

Issues in Child Development: A Scan of Policy Positions, Advocacy Activities and Current Research (Update3)

— March 2020 —



UNIVERSITY OF
TORONTO

POLICY BENCH

Fraser Mustard Institute for
Human Development

Policy Bench

Fraser Mustard Institute for Human Development

Policy Bench Co-Leads:

Barbara Fallon, Ph.D.
Professor
Factor-Inwentash Faculty of
Social Work
University of Toronto

Steven Miller, M.D.
Head of Neurology
Division of Neurology
The Hospital for Sick Children

Policy Bench Advisory Committee:

Catherine Birken, M.D.
Staff Pediatrician
Pediatric Medicine
The Hospital for Sick Children

Steven Miller, M.D.
Head of Neurology
The Hospital for Sick Children

Avram Denburg, M.D.
Staff Oncologist and Clinical
Scientist
The Hospital for Sick Children

Faye Mishna, Ph.D.
Professor
Factor-Inwentash Faculty of Social
Work
University of Toronto

Barbara Fallon, Ph.D.
Professor
Factor-Inwentash Faculty of
Social Work
University of Toronto

Marla Sokolowski, Ph.D.
Professor
Department of Cell and Systems
Biology
University of Toronto

Jennifer Jenkins, Ph.D.
Professor
Department of Applied
Psychology and Human
Development
University of Toronto

Suzanne Stewart, Ph.D.
Professor
Ontario Institute for Studies in
Education
University of Toronto

Joel Levine, Ph.D.
Professor
Department of Biology
University of Toronto

Principal Researcher:

Marina Sistovaris, Ph.D.
Research Associate
Factor-Inwentash Faculty of
Social Work
University of Toronto

Recommended Citation:

Sistovaris, M., Fallon, B., Miller, S., Birken, C., Denburg, A., Jenkins, J., Levine, J., Mishna, F., Sokolowski, M. and Stewart, S. (2020 March). *Issues in Child Development: A Scan of Policy Positions, Advocacy Activities and Current Research (Update 3)*. Toronto, Ontario: Policy Bench, University of Toronto.

File Number: 2020 SCN-no.1 (Update3)

Table of Contents

Acronyms	i
Executive Summary.....	iii
1.0 Child Associations.....	1
1.1 The Canadian Association for Young Children.....	1
1.2 Canadian Coalition for the Rights of Children	2
1.3 Children First Canada	7
1.4 Children’s Healthcare Canada.....	9
2.0 Medical/Health Bodies.....	13
2.1 Canadian Council on Social Determinants of Health.....	13
2.2 Canadian Medical Association	22
2.3 Canadian Mental Health Association	23
2.4 Canadian Pediatric Society	25
2.5 Canadian Public Health Association.....	28
2.6 The College of Family Physicians of Canada	30
2.7 Mental Health Commission of Canada.....	31
2.8 Pediatric Chairs of Canada	35
2.9 Royal College of Physicians and Surgeons of Canada.....	38
3.0 Early Childhood Education.....	43
3.1 Margaret and Wallace McCain Family Foundation.....	43
3.2 Atkinson Centre for Society and Child Development	49
3.3 United Nations Children’s Fund Canada.....	54
3.4 (US) National Academies of Sciences, Engineering and Medicine.....	60
4.0 Research Institutes/Current Research	65
4.1 Child Cohort Study	65
4.2 Center on the Developing Child, Harvard University	68
4.3 Institute of Human Development, Child and Youth Health.....	75
4.4 McGill Institute for Health and Social Policy.....	80
4.5 University of Manitoba, McMaster University, University of British Columbia	82
References	87

Acronyms

ACE	Adverse Childhood Experiences
AHSOR	Aboriginal Head Start on Reserve
AHSUNC	Aboriginal Head Start in Urban and Northern Communities
AI	Artificial intelligence
BBBF	Better Beginnings, Better Futures
CANUE	CANadian Urban Environmental Health Research Consortium
CAPC	Community Action Program for Children
CAYC	Canadian Association for Young Children
CCRC	Canadian Coalition for the Rights of Children
CCSDH	Canadian Council on Social Determinants of Health
CFC	Children First Canada
CFPC C	College of Family Physicians of Canada
CHANCES	Caring, Helping and Nurturing, Children Every Step
CICH	Canadian Institute of Child Health's
CIHR	Canadian Institutes of Health Research
CMA	Canadian Medical Association
CMHA	Canadian Mental Health Association
CPHA	Canadian Public Health Association
CPNP	Canada Prenatal Nutrition Program
CPS	Canadian Pediatric Society
CRRU	Childcare Resource and Research Unit
DOHaD	Developmental Origins of Health and Disease
ECD	Early Childhood Development
ECDC	Early Childhood Development Centres
ECE	Early Childhood Education
ECEC	Early Childhood Education and Care
ECER	Early Childhood Education Report
EDI	Early Development Instrument
EU	European Union
eNO	Exhaled Nitric Oxide
EYS	Early Years Study
FOI	Frontiers of Innovation
FoMo	Fear of Missing Out
HBSC	Health Behaviour of School-Aged Children
HCD	Healthy Child Development
HeLTI	Healthy Life Trajectories Initiative
HIC	High Income Countries
HSO	Health Standards Organization
IHDCYH	Institute of Human Development, Child and Youth Health
IHSP	(McGill) Institute for Health and Social Policy
LGBTQ2S	Lesbian, Gay, Bisexual, Transgender, Transsexual, Queer, Questioning and 2-Spirit
LMIC	Low and Middle Income Countries
MHCC	Mental Health Commission of Canada
NCD	Non-Communicable Diseases

Acronyms

NEET	Not in Education, Employment or Training
OECD	Organization for Economic Cooperation and Development
PHAC	Public Health Agency of Canada
PCC	Pediatric Chairs of Canada
SB6	Success By 6
TFD	Toronto First Duty
Triple P	Positive Parenting Program
UNICEF	United Nations Children's Fund
UNCRC	United Nations' Convention on the Rights of the Child
YC	(Mental Health Commission of Canada) Youth Council

Executive Summary

This document identifies key policy positions, advocacy activities and current research concerning child development and associated issues. Common themes identified by the scan include:

- health and well being of Indigenous children;
- issues of equity/access in the provision of health services;
- children's mental health;
- social determinants of health and their impact on child health and development;
- improvements in data collection and analysis;
- significance of structured play;
- effects of cannabis on child development;
- safe and effective medications for children;
- the social, economic and developmental benefits of early childhood education and care; and
- effects of climate change on children's health and development.

Key words found throughout the scan:

- cannabis
- child medications
- climate change
- early childhood education and care
- early intervention
- food security
- health inequality
- homelessness
- Indigenous children
- mental health
- obesity
- poverty
- social determinants of health
- structured play

**Issues in Child Development:
A Scan of Policy Positions, Advocacy Activities and Current Research**

1.0 Child Associations

1.1 The Canadian Association for Young Children

Website	www.cayc.ca
Background	The Canadian Association for Young Children (CAYC) is a “national association specifically concerned with the well being of children, birth through age nine at home, in preschool settings and at school....Members of [the] multi-disciplinary association include parents, teachers, caregivers, administrators, students and all those wishing to share ideas and participate in activities related to the education and welfare of young children” (Canadian Association for Young Children, n.d: n.p.).
Mission Statement	“[P]rovide a voice on critical issues related to the quality of life of all young children and families” (Canadian Association for Young Children, n.d: n.p.).
Policy Position	<ul style="list-style-type: none">• Children and Play, 2016

Canadian Association for Young Children Policy Position

1. Children and Play, 2016

“CAYC believes that play is and should be promoted as a fundamental right of children. It is more than mere indulgence; it is essential to children’s health and well-being....It is the responsibility of adults to understand the importance of play, promote the value of play, and create opportunities for children’s play” (Canadian Association for Young Children, 2016: n.p).

1.2 Canadian Coalition for the Rights of Children

Website	www.rightsofchildren.ca
Background	The Canadian Coalition for the Rights of Children (CCRC) “is a network of Canadian organizations and individuals who promote respect for the rights of children. Its purpose is to: exchange information; provide public education materials about the [<i>United Nations’ Convention on the Rights of the Child (UNCRC)</i>]; monitor implementation of the Convention in Canada; and engage in dialogue with government officials on child rights issues” (Canadian Coalition for the Rights of Children, n.d.: n.p.).
Objectives	The central objective of the CCRC is: “[t]o uphold human rights in Canada and the world, in accordance with the <i>UNCRC</i> and its related conventions and protocols....The <i>UNCRC</i> is the guiding framework for all activities of the coalition. [This includes]: [m]onitoring and promoting the implementation of children’s rights in Canada, in both domestic policies and international relations; [e]stablishing national, provincial, and local links between groups concerned about the well-being of children, to share information and co-operate in the advancement of children’s rights; [f]ostering education and awareness in Canada about the rights of children, especially among young Canadians; and [p]romoting Canada’s role in international bodies that foster children’s rights and engaging Canadians in international initiatives to advance respect for children’s rights” (Canadian Coalition for the Rights of Children, n.d.: n.p.).
Priority Issues	<ul style="list-style-type: none">• Equitable Access in Early Childhood, 2019• Preventing Violence Against Children, 2019• Reform of Canada’s Child Welfare System, 2019• Child-Centred Policy Framework, 2019• Improving the Health of Canada’s Children, 2019• Preventing Youth Homelessness, 2019• Children’s Mental Health Issues, 2019• Food Security for Children, 2019

1. Equitable Access in Early Childhood, 2019

“The core principles of equitable access to services and non-discrimination also apply in the early years. These rights of young children in Canada are not fulfilled” (Canadian Coalition for the Rights of Children, 2019a: n.p.). Statistics show:

- “[i]n 2018, more than 770,000 children lived in “child care deserts” with inadequate spaces for children seeking care (more than three children for every space).
- In a 2019 Survey on Early Learning and Child Care Arrangements, 10 percent of parents reported they did not access childcare because costs are too high.
- Only 52 percent of children in some form of non-parental care were enrolled in a childcare program, a low number compared to other developed countries” (Canadian Coalition for the Rights of Children, 2019a: n.p.).

Areas of action include:

- recognizing that young children have rights to learning and care;
- [the] use of rights based tools for planning, evaluation of quality, and public reporting and accountability; and
- [embedding] children’s rights within early learning programs, learning plans, support programs for parents and training of workers (Canadian Coalition for the Rights of Children, 2019a: n.p.).

2. Preventing Violence against Children, 2019

“Article 19 of the *UNCRC* requires Canada to take all measures to prevent all forms of violence against children. International research shows that a comprehensive approach to preventing violence against children is most effective.” (Canadian Coalition for the Rights of Children, 2019i: *Duty to Prevent*). Identified areas of action include: child maltreatment; bullying; youth violence; intimate partner violence; sexual violence; emotional or psychological violence; and witnessing violence (Canadian Coalition for the Rights of Children, 2019i: n.p.).

3. Reform of Canada’s Child Welfare System, 2019

“[Canada’s] current child welfare system does not work for many children. Paying attention to the rights of children would improve outcomes” (Canadian Coalition for the Rights of Children, 2019b: n.p.). Major child welfare reform at both the federal and provincial levels of government is required to “achieve better outcomes for both Indigenous and non-Indigenous children and to protect the rights of all children involved in child welfare [are required]” (Canadian Coalition for the Rights of Children, 2019b: n.p.). Areas of action include:

- “consideration that the best interests of the child are assessed properly and used as the primary consideration in all decisions relating to the child.
- [Children’s] viewpoints regarding their own care and placements [are] considered in the decision-making process, in appropriate ways for their age and maturity. Furthermore, child-friendly channels must be available for children to report neglect and abuse.
- Increase[d] supports for parents and [the separation of] children from parents only as a last resort” (Canadian Coalition for the Rights of Children, 2019b: n.p.).

4. Child-Centred Policy Framework, 2019

“Better outcomes for children depend on how public policies by different departments and levels of government fit together. Canada has pieces of good policy for children...but [it] lack[s] a coherent, child-centred framework. Too many vulnerable children fall through the cracks of fragmented support systems for children and families” (Canadian Coalition for the Rights of Children, 2019c: n.p.). Areas of action include:

- clearly identifying the impacts of policies and their alternatives to ensure better decisions for children;
- improv[ing] data collection and analysis;
- child centred and coherent policies that prioritize children not jurisdictions; and
- educating children and families about children’s rights and how to exercise them to support healthy child development (Canadian Coalition for the Rights of Children, 2019c: n.p.).

5. Improving the Health of Canada’s Children, 2019

“The right to health in Article 24 of the *UNCRC* highlights the importance of the social determinants of health for children. Canada’s review of children’s rights recognizes vulnerable groups of children but pays too little attention to the conditions in which they live. The CCRC proposes that all levels of government in Canada take action to close gaps in the basic factors that affect the health of children” (Canadian Coalition for the Rights of Children, 2019d: n.p.).

Identified area of action include: a clearly defined poverty reduction strategy; and equitable access to health care.

- *Poverty Reduction Strategy*. “Annual targets to reduce child poverty, multiple indicators to measure progress, and community-based, integrated solutions are necessary to ensure that children can realize the right to grow up in healthy living conditions” (Canadian Coalition for the Rights of Children, 2019f: n.p.).
- *Equitable Access to Health Care*: “Canada recognizes the existence of vulnerable groups, such as Indigenous children, refugee children, visible minorities, and children with disabilities, but it fails to provide data about their health. Analysis of the data is needed to address the major issues identified in existing research on the Social Determinants of Children’s Health...Annual reporting on access and outcomes for each

vulnerable group should be used to inform policy and resource allocations to end the inequitable access to health care. Disaggregated data, analysis, and specific actions to remedy disparities are required for: First Nations, Métis, and Inuit Children; refugee children; visible minorities; and children with disabilities” (Canadian Coalition for the Rights of Children, 2019f: n.p.).

6. Preventing Youth Homelessness, 2019

“Canada needs to focus more on prevention and early intervention to reduce chronically high rates of youth homelessness” (Canadian Coalition for the Rights of Children, 2019h: n.p.). Identified areas of action include: increased focus on prevention; the use of rights based, systems approaches to policy; and engaging with youth to develop solutions.

- *Prevention*: “Focus on prevention and early intervention instead of waiting until crises occur” (Canadian Coalition for the Rights of Children, 2019h: n.p.).
- *Use of Rights Based, Systems Approaches*: “Youth housing policy needs to be a “fusion policy.” Housing is a right, and the factors that prevent homelessness are also rights. Paying attention to all aspects of children’s rights in developing public policies will increase effectiveness and save money in the long term. Canada’s new national housing legislation includes some rights-based tools that could be helpful. Adding a focused national plan to prevent youth homelessness would contribute to fulfilling Canada’s obligations under the *UNCRC* as well” (Canadian Coalition for the Rights of Children, 2019h: n.p.).
- *Engaging with Youth*: “Build resilience by engaging young people in finding solutions as soon as issues are identified, with a focus on their strengths and abilities. End the culture of waiting until there is a crisis situation to offer help. Community-based programs with young people need coherent provincial and federal policies to close gaps. Complaint mechanisms for young people need quick responses and problem-solving approaches” (Canadian Coalition for the Rights of Children, 2019h: n.p.).

7. Children’s Mental Health Issues, 2019

“Young people name mental health as a priority for improvement in Canada” (Canadian Coalition for the Rights of Children, 2019g: n.p.). In Canada:

- 1 in 5 children experience a mental illness;
- the majority of mental illnesses originate before adulthood;
- rates of mood disorders are higher among youth than other ages;
- suicide is the second leading cause of death among youth;
- only 1/3 of youth access mental health services they need; and
- stigma is a major barrier for youth access to mental health services (Canadian Coalition for the Rights of Children, 2019g: n.p.).

A review of Canada’s current mental health strategy found: “the absence of a child-focused component in the federal framework for suicide prevention; a lack of data on access to counselling in schools and denial of education due to mental health issues; no analysis of the

abuse of psychotropic drugs and access to interventions; and no analysis of informed consent and participation of youth in the formulation of policy” (Canadian Coalition for the Rights of Children, 2019g: n.p.). Areas of action include: access to child-friendly mental health services; suicide prevention strategies that are child focused and emphasize early detection; and the integration of child voices in the formulation of policies (Canadian Coalition for the Rights of Children, 2019g: n.p.).

8. Food Security for Children, 2019

“Missing nutritious food in the growing years can have life-long effects and it increases the costs of health care for the long-term” (Canadian Coalition for the Rights of Children, 2019e: n.p.). Statistics suggest that many children in Canada experience food insecurity at some point in their lives:

- an estimated 1.15 million children are food-insecure, that is about 1 out of every 6 children;
- food insecurity is higher in households with children under 18;
- food insecurity affects single mothers 6 times more than two-parent households; and
- food insecurity is higher among First Nations, Métis, Inuit, Canadians who identify as black, and students on post-secondary school campuses (Canadian Coalition for the Rights of Children, 2019e: n.p.).

Areas of action include: the development of a national school food program; restricting advertising of junk food to children; ensuring household food security; and encouraging breastfeeding (Canadian Coalition for the Rights of Children, 2019e: n.p.).

1.3 Children First Canada

Website	www.childrenfirstcanada.org
Background	<p>“Children First Canada [CFC] is an alliance of Canada’s leading children’s charities and hospitals, research institutes, corporations that invest in kids, teachers, parents and kids themselves. [CFC improves] children's wellbeing by building greater awareness amongst Canadians about the urgent needs of kids, and mobilizing government and other key influencers to change the status quo” (Children First Canada, n.d.: n.p.).</p>
Mission Statement	<p>CFC is committed to:</p> <ul style="list-style-type: none"> • <i>“Raising Awareness:</i> [P]ublishing ground breaking research on the state of kids in Canada and sharing the information with Canadians and with the government through high profile events and through the media. • <i>Empowering Children:</i> [L]istening to kids and building their knowledge and skills to advocate for themselves. • <i>Developing Policy Solutions:</i> [U]sing the best evidence available to develop practical policies and make it as easy as possible for the government to act. • <i>Building Political and Social Will:</i> [M]eeting with policymakers and helping them to act in the best interest of children. [R]allying children’s organizations as well as the private sector to work together. [G]enerating media buzz to get Canadians talking about what matters to kids. • <i>Taking Action:</i> [C]elebrate what’s working for kids and challenge what isn’t, and create a sense of urgency to make change happen” (Children First Canada, n.d.: n.p.).
Policy Position	<ul style="list-style-type: none"> • Canadian Children’s Charter, 2018
Priority Issues	<ul style="list-style-type: none"> • Accidents and Preventable Injuries to Children • Suicide, Depression and Anxiety • Child Abuse • Poverty • Infant Mortality • Obesity and Inactivity • Food Insecurity • Immunization • Discrimination • Bullying

Children First Canada Policy Position

1. Canadian Children's Charter, 2018

Following extensive consultations with youth and children, in 2018, CFC developed the *Canadian Children's Charter*. According to CFC, the *2018 Charter* was developed to “raise public awareness and mobilize action on the part of all Canadians to respect, protect and fulfil the rights of children” (Children First Canada, 2018a: 5).

The *2018 Charter* identifies nine key issues that require urgent action to ensure that “every child in Canada can thrive”:

1. increased child participation and youth engagement;
2. access to quality healthcare for all children;
3. reducing the stigma surrounding substance abuse to encourage children and their families seek professional help and care;
4. the elimination of discrimination, exclusion and bullying to ensure that every child is valued, accepted and respected, and...every child is empowered to celebrate who they are;
5. the creation of a stable and secure future for every child that guarantees: their social security; access to and protection from technology; and the protection of the natural environment;
6. the elimination of violence and abuse;
7. the provision of and access to quality education;
8. the celebration of cultural and linguistic diversity; and
9. reconciliation with First Nations, Inuit and Métis Peoples (Children First Canada, 2018a: 7-12).

Children First Canada Priority Issues

CFC presented candidates for the 2019 federal election with a list of issues that “threatened” the well-being of children and required urgent action. The issues, which reflect the organization's priorities, as outlined in the *2018 Charter*, included the following:

1. the reduction of accidents and preventable injuries to children;
2. strategies for the prevention and treatment of child suicide, depression and anxiety;
3. the prevention of child abuse;
4. the elimination of child poverty;
5. the reduction of Canadian rates of child mortality;
6. strategies to reduce child obesity and encourage active lifestyles;
7. the elimination of food insecurity;
8. increasing rates of child immunizations;
9. the elimination of child discrimination; and
10. the elimination of bullying (Children First Canada, 2018b: 2-5).

1.4 Children’s Healthcare Canada

Website	www.childrenshealthcarecanada.ca
Background	“Children’s Healthcare Canada represents healthcare delivery organizations across the continuum of care serving children and youth. Members include children’s hospitals, community, regional and rehabilitation hospitals with pediatric service units, health regions and authorities, children’s treatment centres and home care provider agencies” (Children’s Healthcare Canada, n.d-a.: n.p.).
Mission	“Through purposeful partnerships, we accelerate excellence and innovation in health systems caring for children and youth” (Children’s Healthcare Canada, n.d-a.: n.p.).
Policy Positions	<ul style="list-style-type: none">• Investment in Child Health, 2019• Access to Safe and Effective Medications, 2019
Advocacy Activities	<ul style="list-style-type: none">• Children and Youth in Canada, 2018• Communities of Practice, 2018• Child and Youth Mental Standard, 2018• Child Health Hubs• Executive Circles

Children’s Healthcare Canada Policy Positions

1. Investment in Child Health, 2019

“Children’s hospitals from around the world call on governments and health systems to prioritize early and sustained investment in the health of children and young people. Children’s hospitals and major pediatric centres from Australasia, Europe and North America share collective concern for the challenges facing children’s health...Children’s hospitals call on governments and health systems to act now and fulfill this duty by investing in children’s health” (Children’s Healthcare Canada, 2019: n.p.).

Concerning Changes in Mental and Physical Health: “Children in many parts of the world are experiencing declining health. Growing economic disparities are contributing to more children living in or near poverty, even in developed countries. Mental health is also a significant concern. Health systems around the world are documenting increasing numbers of Adverse Childhood Experiences (ACEs). The science behind ACEs is robust and long term – this generation of children and youth has problems that will follow them into their adult lives with consequences on their mental and physical health that are unacceptable. Children and young people are also increasingly being treated for complex chronic and rare diseases at younger ages. This partly due to advances in medical science but also to changes in individual and societal-level determinants of health, such as increases in overweight and obesity and

environmental threats. Structural racism and differential access to care (especially for Indigenous populations, immigrants and refugees) also significantly impact health of children and young people throughout the world” (Children’s Healthcare Canada, 2019: n.p.).

Healthcare System Challenges: “Healthcare systems face continued and accentuated pressures from rising costs of treatment, particularly from therapies directed towards an ageing population. In this environment, the unique needs of children and young people are increasingly overlooked. Even in countries with universal access to healthcare, children and families often face a patchwork of services and limited coverage of care. Although it is improving, healthcare is still too often focused on treatment versus prevention. This is especially detrimental for children, where early life interventions can help achieve good health later in life. Children are not little adults. The special biological, psychological, and social factors influencing child health are often neglected in health care systems focusing on adult patients. Children’s voices are often not taken into consideration. While some progress has been made in engaging children and young people in the healthcare decision making process, there are still enormous gaps, especially at the policy making level” (Children’s Healthcare Canada, 2019: n.p.).

“Children’s hospitals are on the front lines, caring for sick children and their families. This role uniquely positions them to help identify policy and practice solutions and play a leadership role in their implementation. To address the urgent health challenges facing children and young people, children’s hospitals call on leaders at all levels of government to:

- [d]evelop a holistic, child-health policy framework addressing efficient strategies for prevention, early interventions and curative therapies (long-term view to advancing healthier adult generations through early investing in child health);
- [i]ncorporate the voices of children and young people into the decision making process;
- [c]lose the gap in health outcomes amongst vulnerable populations; and
- [i]mplement and adequately fund health policies that fully protect the rights of children and young people” (Children’s Healthcare Canada, 2019: n.p.).

2. Access to Safe and Effective Medications, 2019

“In Canada today, up to 75 percent of the medications prescribed for children have never been specifically approved for use in children and youth. Further, many medications administered for children and youth are not specifically manufactured for the smaller dosage required. In order to administer these to children, the adult form of the medications need to be altered — split, crushed, dissolved. This “compounding” of medication has resulted in serious variability in effectiveness when used in children. Notably, commercially available pediatric formulations of many medications are manufactured and available in other countries. Children’s Healthcare Canada and Pediatric Chairs of Canada have identified access to safe and appropriate medications a priority for children in Canada. Children’s Healthcare Canada and the Pediatric Chairs of Canada [are] pleased to see that the Advisory Council on the Implementation of National Pharmacare acknowledged:

- [a] national formulary include prescription drugs that respond to the specific and unique needs of children and youth; and
- [a] strategy be developed to address the availability of approved drugs and appropriate formulations” (Children’s Healthcare Canada and Pediatric Chairs of Canada, 2019: n.p.).

Children’s Healthcare Canada Advocacy Activities

1. Children and Youth in Canada, 2018

In 2018, Children’s Healthcare Canada participated in a number of consultations on issues related to children’s health including cannabis, mental health, child health research, therapeutics, and national pharmacare. Children’s Healthcare Canada:

- “[c]onvened a Senate-sponsored round table on the effects of cannabis use in children and youth, with reference to Bill C-45, hosted by Senator Victor Oh;
- [p]resented at the Senate Standing Committee of Social Affairs, Science and Technology on the topic of integrated mental health services for youth; and
- [c]o-hosted a Parliamentary Health Research Caucus luncheon on *The Case for Made in Canada Pediatric Medicines and Clinical Trials*” (Children’s Healthcare Canada, 2018: n.p.).

In recognition of the organization’s advocacy role, in 2018, the Children’s Healthcare Canada Board of Directors, assembled an Advocacy Advisory Committee who will “report directly to the Board and will inform the Association’s approach to influence federal policy and legislation” (Children’s Healthcare Canada, 2018: n.p.).

2. Communities of Practice, 2018

“Two communities of practice were launched in 2018: Child and Youth Mental Health; and Transitions across the Care Continuum. Communities of practice: identify and share leading practices of integration/coordination of care; look for collaboration points within the child and youth health service community and with external stakeholders and partners; and identify data sources and gaps” (Children’s Healthcare Canada, 2018: n.p.).

3. Child and Youth Mental Health Standard, 2018

“Health Standards Organization (HSO) and Children’s Healthcare Canada have partnered to develop a child and youth mental health standard. A national Children’s Healthcare Canada work group is meeting to define the scope with the guidance of the HSO Technical Committee. This work is ongoing and aims to be complete in 2019. This partnership has also produced an application to the Health Care Policy Contribution Program for funding to test child and youth mental health standards in an integrated services model” (Children’s Healthcare Canada, 2018: n.p.).

4. Child Health Hubs

“Child Health Hubs are member driven. Hubs connect individuals from member organizations with “like” peers from coast to coast to share information, ask questions, and exchange resources related to their position or role in their organization. Hub members drive the agenda for their own meetings, provide updates or presentations to describe their own environment, discuss challenges and solutions to common pediatric issues. Child Health Hubs are not staffed by Children’s Healthcare Canada, though they are supported with infrastructure to meet virtually throughout the year, and face to face at the conference” (Children’s Healthcare Canada, n.d.-b: n.p.). Current child health hubs include:

- Clinical Genetics and Genomics in the Era of Precision Health;
- Transition to Adulthood;
- Pediatric Intensive Care Unit: Data Sharing and Quality Improvement;
- Choosing Wisely and Resource Stewardship in Pediatrics; and
- Pediatric Inpatient Research Network (Children’s Healthcare Canada, n.d.-b: n.p.).

5. Executive Circles

“Executive Circles are networks designed specifically for Executive level leaders of Children’s Healthcare Canada member organizations. Working closely with and supported by senior staff at Children’s Healthcare Canada, Executive Circles will explore healthcare and health system challenges of highest priority; they will welcome invited guests — thought leaders — who will provoke discussion, share trends in health systems innovation and inspire better health care for children and youth” (Children’s Healthcare Canada, n.d.-b: n.p.).

2.0 Medical/Health Bodies

2.1 Canadian Council on Social Determinants of Health

Website	www.ccsdh.ca
Background	<p>“With the adoption of the <i>Rio Political Declaration on Social Determinants of Health (Rio Declaration)</i> at the World Conference on Social Determinants of Health in October 2011, a global political commitment was made to address the factors that shape health, also known as the social determinants of health, and to reduce health inequities. With the ratification of the <i>Rio Declaration</i> at the 65th World Health Assembly in May 2012, WHO Member States agreed to implement the pledges made in the <i>Rio Declaration</i>, and to develop action plans to reduce health inequities. Within the Government of Canada, the Public Health Agency of Canada (the Agency) is the lead on implementation of the <i>Rio Declaration</i>. These Terms of Reference outline the parameters for the Canadian Council on Social Determinants of Health (CCSDH), which supports the Agency in initiating or facilitating actions to reduce health inequities and meet the commitments of the <i>Rio Declaration</i>” (Canadian Council on Social Determinants of Health, n.d.-d: n.p.).</p>
Mandate	<p>“The CCSDH is a collaborative multisectoral stakeholder group established to: [p]rovide the Agency with advice on matters relating to the implementation of the <i>Rio Declaration</i>, including planning, monitoring, and reporting; and [f]acilitate and leverage action on the social determinants of health through the member networks and targeted, intersectoral initiatives” (Canadian Council on Social Determinants of Health, n.d.-d: n.p.).</p>
Initiatives	<ul style="list-style-type: none">• Healthy Child Development, 2016• Engaging with Indigenous Peoples, 2016• Community Well-Being, 2016

The CCSDH 2014-2017 work plan is organized around the broad theme of healthy child development (HCD), with Indigenous Peoples and local action as two priority areas. The three key work plan initiatives are the following: 1) healthy child development; 2) engaging with Indigenous Peoples; and 3) community well-being.

1. Healthy Child Development, 2016

“The greatest opportunity to influence health begins in the early years of life. All sectors – including business, government, philanthropy, community development, and health – have an important role to play to ensure that all children in Canada have the best start in life. The goals of the initiative are: 1) to provide user-friendly evidence on issues affecting the wellbeing of children and their families in Canada, including a specific focus on Indigenous children; and 2) to describe programs that have helped families and communities build strong supports for children” (Canadian Council on Social Determinants of Health, n.d.-c: n.p.).

In 2017, the CCSDH conducted a review of community-based multi-sectoral initiatives for HCD, including those targeting Indigenous children, in Canada and internationally. The objective was to describe the initiatives and to highlight key lessons, challenges, and recommendations in order to inform others who are interested in working across sectors to address HCD. The following HCD initiatives were identified:

- Better Beginnings, Better Futures (BBBF)
- Children’s Centres in England
- Positive Parenting Program (Triple P)
- Toronto First Duty (TFD)
- Aboriginal Head Start in Urban and Northern Communities (AHSUNC) and Aboriginal Head Start On Reserve (AHSOR)
- Canada Prenatal Nutrition Program (CPNP)
- Caring, Helping, And Nurturing, Children Every Step (CHANCES)
- Community Action Program for Children (CAPC)
- Early Childhood Development Centres (ECDCs)
- Success by 6 (SB6)

a) Better Beginnings, Better Futures (BBBF)

Website: <http://bbbf.ca/Home/tabid/520/language/en-US/Default.aspx>

Description: “BBBF began as a largescale, multi-year, longitudinal research demonstration project, and has become a program model designed to reduce emotional and behavioural problems experienced by children, promote healthy child development, and enhance family and community. Service integration is a key principle of BBBF: the aim is that children and their families receive seamless support from the BBBF projects, schools, and other services. The initiative has a proven economic outcome, with cost savings to Ontario government

fundings of more than \$2 for each \$1 originally invested” (Canadian Council on Social Determinants of Health, 2017: 5).

Impact on Social Determinants:

- *“Social Support Networks:* Reduces stressful life events for parents and leads to greater marital satisfaction.
- *Education and Literacy:* Lowers rates of special education and increases child school readiness at junior kindergarten.
- *Social Environments:* Increases satisfaction with one’s community and positive perceptions of neighbourhood quality (e.g. greater community cohesion and less deviant activity, safety walking on the street, increases children’s use of neighbourhood playgrounds).
- *Personal Health Practices and Coping Skills:* Results in improved health behaviours in parents (e.g. lower rates of smoking and alcohol use).
- *Healthy Child Development:* Has positive impacts on children’s socioemotional functioning (e.g. reduced emotional and behavioural problems, increased pro-social behaviour) and physical health; improves parent-child interactions” (Canadian Council on Social Determinants of Health, 2017: 5).

b) Children’s Centres in England

Website: <https://www.gov.uk/government/publications/childrens-centres-their-impact-on-children-and-families>

Description: “Children’s centres offer services to all families with young children living in disadvantaged neighbourhoods without stigmatizing users. They assess local needs by studying the characteristics of local communities and undertaking outreach to attract and serve the most vulnerable families. Some services are therefore targeted to particular groups of high-risk families (e.g. teenage parents, jobless households)” (Canadian Council on Social Determinants of Health, 2017: 6).

Impact on Social Determinants:

- *“Social Support Networks:* Improves support for parents’ personal needs, parenting skills, knowledge of child development and confidence in parenting. Decreases parental distress and parent-child dysfunctional interactions.
- *Education and Literacy:* Develops children’s skills to support their vocabulary, school readiness, and social interaction; improves home learning environment.
- *Healthy Child Development:* Supports children’s physical, personal, social, and emotional development, and their understanding of the world. Results show a decrease in internalizing and externalizing problems” (Canadian Council on Social Determinants of Health, 2017: 6).

c) Positive Parenting Program (Triple P)

Website: <http://www.triplep-parenting.net/>

Description: “Triple P is a parenting and family support system, a suite of interventions of increasing intensity for parents, designed to prevent — as well as treat — behavioural and emotional problems in children and teenagers. It aims to prevent problems in the family, school, and community before they arise, and to create family environments that encourage children to reach their potential” (Canadian Council on Social Determinants of Health, 2017: 7).

Impact on Social Determinants:

- *“Social Support Networks:* Parents report increased satisfaction as parents, improved child behaviour, and better partner relationships.
- *Personal Health Practices and Coping Skills:* Parents say they are less stressed, less depressed and don’t use harsh discipline.
- *Healthy Child Development:* Reduces emotional and behavioural problems experienced by children; improves parental well-being and parenting skills.
- *Health Services:* Results in lower rates of child abuse, fewer foster care placements, and a decrease in hospitalizations from child abuse injuries.
- *Culture:* Effective across culturally and ethnically diverse populations” (Canadian Council on Social Determinants of Health, 2017: 7).

d) Toronto First Duty (TFD)

Website:

http://www.oise.utoronto.ca/atkinson/About_Us/What_We_Do/Toronto_First_Duty/

Description: “TFD is a service integration model that consolidates early childhood programs (from conception to Grade 2) of education, childcare and family support services into a single program. It is located in primary schools and coordinated with early intervention and family health services. It features five core elements: integrated governance, staff team, integrated early learning environment, seamless access, and parent participation” (Canadian Council on Social Determinants of Health, 2017: 8).

Impact on Social Determinants:

- *“Social Support Networks:* Reduces parental daily hassles and stress in family life through the integration of childcare services, education, and family support.
- *Education and Literacy:* Has a positive impact on children’s language and cognitive development, as well as their communication skills and general knowledge.
- *Employment/Working Conditions:* By supporting full-day kindergarten for four year-olds, TFD facilitates mothers’ employment. Mothers with children in full-day kindergarten for four year-olds are in the labour force at the same rate as mothers with children in Grade 1.

- *Social Environments*: Contributed to the development of both local (school board and municipality) and provincial policies in Ontario (full day early learning kindergarten).
- *Healthy Child Development*: Has positive effects on children’s social emotional development and on parents’ engagement with school and learning.
- *Health Services*: Supports the quality improvement of services through its integration efforts” (Canadian Council on Social Determinants of Health, 2017: 8).

e) *Aboriginal Head Start in Urban and Northern Communities (AHSUNC) and Aboriginal Head Start On Reserve (AHSOR)*

Website: http://www.phac-aspc.gc.ca/about_apropos/evaluation/reports-rapports/2011-2012/ahsunc-papacun/index-eng.php

Description: “AHSUNC and AHSOR programs are national community-based programs, locally managed, that address the unique needs of each community. The programs focus on providing culturally appropriate early childhood development programs for Indigenous children and their families living off reserve in urban, rural, remote and northern communities, as well as for those living on reserve. Through six core components (Indigenous culture and language, education, health promotion, nutrition, social support, and parental/caregiver and family involvement), these programs support the spiritual, emotional, intellectual and physical development of Indigenous children, while supporting their parents and guardians as their primary teachers. The programs address general health concerns in vulnerable populations and work to benefit the health, well-being, and social development of Indigenous children through a population health approach that embraces culture as a core determinant of health” (Canadian Council on Social Determinants of Health, 2017: 9).

Impact on Social Determinants:

- *“Social Support Networks*: Provides access to social support programs and offers a supportive environment for children, parents, families, and communities to come together in a culturally appropriate environment.
- *Education and Literacy*: Increases school readiness for children participating in the program.
- *Personal Health Practices and Coping Skills*: Parents report positive impacts of the program on physical well-being for children and families, increased parenting confidence and improved mental health.
- *Healthy Child Development*: Supports children’s physical, personal, social, and emotional development and their understanding of their culture and language, promoting long-term resiliency. Provides nutritious and culturally appropriate food as well as nutritional counselling.
- *Culture*: Indigenous culture and language are woven into the design and delivery of the program. Cultural events are held for families to attend” (Canadian Council on Social Determinants of Health, 2017: 9).

f) Canada Prenatal Nutrition Program (CPNP)

Website: <http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/cpnp-pcnp/index-eng.php>

Description: “CPNP aims to improve maternal-infant health, increase the rates of healthy birth weights, and promote and support breastfeeding. It also promotes the creation of partnerships within communities and strengthens community capacity to increase support for vulnerable pregnant women and new mothers. This initiative includes a separate funding stream for First Nation Communities with activities related to nutrition screening, education, and counselling; maternal nourishment; and breastfeeding promotion, education, and support” (Canadian Council on Social Determinants of Health, 2017: 10).

Impact on Social Determinants:

- *“Social Support Networks:* Reduces isolation and stress.
- *Personal Health Practices and Coping Skills:* Improves health, nutrition, and lifestyle, resulting in better parenting and greater self-confidence.
- *Healthy Child Development:* Results in healthier pregnancies through food and vitamin supplements and nutritional counselling.
- *Health Services:* Improves access to services and to information on breastfeeding, infant care and child development” (Canadian Council on Social Determinants of Health, 2017: 10).

g) Caring, Helping, And Nurturing, Children Every Step (CHANCES)

Website: <http://chancesfamily.ca/>

Description: “CHANCES is a community based non-profit initiative that provides a range of child development and parent support services, particularly to more vulnerable families. The initiative carries out its mission through seven program streams: prenatal and postnatal programs (Canada Prenatal Nutrition Program); Best Start Program; Strong Start; Early Years Centres /Smart Start; parenting and child development programs; Smart Play; CHANCES Family Health Clinic” (Canadian Council on Social Determinants of Health, 2017: 11).

Impact on Social Determinants:

- *“Social Support Networks:* Increases parent/caregiver competence and self-confidence.
- *Education and Literacy:* Improves children’s attentiveness and ability to interact with peers during classroom activities; math, pre-reading and problem-solving skills; understanding of spoken language; and ability to express thoughts and feelings.
- *Social Environments and Physical Environments:* Funding supports new outside play equipment and green space.
- *Personal Health Practices and Coping Skills:* Parenting sessions focus on physical and mental wellness.
- *Healthy Child Development:* Improves children’s gross and fine motor skills.
- *Health Services:* Provides basic healthcare for children of families that do not have a family physician; engages families in the needs of their children; creates opportunities to incorporate strategies for health promotion and prevention.
- *Culture:* Partnership with Newcomers Association creates inclusive programming for newcomer families (e.g. Syrian refugees)” (Canadian Council on Social Determinants of Health, 2017: 11).

h) Community Action Program for Children (CAPC)

Website: <http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/capc-pace/index-eng.php>

Description: “CAPC provides funding to community-based groups and coalitions to develop and deliver comprehensive, locally and culturally appropriate prevention and early intervention initiatives. Programs aim to promote the health and social development of young children and families facing challenging life conditions (e.g. low-income families, teenage parents, and children with developmental delays), Indigenous children, recent immigrants and refugees, single-parent families, and families in remote/isolated communities. Program-wide, many CAPC sites have developed partnerships with a broad variety of organizations from different sectors of activity (e.g. health organizations, educational institutions, community associations, early childhood or family resource centres). Programming may be offered through family resource centres, parenting classes, drop-in groups, parent child groups, home visiting, or specialized programs” (Canadian Council on Social Determinants of Health, 2017: 12).

Impact on Social Determinants:

- *“Education and Literacy:* Offers child focused activities, such as pre-school programs and play groups.
- *Social Environments:* Increases and improves effectiveness of initiatives to enhance community capacity; decreases social isolation.
- *Healthy Child Development:* Improves children’s physical well-being, social knowledge and competence, emotional development/maturity, and language and cognitive development; improves parenting skills” (Canadian Council on Social Determinants of Health, 2017: 12).

i) Early Childhood Development Centres (ECDCs)

Website:

<http://www2.gnb.ca/content/gnb/en/departments/education/elcc/content/ecs/ecdc.html>

Description: “Located in schools and integrated into existing pre-school, childcare and parenting programs, the ECDC sites serve as neighbourhood hubs where early childhood services can be accessed in an integrated way, under the direction of a local community network and a non-profit board of directors. They also provide research and evaluation to inform provincial strategies” (Canadian Council on Social Determinants of Health, 2017: 13).

Impact on Social Determinants:

- *“Social Support Networks:* Forges relationships among early childhood educators, parents, children, and school staff. Increases access and support for families through one central hub.
- *Education and Literacy:* Improves school readiness in terms of emotional and social development; provides opportunities for children to gain skills and experiences to assist them in becoming responsible citizens and in developing critical thinking skills (as seen with children attending regulated child daycares).
- *Healthy Child Development:* School based ECDCs minimize stress and anxiety related to the transition from early childhood to kindergarten.
- *Health Services:* Enhances regional service delivery and outreach to parents and children through improved access to programming; strengthens partnerships and knowledge exchange among service providers by fostering collaborative work.
- *Culture:* School and community engagement events celebrate cultural identity and language, especially within the Francophone minority communities” (Canadian Council on Social Determinants of Health, 2017: 13).

j) Success by 6 (SB6)

Website: Under Construction

Description: “The SB6 Provincial Initiative and Partnership strengthens communities by funding programs and engaging citizens in building child- and family-friendly communities. A central pillar of the initiative is a focus on meaningful engagement of Indigenous peoples, guided by a province wide strategy and framework based on recognition of self-determination, as well as the Truth and Reconciliation Commission’s Report and Calls to Action. Its Aboriginal Engagement Strategy, developed in 2006 and backed by a dedicated funding stream, is designed to support Indigenous-identified priorities through the development of partnerships and relationships intended to promote collaboration across sectors and across cultures, as communities strive to support young Indigenous children and their families. To date, SB6 has supported the development and ongoing strategic planning of over 120 community-based Early Years and Aboriginal Early Years Planning Tables/ Councils. These tables bring together local stakeholders from multiple sectors to plan and

improve service integration and program delivery for young children and their families” (Canadian Council on Social Determinants of Health, 2017: 14).

Impact on Social Determinants:

- *“Social Support Networks:* Offers support and outreach to meet basic needs of families living in poverty.
- *Education and Literacy:* Provides early learning and child development programs.
- *Employment/Working Conditions:* Offers financial support to early years organizations to promote collaboration and planning across sectors and communities; supports new program development and job creation.
- *Social Environments:* Works with Indigenous communities to strengthen community capacity.
- *Physical Environments:* Supports new playground equipment, toys, furnishings, and community early years service hubs.
- *Healthy Child Development:* Connects families with health and early screening resources; supports early childhood development (ECD) community planning, leadership, and mobilization.
- *Culture:* Supports Indigenous language and culture through early learning resources and traditional teachings; plans Indigenous cultural events and encourages projects supporting cultural identity, self-determination, sense of belonging, health, and healing” (Canadian Council on Social Determinants of Health, 2017: 14).

2. Engaging with Indigenous Peoples, 2016

“In order to engage effectively with Indigenous peoples, we need to build our knowledge of Indigenous history, culture, and ways of being. Goals of the initiative are: a) to provide resources that build knowledge and skills in order for Indigenous and non-Indigenous individuals and organizations to work effectively together; and b) to facilitate a broader understanding of the root causes of inequities affecting Indigenous Peoples in Canada” (Canadian Council on Social Determinants of Health, n.d.-b: n.p.).

3. Community Well-Being, 2016

“Our communities — where we work, live, and play — matter to our health and wellbeing. When different sectors act together on complex problems, this creates healthier communities. The goal of the initiative is to create interactive web tools to support action across sectors to improve the wellbeing of Canada’s communities including children, families and Indigenous peoples” (Canadian Council on Social Determinants of Health, n.d.-a: n.p.).

2.2 Canadian Medical Association

Website	www.cma.ca
Background	The Canadian Medical Association (CMA) “unites the medical profession in Canada to improve the health of Canadians and strengthen the health care system” (Canadian Medical Association, n.d.-b: n.p.). The CMA focuses “on advocacy, seeking to inform and shape public policy with the perspective of Canada’s physicians. Insights from members and CMA policy specialists help [to] advance initiatives and policies to address...health issues in Canada” (Canadian Medical Association, n.d.-a: n.p.).
Strategic Objectives	<ol style="list-style-type: none"> 1) Unite and inspire physicians on health issues and causes that matter. 2) Engage in courageous, influential and collaborative dialogue and advocacy. 3) Consistently bring a patient perspective to the work of the CMA.
Policy Position	See advocacy issues for details.
Priority Advocacy Issues	<ul style="list-style-type: none"> • Access to Care • Cannabis • Climate Change and Health • Opioids • Seniors Care • Virtual Care
Ongoing Advocacy Issues	<ul style="list-style-type: none"> • Access to Care • Cannabis • Chronic Disease Prevention • Medical Assistance in Dying • Opioids • Palliative Care • Pharmacare • Pharmaceuticals • Seniors Care • Smoking and E-Cigarettes • Social Determinants of Health

Canadian Medical Association Policy Positions

No specific child focused positions identified.

Canadian Medical Association Advocacy Issues

No specific child focused positions and/or advocacy activities identified.

2.3 Canadian Mental Health Association

Website	www.cmha.ca
Background	The Canadian Mental Health Association provides (CMHA) “advocacy, programs and resources that help to prevent mental health problems and illnesses, support recovery and resilience, and enable all Canadians to flourish and thrive” (Canadian Mental Health Association, n.d.: n.p.).
Mission Statement	The CMHA “facilitates access to the resources people require to maintain and improve mental health and community integration, build resilience, and support recovery from mental illness” (Canadian Mental Health Association, n.d.: n.p.).
Policy Position	<ul style="list-style-type: none">• Child and Youth Access to Mental Health Promotion and Mental Health Care, 2014
Advocacy Issues	<ul style="list-style-type: none">• Advancing Mental Health Promotion in Canada, 2019• Prevention of Youth Suicide, 2016

Canadian Mental Health Association Policy Position

1. Child and Youth Access to Mental Health Promotion and Mental Health Care, 2014

“Every child and youth living in Canada deserve to grow up in supportive and nurturing environments, and develop the social and emotional skills they need to work with others cooperatively, resolve conflict and cope with challenges they face in life. Every child and youth living in Canada should have access to a range of relevant mental health services, treatment and supports as soon as the need for these services arises” (Canadian Mental Health Association, 2014: n.p.).

Canadian Mental Health Association Advocacy Issues

1. Advancing Mental Health Promotion in Canada, 2019

In its calls for a national mental health promotion strategy, the CMHA recommends that social spending be increased by two percent to “support social infrastructure that not only addresses the social determinants of health but also addresses burgeoning socioeconomic challenges that impact individual and community mental health” (Canadian Mental Health Association, 2019: 6). The increase in spending is “necessary to address persistent challenges such as poverty and unemployment, but also to better connect to older adults, youth, and unemployed and underemployed persons who are at the heart of emerging trends in Canada that impact mental health” (Canadian Mental Health Association, 2019: 7).

“The impact of social media on youth mental health is considerable, with excitement about social media’s benefits tempered by concerns around its ability to instigate feelings of loneliness, low self-esteem, symptoms associated with depression, and a reduced sense of social connectedness. From Fear of Missing out (FoMo) and cyberbullying to an image-saturated culture, social media can have potentially devastating consequences for all youth, but especially for girls and young women. Mental health promotion efforts must begin to help youth integrate into supportive environments and cultivate healthy personal and interpersonal relationships with social media” (Canadian Mental Health Association, 2019: 7).

2. Prevention of Youth Suicide, 2016

“Suicide prevention is a priority for the CMHA and the Canadian Association for Suicide Prevention across [Canada]... We know through research that a combination of preventive approaches can help increase chances of people seeking the help they need. What is needed now is investment so Canadians — and especially children and youth — can get the help they need when they need it. Despite investments in early childhood education and public health initiatives by governments across Canada, far too many children and youth do not have timely and equal access to mental health supports, services and treatment to help maintain their mental health or increase their chances of recovery. Investing in evidence-based prevention strategies for children and youth can meaningfully reduce the risk of serious mental health problems and illnesses developing in adulthood” (Canadian Mental Health Association, 2016: n.p.).

2.4 Canadian Pediatric Society

Website	www.cps.ca
Background	“The Canadian Paediatric Society (CPS) is the national association of paediatricians, committed to working together to advance the health of children and youth by nurturing excellence in health care, advocacy, education, research and support of its membership” (Canadian Pediatric Society, n.d.-a: n.p.).
Policy Positions	For a detailed summary of the CPS’s policy statements according to subject, please consult: https://www.cps.ca/en/documents
Child and Youth Health Focus Issues	<ul style="list-style-type: none"> • Active Kids, Healthy Kids • Children with School Problems • Early Literacy • Early Child Development • Global Child Health • Immigrant and Refugee Health • Immunization and Vaccines • Indigenous Child and Youth Health
2017-2022 Strategic Framework* Priority Issues	<ul style="list-style-type: none"> • Early Childhood Development • Mental Health • First Nations, Inuit and Métis Children and Youth • Paediatric Drugs and Therapeutics • Social Paediatrics <p>Guiding Principles:</p> <p><i>1. Nurturing Every Child’s Promise:</i> “All children are born with potential. It’s up to society to provide the opportunity for all children to achieve their potential. [The CPS] will identify and pursue objectives that foster the health and development of every child and youth” (Canadian Pediatric Society, n.d.-b: n.p.).</p> <p><i>2. Ensuring Access to Care:</i> “Children and youth need high quality health care at the right time and in the right place. [The CPS] will work to eliminate barriers — financial or otherwise — to essential services and therapies” (Canadian Pediatric Society, n.d.-b: n.p.).</p> <p><i>3. Achieving Equity:</i> “A child’s life circumstances should not hinder their ability to grow, learn, or develop. [The CPS] will work to ensure equity for all children and youth, regardless of where they live or who they are” (Canadian Pediatric Society, n.d.-b: n.p.).</p>
*Notes	The complete CPS Strategic Framework, 2017-2022 can be accessed at https://www.cps.ca/uploads/about/cps-framework-en.pdf

Canadian Paediatric Society Policy Positions

For a detailed discussion of the CPS's policy statements according to subject, please consult: <https://www.cps.ca/en/documents>.

Canadian Paediatric Society Priority Issues, 2017-2022

1. Early Childhood Development: Nurture Early Childhood Development

- “Educate clinicians about key concepts in social and emotional development.
- Improve parent understanding of social and emotional development and what they can do to support it.
- Promote supportive relationships as fundamental to healthy child development.
- Promote the integration of the science of adverse childhood experiences into clinical practice.
- Promote an integrated system for early child development services and programs that is evidence-based and universally available” (Canadian Pediatric Society, n.d.-b: n.p.).

2. Mental Health: Strengthen Child and Youth Mental Health and Mental Health Care

- “Increase the competency of child and youth health providers to promote mental wellness and to prevent, diagnose and treat mental health disorders in children and youth.
- Advocate for expanded access to publicly funded treatment for children and youth, including psychology, school-based mental health and developmental services, and specialized inpatient and residential programs.
- Support families with children and youth struggling with mental health issues.
- Enhance the ability of health professionals to prevent and treat misuse of marijuana, alcohol and other substances” (Canadian Pediatric Society, n.d.-b: n.p.).

3. First Nations, Inuit and Métis Children and Youth: Pursue Health Equity for First Nations, Inuit and Métis Children and Youth

- “Facilitate the routine use of clinically relevant guidelines to care for Indigenous children and youth, ensuring that these guidelines reflect the unique nature of providing health care in remote communities.
- Advocate for improvements to existing mechanisms for service coverage and delivery.
- Enhance health professional education on Indigenous child and youth health.
- Be an active participant in reconciliation with Indigenous communities” (Canadian Pediatric Society, n.d.-b: n.p.).

4. Paediatric Drugs and Therapeutics: Expand Access to Pediatric Medications and Therapeutics

- “Advocate for increased access to life-saving and life-sustaining medications, formulations, therapeutics, medical supplies and other essential health care services.
- Advocate for a federal drug and medical device regulatory framework that meets or exceeds international best practices.
- Guide and support appropriate “off-label” drug use for children and youth.
- Promote child health research, with a focus on pediatric medications, therapeutics and clinical trials” (Canadian Pediatric Society, n.d.-b: n.p.).

5. Social Paediatrics: Advance the Practice of Social Pediatrics

- “Enhance the ability of pediatricians to screen for and respond to risk factors associated with the social determinants of health.
- Advocate for appropriate medical care and continuity for children and youth in the child protection and foster care systems.
- Advocate for safe homes, schools and communities, with a focus on protecting children and youth from threats associated with addictive substances, firearms, and other dangerous products and environments” (Canadian Pediatric Society, n.d.-b: n.p.).

2.5 Canadian Public Health Association

Website	www.cpha.ca
Background	“The Canadian Public Health Association (CPHA) is the independent voice for public health in Canada with links to the international community. [The CPHA advises] decision-makers about public health system reform and guide[s] initiatives to help safeguard the personal and community health of Canadians and people around the world...[M]embers believe in universal and equitable access to the basic conditions which are necessary to achieve health for all” (Canadian Public Health Association, n.d.: n.p.).
Mission Statement	“[E]nhance the health of people in Canada and to contribute to a healthier and more equitable world” (Canadian Public Health Association, n.d.: n.p.).
Policy Positions	<ul style="list-style-type: none"> • Children’s Unstructured Play, 2019 • Jordan’s Principle and Public Health, 2017 • Early Childhood Education and Care, 2016
Advocacy Issues	<ul style="list-style-type: none"> • Health and Environment • Health System Renewal • Healthy Living • Substance Abuse

Canadian Public Health Association Policy Positions

1. Children’s Unstructured Play, 2019

“The CPHA recognizes unstructured play as a child’s right and a critical component to child and youth health and well-being. Actions are necessary to reduce the barriers limiting opportunities for unstructured play at school and in the community. CPHA commends those school boards, municipalities, other governments and non-governmental organizations that are taking positive steps to improve children’s access to unstructured play; however, further steps are needed” (Canadian Public Health Association, 2019: 3).

2. Jordan’s Principle and Public Health, 2017

“The CPHA supports *Jordan’s Principle*, and calls on the federal, provincial and territorial governments to fully implement the *Principle* and address inter-jurisdictional disputes related to the provision of health and social services and/or supports to First Nations’ children” (Canadian Public Health Association, 2017: 3).

3. Early Childhood Education and Care, 2016

“The CPHA calls on the Federal government to work with provinces and territories to establish a pan-Canadian early childhood education and care [ECED] strategy that provides a common vision including:

- consensus that ECEC services should focus on the delivery of stimulating learning and physical environments that support child development and are consistent across Canada, while providing particular attention to the needs of children from vulnerable groups;
- universal access to ECEC services, with fees that are affordable for all requiring the service, and proportionate to their ability to pay;
- targeted federal funding that would be directed to support program development, provider education, delivery and performance evaluation in place of the current system of federal tax credits to individual Canadians; and
- increased provincial and territorial oversight and regulation of all ECEC providers” (Canadian Public Health Association, 2016: 3).

Canadian Public Health Association Advocacy Issues

No specific child focused advocacy activities identified. For a detailed discussion of the CPHA’s advocacy activities, please consult: <https://www.cpha.ca/advocacy-activities>.

2.6 The College of Family Physicians of Canada

Website	www.cfpc.ca
Background	“The College of Family Physicians of Canada (CFPC) is the voice of family medicine in Canada. Representing more than 38,000 members across the country, it is the professional organization responsible for establishing standards for the training, certification and lifelong education of family physicians and for advocating on behalf of the specialty of family medicine, family physicians and their patients. The CFPC accredits postgraduate family medicine training in Canada’s 17 medical schools” (College of Family Physicians of Canada, n.d.-a: n.p.).
Mission Statement	“Leading family medicine to improve the health of all people in Canada by setting standards for education, certifying and supporting family physicians, championing advocacy and research, and honouring the patient-physician relationship as being core to our profession” (College of Family Physicians of Canada, n.d.-b.: n.p.).
Policy Position	<ul style="list-style-type: none"> • Child Poverty, 2014

College of Family Physicians of Canada Policy Positions

1. Child Poverty, 2014

“Children living in poverty are at high risk for poor health outcomes. The CFPC encourages the government to support the elimination child poverty by 2020. The end of child poverty was supported unanimously in the House [of Commons] in 1989 and the CFPC asks that this issue be revisited with the same level of support. The CFPC urges the federal government to establish a National Child Strategy that will lead the provincial programs through setting national standards. The strategy should: create a robust mechanism for collection of data on the health of children and youth, including important areas such as early childhood development and mental health; set standards based on the data collected; and provide appropriate leadership and support to ensure care providers across the country are properly equipped to meet the goals set. The affordability of childcare is a barrier for many Canadian families. [The College urges] the government to renew the 2006 federal/provincial/territorial commitment on childcare that was supported and signed by all First Ministers. Children are Canada’s future and investing in their well-being is investing in the well-being of our country” (Leyland, 2014: 1).

2.7 Mental Health Commission of Canada

Website	www.mentalhealthcommission.ca
Background	“The Mental Health Commission of Canada (MHCC) leads the development and dissemination of innovative programs and tools to support the mental health and wellness of Canadians. Through its unique mandate from the Government of Canada, the MHCC supports federal, provincial, and territorial governments as well as organizations in the implementation of sound public policy” (Mental Health Commission of Canada, n.d.-e: n.p.).
Mission Statement	“The [MHCC’s] current mandate aims to deliver on priority areas identified in <i>Changing Directions, Changing Lives: The Mental Health Strategy for Canada, 2012</i> in alignment with the delivery of its strategic plan” (Mental Health Commission of Canada, n.d.-e: n.p.).
Policy Position	<ul style="list-style-type: none"> • Mental Health Strategy for Youth, 2016*
Priority Advocacy Issues	<ul style="list-style-type: none"> • Mental Health and Substance Abuse • Suicide Prevention • Population Based Initiatives • Engagement with Canadians
*Notes:	<p>Companion Documents:</p> <ul style="list-style-type: none"> • Evergreen: A Child and Youth Mental Health Framework for Canada, 2010 • School-Based Mental Health in Canada: A Final Report, 2013 • Changing Directions, Changing Lives: The Mental Health Strategy for Canada, 2012.

Mental Health Commission of Canada Policy Position

1. Mental Health Strategy for Youth, 2016

Developed by the MHCC’s Youth Council (YC), the *2016 Mental Health Strategy for Youth* builds upon the MHCC’s priority areas identified in *Changing Directions, Changing Lives: The Mental Health Strategy for Canada, 2012*. The YC developed “a supplemental document that highlights the experiences and vision of young people working toward system change, ultimately making the original *2012 Strategy* a more accessible document to all. The original *2012 Strategy* is geared toward people of all ages and outlines a few specific recommendations for action on child and youth mental health. For example, the *2012 Strategy* recommends:

- [i]ncrease[d] comprehensive school health and post-secondary mental health initiatives that promote mental health for all students and include targeted prevention efforts for those at risk (from Strategic Direction 1).
- [The removal of] barriers to full participation of people living with mental health problems or illnesses in workplaces, schools (including post-secondary institutions), and other settings (from Strategic Direction 2).
- [The removal of] financial barriers for children and youth and their families to access psychotherapies and clinical counselling (from Strategic Direction 3).
- [The removal of] barriers to successful transitions between child, youth, adult, and senior mental health services” (from Strategic Direction 3) (Mental Health Commission of Canada, 2016: i-ii).

The *2016 Mental Health Strategy for Youth* should be read in conjunction with the MHCC’s policy recommendations on child and youth mental health found in the following documents: *Evergreen: A Child and Youth Mental Health Framework for Canada, 2010*; *School-Based Mental Health in Canada: A Final Report, 2013*; and *Changing Directions, Changing Lives: The Mental Health Strategy for Canada, 2012* (Mental Health Commission of Canada, 2016: ii).

Mental Health Strategy for Canada: Youth Perspective

Strategic Direction	Priority Areas
1. Encourage lifelong mental health in all social environments where people live or spend time and prevent mental health issues and suicide wherever possible.	<ul style="list-style-type: none"> • Help people understand how to encourage mental health, reduce stigma, and prevent mental health issues and suicide. • Help families, caregivers, schools, post-secondary institutions, and community organizations encourage child and youth mental health and intervene early when signs first emerge. • Create mentally healthy workplaces. • Encourage good mental health in seniors.
2. Focus the mental health system on recovery and wellbeing for people of all ages and protect the rights of people with mental health issues.	<ul style="list-style-type: none"> • Put recovery and wellbeing at the heart of mental health policies and practices. • Actively involve people living with mental health issues and their families. • Respect and protect the rights of people living with mental health issues. • Reduce the number of people in the criminal justice system living with mental health issues and provide proper services and supports to people already in the system.

(Continued on Next Page)

Mental Health Strategy for Canada: Youth Perspective

Strategic Direction	Priority Areas
<p>3. Give people access to the right services, treatments, and supports when and where they need them.</p>	<ul style="list-style-type: none"> • Give primary healthcare a larger role in mental health. • Make mental health services more readily available in the community for people of all ages. • Give people living with complex mental health issues better access to the specialized services and treatments they need. • Include peer support as an essential part of mental health services. • Give people living with mental health issues and their families and caregivers better access to housing, employment, and education.
<p>4. Ensure everyone has access to appropriate mental health services based on their needs, especially in diverse and remote communities.</p>	<ul style="list-style-type: none"> • Improve mental health by improving people’s living conditions. • Improve mental health services for immigrants, refugees, ethnocultural, and racialized groups. • Tackle the mental health challenges faced in Canada’s territories and in northern and remote communities. • Respond better to the mental health needs of minority francophone and Anglophone communities. • Meet mental health needs related to gender and sexual orientation.
<p>5. Work with first nations, Inuit, and Métis to meet their distinct mental health needs, while respecting their unique experiences, rights, and cultures.</p>	<ul style="list-style-type: none"> • Address gaps and ensure greater coordination between mental health and addictions services for and by first nations, including traditional, cultural, and mainstream approaches. • Address gaps and ensure greater coordination of mental health and addictions services for and by Inuit, including traditional, cultural, and clinical approaches. • Build Métis capacity to better understand and address their mental health needs. • Address the mental health needs of first nations, Inuit, and Métis living in urban and rural centres and the complex social issues that affect mental health.
<p>6. Inspire leadership, share knowledge, and encourage collaboration at all levels.</p>	<ul style="list-style-type: none"> • Coordinate mental health policies across governments and sectors. • Improve mental health research and knowledge sharing across Canada. • Strengthen mental health human resources. • Ensure people living with mental health issues have a leadership role in setting mental health policy.

Source: Mental Health Commission of Canada. (2016). *The Mental Health Strategy for Canada: Youth Perspective*. Ottawa, Ontario: Mental Health Commission of Canada. Retrieved from https://www.mentalhealthcommission.ca/sites/default/files/2016-07/Youth_Strategy_Eng_2016.pdf

1. Mental Health and Substance Abuse

“The MHCC, in partnership with the Canadian Centre on Substance Use and Addiction and others, have started work that explores the important intersections between the mental health and substance use sectors to advance policy and program change across Canada. [The MHCC is] also focusing efforts on the ongoing opioid crisis, which is taking a devastating toll on individuals, families, front-line workers, and communities across the country” (Mental Health Commission of Canada, n.d.-b: n.p.).

2. Suicide Prevention

“The MHCC is working to build capacity across the country to address [the issue of suicide]. From grass-roots projects to evidence-informed training, reducing suicides means empowering and supporting people to effectively intervene where they live and work. Suicide prevention and life promotion are possible” (Mental Health Commission of Canada, n.d.-d: n.p.).

3. Population Based Initiatives

“The MHCC is working to improve mental health services, supports and policies for diverse populations, including immigrant, refugee, racialized and ethno-cultural groups, people in the LGBTQ2S community, youth, seniors, Indigenous populations, people in minority language situations, and public safety officers. All initiatives are centred in recovery, rooted in a person-centred approach” (Mental Health Commission of Canada, n.d.-c: n.p.).

4. Engagement with Canadians

“As an organization with pan-Canadian scope, the MHCC brings diverse community and stakeholder voices together; from our Provincial and Territorial Advisory Group, which promotes knowledge sharing across jurisdictions, to our efforts to engage federal policy makers on implementing the recommendations in the Mental Health Strategy of Canada. With these stakeholders we exchange knowledge and experiences, identify innovations, and spread promising, evidence-based practices” (Mental Health Commission of Canada, n.d.-a: n.p.).

2.8 Pediatric Chairs of Canada

Website	www.pediatricchairs.ca
Background	<p>The “Pediatric Chairs of Canada (PCC) represents all 17 university affiliated teaching hospitals in Canada, and half of all Canadian pediatricians work within PCC Departments of Pediatrics which provide health care to children in diverse regions across Canada” (Pediatric Chairs of Canada, n.d.-b: n.p.)</p>
Mission Statement	<p>The mission of the PCC is to “provide national leadership in paediatric research and education to promote the health and health care of children and youth....The goals and objectives of this national organization are to:</p> <ul style="list-style-type: none"> • [e]nhance national and international advocacy for pediatric education and research to improve the health of infants, children and youth. • Enhance the development of high quality, high impact pediatric oriented research that spans the continuum from prevention to promotion of pediatric health. • Promote and enhance [the PCC’s] role as leaders in pediatric education at the undergraduate, postgraduate and continuing medical education levels. • Promote and assist in the development of effective human resource planning for academic pediatrics and child and youth health care delivery. • Work together to promote child and youth access to coordinated health services in the best possible environment within academic health science centres and the communities they serve. • Develop collaborative relationships with other national and international organizations that will assist PCC in fulfilling its mission” (Pediatric Chairs of Canada, n.d.-a: n.p.).
Priority Advocacy Issues	<ul style="list-style-type: none"> • Safer Medications for Children, 2019 • Healthy Minds – Mental Health, 2019

During the 2019 federal election, the PCC sought to highlight the issue of child health outcomes, in particular as they relate to medication safety and mental health and addictions.

1. Safer Medications for Children, 2019

“Children and youth are put at unnecessary risk when they do not have access to pediatric medications or child-friendly dosage forms. Statistics indicate:

- up to 75 percent of all medicines prescribed to children fall outside Health Canada’s approved use;
- children are not little adults; they have unique prescription needs; and
- Canada lags behind the USA and Europe approving medications for kids” (Pediatric Chairs of Canada, 2019b: n.p.).

“Children deserve access to safe, effective and affordable medications. The PCC call on the federal government to: 1) [e]stablish a permanent and appropriately funded Expert Advisory Committee at the Health Portfolio level. Accountable to both the Minister and Deputy Minister of Health, this Committee should advise on all regulatory reimbursement and research activities related to pediatric drugs and therapeutics; and 2) [d]irect Health Canada to a) collect and review pediatric specific drug data; b) provide market incentives to encourage the development of pediatric medications and formulations; and c) develop, apply and evaluate pediatric-sensitive evidence standards for use in both regulatory and health technology assessments” (Pediatric Chairs of Canada, 2019b: n.p.).

2. Healthy Minds – Mental Health, 2019

“Mental illness and substance use are the most prevalent medical conditions causing disability in children (predominantly youth)” (Pediatric Chairs of Canada, 2019a: n.p.). Statistics indicate:

- “20 percent of children and youth (totaling 1.2 million) in Canada experience mental illness but less than one third have contact with a mental health provider;
- 45 percent increase in emergency department visits across Canada for mental disorders for children and youth (between 2007 and 2014);
- 70 percent of mental illnesses begin prior to age twenty-five and tend to be chronic, with substantial negative short and long-term outcomes; and
- 37 percent increase in inpatient hospital admissions for mental disorders for children and youth over the same period” (Pediatric Chairs of Canada, 2019a: n.p.).

“Early intervention is important to improve the health and wellbeing of children, youth and their families, as well as reduce the economic burden on the health system. The PCC call on the federal government to lead the development of a pan-Canadian strategy to advance

access to effective infant, child and youth mental health and addictions services. This strategy would address:

- appropriateness of care;
- timeliness of care;
- continuity of services;
- virtual care;
- equity of access;
- research data collection strategies; and
- prevention and health promotion” (Pediatric Chairs of Canada, 2019a: n.p.).

2.9 Royal College of Physicians and Surgeons of Canada

Website	www.royalcollege.ca
Background	The Royal College of Physicians and Surgeons of Canada “is a professional organization that exists to maintain the highest standards in specialty medical education and professional practice throughout a physician’s career. [The Royal College] develop[s] policies and programs so that all specialists in Canada will practice under a uniformly high standard of competence. [The Royal College] also work[s] to analyze complex and abundant information about health care and health system issues with the goal of enabling better health systems for all Canadians” (Royal College of Physicians and Surgeons of Canada, n.d.-b: 2).
Mission Statement	The Royal College “[serves] patients, diverse populations and...Fellows by setting the standards in specialty medical education and lifelong learning, and by advancing professional practice and health care” (Royal College of Physicians and Surgeons of Canada, n.d.-b: 1).
Policy Positions	Early Childhood Development, 2014 Indigenous Health, 2013
Advocacy Issues	<ul style="list-style-type: none"> • Scopes of Practice • Early Intervention and Early Learning Programs • Indigenous Health • Safeguarding the Quality of Medical Education and the Workforce • Workforce Self-Sufficiency • Safer Opioids

Royal College of Physicians and Surgeons of Canada Policy Positions

1. Early Childhood Development, 2014

Early childhood or the early years “is the most important developmental phase of life in which crucial advancements in physical, social, cognitive, emotional and language domains take place. Experiences during this time - and even before birth - influence health, education and economic prospects throughout life. Experiences in the first six years can become biologically embedded and influence outcomes throughout the life course in a positive way but also in a negative way. Disruptions during this period can significantly impact behavior and learning as well as adult health outcomes. Fortunately, intervening early and often can have a tremendous influence to promote positive outcomes and minimize or mitigate the impact of adverse childhood experiences and events. Research clearly shows that health promotion and disease prevention programs targeted at adults would be more effective if

investments were also made early in life on the origins of those diseases and behaviours. Early childhood development interventions (such as education and care, parenting support, and poverty reduction) yield benefits throughout life that are worth many times the original investment. Furthermore, there is a need for a greater understanding by all physicians of the biological underpinnings of adult diseases and for a greater focus on promotion and preventive health efforts to disrupt or minimize these early links to later poor health outcomes” (Royal College of Physicians and Surgeons of Canada, 2014: 1). “Children are especially vulnerable to the influence of the environment in these years, which creates huge opportunity to maximize potential and rewire through “brain plasticity”. Just as children are susceptible to negative influences in early life, the period of rapid development also means that promoting positive influences as well as effective interventions can have a tremendous influence to minimize or mitigate these outcomes. Intervening in the early years has the potential to impact developmental trajectories and protect children from risk factors that are present in their daily environments” (Royal College of Physicians and Surgeons of Canada, 2014: 5). Areas for action include: early childhood education and care; support for parents; poverty reduction; data collection for early childhood development; medical education; and clinical practice.

Early Childhood Education and Care

The Royal College recommends that:

1. “[t]he federal government, in collaboration with the provinces and territories, implement an early child development system with supports for families including but not limited to supports during pregnancy; early childhood learning opportunities; and high quality, universal, accessible and developmentally appropriate child care, including for Indigenous children living both on and off reserve.
2. The federal government commit to increasing funding for early childhood development to 1 percent of [gross domestic product] to bring Canada in line with other OECD countries” (Royal College of Physicians and Surgeons of Canada, 2014: 1).

Support for Parents

The Royal College Recommends that:

3. “[e]vidence based home visiting programs such as the Nurse Family Partnership be made available to all vulnerable families in Canada.
4. Governments support the expansion of community resources for parents and caregivers, which provide parenting programs and family supports, creating a system where all families have access.
5. Governments increase public awareness and support to optimize health and reduce potential remediable risk factors for pregnancy and before conception.
6. Governments increase accessible prenatal care, educational programs and parental supports” (Royal College of Physicians and Surgeons of Canada, 2014: 1).

Poverty Reduction

The Royal College Recommends that:

7. “[t]he federal government work with provinces and territories to implement a pan-Canadian poverty reduction strategy, including the eradication of child poverty, with clear accountability and measurable targets” (Royal College of Physicians and Surgeons of Canada, 2014: 2).

Data Collection for Early Childhood Development

The Royal College Recommends that:

8. “[t]he federal government work with the provinces and territories to create a robust collection, monitoring, and reporting system on early childhood to ensure proper monitoring of development and effectiveness of interventions including:
 - a) the identification of data gaps related to disadvantaged populations and Indigenous children including Métis;
 - b) ongoing implementation of the Early Development Instrument (EDI) in all jurisdictions; and
 - c) a similar tool for 18 months and middle childhood” (Royal College of Physicians and Surgeons of Canada, 2014: 2).

Medical Education

The Royal College Recommends that:

9. “[c]urriculum on early brain, biological development and early learning be incorporated, including education on:
 - a) the developmental origins of adult health and disease and
 - b) the impact of the determinants of health specific to Indigenous children such as colonization and racism, into all Canadian medical schools and residency programs.
10. Continuing medical education on early brain, biological development and early learning be available to all care providers, particularly but not limited to those in primary care” (Royal College of Physicians and Surgeons of Canada, 2014: 2).

Clinical Practice

The Royal College Recommends that:

11. “[a]ll provinces and territories implement an enhanced 18-month well-baby visit strategy with appropriate compensation, access to tools, adequate electronic medical records and resource pathways to community supports.
12. Physicians and other primary care providers integrate the enhanced 18-month visit into their regular clinical practice.
13. Comprehensive resources be developed for primary-care providers to identify community supports and services to facilitate referral for expecting parents, parents, and children.

14. Physicians be educated about the evidence base for the impact of early family literacy and the importance of discussing and recommending literacy promotion in routine clinical encounters with children of all ages.
15. National and Provincial/Territorial Medical Associations work with governments and the non-profit sector to explore the development of a clinically based child literacy program for Canada working in collaboration with community literacy efforts” (Royal College of Physicians and Surgeons of Canada, 2014: 2).

2. Indigenous Health, 2013

“It is well documented that disparities in health exist on the basis of race in Canada. Racism, oppression, historical legacies and government policies continue to perpetuate the ongoing state of Indigenous Peoples’ health inequities in many indigenous communities. Indigenous Peoples carry an inordinate burden of health issues and suffer the worst health of any group in Canada... To advance the Royal College’s vision of “The best health for all — The best care for all” and its mission “to improve the health and care of Canadians by leading in medical education, professional standards, physician competence and the continuous enhancement of the health system,” the Royal College 2012 – 2014 strategic plan explicitly aims to improve the health status of Indigenous people” (Royal College of Physicians and Surgeons of Canada, 2013: 3).

“Building on the Royal College CanMEDS intrinsic Roles framework, the values and principles outlined in this document represent a foundational milestone to underpin concrete actions in medical education, professional development and culturally safe practices. These measures will help redress disparities and inequities in the quality of health and care for Indigenous Peoples wherever they live in Canada. The overarching principle that captures the essence of the rounded physician as embodied in the CanMEDS Roles is as follows:

[t]he (health) care of an Indigenous person reflects the dimensions of quality for patient-centred care that resonate with their culture in all stages of that person’s life. The physician demonstrates empathy, open-mindedness, consensus and understanding of the issues facing Indigenous people and the social determinants of health that contribute to their health status. The decision making process recognizes the value of Indigenous Peoples’ self-determination through the principles of ownership, control, access and possession and the benefits of making unencumbered and informed choices to promote health sustainability and equity” (Royal College of Physicians and Surgeons of Canada, 2013: 3).

- ***Scopes of Practice***

- ***Early Intervention and Early Learning Programs***

“Concerns about Canada’s poor support of early intervention and early learning programs prompted the Royal College to work with partner organizations to produce a position statement with recommendations on Early Brain and Biological Development and Early Learning (EBBDEL)” (Royal College of Physicians and Surgeons of Canada, n.d.-a: n.p.). For the full statement, see the Royal College’s position on *Early Childhood Development*.

- ***Indigenous Health***

“The Royal College has produced a seminal document, *The Royal College Indigenous Health Values and Principles Statement*, to foster understanding, dialogue, action and positive change in Indigenous health. The wellbeing of Canada’s Indigenous Peoples is a top priority for the Royal College” (Royal College of Physicians and Surgeons of Canada, n.d.-a: n.p.).

- ***Safeguarding the Quality of Medical Education and the Workforce***

- ***Workforce Self-Sufficiency***

- ***Safer Opioids***

“With multiple specialties initiating opioid prescribing, the issues of pain management, safe prescribing practices, assessing for opioid dependency and abuse are relevant to our Fellows” (Royal College of Physicians and Surgeons of Canada, n.d.-a: n.p.).

3.0 Early Childhood Education¹

3.1 Margaret and Wallace McCain Family Foundation

Website	http://mwmccain.ca/
Background	“[T]he Margaret and Wallace McCain Family Foundation promote[s] the best possible early childhood for all of Canada’s children” (Margaret and Wallace McCain Family Foundation, n.d.-b: n.p.).
Mission Statement	<p>“Early childhood education (ECE) is the key to a better society. It provides children with the best possible start in life and is the foundation of a literate, pluralistic and democratic Canada. [The mission of the foundation is to promote] the best evidence to inform practice, policy and research to cultivate increased public investment in high quality early learning as an entitlement for every child [by]:</p> <p>Key objectives of the Foundation include:</p> <ul style="list-style-type: none"> • [highlighting] the role of ECE in promoting a happy childhood and a love of learning; • [promoting] investment in early childhood education that ensures even the most disadvantaged children have the chance to succeed alongside their more advantaged peers; • [emphasizing] ECE’s role in enhancing gender equity in the home and in the workplace; • [building] bridges between public education and early education to create the knowledge needed for a sustainable world; • [recognizing] a highly trained and resourced early childhood workforce is essential; • [encouraging] continued innovation and monitoring of ECE practices, programs and policies; [and] • [working] with governments, business, civic and sector leaders to promote broader public understanding and support for ECE” (Margaret and Wallace McCain Family Foundation, n.d.-c: n.p.).
Key Policy Publications	<ul style="list-style-type: none"> • Early Years Study 4: Thriving Kids, Thriving Society, 2020 • Early Years Study 3: Making Decisions, Taking Action, 2011 • Early Years Study 2: Putting Science into Action, 2007 • Early Years Study 1: Reversing the Brain Drain, 1999

¹ See also the policy positions of 2.5 Canadian Public Health Association and 2.9 Royal College of Physicians and Surgeons of Canada.

Early Years Studies

“Early Years Study [EYS] is a series of reports that draw on academically rigorous studies about the impact of early experiences on lifelong learning, behaviour and health, and the public policies that influence these outcomes. The reports are informed by the expertise of some of Canada’s leading scientists, policy researchers, public administrators, and early childhood educators. They are also enriched by collaboration with other philanthropic foundations in Canada including the Lawson Foundation, Jimmy Pratt Foundation, Chagnon Foundation, McConnell Foundation, Atkinson Foundation, Lyle Hallman Foundation, and the Muttart Foundation.

Early Years Studies 1, 2, and 3 (1999, 2007, 2011) were successful in “gather[ing] evidence documenting the benefits of early education for children, families, and communities, including: offering opportunities for all children; lifting children and their families out of poverty and social exclusion; reconciling work and family life; fostering female labour force participation and gender equity; developing a more literate and skilled workforce; and cultivating a pluralistic, democratic society” (Margaret and Wallace McCain Family Foundation, 2020: n.p.). Since the inaugural *Early Years Study: Reversing the Real Brain Drain* was released in 1999, public funding for early childhood education has more than tripled.

Early Years Study 4: Thriving Kids, Thriving Society (2020)

Early Years Study 4 (EYS4): Thriving Kids, Thriving Society, the latest publication in the Early Years series, makes the scientific, social, and economic case for building on previous EYS accomplishments to make early childhood education an entitlement for all young children as a first tier of publicly funded education” (Margaret and Wallace McCain Family Foundation, n.d.-a: n.p.). According to *EYS4*, early childhood education is pivotal in: developing a literate and skilled workforce; fostering female labour force participation and gender equality; economic prosperity; lifting families out of poverty and social exclusion; reconciling work and family life; cultivating a pluralistic, democratic society; encouraging play which is the key to a happy childhood; boosting math and language skills; and providing opportunities for all children (Margaret and Wallace McCain Family Foundation, 2020: n.p.). Highlights of *EYS4* include:

- “calls on governments to offer early education to all preschool-aged children...[*EYS4* argues that moving] towards early childhood education for all will require senior governments to make new investments devoting an additional \$8 billion in total to annual budgets...Although the payoffs are priceless, economists have done the math finding returns of up to \$6 for every dollar spent. The benefits are large, as are the costs of inaction” (Margaret and Wallace McCain Family Foundation, 2020: n.p.).
- Calls for early education that is designed “to ensure equitable access and a qualified and resourced workforce” (Margaret and Wallace McCain Family Foundation, 2020: n.p.).

- [Changes to] “outdated notions of daycare. Instead of ‘a place kids go while mom works’, today’s early childhood education provides a first tier of education that is as important as those that follow” (Margaret and Wallace McCain Family Foundation, 2020: n.p.).
- Universal ECE in Canada should be guided by four key principles: ECE as an entitlement; universal provision, strong public infrastructure; and adequate public funding (McCain, 2020a).
 - “ECE as an Entitlement: When children are legally entitled to preschool as they are to primary and secondary school, ECE becomes the norm and is protected from political shifts and economic downturns.
 - Universal Provision: When available to children from all backgrounds, a good quality universal system reduces social and economic inequities.
 - Strong Public Infrastructure: To ensure quality and a continuum of learning, ECE must have: A strong mandate, secure resources, and a coherent public policy. Governance and oversight for ECE needs to be located within education departments or ministries.
 - Adequate Public Funding: The cost of ECE must never be a barrier to participation. Enrolment must be free or affordable for all, including middle-income families who often don’t qualify for government subsidies” (McCain, 2020a)

Early Years Study 3: Making Decisions, Taking Action (2011)

Early Years Study 3 (EYS 3): Making Decisions, Taking Action documented the “social, economic and scientific rationale for increased investments in early childhood education [ECE]” (McCain, Mustard and McCuaig, 2011b: n.p.). Highlights of *EYS 3* include:

- proposals for the expansion of publicly funded preschool education for all two to five year-olds. Under the proposed system, parents would be responsible for deciding whether a child attends and how often they attend.
- The introduction of the *Early Childhood Education Report (ECER)*, a report that “monitors funding, policy, access and quality of early education programming.”
- An economic analysis of Quebec’s system of ECE [which] reveals that the tax revenues generated by the program cover the costs of Quebec’s system.
- Proposals for the expansion of ECE by building on the existing structure of public education.
- Evidence of the inconsistencies and fragmentation of the current structure of ECE programs, referred to as “a patchwork solution” for children and their families (McCain, Mustard and McCuaig, 2011b: n.p.).

Since the publication of *EYS3* in 2011, considerable progress has been made in the field of ECE, some of which is attributed to *EYS3*:

- “now produced every three years, the *ECER* is used by governments to inform policy and spending decisions;

- an expansion of [ECE] that builds on the public education system in jurisdictions across Canada;²
- [e]vidence of the economic benefits of investment in early childhood education [have been] confirmed by leading Canadian economists³ and resonate with governments across Canada; [and]
- [p]ublic investment in early childhood education has more than doubled since 2011” (McCain, Mustard and McCuaig, 2011b: n.p.).

Early Years Study 2: Putting Science into Action (2007)

Early Years Study 2 (EYS2): Putting Science into Action focused on “the policy framework necessary to improve conditions in early childhood with a view of improving the overall health of Canadians” (McCain, Mustard and Shanker, 2007b: n.p.). Highlights of *EYS2* include:

- [a greater understanding of] how our genes respond [to] our environment, and how children’s early experiences shape their development in the long term;
- [recognition of] the economic benefits of investing in young children and their families and [a demonstration of] how early childhood has a crucial impact on lifelong learning, behaviour, and health;
- [increased use of] Early Development Instrument (EDI) data as a central building block in monitoring how children are developing;
- [the articulation of] how early education could expand by building on public education; [and]
- [increased attention to] findings from Toronto First Duty about how current programs for young children and their families are only a patchwork solution (McCain, Mustard and Shanker, 2007b: n.p.).

EYS2 was successful in:

- [contributing to the implementation of] play-based, full-day kindergarten for all four and five year olds [in the province of Ontario]; and

² For a detailed analysis of the rationale for expanding public education to include preschool aged children, see Bertrand and McCuaig (2019).

³ According to a report published by the Conference Board of Canada, “[e]xpanding [ECE] in Canada would increase female labour market participation, improve child outcomes (especially for disadvantaged children), and reduce Canada’s income inequality. By allowing more women to enter the labour force, the introduction of an expanded ECE program would result in about 23,000 families — many of them single-parent families — being lifted out of poverty. Given the substantial positive benefits to society and the economy, there is a strong case for expanding ECE services” (Alexander, Beckman, Macdonald, Renner and Stewart, 2017). For a detailed analysis of the socio-economic outcomes of ECE, see Alexander, Beckman, Macdonald, Renner and Stewart (2017).

- [the expansion of] early education within schools [throughout Canada] (McCain, Mustard and Shanker, 2007b: n.p.).⁴

Early Years Study 1: Reversing the Brain Drain, 1999

Early Years Study 1 (EYS1): Reversing the Brain Drain was published amid: growing concerns that Canada’s system of education was not preparing students with the necessary skills and knowledge for the newly emerging high tech economy; and the loss of highly skilled and knowledgeable human capital to the United States (McCain and Mustard, 1999b: n.p.). *EYS1* “argue[s] that Canada discards its best talent when children lack adequate nurturing and stimulation in early childhood [and calls] on governments to create a first ‘tier’ program for early child development, as important as the elementary and secondary school systems, and post-secondary education system” (Margaret and Wallace McCain Family Foundation, 2020: n.p.).

Highlights of *EYS1* include:

- [the introduction of] a framework of understanding about how children's early experiences are critical in shaping their development;
- [evidence] that when children lack adequate nurturing and stimulation in early childhood, Canada overlooks its best potential talent;
- [calls for] governments to create a first-tier program for early childhood education that would be as crucial as the elementary and secondary school system, as well as postsecondary education; and
- [the utilization of] the EDI as a powerful tool to monitor how children are doing across communities, regions, and provinces “(McCain and Mustard, 1999b: n.p.).

Considered to be a landmark report in the field of early childhood development, the inaugural *EYS1* was successful in:

- [becoming] a conversation changer, sparking widespread interest in how experiences in early childhood shape the architecture and function of the brain, with lifelong consequences for the individual, and for society;
- [contributing to the implementation of a pilot project] by Toronto First Duty—a partnership of the city’s children’s services, school board, and community agencies—[involving the establishment of] early years centres that integrated kindergarten, licensed child care, and family programs in schools;
- [influencing] the federal government [to] expand parental leave benefits from six months to one year, and the [launch of the] EDI in Canada and internationally;

⁴ Margaret McCain was also invited by the New Brunswick government to advise its premier on the province’s early childhood strategy (McCain, Mustard and Shanker, 2007b: n.p.).

- [the utilization of the] socioeconomic status (SES) gradient in child outcome data [which] led to a shift from targeted programs for vulnerable children to universal approaches in early child development; [and]
- [influencing] the work of The World Bank, The Aga Khan Network, UNICEF, George Soros' Open Society Foundation, and governments and research centres across Australia in promoting further investment in ECE and early child development (McCain and Mustard, 1999b: n.p.).

3.2 Atkinson Centre for Society and Child Development

Website	https://www.oise.utoronto.ca/atkinson/Main/index.html
Background	“The Atkinson Centre for Society and Child Development is a research centre that is committed to using the best available evidence on early child development to inform public discourse, public policy and the professional learning of those who work with young children” (Atkinson Centre for Society and Child Development, n.d.: n.p.).
Research Topics	<ul style="list-style-type: none">• Parenting• Seamless Day Schools• Diversity, Equity & Inclusion• Assessing Quality• Curriculum & Pedagogy• Extended Day• Childcare• Science of Early Child Development• Early Childhood Education
Key Policy Publications	<ul style="list-style-type: none">• Early Childhood Education Report, 2020 (Forthcoming)• Early Childhood Education Report, 2017• Early Childhood Education Report, 2014

Research Topics: Early Childhood Education

“As Canadian policy makers and political leaders continue to debate the value of investing in preschool children, they should note the consensus among Canadian scholars based on both Canadian and international research. We can improve children’s lives and the economic and social wellbeing of our society by investing in early childhood education. Scholars from economics, psychology, education, health, medicine, and the neurosciences, agree that high-quality early childhood education results in improvements in scholastic, social, and health outcomes for children and their families, as well as in economic benefits for Canadian society” (Atkinson Centre for Society and Child Development, n.d-c.: n.p.).⁵

Early Childhood Education Report

“The reach of [ECE]⁶ is broad, including the education, care and well-being of young children. However, early education is also central to family policy and is associated with economic

⁵ See also Atkinson Centre for Society and Child Development (n.d.-b).

⁶ “ECE refers to programs for young children based on an explicit curriculum, delivered by qualified staff and designed to support children’s development and learning. Attendance is

development and productivity. It is linked to a range of equity issues, including women's employment, anti-poverty strategies, the promotion of social cohesion and the settlement of new Canadians. Reflecting the main recommendation of the EYS 3 — that all children from age two through to elementary school have access to high quality, early childhood education — the *ECER* focuses on indicators promoting this goal. Released every three years, it provides a status update on the policy frameworks across Canada that the evidence indicates supports quality and access. Reviews of early childhood education in Canada have traditionally focused on counting childcare spaces and per capita funding levels. Research has either evaluated child outcomes or the quality of programs offered. The *ECER* provides a means of tracking the policies that influence quality in the environments where small children learn and are nurtured” (Atkinson Centre for Society and Child Development, n.d-c.: n.p.).

“The *ECER* is organized around the five categories highlighted by the [Organization for Economic Cooperation and Development] OECD⁷: governance, funding, access, learning environments and accountability. Each category is equally weighted around 19 benchmarks to form a common set of minimum criteria necessary for the delivery of quality programming. Thresholds for each benchmark reflect Canadian reality. Each has been achieved in at least one Canadian jurisdiction. As such, they are not aspirational goals, but rather minimum standards. The data sources and rationale for the benchmarks are summarized in the methodology and supplemented by profiles of each province and territory, as well as a review of federal policies impacting ECE” (Atkinson Centre for Society and Child Development, n.d-c.: n.p.).

Early Childhood Education Report, 2017

The 2017 *ECER* is the third assessment of provincial and territorial frameworks for ECE in Canada using the five key categories of: governance structures; funding levels; access; quality in early learning environments; and accountability mechanisms.

Governance: “Most jurisdictions have reduced what the OECD identified as the adverse effects of fragmented governance by merging their early education, child care and family support services under a single ministry. Most [jurisdictions] have developed policy frameworks guided by the science of early development and a holistic view of childhood. Policies also recognize the need to reduce program transitions throughout children’s early years and into kindergarten and school. Gaps remain however, with programs residing in the same ministry but with different legislative mandates, administrations, oversight and

regular and children may participate on their own or with their parents or caregivers. It includes child care, but also school operated kindergarten and prekindergarten programs, as well as Aboriginal Head Start and parent and child programs” (Atkinson Centre for Society and Child Development, n.d-c: n.p).

⁷ “The [ECER] was developed out of the policy lessons emerging from the twenty-country review of early education and care programs conducted by the OECD” (Akbar and McCuaig, 2017: 2).

educator requirements, contributing to the separation of school operated kindergarten and prekindergarten from childcare and family support programs. At the local level, infrastructure is weak with poor oversight and support for service providers, lax or absent planning, and operators competing for the same families in some neighbourhoods while other communities have no options” (Akbar and McCuaig, 2017: 3).

Funding: “Provinces and territories have increased ECE funding by almost \$1 billion since 2014, bringing total spending to \$11.7 billion. As the most populous provinces, Ontario and Québec account for over half this increase. Amounts are important, but it is equally telling to identify the share of provincial and territorial resources devoted to young children; the benchmark is a minimum of three percent of annual budgeted spending. By comparison, ECE spending averages five to six percent of annual budgets in most OECD countries. Only Ontario and Québec exceed the spending benchmark of three percent. No other province or territory reaches two percent. As a percentage of annual budgets, spending on ECE largely flatlined between the 2014 and 2017. A bump in funding is anticipated in 2018 as provinces and territories add their own investments to federal transfers” (Akbar and McCuaig, 2017: 3).

Access: “Kindergarten for five year-olds is Canada’s only universal early years program and the only preschool program most children will experience. Although voluntary in all jurisdictions with the exception of Prince Edward Island, Nova Scotia and New Brunswick, 95 percent of eligible children across the country attend. Regulated childcare has also grown to over one million spaces, an increase of 150,000 spaces since 2014. Ontario accounts for most of the new spaces. *ECER 2017* estimates that 54 percent of children aged two to four years attend an [ECE] program, up slightly from the 51 percent reported in *ECER 2014*. This includes those participating in school-operated prekindergarten and parent/child drop-in programs, licensed child care and Aboriginal Head Start” (Akbar and McCuaig, 2017: 7-8).

Quality: “More attention is being focused on the ECE workforce, with enhanced professional development requirements, more density of trained staff, and enhanced support for wages. Staff practice is guided by curricula for young children designed to tap into their natural curiosity. In most jurisdictions, this approach continues into kindergarten. All jurisdictions now have curriculum frameworks with the exception of the Territories, where they are currently in development” (Akbar and McCuaig, 2017: 9).

Accountability: “A series of federal, provincial and territorial agreements propose that jurisdictions monitor the progress of ECE provision through annual reports. In 2017, eleven provinces/territories have publicly posted reports. Monitoring is an integral part of democratic accountability. It is essential for informed decision-making, ensuring that societal resources are deployed productively, scarce resources distributed equitably and social goals reached. Monitoring on its own does not deliver results, although it is a crucial part of a larger system designed to achieve them” (Akbar and McCuaig, 2017: 9).

Emerging Trend: Growing Recognition of the Benefits of ECE for Children, Families and Society

“For children, [benefits] include enhanced academic and socio-emotional competencies, contributing to increased earnings and better health and social behaviour as adults. Social benefits are derived from early education’s role as a job creator in its own right, while supporting parents to work or upgrade their skills. This in turn reduces the draw on income-tested programs and the inequalities that result from poverty. ECE is also a highly effective platform for early identification and intervention. By addressing problems early, special education costs are reduced. In a country highly dependent on immigration, early education acts as a settlement program. Economic studies calculate the cost-to-benefit ratio from spending on early education at between \$2 and \$7 returned for every \$1 spent, depending on the population studied” (Akbar and McCuaig, 2017: 2-3).

Challenges

Structure of ECE Models: “As more children participate in kindergarten and pre-kindergarten, child care is left to top and tail the school day and fill in during holidays. This is a poor model that leaves too many families on wait-lists for child care, destabilizes child care operators and creates split-shift, precarious jobs for early childhood educators” (Akbar and McCuaig, 2017: 9).

Funding: “Funding gaps persist between public education and the market delivery of child care. On average, per child funding for ECE programs in schools is twice as much as spending for a child care space.” “All provinces and territories provide some form of direct operating support to child care programs. Direct funding takes the pressure off parent fees and provides a level of stability to programs that parent fees alone cannot provide. Subsidies for parent fees are administratively cumbersome for parents and subsidy managers. They are often insensitive to the cost of care and the dignity of the family. When subsidies don’t cover the fees charged by licensed programs, families are often unable to make up the difference forcing them to settle for unregulated options” (Akbar and McCuaig, 2017: 10).

Staff Compensation: “[T]he wage gap between kindergarten teachers and educators working in licensed child care is wider than can be justified by educational differences. The ECER sets the benchmark for early childhood educator salaries at two-thirds of those earned by kindergarten teachers” (Akbar and McCuaig, 2017: 10).

Staff Recruitment and Retention: “With few exceptions, recruiting and retaining qualified staff in licensed child care remains a challenge. No jurisdiction requires all child care staff to hold post-secondary credentials in ECE, however all but Nunavut stipulate a minimum portion of qualified staff. Some provinces have adopted entry-level training requirements, which vary from 40 to 120 hours of ECE course work, while others have no policies governing preservice training except for recognized ECEs. Although staff/child ratios are consistent across the country, the required number of qualified early childhood educators varies widely” (Akbar and McCuaig, 2017: 10, 13).

Access, Affordability and Quality: “ECE policy must consider all three. While federal funding conditions require provinces/ territories to increase the number of child care spaces, economic studies indicate that new spaces will sit empty because parents can’t afford the fees. Who will staff the new spaces is in question. The density of qualified staff in licensed programs is already minimal. The practice of staffing childcare using directors’ exemptions (i.e., filling positions requiring ECE qualifications with unqualified staff) drags on quality, further demoralizing qualified educators. Non-profit operators are reluctant to undertake expansion without trained educators, leaving commercial providers to fill the gap” (Akbar and McCuaig, 2017: 13).

3.3 United Nations Children’s Fund Canada

Website	https://www.unicef.ca/en
Background	“[The United Nations Children’s Fund (UNICEF) is the world’s farthest-reaching humanitarian organization for children. Across 190 countries and territories, [UNICEF defends children’s] rights [and ensures they are] protected, healthy and educated... UNICEF Canada “works with governments and the private sector in Canada and internationally to advance the rights and well-being of children and youth” (UNICEF, n.d.-b: n.p.).
Mission Statement	[UNICEF Canada is] guided by the <i>1989 Convention on the Rights of the Child</i> , advocating for the protection of children’s rights, helping to meet their basic needs, and giving them a fair chance to reach their full potential” (UNICEF, n.d.-b: n.p.).
Advocacy Issues	<ul style="list-style-type: none"> • Right to a Childhood • Child Survival • Child Rights and Equity • Child Education • Child Protection • Child Health and Nutrition
Key Policy Publications	<ul style="list-style-type: none"> • Where Does Canada Stand? The Canadian Index of Child and Youth Well-Being, 2019 Baseline Report • Family-Friendly Policies in Rich Countries: How Canada Compares, 2019

Advocacy Issue: Child Education

“Every child, including the world’s most disadvantaged, has the right to an education because it has the power to change lives. Education is a powerful tool for breaking the cycle of poverty; supporting child survival, growth, development and well-being; and closing the gap in social inequality. On average, one additional year of education can increase an individual's earnings by ten percent...Furthermore, girls’ education is particularly impactful for future generations: children of educated mothers are much more likely to go to school than children of mothers with little or no education. However, there is still more to be done as 57 million primary school-age children currently do not have access to education.”[ECE] gives children the best start in life. Early childhood (between zero to five years old) is an ideal time to absorb basic skills. It’s proven to help give children a strong basis for social, emotional and cognitive skills for future learning and development” (UNICEF, n.d.-a: n.p.).

“The *Canadian Index of Child and Youth Well-Being* measures levels, inequalities and trends in the state of children and youth. [It is] a snapshot that looks at many aspects of childhood to help Canadians understand what growing up is like for kids, focus efforts and accelerate progress where it is most needed. The Index brings together a wide range of data into one framework to encourage a comprehensive and balanced view of how kids in Canada are faring.⁸ [The Index tracks] 125 indicators across nine dimensions⁹ of the lives of children and youth, from birth to age 18, using the most recent, population-level, statistical data...It complements the UNICEF Report Cards that look at life for kids in the world’s rich countries” (UNICEF, 2019c: 5).

Dimension: Children and Learning

“Children and youth have the right to learn in many different supportive and respectful environments. Learning begins from birth, in families, in communities and in cultures. It happens inside and outside schools. It is shaped by healthy and secure family relationships and material conditions, and opportunities for high-quality childcare and preschool. When children start school, achieving proficiency in a diverse range of competencies is possible when education is provided equitably and safely and respects the individual passions and abilities in every child. Reading literacy is a gateway for school achievement and learning for life. Equally important are environments that foster opportunities for children to set their own goals and pursue them. Children need opportunities to wander and wonder and to recover from mistakes and challenges” (UNICEF, 2019c: 45).

In its assessment of ECE in Canada, UNICEF found that “[i]n the preschool years, children in Canada have fewer opportunities for high-quality, early child care and learning than their peers in other rich countries, with considerable variability across Canada. More than one in four children (27 percent) starts school with significant developmental vulnerabilities that hamper their readiness to learn” (UNICEF, 2019c: 45). According to UNICEF, “[i]f more children had a better developmental start in the early years, Canada’s progress might improve. As other countries have been expanding children’s access to high-quality early learning and child care, Canada has lagged behind” (UNICEF, 2019c: 47).

⁸ [The Index] is guided by an ecological systems approach that recognizes the interdependence of key areas – or dimensions – of the lives of children and youth, all of which affect their well-being” (UNICEF, 2019c: 11).

⁹ The nine dimensions of child well-being are as follows: is a child happy and respected; does the child feel a sense of belonging; does the child have a stable and secure life; is the child able to participate in society; is the child able to play; does the child feel safe and secure; is the child learning; is the child healthy; and is the child connected to the environment (UNICEF, 2019c: 11-12).

Despite efforts by governments to improve the quality of ECE in Canada, issues concerning accessibility, affordability and the absence of a universal system of ECE remain have yet to be fully addressed.

- “All levels of government have, in recent years, advanced access to early learning and child care. Canada’s enrolment rate in preschool the year before primary education (kindergarten for most children) at 97 percent is almost universal, but leaves out more children than most of its peer countries. Kindergarten is available across Canada but attendance is only mandatory in [select provinces]. [Some] jurisdictions offer a half-day program; however, evidence suggests that a half-day program doesn’t deliver a sufficient ‘dose’ of education to create the benefits for child development that full-day participation can.
- There is much less support for the care and development of children from infancy to kindergarten than for school-aged children in Canada, despite the fact that most children in Canada need child care and benefit from early child development programs. In Canada, 54 percent of children ages two to four years old attend centre-based [ECEC], but this figure hides substantial variation between the provinces and territories. The enrolment rate ranges from just 34 percent in Newfoundland to 73 percent in Quebec. The gaps in preschool participation in Canada are mainly due to the lack of a universal approach, with access limited by the availability and affordability of spaces. No national data reports the quality of early care and education that young children receive” (UNICEF, 2019c: 47).
- “[Approximately], 27 percent of children entering primary school are vulnerable in one or more aspects of cognitive, social, physical and emotional development, so at the very start of primary school, large differences in children’s development and readiness to learn already exist. This is measured by the EDI in Canada, which shows wide variation in physical, social, emotional, language and communication skills and behaviours among children at kindergarten. That children tend to be the most vulnerable in social and emotional development suggests a great deal of family stress in the early years and too little support for childcare and development, affecting children across the socio-economic gradient. ECE also helps counteract the unequal starting conditions of children from different families, and the benefits can last through their school journey. Canada’s school system is faced, at the outset, with remediation that could be avoided by investing in high-quality, accessible child care and education in the early years” (UNICEF, 2019c: 47-48).
- “Perhaps the biggest threat to the educational and overall wellbeing of children is income inequality and intensifying levels of academic competition and expectations, which have different gender effects. Young people frequently report high levels of stress and anxiety related to perceived pressure to succeed, particularly among girls. In contrast, boys have historically been more likely to underachieve, be suspended and drop out, and Not in Education, Employment or Training (NEET). While income inequality is associated with greater competition for social and economic advancement, it is also associated with more hopelessness and disconnection from education among young people in the lowest-income families. However, it is critical to

remember that girls can also disengage and disconnect, while many boys will experience stress, anxiety and mental health challenges. Social and economic policies that limit income inequality and create a more equitable start for more children in the early years can help Canada's education systems increase fairness, achievement and wellbeing for children" (UNICEF, 2019c: 47-48).

Family-Friendly Policies in Rich Countries: How Canada Compares, 2019

"The UNICEF Research Brief reviews key family-friendly policies in 41 countries that are part of the [OECD] and/or the European Union (EU). The analysis draws on the most recent comparable data and focuses on childcare-related leave for parents and centre-based early childcare and education services for children. The focus is on four basic dimensions of these public policies. A lack of data prevents measuring countries in relation to important employment and parenting reconciliation policies such as support for breastfeeding, and important policy dimensions such as the quality of early childcare and education. The review does not include other important, public, child-focused policies such as income benefits and compassionate care benefits, or broader public policies that directly affect families and children such as those shaping employment and income inequality. Likewise, it does not review private services and policies" (UNICEF, 2019b: 4).

Importance of Early Childhood Education: "Universal, public provision of high-quality early learning programs is not only necessary to give children a good start when their parents work, but also to provide a stimulating social and learning environment. Most children benefit from some access to high quality, organized play-based learning before the start of compulsory school. Early child education also helps counteract the unequal starting conditions of children from different families, and the benefits can last through their school journey and throughout life" (UNICEF, 2019b: 13).

Assessment of Canada's Family Friendly Policies: "[S]ignificant gaps remain between Canada and its peer countries in key family-friendly policies, and too many Canadian children are left out of the benefits of these policies and services. Canada ranks in the middle among other rich countries in the provision of parental leave available to mothers (19th of 41) and in the provision of dedicated leave available to fathers and second parents (16th of 41). *[There is insufficient data] to report on early childcare and education, but it is fair to say with the data [that is available] that Canada falls far behind*" (UNICEF, 2019b: 4).

Key Findings Related to Canada's ECE Policies

Participation Rates: "There is wide international variation in younger children's participation in early learning programs. Overall, more than 50 percent of children age three and older attend preschool in most wealthy countries. But at least 80 percent attend in two-thirds of rich countries, with near-universal enrolment in Belgium, Denmark, Iceland, Spain and Sweden. For children under age 3, enrolment rates are below 50 percent in nearly all rich countries. In only six countries do enrolment rates for under-three exceed 50 percent: Luxembourg and Sweden (51 percent), Norway (52 percent), Iceland (65 percent) and Denmark (70 percent). In Canada, 54 percent of two to four year-olds attend centre-based

early childhood education and care, but this figure hides substantial variation between the provinces and territories. The enrolment rate ranges from just 34 percent in Newfoundland to 73 percent in Quebec” (UNICEF, 2019b: 12).

Affordability: “Although variation in centre-based childcare enrolment rates may partly be due to differences in parental preferences, cultural norms and availability of informal care options (e.g., by grandparents), there are also differences in the availability and affordability of formal services. Where early childcare and education is a legal entitlement for every child, regardless of the income or employment status of their parents, participation is higher. The gaps in preschool participation in Canada are mainly due to the lack of a universal approach, with access limited by the availability and affordability of spaces. The affordability of childcare is a crucial barrier to access in Canada and elsewhere where preschool is not a universal, public system. In most countries, cost is the most important reason for the unmet need of centre-based services reported by parents of children under the age of three. In the Czech Republic, Denmark and Sweden, affordability is an issue for less than one per cent of parents. On the other hand, it is an issue for more than one in five parents (22 percent) in the United Kingdom; more than one in six in Spain and Ireland; and more than ten percent of parents in four other countries” (UNICEF, 2019b: 12-13).

Inequalities in Access: “Without a public, universal system of childcare and education for young children, availability is also inequitable. In Canada, provinces that spend a greater share of their budgets on early childhood education and care tend to ensure higher enrolment rates in preschool and more childcare spaces for children two to four years old. Children aged three and older are less likely to attend if they live in the lowest income households in about half of the countries for which data are available, yet these children typically benefit most from access to high quality early learning and care. Thousands of young children in Canada start school without the long-term advantages of early learning that could put many on a better trajectory for school and for life. By the start of primary school, there are already large differences in children’s development. This is measured by the EDI in Canada, which shows a wide variation in physical, social, emotional, language and communication skills and behaviour among Canada’s children at Kindergarten. There is a well-established body of research identifying language, memory and other academic skill gaps, as well as neurological differences, between children from high and low family affluence at school entry” (UNICEF, 2019b: 13).

Recommendations to Improve Canada’s System of Early Childhood Education and Care

1. “When children in some families benefit from preschool that others can’t afford, inequality grows. For a big step toward closing childhood inequalities and countering the impacts of income inequality, guarantee every child in Canada access to high-quality ECEC, including those with disabilities and special needs, irrespective of their parents’ employment, migration status or income.
2. To guarantee high-quality early learning and childcare for every child who needs it, every jurisdiction should invest six percent of their budgets for children under six, who are six per cent of the population.

3. Offer full-day kindergarten to all children ages four and five.
4. Ensure every child below age five access to high quality childcare/early learning programs.
5. Coordinate data collection and reporting across federal, provincial and territorial governments to see how Canada's investments and services for young children are developing in relation to norms and standards among peer countries" (UNICEF, 2019b: 17).

3.4 (US) National Academies of Sciences, Engineering and Medicine

Website	https://www.nap.edu
Background	“The National Academies of Sciences, Engineering, and Medicine are private, non-profit institutions that provide expert advice on some of the most pressing challenges facing the nation and the world. Our work helps shape sound policies, inform public opinion, and advance the pursuit of science, engineering, and medicine. Over many decades we have earned a solid reputation as the nation's premier source of independent, expert advice on scientific, engineering, and medical issues” (National Academies of Sciences, Engineering and Medicine, n.d.: n.p).
Policy Issue	<ul style="list-style-type: none">• Early Childhood Care and Education
Key Publications	<ul style="list-style-type: none">• Exploring Early Childhood Care and Education Levers to Improve Population Health: Proceedings of a Workshop, 2019• Child Development and Early Learning: A Foundation for Professional Knowledge and Competencies — A Summary Booklet, 2015

Exploring Early Childhood Care and Education Levers to Improve Population Health: Proceedings of a Workshop, 2019

Workshop Objectives: [In] 2017, the Roundtable on Population Health Improvement of the National Academies of Sciences, Engineering, and Medicine convened a workshop to explore the intersection of health and early childhood care and education, two key social determinants (or influencing factors) of health...This workshop follows a 2014 roundtable workshop that considered the interface between the education and health sectors broadly, from research and metrics to cross-sectoral partnerships and financing. The 2017 workshop continued that discussion, with a deeper focus on early childhood (birth through age five) as a critical period in human development and an important opportunity for educational and related interventions” (National Academies of Sciences, Engineering and Medicine, 2019: 1). The workshop agenda was developed...to meet the following objectives:

- “[h]ighlight what is working at the intersection of health and early care and education; discuss the importance of early care and education in achieving overall goals for early childhood development; and consider current priorities;
- [p]rovide examples of successful initiatives focused on early care and education and health; [and]
- [c]reate space for conversations around the examples provided, including spread and scale for greater impact, sustainability (including funding models), the collection of

relevant data, and the identification of gaps that need to be addressed” (National Academies of Sciences, Engineering and Medicine, 2019: 3).

Early Childhood Care and Education as a Population Health Strategy

According to workshop participants, there are a number of reasons why early childhood care and education should be a central focus of a population health strategy:

- “[e]arly care and education programs provide an opportunity to connect with families on a routine basis to provide information and support. Sixty percent of children from birth to five years...spend at least a part of every day in out-of-home settings or under non-parental care while their parents or primary caregivers are working, attending school, participating in job training, or tending to other activities.
- Families trust their early care and education providers as a source of information and support on child development, health, and parenting.
- Families see their early care providers nearly every day, and most children spend a great deal of time in early care and education settings. Children learn healthy behaviors early, and early care and education providers are key partners in that learning...Participants [in] the work of the Nobel laureate James Heckman and colleagues...found that children in early childhood programs that included education as well as health and nutrition interventions had improved health outcomes in adulthood, including lower levels of hypertension, metabolic syndrome, and obesity in their 30s.
- Early care and education programs can promote healthy behaviors through practice change (e.g., creating healthier environments, training care providers to incorporate healthy activities into daily routines and curricula) and policy change. The potential for spread and scale of changes in early care and education practices and policies is great...By weaving health promotion, preventive care, health literacy, and health care coordination into early care and education environments and making it easier for both health care providers and early care and education providers to coordinate and cooperate through policy levers, we can change the health status of entire geographies of children” (National Academies of Sciences, Engineering and Medicine, 2019: 2).

Child Development and Early Learning: A Foundation for Professional Knowledge and Competencies — A Summary Booklet, 2015

Research shows that “[c]hildren are already learning at birth, and they develop and learn at a rapid pace in their early years. This provides a critical foundation for lifelong progress, and the adults who provide for the care and education of children from birth through age eight bear a great responsibility for their health, development, and learning” (National Research Council, 2015: 1). “Young children thrive when they have secure, positive relationships with adults who are knowledgeable about how to support their development and learning. The science of child development and early learning makes clear the importance and complexity of working with young children from infancy through the early elementary years. Research during the past decade has revealed much about how children learn and develop. Studies have shown that early childhood is a time when developmental changes are happening that can have profound and lasting consequences for a child’s future. While people have long debated whether “nature” or “nurture” plays the stronger role in child development, recent studies reveal the importance of how the two influence each other as a child develops: what a child experiences and is exposed to interacts with his or her underlying biological makeup. Research has also shown that much more is going on cognitively, socially, and emotionally in young children — including infants — than scientists or care and education professionals previously knew. Even in their earliest years, children are starting to learn about their world in sophisticated ways that are not always reflected in their outward behavior. Learning and development for young children is both rapid and cumulative, continuously laying a foundation for later learning. These and related insights emerging from research have strong implications for settings where young children are cared for and educated” (National Research Council, 2015: 1).

This summary booklet “explores the implications of the science of child development for the professionals who work with these children” (National Research Council, 2015: 1).¹⁰ “[It] provides an overview of this research and its implications for what educators and other adults who work with children need to know and be able to do in order to best support children’s healthy development” (National Research Council, 2015: 1).

Areas of Focus

1. The Biology of Early Child Development (pp. 2-3)

- The report draws on “research in developmental biology and neuroscience, [focusing on] four broad insights about the role of the developing brain and other biological systems in early childhood development: the developmental window (rapidity of brain development during early childhood); the interplay of genes and environment; the impact of stress on development; [and] individual differences in sensitivity to environments” (National Research Council, 2015: 2).

¹⁰ The booklet presents the key findings of *Transforming the Workforce for Children Birth through Age 8* (National Research Council, 2015), a report from the Institute of Medicine and National Research Council.

- “Together, these four broad insights have reshaped understanding of the formative experiences of children in their families, communities, health care settings, childcare and preschool centers, and schools. These insights also have implications for those who educate and care for young children — and they make clear the complexity and importance of this role” (National Research Council, 2015: 2).

2. *Children’s Cognitive Development (pp. 4-6)*

- Looking at studies of cognitive development, the report finds that “the developing mind... [is] active and insightful from a very young age. As early as infancy, for example, children derive theories to explain the behavior of people and the actions of objects. Being aware of what research has discovered about babies’ and young children’s cognitive development can help adults who work with children better support their learning” (National Research Council, 2015: 4).

3. *Subject Area Learning (pp. 7-10)*

- “Some principles for instructional practices are generally applicable across subject areas and across different domains of development and learning, such as: [teaching through learning trajectories; using a mix of instructional methods; [u]sing tiered intervention approaches; and ensuring continuity and alignment....In addition to these general principles, every subject area also requires that children acquire specific content knowledge and skills – and correspondingly, that educators have specific knowledge and competencies in instructional and assessment practices. Two core subject areas — language and literacy and mathematics — are discussed further [in the report] because they are foundational for other subject areas and for later academic achievement. How they are learned has been extensively studied in young children, compared to other subject areas” (National Research Council, 2015: 7).

4. *Children’s Social and Emotional Development (pp. 11-12)*

- “The development of social and emotional competence is an important part of children’s early development and learning. Social and emotional competence means the ability to understand and manage emotions and behavior, to make decisions and achieve goals, and to establish and maintain positive relationships, including feeling and showing empathy for others. Developing these capacities is important for children’s learning and academic success. Social and emotional competence give children the capacity to engage in academic tasks by increasing their ability to interact constructively with teachers, work effectively with peers, and dedicate sustained attention to learning” (National Research Council, 2015: 11).

5. *Building Competencies in Care and Education Professionals (pp. 13-17)*

- “Children’s health, development, and early learning provide a foundation on which later learning — and lifelong progress — is constructed. The adults who provide for their care and education bear a great responsibility. Care and education professionals are best able to support children from birth through age eight when they have a

shared foundation of knowledge and competencies related to development and early learning across this age span. This foundation needs to be augmented by specialized knowledge and competencies depending on the specific age groups with which they work or for specific professional roles such as early intervention specialists, mental health consultants, or language development specialists” (National Research Council, 2015: 13).

6. *Providing Support for Quality Professional Practice (p. 18)*

- “Stronger support for care and education professionals will require involvement from local, state, and national leadership; building a culture in higher education and ongoing professional learning that reflects the importance of establishing a cohesive and coordinated workforce for children from birth through age eight; ensuring practice environments that enable and reinforce the quality of their work; making substantial improvements in working conditions, well-being, compensation, and perceived status or prestige; and creating consistency across local, state, and national systems, policies, and infrastructure. As with multiple sets of complex gears, many interconnected elements need to move together to support a convergent approach to caring for and teaching young children — one that allows for continuity across settings from birth through elementary school, driven by the shared core of the science of child development and early learning” (National Research Council, 2015: 18).

4.0 Research Institutes/Current Research

4.1 Child Cohort Study

Website	www.childstudy.ca
Background	The CHILD Cohort Study is a “prospective longitudinal birth cohort study...CHILD researchers are actively following the Study participants over time as they grow and develop—from mid-pregnancy into childhood and adolescence. CHILD is designed this way so it can collect information at time points that are considered especially critical to the health and development of children. CHILD is the largest multidisciplinary, longitudinal, population-based birth cohort study in Canada and is designed to be one of the most informative studies of its kind in the world” (Child Cohort Study, n.d.-a: n.p.).
Mission Statement	The core mission of the CHILD Cohort Study is to “advance knowledge about the genetic and environmental determinants of atopic diseases including asthma, allergy, allergic rhinitis, and eczema through trans-disciplinary and longitudinal study, with the goal of advancing the health status and well-being of children in Canada” (Child Cohort Study, n.d.-a: n.p.).
Research Themes (age 8 and beyond)	<ul style="list-style-type: none">• Asthma, Allergy & Lung Function• Bioinformatics/Statistics• Cardiometabolic Studies• Environment/Exposome• Genomics• Immunology• Infection• Microbiome• Neurodevelopment• Nutrition and Endocrine• Physical Activity• Sleep
Research Themes (pre-birth to age 5)	<ul style="list-style-type: none">• Environmental Exposures• Wheezing Phenotypes• Infant Pulmonary Function Phenotypes• Innate Immune Phenotypes• Psychosocial Factors & Stress• Genetics & Epigenetics• Nutritional Factors• Infant Microbiome

Child Cohort Study Research Themes (age 8 and beyond)

- *Asthma, Allergy and Lung Function*: “The determination of asthma and wheezing phenotypes, through the performance of lung function tests and of allergy skin tests.”
- *Bioinformatics/Statistics*: “Data collection and management, analysis and integration.”
- *Cardiometabolic Studies*: “Assessment of cardiometabolic traits at age 8 years, including blood pressure, weight, height, waist circumference, body fat, step test for fitness, activity, screen time amount and type, outdoor play, diet, sleep patterns and duration.”
- *Environment/Exposome*: “Assessment of environmental exposures related to the home, cleaning methods, heating and cooling, school, child and family activity, time spent in transit, mode of transport, use of swimming pools, and a multiplicity of chemical and environmental exposures. Outdoor air pollution is estimated by modeling.”
- *Genomics*: “Analysis of genetic material from parents and children, including epigenetics, and the broad field of ‘omics.”
- *Immunology*: “Immunology investigations will focus on a comprehensive analysis of genetic, epigenetic, gene expression, innate and adaptive immunity and toll-like receptor profiles of children to understand the biological basis of allergic disease.”
- *Infection*: “The detailed examination of respiratory infections in relation to outcomes of asthma and allergy.”
- *Microbiome*: “Analyses of the gut and respiratory microbiome.”
- ***Neurodevelopment***: “A broad range of assessments to follow the trajectories of mental illness, including anxiety and depression prodromes during development.”
- *Nutrition and Endocrine*: “The collection of nutritional information in mothers and children through questionnaires.”
- *Physical Activity*: “The assessment of the organized and unorganized physical activity of children in relation to disease outcomes.”
- *Sleep*: “The assessment of sleep duration and disruption together with determination of media consumption.”

Source: Child Cohort Study. (n.d.-b). *Research Themes*. Hamilton, Ontario: McMaster University. Retrieved from <https://childstudy.ca/about/research-themes-sub-studies/>

Child Cohort Study Research Themes (pre-birth to age 5)

- *Environmental Exposures*: “Development of multiple methods to assess exposures related to the physical environment has been the role of the Environmental Working Group within CHILD. Data will enable CHILD exposure estimates to identify several risk factors, from some already well recognized (dust mites and cockroaches, traffic-related air pollution) to those that represent newer hypotheses (semi-volatile organic compounds such as phthalates). In addition to being used to study associations with early outcomes (wheeze, infant pulmonary function test, exhaled nitric oxide [eNO]) and primary endpoints (asthma diagnosis), the exposure data will be shared with partners such as Health and Environment Canada and the Canada Mortgage and Housing Corporation providing new evidence to inform the establishment of standards and/or guidelines.”
- *Wheezing Phenotypes*: “Analysis and correlation of environmental exposures with wheezing phenotypes in the first five years of life.”
- *Infant Pulmonary Function Phenotypes*: “Growth- and respiratory infection-related changes in pulmonary function will be analyzed.”
- *Innate Immune Phenotypes*: “Classification of innate immune phenotypes in relation to environmental exposure and the development of allergy/asthma.”
- *Psychosocial Factors and Stress*: “Psychosocial factors and stress in relation to immune function, pulmonary and allergy/asthma outcomes.”
- *Genetics and Epigenetics*: “Genetics and epigenetics in relation to allergy asthma-risk and disease expression.”
- *Nutritional Factors*: “Nutritional factors in allergy and asthma.”
- *Infant Microbiome*: “New experimental approaches will be applied to examining meconium and stool, breast milk and nasal secretions in the CHILD Study. Maternal factors, including mode of delivery (vaginal versus caesarean section), antibiotic use, animal exposure, dietary factors (breast-feeding, introduction of table food) and other environmental influences, all impact the microbiome, both in the gut and airways. These microbiome studies will inform and guide the food and pharmaceutical industries with regard to healthy foods and novel, rational antimicrobial drugs and treatment regimens; public health professionals, regarding formulation of policies involving lifestyle choices for healthy maternal and infant diets and nutrition; and professional (pediatric and obstetric) management guidelines.”

Source: Child Cohort Study. (n.d.-b). *Research Themes*. Hamilton, Ontario: McMaster University. Retrieved from <https://childstudy.ca/about/research-themes-sub-studies/>

4.2 Center on the Developing Child, Harvard University

Website	www.developingchild.harvard.edu
Description	“The Center on the Developing Child is a multidisciplinary team committed to driving science-based innovation in policy and practice” (Center on the Developing Child, n.d.-n: n.p.).
Mission	“The mission of the Center on the Developing Child is to drive science-based innovation that achieves breakthrough outcomes for children facing adversity. The Center catalyzes local, national, and international innovation in policy and practice focused on children and families. [The Center] design[s], test[s], and implement[s] these ideas in collaboration with a broad network of research, practice, policy, community, and philanthropic leaders” (Center on the Developing Child, n.d.-a: n.p.).
Key Concepts in Child Development	<ul style="list-style-type: none"> • Brain Architecture • Toxic Stress • Serve and Return • Executive Function and Self-Regulation • Resilience
Frontiers of Innovation Projects	<ul style="list-style-type: none"> • Adult-Child Interaction and Relationship • Adult Mental Health • Executive Function and Self-Regulation (Adults and Children) • Stable and Supportive Environments
The Science Behind the Issues	<ul style="list-style-type: none"> • The Science of Adult Capabilities • Lifelong Health • Gene-Environment Interaction • Early Childhood Mental Health • Neglect

Center on the Developing Child – Key Concepts in Child Development

“Healthy development in the early years (particularly birth to three) provides the building blocks for educational achievement, economic productivity, responsible citizenship, lifelong health, strong communities, and successful parenting of the next generation” (Center on the Developing Child, n.d.-m: n.p.).

The following scientific concepts are the building blocks of the core story of child development:

Brain Architecture: “Early experiences affect the development of brain architecture, which provides the foundation for all future learning, behavior, and health. Just as a weak foundation compromises the quality and strength of a house, adverse experiences early in life can impair brain architecture, with negative effects lasting into adulthood” (Center on the Developing Child, n.d.-b: n.p.).

Toxic Stress: “The future of any society depends on its ability to foster the healthy development of the next generation. Extensive research on the biology of stress now shows that healthy development can be derailed by excessive or prolonged activation of stress response systems in the body and brain. Such toxic stress can have damaging effects on learning, behavior, and health across the lifespan” (Center on the Developing Child, n.d.-l: n.p.).

Serve and Return: “Serve and return interactions shape brain architecture. When an infant or young child babbles, gestures, or cries, and an adult responds appropriately with eye contact, words, or a hug, neural connections are built and strengthened in the child’s brain that support the development of communication and social skills. Much like a lively game of tennis, volleyball, or Ping-Pong, this back-and-forth is both fun and capacity building. When caregivers are sensitive and responsive to a young child’s signals and needs, they provide an environment rich in serve and return experiences” (Center on the Developing Child, n.d.-j: n.p.).

Executive Function and Self-Regulation: “Executive function and self-regulation skills are the mental processes that enable us to plan, focus attention, remember instructions, and juggle multiple tasks successfully. Just as an air traffic control system at a busy airport safely manages the arrivals and departures of many aircraft on multiple runways, the brain needs this skill set to filter distractions, prioritize tasks, set and achieve goals, and control impulses” (Center on the Developing Child, n.d.-d: n.p.).

Resilience: “Reducing the effects of significant adversity on children’s healthy development is essential to the progress and prosperity of any society. Science tells us that some children develop resilience, or the ability to overcome serious hardship, while others do not. Understanding why some children do well despite adverse early experiences is crucial, because it can inform more effective policies and programs that help more children reach their full potential” (Center on the Developing Child, n.d.-i: n.p.).

Center on the Developing Child – Frontiers of Innovation Projects

“Frontiers of Innovation (FOI) is the Center’s Research and Development Platform, designed to accelerate the development and adoption of science-based innovations that achieve breakthrough impact at scale. Launched in 2011, FOI employs a structured but flexible framework that facilitates idea generation, development, implementation, testing, evaluation, and rapid-cycle iteration. This process is grounded in science and supported within a growing community of change agents who are committed to shared learning, cumulative knowledge, and transformative child outcomes at the population level. FOI consists of three primary components:

- 1) [s]cience that provides a continuous pipeline of discoveries and hypotheses (from the biological, behavioral, and social disciplines) that are communicated effectively for application in policy and practice.
- 2) Intervention strategies that are designed, tested, and refined through the IDEAS Impact Framework. They include small-scale pilots as well as strategies for increasing the population impacts of large-scale, evidence-based interventions.
- 3) A Learning Community that includes people and organizations united by a common vision, engaged in shared learning to accelerate innovation, promoting early adoption of promising strategies, and testing pathways to impact at scale” (Center on the Developing Child, n.d.-e: n.p.).

Areas of focus:

Adult-Child Interaction and Relationship: “Responsive relationships between children and their adult caregivers are essential for shaping the healthy development of brain architecture” (Center on the Developing Child, n.d.-e: n.p.).

Featured Projects: *FIND*, *Urban Thinkscape*

- ***Adult Mental Health:*** “Sound mental health provides an essential foundation for all other aspects of human development. When adults have strong mental health, they are well poised to help their children build skills critical for success in life and work” (Center on the Developing Child, n.d.-e: n.p.).
Featured Project: *MOMS*
- ***Executive Function and Self-Regulation (Adults & Children):*** “Executive function and self-regulation skills are important for people of any age: they enable people to filter distractions, prioritize tasks, set and achieve goals, and control impulses” (Center on the Developing Child, n.d.-e: n.p.).
Featured Project: *The Intergenerational Mobility Project*

- ***Stable and Supportive Environments:*** “Young children need physical and emotional spaces that allow active exploration without fear or significant risk of harm, and support their family’s ability to provide opportunities for safe experiences that scaffold learning” (Center on the Developing Child, n.d.-e: n.p.).
Featured Project: *Ready4Routines*

Center on the Developing Child – The Science Behind the Issues

1. The Science of Adult Capabilities

“Adults need certain capabilities to succeed in life and support the development of the next generation. These capabilities help us to get and keep a job, provide responsive care for children, manage a household, and contribute productively to the community. When these skills have not developed as they should, or are compromised by the stresses of poverty or other sources of ongoing adversity, our communities pay the price in population health, education, and economic vitality” (Center on the Developing Child, n.d.-k: n.p.).

“Mounting research from neuroscience and psychology tells us that there is a set of underlying core capabilities that adults use to manage life, work, and parenting effectively. These include, but are not limited to: planning, focus, self-control, awareness, and flexibility....We are not born with these skills, but we are born with the capacity to develop them through the right experiences and practice. The foundation is built in early childhood: By age 3, most children are already using executive function skills in simple ways (e.g., remembering and following simple rules). Ages 3-5 show a remarkable burst of improvement in the proficiency of these skills...The full range of core capabilities, and the neural network that connects them, continues to develop into adolescence and early adulthood, with another significant increase in proficiency occurring between ages 15 and 23. Adults of all ages can continue to learn these skills through coaching and practice, although it’s easier and more effective to build on a strong foundation” (Center on the Developing Child, n.d.-k: n.p.).

“Chaotic, stressful, and/or threatening situations can derail anyone, yet individuals who experience a pile-up of adversity are often even less able to deploy all of the skills they have to cope with challenging circumstances. Early in life, the experience of severe, frequent stress directs the focus of brain development toward building the capacity for rapid response to threat and away from planning and impulse control. In adulthood, significant and continuous adversity can overload the ability to use existing capacities that are needed the most to overcome challenges” (Center on the Developing Child, n.d.-k: n.p.).

2. Lifelong Health

“Health in the earliest years — beginning with the future mother’s well-being before she becomes pregnant — strengthens developing biological systems that enable children to thrive and grow up to be healthy adults. Positive early experiences provide children with a foundation for building sturdy brain architecture, which supports a broad range of skills and learning capacities throughout the lifespan” (Center on the Developing Child, n.d.-g: n.p.).

“Extensive scientific research has identified three basic foundations of lifelong health that are laid down in early childhood:

- 1) [a] stable and responsive environment of relationships. These provide young children with consistent, nurturing, and protective interactions with adults, which help them develop adaptive capacities that promote learning and well-regulated stress response systems.
- 2) Safe and supportive physical, chemical, and built environments. These provide children with places that are free from toxins and fear, allow active and safe exploration, and offer their families opportunities to exercise and form social connections.
- 3) Sound and appropriate nutrition. This includes health-promoting food intake and eating habits, beginning with the future mother’s preconception nutritional status” (Center on the Developing Child, n.d.-g: n.p.).

“Nearly any policy or program that touches the lives of children and families is an opportunity to improve lifelong health outcomes. Within both the public and private sectors, policies and programs can benefit children by enhancing the capacities of their caregivers as well as the communities in which they develop. Relevant policies include legislative and administrative actions that affect public health, child care and early education, child welfare, early intervention, family economic stability, community development, housing, environmental protection, and primary health care. The private sector can also play an important role in strengthening the capacities of families to raise healthy and competent children, particularly through supportive workplace policies” (Center on the Developing Child, n.d.-g: n.p.).

3. Gene-Environment Interaction

“Science tells us that the interactions between genes and environment shape human development. Despite the misconception that genes are “set in stone,” research shows that early experiences can determine how genes are turned on and off — and even whether some are expressed at all. The healthy development of all organs, including the brain, depends on how much and when certain genes are activated to do certain tasks. The experiences that children have early in life, therefore, play a crucial role in the development of brain architecture. Ensuring that children have appropriate, growth-promoting early experiences is an investment in their ability to become healthy, productive members of society” (Center on the Developing Child, n.d.-f: n.p.).

4. Early Childhood Mental Health

“As early experiences shape the architecture of the developing brain, they also lay the foundations of sound mental health. Disruptions to this developmental process can impair a child’s capacities for learning and relating to others — with lifelong implications. By improving children’s environments of relationships and experiences early in life, society can address many costly problems, including incarceration, homelessness, and the failure to complete high school” (Center on the Developing Child, n.d.-c: n.p.).

“Some individuals demonstrate remarkable capacities to overcome the severe challenges of early, persistent maltreatment, trauma, and emotional harm, yet there are limits to the ability of young children to recover psychologically from adversity. Most potential mental health problems will not become mental health problems if we respond to them early. Even when children have been removed from traumatizing circumstances and placed in exceptionally nurturing homes, developmental improvements are often accompanied by continuing problems in self-regulation, emotional adaptability, relating to others, and self-understanding. When children overcome these burdens, they have typically been the beneficiaries of exceptional efforts on the part of supportive adults. These findings underscore the importance of prevention and timely intervention in circumstances that put young children at serious psychological risk” (Center on the Developing Child, n.d.-c: n.p.).

“It is essential to treat young children’s mental health problems within the context of their families, homes, and communities. The emotional well-being of young children is directly tied to the functioning of their caregivers and the families in which they live. When these relationships are abusive, threatening, chronically neglectful, or otherwise psychologically harmful, they are a potent risk factor for the development of early mental health problems. In contrast, when relationships are reliably responsive and supportive, they can actually buffer young children from the adverse effects of other stressors. Therefore, reducing the stressors affecting children requires addressing the stresses on their families” (Center on the Developing Child, n.d.-c: n.p.).

5. Neglect

“Ensuring that young children have safe, secure environments in which to grow and learn creates a strong foundation for both their futures and a thriving, prosperous society. Science shows that early exposure to maltreatment or neglect can disrupt healthy development and have lifelong consequences. When adult responses to children are unreliable, inappropriate, or simply absent, developing brain circuits can be disrupted, affecting how children learn, solve problems, and relate to others” (Center on the Developing Child, n.d.-h: n.p.).

4.3 Institute of Human Development, Child and Youth Health

Website	www.cihr-irsc.gc.ca/e/46964.html
Background	“The Canadian Institutes of Health Research (CIHR) Institute of Human Development, Child and Youth Health (IHDCYH) is dedicated to developmental, physical and mental well-being throughout the life cycle from a population perspective. What sets IHDCYH apart from other CIHR Institutes is the fact that its research community enquires into all the needs of children and families rather than being bound to one disease, or one organ...The transition of the developing fetus through infancy, childhood, adolescence and eventually adulthood is influenced by multiple, complex factors. By facilitating partnerships and working to accelerate the transfer of new knowledge, IHDCYH addresses the causes of illness, its prevention, screening, diagnosis, treatment, short and long-term support systems, and palliation for the benefit of Canadian children, youth and families” (Institute of Human Development, Child and Youth Health, n.d.: n.p.).
Mission	“To promote and support research that improves the health and development of mothers, infants, children, youth, and families in Canada and throughout the world...As a life-cycle based Institute, IHDCYH has a broad mandate that covers defined time periods and a wide range of issues pertaining to human development: pre-conception; fertilization; embryonic and fetal development; the health of the mother and father; and the health and development of infants, children and youth” (Institute of Human Development, Child and Youth Health, n.d.: n.p.).
Strategic Initiatives, 2018-2020	<ul style="list-style-type: none">• Healthy Developmental Trajectories• Healthy Reproduction, Pregnancy, Childhood and Youth• Healthy Public Policy and Systems Integration

Institute of Human Development, Child and Youth Health, Strategic Initiatives, 2018-2020

1. Healthy Developmental Trajectories

- *Developmental Origins of Health and Disease through the Lifespan*

“Non-communicable diseases (NCDs), which include cardiovascular diseases, diabetes, respiratory diseases, and mental health challenges, are currently responsible for 60% of deaths globally. The impact is even greater in low- and middle-income countries, where 80%

of deaths are linked to at least one NCD. CIHR-IHDCYH is investing in research to address the issue of NCDs through the Healthy Life Trajectories Initiative (HeLTI), which was developed in concert with six other CIHR Institutes. The initiative uses a Developmental Origins of Health and Disease (DOHaD) approach that explores how environmental factors interact with genes during conception, fetal life, infancy and early childhood—when the possibility of modification of an individual’s development is greatest—and how that programming affects health later in life...Moving forward, [the IHDCYH] will engage Indigenous communities in the initiative. This process will start with development grants to support communities to come together with relevant partners to establish needed expertise and conduct planning activities ready for a longer-term initiative. The objective of the longer-term initiative will be to develop Indigenous focused interventions designed to improve health outcomes across the lifespan for Indigenous boys, girls, women, men, gender-diverse and Two-Spirit individuals in Canada. A total investment of \$23.5M has been committed to this component of HeLTI” (Institute of Human Development, Child and Youth Health, 2018: 11-12).

- *Preterm Birth*

“Preterm birth accounts for nearly two thirds of infant deaths in Canada, and is associated with increased morbidity throughout the life course and subsequent adult-onset chronic disease. In addition to these health effects, preterm birth has social and financial impacts on the affected individuals and their families, and places additional costs on society in terms of health care and education. Following a community consultation to identify where to target our investment in preterm birth research, CIHR-IHDCYH developed and launched [the] Preterm Birth Initiative. The needs identified were: 1) new and innovative ideas in preterm birth research; 2) improvements to care and patient outcomes; 3) improvements to the perinatal health care system; 4) continued efforts to identify methods of preventing preterm birth; and 5) better perinatal data linkage and access....Moving forward [the IHDCYH] will address how CIHR-IHDCYH can support improved linkage and access to perinatal data at a national level, to better support the work of the funded teams. [The IHDCYH] will also provide support for research into the mechanisms of preterm birth and identifying approaches to preventing its occurrence, as well as promote and leverage the results of the funded research to further improve the outcomes of preterm birth and provision of perinatal care in Canada” (Institute of Human Development, Child and Youth Health, 2018: 13-14).

2. Healthy Reproduction, Pregnancy, Childhood and Youth

- *Environmental Health*

“The world around us contains many synthetic and naturally occurring chemical and biological agents, some of which may be harmful to health. To prevent and avoid human exposure to potentially harmful agents, society needs sound information about both exposure and hazard across the continuum that exists from source, to exposure, to biological effect, to individual response, and ultimately to public health impact. This will reduce the current burden of environmentally related disease during pregnancy, and on child and youth health, and will minimize environmental health risks across all stages of life and to future generations. Research [topics include]: the influence of the environment on childhood obesity, pediatric inflammatory bowel disease and asthma, as well as the role of DNA and

environment interactions in human health and disease. The CANadian Urban Environmental Health Research Consortium (CANUE) is linking standardized environmental exposure data about air quality, green spaces, walkability, noise and other aspects of the urban/suburban environment to existing human health data platforms. This includes incorporating cohorts focusing on reproductive, fetal and/or child health” (Institute of Human Development, Child and Youth Health, 2018: 16).

“The effect of climate change on human health is an emerging priority for CIHR, the Canadian government and other research funding and government organizations in Canada and around the world. Climate change will have both direct and indirect effects on everyone, but children will be more vulnerable to issues such as food insecurity. As such, it is important to support research into understanding how the changing environment may impact the health of children and youth and what interventions may have the potential to mitigate these threats, which aligns with our identified priority of environments and health. In 2018, as part of the Environments and Health Signature Initiative, CIHR will be launching a new initiative to identify the impact of climate change on food security in Canada’s northern and remote communities. This initiative is aligned with the federal government’s commitment to protecting communities and all Canadians from the risks associated with climate change as outlined under Adaptation and Climate Resilience in the 2017 Federal Budget. CIHR-IHDCYH will work to ensure that children and youth are a focus of this new initiative” (Institute of Human Development, Child and Youth Health, 2018: 17).

- *Healthy Pregnancy*

“CIHR-IHDCYH’s healthy pregnancy priority spans research into maternal health prior to and during pregnancy, as well as healthy birth and the causes of infant morbidity and mortality. Within Canada, there is significant variability in maternal and infant outcomes, perinatal care practices, and health care system performance between and within provinces. As research capacity has been identified as a key challenge in this area, CIHR-IHDCYH’s key effort has been [the] Clinician-Investigator Teams in Obstetrics and Maternal-Fetal Medicine program. This program is supporting early and mid-career investigators’ efforts to tackle some of the key issues affecting the health of mothers and infants across Canada, including non-communicable diseases such as obesity, preterm birth, and complications in high-risk pregnancies” (Institute of Human Development, Child and Youth Health, 2018: 18).

“With the non-medical use of cannabis anticipated to become legal in 2018, there is an immediate need for research evidence to inform policies and guidelines in several areas within CIHR-IHDCYH’s mandate. In addition to the current government’s strong focus on preventing cannabis use in youth, there is a need for greater understanding of the impact of cannabis use during pregnancy and breastfeeding, particularly with regards to the biological mechanisms of that impact...Several CIHR Institutes including CIHR-IHDCYH are currently developing an initiative that will support research into the impact of cannabis use and legalization on the health of Canadians. Following on from a catalyst grant competition launched in 2017, this initiative will unfold in 2018. CIHR-IHDCYH is committed to supporting research into the impact of cannabis use during pregnancy and breastfeeding on maternal and infant health, to better inform health education, guidelines and policy around cannabis use” (Institute of Human Development, Child and Youth Health, 2018: 19).

3. Healthy Public Policy and Systems Integration

- *Integrated Child and Youth Research and Health Services*

“The integration of child and youth research and health services includes: (a) vertical integration of health services, from primary through secondary and tertiary level care, as well as health systems administration and policy; (b) horizontal integration of research evidence into initiatives aimed at improving health systems and clinical services; and (c) integration of the research (both basic and clinical) and clinical enterprises in the health care system. Eliminating silos and integrating research and clinical services will go a long way towards solving many of the problems facing patients, health service providers, administrators and researchers in Canada” (Institute of Human Development, Child and Youth Health, 2018: 21).

“Over a lifetime all Canadians will experience a variety of different transitions in care at some point, whether as a patient, caregiver and/or family member. For example, patients with complex health conditions may visit their primary care physician, be referred to specialists, be assessed in an emergency department, be admitted to hospital, require surgery, move to a rehabilitation facility, and/or become disabled and unable to return to their previous place of residence. Transitions in care also occur as people move through life’s stages (e.g. youth to adult), exposing them to known care gaps and creating anxiety that can lead to poor yet avoidable outcomes. These types of handovers within and across the health system carry risk due to mistrust between patient and provider, inaccuracies in information and disruption in continuity of care. Investing in research to address this problem in the context of health care for children and youth will be a priority for CIHR-IHDCYH over the next three years, with an initiative planned for launch in 2018. This multi-year initiative is a partnership between five CIHR Institutes that will enhance patient experiences and outcomes through health system innovations, improve continuity of care throughout life’s stages, support health and wellness for populations at increased risk of transitions in care, and improve quality of life for persons experiencing changing health status or care. Integration of sex and gender-based analysis will be a central principle of this initiative” (Institute of Human Development, Child and Youth Health, 2018: 22).

“Artificial intelligence (AI) has been demonstrated to have utility in the prevention and diagnosis of disease, as well as in the assessment of treatments and associated patient outcomes, and is becoming an important new frontier in health research. However, despite this fact the uptake of AI has been sporadic across areas within CIHR-IHDCYH’s mandate. There is, therefore, a strong need to support the CIHR-IHDCYH community in building capacity and developing partnerships with key stakeholders in this field. To address this need, CIHR-IHDCYH will be partnering on a Tri-Agency initiative to support multi-disciplinary collaborations between CIHR, Natural Sciences and Engineering Research Council of Canada and Social Sciences and Humanities Research Council of Canada researchers that focus on applying innovative AI research to health care and investigating ethical, legal, and/ or societal impacts associated with the development, scale and spread of AI in the health sector. CIHR-IHDCYH’s investment in this initiative will be directed to

research within our mandate” (Institute of Human Development, Child and Youth Health, 2018: 22).

- *Mental Health*

“Current estimates indicate that as many as 1 in 4 children and youth are facing mental health challenges, and there are particular challenges in Indigenous communities, with an urgent need for suicide prevention measures in the face of a suicide rate that has reached epidemic proportions. It is estimated that as many as 75 percent of children and youth with mental disorders do not receive specialized treatment services – a stark service shortfall compared with children’s physical health services. Meanwhile, few investments are made in prevention programs to reduce the incidence of mental health issues starting in childhood. CIHR-IHDCYH’s impact in child and youth mental health is being achieved via a program focused on improving health system outcomes through partnership with the health system, as well as through collaboration on three multi-institute strategic initiatives, the Traumatic Brain Injury Initiative, Pathways to Health Equity for Aboriginal Peoples and the eHealth Innovations initiative. These programs are supporting a range of projects in mental health research including interventions for preschoolers with autism spectrum disorder; access to mental health services for vulnerable youth; developing better tools and policies for prevention, diagnosis and treatment of concussion; and suicide prevention including building youth resiliency and promoting community wellness” (Institute of Human Development, Child and Youth Health, 2018: 23).

“As described under [the] Healthy Pregnancy strategic priority, a multi-institute initiative supporting research into the impact of the legalization of cannabis use will be launched in 2018. Alongside a need to better understand the impact of cannabis use during the earliest stages of life, an emerging priority for CIHR-IHDCYH with regards to mental health will be advancing our understanding of and addressing the impact of the legalization of cannabis on neurodevelopment and mental health in children and youth. While the federal government is proposing many measures to protect people younger than 18 from accessing cannabis, there is still likely to be an impact on health and social outcomes for those younger than 18, as well as youth aged 18 to 25 following legalization. It is therefore a priority to understand how cannabis use in children and youth will change following legalization, what any associated harms may be and how to mitigate those harms” (Institute of Human Development, Child and Youth Health, 2018: 24).

4.4 McGill Institute for Health and Social Policy

Website	www.mcgill.ca/ihsp/
Background	“The McGill Institute for Health and Social Policy [IHSP] is a multidisciplinary centre for research, training and dialogue on issues of health and social policy. The IHSP conducts world-class research on how social conditions impact the health, well-being and resilience of people and communities locally, provincially, nationally and globally. The Institute collaborates across sectors and disciplines, bringing values and evidence together in support of healthy social policy” (McGill Institute for Health and Social Policy, n.d.-a: n.p.).
Research Initiatives (Social Inequalities in Child and Adolescent Health)	<ul style="list-style-type: none">• Investigating Food Insecurity, Poverty, and Adolescent Mental and Physical Health In High-and Low-Income Countries• The View From The Bottom: How Inequality and Relative Deprivation Impact Academic Achievement• Social, Economic and Policy Influences on Social Inequalities In Adolescent Health: A Cross-National Comparative Study in 43 Countries (1986-2014)

McGill Institute for Health and Social Policy Research Initiatives: Social Inequalities in Child and Adolescent Health

1. Investigating Food Insecurity, Poverty, and Adolescent Mental and Physical Health In High-and Low-Income Countries

Description: “Food insecurity affects 1.8 billion people worldwide and is the single largest risk factor for the global burden of disease. Yet, it remains an understudied topic in adolescents. In this project, longitudinal analysis of early-life food insecurity and adolescent mental health and malnutrition explores healthy developmental trajectories for at-risk youth. The aim is to identify sensitive periods of food insecurity in terms of mental and physical health later on. Global analysis of food insecurity in 150+ high income (HIC) and low- and middle-income countries (LMIC) explores the social and economic determinants of food insecurity and its health consequences for youth. The project emphasizes knowledge mobilization and critical examination of Canada’s implementation of the 2030 Agenda towards the SDG 2 (Zero hunger)” (McGill Institute for Health and Social Policy, n.d.-b: n.p.).

Project Status: Ongoing

2. The View From The Bottom: How Inequality and Relative Deprivation Impact Academic Achievement

Description: “Socioeconomic differences in academic achievement have been a focus of education research since the 1960s. However, the anti-poverty focus of this work has not thoroughly explored the contributions of relative deprivation and income inequality to reinforcing a growing education gap between the rich and poor” (McGill Institute for Health and Social Policy, n.d.-b: n.p.).

Project Status: 2014-2019

3. Social, Economic and Policy Influences on Social Inequalities In Adolescent Health: A Cross-National Comparative Study in 43 Countries (1986-2014)

Description: “This project explores the social determinants of health inequalities in children and youths. Using data from the Health Behaviour of School-aged Children (HBSC) study, it examines how socioeconomic differences in health and health behaviours are shaped and constrained by economic, political and social contexts. We focus on emotional, physical and social health problems that contribute to chronic disease through the lifespan. [The] goal is to identify family, peer and school supports that narrow social class differences in adolescent health to identify policies that promote health equality in young people” (McGill Institute for Health and Social Policy, n.d.-b: n.p.).

Project Status: 2014-2019

4.5 University of Manitoba, McMaster University, University of British Columbia

Title	Early Childhood Development in Canada: Current State of Knowledge and Future Directions. Discussion Paper for the Public Health Agency of Canada (n.d.)
Authors	Jennifer E. Enns, University of Manitoba Marni Brownell, University of Manitoba Magdalena Janus, McMaster University. Martin Guhn, University of British Columbia.
Link	http://umanitoba.ca/faculties/health_sciences/medicine/units/chs/departme ntal_units/mchp/projects/media/Early_Childhood_Development_in_Canada_EN_20200106.pdf

Objectives

“This discussion paper aims to summarize and contextualize the current state of knowledge on early childhood development, based on the comprehensive collection of indicators presented in the Canadian Institute of Child Health’s (CICH) *2017 Profile on the Health of Canada’s Children and Youth*¹¹” (Enns, Brownell, Janus and Guhn, n.d: 3).

Methodology

“The paper builds on the *Profile* by describing the major findings, and discussing them in the context of recent and relevant peer-reviewed and grey literature” (Enns, Brownell, Janus and Guhn, n.d: 4). “Drawing on the most recent evidence available on child health and development from the prenatal period to school entry at the age of five, [the authors] describe how Canadian families’ demographic characteristics, income and employment status, family and community characteristics, access to and use of health services, and health

¹¹“In 2018, a *Profile on the Health of Canada’s Children and Youth* from birth to the age of 24 was released by the [CICH] in collaboration with the Public Health Agency of Canada (PHAC). The Profile was developed by a group of more than 100 respected Canadian experts in the health and social sciences, who were tasked with identifying, evaluating, and consolidating key indicators of children’s health and development. The resulting web-based resource is a comprehensive assessment of Canadian children’s health and development, summarizing the current scientific evidence on Canadian children’s well-being within the context of the policies and structural frameworks in which they grow and learn. The Profile aims to promote a healthier society by providing information on Canada’s child population, and by linking it to policies and programs that respond to the needs of Canadian families. This evidence-to-action approach is being advanced by PHAC through a number of its initiatives, including the Profile commissioned by PHAC” (Enns, Brownell, Janus and Guhn, n.d: 4).

status impact on the early years of their children’s lives. Major trends and inequalities are identified, and gaps in knowledge are highlighted in each of these areas” (Enns, Brownell, Janus and Guhn, n.d: 3). “The paper concludes with an overview of policies, programs and interventions aiming to address inequalities among Canadian families. Selected examples illustrate key interventions and strategies acting at the individual, family and population level to advance and enhance action on early childhood development” (Enns, Brownell, Janus and Guhn, n.d: 4).

Key Findings

- “The majority of children in Canada are healthy and happy.
 - Childhood illnesses are relatively rare, and most children are born healthy and remain so into adulthood.
 - Many children have families that provide a warm and nurturing home environment and live in neighbourhoods and communities that offer the material and social supports children require to grow and thrive.
 - Children living in Canada have access to universal health and education systems that rank among the best in the world. These resources help establish a positive developmental trajectory that sets them on the path to success” (Enns, Brownell, Janus and Guhn, n.d: 3).

- “[D]espite the many advantages granted to children in Canada, inequalities exist that impact early childhood development and present challenges to some families in ensuring their children have the opportunity to fully participate in society.
 - The circumstances into which children are born determine, to a large extent, their exposure to physical and social environments that promote or compromise healthy development.
 - [The] synthesis of the data in the Canadian Institute of Child Health’s Profile highlights how the following social determinants of health may impact on early childhood development: single parenthood; teenage motherhood; involvement with the child welfare system; being a newcomer to Canada (e.g., in the case of refugee families); lower household income; lower levels of parental education; poor housing quality; lower availability of quality childcare and early education services; and challenges accessing health and mental health services.
 - Individually and in combination, these living conditions play a role in determining the health and healthy development of young children in Canada” (Enns, Brownell, Janus and Guhn, n.d: 3).

Conclusions

- “The early years of a child’s life are a time of rapid growth and development, and the physical and social environments in which children live during this critical period have a

profound influence on their health and development. Children who have adequate housing and family income, experience positive parenting styles and have supportive communities and neighbourhoods, have access to healthy food, have ample opportunities for play, live near quality child care and early education centres, and have good access to health care services tend to be healthier and better equipped for the challenges they face growing up” (Enns, Brownell, Janus and Guhn, n.d: 35).

- “The findings are in agreement with a large body of literature pointing to social determinants in general (and household income in particular) as major determinants of how well or poorly children develop from the prenatal period onward” (Enns, Brownell, Janus and Guhn, n.d: 35).
- “[W]hile many social determinants, including level of parental education, place of residence (urban/rural), and housing quality (among others) are most definitely important for healthy child development, individually, none appear to have as pervasive and widespread an impact on early child and family outcomes as household income. Income inequalities among Canadian families continue to contribute to the developmental inequalities between children from higher and lower income households” (Enns, Brownell, Janus and Guhn, n.d: 35).
- “This synthesis emphasizes how many of the levers for improving the health and well-being of Canadian children lie outside of the health system. Early childhood may be improved through social investments, in areas such as education, childcare, nutrition, recreation, and other areas outside of the health sector (Enns, Brownell, Janus and Guhn, n.d: 35).
- “The multi-faceted nature of addressing the social determinants of health makes it difficult for any single department or organization to reduce inequities among Canadian families. Evidence shows that intersectoral action is needed to better address the barriers faced by families living in challenging circumstances. The call for intersectoral action may be facilitated through factors identified by the Canadian Council on Social Determinants of Health in a report¹² on the implementation of multi-sectoral ECD initiatives: having a strong vision and clear mandate; maintaining strong leadership at the community level and in non-health sectors; and building strong relationships at all levels and across all sectors” (Enns, Brownell, Janus and Guhn, n.d: 35).

¹² See Canadian Council on Social Determinants of Health (2017).

Recommendations

Recommendation 1: Continued Investment in Programs Designed to Reduce Social and Economic Inequalities

[Continued investment in existing and future] “policies and programs that are intended to help families overcome health inequalities through addressing the social determinants of health” (Enns, Brownell, Janus and Guhn, n.d: 35-36). “[This includes] national strategies that address the social determinants of health, such as initiatives on creating affordable housing, bolstering the income of families with young children, and increasing the availability of high quality childcare and early education services [and] [p]rograms for lower income, single parent, and other vulnerable populations...at the provincial, regional and local levels to protect and support young children and families in need” (Enns, Brownell, Janus and Guhn, n.d: 36).¹³ “Stable, long-term, multi-level government investment in these and other evidence-based policies and programs can help to reduce social and economic inequalities among Canadian families. Where opportunities exist for scaling up programs that have been shown to be effective at improving health and social outcomes, these should be examined with the goal of implementation” (Enns, Brownell, Janus and Guhn, n.d: 36).

Recommendation 2: Stronger Governance to Improve Early Childhood Development

“There is a need for stronger governance to improve early childhood development. For example, provincial and territorial governments would benefit from an inter-ministerial committee focusing on interventions and outcomes for young children. This model has been successfully implemented in Manitoba, where *Healthy Child Manitoba* has functioned for many years as a cross-departmental strategy that puts children and families first, and engages with community partners and researchers to implement evidence-based programs. Such strategies can support new partnerships between governments and research centres, such as the partnership between *Healthy Child Manitoba* and the *Manitoba Centre for Health Policy*, and advance health policies by using scientific evidence as the basis for decision making. Other examples of partnerships between early child development researchers, policy makers and community organizations include the *Human Early Learning Partnership* at the University of British Columbia and the *Offord Centre for Child Studies* at McMaster University” (Enns, Brownell, Janus and Guhn, n.d: 36).

¹³ The authors provide a discussion of key interventions and strategies that have been successful used to enhance action on early childhood development. This includes: interventions for mothers of young children such as maternal nutrition, breastfeeding and mental health (Enns, Brownell, Janus and Guhn, n.d: 30-31); interventions for families such as financial and parenting supports (Enns, Brownell, Janus and Guhn, n.d: 31-33); and strategies to address inequalities in early childhood development such as childcare and early education, income, housing and homelessness (Enns, Brownell, Janus and Guhn, n.d: 33-34).

Recommendation 3: Expansion of the CICH Profile

“The consolidation of early childhood development indicators in the *CICH Profile* represents the efforts of many experts in the field. Maintaining and growing the Profile would support future research, monitoring, and exploration on Canada’s progress towards reducing health inequalities for children” (Enns, Brownell, Janus and Guhn, n.d: 36).

Recommendation 4: Evaluation of Interventions

“[E]valuating the interventions that are currently working to address social and health inequities, with a focus on efforts to decrease structural and system-level barriers, would provide valuable evidence to inform areas where funding could be applied to greatest effect” (Enns, Brownell, Janus and Guhn, n.d: 36).

Recommendation 5: Data Collection

“Complete and up-to-date information on child well-being is lacking in several areas, including, most notably, for children in care and children with disabilities; uniform and consistent data collection and regular reporting of outcomes are essential for building a solid evidence base” (Enns, Brownell, Janus and Guhn, n.d: 36).

Recommendation 6: Family Friendly Policies

“[C]hildren need a network of support – this includes their parents, families and broader community, but also the socio-political environment in which they live. Children benefit most when governments adopt child- and family-friendly policies that provide parental benefits, flexible workplace leave, quality early learning and child care programs, and adequate income for all” (Enns, Brownell, Janus and Guhn, n.d: 36).

References

- Akbari, E. and McCuaig, K. (2017) *Early Childhood Education Report 2017*. Toronto: Ontario Institute for Studies in Education. Retrieved from <http://ecereport.ca/en/report/>
- Akbari, E. and McCuaig, K. (2014) *Early Childhood Education Report 2014*. Toronto: Ontario Institute for Studies in Education. Retrieved from <http://ecereport.ca/media/uploads/pdfs/early-childhood-education-report2014-eng.pdf>
- Alexander, C., Beckman, K., Macdonald, A., Renner, C. and Stewart, M. (2017). *Ready for Life: A Socio-Economic Analysis of Early Childhood Education and Care*. Ottawa: The Conference Board of Canada. Retrieved from https://www.conferenceboard.ca/temp/a7d0e432-448c-414c-b20b-1c8ed380b59a/9231_Ready-for-Life_RPT.pdf
- Atkinson Centre for Society and Child Development. (n.d.-a). *About Us*. Retrieved from https://www.oise.utoronto.ca/atkinson/About_Us/index.html
- . (n.d.-b). *Benefits of Early Childhood Education*. Retrieved from <https://www.oise.utoronto.ca/atkinson/Main/index.html>
- . (n.d.-c). *Early Childhood Education Report*. Retrieved from https://www.oise.utoronto.ca/atkinson/About_Us/What_We_Do/Early_Childhood_Education_Report/index.html
- . (n.d.-d). *Empowering the Future: Best Evidence For Investing In Early Childhood Education For Canada*. Retrieved from https://www.oise.utoronto.ca/atkinson/About_Us/What_We_Do/Empowering_The_Future.html
- Bertrand, J. and McCuaig, K. (2019). *The Rationale for Expanding Public Education to Include Preschool-Aged Children*. Toronto, Ontario: Atkinson Centre for Society and Child Development. Retrieved from https://www.oise.utoronto.ca/atkinson/UserFiles/File/Policy%20Commentaries/The_Rationale_for_Expanding_Public_Education_to_Include_Preschool-Aged_Children.pdf
- Canadian Association for Young Children. (2016). *Position Statement on Play*. November. Edmonton, Alberta: Canadian Association for Young Children. Retrieved from <https://www.cayc.ca/sites/default/files/attachments/CAYC%20Position%20Paper%20on%20Play.pdf>
- . (n.d.). Canadian Association for Young Children. *About Canadian Association for Young Children*. Retrieved from <https://www.cayc.ca/content/about-cayc>

Canadian Coalition for the Rights of Children. (2019a). *Child Care*. Fact Sheet #8. November 2019. Ottawa, Ontario: Canadian Coalition for the Rights of Children. Retrieved from <http://rightsofchildren.ca/wp-content/uploads/2019/12/Fact-Sheet-on-Child-Care.pdf>

———. (2019b). *Child Welfare*. Fact Sheet #1. April 2019. Ottawa, Ontario: Canadian Coalition for the Rights of Children. Retrieved from <http://rightsofchildren.ca/wp-content/uploads/2019/05/Child-Welfare-and-Childrens-Rights-Factsheet.pdf>

———. (2019c). *General Measures: All Rights for All Children*. Fact Sheet #2. May 2019. Ottawa, Ontario: Canadian Coalition for the Rights of Children. Retrieved from <http://rightsofchildren.ca/wp-content/uploads/2019/05/General-Measures-All-Rights-for-All-Children-Factsheet.pdf>

———. (2019d). *Healthy Conditions for Growing Up in Canada*. Ottawa, Ontario: Canadian Coalition for the Rights of Children. Retrieved from <http://rightsofchildren.ca/development/healthy-conditions-for-growing-up-in-canada/>

———. (2019e). *Right to Food*. Fact Sheet #7. October 2019. Ottawa, Ontario: Canadian Coalition for the Rights of Children. Retrieved from http://rightsofchildren.ca/wp-content/uploads/2019/10/Fact-Sheet-Right-to-food_docx.pdf

———. (2019f). *Right to Health*. Fact Sheet #3. June 2019. Ottawa, Ontario: Canadian Coalition for the Rights of Children. Retrieved from <http://rightsofchildren.ca/wp-content/uploads/2019/06/CCRC-Fact-Sheet-on-Social-Determinants-of-Health.pdf>

———. (2019g). *Right to Health*. Fact Sheet #5. August 2019. Ottawa, Ontario: Canadian Coalition for the Rights of Children. Retrieved from <http://rightsofchildren.ca/wp-content/uploads/2019/08/Mental-Health-and-Childrens-Rights-Fact-Sheet.pdf>

———. (2019h). *Right to a Home*. Fact Sheet #4. July 2019. Ottawa, Ontario: Canadian Coalition for the Rights of Children. Retrieved from <http://rightsofchildren.ca/wp-content/uploads/2019/07/Youth-Homelessness-Fact-Sheet-by-CCRC-and-A-Way-Home.pdf>

———. (2019i). *Violence against Children*. Fact Sheet #6. October 2019. Ottawa, Ontario: Canadian Coalition for the Rights of Children. Retrieved from <http://rightsofchildren.ca/wp-content/uploads/2019/10/Preventing-All-Forms-of-Violence-Fact-Sheet-.pdf>

———. (n.d). *Our Work*. Retrieved from <http://rightsofchildren.ca/our-work/>

Canadian Council on Social Determinants of Health. (2017.). *Implementing Multi-Sectoral: Lessons Learned From Community-Based Interventions*. Ottawa, Ontario: Canadian Council on Social Determinants of Health. Retrieved from http://ccsdh.ca/images/uploads/Implementing_Multi-Sectoral_HCD_Initiatives.pdf

———. (n.d.-a). *Initiatives: Community Well-Being*. Ottawa, Ontario: Canadian Council on Social Determinants of Health. Retrieved from <http://ccsdh.ca/initiatives/entry/engaging-across-sectors-on-community-wellbeing>

———. (n.d.-b). *Initiatives: Engaging with Indigenous Peoples*. Ottawa, Ontario: Canadian Council on Social Determinants of Health. Retrieved from <http://ccsdh.ca/initiatives/entry/intersectoral-action-to-address-inequity-for-Indigenous-peoples>

———. (n.d.-c). *Initiatives: Healthy Child Development*. Ottawa, Ontario: Canadian Council on Social Determinants of Health. Retrieved from <http://ccsdh.ca/initiatives/entry/healthy-child-development>

———. (n.d.-d). *Publications and Tools*. Retrieved from http://ccsdh.ca/publications/@MUA_Medicine

Canadian Medical Association. (n.d.-a). *About the CMA*. Retrieved from <https://www.cma.ca/about-cma>

———. (n.d.-b). *Supporting Physicians and Advancing Health*. Retrieved from <https://www.cma.ca/>

Canadian Mental Health Association. (2019). *Cohesive, Collaborative, Collective: Advancing Mental Health Promotion in Canada*. Toronto, Ontario: Canadian Mental Health Association. Retrieved from <https://cmha.ca/wp-content/uploads/2019/05/MHP-Summary-Report-FINAL-EN.pdf>

———. (2016). *A Call to Action to Prevent Youth Suicides: Statement from CMHA and CASP*. Toronto, Ontario: Canadian Mental Health Association. Retrieved from <https://cmha.ca/call-action-prevent-youth-suicides>

———. (2014). *Child and Youth: Access to Mental Health Promotion and Mental Health Care*. Toronto, Ontario: Canadian Mental Health Association. Retrieved from <https://cmha.ca/documents/child-youth-access-mental-health-promotion-mental-health-care>

———. (n.d.). *About CMHA*. Retrieved from <https://cmha.ca/about-cmha>

Canadian Pediatric Society. (n.d.-a). *About the Canadian Pediatric Society*. Retrieved from <https://www.cps.ca/en/about-apropos>

———. (n.d.-b). *Strategic Framework, 2017-2022 Overview*. Ottawa, Ontario: Canadian Pediatric Society. Retrieved from <https://www.cps.ca/uploads/about/cps-framework-poster-en.pdf>

Canadian Public Health Association. (2019). *Children's Unstructured Play. Position Statement. March 2019*. Ottawa, Ontario: Canadian Public Health Association. Retrieved from <https://www.cpha.ca/sites/default/files/uploads/policy/positionstatements/play-positionstatement-e.pdf>

———. (2017). *Jordan's Principle and Public Health*. Position Statement. October 2017. Ottawa, Ontario: Canadian Public Health Association. Retrieved from <https://www.cpha.ca/sites/default/files/uploads/policy/positionstatements/jordan-positionstatement-e.pdf>

———. (2016). *Early Childhood Education and Care*. Position Statement. June 2016. Ottawa, Ontario: Canadian Public Health Association. Retrieved from https://www.cpha.ca/sites/default/files/assets/policy/ecec_e.pdf

———. (n.d.). *About: Vision and Mission*. Retrieved from <https://www.cpha.ca/vision-and-mission>

Center on the Developing Child. (n.d.-a). *About the Center*. Retrieved from <https://developingchild.harvard.edu/about/>

———. (n.d.-b). *Brain Architecture*. Cambridge: Massachusetts: Harvard University Center on the Developing Child. Retrieved from <https://developingchild.harvard.edu/science/key-concepts/brain-architecture/>

———. (n.d.-c). *Early Childhood Mental Health*. Cambridge: Massachusetts: Harvard University Center on the Developing Child. Retrieved from <https://developingchild.harvard.edu/science/deep-dives/mental-health/>

———. (n.d.-d). *Executive Function and Self-Regulation*. Cambridge: Massachusetts: Harvard University Center on the Developing Child. Retrieved from <https://developingchild.harvard.edu/science/key-concepts/executive-function/>

———. (n.d.-e). *Frontiers of Innovation*. Cambridge: Massachusetts: Harvard University Center on the Developing Child. Retrieved from <https://developingchild.harvard.edu/innovation-application/frontiers-of-innovation/>

———. (n.d.-f). *Gene-Environment Interaction*. Cambridge: Massachusetts: Harvard University Center on the Developing Child. Retrieved from <https://developingchild.harvard.edu/science/deep-dives/gene-environment-interaction/>

———. (n.d.-g). *Lifelong Health*. Cambridge: Massachusetts: Harvard University Center on the Developing Child. Retrieved from <https://developingchild.harvard.edu/science/deep-dives/lifelong-health/>

- . (n.d.-h). *Neglect*. Cambridge: Massachusetts: Harvard University Center on the Developing Child. Retrieved from <https://developingchild.harvard.edu/science/deep-dives/neglect/>
- . (n.d.-i). *Resilience*. Cambridge: Massachusetts: Harvard University Center on the Developing Child. Retrieved from <https://developingchild.harvard.edu/science/key-concepts/resilience/>
- . (n.d.-j). *Serve and Return*. Cambridge: Massachusetts: Harvard University Center on the Developing Child. Retrieved from <https://developingchild.harvard.edu/science/key-concepts/serve-and-return/>
- . (n.d.-k). *The Science of Adult Capabilities*. Cambridge: Massachusetts: Harvard University Center on the Developing Child. Retrieved from <https://developingchild.harvard.edu/science/deep-dives/adult-capabilities/>
- . (n.d.-l). *Toxic Stress*. Cambridge: Massachusetts: Harvard University Center on the Developing Child. Retrieved from <https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>
- . (n.d.-m). *What is Early Childhood Development? A Guide to the Science*. Cambridge: Massachusetts: Harvard University Center on the Developing Child. Retrieved from <https://developingchild.harvard.edu/guide/what-is-early-childhood-development-a-guide-to-the-science/>
- . (n.d.-n). *Who We Are*. Retrieved from <https://developingchild.harvard.edu/about/who-we-are/>
- Child Cohort Study. (n.d.-a). *About*. Hamilton, Ontario: McMaster University. Retrieved from <https://childstudy.ca/about/>
- . (n.d.-b). *Research Themes*. Hamilton, Ontario: McMaster University. Retrieved from <https://childstudy.ca/about/research-themes-sub-studies/>
- Children First Canada. (2018a). *The Canadian Children's Charter: A Call to Action to Respect, Protect and Fulfil the Rights of Canada's Children*. Windsor, Ontario: Children First Canada. Retrieved from <https://static1.squarespace.com/static/5669d2da9c9db69fb2f8d32e/t/5bf3b2c9cd8366b58756f463/1542697687681/CCC+Final+Release.pdf>.
- . (2018b). *Raising Canada*. Windsor, Ontario: Children First Canada. Retrieved from <https://static1.squarespace.com/static/5669d2da9c9db69fb2f8d32e/t/5d68527b9b5867000180d47e/1567117949279/Raising+Canada+-+Election+2019+-+Call+to+Action.pdf>
- Children First Canada. (n.d.). *Our Purpose*. Retrieved from <https://childrenfirstcanada.org/our-purpose>

Children's Healthcare Canada. (n.d.-a). *About Children's Healthcare Canada*. Retrieved from <https://www.childrenshealthcarecanada.ca/about>

———. (n.d.-b). *Building Community*. Ottawa, Ontario: Children's Healthcare Canada. Retrieved from <https://www.childrenshealthcarecanada.ca/building-community>

———. (2019). Joint Statement by Children's Healthcare Australasia, Children's Healthcare Canada, Children's Hospital Association USA and The European Children's Hospitals Organization. *Time to Stand Up For Child Health*. 19 November. Ottawa, Ontario: Children's Healthcare Canada. Retrieved from <https://static1.squarespace.com/static/585045dae6f2e101472167ec/t/5dd403f476d4226b2a888639/1574175733472/Global+statement+for+kids-long-revised.pdf>

———. (2018). *2018 Children's Healthcare Canada Impact Report*. Ottawa, Ontario: Children's Healthcare Canada. Retrieved from <https://www.childrenshealthcarecanada.ca/2018impactreport>

Children's Healthcare Canada and Pediatric Chairs of Canada. (2019). *Children and Youth Deserve Access to Safer and More Effective Medications, Says Children's Healthcare Canada and the Pediatric Chairs of Canada*. 17 June. Ottawa, Ontario: Children's Healthcare Canada and Pediatric Chairs of Canada. Retrieved from <https://www.blog.childrenshealthcarecanada.ca/blog/2019/6/17/children-and-youth-deserve-access-to-safer-and-more-effective-medications-says-childrens-healthcare-canada-and-the-pediatric-chairs-of-canada>

College of Family Physicians of Canada. (n.d.-a). *About CFPC*. Retrieved from <https://www.cfpc.ca/AboutUs/>

———. (n.d.-b). *About CFPC: Vision, Mission, Values and Goals*. Retrieved from <https://www.cfpc.ca/Mission/>

Enns, J.E., Brownell, M., Janus, M. and Guhn, M. (n.d.). *Early Childhood Development in Canada: Current State of Knowledge and Future Directions*. Discussion Paper for the Public Health Agency of Canada. Retrieved from http://umanitoba.ca/faculties/health_sciences/medicine/units/chs/departamental_units/mchp/projects/media/Early_Childhood_Development_in_Canada_EN_20200106.pdf

Institute of Human Development, Child and Youth Health. (2018). *Healthy Foundations of Life. Refreshed Strategic Plan, 2018-2020*. Toronto, Ontario: Institute of Human Development, Child and Youth Health. Retrieved from https://cihr-irsc.gc.ca/e/documents/ihdcyh_strategic_plan_2018-20-en.pdf

———. (n.d.). *About IHDCYH*. Retrieved from <https://cihr-irsc.gc.ca/e/8695.html>

- Leyland, A. (2014). *CFPC Report Card Issue Briefing – Child Poverty*. 8 September. Mississauga, Ontario: College of Family Physicians of Canada. Retrieved from https://www.cfpc.ca/uploadedFiles/Resources/_PDFs/CFPC%20Report%20Card%20Issue%20Briefing%20%E2%80%93%20Child%20Poverty.pdf
- Margaret and Wallace McCain Family Foundation. (2020). *Introduction. Honourable Margaret Norrie McCain*. Retrieved from: https://earlyyearsstudy.ca/report_chapters/margaret-mccain-introduction/
- . (n.d.-a). *About Early Years Study*. Retrieved from <https://earlyyearsstudy.ca/about-us/>
- . (n.d.-b). *Margaret McCain*. Retrieved from <http://mwmccain.ca/about-us/margaret-mccain/>
- . (n.d.-c). *Vision, Mission, Objectives*. Retrieved from <http://mwmccain.ca/about-us/vision-mission-objectives/>
- McCain, M. (Honourable). (2020a). Chapter 6: The Next Step—Canada Can Do Better. *Early Years Study 4: Thriving Kids, Thriving Society*. Toronto, Ontario: Margaret and Wallace McCain Family Foundation Inc.. Retrieved from: https://earlyyearsstudy.ca/wp-content/uploads/2020/02/EYS4-Report_01_15_2020.pdf
- . (Honourable). (2020b). *Early Years Study 4: Thriving Kids, Thriving Society*. Toronto, Ontario: Margaret and Wallace McCain Family Foundation Inc.. Retrieved from: https://earlyyearsstudy.ca/wp-content/uploads/2020/02/EYS4-Report_01_15_2020.pdf
- McCain, M. and Mustard, J. F. (1999a). *Early Years Study 1: Reversing the Brain Drain*. Retrieved from: <https://earlyyearsstudy.ca/wp-content/uploads/2019/05/EYS.pdf>
- . (1999b). *Highlights of Early Years Study 1*. Retrieved from: <https://earlyyearsstudy.ca/early-years-study-1/>
- McCain, M., Mustard, J. F. and McCuaig, K. (2011a). *Early Years Study 3: Making Decisions Taking Action*. Toronto, Ontario: Margaret and Wallace McCain Family Foundation Inc.. Retrieved from: <https://earlyyearsstudy.ca/wp-content/uploads/2019/05/EYS3.pdf>
- . (2011b). *Highlights of Early Years Study 3*. Retrieved from <https://earlyyearsstudy.ca/early-years-study-3/>
- McCain, M., Mustard, J. F. and Shanker, S. (2007a). *Early Years Study 2: Putting Science into Action*. Retrieved from: <https://earlyyearsstudy.ca/wp-content/uploads/2019/05/EYS2.pdf>

- . (2007b). *Highlights of Early Years Study 2*. Retrieved from: <https://earlyyearsstudy.ca/early-years-study-2/>
- McGill Institute for Health and Social Policy. (n.d.-a). *About*. Retrieved from: <https://www.mcgill.ca/ihsp/about>
- . (n.d.-b). *Social Inequalities in Child and Adolescent Health*. Montreal, Quebec: McGill Institute for Health and Social Policy. Retrieved from: <https://mcgill.ca/ihsp/research/social-inequalities-child-and-adolescent-health>
- Mental Health Commission of Canada. (2016). *The Mental Health Strategy for Canada: Youth Perspective*. Ottawa, Ontario: Mental Health Commission of Canada. Retrieved from https://www.mentalhealthcommission.ca/sites/default/files/2016-07/Youth_Strategy_Eng_2016.pdf
- . (2013). *Changing Directions, Changing Lives: The Mental Health Strategy for Canada, 2012*. Ottawa, Ontario: Mental Health Commission of Canada. Retrieved from https://www.mentalhealthcommission.ca/sites/default/files/MHStrategy_Strategy_ENG.pdf
- . (2013). *School-Based Mental Health in Canada: A Final Report, 2013*. Ottawa, Ontario: Mental Health Commission of Canada. Retrieved from https://www.mentalhealthcommission.ca/sites/default/files/ChildYouth_School_Based_Mental_Health_Canada_Final_Report_ENG_0.pdf
- . (2010). *Evergreen: A Child and Youth Mental Health Framework for Canada*. Ottawa, Ontario: Mental Health Commission of Canada. Retrieved from https://www.mentalhealthcommission.ca/sites/default/files/C%252526Y_Evergreen_Framework_ENG_1.pdf
- . (n.d.-a). *Engagement with Canadians*. Ottawa, Ontario: Mental Health Commission of Canada. Retrieved from <https://www.mentalhealthcommission.ca/English/key-priority/engagement-canadians>
- . (n.d.-b). *Mental Health and Substance Abuse*. Ottawa, Ontario: Mental Health Commission of Canada. Retrieved from <https://www.mentalhealthcommission.ca/English/key-priority/mental-health-and-substance-use>
- . (n.d.-c). *Population Based Initiatives*. Ottawa, Ontario: Mental Health Commission of Canada. Retrieved from <https://www.mentalhealthcommission.ca/English/key-priority/population-based-initiatives>
- . (n.d.-d). *Suicide Prevention*. Ottawa, Ontario: Mental Health Commission of Canada. Retrieved from <https://www.mentalhealthcommission.ca/English/key-priority/suicide-prevention>

- . (n.d.-e). *Who We Are*. Retrieved from <https://www.mentalhealthcommission.ca/English/who-we-are>
- National Academies of Sciences, Engineering, and Medicine. (2019). *Exploring Early Childhood Care and Education Levers to Improve Population Health: Proceedings of a Workshop*. Washington, DC: The National Academies Press. doi.org/10.17226/25129. Retrieved from <https://www.nap.edu/catalog/25129/exploring-early-childhood-care-and-education-levers-to-improve-population-health>
- . (2015). *Child Development and Early Learning: A Foundation for Professional Knowledge and Competencies – A Summary Booklet*. Washington, D.C.: The National Academies Press. Retrieved from <https://www.nap.edu/resource/19401/ProfKnowCompFINAL.pdf>
- . (n.d.). *About the National Academies of Sciences, Engineering, and Medicine*. Retrieved from <https://www.nap.edu/content/about-the-national-academies-press>
- National Research Council. (2015). *Transforming the Workforce for Children Birth through Age 8: A Unifying Foundation*. Washington, D.C.: The National Academies Press. doi.org/10.17226/19401. Retrieved from <https://www.nap.edu/download/19401#>
- Pediatric Chairs of Canada. (2019a). *Healthy Minds. Brighter Future. Stronger Canada*. Ottawa, Ontario: Pediatric Chairs of Canada. Retrieved from <http://www.pediatricchairs.ca/s/PCC-Mental-Health-42fr.pdf>
- . (2019b). *Safer Medications for Children*. Ottawa, Ontario: Pediatric Chairs of Canada. Retrieved from <http://www.pediatricchairs.ca/s/PCC-Safer-Meds-2yyn.pdf>
- . (n.d.-a). *Mission*. Retrieved from <http://www.pediatricchairs.ca/about-us>
- . (n.d.-b). *Pediatric Chairs of Canada*. Retrieved from <http://www.pediatricchairs.ca/pcc-welcome>
- Royal College of Physicians and Surgeons of Canada. (2014). *Early Childhood Development: Royal College Positions Statement*. Ottawa, Ontario: Royal College of Physicians and Surgeons of Canada. Retrieved from <http://www.royalcollege.ca/rcsite/documents/health-policy/early-childhood-development-statement-e.pdf>
- . (2013). *Indigenous Health Values and Principles Statement*. 4 July. Ottawa, Ontario: Royal College of Physicians and Surgeons of Canada. Retrieved from <http://www.royalcollege.ca/rcsite/documents/health-policy/indigenous-health-values-principles-report-e.pdf>
- . (n.d.-a). *Policy and Position Statements*. Ottawa, Ontario: Royal College of Physicians and Surgeons of Canada. Retrieved from <http://www.royalcollege.ca/rcsite/health-policy/policy-position-statements-e>

———. (n.d.-b). *Strategic Plan 2018-2020*. Ottawa, Ontario: Royal College of Physicians and Surgeons of Canada. Retrieved from <http://www.royalcollege.ca/rcsite/documents/publications/royal-college-strategic-plan-e.pdf>

UNICEF Canada. (2019a). "Canada Ranks In The Middle of the Pack for Family-Friendly Policies among Wealthy Countries." *UNICEF Press Release*. Retrieved from <https://www.unicef.ca/en/press-release/canada-ranks-middle-pack-family-friendly-policies-among-wealthy-countries>

———. (2019b). *Family-Friendly Policies in Rich Countries: How Canada Compares*. Research Brief. Toronto, Ontario: UNICEF Canada. Retrieved from https://oneyouth.unicef.ca/sites/default/files/2019-06/UNICEF_ResearchBrief_CanadianCompanion_EN-FINAL_WEB.pdf

———. (2019c). *Where Does Canada Stand? The Canadian Index of Child and Youth Well-Being 2019 Baseline Report*. Page 5. Toronto, Ontario: UNICEF Canada. Retrieved from https://oneyouth.unicef.ca/sites/default/files/2019-08/2019_Baseline_Report_Canadian_Index_of_Child_and_Youth_Well-being.pdf

———. (n.d.-a). *Child Development and Education*. Retrieved from <https://www.unicef.ca/en/discover/education>

———. (n.d.-b). *What is UNICEF?* Retrieved from <https://www.unicef.ca/en/about-unicef>