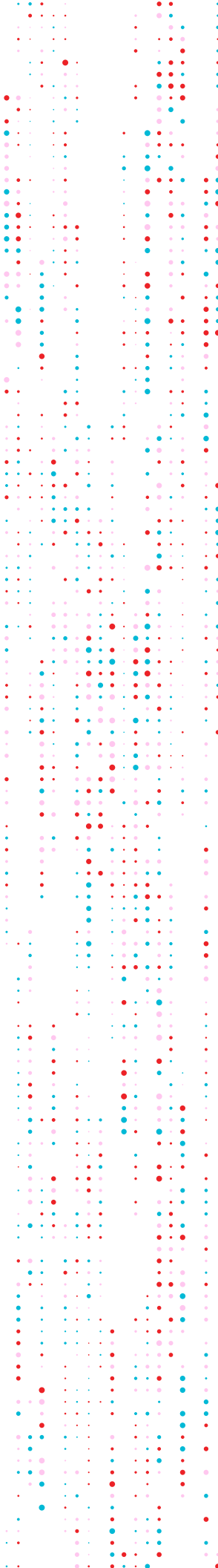
Poor Mental Health

Introduction

Child and adolescent mental health has become one of the most pressing public health challenges facing Canada in 2026.¹⁸⁴ While rates of anxiety, depression, and psychological distress were already rising before the COVID-19 pandemic, children and youth are now navigating an increasingly complex world shaped by digital overload, social isolation, economic uncertainty, geopolitical instability, and other compounding pressures.¹⁸⁴ Mental health is far more than the absence of illness; it shapes how children think, feel, learn, build relationships, and respond to everyday challenges.¹⁸⁵ With many mental health conditions first emerging during childhood and adolescence, early intervention and sustained support are essential not only for lifelong health and well-being but also for healthier families, communities, and future generations.¹⁸⁶

Recent national data indicate that youth mental health in Canada has declined, with positive mental health decreasing and mental illness increasing.¹⁸⁷ Positive mental health encompasses emotional, psychological, and social well-being and can be assessed through indicators such as life satisfaction, psychological well-being, social well-being, and positive mental health practices, including spirituality and positive relationships.¹⁸⁸ Developed as part of the Positive Mental Health Surveillance Indicator Framework, these indicators provide a standardized approach to monitoring mental health at the population level that extends beyond the absence of illness.¹⁸⁸ Across these measures, youth are less likely than older age groups to report excellent or very good mental health, a pattern that has persisted over the past decade.^{187,189}

Mental health challenges are not experienced equally, with worse outcomes often reported among females, lower-income groups, and some marginalized youth populations.¹⁸⁷ Canadian Mental Health Association polling found that youth and young adults reported higher rates of depression and anxiety than adults, with especially



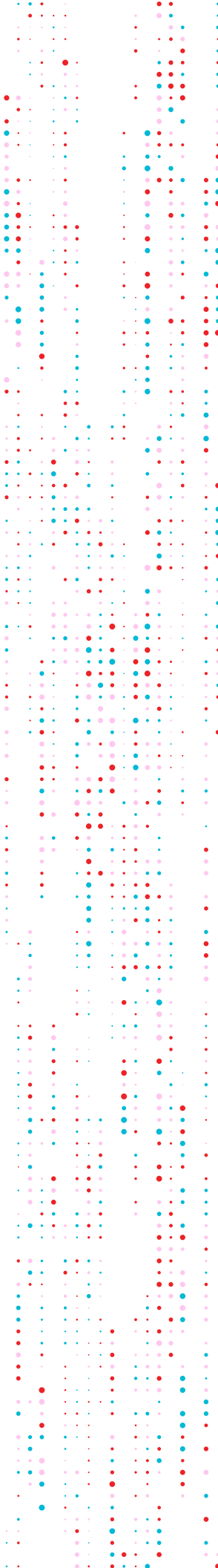
high rates among non-binary and 2SLGBTQI+ youth.¹⁹⁰ For youth aged 16 to 24, a diagnosis of clinical depression was reported 1.6 times more often among 2SLGBTQI+ youth and 1.8 times more often among non-binary youth relative to all youth surveyed.¹⁹⁰ Protective factors for children's mental health include early support, stable relationships, help-seeking, problem-solving skills, and timely intervention before symptoms become more severe.¹⁹¹ These disparities highlight that youth mental health is not only a clinical issue but also shaped by broader social and structural inequalities.

Prevalence of Mental Health Disorders

Mental health disorders are the leading cause of disability-adjusted life years for children and young adults aged 10-24.^{12,192} Mental disorders also account for 45% of the disease burden within this age group.^{13,193} The Canadian Institute for Health Information (CIHI) examined six-year trends in access to care for mental health disorders among children and youth aged 5 to 24 in Canada, including emergency department visits, hospitalizations, physician visits, and medication use.¹⁹⁴ The study found that by age 25, one in five Canadians is diagnosed with a mental illness, while 70% of individuals who experience mental illness begin experiencing symptoms before age 18.¹⁹⁴ In 2023-2024, approximately 20% of all hospitalizations among children and youth were for mental health disorders. Moreover, 20% of children who visited the emergency department for a mental health disorder were admitted, highlighting the severity and prevalence of mental health needs among young people.¹⁹⁴ These demands placed significant pressure on health systems that are already overwhelmed, making it not only a youth mental health crisis but also a systemic one.

The National Institute of Mental Health further emphasizes that mental health concerns should be taken seriously when they interfere with functioning at school, at home, or in social environments, or when they involve self-harm or threats of harm.¹⁹⁵ Emerging research also indicates that self-injurious behaviours are occurring earlier in development, reinforcing the need for early screening and prevention strategies across childhood populations.¹⁹⁶ Further, psychological distress among Ontario students increased from 10.7% in 2013 to 27.4% in 2023, while the association between cannabis use and distress became stronger over time, particularly among frequent users and among girls.¹⁹⁷ Among Ontario youth, those who used cannabis 40 or more times per year had an 18% higher prevalence of psychological distress in 2023 compared with non-users, highlighting how frequent cannabis use may intersect with worsening depression and anxiety symptoms.¹⁹⁷ Nearly half of teens who reported cannabis use in 2023 said they were using it to cope with mental health problems, suggesting that substance use and youth distress may be increasingly intertwined.¹⁹⁸

Depression in children and youth is common and multifactorial, involving biological, psychological, and social factors. It may present through sadness, irritability, physical complaints, sleep changes, poor concentration, or withdrawal from normal activities.¹⁹⁹ About 2% of children and 4% to 8% of adolescents are affected by major depressive disorder, with rates becoming higher among girls during adolescence.¹⁹⁹



Depression in youth should be taken seriously because it can impair school performance, social functioning, and development, and is also associated with self-harm and suicide risk.¹⁹⁹ National data show that from 2015 to 2021, positive mental health decreased and mental illness increased among Canadians aged 12 to 25, with female youth showing some of the largest changes across indicators.²⁰³ Compared with older age groups, youth and young adults in Canada are less likely to report excellent or very good mental health, a pattern that has remained consistent over the last decade.²⁰³

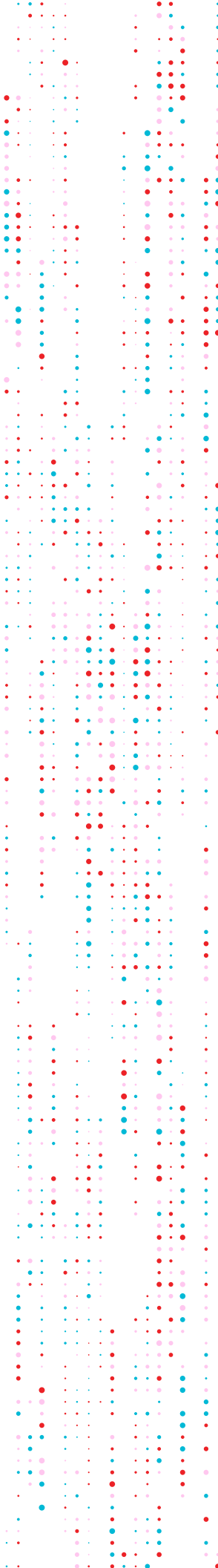
In addition, global conflict and instability are emerging as significant determinants of children's mental health. Exposure to war, displacement, and prolonged uncertainty can result in toxic stress, anxiety, emotional withdrawal, and behavioural challenges, even among children indirectly affected by global events.²⁰⁰ These broader environmental stressors can further compound existing mental health risks. Recent evidence also identifies self-injury as an increasingly significant concern among children, adolescents, and young adults, underscoring the severity of poor mental health outcomes and the need for earlier intervention.²⁰¹ This is particularly concerning as self-injurious behaviours are being identified at younger ages, including among elementary school children.¹⁹⁶

Depression and Anxiety

Depression, anxiety, and behavioural disorders are among the leading causes of illness and disability among adolescents.²¹¹ Depression in youth is multifactorial and may present through sadness, irritability, sleep disturbances, difficulty concentrating, and withdrawal from activities.¹⁹⁹ Approximately 2% of children and 4% to 8% of adolescents experience major depressive disorder, with higher prevalence among girls during adolescence.¹⁹⁹ Youth mental health challenges are also becoming more prevalent over time. For example, among Ontario students, psychological distress increased from 10.7% in 2013 to 27.4% in 2023, with particularly high levels among frequent cannabis users.¹⁹⁷ Research suggests that this worsening trend reflects not only individual-level factors but also broader system-level issues such as long wait times, gaps in care, and increasing demand for mental health services.^{13,193}

Self-Harm and Suicidal Ideation

More severe mental health outcomes, including self-harm and suicidal ideation, are also increasing among youth. Suicide remains a major public health concern in Canada, with thousands of deaths reported annually, and youth continue to experience high levels of suicidal thoughts and behaviours.²⁰³ Research indicates that youth with co-occurring physical and mental health conditions experience particularly high rates of hopelessness, suicidal ideation, and suicide attempts.²⁰⁴ In addition, recent Canadian reporting points to a rise in self-harm-related injuries among youth, reflecting increasing severity of distress and growing strain on health-care systems.²⁰¹ These findings align with emerging research showing that self-injury is becoming more prevalent among children, adolescents, and young adults and is being observed at younger ages, including among elementary school children.^{196,201} Together, this evidence highlights the urgent need for early intervention and prevention.



Substance Use and Youth Mental Health

Substance use and mental health are becoming increasingly intertwined for many young people. Frequent cannabis use, in particular, is associated with higher levels of psychological distress. Among Ontario students, psychological distress increased significantly between 2013 and 2023 and was highest among those who used cannabis most frequently.¹⁹⁷ Many youth report turning to substances as a way to cope with anxiety, stress, depression, and other emotional challenges, suggesting that substance use often reflects—and can further intensify—underlying mental health concerns.¹⁹⁸ These findings underscore the importance of addressing the root causes of distress while ensuring that children and youth have timely access to mental health supports, healthy coping strategies, and safe, supportive relationships. It is important to acknowledge that marginalized communities are impacted differently by substance use. Young Indigenous people who use substances are 13 times more likely to die than non-Indigenous Canadians of the same age, with drug-related poisoning identified as the leading cause of death in this subgroup.²⁰⁵

ADHD, Diagnosis and Growing Demand for Youth Mental Health Care

In Ontario, annual new stimulant prescriptions for ADHD increased by 157.2% between 2015 and 2023, rising from 275 per 100,000 people in 2015 to 708 in 2023.²⁰⁶ Although rising ADHD prescribing may partly reflect better identification and treatment, researchers also note concerns about possible overdiagnosis and the risk of missing other mental health conditions.²⁰⁶ ADHD is one of the most common disorders among young people and affects attention, concentration, impulsivity, and activity level. Diagnosis depends on symptoms being more frequent, persistent, and impairing than expected for age.²⁰⁷ Prescription increases were especially large among females and young adults, suggesting changing patterns of recognition and treatment across groups historically less likely to be identified.²⁰⁶

Key Drivers of Poor Mental Health in 2026

The rise in youth mental health challenges is driven by a combination of social, structural, and environmental factors.²⁰⁸ The long-term impacts of the COVID-19 pandemic continue to affect youth through disrupted routines, social isolation, and reduced access to support systems.²⁰⁸ Broader societal factors, including economic stress, academic pressure, climate anxiety, and global instability, also contribute to ongoing psychological distress.²⁰⁹ Climate anxiety represents a growing contributor to youth psychological distress, characterized by persistent worry and emotional responses to climate change.²⁰⁹ A study was conducted with 1,000 participants, including young people in Canada aged 16–25, to understand their climate anxiety fears. In terms of specific emotional impacts and responses, young people most commonly report feeling afraid (66%), sad (65%), anxious (63%), helpless (58%), and powerless (56%). This research indicates that these feelings are associated with negative future expectations and can impair well-being and daily functioning, underscoring climate change as a significant social determinant of mental health among young people.²⁰⁹

How society views children and youth directly impacts their mental health.²¹⁰ Young people have long been treated as passive recipients of care and policy rather than active contributors to decisions that affect their lives.²¹⁰ Most of the time adults are serving as proxies for youth voices in health care and research.²¹⁰ This structural exclusion reflects a broader pattern of age-based marginalization, where youth are viewed as less credible, less capable, or less relevant in shaping societal priorities.^{210,211}

Similar patterns are evident in education systems, where decisions about attendance, engagement, and well-being are frequently made without consulting young people (Whitley et al., 2025). Being systematically excluded or having one's opinions devalued reinforces experiences of ageism²¹⁰ and, for many, intersects with racism or socioeconomic marginalization. Participants in Lind et al.'s (2026) study emphasized that this can feel deeply dehumanizing, captured in one direct quote that they want to be treated like: "Like a human being..." These experiences contribute to stress, disengagement, and diminished self-worth.²¹⁰

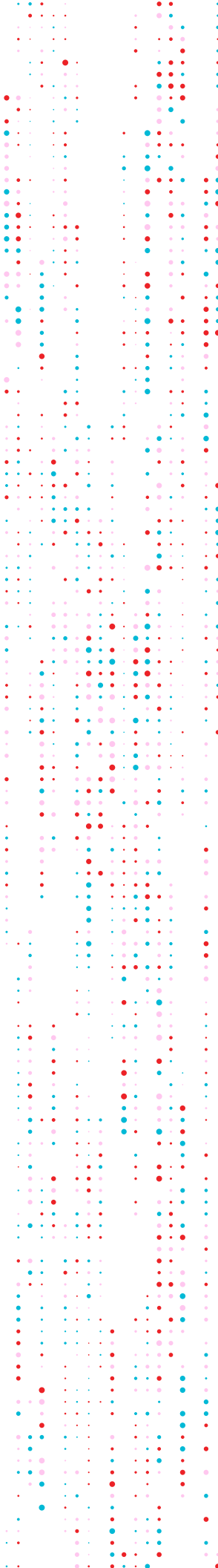
Broader evidence from the World Health Organization (2021) suggests that ageism against young people remains underexplored but may be worse than ageism toward older adults, with youth aged 15 to 24 reporting the most unfair treatment because of their age in one European survey.²¹¹ As Lind et al.'s (2026) participatory, youth-led research design demonstrates, embedding young people as partners in research, policy, and program design is itself a mental health-promoting practice. When youth are meaningfully included in shaping the systems that affect them, it strengthens both the relevance of solutions and their sense of belonging within society.^{210,212}

Further, exposure to global conflict and uncertainty can place children in a state of chronic stress, even when they are not directly affected (Save the Children). Importantly, the current youth mental health crisis reflects not only individual distress but also systemic challenges.²⁰⁹ Long wait times, fragmented services, and gaps between child and adult care systems prevent many youth from accessing timely and appropriate support.¹³ Additionally, disparities in mental health-care service use persist across sociodemographic groups. Recent immigrants, men, youth aged 15 to 24, and those with lower household incomes are less likely to access counselling or therapy, even when they meet diagnostic criteria for a mood or anxiety disorder.²¹³ Among recent immigrants with a diagnosed mood or anxiety disorder, fewer than one-third had received counselling or therapy, compared with nearly half of their Canadian-born peers.²¹³

Digital Environments and Social Media Exposure

Digital overload, excessive screen exposure, and unsafe online environments have become central contributors to poor mental health among children and adolescents.





Young people are increasingly navigating social and developmental experiences through digital platforms, often at the expense of in-person connection, mentorship, and belonging.⁷¹ This shift is particularly concerning given that emotional development and identity formation are highly sensitive to social environments during childhood and adolescence.⁷²

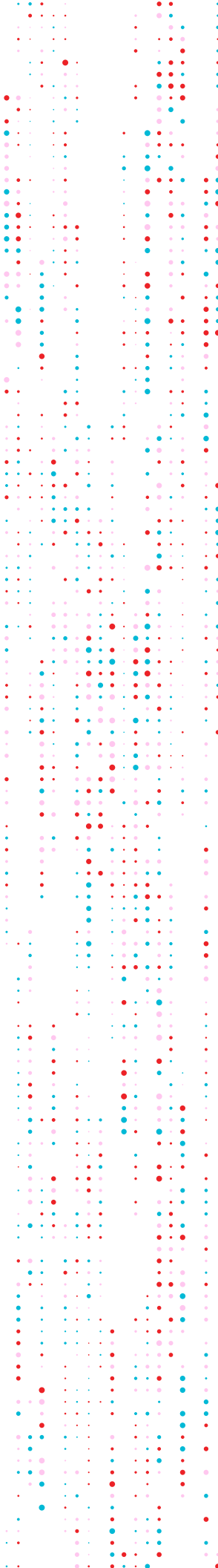
One in five children and adolescents worldwide struggles with mental health challenges, and this is the first generation to grow up in a fully immersed digital world (Child Mind Institute, 2025). The Child Mind Institute has developed a comprehensive report on the impacts of technology on the mental health of children. Dr. Koplewicz, the founding president and medical director of the Child Mind Institute, states, “I see every day how urgently we must act to protect youth mental health in the digital era. This is not merely a technology issue—it is a public health imperative. The future of our children’s mental health depends on what we do now.”²¹⁵ This is a very important wake-up call for parents, for schools, and for public health professionals to take leadership in managing technology use among children and adolescents in order to protect their learning and development and prevent potentially lifelong consequences.

The effects of digital environments on youth mental health are compounded by the design of platforms themselves, which use algorithmic engagement strategies that prioritize attention over well-being.²¹⁴ Features such as infinite scrolling, push notifications, and algorithmically curated content can intensify social comparison, disrupt sleep, and increase exposure to harmful material, making digital spaces particularly risky for developing minds.²¹⁵ As a result, digital environments are not merely passive backdrops but active forces that shape developmental and mental health outcomes.

Lasting Impacts of the COVID-19 Pandemic

During the COVID-19 pandemic, the mental health of children and adolescents was profoundly affected, with isolation and uncertainty exacerbating feelings of loneliness and anxiety.²¹⁶ Although the World Health Organization declared the COVID-19 global health emergency over in 2023, the pandemic’s effects on mental health continue to be felt in communities, particularly among children and youth.²¹⁷ The pandemic intensified pre-existing mental health challenges, raising concerns not only about the lasting effects of COVID-19 but also about the potential mental health impacts of future global crises.²¹⁸

Many stressors contributed to the mental health challenges experienced by individuals during the COVID-19 pandemic, including cultural, socioeconomic, and institutional conditions that shaped how young people experienced and responded to the crisis. Widespread disruptions affected multiple areas of life, as families experienced job loss, financial instability, conflict, and separation, all of which contributed to heightened psychological distress among children and youth. Adolescents and young adults are particularly vulnerable to large-scale crises because they are in critical stages of social, emotional, and developmental growth.²¹⁸ Evidence indicates that symptoms of anxiety, depression, and loneliness increased



among youth during the pandemic, highlighting the importance of understanding the broader social and economic factors that shape mental health outcomes. These findings underscore the need for improved monitoring, prevention strategies, and evidence-based interventions to support youth mental health during public health emergencies and strengthen preparedness for future global crises.²¹⁸

The 2025 CIHI report notes that major changes during and after the pandemic, such as school attendance, peer interaction, and technology/social media use, impacted the mental health of young individuals.¹⁹⁴ CIHI also highlights that gender, age, and income are contributing factors to poor mental health, with the highest rates of hospitalization being females aged 15-24.¹⁹⁴

More broadly, youth mental health in Canada has worsened over time, with declines in positive mental health and increases in reported mental illness, particularly among females and young adults.²⁰³ Recent Canadian commentary suggests that this crisis is being shaped by strained mental health services, long wait times, gaps in the transition from child to adult care, sedentary behaviour, and broader social and economic pressures.²⁰³ Nearly one in five youth who need mental health support continue to have unmet needs, with long wait times contributing to worsening symptoms and increased emergency department visits.²⁰³

Conclusion

Now more than ever, children and adolescents need our support as the mental health crisis is driven by multiple overlapping systemic pressures. A landmark systematic review and meta-analysis examining data across 12 high-income countries demonstrated a compelling 3.5% relative annual increase in health-care encounters for pediatric self-injury between 2000 and 2024, driven disproportionately by female adolescents at a 3.6% annual increase.²⁰¹

THREAT

6

Vaccine-Preventable Illnesses



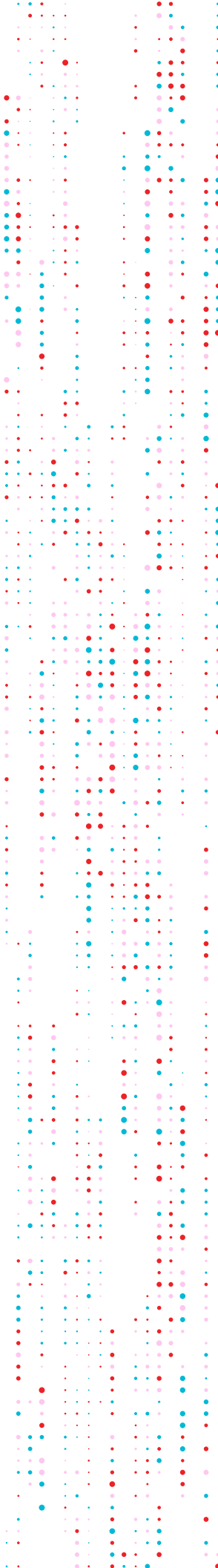
Introduction

Globally, maintaining immunization coverage is an ever-growing concern in child health, given the spread of misinformation, the rate of population growth, and increasing humanitarian crises that leave millions of children at risk.²¹⁹ Immunization is the most effective way to prevent vaccine-preventable diseases throughout childhood and, for some diseases, adolescence.²²⁰ Maintaining protection requires staying up-to-date with recommended vaccinations and, where applicable, booster doses throughout the school years and into adulthood.²²⁰ Fragmentation and disruption in vaccine delivery services compound these challenges.

Routine immunization was significantly disrupted during the COVID-19 pandemic.²²¹ Many Canadian jurisdictions are still recovering through incomplete catch-up efforts, while inconsistent interprovincial coordination and persistent barriers to primary care access continue to leave gaps in coverage.²²¹ Outbreaks of vaccine-preventable diseases have been increasing globally, underscoring the need for coordinated action in Canada. Reducing child morbidity and mortality will require strengthening immunization programs, addressing misinformation, reducing systemic barriers to vaccination, and mitigating disruptions and fragmentation in vaccine delivery services.²¹⁹

In order to preserve community immunity and safeguard children and adolescents, who are unable to receive vaccinations or who do not respond well to them.²²² Canada has set a national goal that at least 95% of children receive all recommended childhood vaccinations by two years of age and second boosters by seven years of age.²²² This coverage goal serves a dual purpose: directly protecting children from vaccine-preventable illnesses and maintaining the levels of population immunity needed to protect all members of the community.²²²

Vaccine-preventable illnesses shape health-care systems and serve as important indicators of child health. When children and youth miss routine vaccinations, highly contagious diseases can spread



rapidly. Measles is among the most contagious and serious of these diseases and is discussed in detail below. Pertussis (whooping cough) further illustrates the consequences of gaps in routine childhood immunization, including the consequences of waning vaccine immunity. Protection against pertussis is included in the DTap-IPV-Hib combination vaccine and Tdap-IPV and Tdap vaccines for preschool-aged children and adolescents.²²³ They are administered as part of Canada's routine childhood immunization schedule, beginning at two months of age with booster doses throughout childhood and adolescence.²²³ Immunity from the acellular pertussis vaccine wanes over time, and disruptions to routine vaccination during the COVID-19 pandemic have compounded the problem.^{223,224}

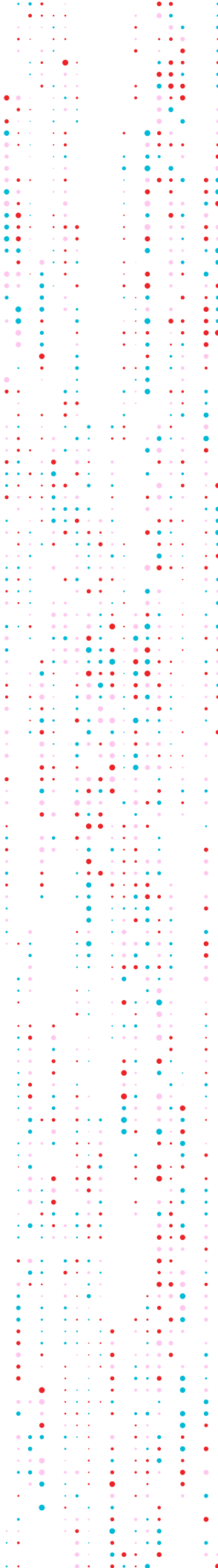
Pertussis case counts returned to usual levels in 2023. However, there have been reports of high pertussis case counts in parts of Canada in 2024 and 2025 that exceed typical cyclic peaks.¹⁷ Quebec alone reported 17,723 cases, compared to an annual average of 132 cases between 2020 and 2023.²²⁴ Pertussis poses the greatest risk to infants under one year of age, who account for approximately 80% of pertussis-related hospitalizations.²²³ It is important to note that the incidence of pertussis is highest in infants and children and generally decreases in older age groups.^{17,223} In addition, one to four pertussis-related deaths occur in Canada each year, predominantly among infants too young to be fully immunized.²²³ Infants who are too young to be vaccinated can be protected by offering the Tdap vaccine during pregnancy, which transfers protective antibodies to the newborn.^{223, 225}

The Status of Measles in Canada

The public health landscape in Canada shifted significantly with a major multi-jurisdictional measles outbreak in 2024-2025, which resulted in 5,461 confirmed and probable measles cases nationwide.²⁶ Due to this sustained, continuous transmission of the same virus strain for more than twelve months, the Pan American Health Organization officially revoked Canada's measles elimination status on November 10, 2025.^{17,226} In this clinical context, the loss of elimination status means that endemic circulation of a specific strain persisted for more than a year, demonstrating that existing levels of community immunity were insufficient to contain domestic transmission.^{17,226, 227}

As of November 2025, more than 5,000 confirmed cases had been reported nationally across ten provinces and territories, along with two infant deaths and 27 intensive care admissions—the largest measles outbreak in Canada since elimination was achieved.^{222,228} Although declining in some regions, transmission continues in several provinces.²²⁸ As of 2026, an additional 339 measles cases (314 confirmed and 25 probable cases) have been reported across seven jurisdictions.^{16,226} This ongoing outbreak demonstrates that measles is no longer only an isolated travel-related issue but a broader systemic challenge.^{226,227}

Measles is highly contagious, remaining in the air and on surfaces for up to two hours. A single infected person can transmit the disease up to 18 others.^{226,227} Also, measles can cause severe complications in children, including pneumonia and encephalitis, and can be especially serious for infants and young children, who



are more vulnerable to complications, including blindness.²²⁹ Common symptoms of measles include fever, red blotchy rashes, red and watery eyes, and a cough.²³⁰ Measles is a highly contagious respiratory virus with up to 90% of susceptible individuals becoming infected following close contact with an infected person.^{229,230} Due to the risk of airborne transmission, infected patients remain contagious for several days before and after a rash appears.²³⁰ Despite its high transmissibility, the measles-mumps-rubella (MMR) vaccine is highly effective, with one dose providing up to 95% protection and two doses providing approximately 99% protection against measles.^{230,231}

Resulting from increased global activity and travel, diseases such as measles are now introduced more frequently; if introduced into communities with low vaccine coverage, they can spread rapidly.²³⁰ For example, the 2024–2025 outbreak initially took hold after an exposure incident occurred during an international trip.²³⁰ An infected traveller returned to New Brunswick in October 2024, sparking rapid secondary transmission that quickly expanded into Ontario, Alberta, and several other provinces.²³⁰ This domestic vulnerability mirrors global trends documented in a systematic longitudinal analysis by the Global Burden of Disease Study, which warned that childhood vaccination coverage has stagnated worldwide since 2010 and declined sharply following COVID-19 disruptions.²³³

Canada's loss of measles elimination status in November 2025 further reinforces that our systems require stronger surveillance, coordination, and community engagement.¹⁷ In Ontario, where the outbreak was most severe, transmission was largely concentrated within under-immunized populations, illustrating a critical intersectionality between geographic isolation, social marginalization, and institutional alienation.^{17,227} For instance, systemic vulnerabilities were most pronounced where deep-seated historical distrust of public health institutions overlapped directly with the logistical challenges of living in rural and remote areas.²²² This specific geographic and social intersection created isolated pockets of low vaccine coverage that allowed the virus to spread rapidly. Addressing these compounding, intersecting disparities is critical not only for outbreak response but also for building equitable, sustained immunization coverage across Canada.

Prevalence and Trends of Vaccine-Preventable Illness

Globally, 14.3 million children received no vaccinations in 2024—so-called “zero-dose” children—reflecting a broader trend of stalled or declining vaccination coverage.²²³¹ A 2025 Lancet study notes that an estimated 15 million children under 5 years of age missed routine immunizations between 2020 and 2023 due to disruptions from the COVID-19 pandemic. These findings highlight weaknesses in vaccine uptake and program continuity that may impact adolescent and young adult protection as well.^{232,233} During the COVID-19 pandemic, vaccine hesitancy intensified amid widespread misinformation and distrust in institutions, contributing to more broadly held anti-vaccine beliefs.²³⁴ This not only impacted COVID-19 vaccinations, but has also impacted attitudes toward routine childhood immunizations, increasing the risk of diseases with low incidence rates returning.²³⁴

To explain why some parents decline childhood vaccinations, the 3 C's model offers a useful framework. Developed by the WHO Strategic Advisory Group of Experts (SAGE) Working Group on Vaccine Hesitancy, it identifies three factors that shape vaccination decisions: confidence, complacency, and convenience.²³⁵ Confidence refers to trust in the safety and effectiveness of vaccines, in the systems that deliver them, and in the motivations of policymakers.²³⁵ Complacency occurs when the perceived risk of vaccine-preventable diseases is low and vaccination is not seen as necessary, a perception that can arise because high coverage made these diseases rare. Convenience reflects how physically accessible, affordable, and understandable immunization is. These factors align with the conditions described above. Declining institutional trust and misinformation correspond to reduced confidence, and low incidence of vaccine-preventable diseases corresponds to complacency²³⁴, while structural access barriers and gaps in immunization tracking represent convenience challenges.²³⁰

National survey data indicate that parental vaccine hesitancy in Canada remains substantial. In the 2024 Childhood Seasonal Immunization Coverage Survey, 43% of parents and guardians reported hesitancy about vaccinating their child against COVID-19, rising to 49% among parents of children aged 0 to 4 years.²³⁶ Hesitancy is associated with reduced routine childhood vaccine uptake and, alongside structural access barriers and gaps in immunization tracking, contributes to pockets of under-vaccination that raise the risk of outbreaks in school communities.²³⁶

A study published in *The Lancet* tracked long-term coverage of routine childhood vaccines from 1980 through 2023.²³² The researchers explicitly warned that after decades of strong progress, global and domestic vaccination coverage began stalling around 2010, heavily compounded by disruptions and rising misinformation during the COVID-19 pandemic.²³² This trend is significant because even modest declines in routine childhood vaccine coverage can create the necessary conditions for outbreaks to re-emerge.²³⁷ It is known that diphtheria, pertussis, and tetanus vaccines require boosters from childhood to adolescence to maintain long-term protection.²²⁰ Missed boosters can occur during school years, leaving youth vulnerable.^{220,237} It is important that jurisdictions ensure vaccinations are administered, keep communities updated on required boosters/ vaccinations, and make accessible vaccination sites available.²³⁷

Declining routine childhood vaccination reflects gaps in child health systems that increase children's vulnerability to vaccine-preventable diseases. Addressing these gaps requires catch-up programming, increased vaccine access across communities, and sustained coverage above the 95% threshold needed for measles herd immunity (Public Health Ontario, 2026). Declining coverage



also points to the need for stronger systems to monitor immunization. Ontario lacks a comprehensive provincial immunization registry and does not routinely capture records for preschool-aged children and adults, relying instead on parental reporting.¹⁷ A registry would record vaccinations across a lifespan and, through forecaster and reminder-recall functions, allow parents and providers to identify when a child is due or overdue for a dose.¹⁷ Following the 2024-2025 measles outbreak, the absence of a registry was the most frequently cited barrier among Ontario public health units surveyed, and the Ontario Immunization Advisory Committee urged the Ministry of Health to implement one.^{17,236}

Conclusion

In 2019, the World Health Organization identified vaccine hesitancy as one of the 10 major threats to global health.²³⁹ Vaccine hesitancy and the resulting rise in vaccine-preventable diseases can have both systemic and societal consequences, including disruptions to school and child-centred systems and increased strain on public health systems.^{239,240}

There have been both systemic and societal consequences to the ongoing measles outbreak in Canada. Schools and childcare systems have been disrupted, creating unsafe environments for children and burdening working parents with the need to find alternate care for their children.^{17, 241} The outbreak has also strained the public health system's capacity, which was already struggling. During the 2022-2023 season, pediatric hospitalizations for respiratory syncytial virus (RSV) more than doubled, increasing by 105% compared to pre-pandemic baselines (NCBI). These outbreaks can disproportionately affect vulnerable populations who may face barriers to accessing effective care.^{17,241}

“There is plenty of information online, but it is extremely hard to decipher. Health information has become increasingly difficult to navigate because misinformation spreads rapidly online. Many families encounter conflicting messages and may struggle to identify credible sources or even sources that are accessible to them (i.e simplified languages). Health-care providers continue to be among the most trusted voices, but information should also be presented in youth-friendly, culturally relevant, and easy-to-understand formats.”

—YOUTH FOCUS GROUP PARTICIPANT

Vaccine-preventable diseases are not only a threat to children's physical and psychological health but also to the physical, psychological, and economic well-being of their families and communities.

THREAT

7

Bullying



Introduction

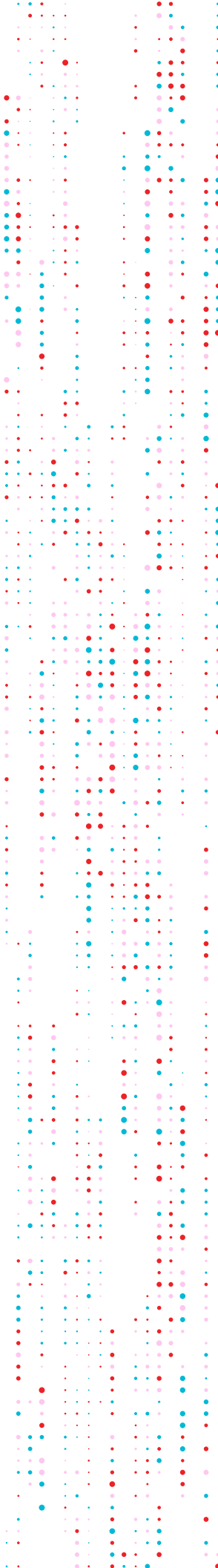
Bullying is more than a disagreement or conflict between children. It is a pattern of repeated, intentional behaviour in which one person uses a real or perceived power imbalance to harm another.^{242,243}

Bullying can take many forms, including physical aggression such as hitting or damaging belongings; verbal abuse such as name-calling, threats, and racial or sexual slurs; and social or relational bullying, including exclusion, spreading rumours, and manipulating friendships. Relational aggression, which causes harm by damaging a child's relationships or social standing, is particularly common among girls during middle childhood and can have lasting effects on self-esteem, belonging, and mental well-being.²⁴⁴

Because bullying occurs within relationships and social groups, it is not simply an individual behaviour problem; it is a relational issue that requires coordinated, relationship-based responses from families, schools, peers, and communities.²⁴² The global prevalence of bullying in educational settings is alarming. Data compiled by UNICEF, the World Health Organization, UNESCO, and PISA consistently document high rates of bullying in schools worldwide, underscoring the urgent need for concrete, evidence-based intervention strategies.²⁴⁵ This need is particularly acute at the primary school level, where early patterns of victimization are established and where the absence of clear, proactive intervention plans represents a critical gap.²⁴⁵

Global burden of disease analysis further confirms that bullying exacts a measurable population-level toll. Liu et al. (2026) found that bullying accounted for 0.28% of all global disability-adjusted life years (DALYs), with the highest age-standardized burden recorded in the High-Income North American region. At 176/6 DALY per 100,000 people.²⁴⁶ Canada is not exempt from these global trends, with data on Canadian children and youth reflecting similar levels of concern.²⁴⁶

Cyberbullying extends these relationship-based harms into digital spaces, including social media, messaging platforms, gaming



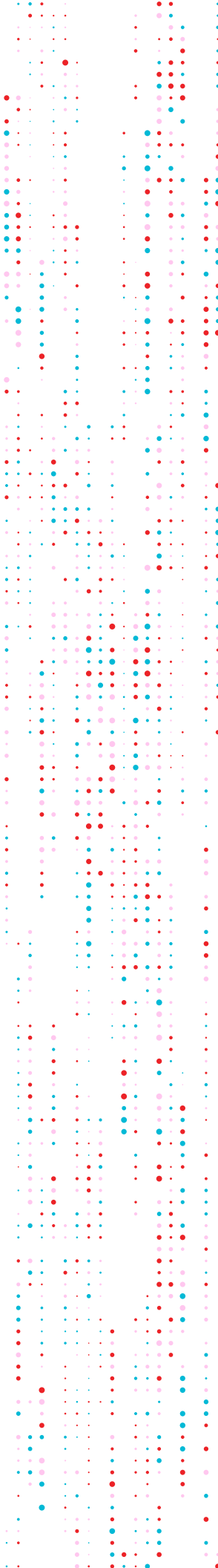
environments, and mobile phones. It can include the spread of false or harmful information, sharing embarrassing images without consent, sending threatening messages, and impersonating someone to cause harm.²⁴⁷ Because online content is often persistent and visible across large audiences, young people may find it particularly difficult to escape experiences of victimization. Research with young Canadians confirms that constant access to mobile devices means that online harassment can follow youth into their homes, eroding safe spaces and contributing to chronic anxiety.²⁴⁸

Prevalence of Bullying in Canada

National data from the Health Behaviour in School-aged Children (HBSC) study indicate that bullying and peer victimization affect a substantial proportion of Canadian adolescents. The majority of Canadian youth aged 12 to 17, or 71%, reported experiencing at least one form of bullying in the past 12 months, according to the Canadian Health Survey on Children and Youth.¹⁸ As well, approximately 11% of youth in grades 6 to 10 reported being bullied at school at least two to three times per month, with similar rates reported among boys and girls.²⁴⁸ Gender differences emerge in the forms of bullying experienced: boys are more likely to experience and perpetrate physical bullying, while girls are disproportionately affected by social and relational forms, including exclusion and rumour-spreading.²⁴⁸ With respect to cyberbullying, approximately 15% of boys and 16% of girls reported experiencing cybervictimization—a rate that has increased since 2018 for both groups.^{248,249}

These Canadian rates are situated within a global pattern of persistent bullying. A longitudinal analysis of HBSC data spanning four survey cycles from 2013-2014 to 2021-2022 included more than 700,000 students aged 11, 13 and 15, across more than 40 countries and regions, including Canada.²⁴⁹ The analysis found that traditional bullying perpetration and victimization rates showed no significant change over this nine-year period.²⁴⁹ This finding is important: despite growing public awareness campaigns and institutional commitments to prevention, bullying remains an entrenched problem. The same study documented that while physical fighting among 15-year-old males showed a modest decline over the period, rates of physical fighting among girls aged 11 to 13 increased.²⁴⁹ A signal that the landscape of peer violence continues to shift in ways that demand updated, gender-responsive prevention approaches.²⁴⁹

The HBSC data document significant mental health consequences alongside these prevalence trends. Depression is one of the most commonly reported mental health outcomes among youth who experience bullying. Girls who have been bullied report higher levels of sadness and hopelessness than boys, though it is important to note that boys may underreport their experiences of bullying due to social norms surrounding disclosure. Anxiety and fear are commonly associated with bullying and may be intensified in older adolescents facing academic, social, and digital pressures simultaneously. Youth exposed to online harassment face compounding risks from the persistent presence of mobile devices and the practical difficulty of disengaging from digital environments (Government of Canada, 2022).



Mental Health Impacts of Bullying

The mental health consequences of bullying are severe, clinically significant, and well-documented in recent primary research. A study of secondary students in Ontario found that bullied youth experienced significantly elevated rates of depression, anxiety, emotional distress, and suicidal ideation compared to their non-bullied peers—students experiencing cyberbullying demonstrated particularly heightened vulnerability across all these mental health outcomes.²⁵⁰ These Ontario findings are consistent with national and international research establishing a strong, consistent, and dose-dependent relationship between bullying victimization and mental health impairment. Outcomes that can extend well beyond the period of active victimization, reshaping developmental trajectories into adulthood.

Beyond individual studies, global burden of disease research has quantified the population-level health toll of bullying with striking precision. Drawing on GBD 2019 data, Liu et al. (2026) estimated that bullying accounted for 0.28% of all global disability-adjusted life years (DALYs).²⁴⁶ A measure that captures both premature mortality and years lived with disability.²⁴⁶ The age-standardized DALY rate attributable to childhood sexual abuse and bullying in the High-Income North America region, which includes Canada, reached 176.6 per 100,000 people, the highest rate of any world region.²⁴⁶ Critically, the projected age-standardized DALY rate attributable to bullying is forecast to increase among females through 2035, suggesting that without sustained policy action, the mental health burden borne by girls and women as a result of bullying will grow over the coming decade.²⁴⁶ These data situate Canada as a country bearing one of the world's highest per capita burdens of bullying-related disability, reinforcing the urgency of prevention and early intervention.²⁴⁶

Longitudinal research on Canadian youth provides direct evidence of the pathway from victimization to serious mental health conditions. Theriault-Couture et al. (2026), writing in *The Lancet Child & Adolescent Health*, examined cybervictimization and mental health in a nationally representative longitudinal cohort of young Canadians and found that adolescents who experience cybervictimization are significantly more likely to develop anxiety disorders, major depressive disorder, suicidal ideation, and to attempt suicide.²⁵¹ Given that approximately 15–16% of Canadian adolescents report cyberbullying victimization²⁴⁸, these findings confirm that digital victimization is both common and clinically serious. Importantly, the longitudinal design of this research, tracking youth over time, strengthens causal inference and rules out reverse causation, providing robust evidence that cybervictimization precedes and contributes to the onset of mental health conditions rather than merely co-occurring with preexisting vulnerability.²⁵¹

Bullying also disrupts foundational health behaviours with downstream consequences for mental well-being. Cyberbullying victimization among early adolescents has been linked to significantly shorter sleep duration and greater difficulty falling asleep, findings demonstrated in a large, nationally representative sample of early adolescents in the United States.²⁵² Sleep disruption is clinically consequential because it exacerbates emotional dysregulation, impairs

concentration and academic functioning, and is an established risk factor for the onset and maintenance of mood and anxiety disorders.²⁵²

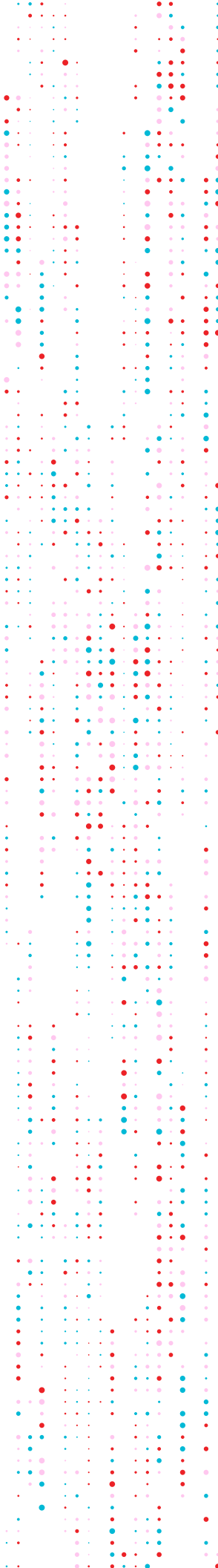
The persistence of these mental health consequences is underscored by evidence from the COVID-19 pandemic. A population-based Canadian study of 6,578 students in grades 4 to 12 found that while face-to-face bullying declined when schools shifted to remote learning, cyberbullying rates remained comparatively stable. This finding suggests that online victimization is not merely a supplement to school-based bullying but a persistent, independent source of harm that follows youth into their homes.²⁵³ It is also important to recognize that youth who engage in bullying behaviours may themselves be experiencing underlying mental health challenges, including emotional distress, trauma history, family adversity, or insecurity.²⁵³ This recognition does not excuse bullying behaviour but highlights the need for effective interventions that address the needs of all parties—both those who are victimized and those who perpetrate harm. A whole-school approach, grounded in evidence and delivered with adequate resources, offers the most effective means of reducing bullying and its mental health consequences for all involved

Physical Health Impacts of Bullying

Bullying is associated with significant physical health consequences that extend well beyond its social and psychological dimensions. Youth who are bullied—whether through face-to-face aggression or online victimization—are more likely than their peers to report frequent headaches, stomachaches, back pain, and difficulty sleeping.²⁵⁴ These somatic complaints frequently co-occur with emotional distress such as feeling low or nervous, reflecting the physical toll of chronic stress and victimization.²⁵⁴ Cyberbullying victimization in particular has been linked to shorter sleep duration and greater difficulty falling asleep, with research demonstrating these effects in early adolescence.²⁵² Sleep disruption is especially concerning because it is associated with emotional dysregulation, impaired academic functioning, and increased risk of mental health conditions, highlighting how bullying disrupts foundational health behaviours critical for healthy adolescent development.

Chronic exposure to bullying can also dysregulate the body's stress response systems. Children who experience ongoing peer victimization may show altered cortisol responses to social stress, a pattern associated with long-term disruption of the hypothalamic-pituitary-adrenal (HPA) axis.²⁵⁵ Blunted cortisol responses to stress have also been linked to increased social and behavioural problems among bullied children, demonstrating that the consequences of victimization extend to measurable changes in the body's stress biology.²⁵⁵

To quantify the population-level toll, researchers use disability-adjusted life years, or DALYs, a measure that combines years of life lost to premature death with years lived with disability or illness. Global burden of disease research estimates that bullying accounts for 0.28% of all global DALYs, with the high-income North America region recording the highest age-standardized rate in the world at 176.6 per 100,000 people. This burden is projected to rise among females through 2035.²⁴⁶ Together,



these findings underscore that bullying is not only a social or psychological concern but also a significant public health issue with measurable physical health consequences.

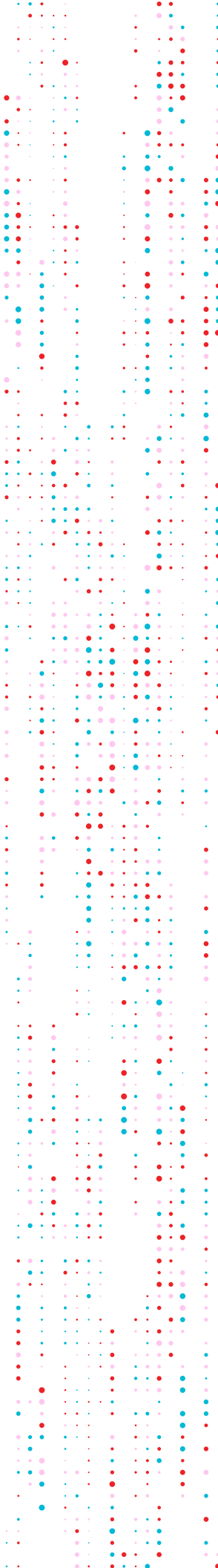
Vulnerable Populations

Bullying does not affect all young people equally. Research consistently shows that marginalized youth, including those who are racialized, Indigenous, or 2SLGBTQI+, face disproportionate exposure to harassment, discrimination, exclusion, and psychological harm because victimization often reflects and reinforces broader structural inequities.^{243, 256} Overlapping identities further compound risk, meaning that youth who hold multiple marginalized identities may face heightened vulnerability to bullying and its consequences. Evidence from the COVID-19 pandemic also demonstrated that bullying can persist even as interactions shift between physical and digital environments. Cyberbullying rates among Canadian youth remained comparatively stable during the pandemic period compared to face-to-face bullying; as a result, marginalized youth who faced online harassment received little relief from school closures.²⁵³

EGALE Canada's national school climate survey, *Still in Every Class in Every School: Final Report on the Second National Climate Survey on Homophobia, Biphobia, and Transphobia in Canadian Schools*, found that 2SLGBTQI+ students are significantly more likely to be bullied than their non-2SLGBTQI+ peers and less likely to feel safe at school, even as overall rates of reported physical and verbal harassment have declined.²⁵⁶ Among transgender students specifically, 59% reported being targets of mean rumours or lies.²⁵⁶ These findings point to the urgent need for identity-affirming and equity-focused prevention strategies in Canadian schools.

Using data from the Canadian Health Survey of Children and Youth, Prokopenko and Hango (2022) found that 77% of sexually and gender-diverse youth aged 15 to 17 experienced bullying in the previous year, compared with 69% of cisgender youth exclusively attracted to a different gender.²⁵⁷ Sexually and gender-diverse youth were also twice as likely to describe their mental health as poor (33%) compared with other groups of youth who had experienced bullying (16%), as well as sexually and gender-diverse youth who had not been bullied (16%).²⁵⁷ These statistics underscore the importance of inclusive, identity-affirming supports for promoting the well-being of 2SLGBTQI+ youth.²⁵⁷

Racialized youth also face elevated risk. In 2023-2024, 45% of racialized Canadians aged 15 and older reported experiencing discrimination over the previous five years, a rate substantially higher than that reported by non-racialized peers, reflecting systemic barriers embedded in everyday life.²⁵⁸ A review of international research by Sapouna, de Amicis, and Vezzali (2022) found robust evidence that belonging to a racial, ethnic, religious, or citizenship minority group is a significant and consistent risk factor for bullying victimization.²⁵⁹ Race- and ethnicity-based victimization was also associated with poorer psychological adjustment, heightened emotional distress, and lower sense of school belonging compared with general bullying.²⁵⁹



The combined burden of racism and peer victimization heightens vulnerability to the mental and physical health consequences documented throughout this section.

Children from lower socioeconomic backgrounds face additional risks. Research indicates that socioeconomic status is a significant predictor of bullying vulnerability and that low-income children who experience victimization are more likely to develop physical health symptoms, including headaches, stomachaches, and back pain.²⁴⁴ Children with disabilities are also disproportionately targeted, further illustrating how structural inequities within schools can shape who bears the greatest burden of peer victimization.²⁴⁴

Conclusion

Taken together, these findings demonstrate that race, gender identity, sexual orientation, and socioeconomic status are significant correlates of vulnerability to bullying and its negative consequences. Any comprehensive strategy to prevent bullying must address discrimination and structural inequities directly while fostering equitable access to identity-affirming support services. Tailored prevention and intervention approaches are essential for children and youth most at risk.

THREAT

8

Systemic Racism and Discrimination

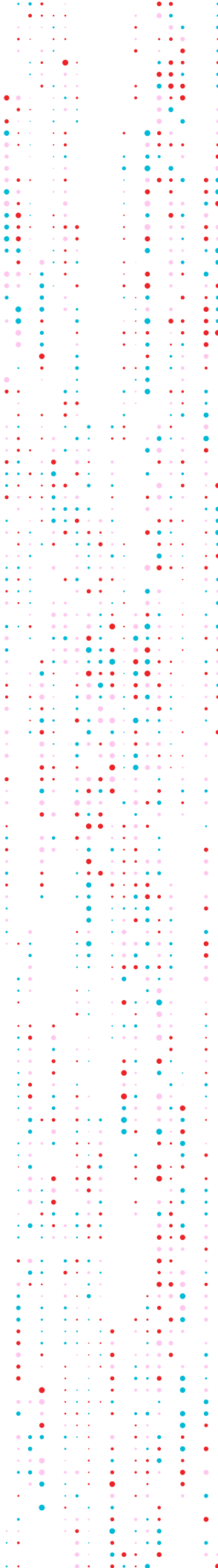


Introduction

Systemic racism and discrimination affect the lives of children and youth in Canada, creating lifelong barriers that impact their health, education, well-being, and future potential. These structural inequities shape outcomes across multiple domains, including mental health, education, child and family services, health care, and the justice system. The effects are not isolated; they intersect and compound, disproportionately harming First Nations, Inuit, and Métis populations, as well as racialized and religious minority children and youth, including Jewish and Muslim communities. Addressing these systemic issues requires effective policies, accountability mechanisms, and community-led responses that produce equitable outcomes for all children in Canada.

Systemic racism is evident in Canadian health-care systems, where Indigenous and Black communities experience barriers to equitable and culturally safe care, requiring targeted government actions to address anti-Indigenous and anti-Black racism.²⁶⁰ Similar inequities are evident in the justice and child welfare systems, where Indigenous youth are disproportionately represented. In 2022-2023, Indigenous youth accounted for 40% of admissions to provincial and territorial correctional services despite making up only 8% of the Canadian youth population.²⁶¹ A similar pattern appears in child welfare: as of the 2021 Census, Indigenous children made up 53.7% of children in foster care while representing just 7.6% of all children aged 14 and younger.²⁶² These disparities reflect longstanding structural inequities rather than individual behaviour. Systemic racism is not always overt; it often operates through normalized policies, biases, and institutional practices that disadvantage Indigenous peoples in less visible but deeply harmful ways.²⁶³

Canada's history of anti-Black racism has created lasting structural inequities that shape the experiences of Black children and families today. This history includes the enslavement of more than 4,000



people of African descent in the British and French colonies that later became Quebec, Ontario, Nova Scotia, Prince Edward Island, and New Brunswick, followed by racial segregation, segregated schooling, and discriminatory policies.²⁶⁴ The Canadian Race Relations Foundation frames racism as extending beyond individual interactions and operating within the systems and institutions that structure everyday life, underscoring the need for systemic rather than purely individual remedies.²⁶⁵

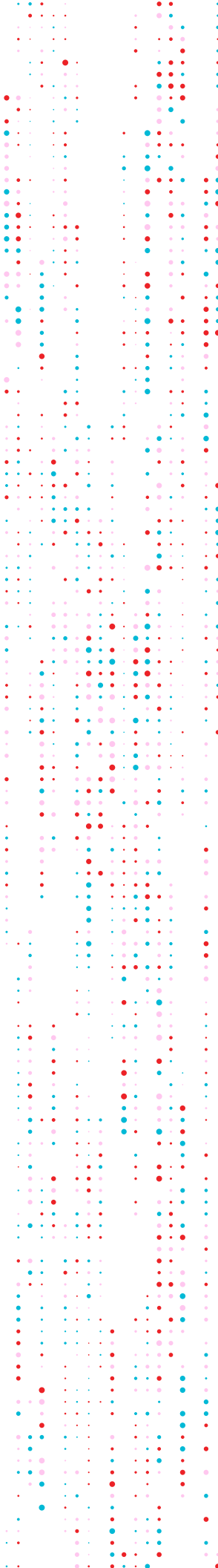
Systemic discrimination against Indigenous peoples is similarly well-documented at the national level, including by the Truth and Reconciliation Commission and the National Inquiry into Missing and Murdered Indigenous Women and Girls. At the provincial level, the BC Human Rights Tribunal similarly documents systemic discrimination against Indigenous people across institutions such as policing, health care, and child welfare.²⁶⁶ These inequities are not experienced uniformly across First Nations, Inuit, and Métis communities. In 2021, the rate of children in foster care was 41.8 per 1,000 among First Nations children, 33.5 per 1,000 among Inuit children, and 14.4 per 1,000 among Métis children, compared with 2.3 per 1,000 among non-Indigenous children.²⁶²

Furthermore, racism and Islamophobia are common experiences for many Muslim young women attending schools in Winnipeg. Muslim students report being labelled with harmful racist stereotypes from peers, school staff, and curricula.²⁶⁷ Community-based reports in Winnipeg have also identified Muslim young women being humiliated and threatened by peers and teachers in school through physical attacks, bullying, and harassment.²⁶⁷ These experiences may undermine students' mental health, sense of safety and belonging, and participation in school.

In addition, community organizations and policy-reported data have documented substantial increases in antisemitic incidents in Canada, ranging from harassment and vandalism to violence. B'nai Brith Canada's Annual Audit for 2025 recognizes these hateful attacks. In 2025 alone, there have been 6,800 total incidents of antisemitism and a greater than 145% increase in total antisemitic incidents since 2022 (B'nai Brith, 2025). Of the 6,800 incidents recorded in 2025, over 6,200 were categorized as online harassment. This represents an increase of over 200% since 2022.²⁶⁸ There has been a significant increase in antisemitic incidents since the October 7, 2023 attack on southern Israel that killed almost 1,200 people.²⁶⁸ Throughout 2025, B'nai Brith Canada continued to receive reports from parents whose children experienced antisemitism in Canadian schools, both online and in person. Reports also identified instances of teachers, school board employees, and trustees engaging in antisemitic conduct online.²⁶⁸ Addressing rising antisemitism in schools requires action from school boards and provincial governments to ensure that Jewish students, like students from all minority groups, can attend school without fear of discrimination or harassment.

Mental Health Impacts

Racial discrimination in schools is associated with poorer mental health, with new research documenting a consistent relationship between experiences of discrimination and negative mental health outcomes.



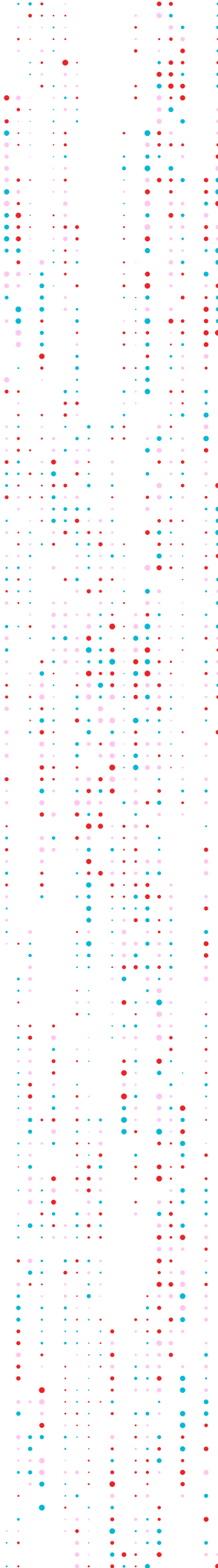
In a mixed-methods study, Cénat et al. (2025) examined racial discrimination in education and its mental health impacts among Black youth in Canada aged 14 to 24, drawing on two quantitative samples (N = 558 and N = 914) and qualitative interviews with 32 participants.²² More than 40% of participants reported racial discrimination in education, which was significantly associated with elevated symptoms of anxiety, depression, stress, and PTSD.²² These findings underscore that racial discrimination in schools is closely linked to the mental health of Black children and adolescents, not only their social experience.

Similarly, the importance of culturally safe and responsive environments is also evident among Indigenous people. In November 2025, Statistics Canada released a report examining the association between cultural continuity in foster care and later self-rated mental health among Indigenous people aged 15 and older.²⁶² Those who had lived in Indigenous foster homes were significantly more likely to report excellent or very good self-rated mental health than those placed in non-Indigenous foster homes.²⁶² Although the analysis does not establish causality, the findings support the importance of cultural continuity, community connection, and Indigenous-led placement and care.²⁶²

Discrimination targeting children on the basis of identity extends beyond race to include religious and ethnic hatred, with comparable consequences for schooling and mental health. Jewish students in Canada have faced antisemitic harassment that fosters sustained fear and psychological harm. In one documented case, school boards permitted antisemitic rhetoric in their own meetings rather than protecting affected students.²⁷⁰ When children and youth are targeted in the institutions meant to keep them safe, the resulting fear and hypervigilance can undermine their well-being.

Police-reported hate crimes targeting religion have risen sharply in recent years, increasing to 1,284 incidents in 2023 as part of a broader rise in hate crime over the preceding four years.²⁷¹ These figures reflect a climate in which religious minority communities, including Muslim and Jewish Canadians, face heightened targeting. In 2017, six people were killed and many others injured in an attack on the Centre culturel islamique de Québec while gathering to pray.^{20,272} Nine years after this horrific act, hatred toward Muslim communities is growing.^{20,272} Statistics Canada data reveals a 173% increase in police-reported hate crimes targeting Muslim people in Canada from 2020 to 2024.²⁷¹ When hate is present in communities, it threatens both public health and the safety and well-being of children.^{20,271}

For newcomers and refugees, these effects are compounded by experiences before and after arrival. Forced displacement and exposure to trauma can have a significant impact on refugee youth mental health, while post-migration stressors—including family separation, negative school experiences, and experiencing discrimination as a minority-status youth—are recognized as further risk factors.²⁷⁴ In the same multinational study of 1,063 immigrant youth aged 15 to 24, including a Canadian sample recruited in Ontario, perceived discrimination, family functioning, and resilience each significantly predicted mental health outcomes across Australia, Canada, and the United States.²⁷⁴



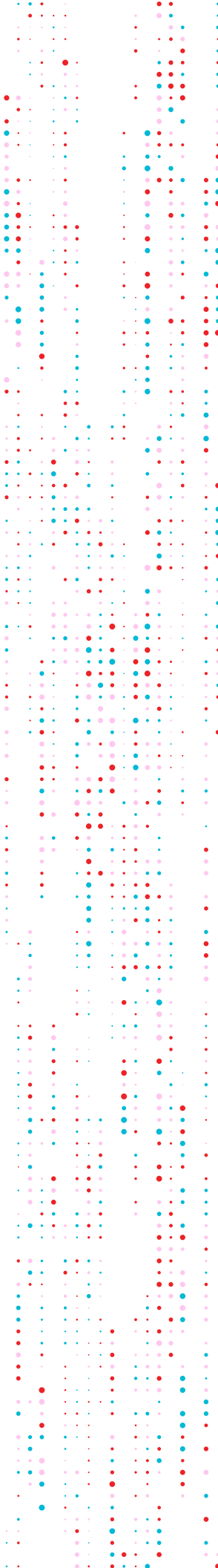
Educational Disparities

Racialized and Indigenous students continue to face systemic barriers in Canadian education that shape their academic achievement, sense of belonging, and long-term well-being. Anti-Black racism shapes the experiences of Black families and early childhood educators alike, with discrimination beginning in early childhood and extending across the educational continuum.²⁷⁵ For Indigenous children, these disparities are inseparable from the ongoing legacy of colonialism, including the intergenerational impacts of residential schools on educational attainment.²⁷⁶ The overrepresentation of First Nations, Métis, Inuit, and Black children in Ontario's child welfare system further compounds these inequities, with admission into care carrying far-reaching consequences for children's ability to thrive.²⁷⁷

For newcomer and immigrant children, language emerges as one of the most significant structural barriers in Canadian schools. Language access shapes grade placement, academic progression, and students' sense of belonging from the moment they enter the school system.²⁷⁸ Refugee students who arrive after periods of interrupted schooling face particular difficulty, as schools often place them in grades based on age rather than academic readiness, creating learning gaps that require sustained support.^{278,279} Noori et al. (2025) found that K-12 educators working with refugee-background students lack the resources and training to address students' unique academic, linguistic, and psychosocial needs, highlighting the need for trauma-informed, culturally responsive, and strengths-based approaches to supporting newcomer learners.²⁸⁰ In Quebec, a 2026 investigation revealed that some immigrant students placed in language-support programs never transition to mainstream classes, suggesting that even the systems designed to help newcomers can entrench educational inequity.²⁸¹

These barriers rarely exist in isolation. A multinational study of refugee and migrant youth across Canada, Australia, and the United States found that language barriers intersect with mental health challenges, compounding the difficulties newcomer children face in educational environments.²⁷⁴ To establish a methodologically transparent national prevalence baseline, a comprehensive analytical review of pooled data from the Statistics Canada Canadian Social Survey tracks self-reported discrimination across the country. This systemic demographic evaluation demonstrates that 48% of racialized individuals who recently immigrated to Canada experienced discrimination or unfair treatment within a five-year period.²⁸⁴ Rates were even higher among Canadian-born racialized individuals, at 57%, demonstrating that systemic barriers can persist well beyond the initial period of settlement.²⁸⁴ For newcomer children, language barriers are therefore not simply logistical. When schools and services fail to accommodate their needs, these barriers can become a structural dimension of inequity, compounding the effects of racism, exclusion, and limited access to opportunity.

Discrimination in schools can also take the form of religious and cultural targeting. Community-based research in Winnipeg documented how Muslim young women have been humiliated and threatened by peers and teachers through physical attacks and harassment, often with limited accountability from schools.²⁶⁷ One participant described her experience directly: "Racism is very rampant...like [White]



teenage boys, they will be in the same group with a Black person and just be spewing...the most racist things I ever heard".²⁶⁷ Environments that tolerate racism and Islamophobia create unsafe conditions for marginalized students, contributing to learning difficulties, absenteeism, and worsening mental health.^{267,283}

Antisemitic incidents against students have also created an unsafe environment for Jewish students. In the public school system in Ontario, Jewish students have been ostracized, isolated, and assaulted verbally and physically.²⁸⁴ A survey of 599 Jewish parents in Ontario documented 781 antisemitic incidents experienced by their children. Just under half of the incidents reported to school authorities were never investigated, while in nearly 9% of cases, authorities either denied the incident was antisemitic or recommended that the targeted child leave the school permanently or attend virtually.²⁸⁴ Jewish schools in Ontario are targets of graffiti, vandalism, bomb threats, and shootings at school buildings.²⁸⁴ Together, Islamophobic and antisemitic incidents can create educational disparities for people and communities experiencing marginalization, creating unsafe environments for learning and limiting educational growth.

Educational disparities in Canada do not occur in isolation but are shaped by overlapping systems of racism, colonialism, immigration barriers, and religious discrimination. For racialized, Indigenous, newcomer, Muslim, and Jewish students, school is too often a place of exclusion rather than belonging, undermining the very environments meant to support their learning and well-being.

Inequities in Child and Family Services

The overrepresentation of Indigenous and Black children in Canada's child and family services reflects centuries of colonial violence, anti-Black racism, and systemic inequities that continue to shape who is surveilled, separated from family, and placed in state care. Indigenous children remain vastly overrepresented in foster care, accounting for more than half of all children in foster care in Canada despite representing less than 8% of the child population.^{285,286} A 2025 Statistics Canada study found that Indigenous people who had been placed in Indigenous foster homes as children were significantly more likely to rate their mental health as excellent or very good in adulthood than those placed in non-Indigenous homes (40% versus 26%), a gap the study attributes largely to a stronger sense of belonging to family, community, and Indigenous identity.²⁶⁹ In Manitoba, 91% of the 8,919 children in care reported in 2024 were Indigenous, despite Indigenous people comprising only 18% of the province's population.²⁸⁷

Recent peer-reviewed research has reinforced that this crisis is the product of structural racism embedded within the system itself. A 2024 study published in *Child Abuse & Neglect*, jointly led by researchers at the Manitoba Centre for Health Policy at the University of Manitoba, the Assembly of Manitoba Chiefs, and the First Nations Family Advocate Office, analyzed two decades of population-level data and found that First Nations infants in Manitoba had a risk of child protective services apprehension at birth that was five times higher than other infants, growing to eight times higher in later infancy.²⁸⁸



Anti-Black racism is also implicated in disproportionate foster system representation. A national study using the 2019 Canadian Incidence Study of Reported Child Abuse and Neglect found that, among children under 16, Black children were investigated for maltreatment at 2.27 times the rate of White children.^{9,151} After propensity score matching on clinical and economic case characteristics, Black children were still placed in out-of-home care at more than twice the rate of White children (3.1% versus 1.5%), a disparity the authors interpret as consistent with the influence of racial bias rather than economic disadvantage alone.^{9,151} Because matching adjusts only for measured factors, it narrows but does not rule out the possibility that unmeasured differences contribute to the gap.

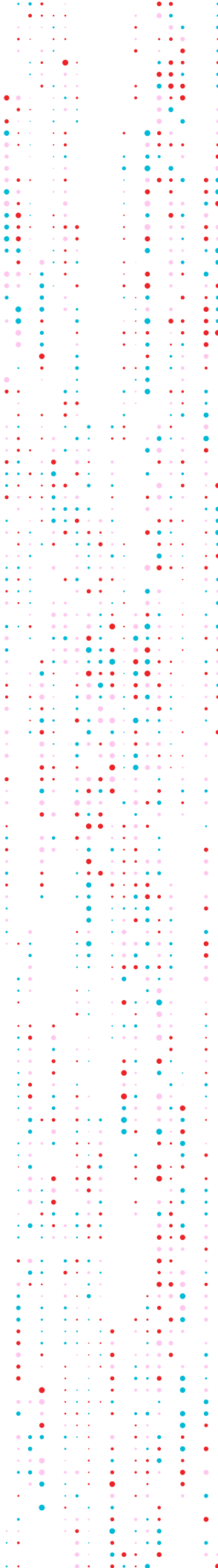
A 2024 longitudinal cohort study in Manitoba, using linked administrative data on children served by First Nations and other child protection agencies, found that the harms of system involvement extended beyond family separation. Being placed in out-of-home care was associated with worse health and legal system outcomes for children.²⁸⁹ For Indigenous children, these harms are compounded by disrupted ties to culture and language, deepening isolation from their communities.²⁶⁹

Health-Care Inequities

Equity-deserving children and adolescents face significant health-care inequities that are rooted in systemic racism and discrimination. These include barriers to accessing culturally appropriate care, disparities in treatment quality, and the impacts of provider bias on health outcomes. In addition to lacking culturally safe care, racialized children face broader disparities in accessing mental health services, including financial barriers, provider shortages, and systemic exclusion from care pathways.²³ The Canadian Public Health Association has recognized the need for health equity for Black people and other people of colour, highlighting that systemic racism within health-care systems produces disparate health outcomes across the lifespan, beginning in childhood.²⁹⁰

Moreover, a 2025 scoping review on the health of Black children and youth in Canada identified significant gaps in research and evidence and characterized the distinct health challenges Black children face as shaped by structural racism. These include barriers to accessing mental health services, concerns related to maternal and child health, and the ways racial discrimination is described across the literature as accumulating over time.^{23,290} The review underscores the need for targeted, culturally responsive health-care interventions and improved race-based health data collection to address the needs of Black children and youth in Canada.

Indigenous children face inequities in accessing health-care services, particularly in rural and remote communities, where services on many reserves remain understaffed and underfunded.²⁹¹ These access gaps are measurable. In the 2024 Canadian Health Survey on Children and Youth, 50% of First Nations children and 26% of Métis children living off-reserve were able to see a primary care provider the



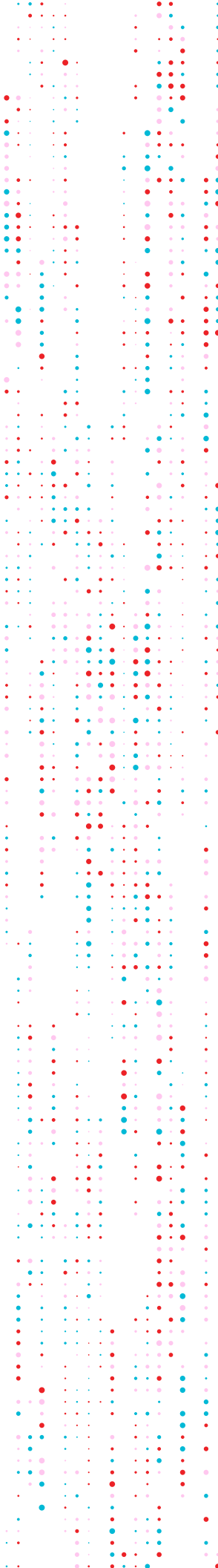
same or next day, compared with 43% of non-Indigenous children, and parents of Métis children were less likely to be satisfied with wait times.²⁹² Notably, this survey excludes children living on reserves and in other Indigenous settlements, meaning the populations facing the greatest barriers are underrepresented in the data. Indigenous Services Canada has acknowledged the need for continued investment in culturally appropriate health services and the reduction of systemic barriers affecting Indigenous communities' access to care.²⁹³

For newcomer and immigrant families, health-care access is shaped by language barriers, limited health literacy, long wait times, and difficulty navigating coverage and the health system.²⁹⁴ As Canada continues to welcome new immigrants, with plans to admit over 350,000 new permanent residents annually from 2025 to 2027, provincial health systems have been slow to adapt their policies and practices to accommodate newcomers.²⁹⁴ A scoping review focused specifically on migrant children in Canada, identified recurring barriers to their access to care, including language and cultural barriers, low socioeconomic status, lack of health insurance, transportation, limited social support, and discrimination.²⁹⁵ These barriers are reflected in recent national data: in the 2024 Canadian Health Survey on Children and Youth, a lower proportion of immigrant children and youth (38%) were able to consult a primary health-care provider the same or next day when sick or concerned, compared with non-immigrant children and youth (43%).²⁹²

Conclusion: Overrepresentation in the Justice System

Indigenous and Black children and youth remain overrepresented across Canada's justice and child welfare systems. Between 2017 and 2021-2022, the youth incarceration rate declined by nearly half, yet the share of Indigenous youth in the correctional population held roughly stable and remained about five times their share of the Canadian youth population.²⁶¹ This disparity is even sharper for Indigenous girls, who were overrepresented in correctional services at roughly six times their population share over the same period, compared with five times for Indigenous boys and seven times among custodial admissions.²⁶¹ For Black youth, national data remain too limited to establish trends, but available data from three provinces show overrepresentation in the provincial and territorial correctional populations.²⁶¹

These patterns are not explained by offending alone. Federal analysis identifies anti-Black racism operating across the justice system through over-policing, differential charging, and harsher court outcomes.²⁹⁶ Black youth's contact with the criminal justice system extends from their daily interactions across other systems, where decisions and institutional culture are shaped by racial injustice.²⁹⁷ Qualitative research with Black youth in Ontario reinforces this picture: in interviews with 46 young people, participants described policing marked by anti-Black racism and a process of adultification, reporting that officers perceived them as Black bodies first and children second and held them fully responsible for navigating the law despite their age.²⁹⁸ In recognition of these dynamics, the federal Black Justice Strategy steering group published A Roadmap for Transformative Change, with 114 recommendations, in June 2024, followed by an implementation plan in 2025.²⁹⁶



Disproportionate contact with police and child protection systems is closely linked, and a growing body of research describes child welfare as a pipeline into the justice system for Black youth.²⁹⁷ The Ontario Incidence Study of Reported Child Abuse and Neglect, the province's periodic study of investigated child maltreatment, released its seventh cycle (OIS-2023) covering investigations conducted in 2023.²⁹⁹ Analysis of the most recent disaggregated data available found that Black children in Ontario were 2.2 times as likely as White children to be investigated and 2.5 times as likely to be placed in out-of-home care during an investigation.³⁰⁰ Once in care, Black youth describe experiences that mirror the justice system. In interviews with Black Caribbean youth in the greater Toronto area, out-of-home placements were characterized by surveillance, behaviour management, and control, with police called as a form of intervention.³⁰¹ Provincial data reflect this crossover, with Black children in Quebec found to be almost twice as likely as White children to be sentenced to detention after moving from child welfare into youth justice.^{9,151,297} For First Nations children, child welfare disproportion is larger and growing: the number of investigations involving First Nations children in Ontario rose from an estimate of 11,480 in 2018 to 14,292 in 2023, an incidence rate of 218.35 per 1,000 children, well above the rate for non-Indigenous children.³⁰²

THREAT

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Limited Physical Activity and Play



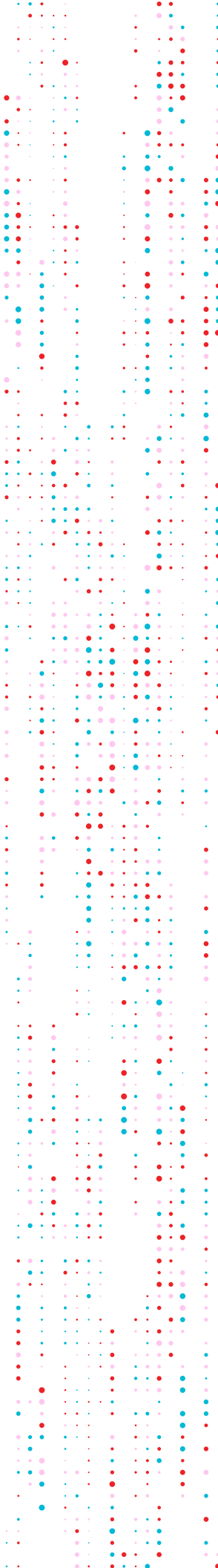
Introduction

Play and physical activity are essential building blocks of a healthy childhood, contributing to children's physical health, mental well-being, learning, and social development. According to a recent progress report from ParticipACTION, Canada's youth are now the most inactive age demographic in the country with only 33% of boys and 8% of girls aged 12 to 17, are meeting national physical activity recommendations.²⁵

Also, recent analysis of physical activity research, policy, and surveillance in Canada has documented ongoing challenges in achieving population-level increases in children's physical activity despite decades of intervention efforts.³⁰³ These patterns indicate that most young Canadians are insufficiently active to support optimal physical, mental, and social health outcomes during critical developmental periods. Understanding the scope, determinants, and consequences of this crisis is essential for developing effective public health responses.

Prevalence of Limited Physical Activity

The Canadian 24-Hour Movement Guidelines for Children and Youth provide evidence-based recommendations for children aged 5-11 years to accumulate at least 60 minutes of moderate-to-vigorous physical activity (MVPA) daily, supplemented by muscle and bone-strengthening activities at least three days per week.³⁰⁴ Using this metric from the ParticipACTION recent progress report, 37% of children and youth accumulate an average of 60 minutes of MVPA per day.²⁵ For preschoolers aged 3-4 years, guidelines recommend at least 180 minutes of various physical activities distributed throughout the day as recommended by the Canadian 24-Hour Movement Guidelines.^{304,306} Despite widespread dissemination of these recommendations, adherence rates fall substantially below targets.



Current evidence from Statistics Canada's Canadian Health Measures Survey (CHMS) revealed age-related declines in physical activity.³⁰⁵ Between 2022 and 2024, a nationally representative sample of children and youth across Canada wore accelerometers for seven consecutive days to objectively assess daily movement patterns.³⁰⁵ While 91% of preschoolers aged 3-4 meet activity guidelines, adherence drops to 52% among children aged 5-11, with nearly half failing minimum thresholds.³⁰⁵ However, research among Ontario adolescents revealed distinct subgroups with consistently low, moderate, or high activity levels that remained relatively stable throughout adolescence.³⁰⁷

For infants under 1 year, the guidelines recommend being physically active several times daily through interactive floor-based play, while limiting time in restrained carriers or seats. For toddlers aged 1 to 2 years, at least 180 minutes of physical activity of any intensity is recommended throughout the day. Research with Canadian families shows that awareness of early years movement guidelines remains low, underscoring the importance of integrating these recommendations into early childhood education and primary care settings.^{306,308}

The Adolescent Physical Activity Challenge

In Canada, adolescents are the only age group experiencing significant declines, reflecting distinct challenges during the childhood-to-adolescence transition. This developmental period is critical for establishing lifelong health behaviours. When inactivity becomes habitual during adolescence, it often continues into adulthood and significantly increases the risk of chronic disease across the lifespan.^{303,305}

Sex differences in meeting physical activity guidelines are evident across age groups, as girls are less likely to meet national physical activity guidelines across all age groups, relying a notable disparity as girls are getting older. Among children aged 5 to 11, 66% of males meet physical activity guidelines compared with 37% of females, a gap of approximately 29 percentage points.³⁰⁵ Among youth aged 12 to 17, adherence drops for both sexes: approximately one-third of males and fewer than one in ten females meet recommendations, a gap of approximately 25 percentage points.³⁰⁵ While the proportional disparity is greater in adolescence, the absolute gap is comparable across age groups, indicating that sex-based disparities in physical activity emerge in early childhood and persist across development.³⁰⁵

The steep decline in physical activity among females, from 37% in childhood to 8% in adolescence (2022-2024), points to barriers that emerge during this critical period.³⁰⁵ These patterns reflect complex social, cultural, and systemic factors that shape how females engage with physical activity.³⁰⁵ Research tracking Ontario adolescents over time confirms this trend, distinct physical activity trajectories that remain largely stable throughout adolescence.³⁰⁷ Females were consistently more likely than males to fall within the low-activity trajectory across their adolescent years.³⁰⁷

Integrated Assessment of 24-Hour Movement Behaviors

The 2026 ParticipACTION Report Card provides a comprehensive assessment of Children in Canada's physical activity by synthesizing data from multiple surveillance systems, peer-reviewed research, and expert consultations.³⁰⁴

The Report Card assigned an overall grade of D+ to children and youth aged 5-17 years, with only 37% meeting the recommended 60 minutes of moderate-to-vigorous physical activity daily.^{25,304} While the Report Card has effectively raised awareness and informed policy development over the past decade, physical activity levels have remained persistently low.³⁰⁹

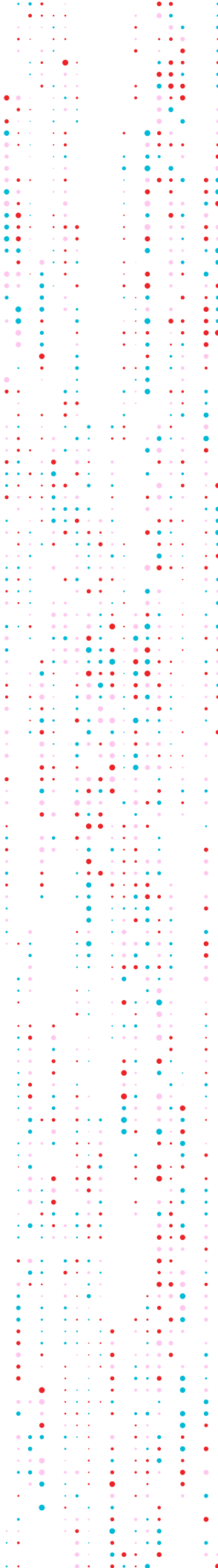
The integrated 24-Hour Movement Guidelines address physical activity, sedentary behaviour including recreational screen time (maximum 2 hours daily for children and youth aged 5 and older) and limiting prolonged sitting throughout the day and sleep as interconnected behaviors that collectively influence health outcomes.^{304,310} Only 4% of Children in Canada and youth meet all three guideline components simultaneously.³⁰⁴ Individual adherence rates vary considerably: 65% achieve recommended sleep, 39% meet physical activity targets, but just 27% limit screen time appropriately.³⁰⁴ Screen time emerges as a particularly significant barrier, directly displacing time children and youth could otherwise spend in physical activity and sleep.³⁰⁴ Within a finite day, excessive recreational screen time competes with both movement and rest, reinforcing a cycle where higher screen time is associated with lower physical activity and poorer sleep quality.^{305,311}



Impact on Equity Deserving Communities

Particularly concerning are findings regarding children and youth with disabilities, who face additional barriers to meeting movement guidelines. National data indicate that Children in Canada with disabilities demonstrate even lower adherence to the 24-Hour Movement Guidelines compared to typically developing peers, with significantly lower adherence across all three guideline domains; physical activity, sedentary behaviour, and sleep.³¹² This calls for the need to develop inclusive approaches addressing unique challenges faced by children with diverse abilities, including limited access to inclusive and adapted programming, inadequate accessible infrastructure in schools and recreation facilities, insufficient training of staff in disability-adapted movement facilitation, and absence of individualized activity options within standard care and education settings.^{312,313}

Beyond disability-related disparities, geographic and socioeconomic factors create additional inequities in physical activity participation. Research examining barriers among youth in Canada reveals that rural and urban children face distinct challenges, with rural female youth reporting significantly more resource-



related barriers compared to their urban counterparts.³¹⁴ Children in low-income neighbourhoods rely more heavily on outdoor spaces for physical activity due to limited family resources, making them particularly vulnerable to climate-related restrictions on physical activity.^{304,315}

While national surveillance data documents gender- and disability-related disparities in physical activity, comprehensive current data disaggregated by race, ethnicity, and immigration status remain limited. This represents a critical knowledge gap, given that Indigenous, racialized, and newcomer children face documented elevated risks of physical inactivity.^{304,309,314}

Sedentary Behavior and Screen Time

Excessive sedentary behavior, particularly recreational screen time, has emerged as a serious threat to children in Canada's physical activity levels and overall health. Canadian Health Measurement Survey data collected between 2022 and 2024 indicate that youth aged 12-17 accumulate an average of 10.6 hours of sedentary time daily, substantially exceeding the 7.6 hours for children aged 5-11 and 6.6 hours for preschoolers aged 3-4.³¹⁶ This age-related increase in sedentary time mirrors concurrent declines in physical activity.

The 24-Hour Movement Guidelines target recreational screen time with a maximum recommendation of 2 hours daily.³¹⁰ Adherence to screen time recommendations remains low and appears to be deteriorating. Overall adherence to the screen time recommendation, based on Statistics Canada data found that children and youth has declined 7 percentage points since 2018-2019: from 52% to 45% in 2022-2024.²⁴ Among children aged 5-11 years, only 62% met the guideline in 2022-2024.³¹⁰ For adolescents aged 12-17 years, adherence to screen time guidelines differs by age and data source.³¹⁰ The 2024 ParticipACTION Report Card estimates that 27% of children and youth aged 5 to 17 meet screen time recommendations.³⁰⁴ Data from Statistics Canada's CHMS (2022-2024) provide a more granular picture: 62% of children aged 5 to 11 meet screen time guidelines, while only 28% of adolescents aged 12 to 17 do so.³⁰⁵ These figures are not directly comparable across sources, given differences in age groups and data collection methodology.

This decline in physical activity is compounded by an inverse relationship with screen time. A 2026 Statistics Canada longitudinal study found that youth who consistently met screen time guidelines were nearly twice as likely to also meet physical activity guidelines (20%) as youth who chronically exceeded screen time recommendations (12%).³¹⁶ These findings suggest that excessive screen time may be displacing time available for physical activity and that the relationship is bidirectional: youth who are less active tend to spend more time on screens, while those who limit screen time are more likely to also meet physical activity targets.³¹⁶

Research examining adherence to 24-hour movement guidelines reveals strong associations with mental health outcomes. Canadian adolescents meeting all three guideline components demonstrated substantially higher mental well-being than those meeting none, with a dose-response relationship where each additional component met corresponded to progressively better mental health.³¹⁷

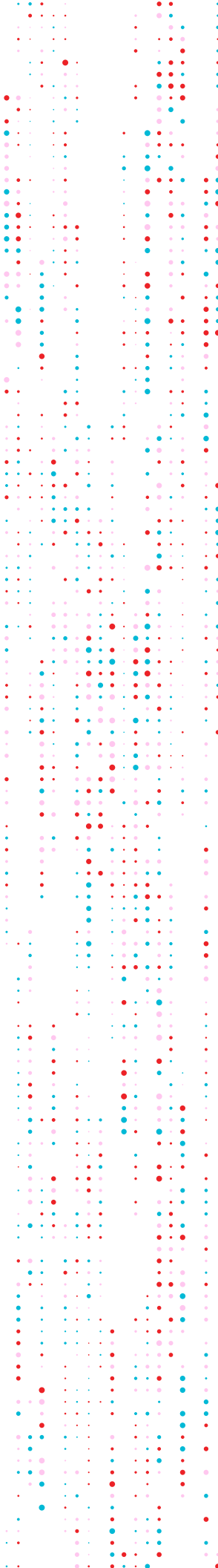
Youth following screen time recommendations (≤ 2 hours daily) reported significantly more positive mental health indicators, including excellent or very good mental health, high happiness, and high life satisfaction, alongside reduced stress and psychosocial difficulties.³¹¹ Gender-specific patterns emerged, with females meeting recommendations showing decreased likelihood of sadness or depression and lower anxiety disorder diagnoses.³¹¹

Building on this cross-sectional evidence, a March 2026 Statistics Canada study using the Canadian Health Survey on Children and Youth tracked the same cohort of youth longitudinally to examine how sustained screen time habits relate to well-being outcomes over time.³¹⁶ Only 14% of youth met screen time guidelines in both years, while 37% exceeded them consistently across both time points.³¹⁶ Persistent adherence to screen time guidelines was associated with markedly better outcomes across multiple well-being domains. Among adherent youth, 58% reported excellent or very good mental health, compared with 38% of those who consistently exceeded recommendations, while 95% of adherent youth reported feeling at least somewhat happy and interested in life, compared with 84% of non-adherent peers.³¹⁶ Grades were also meaningfully higher, with 94% of adherent youth achieving average grades of 70% or above, versus 88% of those exceeding guidelines. Body image concerns were also less prevalent, and adherent youth were more than one-third less likely to report highly stressful days.³¹⁶ These longitudinal findings corroborate and extend the cross-sectional associations documented by Toigo et al. (2025) and Oberle et al. (2025), strengthening the case that sustained adherence with screen time recommendations is linked to better health trajectories across adolescence.^{311,317}

Multifactorial Determinants to Physical Activity Participation

Limited physical activity among Children in Canada results from multiple interconnected factors operating across individual, social, environmental, and systemic levels.³⁰⁴ Beyond screen time displacement, economic factors create substantial barriers. Rising costs associated with organized sports and recreation programs disproportionately affect lower-income families. Research examining socioeconomic disparities in physical activity access has documented that disadvantaged families face multiple obstacles including cost, transportation challenges, limited facility access, and scheduling conflicts with parental employment.³¹⁸

Parental factors also play a critical role in shaping children's physical activity levels. In examining knowledge and self-efficacy among parents of young children in Canada, it has been revealed that while most parents demonstrate awareness of physical activity recommendations, many report low confidence in their ability to support their children's active behaviors, particularly regarding strategies for limiting screen time and promoting active play.³⁰⁸ This suggests that parental education alone is insufficient and that targeting change efforts exclusively at individual parents risks deepening existing inequities³⁰⁸. Parents' capacity to support active behaviour is fundamentally shaped by the structural conditions in which they live: the safety of neighbourhood streets, the accessibility of green spaces, the affordability of recreation programs, and time available outside of employment.



Effective interventions must embed support for parental self-efficacy within these enabling structural conditions, rather than treating family-level behaviour as an isolated variable.^{308, 318}

In addition, climate change has recently been identified as an emerging and accelerating barrier to children's physical activity in Canada. The 2024 ParticipACTION Report Card identified climate change as a new and growing threat to physical activity levels.^{304,318} The frequency of annual weather alerts in Canada has more than doubled over the past decade, reflecting increased occurrence of extreme weather events such as heat waves, heavy precipitation, and poor air quality from wildfire smoke. These conditions can force children indoors and lead to the cancellation of outdoor activities.^{304,318} This creates a concerning feedback loop whereby extreme weather restricts outdoor activity opportunities, and children become more sedentary and experience reduced physical fitness, which in turn diminishes their capacity to tolerate environmental stressors.³⁰⁴

Declining Outdoor Play and Active Transportation

Outdoor play and active transportation represent crucial yet declining components of children's physical activity. In examining predictors of outdoor play in children in Canada aged 7-12 years, research shows that the current generation of children spend substantially less time in outdoor environments compared to previous generations.³²⁰ Children who engage in more frequent outdoor play demonstrate significantly higher levels of physical activity and higher levels of moderate-to-vigorous physical activity, improved cardiovascular fitness, better psychosocial well-being, and more favourable weight status.³²⁰

Active transportation, which includes walking, wheeling, cycling, and mixed-mode travel with an active component, provides an important context for children and youth to accumulate daily physical activity, particularly during the school commute. Youth aged 12 to 17 in Canada who use active transportation accrue an average of 9 additional minutes of moderate-to-vigorous physical activity per day compared to peers who do not.^{113,321} Despite this, only 43% of children aged 5 to 17 in Canada incorporate active transportation into their school commute.³⁰⁴

Participation in active transportation is shaped by many of the same barriers as outdoor play, particularly safety concerns and inadequate infrastructure. Children in rural communities face additional infrastructure gaps, including limited sidewalk availability and fewer traffic-calming measures, while also being less likely to engage in active transportation to school.^{304,314} At the same time, increasing active transportation yields co-benefits for sustainability, reducing motorized travel and contributing to alignment with the UN Sustainable Development Goals.^{144,322}

The 2025 Position Statement on Active Outdoor Play, developed following comprehensive global evidence review, emphasized that outdoor play has become increasingly critical given contemporary challenges like climate change, rising mental health concerns, increased screen time, and lingering pandemic impacts.³²⁴ The statement examined connections between outdoor play and climate adaptation, environmental stewardship, learning, community development, movement

behaviors, health, and policy.^{323,324} Children in Canada face multiple barriers that limit outdoor time, including parental safety concerns, insufficient nearby natural spaces, inadequate outdoor play infrastructure in educational settings, weather challenges, and excessive screen time competition.^{304,320} The ParticipACTION Report Card assigned a grade of D- for unstructured play, with only 22% of children and youth aged 5-17 meeting the recommendation of two hours daily of unstructured play.³⁰⁴

Early Childhood Education and School-Based Programming

Early childhood education and care (ECEC) settings represent an important environment for promoting physical activity, given the substantial time many young Children in Canada spend in these programs. Analysis of childcare legislation across Canadian provinces and territories reveals considerable policy variation regarding 24-hour movement behaviors, with inconsistent standards governing physical activity, screen time, and sleep requirements.³⁰⁹ Such policy heterogeneity likely contributes to unequal activity opportunities for children based on their provincial location and childcare setting type.

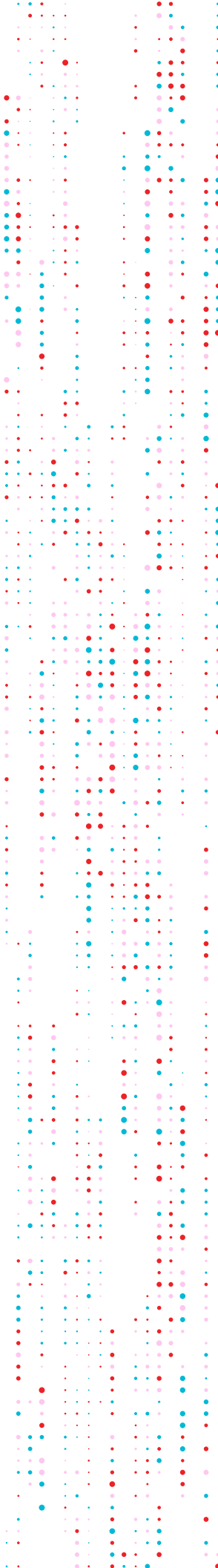
Also, there is evidence that physical activity in ECEC environments yields benefits extending beyond physical health.^{325,326} Research with Canadian children in early childhood education settings shows strong associations between physical activity levels and social-emotional competencies, including enhanced self-regulation, improved social skills, and reduced behavioral challenges.^{325,326}

Moreover, effective physical activity promotion requires adequately trained educators. Evaluation of the TEACH e-learning course demonstrates that targeted professional development significantly enhances early childhood education students' self-efficacy, knowledge, intentions, and perceived behavioral control for promoting physical activity and managing sedentary behavior.³²⁶ This highlights educator training as a strategic approach for strengthening physical activity promotion in ECEC settings.

Similarly, mainstream schools remain essential for older children's physical activity. Quebec primary school research indicates widespread implementation of physical activity promotion programming, with 98% of Quebec primary schools reporting initiatives aligned with institutional values and 96% addressing multiple curriculum competencies.³¹⁸

However, substantial gaps exist between reported activities and evidence-based practices. Student engagement in program development occurs in only 13% of schools despite evidence supporting youth participation's effectiveness.³¹⁸ Notably, just 35% of schools provide staff training for physical activity programming, and only 35% formally evaluate their initiatives.³¹⁸ These gaps reveal that, while schools acknowledge physical activity's importance, the quality of physical activity promotion programming in Quebec primary schools remains inadequate, with critical gaps in staff training (only 35% of schools), formal program evaluation (35%), and meaningful student engagement in program design (13%).³¹⁸





Schools represent a critical environment for physical activity promotion among older children and youth. Strengthening implementation quality in school-based programming through improved staff training, meaningful student engagement in program design, and formal evaluation mechanisms is essential for realizing the full potential of schools as physical activity settings.^{313,318}

Physical Health Impacts of Limited Physical Activity

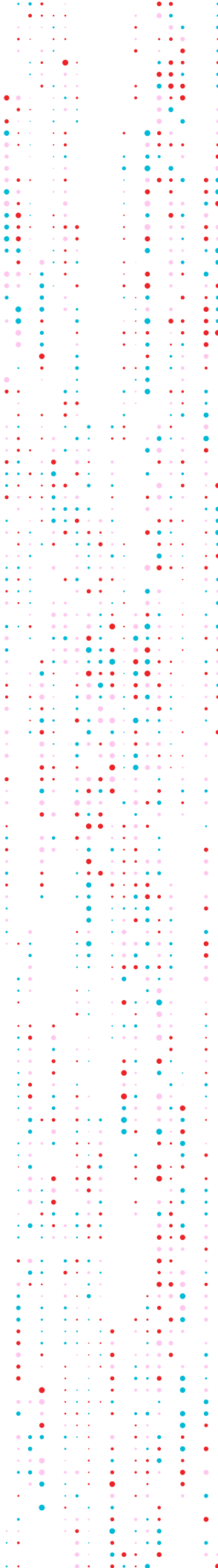
Limited physical activity has serious and enduring consequences for the health of children in Canada. Current surveillance data indicate that one in three children and youth in the country are classified as overweight or obese, representing a substantial increase from previous generations despite decades of public health intervention efforts.^{303,304,305} While childhood obesity involves complex, multifactorial causes, including genetic predisposition, dietary patterns, sleep duration, family environments, and socioeconomic determinants, physical activity and sedentary behaviors constitute key modifiable factors directly influencing energy balance and metabolic health.³⁰⁵

Children with insufficient physical activity often display increased cardiometabolic risk factors including hypertension, insulin resistance, and dyslipidemia, as well as diminished cardiorespiratory fitness and muscular strength, and compromised bone health and mineral density potentially elevating osteoporosis risk in later life.^{306,325} It is important to note that these adverse outcomes extend beyond childhood. Physical inactivity patterns established during adolescence often continue into adulthood as behaviors become habitual, identities form around sedentary lifestyles, and adult responsibilities further constrain activity opportunities.³⁰⁵

Today's environments, characterized by energy-dense foods, excessive screen exposure, and constrained opportunities for physical activity, may also contribute to earlier and more severe obesity compared with previous generations.³⁰⁵ Insufficient physical activity can further compromise motor skill development, with less active children demonstrating delayed fundamental movement competencies. This creates detrimental feedback loops in which poor motor proficiency diminishes confidence and enjoyment, subsequently reinforcing activity avoidance and perpetuating patterns of inactivity.^{306,325}

Mental Health, Cognitive, and Social Impacts of Limited Physical Activity

Movement behaviours are strongly associated with mental health outcomes across childhood and adolescence. Youth who meet all three components of the 24-Hour Movement Guidelines report substantially better overall well-being than those meeting none, with a dose-response pattern in which each additional guideline component met corresponds with progressively better mental health.³¹⁷ Gender-specific patterns are particularly notable: females who meet screen time recommendations show reduced likelihood of sadness or depression and lower rates of anxiety disorder diagnoses, associations not observed among males, underscoring the importance of sex-specific approaches.³¹¹ Physical activity also



plays a critical role in cognitive development by supporting neurodevelopmental processes related to executive function, concentration, and learning. Children with insufficient physical activity demonstrate poorer executive function, attention, and academic achievement, highlighting the importance of active movement for healthy cognitive development.^{306,325}

Declining physical activity can also compromise social development. Outdoor play, sports, and active games provide important opportunities to develop social skills, form friendships, and practise cooperation and conflict resolution. When screen-based activities displace play and face-to-face interaction with peers, children lose valuable social learning experiences. Importantly, it is not only the physically active dimension of play that matters; unstructured interaction with peers across all types of play develops cooperation, conflict resolution, and emotional regulation in ways that screen-based environments cannot fully replicate.^{320,323}

Conclusion

Taken together, these interconnected consequences across physical, mental, cognitive, and social domains demonstrate that limited physical activity can undermine holistic child development, compromising both immediate well-being and long-term health trajectories.^{303,305,307}

THREAT 10



Climate Change

Introduction

Climate change is no longer a future threat; it is fundamentally reshaping childhood today. From wildfires and extreme heat to floods and poor air quality, children are experiencing the impacts on their health, development, education, and sense of safety. Children are disproportionately affected because their bodies and brains are still developing, they are more vulnerable to environmental hazards, and they depend on adults and institutions such as schools to keep them safe and healthy.³²⁷ Climate-related disasters also disrupt the foundations of a healthy childhood, affecting access to nutritious food, safe housing, education, health care, and opportunities to play and thrive.³²⁷

Children face growing risks from increasingly frequent heat waves, floods, droughts, extreme weather events, and associated diseases. According to UNICEF (2024), these risks are projected to intensify over the coming decades under current emissions trajectories as climate-related hazards become more frequent and severe.³²⁷ Today's children are therefore growing up in a world characterized by heightened environmental instability and uncertainty, with long-term implications for their health and well-being.

Physical Health Impacts

A major physical health consequence of climate change is extreme heat. Canada is warming at approximately twice the global average rate, and federal projections indicate that 2026–2030 will likely be the hottest five-year period on record, with global temperatures in 2026 expected to reach between 1.35°C and 1.53°C above pre-industrial levels.^{27,328,329} These rising temperatures are already evident, as 2024 was tied as the warmest year on record in Canada, at 3.1°C above the 1961–1990 average.^{27,329} Together, these trends indicate that exposure to extreme heat will continue to intensify, posing significant risks to children's health.^{328,329}

Children are particularly vulnerable to heat-related illness due to their developing physiological systems. Increased exposure to extreme heat contributes to dehydration, heat stress, and heat stroke and is also associated with adverse pregnancy and neonatal outcomes. Climate-related exposures can begin even before birth, as high temperatures and air pollution during pregnancy have been linked to impaired fetal brain and lung development, as well as increased risks of preterm birth and stillbirth. These impacts can contribute to poorer health outcomes among children and have long-term developmental consequences.^{330,331}



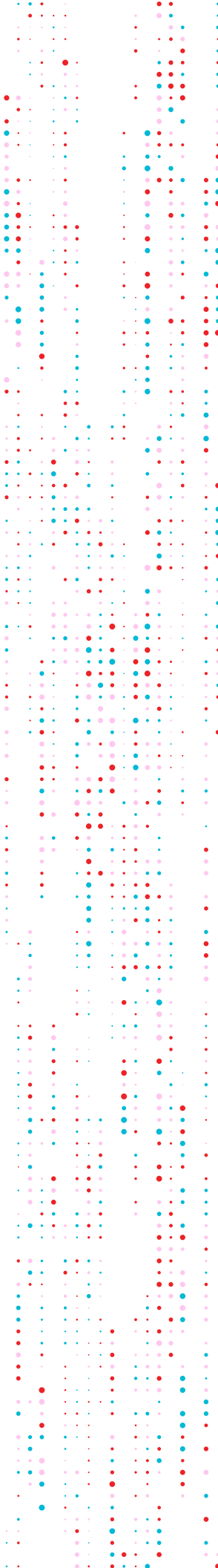
In addition to extreme heat, climate change is contributing to more frequent and severe wildfires due to hotter and drier environmental conditions.

Canada's recent wildfire seasons have been among the most destructive ever recorded, and ongoing warming trends suggest that these conditions will persist into 2026.^{27,328,329} Wildfire smoke significantly degrades air quality, exposing children to harmful pollutants at a critical stage of development. Due to their smaller airways, faster breathing rates, and developing immune systems, children face disproportionate harm from air pollution.^{327,331}

Exposure to wildfire smoke and poor air quality is associated with increased rates of asthma exacerbation, respiratory infections, and cardiovascular strain. Children may also experience acute symptoms such as chest pain, coughing, difficulty breathing, and dizziness. In addition, exposure to polluted air during pregnancy has been linked to serious maternal and neonatal complications, including pre-eclampsia, miscarriage or stillbirth, gestational diabetes, and preterm labour.^{327,331}

Beyond these direct impacts, climate change contributes to broader physical health risks for children. Rising temperatures and prolonged drought can reduce agricultural productivity, increasing the risk of malnutrition and dehydration. Extreme weather events, such as floods and hurricanes, as well as shifting rainfall patterns, can disrupt access to health-care services and increase the spread of infectious and water-borne diseases. For example, changes in rainfall have been associated with increased mosquito populations and greater transmission of diseases such as malaria among children in certain regions. These indirect effects further compound existing health inequities and disproportionately affect vulnerable populations.^{330,331}

Climate change is also reshaping the distribution of infectious diseases in ways that affect children's health. The transmission of many infectious diseases is strongly influenced by environmental conditions, including temperature and precipitation. As Canada experiences longer summers and milder winters, conditions are becoming increasingly favourable for the transmission of diseases through vectors such as mosquitoes and ticks.³³² These vectors can carry and transmit infectious pathogens to humans and other organisms.³³² Illnesses such as Lyme disease are increasing in Canada as tick populations move northward, while longer transmission seasons may increase the risk of diseases such as West Nile virus.^{332,333}



Children face particular exposure to these growing risks. Warmer seasons can facilitate food contamination and gastrointestinal infections, while heavy rainfall or flooding that overwhelms sewage systems can increase the spread of water-borne infections.³³² Combined with the movement of disease through travel, trade, and ecosystem change, climate-driven shifts in infectious disease represent an escalating and often underrecognized dimension of children's environmental health.³³²

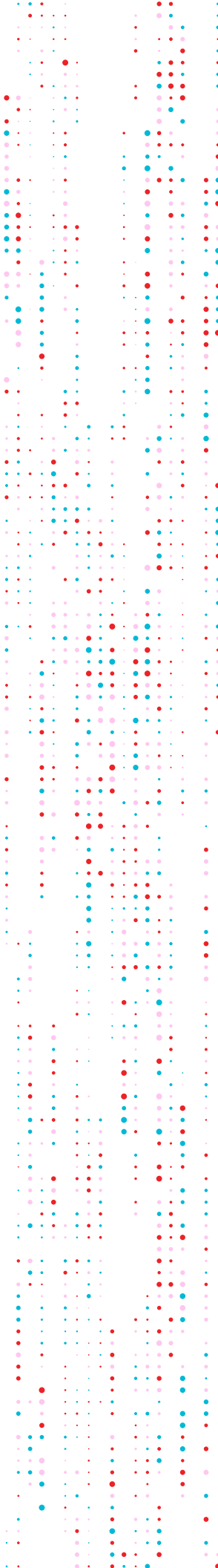
Despite some global progress in reducing emissions and expanding renewable energy, current climate action remains insufficient to meet international targets. The Climate Change Performance Index 2026 highlights that progress remains too slow to prevent worsening climate conditions, indicating that the physical health risks facing children—including extreme heat, air pollution, and climate-related disruptions—are likely to persist and intensify in the coming years.³³⁴ Overall, the evidence demonstrates that climate change is not only an environmental issue but also a critical and escalating child health crisis. From prenatal development through adolescence, children are uniquely vulnerable to both the direct and indirect effects of climate change, making urgent and targeted policy responses essential to protect their health and well-being in 2026 and beyond.

Mental Health Impacts

Emerging research demonstrates that climate change negatively affects children's mental health through both direct and indirect psychosocial stress linked to uncertainty, environmental loss, and disruption to stable living conditions.^{29,335} These impacts are particularly significant for children and youth, whose emotional regulation and coping systems are still developing, making them more sensitive to prolonged stress and instability.

Direct effects occur when communities experience extreme weather events such as wildfires, floods, and heat waves.²⁹ These events can lead to physical harm, forced displacement, destruction of homes, disruption to schooling, and loss of community support systems, all of which can contribute to acute stress and trauma among children.²⁹ Indirect impacts arise through interconnected socioeconomic, political, and environmental factors, including housing and food insecurity, caregiver stress, loss of income, disrupted access to health-care and social services, and pre-existing health conditions.^{29,335} These stressors can compound existing inequalities and disproportionately affect children already living in vulnerable circumstances.

Climate change also contributes to growing eco-anxiety and emotional distress among children and youth. Increased exposure to climate-related information, including media coverage of environmental disasters, educational content on climate change, and awareness of worsening environmental conditions, can contribute to confusion and anxiety among young people. This awareness is often accompanied by uncertainty about future safety, concerns about long-term health and environmental stability, and a perceived lack of control over outcomes.³³⁵ In Canada, recent evidence shows that a significant proportion of youth report that climate change is negatively affecting their mental health and contributing to persistent worry about their future.³³⁶



Feelings of abandonment and betrayal are also increasingly reported among children and youth in relation to climate change. These emotions are linked to perceptions that governments and institutions are not taking sufficient action to address the climate crisis despite clear scientific evidence. When young people perceive a gap between the severity of the problem and the policy response, it can lead to distrust in leadership, a reduced sense of protection, and heightened emotional distress.³³⁶ This perceived inaction can reinforce feelings of helplessness and contribute to symptoms of depression, grief, anger, and loss of hope.³³⁵

Climate-related events are also associated with increased post-traumatic stress disorder, as well as physical health outcomes such as asthma, respiratory illness, malnutrition, and reduced growth, with many of these outcomes linked to chronic stress.²⁹ Systematic review evidence confirms consistent negative associations between climate change and children's mental health, physical health, well-being, and family functioning.²⁹ This evidence is specific to children and youth, although the review is global rather than Canada-specific. Prevalence estimates reported in the review show that following climate-related disasters, rates of post-traumatic stress disorder among children and adolescents range from 2% to 83%, while rates of depression range from 2% to 66%, depending on exposure severity and available supports.²⁹

Canadian data further reinforce these findings. National survey results indicate that approximately 78% of youth report that climate change is affecting their mental health, with a substantial proportion reporting that these concerns interfere with their daily functioning.³³⁶ Together, this evidence demonstrates that climate change is not only an environmental issue but also an escalating mental health concern for children and youth, with impacts expected to intensify as climate conditions continue to worsen.³³¹

Impact on Vulnerable Populations

It is important to recognize that rising heat, wildfire smoke, flooding, and ecological shifts pose widespread threats that affect all children. However, certain groups are disproportionately affected due to systemic inequities, including colonialism, racism, income inequality, and unequal access to health care.^{329,337} These inequities exacerbate climate-related risks for vulnerable populations of children in Canada.

In Canada, rising temperatures and increasing wildfire risk, particularly in the Prairie provinces of Alberta, Saskatchewan, and Manitoba, have contributed to escalating drought conditions. These conditions are placing significant strain on agricultural productivity, food systems, and community resilience.³³⁸ As a result, children in these regions may face reduced access to nutritious food and clean water, amplifying existing health vulnerabilities. National data further show that food prices increased by approximately 9.8% between 2021 and 2022, contributing to higher levels of food insecurity and limiting access to nutritious food necessary for healthy child development.³³⁹

Indigenous children face heightened risks from climate change due to the interconnected effects of environmental change, cultural determinants of health, and longstanding inequities in infrastructure and services.^{339,340} Environmental

degradation has altered ecosystems, negatively affecting traditional food systems and food security. Access to safe drinking water is also increasingly strained in some communities due to climate-related changes in water availability and quality.³⁴⁰

For First Nations, Métis, and Inuit children, warming waters and increasingly unpredictable ice conditions are disrupting the ecosystems that support hunting and fishing, limiting access to nutritious country food and the cultural knowledge transmitted through these practices.³⁴⁰ Thinning land and sea ice also make travel and harvesting more dangerous, while permafrost instability damages housing and infrastructure in northern regions where daily life and local economies are closely tied to the land.³⁴⁰ These pressures are compounded by geographic isolation and systemic underfunding, which may leave many remote northern communities more vulnerable to infrastructure damage, food insecurity, and delayed emergency response.^{339,340}

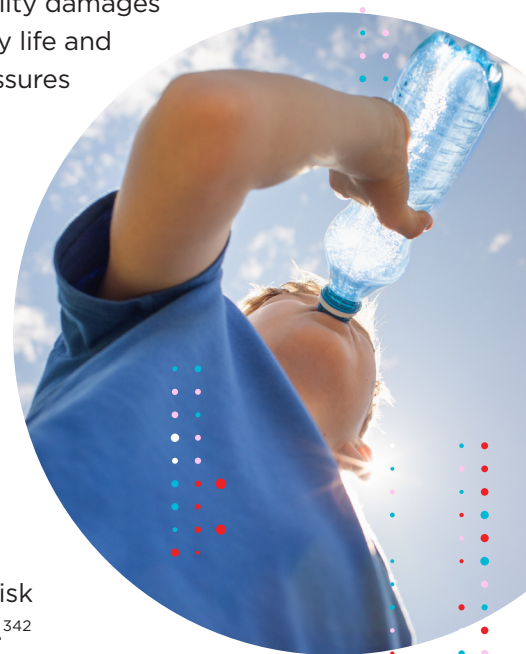
Children with medical complexities are also disproportionately vulnerable to the impacts of climate change. Exposure to extreme heat and wildfire smoke can worsen chronic conditions such as asthma and cardiovascular disease, while disruptions to health-care services during climate-related events can delay access to essential treatment.^{327,340} As a result, climate change poses not only an environmental threat but also a direct and potentially life-threatening health risk for children with medical complexities and their families.³⁴²

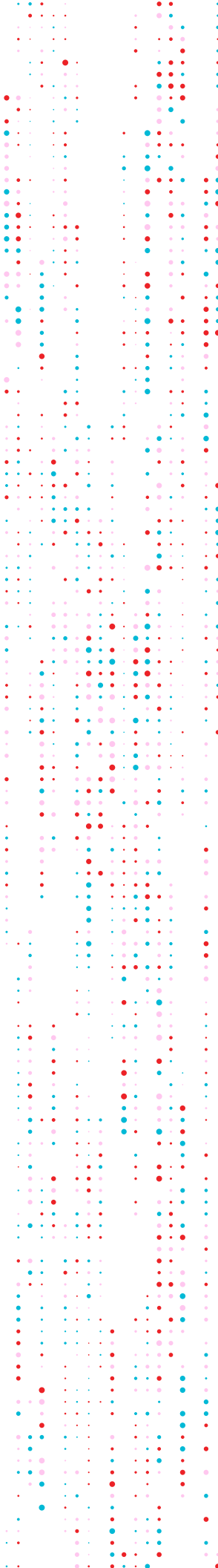
Children living in low-income households are similarly disproportionately affected by climate-related hazards. Statistics Canada (2024) identifies income insecurity, inadequate housing, and food insecurity as key factors that increase children's exposure and susceptibility to risks such as extreme heat and indoor air pollution. These conditions can compromise healthy development, elevate long-term health risks, and deepen existing socioeconomic inequities.³³⁹ Climate-related shocks can further reduce household income among vulnerable families, limiting access to education and essential resources. In these contexts, girls may be disproportionately affected, as financial strain can lead families to prioritize boys' schooling, increasing the likelihood of school dropout among girls following climate-related disruptions.³³⁰

Beyond affecting children's health and development, climate shocks can also contribute to child protection crises. Droughts, floods, and storms can trigger cascading vulnerabilities, including economic stress, displacement, disrupted schooling, and unsafe migration, that heighten children's exposure to violence, child labour, child marriage, and sexual abuse.³⁴³

Educational Disparities

Climate change increasingly disrupts children's education through both sudden extreme weather events and slower forms of environmental stress.³⁴⁴ Globally,





extreme climate events interrupted schooling for an estimated 242 million students across 85 countries in 2024—roughly one in seven students worldwide—with heat waves the single most disruptive hazard.³⁴⁴ School closures, damaged infrastructure, impassable routes, and unsafe indoor conditions all reduce instructional time, while extreme heat and poor air quality can impair children’s ability to concentrate and learn even when schools remain open.^{333,344}

In Canada, wildfire smoke and extreme heat can also lead to school closures and disrupt attendance and learning environments. These events can affect children’s educational trajectories and long-term outcomes.³⁴⁴ These impacts can compound existing educational inequities, as children in low-income households, remote communities, and under-resourced schools may have fewer resources to adapt to disruptions and recover from lost learning time.³²⁹

The educational impacts of climate change are also unequal across populations. Climate-related economic shocks can push families to deprioritize schooling, and in some contexts, girls are more likely to be withdrawn from school following climate disruptions, increasing their risk of dropping out.³³⁰ Children in low- and lower-middle-income countries experienced close to three-quarters of climate-related school disruptions in 2024, underscoring that educational loss falls hardest on those already facing structural disadvantage.³⁴⁴ Protecting children’s right to education therefore requires embedding climate resilience into school infrastructure, attendance planning, and emergency response.

EMERGING THREAT



The School Crisis: School Absenteeism, Violence, and Classroom Complexity

In a notable shift since the COVID-19 pandemic, the *Raising Canada* report is highlighting emerging threats to childhood within schools that are undermining the well-being of the nation's children.

School Absenteeism

Chronic absenteeism, commonly defined as missing more than 10% of instructional days, has risen sharply since the COVID-19 pandemic.^{349,351} It is strongly associated with learning loss, lower academic attainment, and poorer long-term health and employment outcomes.^{350,351} Recent Canadian evidence illustrates the scale of the problem: a population-level study of more than 513,000 kindergarten children found that chronic absenteeism rose from 18% before the pandemic to 41% afterward, with post-pandemic kindergarten children three times more likely to be chronically absent than their pre-pandemic peers.³⁵¹ In the high school context, only 40% of Ontario students met the provincial attendance standard during the 2024-2025 school year, including just one in three Grade 12 students.³⁵²

However, the true national scope of chronic absenteeism is difficult to establish. Canada has no federal mandate to collect or report school attendance data. Provinces and territories use inconsistent definitions and indicators that are not comparable in Canada.³⁵³ Attendance reporting often fails to fully capture excused absences related to mental health, safety concerns, and distrust of school environments.³⁵⁴

Drivers of School Absenteeism

Mental health is a central driver of absenteeism. Anxiety, depression, trauma, and emotional distress can make school attendance difficult or, in some instances, impossible.³⁵³ At the same time, repeated absences can worsen mental health by increasing isolation, academic

stress, and disconnection from peers and the school community.³⁵⁵ A longitudinal study of Canadian K-12 students found that students were missing, on average, one day of school per week and that parent-reported reasons for absence shifted from COVID-related concerns in 2022 to reluctance or avoidance of school in 2023.⁸¹ Long wait times leave many children without timely care in the community, leaving educators to respond to anxiety, dysregulation, trauma, and distress without adequate clinical support.³⁵⁶

Systemic Barriers and Equity-Deserving Communities

Beyond mental health, absenteeism is shaped by structural barriers that make regular attendance harder for some students than others. These barriers include poverty, food insecurity, housing instability, unreliable transportation, peer victimization, familial responsibilities, disability-related needs, newcomer and immigration status, and distrust of school systems.^{353,357,358}

“For me, I’m the eldest child in my family and sometimes I have to take care of my younger siblings. And staying at home, for me, missing school is important because my parents might have something to do that day or they have to go out for work and my brother’s too little to, you know, to stay home alone because they can’t drop him off or something. So then I have to stay home. And I feel like that just contributes more to that mental health aspect of it where it creates stress and anxiety that I’m not caught up on my schoolwork.”

— YOUTH FOCUS GROUP PARTICIPANT

Children from equity-deserving groups, including First Nations, Inuit, and Métis students, Black and racialized students, 2SLGBTQI+ students, newcomers and refugees, students with disabilities, and those living in poverty, face a disproportionate share of structural barriers in schools. These barriers take the form of discrimination, underfunded supports, exclusionary discipline, transportation barriers, unsafe school climates, and unmet learning and mental health needs.

Indigenous students face intersecting barriers rooted in colonial policies, including the legacy of residential schools, chronic underfunding of on-reserve education, geographic isolation, food insecurity, and systemic distrust of educational institutions.³⁵⁹ Despite increased federal education funding since 2015-2016, the current funding model remains insufficient to meet First Nations’ demonstrated education needs, and federal investments have not been adequately assessed to see whether disparities are closing.^{360,361}

Black students face additional barriers rooted in anti-Black racism, including disproportionate discipline, underfunded schools, and lower expectations from educators.³⁶² Newcomer, immigrant, and refugee students may face linguistic isolation, cultural adjustment, trauma related to displacement, precarious immigration status, material poverty, and difficulty navigating unfamiliar school systems.³⁶³

Students with disabilities are also at heightened risk of exclusion when schools lack the resources to meet their needs. Shortages of educational assistants and specialized supports can result in shortened school days, informal exclusions, suspensions, and absences that are not fully captured in official attendance data.^{353,364} Parliament has found that Canada is not meeting its obligations under the UN Convention on the Rights of Persons with Disabilities with respect to inclusive education, staffing, inconsistent accommodations, and growing informal exclusion.³⁶⁵

Effective responses to absenteeism must therefore address systemic causes rather than treating non-attendance as an individual behavioural failing. Evidence points to the importance of practical, relationship-based, and culturally responsive supports, including school nutrition programs, transportation support, mentorship, disability-related accommodations, and mental health care.^{355,366,367}

School Violence

Rates of school violence in Canada are rising, endangering the safety of educators and students alike. In Ontario, violent incident reports increased by 114% between the 2017-18 and 2022-23 school years.³⁶⁸ As well, three quarters of Ontario teachers report having seen an increase in school violence over the course of their careers.³⁶⁹ However, comprehensive national data on violent incidents does not exist, as Ontario is one of the only provinces with a mandatory reporting system through the *Education Act* and the *Occupational Health and Safety Act* (OHSA).⁹⁶ Comparable figures cannot currently be produced for most of the country.

Nationally, a survey of more than 4,700 educators found that 41% disagreed that they work in a safe environment.³⁷¹ Across multiple studies, between 40% and 55% of Canadian educators reported experiencing workplace violence in the previous 12 months.³⁷²

Critically, Canadian educators reported the highest rate of workplace violence among 11 international jurisdictions, underscoring growing concerns about stress and safety within Canadian school environments.³⁷³

School violence has both immediate consequences for safety as well as longer-term impacts on school absenteeism. Peer victimization and concerns about school safety are key factors underlying school attendance problems.¹⁰⁰ Children who experience or witness violence are more likely to drop out of school, have difficulties keeping a job, and experience victimization in the future.^{375,376}

School Violence as a Factor Systemic and Policy Outcomes

Rising school violence is a systemic issue, shaped by policy choices, rather than a collection of isolated individual incidents.³⁷⁷ It is not just a classroom management or discipline problem; it also reflects the absence of conditions necessary for safe, supportive schooling. Violence may be worsened by class sizes being too large,



mental health supports being insufficient, students with complex needs not receiving adequate resources, and educator workloads that exceed sustainable limits.³⁷⁸

Provincial education policy is not well-equipped to prevent or respond to school-based violence. An audit of violence prevention and response in Nova Scotia public schools revealed the lack of a clear, consistent framework for preventing or addressing school violence.³⁷⁹ Data on violent school incidents were limited, and supports were insufficient for students with complex needs who were most involved in these incidents.

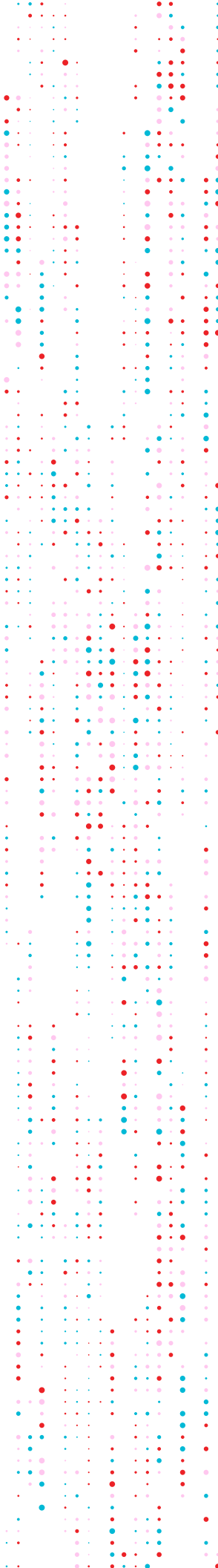
Nationally, the Canadian Teachers Federation (CTF) has called on the federal government to enact a “Safe Schools Amendment” to the criminal code, which would provide educators with greater legal clarity to intervene responsibly in violent situations without fear of disciplinary actions or criminal charges.³⁸⁰ However, the CTF is clear that legislative reform is insufficient. The structural root causes of school violence are chronic underfunding, large and complex classes, gaps in student mental health supports, and insufficient staffing, all of which fall primarily under provincial jurisdiction.³⁸¹

Classroom Complexity

Canadian classrooms have never been more diverse in terms of student learning needs, mental health profiles, linguistic backgrounds, and life experiences. This places extraordinary demands on educators to meet the full range of student needs, especially when resources have not kept pace with increasing demand.³⁸¹ When classroom complexity exceeds available resources, the learning environment is disrupted for all students, not only those with identified needs.³⁸¹ Similarly, when educators are not sufficiently supported to meet complex needs, job satisfaction and educator retention decline.³⁸¹

Canadian education philosophy and policy are firmly oriented toward inclusive schooling, moving away from the segregated special education settings of the past.³⁸² However, the conditions required for successful inclusion in practice—including sustained resource investment, educator preparation, and systemic supports at the school, district, and societal levels—are not consistently in place.³⁸² Across Canada, 80% of educators reported lacking adequate access to the specialized supports students require. For children with disabilities or complex needs, the result is often a setting that is nominally inclusive but under-resourced in practice, limiting meaningful participation.³⁸³ Immigrant and refugee students also face barriers that are not adequately addressed within school systems, including new language acquisition, interrupted formal education, cultural transition, trauma histories, and unfamiliarity with the Canadian school system.^{381,384}

For First Nations children attending on-reserve schools, underfunding is especially acute and longstanding. Despite a 112% increase in federal education funding for on-reserve students since 2015–2016, the current funding model remains insufficient to meet student needs.³⁸⁵ By 2026, the federal government had still not closed the per-student funding gap between on-reserve and provincial schools, undermining its reconciliation commitments.³⁸⁶



The mismatch between student needs and available resources also affects instructional time. Educators estimate that only 36% of classroom time is dedicated to direct instruction; in kindergarten to Grade 6 classrooms, one in every four minutes is lost to behaviour management.³⁸⁸ Demands on in-school support roles have also grown more complex. A study of educational assistant support in Ontario shows a shift from one-to-one academic and developmental support toward caseloads involving multiple students with severe mental health presentations and complex behavioural needs, while the policy and training frameworks governing the role have not kept pace.³⁸⁹ This has contributed to educational assistant burnout, retention challenges, and workplace injuries.³⁸⁹

Conclusion

Chronic absenteeism, rising school violence, and unsustainable classroom complexity are not separate crises; they are interconnected symptoms of the same underlying problem. Schools are being asked to meet increasingly complex student needs without a corresponding increase in resources, data, or systemic support.^{377,378} Each issue compounds the others, while Canada's lack of standardized national data makes the true scale of these challenges difficult to track or address.³⁵⁴

Addressing these challenges will require coordinated investments across governments, including a national framework for measuring attendance and school violence. Closing the on-reserve education funding gap must also be a priority to ensure equality in classrooms across provinces.^{385,386} Further, legislative measures such as the proposed Safe Schools Amendment, paired with action on the underlying drivers of violence, including class size and staffing, are important to increase attendance in schools. These school-based responses must also be paired with poverty reduction and structural support.^{357,358} Ensuring children can consistently attend school is fundamental to Children First Canada's vision of making Canada the best place in the world for kids to grow up.



Infant Mortality

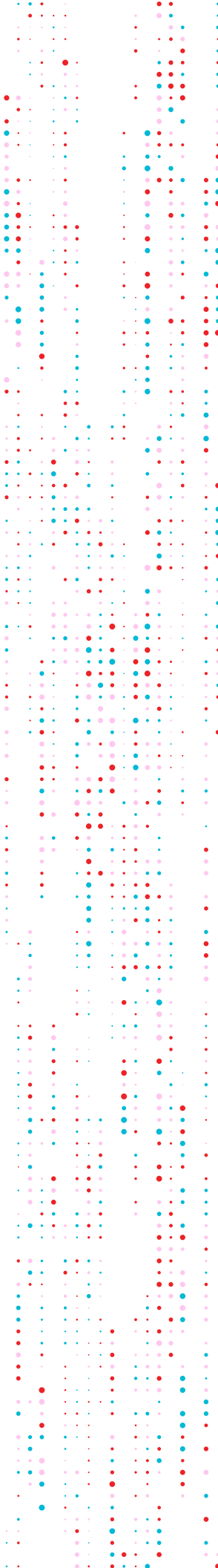
Rationale for Moving Infant Mortality to the *Raising Canada* Watchlist

Infant mortality remains an important indicator of population health and health-system performance and, fundamentally, of Canada's obligation to uphold every child's inherent right to life, survival, and development. Canada has made significant progress over recent decades through advances in prenatal and neonatal care, public health, and maternal health services. However, these gains have not been shared equally, with persistent disparities disproportionately affecting Indigenous, Black, rural, and other underserved communities due to inequities in health-care access, social determinants of health, and systemic barriers.

Although infant mortality now appears on the Raising Canada Watchlist rather than among the top-10 threats, *its significance remains undiminished, and sustained, focused action continues to be essential*. Continued monitoring, targeted intervention, and sustained policy action remain essential, including improved collection and public reporting of disaggregated race-based, Indigenous identity-based, geographic, and socioeconomic data to expose inequities that national averages can obscure and better target resources and interventions. The Watchlist acknowledges Canada's overall progress while signalling that significant and unacceptable gaps in infant health outcomes remain.

The Current State of Infant Mortality in Canada

Infant mortality, defined as the death of a live-born infant before age one, is a premier indicator of a nation's overall child health and societal well-being.^{389, 390} It is typically expressed as deaths per 1,000 live births. Approximately 63.5% of all infant deaths occur within the first 28 days of life, a period known as the neonatal period, underscoring the critical importance of quality care during pregnancy, delivery, and the immediate postnatal period.³⁹¹ Neonatal



mortality (death within the first 28 days) is a distinct subset of infant mortality (death within the first year), and both measures are used throughout this section. Post-neonatal deaths, those occurring between 29 days and one year of age, are particularly associated with social and environmental conditions of infancy, including housing quality, food security, and access to primary care, rather than birth-related complications alone.³⁹²

Despite Canada's advanced health-care system, infant mortality remains an unequal and ongoing public health challenge. Canada's 2024 infant mortality rate stands at 3.843 deaths per 1,000 live births, which is still above many comparable high-income nations.³⁹² What the current evidence makes clear is that this burden is not randomly distributed; it falls hardest on Indigenous, Black, immigrant, and low-income children, a disparity shaped by compounding structural inequities that go well beyond clinical risk factors.³⁰³

It is noted explicitly that infant mortality and child mortality are related but distinct: infant mortality reflects the conditions surrounding birth, the neonatal period, and the first year of life, while child mortality captures a longer developmental window shaped by different risk factors. Canada's infant mortality challenges are not separate from its child mortality challenges, but addressing them requires targeted, age-specific analysis, and policy responses.^{391,392}

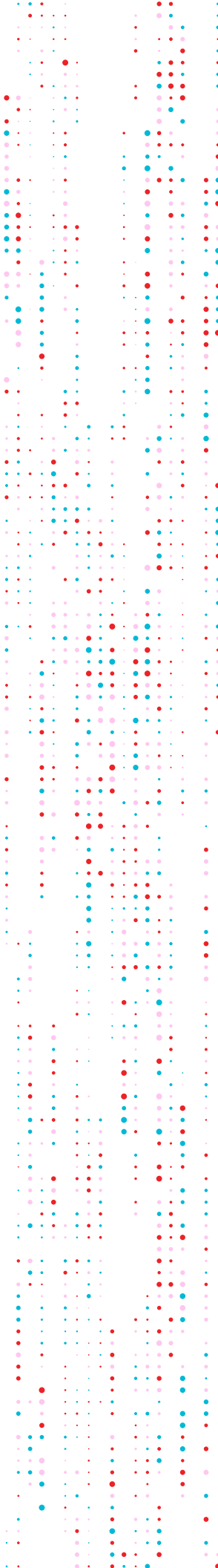
Preterm Birth and Low Birth Weight as Leading Threats

Preterm (before 37 weeks) birth and low birth weight (under 2,500 grams) are among the most serious and interconnected threats to infant survival in Canada. A population-based study of 448,819 children born in British Columbia between 2004 and 2014 found that preterm infants faced dramatically higher mortality and hospitalization rates in their first five years, with extremely premature infants (22–24 weeks) showing hospitalization risk ratios of 6.37 compared to full-term births.³⁹⁴ Low birth weight compounds this risk independently.

Low birth weight infants face substantially higher odds of neonatal death, infection, and neurodevelopmental impairment regardless of gestational age.^{394,395} Maternal cannabis use, which is prevalent in Canada, has been associated with low birth weight odds ratios of 1.75, as well as elevated rates of preterm birth and small-for-gestational-age births.³⁹⁵ Beyond immediate survival, prematurity and low birth weight trigger cascading health consequences, including respiratory distress, intracranial hemorrhage, and neurodevelopmental disorders that extend risk well into early childhood.

Long-Term Consequences of Preterm Birth

The adverse effects of preterm birth extend far beyond neonatal mortality, imposing substantial lifelong demands on children, families, and Canada's health-care infrastructure. A population-based British Columbia cohort study demonstrated that preterm infants consumed far greater health resources over their first five years than term-born peers, including markedly higher hospitalization rates and elevated



outpatient prescriptions.³⁹⁶ Neurodevelopmental risks compounded this burden: children born at 22–24 weeks of gestation faced relative risk for neurodevelopmental diagnosis by age five, while children born at 22–24 weeks faced the highest relative risk for neurodevelopmental diagnosis by age five.³⁹⁶ Notably, even infants born at 37–38 weeks showed elevated risk relative to those born at 39 weeks or beyond, suggesting that the effects of gestational maturity extend across the full range of birth timing.³⁹⁷ These findings confirm that prematurity is the beginning of a prolonged health trajectory that places sustained demands on children, families, and the health-care system.

Neonatal Complications and Their Mortality Burden

Neonatal complications, including preventable nutritional deficiencies such as iron deficiency anemia (IDA), remain a preventable yet persistent contributor to infant morbidity and mortality in Canada.^{397,398,399} A study from the Hospital for Sick Children in Toronto, documenting 128 infants and young children (predominantly aged 9 months to 3 years) with severe iron deficiency anemia between 2020 and 2024, found that two otherwise healthy infants under one year of age died.³⁹⁸

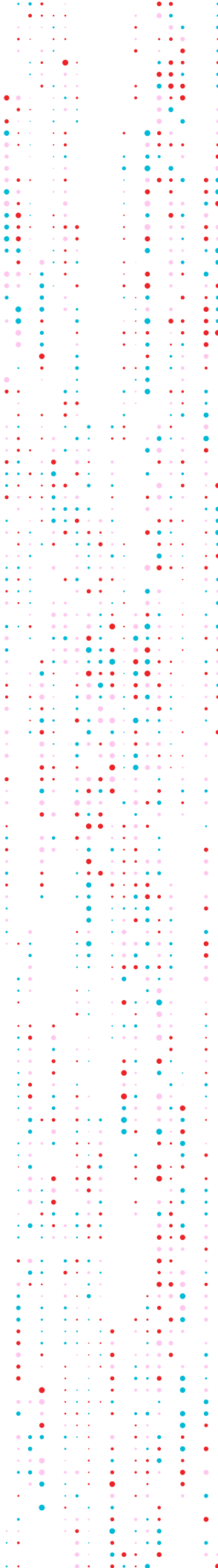
Approximately 10% of Canadian children under five suffer from iron deficiency anemia, yet the condition remains under-addressed in clinical practice and policy. The study identified excessive cow's milk consumption as a key contributing factor, associated with gastrointestinal damage and chronic blood loss in affected infants and young children.³⁹⁸ These findings highlight how preventable nutritional conditions continue to claim and compromise young lives across Canada. Iron deficiency anemia, maternal anemia, and other neonatal complications share a common thread: they are most prevalent among infants born into conditions of poverty, food insecurity, and limited access to consistent prenatal and postnatal care. Through early screening, physician education, and income-based policy interventions that address the structural roots of nutritional deprivation, these challenges could be addressed.^{398,401,402}

Maternal Health Conditions

Maternal health conditions during pregnancy are significant upstream threats to infant survival. A 2025 meta-analysis of 51 studies involving over 21 million participants found that prenatal cannabis use was associated with increased odds of low birth weight (OR 1.75), preterm birth (OR 1.52), small-for-gestational-age (OR 1.57), and perinatal mortality (OR 1.29).⁴¹³ Maternal anemia presents a parallel risk: a prospective study found that 46% of infants born to anemic mothers had low birth weight, 33% were born preterm, and 8% experienced perinatal mortality, compared to 21%, 12%, and 2%, respectively, among infants born to non-anemic mothers.⁴⁰⁰

The Burden on Indigenous Infants

Indigenous infants in Canada face mortality rates two to four times higher than non-Indigenous infants, with sudden infant death syndrome (SIDS) rates seven times higher—disparities rooted in the structural conditions and ongoing outcomes



of colonization.⁴⁰² Inuit infants carry Canada's highest preterm birth rate at 11.4%, linked to geographic isolation, limited access to antenatal care, and the psychosocial burden of mandatory medical evacuation for delivery.^{402,403} Overcrowded housing, high household smoking rates, and systemic racism within health-care institutions sustain these outcomes, rather than individual choices. Post-neonatal deaths—those occurring between 29 days and 12 months of age—make up nearly half of all Indigenous infant deaths, compared to one quarter in non-Indigenous populations, pointing squarely to the social conditions of infancy as the primary driver.⁴⁰⁴

Immigrant and Refugee Infant Health

Canada's growing immigrant and refugee population faces uneven infant health risks tied directly to the immigration category. Yang et al. (2024), analyzing nearly 8 million Canadian births from 1993 to 2018, found that immigrant families overall showed lower neonatal mortality than Canadian-born families.⁴⁰⁵ The “healthy immigrant effect” advantage did not hold equally across all groups. Infants born to refugee and family-class immigrants faced elevated risks of preterm birth, small-for-gestational-age birth, and stillbirth, with immigration category, not country of origin, as the key determinants.

Using a Statistics Canada-linked dataset of more than 706,000 births, Ramadan et al. (2025) found that in-Canada refugees had significantly higher rates of adverse birth outcomes.⁴⁰⁶ In-Canada refugees are asylum claimants whose refugee claims are processed from within Canada rather than from abroad.⁴⁰⁶ The authors attributed these disparities to socioeconomic precarity, limited access to provincial health insurance, and the psychosocial stress associated with uncertain immigration status. This heightens how Canada's fragmented health-care coverage for newcomers is a policy design problem that puts infants at risk before they are even born.

Black Infant Health

Black children in Canada face disproportionate risks of infant mortality, yet the evidence base remains critically thin. A 2025 scoping review of maternal and neonatal health in Canada's Black communities found that all six included studies reported significant associations between race and adverse outcomes.⁴⁰⁷ Black individuals experienced higher rates of perinatal mortality, preterm birth, small-for-gestational-age births, low Apgar scores, NICU admission, and congenital heart disease compared to their White counterparts. Most studies, which were Ontario-based, suggest national disparities are likely broader and undercounted. It was concluded that comprehensive national, population-based data are urgently needed because, without understanding the scale of racial disparities in infant health, health systems cannot design effective interventions.⁴⁰⁷ The data gap is itself a threat to Canadian infants.

Health Inequities and Geographic Disparities

Geographic location and socioeconomic status are powerful determinants of infant and child mortality in Canada, yet they often receive less attention than clinical risk

factors. An epidemiological analysis of Ontario vital statistics data from 2012 to 2021 found that premature birth, congenital anomalies, respiratory infections, and unintentional injuries were the leading causes of child mortality across the province.⁴⁰⁸ Critically, the study identified income inequality and access to health-care services as significant drivers of these deaths, with clear geographic disparities. Certain Ontario regions recorded substantially higher child mortality rates than others, reflecting how concentrated poverty and gaps in local health services can translate into preventable deaths.⁴⁰⁸

These patterns align with national data showing that infant mortality rates are consistently higher in Canada's northern territories, where geographic isolation, limited perinatal services, extreme food insecurity, and overcrowded housing compound biological risk.^{402,403} Statistics Canada's Quality of Life Indicators by Census Subdivision dashboard, updated in 2026, further enables granular community-level mapping of social conditions—including income, housing, and access to health care—that shape these geographic mortality gradients.⁴⁰⁹ The Ontario study recommends targeted interventions in high-mortality communities that address the clinical and social determinants of child death simultaneously, rather than treating them as separate problems.⁴⁰⁸



Poverty and Food Insecurity

Poverty and food insecurity underpin nearly every other risk factor for infant mortality, shaping maternal nutrition, access to prenatal care, exposure to environmental hazards, and household stress throughout pregnancy. In 2024, 25.5% of people in Canada's ten provinces including 2.5 million children, lived in food-insecure households.⁴⁰² In the territories, where Indigenous infant mortality is most severe, the rate reaches 37.4%, with Nunavut at 62.6%.⁴¹⁰ Food insecurity falls hardest on low-income renters, lone-parent families, and those identifying as Black or Indigenous.⁴¹⁰ The 2025 BC Child Poverty Report Card documents child poverty on urban reserves at 29.1%, exceeding 50% on some reserves.⁴⁰² Together, these figures map a clear geography of risk: the infants most exposed to food insecurity and poverty are the same infants facing the highest rates of preterm birth, low birth weight, and post-neonatal mortality. Poverty is not merely a context for infant death but a mechanism through which structural inequality produces biological vulnerability. Reversing it requires policy responses that treat income security, food access, and housing stability as infant health interventions in their own right.^{401,410,393}

Gaps in the Current Evidence Base

The Canadian literature on infant mortality reveals several important gaps. The most significant of which is the lag in nationally representative data. Most peer-reviewed Canadian studies draw on administrative datasets from the mid-2000s to mid-2010s, while the Yang et al. (2024) uses data ending in 2018.⁴⁰⁵ The effects of the COVID-19 pandemic, the cost-of-living crisis, and record-high food insecurity levels on infant mortality remain largely understudied in the academic literature, meaning the current evidence base almost certainly underestimates the present scale of the problem.

Indigenous surveillance data is critically inadequate. Dion et al. (2024) identify that Canada's vital statistics databases do not consistently capture Indigenous identity, making it impossible to generate accurate, population-specific infant mortality rates for First Nations, Inuit, and Métis infants.⁴⁰³ This is a structural accountability failure; if Indigenous infant deaths cannot be reliably counted, they cannot be systematically addressed.

The evidence base for Black infant health in Canada is similarly thin. Lennord et al. (2025) found only six eligible studies in a national scoping review of Black maternal and neonatal health, all retrospective, most limited to Ontario, leaving national conclusions impossible and exposing the absence of race-based data collection as a systemic gap in Canadian public health infrastructure.⁴⁰⁷

Finally, there are limited peer-reviewed Canadian studies published recently that directly examine how recent increases in refugee and asylum-seeker arrivals are affecting current infant mortality patterns. The dataset used in the most current immigrant health studies ends in 2017–2018, leaving a critical evidence gap for newer newcomer communities and their infants.^{405,406}

Conclusion

The Canadian literature makes one thing clear: infant mortality is not a clinical failure, it is a structural one. The infants most at risk are those born into conditions created by colonization, poverty, immigration precarity, and geographic exclusion from care. Indigenous infants, Black infants, refugee children, and those in low-income households continue to die at higher rates, not because Canada lacks medical capacity, but because the structural conditions necessary for their survival remain unaddressed. Preventable causes such as iron deficiency anemia, maternal anemia, and prenatal cannabis exposure claim lives that available interventions could protect.

Progress requires disaggregated national data by race, ethnicity, geography, and immigration category, without which equity-targeted interventions cannot be designed or evaluated.^{403,407} It also requires equitable health-care access for all residents, regardless of immigration status, and policies that recognize housing security, food access, and Indigenous self-determination in health as foundational to child survival—not optional supplements to clinical care.^{401,402,406}



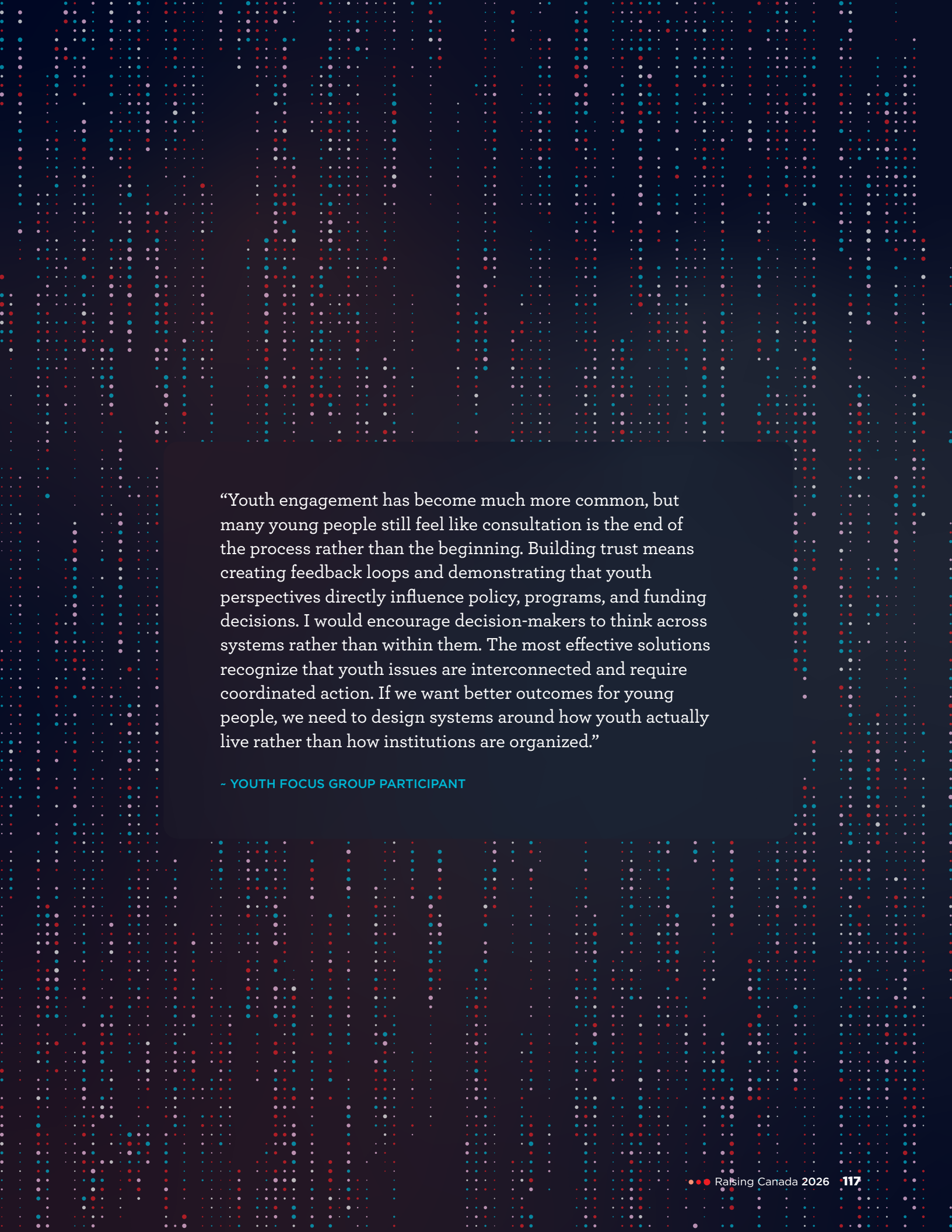
Raising Canada 2026: Integrated Policy Recommendations

Advancing Coordinated, Actionable, and System-Level Solutions
for Child Well-being in Canada

Background. The challenges facing children and youth in Canada today are increasingly interconnected, yet far too often our policy responses remain fragmented. To build a more effective, coordinated response, *Raising Canada 2026* introduces a holistic, integrated policy framework grounded in children's rights, intersectionality, prevention, systems thinking, and shared accountability across all levels of government. Recognizing that no single policy, sector, or level of government can solve these challenges alone, the framework emphasizes coordinated action that addresses both immediate needs and the systemic conditions shaping the lives of children and youth.

Rather than listing what *should* be done, this framework outlines what governments and partners can concretely implement now, while building toward longer-term structural change. As such, the following recommendations are presented as prioritized, system-level policy actions to:

- Move beyond fragmented “laundry list” recommendations;
- Highlight clear policy levers and investments;
- Show who needs to act and how.



“Youth engagement has become much more common, but many young people still feel like consultation is the end of the process rather than the beginning. Building trust means creating feedback loops and demonstrating that youth perspectives directly influence policy, programs, and funding decisions. I would encourage decision-makers to think across systems rather than within them. The most effective solutions recognize that youth issues are interconnected and require coordinated action. If we want better outcomes for young people, we need to design systems around how youth actually live rather than how institutions are organized.”

— YOUTH FOCUS GROUP PARTICIPANT

Executive Summary of Policy Recommendations

Policy Recommendation System	Priority Policy Lever	Core Action	Why Is This Important?
Health System	Invest in an integrated continuum of pediatric care, including community-based, inclusive prevention supports	- Promote evidence-based preventative health education - Improve integration between health and social service providers - Earmark funding for children and equity-deserving communities - Spread and scale health service approaches that reduce barriers to access	Improves equitable access to timely, prevention-focused care, addresses the social determinants of health, reduces health inequities, and ensures children receive coordinated support before challenges become crises.
Social and Economic Supports	Strengthen income, housing, food security, and basic supports for families	- Strengthen and index income supports and tax benefits - Extend income supports and tax benefits to all children living in Canada, regardless of parental immigration or citizenship status - Protect and accelerate the nationwide implementation of universal \$10/day childcare	Reduces child poverty and material hardship, strengthens family stability, improves child development and health outcomes, and creates the conditions every child needs to learn, grow, and thrive.
Child Protection & Justice	Strengthen child protection infrastructure	- Advance Legislative reforms protecting children - Create funding for community-based victim supports - Establish a national parenting education program - Fund community-based research - Reform child welfare to address structural drivers - Expand restorative and community justice approaches for youth	Strengthens children's safety and rights by preventing violence, addressing its root causes, supporting families and survivors, and creating more equitable, trauma-informed systems that promote healing and long-term well-being.

Education	Mobilize digital literacy and mental health curriculum reform	• Implement K-12 digital literacy and mental health education • Establish clear, consistent and equitable policies for AI use in schools • Create and mobilize school-based supports for youth struggling with problematic technology use	Equips children with the knowledge and skills to navigate an increasingly digital world safely, promotes positive mental health and healthy technology use, and fosters safer, more inclusive, and future-ready learning environments.
Digital Governance	Establish a national Digital Literacy and Safety Framework	• Strengthen and pass child-centered digital safety legislation, including the Safe Social Media Act. • Establish child-safe AI governance for schools across Canada • Create a Canadian children's privacy and age-appropriate design code • Establish a national Digital Literacy Framework • Ensure equity-centered implementation	Creates safer digital environments by protecting children's privacy, rights, and well-being, reducing exposure to online harms, and ensuring emerging technologies are designed and governed in children's best interests.
Data & Accountability	Build a national child well-being data system	• Establish a National Data Strategy for children and youth, including passing Bill S-212, to ensure the implementation of the UN Convention on the Rights of the Child and address the top 10 threats to childhood. • Centre children, youth and families in the strategy's development • Capture upstream influences, threats to childhood and emerging pressure in the framework • Select measurable indicators and assess progress towards the national child and youth strategy annually • Collaborate to leverage existing data sources • Share progress, findings and recommendations broadly using a strengths-based approach	Strengthens accountability and evidence-informed decision making by measuring what matters, identifying emerging challenges, tracking progress over time, and ensuring policies and investments improve outcomes for all children and youth.

Health Systems Recommendation

Invest in an integrated continuum of pediatric care, including community-based, inclusive, and prevention supports

Across Canada, children struggle to access primary, mental health, and specialist care.^{415,416,417} Improving access to pediatric care and health promotion would address vaccine-preventable illness, prevent unintentional injuries, promote physical activity, help identify cases of violence against children, and respond to the mental health impacts of online harm and discrimination.

Integrated Youth Services (IYS) is a community-based health-care service model that has been shown to increase access to care for young people, especially those from equity-deserving communities.⁴¹⁸ IYS programs co-locate and coordinate primary and mental health-care services alongside other supports, such as housing, employment, or social services.⁴¹⁹ IYS programs have gained traction across Canada, with service hubs in all provinces and one territory (Integrated Youth Services Collaboration Centre, undated) and securing funding from the federal government.⁴²⁰ To be sustainable, IYS programs require adequate funding at all stages, including sufficient resources for meaningful program design, youth and family engagement, relationship building with partners, and the establishment of integrated ways of working.^{421,422}

Improving continuity of care with stronger transitions between providers, as children move between community-based and clinical health services, helps retain youth in health systems, meets their needs at the appropriate level, and eases coordination between the many health-care and service providers who support young people.⁴²³ Addressing the entire spectrum of pediatric care requires investment in prevention and early intervention, patient education and empowerment, service coordination and transitions, and meeting specific needs with the appropriate level of support.^{423,424,425,426,427}

Children and youth from equity-deserving communities require health-care services that are sensitive to their unique needs and contexts and address systemic barriers to access.⁴²⁸ The impacts of these structural barriers cut across the top 10 threats, demonstrating how inequities can layer on top of each other. By adopting strengths-based and community-engaged approaches, governments and health-care providers can work alongside communities to build on existing capacities and address health challenges by targeting these structural barriers.^{429,430}

To ensure children have access to the complete spectrum of health-care services, the federal government can:

- **Promote evidence-based preventative health education:** Expand health promotion grant programs for children and families, building on existing grants such as the [Active and Safe Injury Prevention Initiative](#), [Preventing and Addressing Family Violence - the Health Perspective](#), [Immunization Partnership Fund](#), and [School Health Grant for Youth](#). Leverage the [National Advisory Committee on Preventative Health Services](#) to measure and amplify evidence-based community-level health interventions for children, youth, and families.⁴³¹ Engage equity-deserving communities in the design and delivery of targeted prevention programming.
- **Improve integration between health and social service providers:** Through the [Integrated Youth Services Collaboration Centre](#), conduct research on IYS best practices and share lessons learned with health system actors to improve integrated care in other settings. Increase integration between providers in existing collaborative service delivery and wraparound care programs. Explore legislative supports for data sharing between providers, such as Bill S-5, the *Connected Care for Canadians Act*, to facilitate transitions in care between providers (2026).

- **Earmark funding for children and equity-deserving communities:** Dedicate a portion of the Canada Health Transfer to pediatric care⁴¹⁵ and to culturally-embedded health supports for First Nations, Métis, and Inuit; African, Caribbean, and Black; and immigrant and refugee young people. Examine existing federal health-related grant programs through an equity lens and dedicate a proportion of funding to equity-deserving communities, prioritizing community-led initiatives.
- **Spread and scale health service approaches that reduce barriers to access:** Improve rural health service delivery by establishing national guidelines for virtual care,^{415,416} creating a National Rural Health Workforce Strategy,^{432,433,434} and permanently expanding the federal student loan forgiveness program for health-care workers in rural and remote communities.⁴³⁵ Through the Integrated Youth Services Collaboration Centre, conduct a national study on the impact of IYS models for equity-deserving youth and pilot a school-based IYS program for younger children in underserved urban settings.⁴³⁶

Social, Economic Supports & Child Protection and Justice

Strengthen income, housing, food security, and basic supports for families

Canada has demonstrated that sustained investment in income transfers can meaningfully reduce child poverty, as seen with the introduction of the Canada Child Benefit in 2016.^{437,447} Given that national child poverty rates rose for the third consecutive year in 2025, more needs to be done.⁴³⁸ Coupling income transfers with other supports, such as parental leave, housing, and childcare, can further reduce child poverty. Internationally, multiple countries have achieved child poverty rates of 10% or less using a multi-pronged approach.⁴⁵¹

In Canada, British Columbia's experience reinforces this approach. The province has

reduced its child poverty rate by more than a third since 2016 through legislated targets, indexed income supports, expanded childcare, and food security investments.⁴⁴⁵ This includes significant progress toward implementing \$10-per-day childcare. However, Canada-wide implementation has been uneven: as of 2026, only six of 13 provinces and territories had met the fee target, while jurisdictions including Ontario, Alberta, and British Columbia continued to fall short due to capacity constraints, a chronic shortage of educators, and persistent implementation gaps.^{440,442}

Housing instability compounds the effects of poverty on child health and development. Rising rental costs disproportionately exclude low-income families from stable, affordable housing, highlighting the need to expand non-market housing availability.⁴³⁷ Further, climate change is exacerbating housing insecurity issues.⁴⁵¹ In recent years, climate-related disasters such as extreme heat or cold, flooding, and wildfires, have caused housing loss for thousands of Canadian families and disproportionately threatened the health and safety of unhoused and precariously housed young people.

The federal government's spending on income, housing, and other social supports does not consistently reach families who need it most. This includes families living in deep poverty, particularly Indigenous, Black, and racialized families, lone-parent households, newcomer and refugee families, children with disabilities, and families in rural and remote communities, who are often underserved or excluded by current eligibility rules and delivery structures. Wright et al. (2024) call for multi-sectoral frameworks that link mental health, education, housing, and income data to enable more responsive, coordinated action for children and youth. The National Advisory Council on Poverty (NACP, 2025) similarly stresses the importance of upstream investment and evidence-based accountability, arguing that reactive emergency-response approaches are both less effective and

more costly in the long run. More coordinated, upstream, and equity-focused investments are recommended so supports reach those facing the greatest burden.^{452,448,450,440}

To strengthen income, housing, food security and basic supports for families, the federal government can:

- **Strengthen and index income supports and tax benefits regardless of parental immigration or citizenship status:** Fully index the Canada Child Benefit (CCB) and Child Disability Benefit to inflation so their value keeps pace with the cost of living. To concentrate benefits among the lowest-income households, create a targeted CCB supplement for families living in deepest poverty,^{438,441,448} and make the Grocery and Essentials Benefit permanent.⁴⁵⁰
- **Protect and accelerate the nationwide implementation of universal \$10/day childcare,** including adequate workforce, infrastructure, and inclusion supports. Canada-wide implementation of \$10-per-day childcare has gained significant legislative momentum in recent years. Several provinces, including British Columbia, Prince Edward Island, and Quebec, have made significant progress toward the \$10-per-day target, demonstrating that the model is achievable. However, progress has been uneven. In some jurisdictions, capacity shortfalls, staffing challenges, and implementation gaps mean that families are not yet fully benefiting from the program. Nationwide expansion and consistent implementation must be protected, accelerated, and adequately resourced, as universal childcare is one of the most consequential investments Canada can make in child development, family affordability, and gender equity in the labour market.
 - Establish prescribed wage grids for early childhood educators to address the staffing crisis contributing to empty spaces and long waitlists.

- Invest in the creation of new licensed, non-profit childcare spaces, prioritizing communities where waitlists are longest and childcare deserts most acute.
- Ensure that supports for children with disabilities are embedded in all childcare expansion funding so that capacity growth does not leave the most vulnerable children behind.
- **Expand availability of non-market, affordable, family-sized housing** through federal housing investments and agreements with provinces, territories, municipalities, and non-profit housing providers. Investments could include piloting a housing benefit for low-income families with children that ensures rent does not exceed 30% of household income.
 - Establish a youth-specific housing strategy to address the particular vulnerability of young people aging out of child welfare and transitioning to independent living.
 - Pilot a benefit for low-income families who rent, ensuring that housing costs do not exceed 30% of household income, a key threshold for housing affordability.
 - Invest in physical activity programs for low-income families, including children with disabilities, ensuring that cost is not a barrier to the health benefits of movement and recreation.
 - Invest in retrofitting existing homes to meet climate-resilient standards, alongside building new units, as a combined approach offers the greatest opportunity to address Canada's interconnected housing, affordability, and climate challenges simultaneously.⁴⁵³
- **Conduct equity analyses of social spending** to assess whether government benefits are reaching populations facing the greatest need, with disaggregated reporting by race, immigration status, disability, and family structure.

Child Protection & Justice

Strengthen Child Protection Infrastructure

Child protection and justice systems in Canada are strongly shaped by social and economic conditions. The overrepresentation of Indigenous and Black children in child welfare and the justice system reflects not individual family failure, but structural poverty, colonialism, and systemic racism within institutions.^{9,444} Addressing child protection effectively, therefore, requires integrated responses that strengthen community capacity, fund culturally appropriate supports, and address the conditions that bring families into contact with child welfare systems in the first place.

To strengthen child protection and justice infrastructure, the federal government can:

- **Advance legislative reforms protecting children** currently before Parliament that directly strengthen child protection infrastructure. Bill C-16, the *Protecting Victims Act*, introduces new child sexual assault offences, improves victim rights supports, and prohibits suspects of intimate partner violence from acquiring firearms (2026). Bill S-235, the *National Strategy to Combat Human Trafficking Act*, would close a critical gap in child protection law (2026). Bill C-223, the *Keeping Children Safe Act*, would allow courts to hear directly from children in custody proceedings.
- **Create funding for community-based survivor supports:** Create dedicated and sustained funding opportunities for community-based organizations to provide culturally relevant, victim supports for children who have experienced violence, exploitation, or maltreatment. These organizations are often better positioned than formal systems to reach marginalized children and families with trust-based, trauma-informed care.⁴⁴⁷
- **Establish a national parenting education program:** Create a nationally coordinated, equity-oriented, accessible parenting education program covering vaccine-preventable illness, injury prevention, digital safety, prevention of violence against children, physical activity, and healthy development. The program should use a blended delivery model that includes web-based modules, facilitated group sessions, mobile apps, and access to coaching and peer mentorship, with materials available in multiple languages and culturally adapted for diverse communities.^{454,455,456}
- **Fund community-based research:** Invest in community-based participatory research that engages low-income and marginalized families in developing, evaluating, and scaling childhood injury and family violence prevention interventions that strengthen social cohesion and cultural connections. Interventions developed without community input have consistently shown limited uptake among populations at highest risk.¹²⁴
- **Reform child welfare to address structural drivers:** Implement the legislative and policy reforms needed to address the overrepresentation of Indigenous and Black children in child welfare, including income supports that reach families before crisis, community-led and culturally grounded alternatives to apprehension, and the full implementation of *An Act Respecting First Nations, Inuit and Métis Children, Youth and Families* (Bill C-92).
- **Expand restorative and community justice approaches for youth:** Expand access to restorative justice programs and diversion from the formal criminal justice system for youth, with particular attention to the compounding effects of poverty and racism on youth justice involvement.⁴⁵⁷

Educational Supports

Mobilize Digital and Well-being Curriculum Reform

Schools are among the most powerful settings for shaping how children and youth navigate the world, yet Canada's education system has not kept pace with the realities they face. Rising rates of youth mental health distress, the rapid proliferation of artificial intelligence, and the documented harms of unregulated online spaces have all entered the classroom, while curriculum frameworks and school-based supports remain fragmented, underfunded, and inconsistently delivered across provinces and territories.

A coordinated national approach to digital literacy and well-being education is overdue. The following recommendations prioritize three areas: a national K-12 digital literacy and health curriculum; equitable and transparent AI policies in schools; and school-based supports that connect youth to identity-affirming, technology-informed mental health resources.

- **Develop a national K-12 digital literacy and health curriculum** that is developmentally appropriate, culturally responsive, and co-developed with youth.^{458,459}
 - Embed foundational digital literacy and online safety content across all grade levels, including units on hate, discrimination, and healthy online relationships.
 - Integrate health and well-being content covering suicide prevention, preventative mental health, anti-racism, climate anxiety, injury prevention, and immunization.
 - Provide dedicated training and resources for school staff to deliver curriculum content confidently and consistently.
 - Ensure content is accessible to diverse learners, including Indigenous, newcomer, and 2SLGBTQI+ youth.
- **Establish clear, consistent, and equitable AI use policies in schools** that apply equally to students and educators.

- Develop transparent, school-wide AI frameworks co-created with students, educators, and parents rather than relying on top-down enforcement.
- Provide students with foundational AI literacy education so they can engage critically and responsibly with AI tools.
- Ensure AI policies do not deepen existing inequities or disadvantage students with limited access to technology at home.
- **Create and mobilize school-based supports for youth struggling with problematic technology use**, prioritizing tools that are identity-affirming and youth-centred⁴⁶⁰
 - Fund and integrate community-developed digital well-being tools into school support systems, including the Glo app by It Gets Better Canada, which connects 2SLGBTQI+ youth with resources for online safety, self-discovery, and community empowerment.
 - Create pathways within schools for youth experiencing cyberbullying or other technology-related harm to access timely, culturally appropriate support.
 - Train school counsellors and support staff to identify and respond to problematic technology use as a mental health concern.

Digital Governance

Establish a National Digital Safety Framework

Digital spaces have become central to how kids learn, connect, play, and seek support. Engagement can be through websites, social media, AI technologies, online gaming, messaging apps, and other online platforms. To safeguard child and youth well-being in Canada, the federal government needs to implement a child-centred digital safety framework.⁹⁰ In June 2026, the federal government introduced Bill C-34, the Safe Social Media Act, which would regulate social media and AI chatbot services, introduce a 16-year-old minimum age requirement for these services, and consolidate

oversight under the Digital Safety Commission of Canada. The Commission would enforce the Act through digital safety plans, auditing, compliance orders, and responding to user complaints.

The rapid adoption of AI technologies by children and youth demands urgent regulatory attention to ensure online platforms are safe and accountable. Bill C-34 is an important step, as it would bring AI chatbot services into scope and require them to implement crisis intervention protocols when a user expresses intent to harm themselves or others.⁴⁵ The proliferation of AI-generated content, including deepfakes, can be weaponized to exploit young people through the non-consensual generation of intimate imagery, a form of harm now addressed in the Criminal Code through the Protecting Victims Act (Bill C-16).¹⁰⁰ Schools have a responsibility to equip students with critical AI literacy: the ability to identify synthetic content, evaluate its credibility, and recognize its potential for misuse.⁴⁶¹

“Lots of companies these days or organizations have youth advisory councils. And a lot of companies these days have groups of people that talk about the harms of AI, but if we were to integrate the two, having youth talk about their experiences with AI, we can be part of the safety discussions to make it better. [These] open conversations with youth, provide the opportunity to inform opinions based on youth experience on AI.”

—YOUTH FOCUS GROUP PARTICIPANT

Social media services regulated under Bill C-34 would exclude online gaming and forum platforms, such as Roblox, Fortnite, Minecraft, and Discord. As discussed in *Threat 1: Online Harms*, law enforcement has repeatedly raised concerns about private, encrypted forums used by organizations like 764, where detecting and responding to threats can be particularly

challenging because both perpetrators and survivors are often minors.⁵⁶ Children First Canada urges the federal government to establish clear criteria and timelines for bringing high-risk online services, including gaming platforms, within the scope of the framework.

The regulation of online communication platforms may disproportionately impact equity-deserving communities. 2SLGBTQI+ advocates have noted that content regulation and oversight powers could become tools for the surveillance and policing of queer and trans youth, who already face disproportionate harassment and marginalization.⁸² Similar concerns have been raised by Black, Indigenous, and racialized communities, given long-standing histories of state overreach and over-policing.⁸² The Government of Canada must explore policy approaches that protect children’s privacy and access while shielding them from harm. A comprehensive approach to online safety must proceed in a measured, rights-respecting way and include meaningful consultation with 2SLGBTQI+ organizations, equity-deserving communities, and young people.⁸²

The effectiveness of a national digital safety framework will also depend on the timing and capacity of its implementation. Meaningful protection for children could remain years away: Bill C-34 will not be enforced until the Digital Safety Commission of Canada is established, a process that could take more than 18 months following royal assent. Key details of the bill’s implementation—including user thresholds for determining which services are covered, methods for age verification, and age-appropriate design standards—have also been left to future regulation.⁴⁶² Children First Canada, therefore, advocates for adequate resourcing, a clear operational timeline for the Commission, and regulations that are specific, evidence-based, and developed in consultation with affected communities.

Bill C-34 sets a single age restriction, preventing children under 16 from holding accounts

on social media services, with a pathway for services to seek an exemption if they demonstrate sufficient safeguards for children.⁴⁶³ Age restrictions, however, are not a stand-alone solution. Youth will find ways to connect online regardless, and an overly broad restriction risks pushing some toward less-regulated and potentially more harmful corners of the web. This makes safe, moderated alternatives and strong digital literacy even more important. The federal government should explore whether a single age threshold or a tiered, developmental approach better reflects children's evolving capacities.⁴⁶⁴

Some community-based organizations have developed safe and moderated online spaces that allow youth to access the benefits of digital engagement while minimizing exposure to harmful content. For example, Next Gen Men's [NGM Alliance](#) offers a compelling model: a free, facilitated Discord community for masculine-identifying youth in middle and high school.⁴⁶⁵ Operating since 2020, the program has maintained zero incidents of raids or online exploitation while fostering authentic connections among youth that sometimes turn into in-person friendships. By creating safe and youth-centred online spaces, programs like NGM Alliance help youth build their social and digital citizenship skills while combatting the isolation that can drive young people towards more harmful corners of the internet.⁴⁶⁵

Young people are digital natives with established ways of interacting online, but they still need the knowledge and skills to navigate digital spaces safely. These skills should encompass media evaluation, privacy management, AI fluency, and digital resilience against misinformation.⁴⁶¹ Parents and caregivers also have an important role and should be supported in having ongoing, age-appropriate conversations with children about how they use AI tools and where risks may arise.⁴⁶¹ Protecting Canadian digital sovereignty and children's data should also be a guiding principle across community, educational, and policy initiatives.

Canada has an opportunity to make digital life safer, healthier, more accountable, and more supportive of children's well-being. The federal government can:

- **Pass and strengthen child-centred digital safety legislation:** Enact The Safe Social Media Act (Bill C-34) and ensure the Digital Safety Commission of Canada is adequately resourced with a clear operational timeline. Expand the regular scope to explicitly include online gaming platforms and forum-based communities, such as Roblox, Fortnite, Minecraft, and Discord, where youth face serious and documented harm. Explore a tiered developmental approach to age restrictions that would grant youth increasing levels of autonomy and access.⁴⁶⁴
- **Establish child-safe AI governance for schools:** Require schools to develop transparent AI use policies co-created with students, educators, and parents. Before adapting AI-powered educational tools, mandate child-rights impact assessments, evidence of educational value, and clear privacy protections.⁴⁶¹ Require that AI tools used with children disclose their AI nature, include age-appropriate content safeguards, and prevent the generation of deepfakes or other harmful content targeting minors.
- **Create a Canadian children's privacy and age-appropriate design code:** Require digital services likely to be accessed by children to minimize data collection, apply privacy protections by default, restrict manipulative design features and targeted advertising, and give children meaningful control over their digital experiences.^{464,466}
- **Fund safe, moderated digital spaces:** Provide dedicated federal funding for community-based organizations developing safe, facilitated, youth-centred online spaces, prioritizing youth who rely on digital connection because of geography, disability, identity, family circumstances, or social isolation.

- **Establish a National Digital Literacy**

Framework: Fund national, age-appropriate digital literacy education for children, youth, parents, caregivers, educators, and community organizations. Core competencies should include evaluating information and identifying misinformation, and recognizing and critically engaging with AI-generated content and deepfakes etc.

- **Ensure equity-centred implementation:**

Guarantee meaningful consultation with 2SLGBTQI+ organizations, racialized communities, Indigenous peoples, and young people. Build in oversight mechanisms to prevent digital safety tools from becoming instruments of surveillance or over-policing of equity-deserving communities.⁸²

Data & Accountability

Develop and implement a National Data Strategy for Child and Youth Well-being

To develop an accurate understanding of trends in youth well-being and the impacts of changing sociocultural and geopolitical context,^{467,468} Canada needs a National Data Strategy for Child and Youth Well-being. Integrated with the National Strategy for Children and Youth (Bill S-212, 2026), this strategy would provide a comprehensive, coordinated approach to measuring children's health, well-being, safety, development, and rights. The Government of Canada should work with provinces, territories, Indigenous partners, researchers, and young people to develop and implement the strategy. To be effective, the strategy must align with the UN Convention on the Rights of the Child, harmonize provincial-level data collection, track the top 10 threats to childhood and key indicators of child well-being, collect timely and disaggregated data, and support regular public reporting to strengthen accountability and evidence-informed decision-making.

To understand differences in well-being along identity factors, national-level child well-being data must be disaggregated to reflect the social determinants of health and interpreted within diverse community contexts.^{469,470,471,472}

Disaggregated data helps system actors understand the direct⁴⁷³ and indirect⁴⁷⁴ impacts of social determinants of health by revealing inequities that otherwise would be missed.⁴⁷⁵ To ensure disaggregated data avoids feeding into stereotypes about marginalized communities harmed by health research, such as Black and Indigenous communities, meaningful engagement can help frame health disparities as systemic failures rather than personal deficits.^{476,477,478}

The Government of Canada has a duty to engage youth in the development of the strategy,⁴⁷⁹ creating opportunities to express their views and empowering them as leaders worthy of respect and power sharing.⁴⁸⁰ Meaningful youth engagement not only improves programs,⁴⁸¹ but also builds youth civic engagement capacity. By leveraging young Canadians' desire to make positive change in their communities,⁴⁸³ the federal government can ensure the child well-being data ecosystem reflects the lived realities of young people today.

To support child and youth health and well-being in a way that is driven by data, sensitive to inequities, and guided by youth voice, the federal government can:

- **Establish a National Data Strategy and framework for children and youth well-being:**

Building on the National Strategy for Children and Youth Act (Bill S-212, 2026), develop and implement a National Data Strategy for Child and Youth Well-being. Through the strategy, prioritize action on the top 10 threats to childhood and the full implementation of children's rights. Empower critical partners, including Indigenous communities, equity-deserving groups, youth, and families, in

developing the strategy, treating them as collaborators and sharing wins and challenges.⁴⁸⁴ Acknowledge differences between young people by accommodating diverse intersectional identities and accessibility needs, while holding space for opposing views and experiences.^{482,484,485}

- **Capture upstream influences, threats to childhood, and emerging pressures in the framework:** Consider contextual contributors to child and youth well-being in the National Data Strategy, including planetary and ecological health, social and structural determinants of health, adverse and positive childhood experiences, technology, discrimination, and colonization.⁴⁸⁴ Ensure national child and youth well-being surveillance data capture current threats to childhood, such as injury, immunization coverage, vaccine-preventable illness, bullying, mental health, impacts of climate change, and school absenteeism.
- **Collaborate to leverage existing data sources:** Establish partnerships with all levels of government, health systems, non-profits, and Indigenous communities to use existing data sources, supported by strong data governance, privacy, and security standards.⁴⁷¹ Seek guidance from equity-deserving communities to inform the design of data collection tools, data governance structures, and knowledge mobilization outputs.^{471,486}

- **Share action-ready insights to address threats and improve child well-being at national, provincial, and regional levels:**

Ensure transparency by communicating results through a publicly available report, with guidance on how to refine implementation of the strategy to improve outcomes. Create a national child and youth well-being dashboard for knowledge mobilization, tracking, and accountability, with data disaggregated where appropriate. Disaggregate data intersectionally by examining multiple identity factors simultaneously. Use a strengths-based approach when communicating about health among marginalized populations.⁴⁷⁶ Focus on the impact of health structures and access rather than individual health behaviours,⁴⁷⁷ and consider how to improve access for equity-deserving communities.⁴⁶⁹



Strengths and Limitations

The *Raising Canada 2026* 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 2026* is the meaningful involvement of young people throughout the research, writing and dissemination of the report, and their subsequent advocacy efforts. Upholding our commitment to youth participation, young people were embedded within the research team, ensuring their perspectives, lived experiences, and priorities informed both the process and the content of this report.

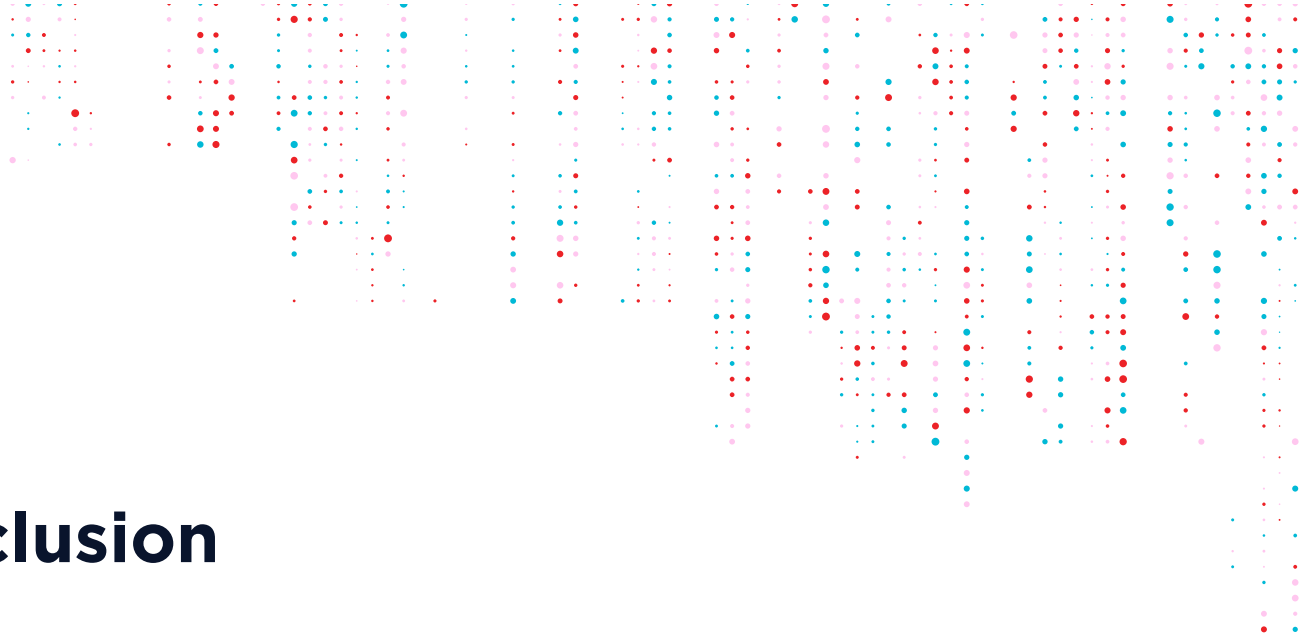
Beyond their involvement in authorship, we also engaged children and youth by hosting multiple focus groups with participants from various regions, backgrounds, and lived experiences. These conversations were instrumental in identifying the cross-cutting themes highlighted in this year's report, most notably the pervasive and compounding role of online harms, identified as the number one threat to children and youth in Canada. Youth participants consistently described how experiences such as cyberbullying, exposure to harmful content, and the pressures of social media and AI-driven platforms are not isolated challenges. Instead, they shape and intensify many of the other threats identified in this report,

contributing to poorer mental health, reduced physical activity, bullying, discrimination, and declining trust in health information.

This year's report also identifies the Canadian School Crisis as an emerging threat, exploring chronic absenteeism, rising school violence, and unsustainable classroom complexity. These are not separate crises but interconnected symptoms of schools being asked to meet increasingly complex student needs without the additional resources or systemic support needed to do so. Addressing this multifaceted challenge requires coordinated, system-wide solutions that improve the learning environment for children and youth.

Despite these improvements, certain limitations remain. As with previous editions, *Raising Canada 2026* 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 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.



Conclusion

Raising Canada 2026 outlines the stark reality facing children and youth in Canada today: they are a generation at risk. Across nearly every dimension of childhood well-being, key indicators are moving in the wrong direction.

The Canadian Centre for Child Protection now processes more than 100,000 reports of online child sexual abuse every month, and police-reported exploitation incidents are up 347% over the past decade.² Unintentional injuries remain the leading cause of death among Canadian children, claiming 2,068 lives between 2020 and 2024.² Child poverty has risen for a third consecutive year, with nearly 1.4 million children currently living below the poverty line.^{437,450}

The impacts are also reflected in children's mental and emotional well-being. Mental health disorders are now the leading cause of disability among Canadians aged 10 to 24.^{12,192} Long-standing public health gains are also under increasing pressure with the measles outbreak. Bullying rates have shown no meaningful decline in a decade despite sustained prevention efforts.²⁴⁹ Systemic racism continues to drive the overrepresentation of equity-deserving children and youth in foster care, while physical inactivity has become entrenched in adolescence. Underlying these challenges is the growing influence of environmental change, with climate change warming Canada at twice the global average rate as a present, not a future, child health emergency.^{328,329}

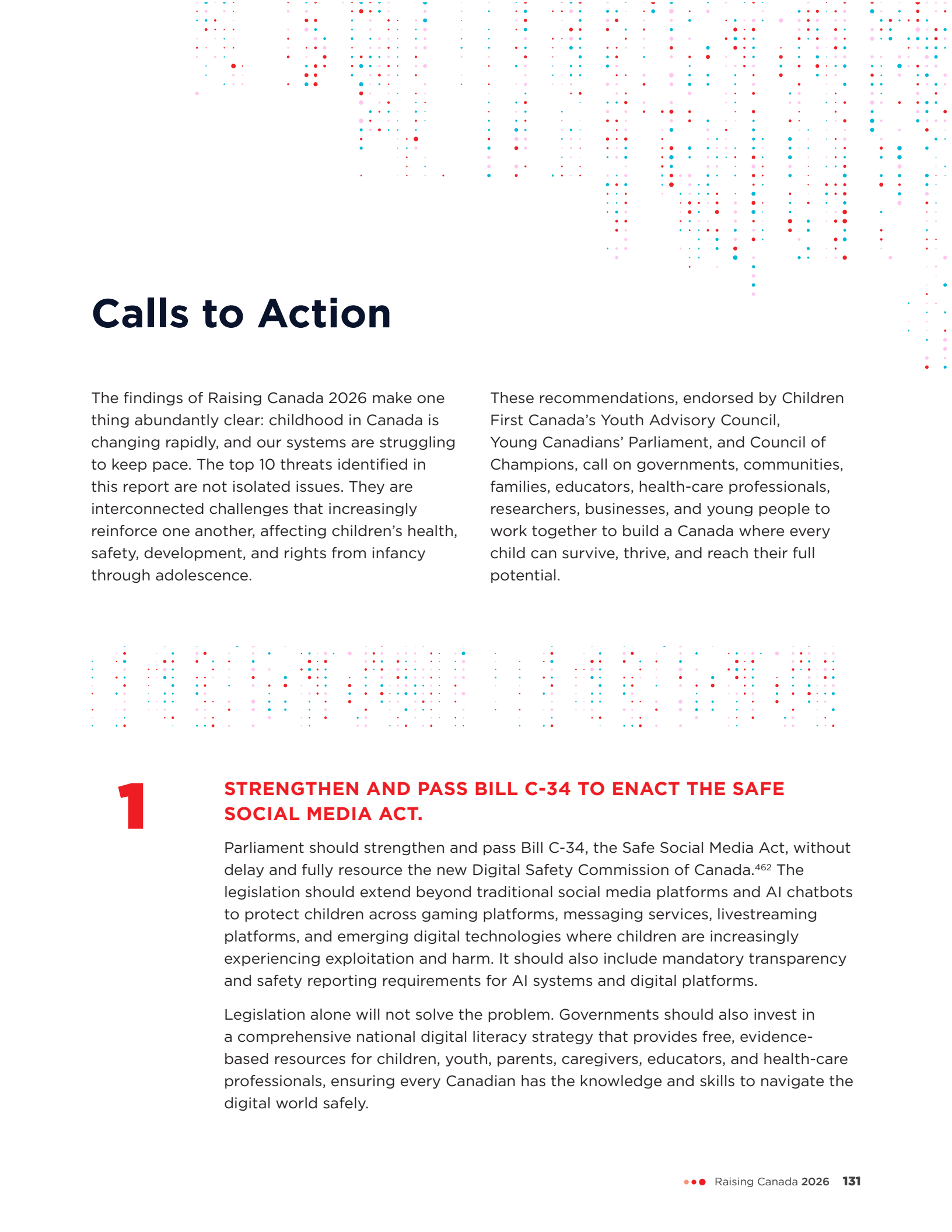
The urgency is perhaps most visible in the digital spaces children now inhabit every day. On June 5, 2026, the Safe Social Media Act (Bill C-34) was tabled in the House of Commons after more than four years of delay. What is required now is the swift passage of Bill C-34, sustained enforcement once it becomes law, and a regulator with the authority and resources to hold technology companies accountable for the harm enabled on their platforms.

These are not ten isolated crises; they are interconnected challenges rooted in the same underlying structural fault lines that run through every threat identified in this report. While government investments in digital safety legislation, mental health resources, and income support are steps in the right direction, innovative, multi-sectoral collaboration is not just desirable, it is essential.

As children and youth across Canada navigate an increasingly complex digital world, 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 findings of Raising Canada 2026 make one thing abundantly clear: childhood in Canada is changing rapidly, and our systems are struggling to keep pace. The top 10 threats identified in this report are not isolated issues. They are interconnected challenges that increasingly reinforce one another, affecting children's health, safety, development, and rights from infancy through adolescence.

These recommendations, endorsed by Children First Canada's Youth Advisory Council, Young Canadians' Parliament, and Council of Champions, call on governments, communities, families, educators, health-care professionals, researchers, businesses, and young people to work together to build a Canada where every child can survive, thrive, and reach their full potential.

1

STRENGTHEN AND PASS BILL C-34 TO ENACT THE SAFE SOCIAL MEDIA ACT.

Parliament should strengthen and pass Bill C-34, the Safe Social Media Act, without delay and fully resource the new Digital Safety Commission of Canada.⁴⁶² The legislation should extend beyond traditional social media platforms and AI chatbots to protect children across gaming platforms, messaging services, livestreaming platforms, and emerging digital technologies where children are increasingly experiencing exploitation and harm. It should also include mandatory transparency and safety reporting requirements for AI systems and digital platforms.

Legislation alone will not solve the problem. Governments should also invest in a comprehensive national digital literacy strategy that provides free, evidence-based resources for children, youth, parents, caregivers, educators, and health-care professionals, ensuring every Canadian has the knowledge and skills to navigate the digital world safely.

2

PASS BILL S-212 AND DEVELOP A NATIONAL STRATEGY FOR CHILDREN AND YOUTH.

Canada needs a coordinated vision for children. The federal government should pass Bill S-212, An Act respecting a National Strategy for Children and Youth in Canada, and work with provinces, territories, Indigenous governments, municipalities, children, youth, families, and community organizations to develop and implement a comprehensive strategy that advances children's rights and wellbeing throughout childhood and adolescence.⁴⁶³ The strategy should adopt a lifespan approach that recognizes children's needs evolve from infancy through young adulthood⁴⁶⁷ and align with Canada's Quality of Life Framework⁴⁰⁹, the UN Convention on the Rights of the Child, and the OECD Child Well-being Dashboard (2025).

3

INVEST IN CHILDREN THROUGH A COORDINATED, WHOLE-OF-GOVERNMENT RESPONSE.

Children experience these challenges together, and governments must respond the same way. The evidence presented in this report demonstrates that online harms, poor mental health, poverty, food insecurity, violence, declining physical activity, racism, vaccine-preventable illnesses, climate change, and the growing pressures facing schools are deeply interconnected. Fragmented, issue-by-issue responses will not be enough.

Canada needs a coordinated, whole-of-government approach that aligns investments across health, education, justice, child welfare, housing, Indigenous services, digital policy, and social development while partnering with community organizations, researchers, businesses, and families. The urgency could not be clearer. Child poverty has increased for a third consecutive year, with families raising children living, on average, more than \$15,000 below the poverty line.⁴³⁸ Canada has experienced its largest measles outbreak in decades, while vaccine hesitancy now affects up to 49% of parents of young children.²³⁶ Schools are facing growing pressures related to violence, absenteeism, classroom complexity, and the rapid integration of artificial intelligence into learning.

4

Governments should prioritize integrated investments that address the root causes of poor child wellbeing while directing additional resources toward children and communities facing the greatest inequities, including First Nations, Inuit, and Métis children, children living in poverty, newcomers, and families in rural, remote, and Northern communities. This should include funding equity-centred catch-up immunization campaigns in communities where vaccine-preventable illnesses have resurged, alongside investments in children's mental health, healthy schools, violence prevention, online safety, and family wellbeing.

JOIN THE MOVEMENT TO PUT CHILDREN FIRST.

Protecting childhood is a shared responsibility. Governments have a responsibility to enact laws that protect children. Technology companies must design safer products and be held accountable when they fail to do so. Parents, educators, health-care professionals, community organizations, businesses, researchers, philanthropists, and Indigenous leaders all have an important role to play. Children and young people themselves have the right to be heard and to help shape the decisions that affect their lives.

The findings of Raising Canada 2026 are a wake-up call, but they are also an invitation to listen more carefully to children, create healthier homes, schools, and communities, and build a digital world that puts children's rights, safety, and wellbeing first.

The future of Canada starts with our children. Let's put them first and build a country where every child is safe, healthy, heard, and empowered to thrive.

Go to www.childrenfirstcanada.org to sign the Raising Canada pledge and take action today.

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2026