

Children's Healthcare Canada | Santé des enfants Canada

Executive Summary

Start **Strong**

Developing the playbook for healthy, vibrant children and youth

November 2026

Introduction

This document presents a playbook - a vision and road map to measurably improve experiences and outcomes of healthcare for children, youth and families, and includes recommendations for federal, provincial, and territorial governments, healthcare providers and leaders, and philanthropic partners.

By the Numbers

8.6 million children and youth under the age of 19 live in Canada[i].

1.5 million Canadian children do not have access to primary care[ii].

$1 invested in children's healthcare in Canada returns fivefold according to economic analysis reports[iii].

The Case for **Change**

Canada is one of the wealthiest nations in the world and has a defining national commitment to publicly funded universal healthcare. Despite this, the health and wellbeing outcomes of children and youth in Canada are among the lowest of comparable countries.

Canada ranks **22nd** of 37 wealthy countries on measures of children's health and wellbeing[iv].

Rates of childhood chronic disease, and mental and behavioural health disorders are on the rise in Canada, and we continue to lag behind comparable countries on infant mortality[v]. Rates and outcomes are worst for children and youth in First Nations, Inuit, and Métis communities and remote regions, for immigrant and low-income families, and for children and youth who are disabled, racialized, or 2SLGBTQ+. Further, children and families routinely wait longer for medical services than many adults. More than half of children waiting for necessary life-changing surgical interventions wait longer than clinically recommended[vi].

Children and youth with significant health complexities represent a small share of the pediatric population but account for a disproportionate share of healthcare spending, illustrating the cost of a system built around single diagnoses rather than the whole child[vii]. Canada's current health systems were designed for a different era, one focused on acute, short-term illness. They were not built for children who have distinct physiology and disease presentations, critical and time-limited developmental windows, and needs that are inseparable from those of their families. The result is systems that are fragmented across ministries and providers, structured to treat isolated conditions rather than the whole child, and increasingly unable to deliver timely, coordinated, and equitable care.

What is at **Stake**

When children do not receive the right care at the right time, the consequences extend well beyond their own health. Delayed or inadequate care affects education, mental health, and lifelong social participation, and it places lasting strain on families. It also carries a direct economic cost. **Thrive: The Economic Case for Investing in Children's Health**, the first national economic analysis of its kind, conducted by Deloitte for Children's Healthcare Canada and Canada's Children's Hospital Foundations, found that every dollar invested in children's healthcare generates up to a five-fold return through improved health outcomes, reduced costs to families and health systems, and future workforce productivity[viii].

Every dollar withheld from early intervention becomes a debt drawn against future economic productivity, repaid later through an adult health system burdened with preventable chronic illness[ix]. As one participant in Children's Healthcare Canada's 2026 national consultations put it, the choice is to pay now or pay later, and paying later costs exponentially more. **Every nation-building project Canada undertakes, from economic productivity to social cohesion, depends on future generations who are healthy, capable, and able to participate fully in the life of the country.**



Without a deliberate and coordinated approach, history demonstrates that the specific needs of children and youth are consistently absorbed into, and lost within, broader adult-centred health reform. Ensuring that this generation of reform explicitly focuses on children, youth, and families is both a moral obligation and a sound economic choice.

Five Principles for **Reform**

Following a national consultation process led by Children's Healthcare Canada in 2026, which included in-depth interviews with children's health leaders and family partners, a review of Canadian and international evidence, and in-person engagement with nearly 300 healthcare professionals, five principles were identified to guide the reform of children's healthcare in Canada.

1

Equitable access to healthcare across the continuum for everyone

Equity must be the guiding principle for all healthcare reform. This means hardwiring anti-racism into clinical standards, ensuring health data exposes rather than obscures local and demographic inequities, expanding specialized support into rural and remote communities, fully implementing Jordan's Principle, committing to the permanent replacement of the Inuit Child First Initiative, and supporting First Nations, Inuit, and Métis self-determination in child health.

2

Care that creates the foundations for lifelong function

The right care at the right time shapes a child's life trajectory. Putting an emphasis on developmental health and function as the most significant factor in lifelong wellbeing requires a profound overhaul of the approach to care: care based on the needs and function of individual children and families, not separated by standardized categories or averages; expanded pediatric care and services that include young adults through the transition to adulthood; and flexible care from interdisciplinary providers based on presenting needs rather than diagnosis.

3

Workforce and funding structures that enable sustainable, integrated, holistic care

Canada's specialized pediatric workforce is at risk. Pediatricians and pediatric subspecialists are in short supply, as well as the pediatric nurses, mental health clinicians, and allied health providers who deliver much of children's day-to-day care. Compensation across these professions lags equivalent adult roles. Reform requires funding models that allow providers the time to coordinate intersectoral, relational care and research, and deliberate investment in training the next generation of pediatric providers.

4

Data and learning systems that allow for connected innovation across the country

Health data remains trapped in provincial, territorial, and institutional silos. A unified, interoperable, pan-Canadian data infrastructure, including patient and family reported outcome measures, would allow innovations in one region to inform and elevate care for children across the country.

5

Integrated, transformative research

Canada needs sustained federal and provincial investment in pediatric-specific research, spanning basic biomedical science, health systems implementation, and the impacts of modern stressors such as digital harms, embedded directly in the communities and care settings where children live and heal.

The **Role** of Children's Healthcare Canada

Children's Healthcare Canada members are already advancing models of care and practices in innovative ways across the country. What is missing is the national infrastructure to connect, sustain, and scale this work.

As the only national association representing children's healthcare across the full continuum of care, Children's Healthcare Canada's will convene communities of practice across the country to further develop, activate and evaluate the five principles for reform. This means bringing together health system leaders, clinicians, researchers, data experts, policymakers, and families to share innovations, build shared infrastructure and standards, and broker knowledge so that progress made in one region benefits children everywhere in Canada.

Through this work, Children's Healthcare Canada, our members and child health partners will identify promising and successful new models of care, measure outcomes, support knowledge mobilization, and report publicly on progress. This will define the Playbook, a collective effort to improve experiences and outcomes of healthcare for every child, youth and family living in Canada.

A Call for **Collective Action**

Achieving a vision for healthy, thriving children and youth requires coordinated action from many players. Children, youth, and families should be engaged directly in implementing every recommendation that follows, and their needs addressed explicitly rather than folded into adult-centred planning. The following recommendations are offered as a starting point for discussion.

Federal Government

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

- Shift funding models away from fee-for-service and diagnosis-driven structures toward models that support integrated, multidisciplinary, life course care.
- Reduce structural silos between the Ministries of Health, Education, and Children and Family Services to enable coordinated planning and service delivery for children.
- Invest in pediatric workforce planning, addressing training and remuneration for the broader child health workforce.
- Expand community and primary care-based pediatric services to reduce reliance on a hospital-centred model of care.
- 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.

Healthcare Providers and Leaders in Children's Health

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

Philanthropic Partners

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

Conclusion

Every nation-building project Canada undertakes depends on future generations who can achieve their best health, best social participation, and best quality of life. Canada has the resources, the expertise, and the moral obligation to build a healthier, more resilient generation of children and youth. Children's Healthcare Canada invites federal decision-makers to join us in this work

Notes

i Thrive: The Economic Case for Investing in Children's Health, Deloitte, commissioned by Children's Healthcare Canada and Canada's Children's Hospital Foundations, 2025. https://www.childrenshealthcarecanada.ca/media/mjlnh32y/chc-final-report-sep-22.pdf

ii Thrive: The Economic Case for Investing in Children's Health, Deloitte, commissioned by Children's Healthcare Canada and Canada's Children's Hospital Foundations, 2025. https://www.childrenshealthcarecanada.ca/media/mjlnh32y/chc-final-report-sep-22.pdf

iii Thrive: The Economic Case for Investing in Children's Health, Deloitte, commissioned by Children's Healthcare Canada and Canada's Children's Hospital Foundations, 2025. https://www.childrenshealthcarecanada.ca/media/mjlnh32y/chc-final-report-sep-22.pdf

iv Strong Beginnings, A Stronger Canada: Children's Well-Being as a National Imperative, UNICEF Report Card 20 Canadian Companion, 2026. https://www.unicef.ca/en/unicef-report-card-20

v UNICEF, Report Card 19 Canadian Companion, 2025: Canada ranks 25th of 43 wealthy countries on infant mortality. OECD infant mortality data (2021): Canada ranked 30th of 38 OECD countries, down from a top-10 ranking in the 1980s.

vi Thrive: The Economic Case for Investing in Children's Health, Deloitte, commissioned by Children's Healthcare Canada and Canada's Children's Hospital Foundations, 2025. https://www.childrenshealthcarecanada.ca/media/mjlnh32y/chc-final-report-sep-22.pdf

vii Beyond Survival: Recommendations for Transforming Support Systems for Children and Youth with Medical Complexity and Their Families in British Columbia, BC Complex Kids Society, 2025. https://www.bccomplexkids.ca/advocacy

viii Thrive: The Economic Case for Investing in Children's Health, Deloitte, commissioned by Children's Healthcare Canada and Canada's Children's Hospital Foundations, 2025. https://www.childrenshealthcarecanada.ca/media/mjlnh32y/chc-final-report-sep-22.pdf

ix Thrive: The Economic Case for Investing in Children's Health, Deloitte, commissioned by Children's Healthcare Canada and Canada's Children's Hospital Foundations, 2025. https://www.childrenshealthcarecanada.ca/media/mjlnh32y/chc-final-report-sep-22.pdf