2007 Edition

Are We Doing Enough?

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

Canadian Paediatric Society

Société canadienne de pédiatrie

P-772-20

Disease Prevention

Health Promotion

Injury Prevention

Best Interests of Children and Youth

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ISSN 1913-5645

Development of this report was funded through Healthy Generations: The foundation of the Canadian Paediatric Society

Cette publication est aussi disponible en français sous le titre : *En faisons-nous assez? Un rapport de la situation des politiques publiques canadiennes et de la santé des enfants et des adolescents*

Background

Protecting the health and safety of Canadian children and youth is a collective responsibility. It starts with parents and caregivers making informed decisions that foster their children's healthy growth and development and keep them safe. At the broadest level, it involves governments creating public policy that safeguards and enhances the health and safety of its youngest citizens.

Legislation and public policy cannot address every child and youth health issue. But there are many areas where government action is critical, indeed, where it can save lives. Consider the impact of seat belt laws, or measures to fortify certain foods with disease-preventing vitamins and minerals. Public policy is a powerful tool to promote health and safety. Yet all too often the needs of children and youth don't rise to the top of the public policy agenda.

In 2005, the Canadian Paediatric Society published the first edition of *Are We Doing Enough?* to encourage policy-makers to critically examine their progress on child and youth issues, and to make changes where improvements were needed. The report sparked discussion and, in many cases, action.

Two years later, this second edition looks at the extent to which progress has been made on the issues originally assessed, and introduces new measures of child and youth health and well-being, including mental health. Recognizing the role that the federal government plays in providing national leadership on issues affecting the health and well-being of children and youth, we have introduced a section of this report to evaluate Ottawa's progress in several critical areas.

This report looks at public policy in four major areas:

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

Each of the indicators was chosen because it is backed by evidence of the need for and effectiveness of government intervention.

Information is current as of June 8, 2007, and was obtained from government documents, websites and personal correspondence.

Summary

No one expects governments to be authorities in child and youth health. But we do expect them to act when there is something they can do to promote the health and protect the safety of children and youth. Action should follow awareness, but that is not always the case.

Planning for the needs of children and youth must be an integral part of every government's long-term view. Without an eye to the future, the health of kids is at risk. Despite years of warnings from the Canadian Paediatric Society of the impending shortage of paediatricians, not one province or territory has a published paediatric human resources plan. That means there may not be enough child health specialists to meet the needs of children and youth in the coming years.

Mental health problems threaten to become the next paediatric epidemic: 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. Still, too few provinces and territories have developed a comprehensive child and youth mental health care plan, or have taken any action to reduce waiting times for services. Delays in mental health treatment and services for children and youth have the potential for serious and lasting consequences for both individual families and the broader community. Yet the national debate on wait times has focused almost exclusively on physical health conditions affecting adults.

When child and youth health is viewed through a narrow lens, as distinct problems to be solved one at a time, we fail to see the complex network of forces and relationships that influence the health and well-being of children and youth. Only with a holistic view can we ensure that children and youth have the best possible chance to grow and develop to their full potential.

If governments don't take this approach on their own, then there must be pressure for them to do so. That's why the CPS initiated this status report, and why this edition calls for expanded mandates for provincial/territorial Child and Youth Advocates and the creation of a federal Commissioner for Children and Youth. These critical positions must be independent voices that have the power to ensure governments are accountable to every child and youth they serve.

We know that sustained advocacy produces results. In recent years, much progress has been made in protecting children and youth from vaccine-preventable diseases. With only a few exceptions, children and youth across Canada have publicly-funded access to all vaccines recommended by the Canadian Paediatric Society. Thanks in part to the National Immunization Strategy and the efforts of health professionals across the country, the disparity in access that existed only a few years ago has all but been eliminated.

Slow but steady improvements are also evident in obesity prevention. More provinces and territories now mandate schools to provide physical education, though very few require it to be daily (for at least 150 minutes a week) or taught by qualified instructors. Although junk food is slowly making its way out of

schools, more must be done to ensure all students have access to a range of affordable, healthy food choices that will help them learn and grow.

Recognizing the harmful effects of second-hand smoke and the role of strong public policy in preventing and reducing smoking rates, more provinces and territories now have smoking bans in public places. Some still permit exceptions or separate smoking rooms, and the CPS will continue to advocate that all public places in Canada be smoke-free.

Two indicators from the 2005 status report that are not included in this edition are graduated licence legislation and over-the-counter availability of emergency contraception. All provinces and territories have implemented policies and programs in these areas.

Yet in injury prevention, where strong legislation can net huge gains (take seat belts, for example), there is an appalling patchwork of policy that threatens the safety and security of children and youth. Not only is there a lack of harmonized legislation across the country, even within provinces and territories there is no consistent approach to injury prevention. British Columbia, for instance, has laws and enforcement programs to mandate bike helmet use, but has no legislation on the use of ATVs. So while a 6-year-old in B.C. has to wear a bike helmet, there is nothing preventing him from driving an off-road vehicle (without a helmet). Quebec, on the other hand, has the best record on all-terrain vehicle safety legislation, but does not require cyclists of any age to wear bike helmets.

In fact, seven provinces and territories have no legislation on bicycle helmets, although bike injuries are the third leading cause of injury among children 10 to 14 years old, and despite evidence that helmets reduce the risk of brain injury by 88%. When it comes to booster seats, which have been shown to prevent injury among young children who graduate too soon to seat belts, only Ontario and Nova Scotia have adequate legislation in place, with B.C.'s laws scheduled to take effect in 2008. Only Quebec prohibits children younger than 16 years from driving snowmobiles, an activity associated with the highest rate of injury of any winter sport.

Why such disparities? In the area of safety, one answer might be the lack of a National Injury Prevention Strategy. Canada ranks 14th among 26 OECD countries in deaths from accidents and injuries among children and youth.[1] As evidenced by the immunization experience, a federal initiative that takes a comprehensive view and supports provinces and territories in delivering public programs leads to better outcomes for children and youth.

The public policy agenda is ever-changing. Affected by the government of the day, the will of voters, and events beyond our borders, it can be difficult to predict which issues will dominate, even in the short-term. But the health and well-being of Canada's children and youth cannot depend on unpredictable forces. Governments must develop mechanisms to systematically evaluate and assess all policies and programs that affect children and youth—regardless of what ministry or department they come from. Children and youth deserve no less.

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1. UNICEF, Child poverty in perspective: An overview of child well-being in rich countries. Innocenti Report Card 7, 2007. UNICEF Innocenti Research Centre, Florence.

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Publicly-funded immunization programs

Immunization is one of the major public health success stories 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 Canadian Paediatric Society (CPS) and the National Advisory Committee on Immunization (NACI) also recommend that children be immunized against varicella (chickenpox), adolescent pertussis (whooping cough), certain forms of meningitis (meningococcal and pneumococcal infections), and influenza.

Coverage of these five most recently recommended vaccines is not yet universal across the country. While most provinces and territories offer all vaccines, not all are administering them according to the schedule recommended by the CPS and NACI. Ongoing surveillance is needed to ensure that all children and youth are adequately protected.

While the disparity in vaccine access among provinces and territories has narrowed in recent years, harmonization of schedules across the country still remains elusive.[1]

Excellent: Province/territory provides meningococcal, adolescent pertussis, pneumococcal, varicella and influenza 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 five vaccines, but some are not provided according to the schedule recommended by the Canadian Paediatric Society and the National Advisory Committee on Immunization.

Fair: Province/territory offers four of the five recommended vaccines, but the schedule does not match that recommended by the Canadian Paediatric Society and the National Advisory Committee on Immunization.

Poor: Province/territory only offers three or fewer of the recommended vaccines.

1. Canadian Paediatric Society, Infectious Diseases and Immunization Committee. Immunization Update 2005: Stepping forward. Paediatr Child Health, 2005;10(6):315-316.

Publicly-funded immunization programs			
Province / Territory	**2005 Status**	**2007 Status**	**Comments**
British Columbia	Good	Good	Provides coverage for all five recommended vaccines but meningococcal vaccine is not given according to CPS and NACI recommendations.
Alberta	Excellent	Excellent	Provides coverage for all five recommended vaccines according to CPS and NACI recommendations.
Saskatchewan	Good	Good	Provides coverage for all five recommended vaccines, but meningococcal vaccine is not given according to CPS and NACI recommendations.
Manitoba	Good	Good	Provides coverage for all five recommended vaccines, but meningococcal and pneumococcal vaccines are not given according to CPS and NACI recommendations.
Ontario	Good	Good	Provides coverage for all five recommended vaccines, but meningococcal vaccine is not given according to CPS and NACI recommendations.
Quebec	Fair	Good	Provides coverage for all five recommended vaccines, but meningococcal and pneumococcal vaccines are not given according to CPS and NACI recommendations.
New Brunswick	Good	Good	Provides coverage for all five recommended vaccines, but meningococcal vaccine is not given according to CPS and NACI recommendations.
Nova Scotia	Good	Good	Provides coverage for all five recommended vaccines, but meningococcal vaccine is not given according to CPS and NACI recommendations.
Prince Edward Island	Good	Fair	Provides coverage for four of the five recommended vaccines. Meningococcal vaccine is not given according to CPS and NACI recommendations. A fee is applied for the administration of the influenza vaccine for infants aged 6-23 months.
Newfoundland and Labrador	Good	Good	Provides coverage for all five recommended vaccines, but meningococcal vaccine is not given according to CPS and NACI recommendations.
Yukon	Fair	Good	Provides coverage for all five recommended vaccines, but meningococcal and pneumococcal vaccines are not given according to CPS and NACI recommendations.
Northwest Territories	Fair	Good	Provides coverage for all five recommended vaccines, but meningococcal vaccine is not given according to CPS and NACI recommendations.
Nunavut	Fair	Good	Provides coverage for all five recommended vaccines, but meningococcal vaccine is not given according to CPS and NACI recommendations.

Measures to prevent and reduce adolescent smoking

The CPS encourages provinces and territories to create and enforce laws that ensure all public places are smoke-free. Besides protecting both children and adults from second-hand smoke, and sending a clear public health message, there is evidence that these policies also encourage some smokers to quit for good.[1]

Adolescent consumption of tobacco is price sensitive.[2] Driven partly by provincial/territorial taxes, the price of cigarettes is one indication of how aggressively governments are trying to discourage smoking.

Provinces and territories with tough legislation appear to be showing results. In New Brunswick, the rate of smoking among youth aged 15 to 19 years fell from 30% in 1999 to 13% in 2005. And in Nova Scotia, the 2005 rate was 18%, down from 27% in 1999.[3]

Excellent: Province/territory has a smoking ban in all public places. Cost of a carton of 200 cigarettes is in the most expensive quartile. The province/territory has prevention programs specific to youth.

Good: Province/territory has passed legislation for a smoking ban in all public places to come into effect in the next 12 months. Cost of 200 cigarettes is in the second most expensive quartile.

Fair: Province/territory has legislation banning smoking in some but not all public places. Cost of 200 cigarettes is in the third most expensive quartile.

Poor: Province/territory does not have a smoking ban. Cost of 200 cigarettes is in the bottom quartile.

1. Moher M et al. Workplace interventions for smoking cessation. Cochrane Database Syst Rev 2003; (2):CD003440.

2. Canadian Paediatric Society, Drug Therapy and Hazardous Substances Committee. Effect of changes in the price of cigarettes on the rate of adolescent smoking. Paediatr Child Health 1998;3(2):97-8.

3. Physicians for a Smoke-Free Canada. Number of Smokers in Canada, 1999-2005. October 2006. Accessed at: www.smoke-free.ca/factsheets/pdf/Smokingrates.pdf

Measures to prevent and reduce adolescent smoking

Province / Territory	2005 Status	2007 Status	Comments
British Columbia	Fair	Good	Province-wide smoking ban in public places starts in 2008. Cost of 200 cigarettes is $79.84. Has public health programs to prevent smoking among children and youth.
Alberta	Fair	Good	Legislation only applies to locations where people under 18 may enter, though legislation for a province-wide ban in public places was introduced in May 2007. Cost of 200 cigarettes is $87.61. Has a tobacco reduction strategy.
Saskatchewan	Excellent	Excellent	Province-wide smoking ban in public places. Cost of 200 cigarettes is $84.15. Has public health programs to reduce smoking aimed specifically at youth.
Manitoba	Excellent	Excellent	Province-wide smoking ban in public places. Cost of 200 cigarettes is $84.15. Public health programs to reduce smoking include ones developed with input from youth.
Ontario	Good	Good	Legislation for a province-wide smoking ban in public places enacted May 31, 2006. Cost of 200 cigarettes is $67.97, second lowest in Canada. Has public health promotion programs aimed at youth.
Quebec	Poor	Good	Legislation for a province-wide smoking ban in public places enacted May 31, 2006. Cost of 200 cigarettes is $63.28, the lowest in Canada. Has public health programs to reduce smoking.
New Brunswick	Good	Excellent	Has a province-wide smoking ban in public places. Cost of 200 cigarettes is $71.67. Has public health programs to reduce smoking including some specifically for youth.
Nova Scotia	Good	Excellent	Legislation enacted December 1, 2006 bans smoking in all indoor public places and many outdoor public places. Cost of 200 cigarettes is $80.34. Has public health programs aimed at reducing smoking.
Prince Edward Island	Good	Good	Province-wide smoking ban in public places, though separate smoking rooms are permitted. Cost of 200 cigarettes is $78.88. Has some public health programs to reduce smoking.
Newfoundland and Labrador	Good	Good	Province-wide smoking ban in public places currently permits separate smoking rooms, though a ban in all public places is under consideration. Cost of 200 cigarettes is $84.89. Public health programs to reduce smoking include some youth-specific initiatives.
Yukon	Poor	Fair	Proposed legislation would ban smoking in all public places. Cost of 200 cigarettes is $69.79, the third lowest in Canada. Has smoking prevention and reduction strategies aimed at youth.
Northwest Territories	Fair	Excellent	Tobacco Control Act prohibits smoking in all public places, and puts restrictions on sale of tobacco products. Workers' Compensation Board banned smoking from all workplaces in 2005. Cost of 200 cigarettes is $86.48. Has smoking prevention and reduction strategies aimed at youth.
Nunavut	Fair	Good	Legislation bans smoking in public spaces with the exception of bars and restaurants. Cost of 200 cigarettes is $74.92. Has public health programs aimed at reducing smoking among youth.

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Pandemic influenza planning

Influenza is a respiratory infection that causes an annual epidemic of illness. Because influenza viruses change—often from year to year—immunity to influenza does not last long. From time to time, there is a major change in the influenza virus such that no one is immune. When this happens, large numbers of people of all ages all around the world become sick with the flu within a few months, resulting in a pandemic.

Around the world, local, regional and national jurisdictions are planning for the inevitable surge of illness, shortage of human and material resources, and societal disruption that would result from a pandemic. Protecting children and youth from illness and ensuring their daily needs are met—whether they are sick or healthy—are essential elements of a comprehensive pandemic plan. As child and youth health specialists, paediatricians play a critical role in the development and execution of pandemic plans.[1]

Excellent: Province/territory has a pandemic influenza plan that includes: contingencies for school/child care closings and for supporting children/youth whose parents are hospitalized or deceased, an outbreak immunization plan specific to children/youth, and recognition of the leadership role of community paediatricians and the specific role of tertiary paediatric centres.

Good: Province/territory has a pandemic influenza plan that includes: contingencies for school/child care closings and for supporting children/youth whose parents are hospitalized or deceased, and an outbreak immunization plan specific to children/youth.

Fair: Province/territory has a pandemic influenza plan with contingencies for school/child care closings, including parent education.

Poor: Province/territory has a pandemic influenza plan, but there is no specific mention of children/youth.

1. Canadian Paediatric Society, Infectious Diseases and Immunization Committee. Pandemic Influenza Planning and Canada's Children. Paediatr Child Health, 2006;11(6):335-7.

Pandemic influenza planning

Province / Territory	2007 Status	Comments
British Columbia	Good	Pandemic influenza plan includes provisions such as: social services for children whose parents have died from influenza during the pandemic; support for orphaned children; considering whether school-aged children are included in the high priority groups for immunization or antivirals in the early phase of a pandemic; school closures and school absenteeism. The role of paediatricians is not described.
Alberta	Fair	Pandemic influenza plan includes provisions for school and child care closures, and influenza surveillance in schools during an outbreak. The role of paediatricians is not described.
Saskatchewan	Fair	Pandemic influenza plan includes provisions for school and child care closures, and influenza surveillance in schools during an outbreak. The role of paediatricians is not described.
Manitoba	Fair	Pandemic influenza plan includes provisions for school and child care closures, educating parents on child care contingency plans, and testing ill children for influenza. The role of paediatricians is not described.
Ontario	Excellent	Pandemic influenza plan includes provisions for: school and child care closures; influenza care for children; child care for essential workers and children with influenza; processes for immunizing children and communicating age-appropriate information to children and youth; infection control and public health measures to reduce spread among children; psychosocial support for children and families; maintaining obstetrical and paediatric care; and maintaining education. The role of community paediatricians in providing information to patients and as leaders, with other health professionals, is described.
Quebec	Fair	Pandemic influenza plan recognizes young children as a vulnerable group and includes provisions such as surveillance on child / youth hospitalizations and deaths, infection control and prevention measures in schools and child care facilities, and school and child care closures. The role of paediatricians is not described.
New Brunswick	Fair	Pandemic influenza plan includes provisions for school closures and influenza surveillance in schools and child care facilities. The role of paediatricians is not described.
Nova Scotia	Poor	Pandemic influenza plan is in development and will include surveillance and public health measures as well as vaccine and antiviral strategies.
Prince Edward Island	Fair	Pandemic influenza plan includes provisions for school closures and educating parents on having a child care contingency plan. The role of paediatricians is not described.
Newfoundland and Labrador	Poor	Pandemic influenza plan is in development.
Yukon	Poor	Pandemic influenza plan is in development.
Northwest Territories	Fair	Pandemic influenza plan includes provisions for expanded home care and supports such as child care and having acetaminophen for mass immunization clinics. The role of paediatricians is not described.
Nunavut	Poor	Pandemic influenza plan is being updated.

Obesity prevention and promotion of physical activity

According to the Canadian Association of Health and Physical Education, Recreation and Dance, only 20% of Canadian children receive daily physical education, 41% receive one to two days a week, while 10% receive no physical education at all.[1]

The Canadian Paediatric Society recommends that all children and youth have access to quality daily physical education classes (kindergarten to Grade 12) taught by qualified, trained educators. Children and youth should be provided with safe school recreation facilities that have appropriate equipment, ensuring exposure to a wide range of physical activities, especially those encouraging lifestyle changes.

While some provinces and territories have introduced legislation about the types of foods that can be offered in schools, the CPS recommends comprehensive initiatives to serve healthy foods and eliminate the sale of high carbohydrate soft drinks and high fat or sugar snacks in schools.[2]

Excellent: Schools are mandated to provide at least 30 minutes of physical activity per day from kindergarten to Grade 12. Schools are also mandated to have healthy nutrition choices in the cafeteria and to ban junk food and sugary drinks.

Good: Schools are required to offer regular but not daily physical activity. Province/territory is considering implementing some nutrition policies.

Fair: Province/territory has begun to research obesity prevention programs but has yet to implement any.

Poor: Schools are neither mandated to have daily physical activity nor to have healthy nutrition choices in the cafeteria.

1. Canadian Association of Health and Physical Education, Recreation and Dance. Time to Move! 2005. Accessed at: www.cahperd.ca/eng/advocacy/tools/documents/timetomoveBW.pdf

2. Canadian Paediatric Society, Healthy Active Living Committee. Healthy active living for children and youth. Paediatr Child Health 2002;7(5):339-345.

Obesity prevention and promotion of physical activity

Province / Territory	2005 Status	2007 Status	Comments
British Columbia	Fair	Good	Physical education mandatory for grades K-10, must be 10% of time. Daily physical activity not mandatory. Junk food will be banned in schools by spring 2007.
Alberta	Good	Good	Physical activity mandatory for grades 1-10, for 30 minutes a day. One course mandatory for high school graduation. Province has initiated work on child and youth nutrition guidelines.
Saskatchewan	Fair	Good	Physical activity mandatory for grades 1-9, for 150 minutes a week. Some physical activity mandatory for high school students. Saskatchewan in Motion aims to ensure all schools have a minimum of 30 minutes activity daily. Nutrition recommendations for schools are in progress.
Manitoba	Fair	Good	Physical activity mandatory in grades 1-9, but not necessarily daily. At least two credits in physical education needed for high school graduation. Healthy schools initiative encourages healthy eating and physical activity. School nutrition guidelines published in 2006. Pilot project on healthy choices for vending machines.
Ontario	Good	Good	Physical activity mandatory through Grade 8, for 20 minutes daily. One course mandatory for high school graduation. Junk food banned from elementary schools. Programs include Eat Smart for cafeterias and funding for communities to introduce healthy food choices in schools.
Quebec	Poor	Good	Mandatory physical education to be taught by qualified teachers from kindergarten through Grade 12. Minimum two hours per week in elementary schools. Vending machines banned in elementary schools.
New Brunswick	Poor	Good	Physical activity mandatory for grades K-8, from 100 to 150 minutes weekly. Healthier Eating and Nutrition in Public Schools policy recommends healthy food choices and bans junk food.
Nova Scotia	Fair	Good	Physical activity mandatory for grades K-9, at least 150 minutes weekly. Food and Nutrition Policy for Nova Scotia Public Schools. Junk food will be phased out by 2009. Active Kids, Healthy Kids strategy promotes healthier lifestyles.
Prince Edward Island	Fair	Good	Physical education mandatory for grades K-9, but not necessarily daily, and optional for grades 10-12. Has developed an Eating Strategy for Island Children.
Newfoundland and Labrador	Poor	Good	Physical education mandatory for grades 1-9, but not necessarily daily, and some required for grades 10-12. New guidelines and healthy schools strategy resulted in healthier options for vending machines. Unhealthy foods must be removed by 2008.
Yukon	Fair	Good	Physical education required for grades K-10, must be 10% of time. Daily physical exercise not mandatory. Some programs to encourage healthier choices for beverages.
Northwest Territories	Good	Good	Mandatory 30 minutes of daily physical activity. High school students must do at least one physical education course. School nutrition program in development.
Nunavut	Poor	Good	Mandatory 30 minutes of daily physical activity. School nutrition improvements under consideration.

Child and youth mental health care planning

Mental health problems among children and youth are predicted to increase by 50% by the year 2020. It is estimated that 14% of children and youth under 20 years old—1.1 million young Canadians—suffer from mental health conditions that affect their daily lives.[1]

In May 2006, a Senate committee chaired by Senator Michael Kirby concluded that "children and youth are at a significant disadvantage when compared to other demographic groups affected by mental illness, in that the failings of the mental health system affect them more acutely and severely."[2]

The Canadian Paediatric Society is calling on the federal government to develop a national and coordinated strategy for mental illness and mental health that includes a specific focus on children and youth. It is also calling on each provincial and territorial government to develop and implement a mental health care plan for children and youth.

Excellent: Province/territory has a comprehensive mental health plan for children and youth with timely access to appropriate mental health professionals, as outlined in a wait time strategy with specific benchmarks. The plan has 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 involved input from community paediatricians and recognizes their role in 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 involved input from community paediatricians and recognizes their role in 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 the delivery of mental health care.

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

1. Waddell C, Offord DR, Shepherd CA, Hua JM and McEwan K. Child Psychiatric Epidemiology and Canadian Public Policy-Making: The State of Science and the Art of the Possible. Canadian Journal of Psychiatry, 2002,47(9):825-832.

2. Standing Senate Committee on Social Affairs, Science and Technology. Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada. Report of the Senate Committee on Social Affairs, Science and Technology. May 2006.

Child and youth mental health care planning

Province / Territory	2007 Status	Comments
British Columbia	Good	A five-year Child and Youth Mental Health Plan addresses treatment and support services, risk reduction and prevention programs, improved family and community capacity, and better systems to coordinate services, monitor outcomes, and ensure public accountability. The plan acknowledges the role of paediatricians in the children's mental health system.
Alberta	Good	A report and framework for child and youth mental health (2006-2016) describes: building capacity to foster mental health; reducing risks; and providing support and treatment for children, youth and their families. Funds have been earmarked to improve the mental health of children and youth and support families and communities. Drafting of wait time standards for children's mental health has begun. Paediatricians are involved in the plan's implementation.
Saskatchewan	Fair	Plan for Child and Youth Mental Health Services (2007) addresses prevention and education, treatment and intervention, building expertise and partnerships, and monitoring and evaluation. The role of paediatricians is not defined.
Manitoba	Fair	No specific children's mental health plan or provincial mental health plan. Some mental health and addictions programs and services targeted at youth. No specific wait time strategy for child and youth mental health.
Ontario	Fair	Policy Framework for Child and Youth Mental Health (2006-2016) will guide changes to the child and youth mental health sector and help other sectors promote child and youth mental health. The role of paediatricians is not defined. No system to monitor children's mental health wait lists.
Quebec	Good	*Plan d'action en santé mentale* (2005-2010) includes a chapter on children and youth with mental health problems. Paediatricians recognized as part of the continuum of mental health services and key community / first-line providers. Plan has established goals and targets for wait times for paediatric psychiatry, and first-line and second-line treatment.
New Brunswick	Poor	No child and youth mental health plan or overall provincial mental health plan. No monitoring of mental health wait times for children and youth.
Nova Scotia	Fair	Standards for Mental Health Services in Nova Scotia (2003) include reference to children and youth. The role of paediatricians is not defined. In Strategic Directions for Nova Scotia's Mental Health System (2005), paediatricians are recognized as key service providers in the specialty areas of neurodevelopmental and eating disorders.
Prince Edward Island	Fair	For Our Children: A Strategy for Healthy Child Development (2000) includes reference to children's mental health. The plan recognizes the need for a broad-based community-wide effort in prevention and early intervention. No information on monitoring mental health wait times for children and youth.
Newfoundland and Labrador	Fair	Working Together for Mental Health: A Provincial Policy Framework for Mental Health and Addictions Services (2005) recognizes children and youth as a specialized population and outlines a range of recommended services. The role of paediatricians is not defined, but there is reference to collaborative service provision. No information on monitoring mental health wait times for children and youth.
Yukon	Poor	No information on a children's mental health plan or overall mental health plan. No information on monitoring of mental health wait times for children and youth.
Northwest Territories	Fair	An integrated framework for child and youth mental health services is in development. No information on the role of paediatricians or monitoring mental health wait times for children and youth.
Nunavut	Fair	An addictions and mental health strategy is underway. No information on a children's mental health plan or monitoring mental health wait times for children and youth.

Paediatric human resources planning

Health care for children and youth is at risk of deteriorating because of a shortage of paediatricians. Surveys by the Canadian Paediatric Society reveal that the paediatric work force is aging, and there aren't enough trainees to replace them. In 2005, about 11% of those surveyed said they will retire by 2010, while another 36% plan to reduce their work hours. Smaller communities are particularly vulnerable: Over 80% of Canadian paediatricians work in towns or cities with populations of over 100,000.[1, 2]

Federal, provincial and territorial paediatric human resources strategies based on the health needs of children and youth must be developed to address issues such as recruitment and retention, human resource planning, and training and professional development.

Excellent: Province/territory has a paediatric human resources plan that is less than three years old, which 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 paediatric section of the provincial/territorial medical association.

Good: Province/territory has a paediatric human resources plan that addresses both generalist and subspecialist supply and demand issues and was developed in the previous 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.

1. Canadian Paediatric Society. 2005 Paediatric Human Resource Survey. Unpublished data.

2. Canadian Paediatric Society. Planning a Healthy Future for Canada's Children & Youth: Report on the 1999-2000 Paediatrician Planning Survey. Ottawa: 2001.

Paediatric human resources planning

Province / Territory	2007 Status	Comments
British Columbia	Poor	Does not have a published paediatric human resources plan, although does provide some support for paediatricians in remote communities for locum replacement.
Alberta	Poor	Does not have a published paediatric human resources plan. Has a model to predict the number of physicians needed, which has predicted a shortage of paediatricians by 2010.
Saskatchewan	Poor	Does not have a published paediatric human resources plan. Only provision for paediatric human resources is the funding of four residency training spots for international medical graduates wishing to practice paediatrics in the province.
Manitoba	Poor	Has a Health Human Resource Action Plan, but no specific plan for paediatrics.
Ontario	Poor	Introduced Health Force Ontario in May 2006, a 10-year strategy for health human resources. Does not have a published paediatric human resources plan. Province has identified a shortage of paediatricians for under-serviced communities.
Quebec	Poor	Does not have a published paediatric human resources plan. Paediatrics has been identified as a priority area for recruitment, however the current number of paediatricians has been deemed sufficient.
New Brunswick	Poor	Has a human resources strategy, but does not have a published paediatric human resources plan.
Nova Scotia	Poor	Does not have a published paediatric human resources plan.
Prince Edward Island	Poor	Does not have a published paediatric human resources plan.
Newfoundland and Labrador	Poor	Does not have a published paediatric human resources plan.
Yukon	Poor	Does not have a published paediatric human resources plan.
Northwest Territories	Poor	Does not have a published paediatric human resources plan.
Nunavut	Poor	Does not have a published paediatric human resources plan.

Bicycle helmet legislation

Bicycle injuries are the third leading cause of injury for children between the ages of 10 and 14 years old.[1] Each year, about 875 children between 5 and 19 years old suffer a head injury while cycling.[2] Bike helmets reduce the risk of brain injury by 88%.[3] Where laws exist to make bike helmets mandatory, more people use helmets and injury rates are lower.[4]

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.[5]

Excellent: Province/territory has legislation requiring all cyclists to wear helmets with financial penalties for non-compliance. Parents are responsible for ensuring their child is wearing a helmet.

Good: Province/territory has legislation requiring all cyclists under 18 years to wear a helmet.

Poor: Province/territory has no legislation on bike helmets.

1. Health Canada. For the safety of Canadian children and youth: From injury data to preventive measures. Ottawa: 1997.

2. Macpherson A et al. Impact of mandatory helmet legislation on bicycle related injuries in children: A population based study. Pediatrics 2002;110(5):e60.

3. SmartRisk. The Economic Burden of Unintentional Injury in Ontario. Hygeia Group: 1999. Accessed at www.smartrisk.ca

4. Macpherson A, Spinks A. Bicycle helmet legislation for the uptake of helmet use and prevention of head injuries. Cochrane Database of Systematic Reviews 2007, Issue 2. Art. No.: CD005401. DOI: 10.1002/14651858.CD005401.pub2.

5. Royal ST, Kendrick D, Coleman T. Non-legislative interventions for the promotion of cycle helmet wearing by children. Art. No.: CD003985. DOI: 10.1002/14651858.CD003985.pub2.

Bicycle helmet legislation

Province / Territory	2005 Status	2007 Status	Comments
British Columbia	Excellent	Excellent	Helmets mandatory for all ages. Parents of children under 16 years must ensure use of a properly fitted helmet. Enforced through fines of up to $100. Education programs in place.
Alberta	Good	Good	Helmets mandatory only for those under 18 years. Parents of children under 16 must ensure use of a properly fitted helmet. Enforced through $69 fine. Education programs in place.
Saskatchewan	Poor	Poor	No provincial bicycle helmet legislation. Some bike helmet education programs.
Manitoba	Poor	Poor	No provincial bicycle helmet legislation. Low-cost bike helmet program available for children. Education and awareness campaign.
Ontario	Good	Good	Helmets mandatory only for those under 18 years. Parents of children under 16 years must ensure use of a properly fitted helmet. Enforced through $60 fine. Considering law making helmets mandatory for all cyclists, skate boarders, and in-line skaters.
Quebec	Poor	Poor	No provincial bicycle helmet legislation. Several bike helmet education programs.
New Brunswick	Excellent	Excellent	Helmets mandatory for all ages. Enforced through $21 fine.
Nova Scotia	Excellent	Excellent	Helmets mandatory for all wheeled activities (bicycling, skateboard and in-line skating), whether on public or private lands and roads, skate parks or playgrounds. Enforced through fines up to $128.75 for adults or parents of children under 16 years who knowingly allow their child to ride without a helmet. Education campaign and research programs.
Prince Edward Island	Excellent	Excellent	Helmets mandatory for all ages. Parents of children under 16 years must ensure use of a properly fitted helmet. Enforced through fines up to $100. Annual public awareness campaigns.
Newfoundland and Labrador	Poor	Poor	No provincial bicycle helmet legislation.
Yukon	Poor	Poor	No territorial bicycle helmet legislation.
Northwest Territories	Poor	Poor	No territorial bicycle helmet legislation.
Nunavut	Poor	Poor	No territorial bicycle helmet legislation.

All-terrain vehicle (ATV) safety legislation

ATVs are widely used in rural Canada for work, recreation and transportation. These vehicles are especially dangerous when used by children and young adolescents, who lack the knowledge, physical size and strength, and cognitive and motor skills to operate them safely. Children younger than 16 years old account for almost one-third of ATV injury-related emergency department visits, and at least 30% of ATV injury hospitalizations.[1]

The CPS recommends that provinces and territories harmonize off-road vehicle legislation, with requirements including: minimum operator age of 16 years; restricting passengers to the number for which the vehicle was designed; compulsory helmet use with no exemptions; mandatory training, licencing and registration; and banning the use of three-wheeled vehicles. It also recommends appropriate enforcement of such legislation.

Excellent: ATVs banned for children under 16 years old, mandatory driver education for new users, and mandatory helmet use.

Good: ATVs banned for children under 14 years, mandatory driver education, mandatory helmet use.

Fair: Some requirement for adult supervision for children under 15 years, restrictions on where youth under 16 years can operate an ATV.

Poor: Province/territory has no ATV legislation, or the minimum driver age is extremely low.

1. Canadian Paediatric Society, Injury Prevention Committee. Preventing injuries from all-terrain vehicles. Paediatr Child Health 2004;9(5): 337-340.

All-terrain vehicle (ATV) safety legislation

Province / Territory	2005 Status	2007 Status	Comments
British Columbia	Poor	Poor	No provincial legislation on the use of ATVs. All ATVs must be registered, and no one under 16 years can register an ATV. No legislation on helmet use.
Alberta	Fair	Poor	No minimum driver age. Drivers under 14 years cannot drive on highways, and must be supervised by an adult on private property. No requirements for helmet use, training or licencing.
Saskatchewan	Fair	Fair	No minimum driver age. Children under 16 years may operate an ATV on family-owned land. Drivers 12-15 years old who operate an ATV on public property must have passed an approved ATV training course or be accompanied by someone with a driver's licence. Helmets mandatory on public property. Safety courses available but not mandatory.
Manitoba	Fair	Fair	No minimum driver age. An adult must accompany and supervise drivers under 14 years. Helmets mandatory. Safety courses are available but not mandatory.
Ontario	Fair	Fair	No minimum driver age. Drivers under 12 years cannot use an ATV on public property, and must have adult supervision on private property. Must have driver's licence to use an ATV on highways. Helmets mandatory. Safety courses are available but not mandatory.
Quebec	Good	Excellent	Minimum driver age of 16 years, as of 2006. Drivers 16-17 years must take a course to obtain certificate of competence. Helmets mandatory.
New Brunswick	Fair	Good	A ban is planned for youth under 14 years operating ATVs and other off-road vehicles. Currently, adults must supervise drivers 14-16 years. Must be 16 years to drive on the highway. Drivers 14 years and older required to take an approved safety-training course. Helmets mandatory.
Nova Scotia	Fair	Fair	Off-highway vehicle act (2006) requires ATV drivers 16 years and over to complete a safety course. Children under 14 years require adult supervision and can only operate an ATV on a closed course under prescribed conditions. Both adults and children must complete a safety course. Helmets mandatory.
Prince Edward Island	Poor	Fair	Proposed legislation would ban children under 14 years from operating ATVs, and impose conditions for drivers aged 14-16 years. Currently, minimum driver age is 10 years. Drivers under 14 years require adult supervision. Helmets mandatory.
Newfoundland and Labrador	Good	Good	Minimum age to operate a full-sized ATV is 16 years. Children under 14 years cannot operate an ATV. Youth 14-16 years can use 90 cc ATVs with adult supervision. Safety awareness campaign is proposed but no mandatory course. Helmets mandatory.
Yukon	Poor	Poor	No ATV-related legislation.
Northwest Territories	Fair	Fair	No minimum driver age. Drivers must be over 14 years to use an ATV on highways. An infant may be transported on an ATV when in a carrying device worn by the driver or passenger. Helmets mandatory.
Nunavut	Fair	Fair	No minimum driver age. Drivers must be over 14 years to use an ATV on highways. An infant may be transported on an ATV when in a carrying device worn by the driver or passenger. Helmets mandatory.

Booster seat legislation

Motor vehicle collisions are the leading cause of injury-related death among Canadian children. Child passenger restraints reduce the risk of serious injury by 40% to 60%.[1, 2]

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 too soon to seat belts, increasing their risk of injury, disability and death. In a collision, children using seat belts instead of back-seat booster seats are 3.5 times more likely to suffer a serious injury and 4 times more likely to suffer a head injury.[3]

The CPS recommends that children between 18 kg and 36 kg be properly secured in booster seats in the back seat when travelling in a vehicle. This legislation should be complemented by appropriate enforcement measures and public education programs that help parents understand the proper use of booster seats.[4]

Excellent: Children 18 kg to 36 kg must be in an approved booster seat. Public education programs in place.

Good: Children under 22 kg must be in an approved, size-appropriate infant/child car seat. Public education programs in place.

Fair: Children in specific weight/height ranges must be in an approved infant/child car seat. Public education programs in place.

Poor: No specific legislation on children over 18 kg.

1. Dalmatas D, Kryzewski J. Restraints system effectiveness as a function of seating position. Society of Automotive Engineering. Publication #807 371. 1980.

2. Ramsay A, Simpson E, and Rovera FP. Booster seat use and reasons for non-use. Pediatrics 2000;106(2):e20.

3. Winston FK, Durbin DR, Kallan MJ and Moll EK. The danger of premature graduation to seat belts for children in crashes. Pediatrics 2000;105(6):1179-83.

4. Cyr C. (Principal investigator) Lap-belt syndrome study final report. In: Canadian Paediatric Surveillance Program 2005 Results. Accessed at: www.cps.ca/english/surveillance/cpsp/studies/2005Results.pdf

Booster seat legislation

Province / Territory	2005 Status	2007 Status	Comments
British Columbia	Poor	Good	Effective July 1, 2008, car booster seats will be mandatory for all children 9 years and under who weigh at least 18 kg and stand less than 145 cm tall. Some public awareness programs in place.
Alberta	Poor	Fair	No legislation on booster seats. Children under 6 years weighing less than 18 kg must be properly secured in a front-facing child safety seat. Examining the possibility of legislation for booster seats for children under 8 years weighing less than 37 kg. Some public education programs in place.
Saskatchewan	Fair	Fair	Children under 18 kg must be in a child restraint system, but there is no specific booster seat legislation. Has public education programs and a program to provide child safety seats to those who cannot afford them.
Manitoba	Poor	Fair	Children under 5 years weighing less than 22 kg must be properly secured in an approved child safety seat. No legislation for booster seats, though it is under review.
Ontario	Excellent	Excellent	Booster seats required for children under 8 years who weigh 18-36 kg and stand less than 145 cm tall. More drivers required to use child car seats when travelling with toddlers, such as babysitters and grandparents as well as primary caregivers. Education and incentive programs in place.
Quebec	Fair	Good	Children with a sitting height (from the seat to the top of the head) of under 63 cm must use a restraint system or booster cushion. Public awareness programs exist.
New Brunswick	Poor	Fair	No legislation on booster seats. Children under 5 years weighing less than 18 kg must be properly secured in a front-facing child safety seat. Some public education programs.
Nova Scotia	Poor	Excellent	Anyone transporting children must properly secure them in an infant seat, child seat, or booster seat. Children weighing more than 18 kg who are younger than 9 years and/or less than 145 cm tall must be in a booster seat. Public education programs and incentives exist.
Prince Edward Island	Poor	Fair	Children weighing 18-23 kg must be secured by a seat belt assembly or a booster seat. No specific booster seat legislation. Some public education programs.
Newfoundland and Labrador	Poor	Good	Effective July 1, 2008, booster seats will be mandatory for all children 8 years and under who weigh between 18 and 37 kg, and who are less than 145 cm tall. A public awareness campaign will be implemented.
Yukon	Good	Fair	Children under 6 years must be secured in a child restraint system. Has various requirements depending on a child's weight. Some public education programs.
Northwest Territories	Poor	Fair	No legislation on booster seats. Children weighing less than 18 kg must be properly secured in a front-facing child safety seat. Some public education programs.
Nunavut	Poor	Fair	No legislation on booster seats. Children weighing less than 18 kg must be properly secured in a front-facing child safety seat. A review of legislation in other jurisdictions is underway.

Snowmobile safety legislation

In Canada, snowmobiling is associated with the highest rate of serious injury of any popular winter sport. It is also an activity in which younger people are more likely to be the victims.[1] Head injuries are the leading cause of mortality and serious morbidity, arising largely when snowmobilers collide, fall 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 laws governs the use of snowmobiles by children and youth.

Because evidence supporting the effectiveness of operator safety certification is lacking, and because many children and adolescents do not have the required strength and skills to operate a snowmobile safely, the Canadian Paediatric Society does not recommend the recreational operation of snowmobiles by persons younger than 16 years of age. Snowmobiles should not be used to tow anyone on a tube, tire, sled or saucer. The CPS also recommends a graduated licencing program for snowmobilers 16 years and older.[2]

Excellent: Province/territory has snowmobile safety legislation prohibiting children under 6 years as passengers, and youth under 16 years from operating snowmobiles for recreational purposes. Youth 16 years or 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: Some requirement for adult supervision for children under 15 years, and restrictions on 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 operation is less than 14 years.

1. Canadian Institute for Health Information. Most snowmobile-related injuries occur in February (news release, January 25, 2006). Accessed at www.cihi.ca

2. Canadian Paediatric Society, Injury Prevention Committee. Recommendations for snowmobile safety. Paediatr Child Health 2004;9(9): 639-642.

Snowmobile safety legislation

Province / Territory	2007 Status	Comments
British Columbia	Poor	No specific legislation. All snowmobiles must be registered. No one under 16 years can register a snowmobile. Helmets and training not mandatory.
Alberta	Poor	Drivers must be at least 14 years old to operate a snowmobile independently. Children under 14 must be accompanied by an adult, or supervised closely. No age minimum on private land. No helmet required, unless by municipal bylaw. No operator training required and no licence required unless on a highway.
Saskatchewan	Fair	Drivers on public property must have a valid driver's licence, be at least 16 years old, and have completed a safety course. Restrictions on drivers 12-15 years old. Helmets mandatory for operators and passengers.
Manitoba	Fair	Children under 14 years old can operate snowmobiles under close adult supervision. Drivers must be 16 and have a driver's licence to cross a roadway. Snowmobile riders must wear a helmet, but safety courses not mandatory.
Ontario	Fair	Drivers must be at least 16 years old and have a driver's licence or motorized snow vehicle operator's licence (MSVOL) to cross a road or go on trails. Anyone 12 years or older with a MSVOL or a licence from another jurisdiction may drive on trails. Helmets mandatory for drivers and passengers.
Quebec	Excellent	Minimum driver age is 16 years. Riders aged 16-17 years must complete a training course and have a certificate of competence. Helmets mandatory.
New Brunswick	Fair	Drivers under 16 years must complete a motorized snow vehicle safety training course. Drivers under 14 years must be supervised by an adult. Helmets mandatory. Proposed legislation would place further restrictions on drivers under 16 years.
Nova Scotia	Fair	Drivers 16 years and older must complete a safety training program. Drivers under 14 years must stay on private property or a designated trail under certain conditions. Helmets mandatory for drivers and passengers.
Prince Edward Island	Fair	Drivers must be at least 14 years or closely supervised by an adult with a valid driver's licence. Helmets mandatory for drivers and passengers. Annual safety campaign.
Newfoundland and Labrador	Poor	Minimum driver age is 12 years old. Children 13 years and older can drive a snowmobile without supervision. Children under 13 may operate a snowmobile with adult supervision. Helmets and training not mandatory. Consultation process underway on minimum driver age, mandatory helmet use and operator training.
Yukon	Fair	Drivers must be at least 16 years old to operate a snowmobile on a highway. Helmets mandatory for drivers and passengers.
Northwest Territories	Fair	Drivers must be at least 14 years old to operate a snowmobile on a highway, and at least 16 to cross a roadway / shoulder or operate on a snow-packed surface. Helmets mandatory on highways. Infants may be transported on a snowmobile when in a carrying device worn by the driver or passenger.
Nunavut	Fair	Drivers must be at least 14 years old to operate a snowmobile on a highway, and at least 16 to cross a roadway / shoulder or operate on a snow-packed surface. Helmets mandatory on highways. Infants may be transported on a snowmobile when in a carrying device worn by the driver or passenger.

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Jordan's Principle

"Jordan's Principle" is a child-first principle to resolving jurisdictional disputes involving the care of First Nations children. If federal and provincial/territorial governments adopted and implemented Jordan's Principle, First Nations children would no longer face delays or disruptions in essential medical and health services while governments argue over who will pay the bill. A recent research report indicates that jurisdictional disputes involving the costs of caring for First Nations children are common, with nearly 400 occurring in 12 sample First Nations child and family service agencies in one year alone.[1]

Jordan's Principle honours a young First Nations child from Norway House, Man., 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.[2]

Excellent: Province/territory has adopted and created mechanisms for implementing a child-first principle to resolving jurisdictional disputes involving the care of First Nations children and youth.

Good: Province/territory has a mechanism in place to resolve jurisdictional disputes involving the care of First Nations children and youth that allows agencies to have costs reimbursed.

Poor: Province/territory has not adopted a child-first principle to resolving jurisdictional disputes involving the care of First Nations children and youth.

1. First Nations Child and Family Caring Society of Canada. Wen:De: We are Coming to the Light of Day. 2005. Available at www.fncfcs.com/docs/WendeReport.pdf

2. Lavallee T. Honouring Jordan: Putting First Nations Children first and funding fights second. Paediatr Child Health 2005:10(9):527-9.

Jordan's Principle		
Province / Territory	**2007 Status**	**Comments**
British Columbia	Poor	Has not introduced a child-first policy to resolving jurisdictional disputes involving the care of First Nations children and youth.
Alberta	Poor	Has not introduced a child-first policy to resolving jurisdictional disputes involving the care of First Nations children and youth.
Saskatchewan	Poor	Has not introduced a child-first policy to resolving jurisdictional disputes involving the care of First Nations children and youth.
Manitoba	Poor	Has not introduced a child-first policy to resolving jurisdictional disputes involving the care of First Nations children and youth.
Ontario	Poor	Has not introduced a child-first policy to resolving jurisdictional disputes involving the care of First Nations children and youth.
Quebec	Poor	Has not introduced a child-first policy to resolving jurisdictional disputes involving the care of First Nations children and youth.
New Brunswick	Poor	Has not introduced a child-first policy to resolving jurisdictional disputes involving the care of First Nations children and youth.
Nova Scotia	Good	Tripartite agreement between federal government, province and Mi'kmaq Family and Children's Services that provides a mechanism for dispute resolution in addressing children's needs, including special medical requirements.
Prince Edward Island	Poor	Has not introduced a child-first policy to resolving jurisdictional disputes involving the care of First Nations children and youth.
Newfoundland and Labrador	Poor	Has not introduced a child-first policy to resolving jurisdictional disputes involving the care of First Nations children and youth.
Yukon	Poor	Has not introduced a child-first policy to resolving jurisdictional disputes involving the care of First Nations children and youth.
Northwest Territories	Poor	Has not introduced a child-first policy to resolving jurisdictional disputes involving the care of First Nations children and youth.
Nunavut	n/a	

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Child and Youth Advocate

Children and youth cannot rely on political will alone to ensure their rights and interests are reflected in government policy and practice. Provincial/territorial Child and Youth Advocates who are independent and meaningfully empowered are critical components of a society that respects and protects the unique rights of its youngest citizens.

UNICEF has noted that "without independent institutions focusing entirely on the rights of children, these rights will rarely receive the priority they deserve. The main task for such institutions is … ensuring that rights are translated into law, policy and practice."[1]

While many provinces have advocates whose mandate is focused exclusively on children and youth in the child welfare system, the CPS believes it is important to expand the scope to include all children and youth.

Provincial/territorial advocates cannot address every issue affecting children and youth, particularly those under federal jurisdiction. A recent Senate committee on human rights recommended that Canada establish an independent Commissioner for Children and Youth at the federal level to monitor the protection of children's rights, and ensure that the government is accountable to all citizens.[2]

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.

Good: Province/territory has a Child and Youth Advocate who reports to a government minister and has limited powers to monitor, investigate and publish recommendations regarding the welfare of all children and youth in the province/territory.

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.

Poor: Province/territory has no Child and Youth Advocate.

1. UNICEF. Independent Institutions Protecting Children's Rights. Innocenti Digest No. 8, June 2001.
2. Standing Senate Committee on Human Rights. Children: The Silenced Citizens. Effective implementation of Canada's international obligations with respect to the rights of children. April 2007.

Child and Youth Advocate

Province / Territory	2007 Status	Comments
British Columbia	Good	Representative for Children and Youth (March 2007) is independent, reports to the Legislative Assembly, and is mandated to comment publicly on issues affecting children and youth without government interference. Supports participation of children and youth in decision-making and the development of policy, programs, and services. Advocates for children and families, monitors ministries or other public bodies, reviews and audits services, and reports on critical injuries and deaths in the child welfare system.
Alberta	Fair	Child and Youth Advocate provides individual and systemic advocacy and represents children in care. Submits reports to the Legislature through the Minister of Children's Services. May respond to referrals and requests for involvement and assistance and may also initiate a review or an investigation. Youth involved in decision-making processes.
Saskatchewan	Good	Children's Advocate is independent, reports to the Legislative Assembly and provides impartial investigations and recommendations. May investigate any matter relating to children who receive services from government departments or agencies. Publishes annual report, which may include recommendations for systemic change. Youth involvement.
Manitoba	Fair	Children's Advocate is independent, reports to the Legislative Assembly through the Speaker, conducts inquiries, investigates, reports on, and makes recommendations about issues relating to children and youth in care. Proposed amendments to the Child and Family Services Act (December 2006) would expand the scope of the Advocate's office.
Ontario	Fair	Office of Child and Family Service Advocacy protects the rights of children in care. Reports to the Minister of Children and Youth Services. Mediates complaints, identifies systemic problems affecting youth, advises ministries of service delivery gaps, and provides advocacy on behalf of children and families who receive services. Youth are involved in the office's activities. Proposed legislation (April 2007) would make the Advocate an independent officer of the Legislature.
Quebec	Fair	The *Commission des droits de la personne et des droits de la jeunesse* is an independent agency that reports to the National Assembly. Promotes and upholds principles in the Charter of Human Rights and Freedoms. Intervenes in or investigates any case when it considers that the rights of a child or a group of children are infringed upon.
New Brunswick	Good	Child and Youth Advocate, also the provincial Ombudsman, is an independent officer who reports annually to the Legislative Assembly through the Speaker. Mandate is to ensure that the rights and interests of children and youth are protected, that the views of children and youth are heard and considered, that children and youth have access to services, and to hear complaints about those services. Also provides information and advice to the government.
Nova Scotia	Fair	Youth services division of the Ombudsman's office investigates and resolves complaints from children and youth accessing youth-serving systems. Reports to the House of Assembly. Provides independent oversight and outreach services to youth in correctional facilities, the secure care facility, and residential child-caring facilities. Can examine systemic issues in the province's child and youth care system. May recommend changes to policies, practices, processes, guidelines, regulations or laws to ensure fairness.
Prince Edward Island	Poor	No Child and Youth Advocate
Newfoundland and Labrador	Good	Office of the Child and Youth Advocate is an independent office of the House of Assembly and reports to the Speaker of the House. Mandated to protect and advance the rights of children and youth and to ensure their voices are heard, ensure children and youth have access to government services and programs, provide information and advice to government, and act as an advocate for children and youth. Can review and investigate any matter related to government services affecting children and youth whether or not a request or complaint is made. Children and youth are involved in the office.
Yukon	Poor	No Child and Youth Advocate
Northwest Territories	Poor	No Child and Youth Advocate
Nunavut	Poor	No Child and Youth Advocate

Federal Government Policies and Programs

Provincial and territorial governments are not alone in being accountable to the nation's children and youth. The federal government plays a critical role in providing leadership to improve the health and well-being of Canada's youngest citizens.

As this report shows, immunization is one area that clearly benefits from involvement of the federal government. Thanks to a National Immunization Strategy, children and youth across Canada benefit from added protection against vaccine-preventable diseases. In mental health and injury prevention, federal government leadership would strengthen the efforts of provinces/territories by providing national research and surveillance, national policies that can be implemented at the provincial/territorial level, and national awareness and public education.[1]

In areas under federal jurisdiction, including health services for First Nations and Inuit children and youth, it is critical that policies and programs be designed with the best interests of children and youth in mind.[2] To ensure that the views and needs of children and youth are considered in all federal government initiatives that affect them, the CPS recommends the appointment of a Canadian Commissioner for Children and Youth.[3]

1. Canadian Paediatric Society. Submission to the Standing Committee on Finance on the 2006 Pre-Budget Consultations (September 6, 2006). Accessed at: www.cps.ca/English/Advocacy/Reports/2006FinanceCommittee_Pre-BudgetSubmission.pdf

2. Many Hands, One Dream (website). Advocacy: Jordan's Principle, May 2007. Accessed at: www.manyhandsonedream.ca/english/AdvocacyCampaign.html

3. Eggertson L. Physicians challenge Canada to make children, youth a priority. CMAJ 2007;176(12). Accessed at: www.cmaj.ca/cgi/rapidpdf/cmaj.070593v1

Federal Government Programs and Policies

Indicator	2007 Status	Comment
Child and youth mental health strategy	Fair	2007 federal budget called for the creation of a Canadian Mental Health Commission.
Commissioner for Children and Youth	Poor	There is no federal Commissioner for Children and Youth.
Jordan's Principle	Poor	The federal government has not introduced a child-first policy to resolving jurisdictional disputes involving the care of First Nations children and youth.
National Immunization Strategy	Good	Additional funding for future childhood vaccine programs is not guaranteed.
National Injury Prevention Strategy	Poor	There is no National Injury Prevention Strategy.

Acknowledgement

The Canadian Paediatric Society would like to thank the Action Committee for Children and Teens, chaired by Dr. Andrew Lynk, for its guidance and review of this status report.

The Canadian Paediatric Society 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.

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