



UNIVERSITY OF CALGARY
O'Brien Institute for Public Health



RAISING CANADA

A report on children in Canada, their health
and wellbeing

Prepared for



CHILDREN FIRST
CANADA

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About the O'Brien Institute for Public Health

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About Children First Canada

Children First Canada a national non-profit organization with a bold and ambitious vision that together we can make Canada the best place in the world for kids to grow up. We are a strong, effective and independent voice for all of Canada's children.

We are harnessing the strength of many organizations that are committed to improving the lives of Canada's children, including children's charities and hospitals, research centres, government, corporations, community leaders, and children themselves.

More information is available at www.childrenfirstcanada.com

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Introduction

The purpose of this brief report is to paint a high-level picture of children in Canada, and their health and wellbeing, using readily available, reputable sources of data. We begin by describing the current population of children across Canada and trends over time. Do we have more or fewer children in Canada now compared to the past? What about the future? Which parts of the country do they live in? The report then turns to the health and wellbeing of our children. What do we know about the health status of children in Canada, both mental and physical? What about key social determinants of health, given their importance to health and wellbeing? How does Canada compare to other countries with similar standards of living?

Methods

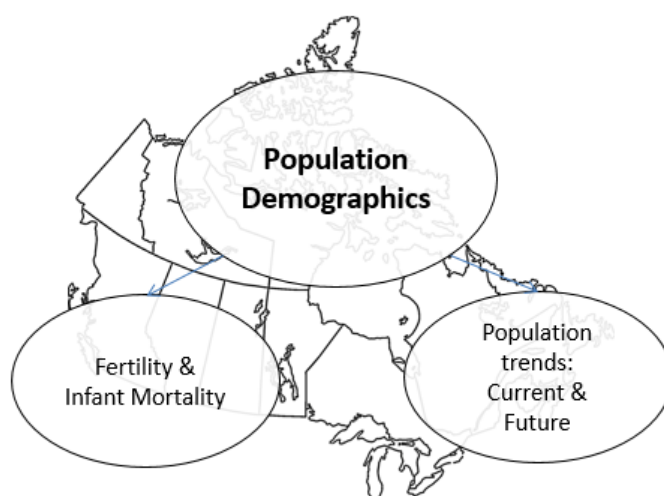
The selection of resources was purposively guided by both the needs of Children First Canada and the content matter expert on the University of Calgary team. Key reputable data sources were recommended by the content matter expert based on the questions posed. Given the main purpose of this report was to create a high-level picture of children in Canada, the following Canadian data sources were initially focused on in our search: Statistics Canada, the Canadian Institute for Health Information (CIHI), and the Canadian Institute of Child Health (CICH). Through this search, reports developed by these organizations were identified and their analyses of existing data was utilized for this report.

As the information needs of Children First Canada were further refined, these data sources were revisited with more refined search teams, and additional sources were identified including: Health Canada, the Public Health Agency of Canada (PHAC), and the Canadian Pediatric Society. Finally, recent UNICEF report cards were searched for data comparing Canada to other Organization for Economic Cooperation and Development (OECD) countries.

This was neither a systematic nor a scoping review, and no original data were analyzed.

Population demographics

A series of population demographic trends were identified through the data sources reviewed and are briefly described here; they are grouped under two broad categories, fertility and infant mortality, and population trends.



Fertility and infant mortality

The fertility rate in Canada has been falling since 2009, when it was 1.68 children (live births) per woman, to 1.54 in 2016, the lowest observed rate since 2003.¹ The total number of live births in Canada in 2016 was 383,102.¹ There is a higher fertility rate among Indigenous women (2.2) in Canada compared to Non-Indigenous women (1.6)². Compared to OECD countries, where the average fertility rate is 1.7, Canada's fertility rate is low. There are many countries ($n=16$), however, that do have fertility rates that are the same or lower than Canada's.³ While the fertility rate is dropping, the total number of children being born is increasing and this trend will continue due to overall population growth. This is described in the following section on population trends.

Canada's infant mortality rate (deaths per 1,000 live births and age at time of death <1 year of age) has continued to decline, with a steep decline between 1926 (101.7 deaths per 1,000 live births) and 1996 (5.6 per 1,000 live births). It has remained at approximately five deaths per 1,000 live births since 2006. In 2016, the rate was 4.5 deaths per 1,000 live births; for males this rate was 4.6 and for females 4.4.⁴ This rate varies considerably across the country. The lowest rate was in B.C., at 3.4 deaths per 1,000 live births, and the highest was in Nunavut at 17.7.

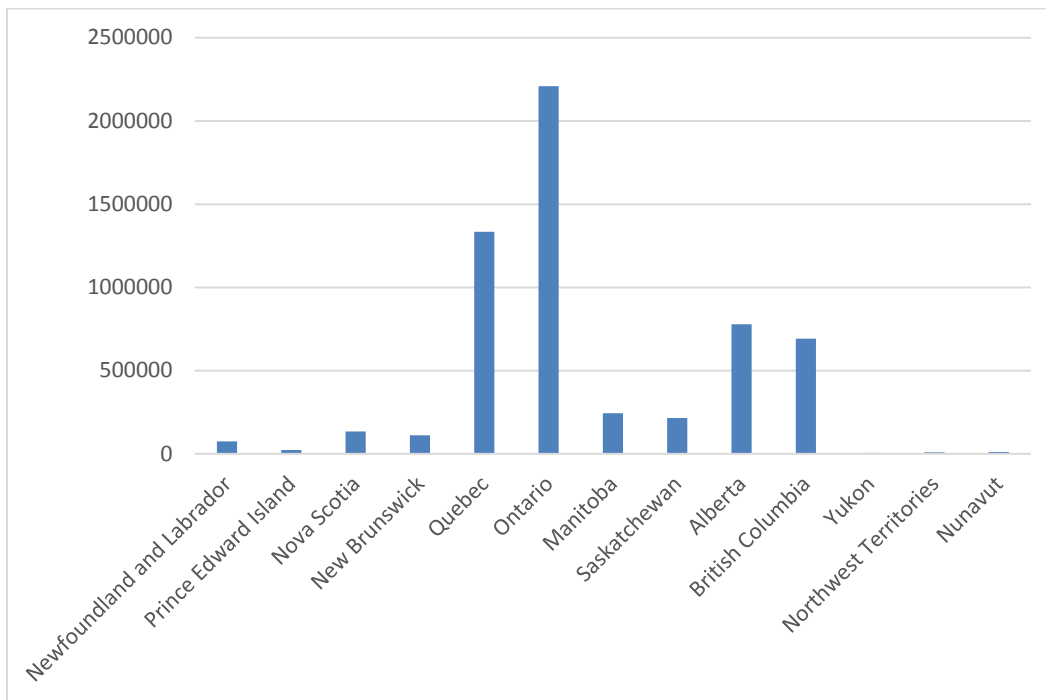
Over the past decade, the highest infant mortality rate among provinces has been, on average, in Manitoba and Saskatchewan.⁵

Canada ranks 30th of 44 OECD countries at 4.7 deaths per 1,000 live births (in 2014). The lowest infant mortality rate is in Iceland at 0.7 per 1,000 live births (in 2016), and the highest is in India at 37.9 deaths per 1,000 live births (in 2015).⁶ All European OECD countries have a lower infant mortality rate than Canada's, ranging from Finland at 1.9, to Greece at 4.2 deaths per 1,000 live births.

Children and youth in Canada: Population trends

Statistics Canada defines children as 0-19 yrs. In 2016, there were 7,865,725 children living in Canada out of a total population of 35,151,728. That is, 22.4% of Canada's population were children; of these, 51.3% were male and 48.7% were female.⁷ The provinces with the larger populations also had the greatest number of children (see Figure 1).

Figure 1: Population of Children (age 0-14) in Canada (2016), by province

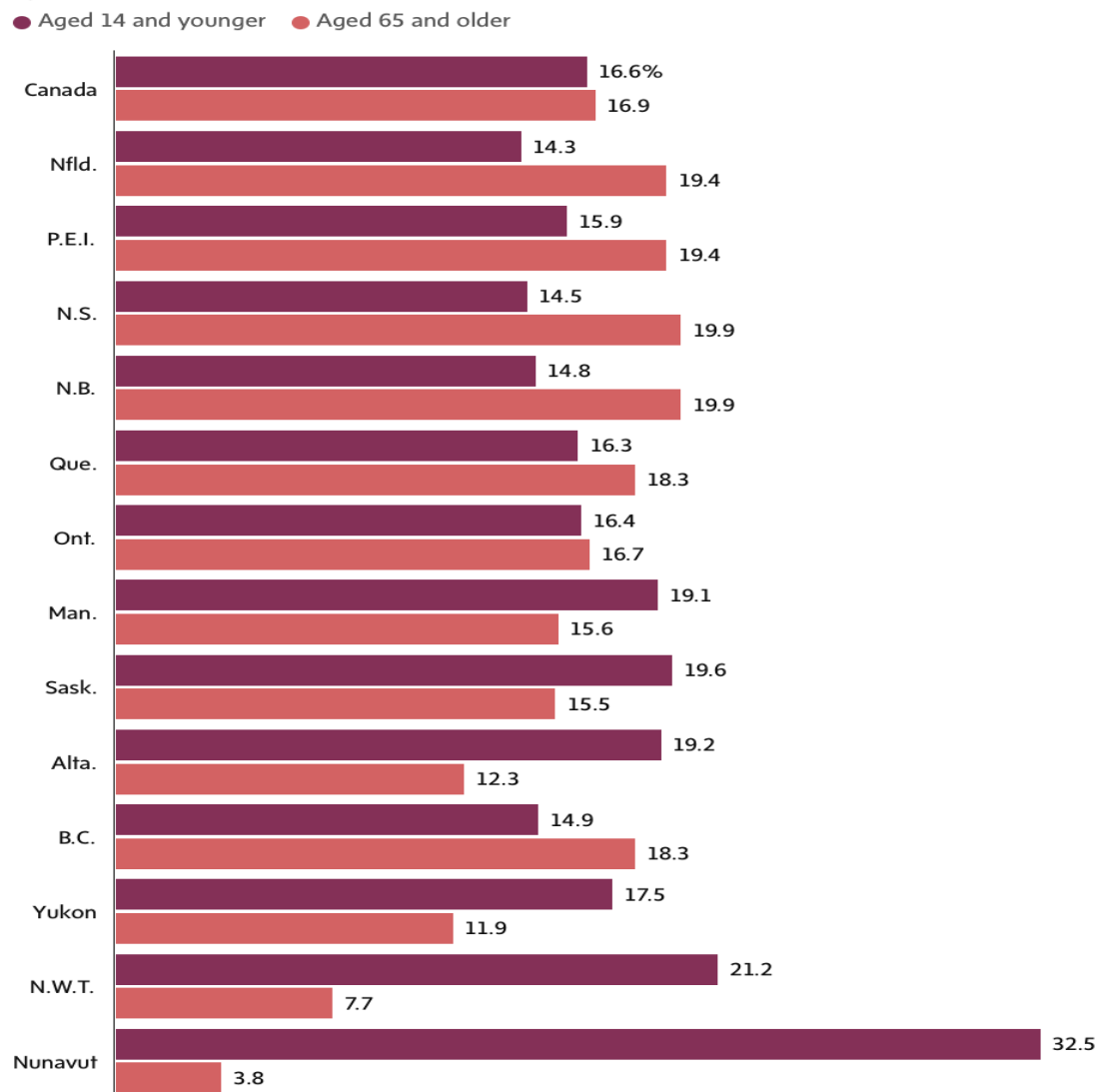


These age trends show considerable variation across the country (see Figure 2). Nunavut has the youngest population, with 32.5% of their population age 0-14, followed by the Northwest

Territories (NWT) at 21.2%. Western Canada has a younger population than Eastern Canada. The four cities with the greatest percentage of children age 0-14 are: Lethbridge (19.1%) and Calgary (18.8%) in Alberta, and Saskatoon (18.9%) and Regina (18.7) in Saskatchewan.⁸

Figure 2: Aging by Province

Proportion of children aged 14 & under and people 65 years & older by province



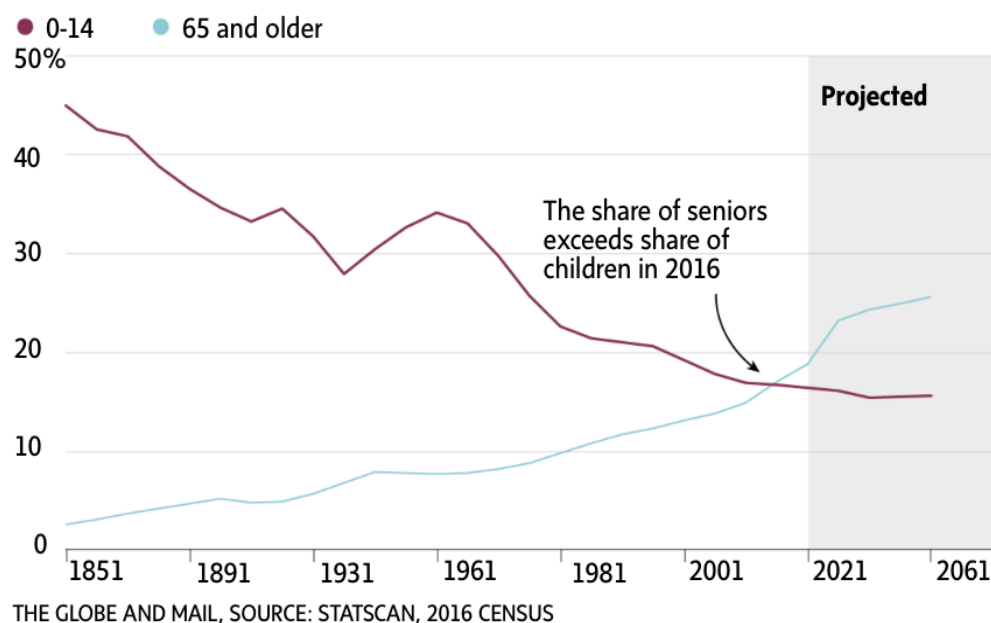
THE GLOBE AND MAIL, SOURCE: STATSCAN, 2016 CENSUS

DATA SHARE 8

The Canadian population continues to grow in all age groups, including children. Between 2000 and 2010, the population of children and youth age 0 to 24 years increased from 10,049,141 to 10,208,400, which is an increase of ~160,000 children.⁹ Children (age 0-14) as a proportion of the total population, however, are decreasing, as are youth and adults (defined as individuals aged 15-64). Meanwhile, the proportion of the population aged 65+ is increasing. This graph below from the Globe & Mail, based on

2016 census data, clearly illustrates that the proportion of people aged 65+, as part of the total population, has exceeded the proportion of children for the first time in census history (see Figure 3).

Figure 3: Proportion of children age 0-14 and people age 65+ in Canada



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Between 2000 and 2010 the proportion of children and youth (0–24yrs.), as part of the total population, declined from 32.8% to 30%.⁹ Population projections, based on a medium growth scenario¹⁰, are outlined below in Table 1.

Table 1: Canada population projections, based on a medium growth scenario*

	0-14	15-64	65+	Total
2016	5,839,570 (16.6)	23,376,525 (66.5)	5,935,635 (16.9)	35,151,730
2036	6,701,710 (15.9)	25,081,830 (59.5)	10,302,595 (24.6)	42,086,135

* This is a custom tabulation based on a Statistics Canada historical age pyramid¹⁰

The population of children in Canada is diverse. A large number of children in Canada are Indigenous; there were 593,725 Indigenous children (0-19yr) in 2016¹¹, representing 7.55% of the total population of children in Canada. These trends are more pronounced for very young children. Children <5 years of age represent a greater proportion of the Indigenous population, compared to the non-Indigenous population in Canada; 9.5% of all First Nations people are <5

years of age, as are 7.2% of Metis and 11.3% of Inuit peoples. In comparison, among the non-Indigenous population, only 5.3% of children are <5 years of age.²

In some provinces and territories, a very high proportion of young children are Indigenous. In Manitoba, 20% of children <5 years of age are First Nations and 9.3% are Métis. In Saskatchewan 19% of children < 5 years of age were First Nations and 7.2% are Métis. In Nunavut, 92% of children < age 5 were Inuit. In the Yukon, 21% of children < 5 years of age were First Nations and 35% of Northwest Territories children under 5 years of age were First Nations.²

A large number of Canadian children have an immigrant background, that is they either immigrated to Canada themselves or they have at least one parent who immigrated to Canada. In 2016, close to 2.2 million children under 15 were born outside of Canada (first generation) or had at least one parent born outside of Canada (second generation). This corresponds to 37.5% of the total population of Canadian children. This proportion is increasing, as in 2011 this proportion was 34.6%.¹² If these trends continue, the number of children with an immigrant background could increase in the coming years; specifically, children with an immigrant background¹ could represent 39-49% of the total population aged 15 years and younger in 2036 (compared to 37.5% in 2016).¹²

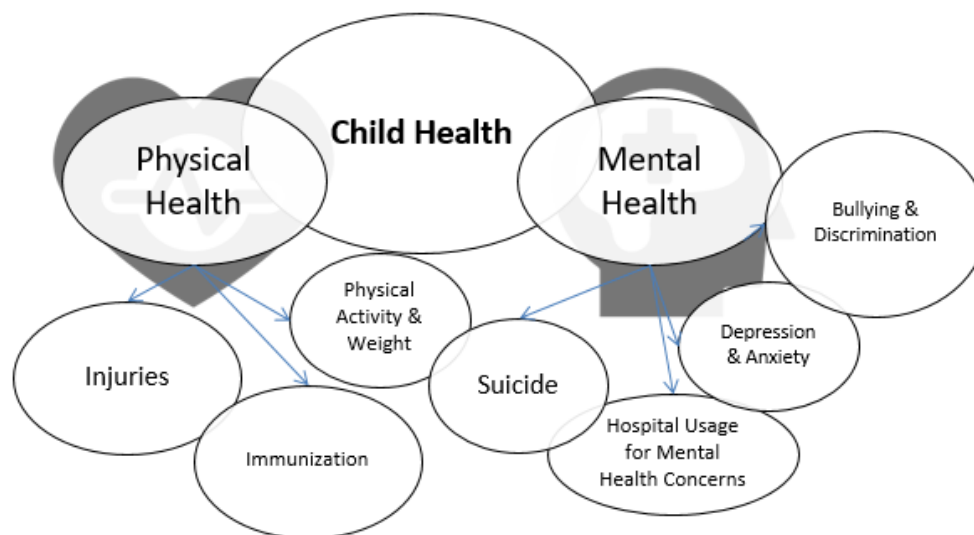
Population demographics summary

The population of Canada is growing, meaning the number of children in Canada also continues to grow. Canada's population is aging, however. This means that the proportion of Canada's population that are children has been declining over the past decade and is projected to continue to decline through 2036. Eastern Canada has an older population than Western Canada, and Nunavut has the youngest population of all the provinces and territories. The population of children in Canada is diverse; a large number are Indigenous and a large number are immigrants (i.e., immigrants themselves or have at least one parent who is an immigrant).

¹"Children with an immigrant background comprise three groups: foreign-born children, Canadian-born children with two foreign-born parents, and Canadian-born children with one Canadian-born parent and one foreign-born parent" (p. 7).

The health of children in Canada

Key attributes about the health of children in Canada were identified through the data sources reviewed and are briefly described here. They are grouped into two broad categories mental health (depression and anxiety, bullying and discrimination, suicide) and physical health (injuries, immunization, physical activity and weight).



Mental health

According to Children First Canada's 'The Kids Are Not All Right' national survey conducted in 2016,¹³ Canadian children ranked mental health and bullying, along with better support for children living in poverty, as their top concerns. In the draft Canadian Children's Charter (2017), accessible mental health services and putting an end to bullying are identified as priorities for action, as is action on ending violence and abuse.¹⁴ It is estimated that 10-20% of Canadian children may develop a mental health disorder. Studies show that the prevalence of mental health disorders in children and youth has remained the same since 2006-07.¹⁵

The Mental Health Commission has also noted that child and youth mental health is of particular concern, as this quote illustrates:

"Healthy emotional and social development in early years lays the foundation for mental health and resilience throughout life. An estimated 1.2 million children and youth in Canada are affected by mental illness – yet, less than 20 percent will receive appropriate

treatment...Youth who are engaged in child and mental health services, and who require continued services, are also often not well supported as they prepare to enter the adult mental health system...Increased access to appropriate services and supports across the continuum of care is needed¹⁶.”

In the following section some key demographic information related to child and youth mental health are outlined, namely: depression and mood/anxiety disorders, bullying, hospitalizations for mental health concerns, and suicide.

Depression and anxiety

According to the 2012 Canadian Community Health Survey - Mental health, depression is prevalent among Canadian youth (age 15-24), with 11% having experienced depression in their lifetime, and 7% in the past year.¹⁷ Data from the National Longitudinal Survey of Children and Youth in Canada (1994-2008) show that factors associated with higher degrees of self-reported depression between the ages 18 and 22 include: parental self-reported depression, low family income at 4-8 years, and emotional difficulties at 10-14 years.¹⁸

Data collected in three provinces (BC, Manitoba and Saskatchewan) in 2016-17 showed that 8.6% or one in 12 youth (age 15-24 years) were dispensed at least one medication to treat a mood or anxiety disorder.¹⁵

Bullying and discrimination

Bullying is an important issue related to mental health. In 2014, more than 10% of 15 to 17 year-old girls and boys in Canada reported being bullied online⁵, and, one in five children and youth (age 15-20) experienced cyberstalking, cyberbullying, or both.¹⁹ In 2016, 16% of male youth and 12% of female youth aged 15-24 years reported experiencing discrimination.²⁰

Hospital usage for mental health concerns

Mental health concerns account for a significant and increasing proportion of child and youth emergency room visits and hospitalizations. In 2013-14, 5% of Emergency Department visits and 18% of in-patient hospitalizations for children and youth (age 5-24 years) were for a mental health concern. When considered as a rate per 100,000, those aged 10-14 had the largest increase in hospital service use for mental health concerns.¹⁸

Over the last 10 years (2007-08 to 2016-17) there has been a 66% increase in emergency department visits, and a 55% increase in hospitalizations, of children and youth (age 5-24 years) due to mental health concerns.¹⁵ Approximately 2,500 children (10-17yrs) are hospitalized every year due to self-harm injuries, with girls making up 80% of those children. Self-harm hospitalizations increased 90% between 2009-2014.²¹

Suicide

In 2012, suicide was the second leading cause of death among boys and girls (1-17yr).⁵ In 2015, 35 children between the ages of 10 and 14 and 203 children between the ages of 15-19, died by suicide.²² In 2015, Canada was one of the five countries with the highest teenage suicide rates, with a suicide rate of over 10 per 100,000 teens.²³ In 2012, 14% of children and youth aged 15-24 reported having suicidal thoughts in their lifetime.¹⁷ A 2016 survey² conducted by Kids Help Phone found that one in five (22%) children aged 13-18 reported considering suicide in the past 12 months; 46% of this 22% reported having a plan. Girls are two times more likely to seriously consider suicide compared to boys (girls - 67%, boys - 33%).²⁴

Suicide rates are higher for First Nations youth. The government of Canada reports that: “Suicide rates are five to seven times higher for First Nations youth than for non-Aboriginal youth; suicide rates among Inuit youth are among the highest in the world, at 11 times the national average.”²⁵ There is also wide variation in suicide rates across First Nations communities in Canada, with some communities experiencing far higher child suicide rates than others.²⁶

Physical health

Physical health issues are also important to children, their families and communities. In this section some key demographic information related to some of the physical health issues facing children are outlined including: injuries, immunizations, physical activity, and weight.

Injuries

In 2012, accidents, or unintentional injuries, were the leading cause of death for children between the ages of 1-17 in Canada (i.e., 115 deaths of girls, 25.8% of total; 195 of boys, 34.8% of total)⁵. Injury is also the leading cause of death among Indigenous children (26% of deaths amongst First Nations’ children are injuries, compared to 6% of the Canadian population).²⁷ The Canadian Pediatric Society reports that in 2007, the three leading causes of injury-related deaths for children age (age 0-19) were motor-vehicle collisions (17%), drowning (15%), and threats to breathing (11%).²⁸

Injuries also account for a number of hospitalizations among children. In 2013-14, 17,500 hospitalizations of children and youth were for injuries; with approximately 700 of these for serious bike injuries.²⁹ A total of 3,000 of these hospitalizations were for injuries intentionally

² These results should be interpreted with caution, as the data comes from a non-random sample of teens age 13-18 surveyed through online panels ($n=1,319$). The results were weighted for statistical representation across age and gender in each province.

caused by others²¹; more data related on this is provided in the section on wellbeing under ‘child abuse.’ Falls were the leading cause of hospitalization (37%); all other causes of injuries account for less than 10% of hospitalizations.²⁸

Immunization

The Public Health Agency of Canada (PHAC) routinely monitors immunization coverage in Canada through the childhood national immunization coverage survey. The 2013/14 version of this survey found that the majority of Canadian children receive vaccinations for common illnesses (e.g., measles, mumps, rubella, meningitis, polio), but 25% of children have not received the full four recommended doses of diphtheria, whooping cough, and tetanus vaccine by age two.³⁰ According to parental reports, 1.5% of children (aged 2 to 17) have never received any immunizations.³¹ Infectious diseases were once the leading cause of death in Canada, but now account for less than five per cent of deaths. This makes “immunization the most cost-effective public health measure of the last century.”²⁹

Physical activity and weight

In 2018, ParticipACTION released their report card on physical activity for children and youth. A greater percentage of younger children than older children meet the physical activity recommendation of the Canadian 24-Hour Movement Guidelines for Children and Youth, with 62% of three- to four-year-olds and 35% of five- to 17-year-olds meeting the guidelines. This is a slight improvement from previous years.³² A comparison with 37 other countries shows that Canada’s current infrastructure and programs are not enough to get children active.³³

Between 1978-79 to 2004 (a period of 25 years), the prevalence of overweight and obesity in children and adolescents rose considerably, with the most substantial increases observed in economically developed countries. According to the results of the 2004 Canadian Community Health Survey: Nutrition (CCHS), Canadian youth are part of this trend. Amongst adolescents (12-17yrs.), the overweight/obesity rates more than doubled, and obesity rate tripled in this 25-year period, for a total of 26%.³⁴ These rates vary across the country, with the highest rates in the Atlantic provinces. These rates appear to have plateaued; in 2017, 27.9% of children age 12-17 reported being overweight or obese. This is a slight increase from 26.8% in 2016.³⁵

Child health summary

Accidents continue to be the leading cause of death of children in Canada, and each year many children are hospitalized due to injury. Suicides are the second leading cause of death, and Canada is a country with one of the highest child suicide rates amongst OECD countries. Hospitalizations and Emergency Department visits for mental health concerns have increased considerably over the past decade, with hospitalizations for self-harm increasingly dramatically. Physical activity and weight continue to need attention, and while overweight/obesity rates for

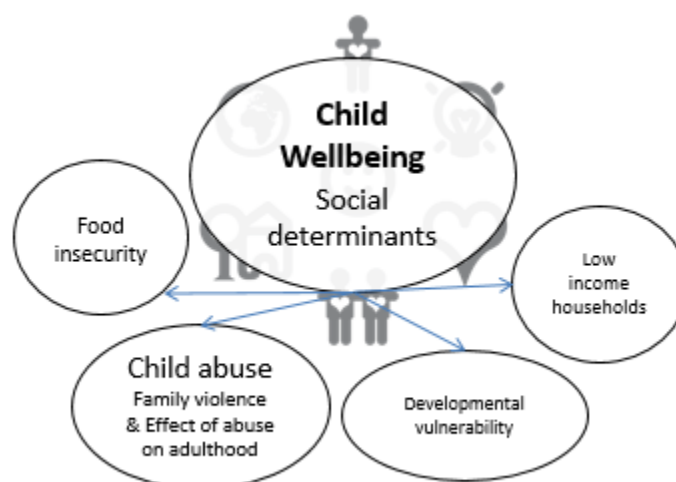
children seem to have stabilized over the past decade, a quarter of Canadian children remain obese. Canada's current infrastructure and programs are not enough to get children active.

Child wellbeing in Canada: The social determinants

We know there are many social determinants that affect health; that is, there are many factors beyond our formal health care system that influence health. According to a 2017 UNICEF Report Card³, Canada ranked 25th out of 41 countries on the Index of Child and Youth Well-being and Sustainability.³⁶ UNICEF Canada states: “Canada performs well in indicators related to education, but the widest and most worrying gaps are in child health, violence experienced by children and their own sense of well-being. The inequalities between families in income and food security are alarming.”³⁷

According to Children First Canada’s ‘The Kids Are Not All Right’ national survey conducted in 2016,¹³ both children and adults want more funding for families in poverty to increase the level of childhood wellbeing in this country. Adults also identified the prevention of child abuse as a top priority.

Some of the key determinants influencing child health and wellbeing in Canada are briefly described here, including: food insecurity, income level, developmental vulnerability and child abuse.



³ The Report Card “offers an assessment of child well-being in the context of sustainable development across 41 countries of the European Union (EU) and the Organisation for Economic Co-operation and Development (OECD).” (p. 2).

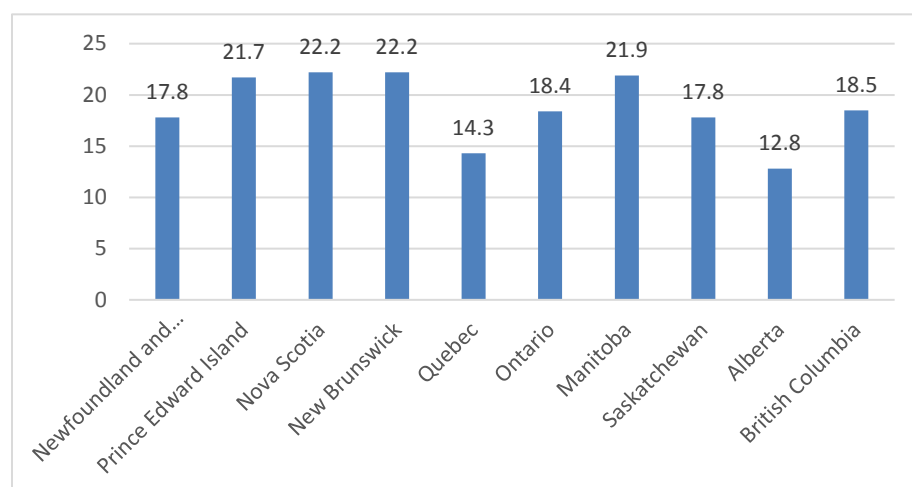
Low-income households

Children represent one out of four low-income persons in Canada;³⁸ that is, of the 4.8 million low-income Canadians in 2015, 1.2 million were children. The likelihood of living in a low-income household increases with the number of children under 18 in a family.³⁸ In 2016, there were 17% of children (aged 0 to 17 years) living in low income households ($n=1,163,825$). Children are more likely to be living in low income households than adults, with 17% of children living in poverty as compared to 13.4% of adults.³⁹

Although the percentage of children living in low income housing has improved from 2005-15, 1.2 million children still live in low-income housing.³⁸ Lower neighbourhood income has been found to be associated with higher vulnerability, as measured by early childhood development instrument (EDI)⁴ scores. Based on data collected across provinces between 2007 and 2012, we know that 34.9% of children in a low-income neighbourhood experience higher vulnerability, compared to 19.5% in high income neighbourhoods. Vulnerability is an important determinant of child health.⁴⁰

Childhood poverty varies across provinces, with the highest rates being in the maritime provinces and Manitoba and the lowest rates in Alberta and Quebec (see Figure 4).³⁹

Figure 4: Prevalence (%) of low-income children (0-17) by province (2015)



⁴ The EDI is defined as “a kindergarten teacher–completed checklist that measures a child’s performance in five general areas of development: 1. Physical Health and Well-Being; 2. Social Competence; 3. Emotional Maturity; 4. Language and Cognitive Development; and 5. Communication Skills and General Knowledge. Developed in 1999 by McMaster University’s Offord Centre for Child Studies, the EDI provides population-based information on key dimensions of children’s development that relate to their readiness to learn at school and their ability to meet the task demands of school” (p. 5)

Poverty rates are even higher amongst Indigenous children. In 2015, nearly 38% of First Nations, 21.5% of Metis, and 20.3% of Inuit children under 18 years lived in low income households, compared to 16.1% non-Indigenous children and youth.⁴¹ These rates are even higher on reserves, where 60% of children live in poverty.

Food insecurity

According to the 2011-12 Canadian Community Health Survey, households with children have the highest rate of food insecurity, with 10.7% of families with children under 6 years saying they experience food insecurity.⁴² In households with children under 18 years of age, 10.3% were moderate to severely food insecure. This increased from 9.7% in 2007-08.⁴³ Specifically, 7.4% of 12 to 19 year old children experience moderate food insecurity, while 2% experience severe food insecurity.⁴²

Developmental vulnerability

One out of four children (26%) are vulnerable in one or more areas of development prior to entering the first grade. At five years old, girls are less likely to be vulnerable than boys; 19% of girls are vulnerable compared to 33% of boys. The area of greatest vulnerability among these children who are vulnerable in at least one area of development are: communication skills and general knowledge (44.2%), emotional maturity (43.4%), physical health and wellbeing (39.5%), social competence (34.8%), and language and cognitive development (30.1%).⁴⁰ As previously noted, lower neighbourhood income has been found to be associated with higher vulnerability in young children.

The indicator 'Children Vulnerable in Areas of Early Development' is measured using the Early Development Instrument (EDI), a tool used across the world to monitor the state of early child development. It's a reflection of health and wellbeing among five-year-old children, and measures the developmental outcomes and milestones achieved.⁴⁰

Child abuse

Through the Canadian Community Health Survey - Mental Health component, we know that in 2012, 32% of Canadian adults reported they had experienced some form of abuse before the age of 16; 26% experienced physical abuse, 10% experienced sexual abuse, and 8% had exposure to intimate partner violence.⁴⁴

The majority (65%) of victims of childhood physical and/or sexual abuse reported having been abused between one and six times, while 20% reported between seven and 21 instances. One in seven victims (15%) reported having been abused at least 22 times. More than nine in 10 (93%) victims of childhood physical and/or sexual abuse did not report the abuse to either

police or child protection services before they turned 15. In fact, the majority of victims (67%) did not speak to anyone, including friends or family.⁴⁵

This is supported by 2008 data collected through child welfare agencies, which reveals that many children were exposed to different kinds of abuse, as follows: intimate partner violence (34%), neglect (34%), physical abuse (20%), emotional abuse (9%), and sexual abuse (3%).⁴⁴ In 2016, there were approximately 54,900 child victims (under the age of 17) of violence reported to police. Children and youth represent 1 out of 6 victims (16%) of violent crimes. Three out of 10 of these child and youth victims were abused by a family member (i.e., a parent, sibling, spouse, or other family member).⁴⁶

In 2013-2014 over 500 children (0 to 18 years) were hospitalized per year as a result of assault, with two-thirds of these historically being boys. Between 2009 and 2014, however, the rate has decreased for boys and increased for girls. Bodily force and other abuse make up the majority of hospitalizations due to assault.²¹

A history of child abuse has been found to be associated with increased odds of negative physical health outcomes and poor self-perceived health through adulthood.⁴⁷ For example, adult victims of childhood physical and/or sexual abuse have a higher prevalence of self-reported mental or psychological limitations than non-victims (10% versus 4%), and are more likely to report poor physical health (14% versus 9%).

Illegal drug use is twice as common among those who reported having experienced physical and/or sexual abuse as children (10% versus 6% of non-victims). Similarly, binge drinking is reported by those who have been abused as children more often than by those who have not been abused (28% versus 25%).⁴⁵

Child wellbeing summary

Approximately one in five Canadian children continue to live in poverty and/or in low-income households. This rate is even higher amongst Indigenous children, with more than one in three living in poverty, and is particularly high on reserves where over 60% of children live in poverty. Over one million children in Canada live in low-income housing. One in 10 children experience moderate or severe food insecurity, one in four experience developmental vulnerability, meaning their readiness to learn at school and their ability to meet the task demands of school is compromised. One in three Canadian adults report they experienced some form of abuse before they turned 16. There is an increasingly strong body of research showing that experiencing abuse as a child contributes to lifelong physical and mental health problems.

Limitations and concluding remarks

The research team experienced a number of challenges in accessing data to create this snapshot of children in Canada. This is in part because of the temporary discontinuation of a 'mandatory' Canadian census, meaning that the 2011 census data is not comparable to the census data before and after. The raw 2016 census data is available, but there have few reports on children completed to date based on this data. The Canadian Institute for Child Health (CIH) has a history of developing excellent profiles on the health of children in Canada, but their most recent profiles are based primarily on 2006 census data – making it more than a decade old.

Another challenge for looking at data across Canada and comparing the health and wellbeing of children in Canada with other jurisdictions is the lack of a commonly agreed upon definition of 'what is a child' for data collection purposes. For example, the United Nations Convention on the Rights of the Child defines children as "a human being below the age of 18 years"⁴⁸ (0-17). Statistics Canada, for the purpose of their data collection and reporting, defines children as 0-19 years of age; yet in their population reporting divides the population into three broad groups: 0-14, 15-64 and 65+. The primary Canadian data sources that were drawn upon reported on a variety of age groups, with many reporting on children and youth together (0-24) or used ranges that would encompass both part of the population of children and some youth, such as those aged 15-24.

Canada is at a point in time where for the first time since data began to be collected through the census (1871), the population aged 0-14 constitutes a lower percentage of the population than the population aged 65+. Yet the number of children in Canada also continue to grow along with the overall population. This snapshot of the health and wellbeing of Canada's children is a sobering one, with many of the trends appearing to be enduring.

A recent national survey conducted by the Angus Reid Institute in partnership with Children First Canada⁴⁹ found that Canadians care deeply about the wellbeing of children and believe in investing in children, with nearly nine in 10 (87%) saying that investing in children will pay off and save the need for additional expenditures in the future. This perspective is supported by a growing body of research suggesting that investing in young children has the potential to yield a big return on investment.⁵⁰ Perhaps it is time for the investment in children, and the structures that nurture and support them, to become a higher priority for Canada.

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