Children's Healthcare Canada | Santé des enfants Canada

Start Strong – Developing the Playbook for Healthy and Vibrant Kids

Key Messages | November 2026

1. Top-line messages

1. *Start Strong* is a national policy playbook co-developed by Children's Healthcare Canada and our members, released November 3, 2026. It presents a vision and concrete recommendations to guide health systems reform for Canada's 8.6 million children and youth.

   Why now? In the last month, there have been two examples where federal and/or provincial governments chose not to prioritize the health and wellbeing of children and youth. Bill S-212, a National Strategy for Children and Youth Act, did not advance to second reading in the House of Commons, and the recent federal-provincial and territorial Health Minister's meeting concluded without a single mention of children or youth.

2. Every nation-building project Canada undertakes, from economic productivity to social cohesion, depends on a population who can achieve their best health, best social participation, and best quality of life.

   In a recent Abacus poll, most Canadians surveyed believe children today are worse off than they were during their own childhood. Canadians imagine a healthy future for their children, and our country has the resources, the expertise, and the moral obligation to build a healthier, more resilient generation of kids.

3. Investing in children's health and wellbeing is sound economic policy.

   Children's poor health has a sizeable impact on productivity and the economy, as 76% of parents of children under 18 surveyed through a recent Abacus poll missed work in the last year to address matters of their children's health or healthcare. Delays in access to healthcare services create additional absenteeism.

   Every dollar invested in children's healthcare generates up to a five-fold return through improved health outcomes, decreased health system utilization, and current and future workforce productivity. Inaction carries a price tag — today and into the future.

4. Patchwork, siloed work and bandaid solutions will not sustainably improve children's experiences or outcomes of care. Better is possible, and Children's Healthcare Canada invites federal, provincial, and territorial decision makers, healthcare providers and leaders, and philanthropic partners to join us in building a future fit for kids in Canada.

2. Context:

- Canada’s population of children is growing, with more than 1.2 million additional children under the age of eighteen projected by 2040.
- Children’s health needs are increasingly complex, with rising rates of neurodevelopmental conditions, mental health challenges, and chronic illness within a highly diverse population. In Canada today:
    - one in four young people struggles with mental health challenges;
    - one in five lives with a preventable chronic illness,
    - one in five children has no primary care provider,
    - early 30% of Canadian children are considered vulnerable in at least one area of development before entering Grade 1.
- Children are not small adults. They need tailored systems, spaces, equipment, medications, and workforce models.
- Children's healthcare systems have been underfunded for decades, leading to lengthy delays in accessing essential care and worsening health outcomes. Canada currently invests 1.68% of its Gross Domestic Product (GDP) on policies and investments towards children and youth compared to countries like France, the United Kingdom, and Sweden, who invest up to 3.68% of their respective GDPs.
- Delays accessing essential healthcare services result in significant costs to healthcare systems and families, and human costs to children and youth waiting for care.
- Right-sized children's healthcare systems are accessible, equitable, evidence-informed, connected and designed to meet the needs of kids and families. This requires collaboration at all levels of governments, along with healthcare providers, families, advocates and the philanthropic sector.



3. Consultation process:

In the spring of 2026, Children's Healthcare Canada consulted with children's health system leaders (including families and caregivers) from across the country to articulate principles for children's healthcare system reform.

The work was structured in three phases:

- In-depth interviews and group conversations with 60 diverse voices across Canada and internationally, including health system leaders, clinicians, researchers, policymakers, and families.
- A comprehensive review of national and global evidence, spanning UNICEF report cards, international reform strategies, pediatric research, and economic analyses.
- An interactive workshop at the CHC annual conference in May 2026, where findings were pressure-tested by over 300 healthcare professionals.

Together, these three phases grounded the *Start Strong*'s recommendations in real evidence, lived experience, and frontline expertise from across the country.

4. Report Recommendations Details

***Start Strong* proposes 5 key principles for reform of the system:**

During consultations, Children's Healthcare Canada also heard a unified desire from healthcare providers and family partners to create and provide care that fosters lifelong health, best quality of life, and meaningful participation, from birth throughout life, wherever and whoever a person is.

To achieve this promise, system reform must be based on the following principles:

- equitable access to healthcare across the continuum for every child, youth and family,
- a focus on lifelong health,
- a sustainable specialized workforce that cares for kids and families,
- strong data and learning systems,
- integrated and transformative research.

Federal Government:

1. Create and fund the implementation of a National Strategy for Children and Youth across health, healthcare, education and family services.

2. Create a Child Health Transfer: a dedicated, ring-fenced funding stream, with an investment of $10 billion over ten years, administered through bilateral agreements with provinces and territories.

3. Invest in pan-Canadian children's health data and research infrastructure, including interoperable data systems, patient and family reported outcome measures, and a dedicated pediatric research funding stream.

4. Develop a national pediatric workforce strategy, in partnership with provinces and territories, to address recruitment, training, retention and remuneration for the full child health workforce.

5. Fully implement Jordan's Principle; commit funding and a timeline for the permanent replacement of the Inuit Child First Initiative, co-developed with Inuit organizations; and work with Métis leadership to close the equivalent gap in access for Métis children.

Provincial & Territorial Governments:

1. Shift funding models away from fee-for-service and diagnosis-driven structures toward models that support integrated, multidisciplinary, life course care.

2. Reduce structural silos between the Ministries of Health, Education, and Children and Family Services to enable coordinated planning and service delivery for children.

3. Invest in pediatric workforce planning, addressing training and remuneration for the broader child health workforce.

4. Expand community and primary care-based pediatric services to reduce reliance on a hospital-centred model of care.

5. Support the extension of developmentally appropriate services for adolescents and young adults transitioning into adulthood, recognizing that neurological maturity, not an administrative age cutoff, should guide when specialized pediatric support ends.

Child Healthcare Sector:

1. Adopt trauma-informed, family-centred models of care that recognize parents and siblings as integral to a child's recovery and wellbeing.
2. Participate in national communities of practice, convened by Children's Healthcare Canada to share innovations and scale what is already working.
3. Adopt patient reported and family reported outcome measures to shift the focus of measurement from administrative throughput to long-term outcomes.
4. Advance cultural safety and anti-racism as core clinical competencies.

Philanthropic partners:

1. Fund innovations in integrated, life course models of care that can inform broader public system reform.
2. Support the research and data infrastructure required to build a pan-Canadian learning health system for children.
3. Invest in respite, navigation, and family support programs that address the needs of the whole family.
4. Fund knowledge mobilization activities so that promising models of care spread across the country.

