2012 Edition

Are We Doing Enough?

A status report on Canadian public policy and child and youth health

Canadian Paediatric Society

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Background

Canada's children and youth are inheriting many of the challenges that face our world, and it is our collective responsibility to prepare them for a complex future. As families, communities and decision-makers there is much we can do to ease their way. This report highlights what governments need to do to support the health, safety and well-being of children and youth, to better protect them today and to prepare for tomorrow.

Legislative and regulatory actions can strengthen parents and families in their efforts to raise healthy, safe and competent children. There are many examples of how legislation and public policy have improved conditions for children and youth, such as seat belt and helmet laws. This report reviews current policy on several fronts, suggests improvements and brings critical issues to the forefront of the public policy agenda.

In this fourth edition of *Are We Doing Enough?,* the Canadian Paediatric Society (CPS) continues to assess key indicators of child and youth health at the provincial/territorial and federal levels. In addition to rating progress on these indicators, we outline specific actions to improve the legislative and public policy environments. These actions are based on clear need and on evidence that government intervention is effective. We hope this approach will provide direction to help policy-makers act in the best interests of children and youth.

The two-year interval between reports allows time for policy changes to take place, and in some areas improvements have been made. For example, provinces and territories continue to strengthen anti-smoking laws that protect kids. Legislation or policies have been introduced to improve the mental health status of children and youth, and to pull them out of poverty. But there is still much more to be done. Among the new key issues evaluated in this year's report are newborn hearing screening and an enhanced 18-month well-baby visit.

Are We Doing Enough? assesses public policy in four major areas:

- Disease prevention
- Health promotion
- Injury prevention
- Best interests of children and youth

Information in this report is current as of January 3, 2012 and was obtained from government documents, websites and personal correspondence.

Summary

The impact of the early years on a child's chances of success later in life is indisputable. Thanks to advances in our understanding of the relationship between early experience, brain development and outcomes, we now know that the first years of life offer unique opportunities for individual children, their families, and for society as a whole.[1] We have long known that protecting children's health and wellness improves their ability to contribute as adults. Now, mounting evidence from economists makes a forceful argument for investing early in child health and development as an important driver of economic growth.

The Canadian Paediatric Society works with many agencies and organizations to support the health and well-being of children and youth. Governments are key players: their legislative powers can help to safeguard many key aspects of child health and well-being, and to create a public environment that nurtures growth and development. Government-led health promotion strategies have substantial protective and preventive powers—to save lives, and to prevent injury, disability and disease.

The CPS is concerned that too few improvements have been made since the third edition of this report was published in 2009. In fact, Canada's children and youth may be losing ground on the public policy front. While the recent recession has, justifiably, focused government attention on the economy, we contend that children and youth remain our most powerful assets. More than that, they offer the best possible return on public investment toward ensuring a strong economy and a healthy nation.

Childhood vulnerability

Children's opportunities for health, emotional well-being and life success are determined in large part by their early development.[2] A deprived environment can leave a child with life-long deficits, while high-quality early learning and care help to stimulate cognitive and social development.

Research suggests that more than one-quarter of Canadian children may not be fully prepared to learn when they begin kindergarten. Over 27% fall short on at least one measure of physical, social, emotional or cognitive development.[3] Intervening in high school may come too late: some children will never catch up.[4] While disadvantaged children are more vulnerable, middle-class children are also at risk, making early vulnerability a widespread problem.[5] In addition to the effects on individuals, such as poorer health and lower levels of school achievement, early vulnerability can also lead to societal issues like greater dependence on welfare and a higher likelihood of criminal behaviour.[6,7] The quality of the labour market also suffers, with grave economic consequences. Clear links have been shown between average test scores in school and economic growth rates.[8]

Development before the age of six is a critical issue for everyone, including business and government leaders.[9] Some economists are raising the alarm that our current rate of vulnerability will "dramatically deplete our future stock of human capital."[10] Our standing among the world's richest countries lays bare these failures. Canada lags far behind most wealthy Western nations, ranked last in terms of support for family policy and early child development by both the Organization for Economic Co-operation

and Development (OECD) and the United Nations Children's Fund (UNICEF).[11] In a recent UNICEF report, Canada met only one of 10 benchmarks for protecting children in their most vulnerable and formative years.[12]

Compelling economic arguments

Economists agree that the most cost-effective human capital interventions occur among young children.[13] Beyond the long-term benefit of children's future participation in the workforce, data is mounting on the value of early investments in children and youth.

Child poverty: Aside from its social implications, child poverty leads to higher health care costs and exacts an enormous toll on human potential and economic productivity. Not only does child poverty affect future prosperity, it costs taxpayers today as well. Estimates for British Columbia show that poverty costs that province between $8 billion and $9 billion annually, while a comprehensive program to reduce poverty would cost between $3 billion and $4 billion per year.[14]

Early learning and child care: Estimates of the return to society on dollars spent in the early childhood years vary, but they are significant—from $4 to $8 for every $1 spent.[15] One recent study showed that a provincially-funded early learning and child care program more than pays for itself by increasing tax revenues from working parents.[16] Early childhood education and care enhances parental employability, helps to generate millions in tax revenues and reduces the need for expensive remedial programs later on.[17]

Mental illness: Mental illness is the second leading cause of disability and premature death in Canada. While its human costs may be nearly incalculable, estimates of the economic cost of mental illness range from $14 billion to $51 billion a year when lost productivity is included.[18] Prevention and early intervention are known to be less expensive and more effective than later treatment.[19] Early action provides better health outcomes, increased contributions to society and the workforce, and cost-savings to the health care, justice and social service systems.[20]

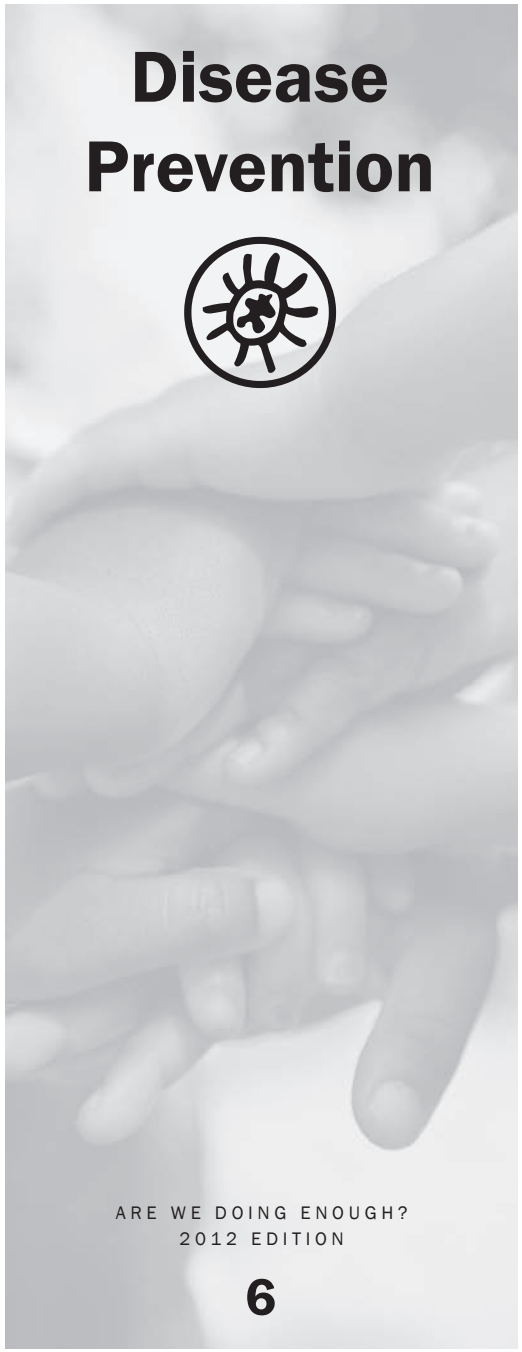
Further examples of the cost savings and effectiveness of government action are provided throughout this report. Of course, to understand the impact of specific policies and interventions, Canada needs a robust monitoring system with an ongoing flow of quality information on current early child development, key determinants of health and long-term developmental outcomes.[21] The CPS calls on the federal and provincial/territorial governments to work together to develop a coordinated monitoring system that would fill in the gaps in data collection as well as helping to integrate research, best practice and knowledge exchange. Such a system is crucial to informing policies that affect the health and well-being of young children and youth, and is a key activity in a fully developed society.

The CPS also urges governments to invest in effective early child development and in interventions that optimize the health, well-being and educational achievement of all Canadian children, regardless of geography, socioeconomic status or culture.

Recent neuroscience has shown that children's early experiences are critical to future health, learning and behaviour. This connection is important not only for those of us who care about children and youth but for our nation's future. We don't promote prosperity and health if we don't nurture and support child development.

We strongly encourage all levels of government to consider the recommendations in this report, and to take an active role in reviewing legislation with an eye to keeping young citizens, and the economy they live in, healthy. We owe it to our children and youth to get this right.

Disease Prevention



Publicly funded immunization programs

Infectious diseases were once the leading cause of death in Canada. They now account for less than 5% of deaths, making immunization the most cost-effective and one of the most successful public health efforts of the last century. Universal coverage of paediatric vaccines offers all children and youth protection against many potentially life-threatening diseases.

In addition to a slate of vaccines that have been part of the routine immunization schedule for a number of years, the CPS and the National Advisory Committee on Immunization (NACI) recommend that children and youth receive immunizations against rotavirus, varicella (chickenpox), adolescent pertussis (whooping cough), influenza, and certain forms of meningitis (meningococcal and pneumococcal infections). We also recommend that the human papillomavirus (HPV) vaccine be provided at no charge.

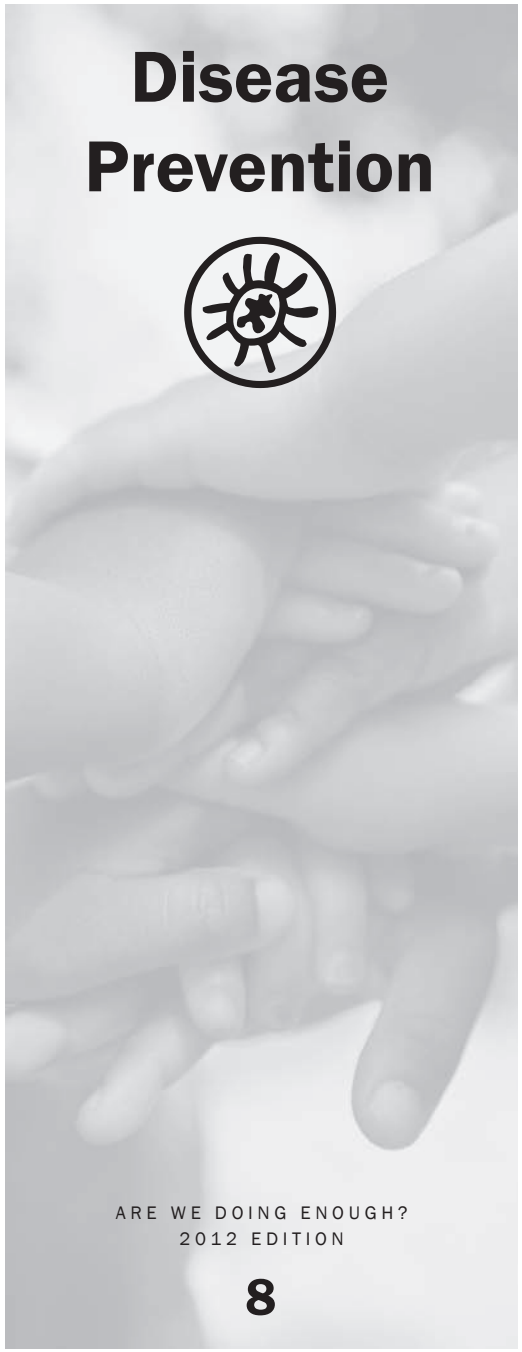
Coverage of these vaccines is not yet universal across the country. While most provinces/territories offer them, not all are administering these vaccines according to the schedule recommended by the CPS and NACI, and the harmonization of immunization schedules across the country has not been achieved.

Publicly funded immunization program measures

Province/Territory	2009 Status	2011 Status	Recommended actions
British Columbia	Good	Excellent	Meets all CPS recommendations.
Alberta	Excellent	Fair	Initiate a rotavirus immunization program and add a second dose of varicella vaccine.
Saskatchewan	Good	Good	Initiate a rotavirus immunization program.
Manitoba	Good	Fair	Initiate a rotavirus immunization program and add a second dose of varicella vaccine.
Ontario	Good	Excellent	Meets all CPS recommendations.
Quebec	Good	Good	Add a second dose of varicella vaccine.
New Brunswick	Good	Good	Implement a rotavirus immunization program.
Nova Scotia	Good	Fair	Initiate a rotavirus immunization program and add a second dose of varicella vaccine.
Prince Edward Island	Good	Excellent	Meets all CPS recommendations.
Newfoundland and Labrador	Good	Fair	Initiate a rotavirus immunization program and add a second dose of varicella vaccine.
Yukon	Good	Fair	Initiate a rotavirus immunization program and add a second dose of varicella vaccine.
Northwest Territories	Good	Fair	Initiate a rotavirus immunization program and add a second dose of varicella vaccine.
Nunavut	Good	Fair	Initiate a rotavirus immunization program and add a second dose of varicella vaccine.

Excellent: Province/territory provides meningococcal, adolescent pertussis, pneumococcal, varicella, rotavirus, influenza, and HPV vaccines according to the schedule recommended by the Canadian Paediatric Society and the National Advisory Committee on Immunization, at no cost to individuals.
Good: Province/territory provides all but one of the recommended vaccines.
Fair: Province/territory offers all but two of the recommended vaccines.
Poor: Province/territory only offers three or fewer of the recommended vaccines.

Disease Prevention



Measures to prevent child and youth exposure to smoking

Legislation to protect children and youth from the effects of smoking continues to be strengthened. All provinces and territories enforce smoking bans in public places. While some legislation still allows for designated smoking areas, the trend is to reduce places where people can smoke. Alberta, Prince Edward Island, Nova Scotia, Newfoundland and Labrador, and the Yukon Territory now ban smoking on public patios and in other outdoor hospitality venues. Yukon Territory stands out in also banning smoking from all postsecondary institutions. [22]

All provinces and territories continue to protect children and youth in cars, with Saskatchewan and Manitoba joining others to ban smoking in cars where children are present. Only Alberta, Quebec, the Northwest Territory, Nunavut and the Yukon Territory lack legislation prohibiting smoking in cars in the presence of young passengers.[23]

The smoking rate among teens aged 15 to 19 years dropped to about 13% in 2009, down from 15% between 2006 and 2008. Since statistics were first recorded in 1999, the number of young smokers in Canada has dropped by over half (53%). Ontario experienced the most significant annual reduction and has the lowest percentage of youth smoking in Canada, dropping from 13% in 2008 to 9% in 2009. Youth in Quebec, Manitoba and Saskatchewan continue to smoke more than the rest of the country, at 18%.[24] Smoking rates among youth in the Northwest Territories are unavailable.

Among Aboriginal youth in grades 9 through 12 living off-reserve, 25% reported smoking in 2008, versus 10% of non-Aboriginal youth.[25] This group was also more likely to be exposed to second-hand smoke at home and in cars (37% and 51%) than non-Aboriginal youth (20% and 30%).

The price of cigarettes is a deterrent to adolescent smoking.[26] Provincial/territorial taxes affect the price of cigarettes and are one indication of how aggressively governments are trying to discourage smoking. In 2011, the Northwest Territories levied the highest price on cigarettes, while Quebec remains the province where cigarettes are least expensive.[27] Nova Scotia increased prices more than any other jurisdiction, raising the cost of cigarettes to the second-highest in Canada. However, Quebec and Ontario lead the way in enforcing laws against contraband cigarettes, being the only provinces where individuals have been charged with possessing illegal cigarettes as well as for selling them.[28,29]

Children and youth living in poverty continue to be at greater risk for smoking. They also have a lower success rate when trying to quit, with cessation rates less than half of those achieved in the highest income groups.[30]

There is also compelling evidence that nicotine is neurotoxic to the fetal brain, which may have negative lifelong developmental consequences.[31]

Measures to prevent child and youth exposure to smoking

Province/Territory	2009 Status	2011 Status	Recommended actions
British Columbia	Excellent	Excellent	Implement a province-wide ban on smoking in outdoor public places to complement existing municipal bans.
Alberta	Good	Good	Enact legislation to ban smoking in cars with occupants under the age of 16. Implement a province-wide ban on smoking in outdoor public places to complement existing municipal bans.
Saskatchewan	Good	Excellent	Implement a province-wide ban on smoking in outdoor public places to complement existing municipal bans.
Manitoba	Good	Excellent	Implement a province-wide ban on smoking in outdoor public places to complement existing municipal bans.
Ontario	Good	Excellent	Implement a province-wide ban on smoking in outdoor public places to complement existing municipal bans.
Quebec	Good	Good	Enact legislation to ban smoking in cars with occupants under the age of 16. Implement a province-wide ban on smoking in outdoor public places to complement existing municipal bans.
New Brunswick	Excellent	Excellent	Implement a province-wide ban on smoking in outdoor public places to complement existing municipal bans.
Nova Scotia	Excellent	Excellent	Nova Scotia is a leader in Canada, with a province-wide ban on smoking in outdoor public spaces.
Prince Edward Island	Good	Excellent	Prince Edward Island is a leader in Canada, with a province-wide ban on smoking in outdoor public spaces.
Newfoundland and Labrador	Good	Excellent	Newfoundland and Labrador is a leader in Canada, with a province-wide ban on smoking in outdoor public spaces.
Yukon	Excellent	Excellent	Yukon Territory is a leader in Canada, with a province-wide ban on smoking in outdoor public spaces.
Northwest Territories	Good	Good	Enact legislation to ban smoking in cars with occupants under the age of 16. Implement a province-wide ban on smoking in outdoor public places to complement existing municipal bans.
Nunavut	Good	Good	Enact legislation to ban smoking in cars with occupants under the age of 16. Implement a province-wide ban on smoking in outdoor public places to complement existing municipal bans.

Excellent: Province/territory has a ban on smoking in all public places. Legislation has been introduced to protect children and youth from tobacco in automobiles. The province/territory has prevention programs specific to youth.
Good: Province/territory has passed legislation for a province- or territorial-wide smoking ban.
Fair: Province/territory has legislation banning smoking in some, but not all, public places.
Poor: Province/territory has no smoking ban.

Health Promotion

Newborn hearing screening

Permanent hearing loss is one of the most common congenital disorders, with an estimated incidence of one to three per thousand live births. Universal newborn hearing screening (UNHS) results in early diagnosis of hearing impairment and interventions that allow for improved outcomes in hearing-impaired children.[32]

Without screening, children with hearing loss are typically not diagnosed until they reach two years of age, with mild and moderate hearing losses often going undetected until children are in school. Universal screening would detect most infants experiencing hearing loss by the age of three months with intervention in place by the time they reach six months of age.

Children with hearing loss who are not supported by early intervention show irreversible shortfalls in communication and psychosocial skills, cognition and literacy. The impacts of deafness can include lower academic achievement, underemployment, poor social adaptation and psychological distress, and are directly proportional to the severity of hearing loss and the time lag between diagnosis and intervention. Evidence shows that infants who are diagnosed and receive intervention before six months of age score 20 to 40 percentile points higher on school-related measures (language, social adjustment and behaviour) compared with hearing-impaired children who receive intervention later.

The two-step screening procedure implemented in most UNHS programs is highly effective and cost-effective, particularly considering the lifetime costs of deafness. One Quebec study found that implementing a province-wide UNHS program would cost approximately $5.3 million (in 2001), but would ultimately result in a net benefit of $1.7 million per year to taxpayers.[33]

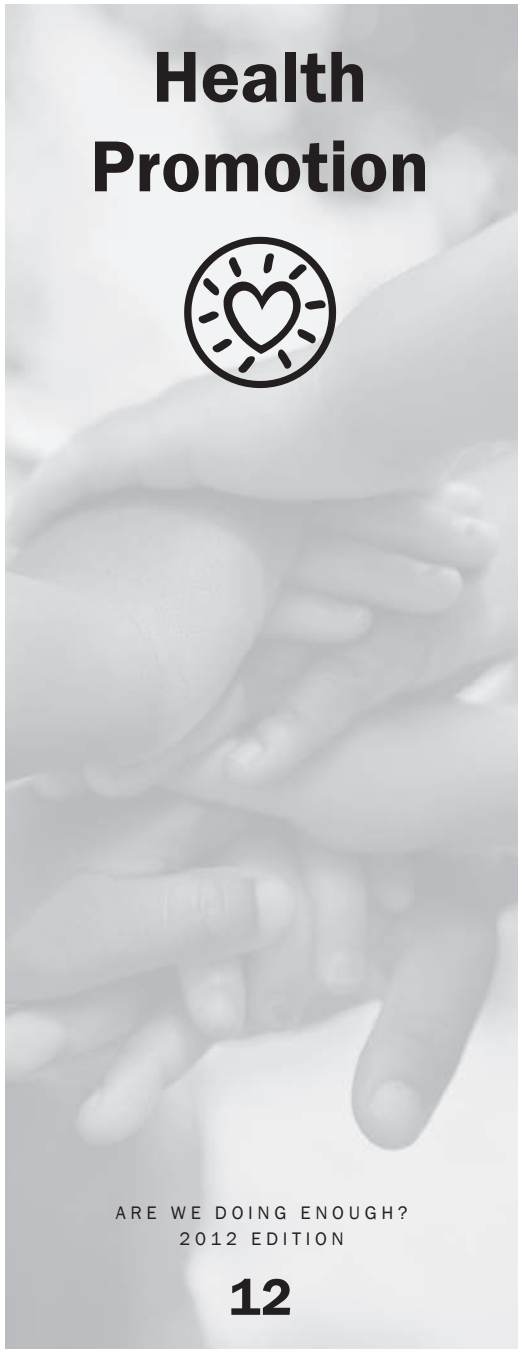
While some jurisdictions are moving in this direction, the Canadian Paediatric Society recommends that provinces and territories provide universal hearing screening for all newborns via a comprehensive, linked system of screening, diagnosis and intervention. Canadian infants deserve the advantages of early hearing loss detection and timely intervention.

Newborn hearing screening

Province/Territory	2009 Status	2011 Status	Recommended actions
British Columbia	NOT ASSESSED	Excellent	Meets all CPS recommendations.
Alberta		Fair	Implement a universal newborn hearing screening and intervention program. Screening is only available in selected hospitals.
Saskatchewan		Fair	Implement a universal newborn hearing screening and intervention program. Screening is only available in selected hospitals.
Manitoba		Poor	Implement a universal newborn hearing screening and intervention program.
Ontario		Excellent	Meets all CPS recommendations.
Quebec		Good	Universal program has been announced but is not yet implemented.
New Brunswick		Excellent	Meets all CPS recommendations.
Nova Scotia		Excellent	Meets all CPS recommendations.
Prince Edward Island		Excellent	Meets all CPS recommendations.
Newfoundland and Labrador		Fair	Implement a universal newborn hearing screening and intervention program. Screening is only available in selected hospitals.
Yukon		Good	Meets all CPS recommendations. However, the program is only offered in Whitehorse due to staffing shortages.
Northwest Territories		Good	Meets all CPS recommendations. However, the program is only offered in Yellowknife due to staffing shortages.
Nunavut		Poor	Implement a universal newborn hearing screening and intervention program. Nunavut faces particular challenges in attracting the trained audiologists needed for a program.

Excellent: Province/territory has a fully funded, integrated screening program which is enforced through legislation, with screening by one month of age, confirmation of the diagnosis by three months, and intervention by six months.
Good: Province/territory has a fully funded, integrated screening program, with screening by one month of age, confirmation of the diagnosis by three months, and intervention by six months.
Fair: Province/territory has a partial program, with testing provided for children at risk of hearing loss (e.g., infants in neonatal intensive care units).
Poor: Province/territory does not offer newborn hearing screening.

Health Promotion



An enhanced 18-month well-baby visit

With our better understanding of the link between early child development and health and well-being later in life, well-baby visits are emerging as key opportunities to assess and positively affect life outcomes. For some families, the 18-month visit might be the last regularly scheduled visit with a primary care provider before a child enters school. As such, this visit provides a critical opportunity to examine and evaluate a child's progress, to help parents nurture their child's development, and to identify areas where a child or family is having difficulty. It also offers an opening for introducing parents to community resources and supports.

Well-baby visits currently focus on immunization and identifying abnormalities, but the 18-month check-up can be a pivotal assessment of developmental health. Not only does it happen at an important point in a child's development, it comes at a stage when families are dealing with formative issues such as child care, behaviour management, nutrition/eating patterns, and sleep. The 18-month assessment is an excellent opportunity to counsel and reinforce healthy behaviors, and to promote positive parenting, injury prevention and literacy. Screening for parental health issues, including mental health, domestic abuse and substance misuse can also take place at this visit.

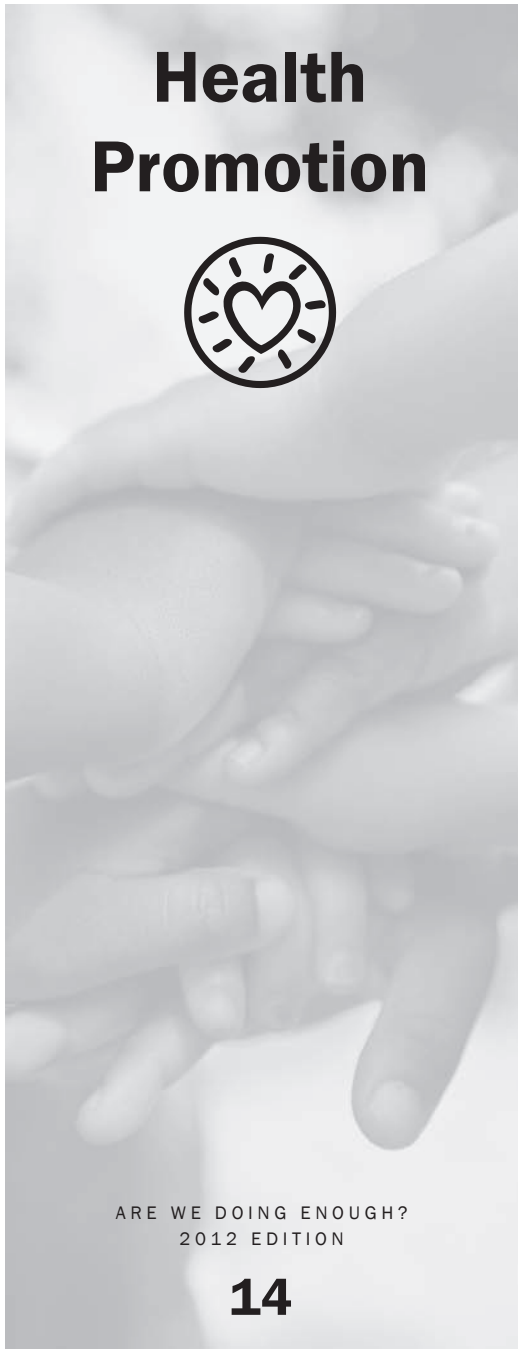
The Canadian Paediatric Society supports a stronger system of early childhood development and care across Canada and recommends that all provinces and territories establish an enhanced well-baby visit. A standardized developmental screening tool and a clinician-prompt health guide with evidence-based suggestions for healthier development should be used.[34]

This systematic assessment must be supported by a special fee code that reflects the length of time required to conduct a detailed assessment.

An enhanced 18-month well-baby visit			
Province/Territory	**2009 Status**	**2011 Status**	**Recommended actions**
British Columbia	NOT ASSESSED	Poor	Initiate an enhanced well-baby visit at 18 months, with standard guidelines and a special fee code.
Alberta		Poor	Initiate an enhanced well-baby visit at 18 months, with standard guidelines and a special fee code.
Saskatchewan		Poor	Initiate an enhanced well-baby visit at 18 months, with standard guidelines and a special fee code.
Manitoba		Poor	Initiate an enhanced well-baby visit at 18 months, with standard guidelines and a special fee code.
Ontario		Excellent	Meets all CPS recommendations.
Quebec		Poor	Initiate an enhanced well-baby visit at 18 months, with standard guidelines and a special fee code.
New Brunswick		Poor	Initiate an enhanced well-baby visit at 18 months, with standard guidelines and a special fee code.
Nova Scotia		Poor	Initiate an enhanced well-baby visit at 18 months, with standard guidelines and a special fee code.
Prince Edward Island		Poor	Initiate an enhanced well-baby visit at 18 months, with standard guidelines and a special fee code.
Newfoundland and Labrador		Poor	Initiate an enhanced well-baby visit at 18 months, with standard guidelines and a special fee code.
Yukon		Poor	Initiate an enhanced well-baby visit at 18 months, with standard guidelines and a special fee code.
Northwest Territories		Poor	Initiate an enhanced well-baby visit at 18 months, with standard guidelines and a special fee code.
Nunavut		Poor	Initiate an enhanced well-baby visit at 18 months, with standard guidelines and a special fee code.

Excellent: Province/territory has initiated an enhanced well-baby visit at 18 months, with standard guidelines and a special fee code.
Poor: Province/territory has not initiated an enhanced well-baby visit at 18 months.

Health Promotion



Child and youth mental health plans

When it comes to mental health, there is good reason to focus on children and youth. An estimated 70% of adults living with mental health problems had their symptoms develop during childhood or adolescence.[35] Suicide attempts are at their peak among 15- to 19-year-olds.[36] Mental health problems tend to be chronic, with substantial negative outcomes[37] including higher school drop-out rates, unemployment, poverty and homelessness, and increased risk of criminal behaviour.[38] Prevention and early intervention have been shown to be less expensive and more effective than treatment.[39] Pre-emptive measures result in better health outcomes, improved school attendance and achievement, positive contributions to society and the workforce, and cost-savings on health care, justice and social services.[40]

About 14% of children and youth under 20 years old—1.1 million young Canadians—suffer from mental health conditions that affect their daily lives.[41] Children and youth of low-income families are especially at risk.[42] What is worse, three out of every four children and youth who need specialized treatment services do not receive them.[43]

While access to mental health services continues to be inadequate, some jurisdictions are increasing their investments in mental health. Since 2009, a number of governments have introduced mental health plans, including British Columbia, Alberta, Manitoba, Ontario, New Brunswick, Nunavut and Northwest Territories.

Other provinces have now joined Quebec in changing their physician billing codes to recognize the time needed to provide care to children and youth with mental health issues.

The CPS is encouraged by the work of a number of provinces and territories to develop mental health strategies. Efforts must now be directed toward implementing strategies to address specific, critical child and youth mental health needs.

Child and youth mental health care plans

Province/Territory	2009 Status	2011 Status	Recommended actions
British Columbia	Good	Excellent	Meets all CPS recommendations.
Alberta	Good	Excellent	Meets all CPS recommendations.
Saskatchewan	Good	Good	Strengthen engagement of paediatricians in the mental health plan and set benchmarks for service delivery.
Manitoba	Good	Good	Strengthen engagement of paediatricians in the mental health plan and set benchmarks for service delivery.
Ontario	Fair	Excellent	Meets all CPS recommendations.
Quebec	Good	Good	Set benchmarks for service delivery.
New Brunswick	Fair	Excellent	Meets all CPS recommendations.
Nova Scotia	Fair	Fair	Develop a specific mental health strategy for children and youth with benchmarks for service delivery. Ensure that process and consultations informing this plan are ongoing.
Prince Edward Island	Fair	Fair	Develop a specific mental health strategy for children and youth with benchmarks for service delivery above and beyond the current plan for an addictions program.
Newfoundland and Labrador	Fair	Fair	Develop a specific mental health strategy for children and youth with benchmarks for service delivery.
Yukon	Poor	Poor	Develop a specific mental health strategy for children and youth with benchmarks for service delivery.
Northwest Territories	Fair	Good	Set benchmarks for service delivery.
Nunavut	Fair	Good	Set benchmarks for service delivery.

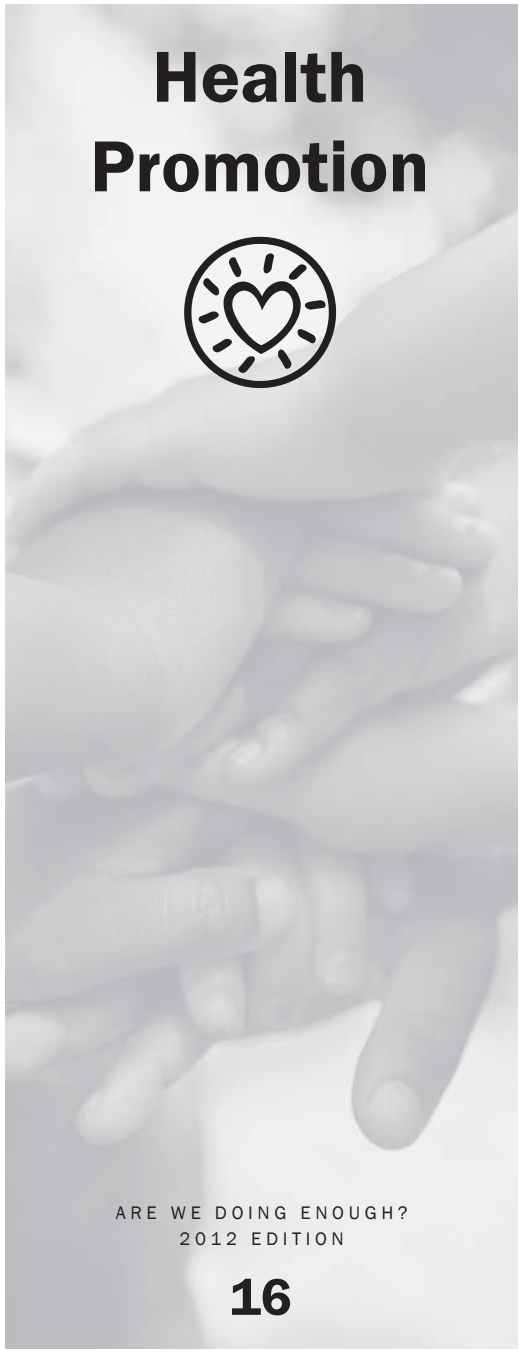
Excellent: Province/territory has a comprehensive mental health plan for children and youth with timely access to appropriate mental health professionals, including a wait time strategy with specific benchmarks. The plan has targeted goals for service improvement, including access to non-medical mental health services at no cost to families and a mental health promotion component. The development of the plan involves input from community paediatricians and recognizes their role in evaluating and meeting the mental health needs of children and youth.

Good: Province/territory has a mental health plan for children and youth with specific goals for service improvement, including access to non-medical mental health services at no cost to families, and a mental health promotion component. The development of the plan involves input from community paediatricians and recognizes their role in evaluating and meeting the mental health needs of children and youth.

Fair: Province/territory has a mental health plan for children and youth but does not recognize the role of paediatricians in delivering mental health care.

Poor: Province/territory has no mental health plan for children and youth.

Health Promotion



Paediatric health human resource strategy

Canada's public health system is designed to provide access to all medically necessary services on a universal basis. For children and youth this sometimes means the specialist services of a paediatrician. Unfortunately, specialist health care for children and youth is threatened by a significant shortage of paediatricians and long wait lists. Ensuring that our health care system better meets the needs of children and youth is not only a moral obligation but a wise economic investment.

While universal coverage for physician services supports equal access to health care, people from higher socio-economic groups are more likely to receive optimal care, thereby widening health disparities.[44] Canadians families earning lower incomes tend to use more expensive emergency and hospital services more often than families with higher incomes, who also have better access to specialists.[45]

Surveys by the Canadian Paediatric Society reveal that the paediatric work force is aging, and there are not enough trainees to offset anticipated retirements. In 2005, about 11% of those surveyed said they would retire by 2010, while another 36% planned to reduce their work hours.[46] Smaller communities are particularly vulnerable as over 80% of Canadian paediatricians work in towns or cities with populations of over 100,000.[47]

Federal, provincial and territorial paediatric human resources strategies that can respond to the health needs of children and youth must be developed in collaboration with provincial paediatric leaders. They will need to address issues such as recruitment and retention, human resource planning, medical training and professional development.

Paediatric health human resource strategy			
Province/Territory	**2009 Status**	**2011 Status**	**Recommended actions**
British Columbia	Poor	Poor	Develop a paediatric-specific human resource plan.
Alberta	Poor	Poor	Develop a paediatric-specific human resource plan.
Saskatchewan	Poor	Poor	Develop a paediatric-specific human resource plan.
Manitoba	Poor	Poor	Develop a paediatric-specific human resource plan.
Ontario	Poor	Poor	Develop a paediatric-specific human resource plan.
Quebec	Poor	Poor	Develop a paediatric-specific human resource plan.
New Brunswick	Poor	Poor	Develop a paediatric-specific human resource plan.
Nova Scotia	Poor	Poor	Develop a paediatric-specific human resource plan.
Prince Edward Island	Poor	Poor	Develop a paediatric-specific human resource plan.
Newfoundland and Labrador	Poor	Poor	Develop a paediatric-specific human resource plan.
Yukon	Poor	Poor	Develop a paediatric-specific human resource plan.
Northwest Territories	Poor	Poor	Develop a paediatric-specific human resource plan.
Nunavut	Poor	Poor	Develop a paediatric-specific human resource plan.

Excellent: Province/territory has a paediatric human resources plan that is less than three years old, addresses both generalist and subspecialist supply and demand issues, was developed in consultation with paediatricians, and is endorsed by the provincial/territorial paediatric association or by the paediatric section of the provincial/territorial medical association.

Good: Province/territory has a paediatric human resources plan that takes general and subspecialist paediatricians into account and was developed within the last six years.

Fair: Province/territory has a paediatric human resources plan that was not developed with paediatricians and has not been endorsed by the provincial/territorial paediatric association.

Poor: Province/territory has no paediatric human resources plan.

Injury Prevention

Bicycle helmet legislation

Most injuries sustained by children and youth are both predictable and preventable, so there is every reason for governments to legislate proactively. Serious unintended injuries (including those caused by motor vehicle collisions) remain the leading cause of death in children 1 to 14 years of age in Canada. When bicycles are involved, the statistics are especially grim. Every year, about 20 young people aged 19 and under die due to bicycle-related injuries, and another 50 or so experience permanent disability.[48]

In 2009-2010, 1364 children or youth were hospitalized for serious bicycle injuries.[49] A properly fitted bike helmet decreases the risk of serious head injury by as much as 85% and brain injury by 88%.[50] Yet among youth 12 to 19 years of age, only 31.8% said they always wore a bicycle helmet when riding.[51] Boys aged 10 to 14 sustain over one-third of all cycling-related injuries, while up to 70% of deaths occur in boys aged 10 to 19.[52]

With legislation and subsequent increased helmet use, head injuries have dropped by more than half in the past decade.[53] Research shows that more people wear helmets in jurisdictions with mandatory bike helmet laws and injury rates are, on average, 25% lower than in areas without helmet legislation.[54] If every cyclist wore a helmet, it is estimated that most (4 out of every 5) head injuries could be prevented.[55]

The direct and indirect costs of cycling injuries on roadways were $443 million in 2004, with children and youth accounting for over half that cost.[56] Aside from the pain and anguish that could be averted, it is estimated that $1 invested in bicycle helmets saves $29 in injury costs.[57] Despite this, Saskatchewan, Manitoba, Quebec, Newfoundland and Labrador, and all three territories, do not have bicycle helmet legislation.[58]

The Canadian Paediatric Society recommends that everyone riding a bicycle be required to wear a CSA-approved helmet. Laws should be accompanied by enforcement and public education, which have been shown to increase helmet use.[59]

Bicycle helmet legislation

Province/Territory	2009 Status	2011 Status	Recommended actions
British Columbia	Excellent	Excellent	Meets all CPS recommendations.
Alberta	Good	Good	Amend current legislation to include all age groups.
Saskatchewan	Poor	Poor	Enact legislation that requires all age groups to wear helmets. Some education programs are available.
Manitoba	Poor	Poor	Enact legislation that requires all age groups to wear helmets. Low-cost helmets and education programs are available.
Ontario	Good	Good	Amend current legislation to include all age groups.
Quebec	Poor	Poor	Enact legislation that requires all age groups to wear helmets. Some education programs are available.
New Brunswick	Excellent	Excellent	Meets all CPS recommendations.
Nova Scotia	Excellent	Excellent	Meets all CPS recommendations.
Prince Edward Island	Excellent	Excellent	Meets all CPS recommendations.
Newfoundland and Labrador	Poor	Poor	Enact legislation that requires all age groups to wear helmets.
Yukon	Poor	Poor	Enact legislation that requires all age groups to wear helmets.
Northwest Territories	Poor	Poor	Enact legislation that requires all age groups to wear helmets.
Nunavut	Poor	Poor	Enact legislation that requires all age groups to wear helmets.

Excellent: Province/territory has legislation requiring all cyclists to wear helmets, with financial penalties for non-compliance. Parents are responsible for ensuring their child wears a helmet.
Good: Province/territory has legislation requiring all cyclists under 18 years of age to wear a helmet.
Poor: Province/territory has no legislation on bike helmets.

Injury Prevention

All-terrain vehicle (ATV) safety legislation

ATVs are used widely in rural Canada for recreation, work and transportation. These vehicles are dangerous when used by children and young adolescents, who tend to take more risks and lack the experience, physical size and strength, and cognitive and motor skills to operate an ATV safely.

There was a 31% increase in hospitalizations for ATV injuries across Canada between the years 2001-2002 and 2009-2010.[60] The number of serious injuries involving ATVs is growing faster than for any other major wheel- or water-based activity,[61] with almost 20% of injuries involving trauma to the head.[62] A recent study in Alberta showed that serious ATV injuries contributed to health care costs in excess of $6.5 million.[63]

Surveys in the U.S. and Canada show that youth rarely follow best practices for ATV use, with less than 50% and as few as 24% of those surveyed wearing helmets consistently, and less than one-quarter taking safety training courses.[64] There is little evidence that youth-sized vehicles with limited speed capacity are safer. The risk to a child or youth operating a youth model ATV is still almost twice as high as that of an adult on a larger machine.

One year after Nova Scotia restricted children under the age of 14 years from operating ATVs, there was a 50% reduction in ATV-related injuries for that age group.[65]

The CPS is disappointed by the lack of comparable legislation in most jurisdictions to date, and urges provincial and territorial governments to introduce and enforce off-road vehicle legislation that—at minimum—requires:

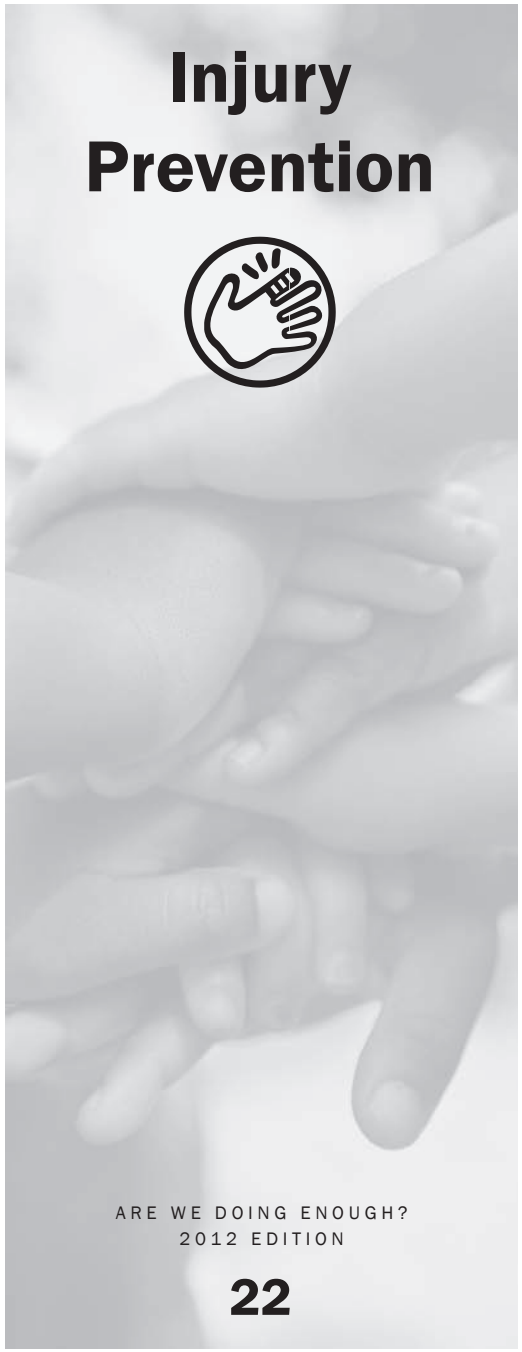
- an operator to be **at least** 16 years of age,
- restricting the number passengers to the maximum for which the vehicle was designed,
- the compulsory use of helmets and other protective clothing,
- no operation while under the influence of alcohol or other substances, and
- mandatory approved training and vehicle registration.

All-terrain vehicle (ATV) safety legislation

Province/Territory	2009 Status	2011 Status	Recommended actions
British Columbia	Poor	Fair	Prohibit ATV use for children and youth under age 16 on both private and public lands. Helmet use and vehicle training are already mandatory.
Alberta	Poor	Poor	Prohibit ATV use for children and youth under age 16. Make helmet use and vehicle training mandatory.
Saskatchewan	Fair	Fair	Prohibit ATV use for children and youth under age 16 on both private and public lands. Make helmet use mandatory on private land as well as public land, and institute mandatory safety training.
Manitoba	Fair	Fair	Prohibit ATV use for children and youth under age 16 on both private and public lands. Make helmet use and vehicle training mandatory.
Ontario	Fair	Fair	Prohibit ATV use for children and youth under age 16 on both private and public lands. Make helmet use mandatory on private land as well as public land, and institute mandatory safety training.
Quebec	Good	Good	Prohibit ATV use, regardless of the size of the machine, for children and youth under age 16. Helmet use and vehicle training are already mandatory.
New Brunswick	Fair	Fair	Prohibit ATV use for children and youth under age 16 on both public and private lands. Helmet use and vehicle training are already mandatory.
Nova Scotia	Fair	Fair	Prohibit ATV use for children and youth under age 16 on both public and private lands. Helmet use and vehicle training are already mandatory.
Prince Edward Island	Fair	Fair	Prohibit ATV use for children and youth under age 16 on both private and public lands. Helmet use and vehicle training are already mandatory.
Newfoundland and Labrador	Good	Good	Prohibit ATV use for children and youth under age 16 rather than 14 years. Helmet use is already mandatory. Institute mandatory safety training.
Yukon	Poor	Poor	Prohibit ATV use for children and youth under age 16. Make helmet use and vehicle training mandatory.
Northwest Territories	Fair	Fair	Prohibit ATV use for children and youth under age 16. Helmet use is already mandatory. Institute mandatory safety training.
Nunavut	Fair	Fair	Prohibit ATV use for children and youth under age 16. Helmets are already mandatory. Institute mandatory safety training.

Excellent: Province/territory has banned ATV operation for children under 16 years old and made driver education and helmet use mandatory.
Good: Province/territory has banned ATV operation for children under 14 years old and made driver education and helmet use mandatory.
Fair: Province/territory requires some adult supervision of children under 15 years old and restricts where youth under 16 years can operate an ATV.
Poor: Province/territory has no ATV legislation, or the minimum operating age is low.

Injury Prevention



Booster seat legislation

Motor vehicle collisions are the leading cause of death among Canadian children over one year of age.[66,67] Child passenger restraints reduce the risk of serious injury by between 40% and 60%.[68,69] In fact, improved car seat design and the increased use of child restraints resulted in a 50% drop in the number of child passengers who died in motor-vehicle accidents between 1993 and 2006.[70]

Although all provinces and territories require by law the use of restraint systems for children up to about 4 years old, children aged 4 to 8 years often graduate prematurely to seat belt use, increasing their risk of injury, disability and death. In a collision, children using seat belts instead of booster seats are 3.5 times more likely to suffer a serious injury and 4 times more likely to suffer a head injury.[71] Yet while 78% of parents support the use of booster seats,[72] only 30% are using them.[73]

The CPS recommends that provinces and territories require children weighing between 18 kg and 36 kg and travelling in a vehicle to be properly secured in a booster seat in the back seat. Legislative changes should be complemented by appropriate enforcement measures and public education programs to ensure that parents adopt and use booster seats properly. Legislation should be uniform across Canada to make it easier for families to comply with regulations.

Booster seat legislation

Province/Territory	2009 Status	2011 Status	Recommended actions
British Columbia	Excellent	Excellent	Meets all CPS recommendations.
Alberta	Poor	Poor	Enact booster seat legislation.
Saskatchewan	Poor	Poor	Enact booster seat legislation.
Manitoba	Poor	Fair	Enact booster seat legislation for children weighing 22 kg to 36 kg.
Ontario	Excellent	Excellent	Meets all CPS recommendations.
Quebec	Good	Good	Revise legislation to provide for a child's height (a minimum 145 cm) as well as weight.
New Brunswick	Excellent	Excellent	Meets all CPS recommendations.
Nova Scotia	Excellent	Excellent	Meets all CPS recommendations.
Prince Edward Island	Excellent	Excellent	Meets all CPS recommendations.
Newfoundland and Labrador	Excellent	Excellent	Meets all CPS recommendations.
Yukon	Fair	Fair	Enact booster seat legislation for children weighing 22 kg to 36 kg.
Northwest Territories	Poor	Poor	Enact booster seat legislation.
Nunavut	Poor	Poor	Enact booster seat legislation.

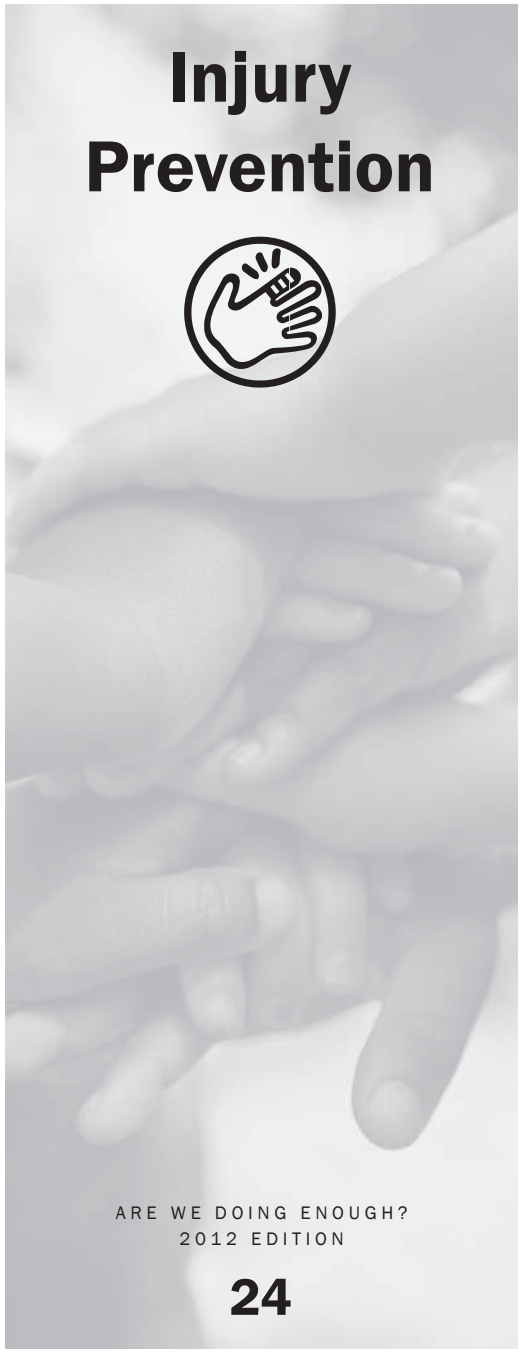
Excellent: Province/territory has legislation in place requiring children to be in an approved booster seat until they reach the height of 145 cm or 9 years of age, *and* a weight minimum of 18 kg to 36 kg. Public education programs are in place.

Good: Province/territory has legislation in place requiring children to be in an approved booster seat until they reach the height of 145 cm or an age specified as less than 9 years, and a weight minimum of 18 kg to 22 kg. Public education programs are in place.

Fair: Province/territory requires the use of a booster seat after children have outgrown their front-facing safety seat, but legislation is based on age and/or weight criteria without mentioning height. Public education programs are in place.

Poor: Province/territory has no booster seat legislation for children weighing over 18 kg.

Injury Prevention



Snowmobile safety legislation

In Canada, snowmobiling has the highest rate of serious injury of any popular winter sport, with younger people the most likely victims of such injuries. Head injuries are the leading cause of mortality and serious morbidity associated with snowmobiling. Such injuries usually happen when snowmobiles collide or overturn during operation. Children have also been injured while being towed by snowmobiles in a variety of devices.

No uniform code of provincial or territorial law governs the use of snowmobiles by children and youth, making it confusing for parents, who may cross provincial/territorial boundaries while snowmobiling.

There is little evidence to support the effectiveness of operator safety certification, and no research on its influence on snowmobile-related injuries to people younger than 16 years old. Also, many children and adolescents do not have the required strength and skills to operate a snowmobile safely.

The Canadian Paediatric Society recommends that children and youth under 16 years of age not be permitted to operate snowmobiles.[74] Snowmobiles should not be used to tow anyone on a tube, tire, sled or saucer. The CPS also recommends a graduated licensing program for snowmobilers 16 years of age and older.

Snowmobile safety legislation

Province/Territory	2009 Status	2011 Status	Recommended actions
British Columbia	Poor	Poor	Enact snowmobile safety legislation.
Alberta	Poor	Poor	Prohibit youth under age 16 from operating a snowmobile. Mandate helmet use and safety courses.
Saskatchewan	Good	Good	Prohibit youth 12 to 16 years of age from operating a snowmobile and make helmet use mandatory in all situations.
Manitoba	Fair	Fair	Prohibit youth under age 16 from operating a snowmobile. Make helmet use and safety training mandatory in all situations.
Ontario	Fair	Fair	Prohibit youth under 16 from operating snowmobiles and make helmets and safety training mandatory in all situations.
Quebec	Excellent	Excellent	Meets all CPS recommendations.
New Brunswick	Good	Good	Prohibit youth under age 16 from operating a snowmobile. Helmet use and safety training are mandatory.
Nova Scotia	Good	Good	Prohibit youth under age 16 from operating a snowmobile. Helmet use and safety training are mandatory.
Prince Edward Island	Fair	Good	Prohibit youth 14 to 16 years of age from operating a snowmobile and mandate safety training. Helmet use is mandatory.
Newfoundland and Labrador	Poor	Fair	Prohibit youth 12 to 16 years of age from operating a snowmobile and mandate safety training. Helmet use is mandatory.
Yukon	Fair	Good	Prohibit youth under age 16 from operating a snowmobile and mandate safety training. Helmet use is mandatory.
Northwest Territories	Fair	Fair	Prohibit youth under age 16 from operating a snowmobile. Make helmet use and safety training mandatory in all situations.
Nunavut	Fair	Fair	Prohibit youth under age 16 from operating a snowmobile. Make helmet use and safety training mandatory in all situations.

Excellent: Province/territory has snowmobile safety legislation prohibiting children under 6 years old as passengers, and youth under 16 years old from operating snowmobiles for recreational purposes. Youth 16 years and over with a graduated driver's licence may operate snowmobiles after completing an approved training program. Helmets are mandatory.

Good: Province/territory has snowmobile safety legislation with a minimum driver age of 14 years, requires drivers to complete an approved training program, and places restrictions on snowmobile use. Helmets are mandatory.

Fair: Province/territory has some requirement for adult supervision of children and youth under 15 years old, and restricts where youth under 16 years can operate a snowmobile. Helmets are mandatory.

Poor: Province/territory has no legislation covering the use of snowmobiles by children and youth, or the minimum age for operating a snowmobile is less than 14 years.

Best Interests of Children and Youth

Child poverty reduction

There is ample evidence that child poverty can lead to poor health outcomes during adulthood, including cardiovascular disease and stroke, type II diabetes and mental health issues.[75] Family socioeconomic status is the primary marker for health disparities among Canadian children and youth.[76,77] Poor children are at greater risk of low birthweight (<2500 grams) and typically have higher rates of death and illness, lower rates of growth, and more behavioural and developmental problems.[78,79] They may also achieve lower levels of education, thus increasing the likelihood of lifelong poverty.[80]

Despite a unanimous resolution in the House of Commons in 1989 to end child poverty by the year 2000, the gap between rich and poor has widened over the past 20 years.[81] The percentage of Canadian children living in poverty in 2009 (9.5%) was only slightly lower than in 1989 (11.8%) (after-tax figures).[82] In 2009, the first full year following the recession of 2008, 639,000 children still lived in poverty.[83]

Poverty is not a given. It can be eliminated, or at least drastically reduced. Government legislation plays a large role, as shown by the fact that Quebec and Newfoundland and Labrador, which have had poverty reduction strategies in place for a number of years, show reduced poverty rates.[84]

Certain groups continue to be over-represented, including Aboriginal children (1 in 4 lived in poverty in 2008) and single-parent families (more than half of single moms with children under 6 live in poverty). Children with disabilities and children whose families have emigrated recently are also at higher risk of growing up poor.[85]

Internationally, Canada ranked 20th out of 30 wealthy developed nations in child poverty rates as recently as 2007,[86] and has the regrettable distinction of being one of the few nations where child poverty rates were higher than overall poverty rates over the past two decades.[87]

The Canadian Paediatric Society is pleased to see some alleviation of child poverty in a number of provinces and territories. Manitoba and New Brunswick have passed legislation to reduce poverty levels. Prince Edward Island and all three territories are in the process of developing anti-poverty strategies.

The CPS calls upon the remaining provincial governments to set targets and timetables, and for the federal government to show leadership with a national strategy. A number of evidence-based solutions are available, including income support measures, education and job training, and quality child care programs.[88,89] The CPS believes that ending child and youth poverty should receive the same focus as stimulating economic growth. Public accountability is imperative for tracking progress on this critical health issue.

Child poverty reduction

Province/Territory	2009 Status	2011 Status	Recommended actions
British Columbia	Poor	Poor	Develop both legislation and a strategy to reduce poverty.
Alberta	Poor	Poor	Develop both legislation and a strategy to reduce poverty.
Saskatchewan	Poor	Poor	Develop both legislation and a strategy to reduce poverty.
Manitoba	Fair	Good	Launched a strategy in 2009 and passed poverty reduction legislation in 2010. Develop specific targets for reducing child poverty.
Ontario	Good	Excellent	Meets all CPS recommendations.
Quebec	Excellent	Excellent	Meets all CPS recommendations.
New Brunswick	Poor	Excellent	Meets all CPS recommendations. Launched a strategy in 2009 and passed poverty reduction legislation in 2010, with specific targets.
Nova Scotia	Fair	Fair	Add specific targets to its strategy for poverty reduction and develop legislation to meet them.
Prince Edward Island	Poor	Poor	Develop both legislation and a strategy to reduce poverty. The province has begun public consultations on poverty reduction.
Newfoundland and Labrador	Excellent	Excellent	Meets all CPS recommendations.
Yukon	Fair	Fair	Finalize strategy and develop poverty reduction legislation with specific targets. A framework for poverty reduction was developed in 2011.
Northwest Territories	Poor	Fair	Develop specific targets for reducing child poverty. Passed poverty reduction legislation in 2010 calling for a strategy.
Nunavut	Poor	Poor	Develop both legislation and a strategy to reduce poverty. Public consultations on poverty reduction are underway.

Excellent: Province/territory has had anti-poverty legislation promoting long-term action and government accountability for at least three years, and has a poverty reduction strategy with specific targets.
Good: Province/territory has a comprehensive poverty reduction strategy with specific targets.
Fair: Province/territory has a poverty reduction strategy or legislation but without specific targets.
Poor: The province territory has no anti-poverty legislation or poverty reduction strategy.

Best Interests of Children and Youth

Jordan's Principle

Jordan's Principle is a child-first policy principle intended to resolve jurisdictional disputes within and between federal and provincial/territorial governments. It applies to all government services for children, youth and families, including health. When a jurisdictional dispute arises around providing any service to a Status Indian or Inuit child, Jordan's Principle requires that the government department of first contact pay for the service without delay or disruption. The paying government can then refer the matter to intergovernmental authorities to pursue repayment of the expense.

Jurisdictional disputes involving the costs of caring for First Nations children are common, with nearly 400 occurring in 12 First Nations child and family service agencies sampled in one year alone.[90] Recently, a Nova Scotia mother and her Band Council filed a court proceeding against the federal government to enforce the rights of her son to equal care and services.[91]

Jordan's Principle honours a young First Nations child from Norway House, Manitoba, who was born with complex medical needs and languished in hospital for two years while the federal and provincial governments argued over who would pay for his at-home care. Jordan died in hospital, having never spent a day in a family home.[92]

While almost all provinces and territories have adopted Jordan's Principle, First Nations children continue to be the victims of administrative impasses. The Canadian Paediatric Society urges governments to implement Jordan's Principle without delay, to work in partnership with First Nations communities on its implementation, and to provide First Nations children and youth with the care they are entitled to.

Jordan's Principle

Province/Territory	2009 Status	2011 Status	Recommended actions
British Columbia	Fair	Fair	A child-first policy to resolve jurisdictional disputes involving the care of First Nations children and youth has been introduced and discussions with the federal government are underway. An implementation plan is needed.
Alberta	Poor	Poor	Discussions with the federal government are underway but a child-first policy to resolve jurisdictional disputes involving the care of First Nations children and youth needs to be introduced.
Saskatchewan	Fair	Fair	A child-first policy to resolve jurisdictional disputes involving the care of First Nations children and youth has been introduced and interim implementation received unanimous support from First Nations leaders. An implementation plan is needed.
Manitoba	Fair	Fair	A child-first policy to resolve jurisdictional disputes involving the care of First Nations children and youth has been introduced and discussions with the federal government are underway. An implementation plan is needed.
Ontario	Fair	Fair	A child-first policy to resolve jurisdictional disputes involving the care of First Nations children and youth has been introduced and discussions with the federal government are underway. An implementation plan is needed.
Quebec	Poor	Poor	A child-first policy to resolve jurisdictional disputes involving the care of First Nations children and youth needs to be introduced.
New Brunswick	Poor	Poor	A child-first policy to resolve jurisdictional disputes involving the care of First Nations children and youth needs to be introduced.
Nova Scotia	Good	Good	Tripartite agreement between the federal government, province and Mi'kmaq Family and Children's Services provides a mechanism for dispute-resolution to address children's needs, including special medical requirements.
Prince Edward Island	Poor	Poor	A child-first policy to resolve jurisdictional disputes involving the care of First Nations children and youth needs to be introduced.
Newfoundland and Labrador	Poor	Poor	Discussions with the federal government are underway but a child-first policy to resolve jurisdictional disputes involving the care of First Nations children and youth needs to be introduced.
Yukon	Poor	Poor	A child-first policy to resolve jurisdictional disputes involving the care of First Nations children and youth needs to be introduced.
Northwest Territories	Poor	Poor	A child-first policy to resolve jurisdictional disputes involving the care of First Nations children and youth needs to be introduced.
Nunavut	Poor	Poor	A child-first policy to resolve jurisdictional disputes involving the care of First Nations children and youth needs to be introduced.

Excellent: Province/territory has adopted and implemented a child-first principle to resolve jurisdictional disputes involving services provided to First Nations children and youth.
Good: Province/territory has a dispute resolution process with a child-first principle for resolving jurisdictional disputes involving the care of First Nations children and youth.
Fair: Province/territory has adopted a child-first principle to resolve jurisdictional disputes involving services for First Nations children and youth, but has not yet developed or implemented specific strategy.
Poor: Province/territory has not adopted a child-first principle.

Best Interests of Children and Youth

Child and youth advocate

Canada signed the United Nations Convention on the Rights of the Child over 20 years ago (in May 1990), agreeing to protect and ensure children's rights. That commitment also acknowledges our obligation to ensure that all children are provided with the opportunities they need to develop cognitively, physically, socio-emotionally and spiritually.[93] After all this time, there is still no federal child and youth advocate in Canada to hold the government accountable for this commitment, nor any system of monitoring that includes early childhood outcomes.

With the exceptions of the Northwest Territories, Nunavut and Prince Edward Island, all provinces and territories now have child and youth advocates who focus mainly on children and youth in care. UNICEF notes that "The main task for such institutions is … ensuring that rights are translated into law, policy and practice."[94]

International literature on child advocacy has determined that the most effective advocates are independent from government and act as stand-alone agencies. A recent review of child advocacy offices found that British Columbia, New Brunswick, Newfoundland and Labrador, Ontario and Saskatchewan had the most successful child advocacy offices, judging by their powers and level of activity.[95] The advocates in Manitoba, Ontario and Saskatchewan have had the most successes in terms of influencing systemic reforms, legislation and policy.

Nevertheless, these offices focus on children and youth in care, while the Canadian Paediatric Society contends that to be truly effective, the mandate of each child advocate must include all children and youth.

At the federal level, a 2007 Senate committee on human rights recommended that Canada establish an independent Children's Commissioner to monitor the protection of children's rights and to ensure that the federal government is held publicly accountable for fulfilling its responsibilities with respect to child and youth protection.[96] This recommendation remains unaddressed.

Child and youth advocate

Province/Territory	2009 Status	2011 Status	Recommended actions
British Columbia	Good	Good	Grant the advocate the power to ensure compliance with findings/recommendations.
Alberta	Fair	Fair	Ensure advocate is able to represent all children and youth who receive government services and reports directly to legislature. Pass proposed legislation to grant power to initiate systematic reviews and monitoring of child welfare system.
Saskatchewan	Good	Good	Grant the advocate the power to ensure compliance with findings/recommendations. Proposed new legislation will strengthen office.
Manitoba	Good	Good	Grant the advocate the power to ensure compliance with findings/recommendations and to represent all children and youth who receive government services.
Ontario	Good	Good	Grant the advocate the power to ensure compliance with findings/recommendations and to represent all children and youth who receive government services.
Quebec	Fair	Fair	Establish a child and youth advocate in addition to the Commission des droits de la personne et des droits des jeunes, with the power to ensure compliance with findings/recommendations.
New Brunswick	Good	Good	Grant the advocate the power to ensure compliance with findings/recommendations.
Nova Scotia	Fair	Fair	Establish a child and youth advocate in addition to the Youth Service Division of the Ombudsman's Office, with the power to ensure compliance with findings/recommendations.
Prince Edward Island	Poor	Poor	Establish an independent child and youth advocate.
Newfoundland and Labrador	Good	Good	Grant the advocate the power to ensure compliance with findings/recommendations.
Yukon	Fair	Fair	Implement the Child and Youth Act (2009).
Northwest Territories	Poor	Poor	Establish an independent child and youth advocate.
Nunavut	Poor	Poor	Establish an independent child and youth advocate.

Excellent: Province/territory has a child and youth advocate who is independent, reports to the legislature, and has broad-based powers to monitor, investigate and ensure compliance with findings/recommendations at both the individual and systemic levels.

Good: Province/territory has a child and youth advocate who reports to a government minister and has limited powers to monitor, investigate and implement recommendations concerning child/youth welfare at both the individual and systemic levels.

Fair: Province/territory has a child and youth advocate who reports to a government minister and has limited powers to investigate the welfare of individual children and youth in care, but cannot address systemic issues.

Poor: Province/territory has no child and youth advocate.

Federal Government Policies and Programs

Federal leadership has the potential to make major, long-term improvements in the health and well-being of Canada's youngest citizens.[97]

In the areas of early child development and injury prevention, the federal government could strengthen the efforts of provinces/territories if it provided national research and surveillance, a national strategy that would be implemented at the provincial/territorial level, and public education programs to raise awareness of such initiatives.

To address child and youth poverty, the federal government has a pivotal role to play through its fiscal and social policies, including income security, social programs and incentives for action. It can also support parental and community capacity, generate and transfer knowledge, build societal support for action on the determinants of health, and foster action among different sectors. The federal government has direct fiscal obligations to two groups with especially pressing needs: First Nations and Inuit children and youth.

Having access to quality early learning and child care is too important for families to be subject to the vagaries of competing government positions. In a country of nearly 5 million children aged 0 to 12, there are at present fewer than 90,000 regulated child care spaces. The vast majority of families find child care expensive and hard to access. Among 37 OECD nations, Canada places second-to-last in spending on child care and pre-primary education.[98]

Yet one recent Quebec study showed that their provincially funded early learning and child care (ELCC) program more than pays for itself in increased tax revenue.[99] By 2008, the number of working women in Quebec had grown by almost 4%, increasing provincial GDP by $5.2 billion (1.7%). For every dollar spent on ELCC, the provincial government recouped $1.05, and the federal government received $0.44 in tax revenue without contributing to the provincial program.

The Canadian Paediatric Society continues to call on the federal government to implement a national child care strategy, with an integrated system of services that are universal and publicly funded.

A Canadian Commissioner for Children and Youth would consider the needs of children and youth in all federal government initiatives and policies affecting them. The Canadian Paediatric Society continues to recommend the immediate establishment of this position.

Federal government policies and programs			
	2009 Status	**2011 Status**	**Comments**
National Immunization Strategy	Good	Good	Ensure sustainable funding for full implementation of the National Immunization Strategy, including a national registry and a harmonized immunization schedule.
Measures to prevent and reduce adolescent smoking	Good	Good	Renew the Federal Tobacco Control Strategy. Work with youth, provincial/territorial governments and non-governmental organizations to develop programs and approaches that will decrease youth smoking rates further and reduce the availability of contraband tobacco.
Child and youth mental health	Fair	Fair	Work with provincial/territorial governments, the Mental Health Commission of Canada and non-governmental organizations to develop a strategy based on the Evergreen Framework (see endnote 37).
Injury prevention	Poor	Poor	Work with provincial/territorial governments and non-governmental organizations to develop a national strategy.
Child and youth poverty	Fair	Fair	Develop a national poverty reduction strategy that goes beyond the current Universal Child Care Benefit and other income assistance for families with young children.
Early childhood development	Poor	Poor	Work with provinces/territories and non-governmental organizations to develop a national early years strategy, with a monitoring component and an enhanced 18-month visit for all Canadian children.
Jordan's Principle	Fair	Fair	Finalize arrangements with all provinces and territories to adopt a child-first approach for resolving jurisdictional disputes when the care of First Nations children and youth is at issue.
Commissioner for Children and Youth	Poor	Poor	Legislate the establishment of this office.
Early learning and child care	Poor	Poor	Develop a national early childhood education and child care strategy. Ensure that provincial/territorial services are integrated, regulated, publicly funded and universally accessible.

Endnotes

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