

Children's Healthcare Canada | Santé des enfants Canada

Start **Strong**

Developing the playbook for healthy, vibrant children and youth

August 2026

About this Report

Children's Healthcare Canada is the only national association representing children's healthcare organizations across the full continuum of care, including tertiary, quaternary and specialized children's hospitals, community hospitals, children's treatment centres, home, respite, and palliative care agencies, and regional health authorities.

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.

It is grounded in a national consultation process undertaken by Children's Healthcare Canada in 2026 with children's health leaders, researchers, and families from across the country, and builds on earlier collaborative work led by the Association, including the Inspiring Healthy Futures initiative.

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The Case for **Change**

Canada is one of the wealthiest nations in the world, home to 8.6 million children and youth under the age of 19[i], and has a defining national commitment to publicly funded, universal healthcare. Nevertheless, the health and wellbeing outcomes of children and youth in Canada are among the lowest of comparable countries, and they continue to decline. Canada ranks

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

Rates of childhood chronic disease, and mental and behavioural health disorders are on the rise in Canada, and we continue to lag behind comparable comparable countries with respect to rates of infant mortality .[iii]Incidence 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+. More broadly, today in Canada, children and families routinely wait longer for medically necessary services than many adults. More than half of children waiting for necessary life-changing surgical interventions wait longer than clinically recommended, and 1.5 million Canadian children do not have access to primary care[iv].

Children and youth need nutritious food, clean water, families with secure incomes, safe communities, skilled parenting and caregiving, access to education, spaces to play and grow, and environments free of discrimination to thrive. Alongside these social determinants of health, Canada needs robust child and youth healthcare systems that begin with prenatal care, offer early screening and intervention for developmental and chronic conditions, provide rapid access to specialized and palliative care, integrate mental health care, and support gradual, well-planned transitions into adulthood. Because children are embedded in family units, families themselves also require emotional, financial, and navigational support.

At the same time, Canada's healthcare systems are being reshaped around a new demographic reality. Medical advances and better access to social resources mean that people are living longer, often with increasingly complex chronic conditions. Roughly one in five Canadians is now over the age of 65, a share projected to reach one in four by 2051, and people over 80 are among the fastest-growing age groups[v]. This is a necessary and appropriate area of focus. It must be matched by deliberate attention to and action for children and youth, whose distinct and urgent needs risk being overlooked at the exact moment they are becoming more complex, not less. Investing early in life is both a moral and financial imperative as Canada strives to ensure the long-term sustainability of the health system itself.

The **Reality** for Children Today

Childhood in Canada looks different than it did a generation ago, marked by rising complexity, new patterns of diagnosis, and mounting pressures on children's physical, mental, and social wellbeing.



Statistics Canada reports that 1 in 4 children and youth (1.6M) live with diagnosed long term health, developmental or chronic disease and disability.

More children and youth are diagnosed with complex health conditions and disabilities

Advances in neonatal care, pediatric critical care, and surgical innovation are extending the lifespan of children with health complexity. Children who previously would not have survived are now living for decades, many with significant disabilities. Children and youth with complex health needs 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[vi].



"The medical system is incredible at keeping children alive, but once they leave the hospital, there is no system designed to help them, or families, actually live. We have the technology to sustain life, but are denied the basic social, financial, and nursing infrastructure required to move past raw survival."

Children's Healthcare Canada national consultation, 2026

More children are living with chronic pain

In Canada, one in five children live with chronic pain[vii]. For many of these children, particularly those with sensory processing sensitivities or communication barriers, unmanaged pain routinely manifests as long-term physiological and psychological distress[viii].

More children and youth experience neurodiversity and other developmental conditions

The prevalence of diagnosed major neurodevelopmental conditions, including autism spectrum disorder, ADHD, and learning disabilities, has climbed steeply over the past decade. Between 10 and 17% of children live with neurodevelopmental disability[ix]. This increase in visibility and diagnosis has triggered a substantial rise in developmental healthcare demand, and even with new funding through channels such as the federal autism strategy, wait lists in several provinces remain lengthy.

The increase in diagnoses tells only part of the story. Canada's system is structured to require a diagnosis before treatment, and treatment funding models typically assume a standard patient. Most children with developmental needs have overlapping conditions, such as attention deficits, communication and language delays, processing issues, sensory over-responsiveness, anxiety, motor coordination challenges, depression, and obsessive-compulsive disorder that defy simple diagnosis and standard treatment plans. Children and youth with developmental conditions also frequently face structural and social barriers to mainstream physical activity and accessible community play spaces, which increases their long-term risk of cardiovascular disease, physical deconditioning, and chronic metabolic conditions as they age.

More children and youth experience generational distress, rising mental and behavioural health needs

The combination of pandemic disruption, social media use and online harms, geopolitical and climate anxiety has created unprecedented stress on the mental health and wellbeing of children and youth. More than



More than a quarter of Canadian youth aged 12 to 17 rate their mental health as fair or poor, a doubling of pre-pandemic levels[x].

Rates of prescribed mood and anxiety medication, hospital admissions for eating disorders, and mental health-related emergency department visits have all risen, and mental health crises now account for a significant and growing share of pediatric hospital admissions. Suicide remains among the leading, preventable causes of death for Canadian children and youth.

"The dramatic spike in emergency department visits and hospitalizations for mental health is not a sudden failure of child biology; it is the structural failure of an underfunded upstream safety net. When a vulnerable child faces a long waitlist for standard community therapy, mild anxieties and early eating disorders are left to compound until they become life-threatening psychiatric crises. We have designed a system where families are forced to wait for a catastrophic breakdown before the gateway to clinical care finally opens, turning the emergency department into the de facto portal of entry for the entire child psychiatric system."

Children's Healthcare Canada national consultation, 2026

Increasingly diverse and vulnerable populations of children and youth

Mental health distress strikes marginalized youth with the most devastating force. 2SLGBTQ+ youth experience mental health and substance use disorders, and suicidal ideation, at substantially higher rates than their cisgender, heterosexual peers. Indigenous youth experience significantly higher rates of depressive symptoms and suicide than non-Indigenous youth, reflecting the ongoing impacts of colonization and systemic inequities. Children and youth in these groups also experience social stigma, trauma, and difficulty accessing appropriate care and services.

Canada's growing diversity has also shifted the demographics of childhood. A growing share of Canadian children have at least one immigrant parent, according to recent census data. Newcomer children require specialized healthcare that encompasses language and cultural navigation, catch-up immunization and screening, and low-barrier mental health support tailored to migration trauma, systemic discrimination, and the stress of rapid cultural adaptation. Some urban centres have specialized clinics for refugees and vulnerable newcomers, but most families are challenged to access this kind of care.

> *"You cannot talk about quality improvement if equity is not centred in that discussion. So much harm happens in the healthcare system because of systemic racism and other challenges that different populations face, and we have to be willing to address that and own that fact if we want to make impactful change."*
>
> Children's Healthcare Canada national consultation, 2026

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, compromising health and wellbeing outcomes.

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 and society. 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[xi]. Investing in children's healthcare is one of the most powerful levers Canada has to ensure long-term domestic resilience and future workforce productivity.



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[xii]. As one participant in Children's Healthcare Canada's 2026 national consultations observed, "the choice is pay now or pay later," and paying later costs exponentially more in human and financial measures. **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.**

Over the past several years, health leaders, educators, researchers, service providers, disability advocates, non-governmental organizations, parents, and youth have called on governments to address the declining health and wellbeing of children and youth. The federal government has begun investing attention and political capital in programs and partnerships that touch children's health and broader health system reform: new collaborations, new funding for research and health systems under strain, a commitment to study the health workforce, a federal autism strategy, a political commitment to primary care reform, and work with First Nations, Inuit, and Métis partners to co-develop legislation that codifies the right to health, supports self-determination, and confronts systemic racism. These are important first steps that can be coordinated and optimized through a National Strategy for Children and Youth.

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.

Why Children Need a **Different System**

Health systems designed primarily around adult care and adult disease patterns cannot simply be scaled to serve children. Children's healthcare systems require a distinct approach for several reasons.

Children have time-sensitive developmental windows

Children and youth have well-defined timelines associated with learning, developing social skills and emotional regulation, and remediating deficits. Missing these windows can have lifelong impacts on physical, mental, and social health and wellbeing. For example, a child with a speech delay is most receptive to therapeutic intervention before the age of four. If intervention is delayed by six months, the child will be unlikely to reach the same level of language fluency as their peers, affecting academic potential, social ease, and behavioural and emotional regulation. Similarly, there are critical timelines for biomechanical maturity during the rapid growth spurts of puberty; delays in treatment such as spinal fusion for scoliosis may bypass the window for malleability, requiring more invasive surgery or a permanent reduction in lifetime mobility, often during another critical window for socialization and identity. Financial and social costs accrue to the child, family, and broader health system as a result of delays in access to care.

Children are embedded in family systems

Children do not present for healthcare in isolation. Their health, and their capacity to heal, is shaped by the family ecosystem around them. Chronic stress experienced by parents and caregivers, whether from racism, poverty, mental health issues, or the demands of navigating the health system, activates children's own stress response systems and reduces their capacity to recover from illness. This effect extends beyond the child who is unwell. Significant illness or unsupported behavioural issues in one child often set off a cascade of behavioural, physical, or mental health issues in siblings. Addressing this requires more than clinical care alone. Families frequently need counselling, income replacement, respite care, and support for siblings who are not the identified patient. Without that support, caregivers cannot create the environment a child needs to heal or to build developmental skills and strength, and clinical care, however strong, will not close the gap on its own.

Children need child-friendly care

Canada's public health and wellbeing systems are built around illness, not the developmental care children need. Healthcare is structured to prioritize illness treatment rather than early screening, skill building and intervention, and funding and programs are designed around specific diagnoses, rather than the intersecting, intertwined needs of children and families. Fee-for-service and efficiency metrics assume that there is a "standard patient," and leave little room for the web of physical, emotional and behavioural needs that can be embedded in a child's presentation.

Understanding human development is a critical part of pediatric expertise, not only for providing timely intervention, but for ensuring that care accounts for the emotional vulnerability of children. Children experience pain, fear, and unfamiliar environments differently than adults do, and their capacity to understand or consent to what is happening to them changes at every developmental stage. When children experience excessive pain, insensitive care, or fear in health settings, it can shape their mental health and relationship with their bodies for the rest of their lives and may lead to avoidance of care altogether.

These early experiences also establish a child's basic sense of trust in the health system, a foundation that follows them into adolescence and adulthood. A child who associates hospitals with fear or helplessness may delay seeking care later in life, withhold symptoms from providers, or struggle to adhere to treatment, all of which carry consequences well beyond childhood.

Much of this harm is preventable through deliberate preparation and communication. Practices require providers trained specifically in pediatric development and communication, not simply the application of adult care approaches to smaller patients.

The same principle applies to the medicines and devices children require. Pediatric formulation requirements, orphan and rare disease pathways, health technology assessment methods, and the frameworks governing individualized and gene-directed therapies were created for adult populations and adult evidence standards. Incorporating pediatric requirements into these systems, rather than treating children as an exception within them, would improve access without requiring any change to jurisdictional arrangements between governments.

Children get lost in the transition to adult services

In the current system, pediatric care typically ends when a patient turns 18. Scientific understanding over the past two decades has transformed the understanding of adolescent and young adult development: brain development continues well into a person's twenties, and the adolescent and young adult population needs specialized developmental support as much as younger children do. Today, many young people lose access to needed programs at the exact point they are experiencing the most challenging mental health needs or the most significant progression of chronic conditions. This is often governed by arbitrary age cutoffs rather than developmental readiness. Many young people fall between the cracks or discontinue care altogether as a result.



"The adult system is completely disconnected. We spend eighteen years building a care team that understands every nuance of a complex child, and then overnight, the system hands the parents a stack of folders and says, good luck, you are on your own now. It is a complete abdication of continuity."

Children's Healthcare Canada national consultation, 2026

Children require a life course, value-based approach to care

Managing the complex needs of children and youth requires an intentional shift away from reactive, transactional healthcare toward a life-course and value-based approach. Thought leaders and researchers in Canada and beyond[xiii] have demonstrated the need to reorient traditional funding, structures, and measures to prioritize the optimization of children's health across a lifetime, prioritizing prenatal care, parental support, early screening, and timely intervention, in order to foster the healthiest possible future adults while creating the most economically sustainable health system for all Canadians.

Childhood immunization illustrates what is lost when prevention is not sustained. Canada lost its measles elimination status on November 10, 2025, following an outbreak that began in October 2024. A life course approach treats immunization as a continuous practice rather than a campaign response to outbreaks. Thats means coordinated schedules, interoperable registries that follow a child across jurisdictions, catch-up for children who fell behind, and sustained work on vaccine confidence.

5,425 measles cases & 2 deaths in 2025



A life-course approach:

- In human terms, this means a system of care that places children and families at the centre, integrated into their communities, where each child's unique needs are quickly recognized and families are supported with whatever they need, including health and social interventions, income support, and community supports.

- In policy terms, it means shifting health system planning from hospital-centred, activity-based funding toward incenting and measuring long-term, patient-reported outcomes, and erasing the rigid silos between the Ministries of Health, Children and Family Services, and Education.

- In economic terms, it means recognizing that children's experiences with the health system are not isolated clinical events, but opportunities for long-term investment in human capital and the economic health of the country.

The Playbook Foundation

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

- How could a pan-Canadian approach to children's healthcare make a difference?
- What promises should be made to children, youth, and families about their care?
- What kind of children's healthcare system is needed for the future Canada wants?

These consultations built on the foundational work of **Inspiring Healthy Futures**, **Beyond Bandaids** and **Thrive: The Economic Case for Investing in Children's Health**.

The 2026 process combined three phases of work:

Phase 1

25 targeted, in-depth interviews and group conversations spanning children's health policy, advocacy, research, education, and care across Canada and internationally capturing 60 diverse perspectives from health system leaders, educators and clinicians, data scientists and health researchers, policy influencers, national and global advocates, and parents and people with lived experience.

Phase 2

Comprehensive review of national and global evidence, including UNICEF's global report cards, comprehensive strategies such as the United States' Launching Lifelong Health initiative, reports on Australian and European reforms, pivotal research on children's physiology and development, legislative frameworks such as the Men's and Boys' Health Strategy and the National Framework for Women's Health, and economic analysis of the return on investment for children's health.

Phase 3

Interactive workshop at the Children's Healthcare Canada conference in May, where insights from the first two phases were shared with over 300 healthcare professionals. Small group discussions augmented early findings and captured further opportunities for innovation and reform across the country.

The quotations included throughout this document are drawn from conversations with the thought leaders who contributed to this work.

Five Principles for **Reform**

During consultations, Children's Healthcare Canada heard that current approaches to healthcare service delivery and coordination are not working for children, youth, and families. 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.

A promise for children and youth: care that supports lifelong health, the best possible quality of life, and meaningful participation, from birth through adulthood, no matter who you are or where you live.

There are challenges inherent in making any kind of health reform in Canada's decentralized federal, provincial, and territorial system, with complicated bureaucratic divisions and distinct regional identities. Participants in the consultation fully recognized that Canada does not have the luxury of designing and building a life course, value-based system from the ground up, but rather needs to reshape, unify, and evolve the existing system architecture.

> *"Canada does not have a national healthcare system; we have a collection of regional monopolies. Enacting systemic reform across provincial boundaries is like trying to turn a fleet of massive cargo ships with a single rudder. The federation's jurisdictional lines act as a natural barrier to scaling innovation. We need a much more organic process to collaborate on the system our kids need."*
>
> Children's Healthcare Canada national consultation, 2026

Despite these challenges, participants were in strong agreement that Canada has the expertise, commitment, knowledge, and innovation to move toward the system children and youth need, and that there are already dozens of examples of innovation reflecting this change across the country. Recognizing that what works in rural Nova Scotia is not the same as what is needed in Northern Ontario or in metropolitan Vancouver, health system reform needs to allow for growing pockets of innovation in local communities, while articulating shared direction for collective impact. With federal support and commitment to the principles below, each province, territory, or region can build on its existing strengths, create cross-jurisdiction networks, learn from other regions' innovations, and create new collaborations.



Children's Healthcare Canada proposes five principles for health system reform, to improve children's experiences and outcomes of care.

1 Equitable access to healthcare across the continuum

Access to care and outcomes are inequitable across the country and across demographics. Delays and lengthy wait times for children and youth have profound social and economic consequences. The most significant guiding principle for all care reform needs to be equity. For children, specialized services are often concentrated in a small number of urban centres, and a child's postal code, family income, and the jurisdiction responsible for their care too often determine the services they receive.

Achieving equity means fundamentally changing the system's architecture:

- hardwiring anti-racism into clinical standards,
- examining health data closely enough that inequities are not obscured by wider averages,
- expanding specialized support into rural and remote communities and,
- treating cultural safety, including for children with disabilities and 2SLGBTQ+ children and youth, as a core clinical competence.

It also demands 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

Developmental health is the foundation for lifelong health: the right care at the right time shapes a child's life trajectory. Care close to home matters to access and timeliness. Children and youth present with many overlapping complexities rather than singular diagnoses, and adolescents and young adults transitioning into adulthood have ongoing developmental needs that require continued, developmentally appropriate support.



"Kids with autism, kids with complex chronic conditions, and kids who need palliative care all move across the exact same structural services. They all need family doctors, schools, just-in-time specialist consulting, and mental health support."

Children's Healthcare Canada national consultation, 2026

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 ability to deliver timely, high-quality healthcare to children and youth depends on the strength of its specialized pediatric workforce. Today, that workforce is experiencing unprecedented pressures. Across the country, pediatricians and pediatric subspecialists, whose expertise is essential for preventive care, specialized treatment, and coordinated management of complex conditions, are in short supply. The same pressures extend to pediatric nurses, mental health clinicians, and allied health providers, who deliver much of children's day-to-day care. Children's Healthcare Canada's **Beyond Bandaids** research reports that the workforce serving children is significantly smaller than the workforce serving adults and is remunerated at lower rates than its adult counterparts[xiv].

Workforce planning must include a deliberate focus on training more pediatricians and subspecialists, along with a re-evaluation of their remuneration model. That planning must extend to nursing, mental health, and allied health, including recruitment, retention, and remuneration.

At the same time, as the system builds a sustainable, robust future workforce, it needs to explicitly incentivize and train the next generation of healthcare providers in team collaboration and pediatric-specific, trauma-informed care, ensuring that children's interactions with healthcare build long-term trust rather than clinical trauma.



"Clinicians feel the fee-for-service model pushes them around time, whereas they prefer to be pushed around quality. If we want a workforce that stays, we have to fund them for the relational time it takes to care for a complex child."

Children's Healthcare Canada national consultation, 2026

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

Canada is a global leader in research and has some of the most advanced children's care in the world, yet health data remains trapped in provincial, territorial, and institutional silos. This prevents a true understanding of the needs of specific populations, the effectiveness of the care being provided, and the research needed for the future.



"Provincial statistics hide rural disparities and localized crises. When we only see broad, adult-centric provincial averages, we can ignore the deep, localized health outcome crises affecting marginalized and Indigenous children."

Children's Healthcare Canada national consultation, 2026

Building a truly pan-Canadian learning health system requires a unified, interoperable digital data infrastructure: connected data that follows a child across lines of care and tracks longitudinal outcomes, patient-reported outcome measures, and family-reported experience measures, so that the system can shift from measuring administrative throughput, such as bed occupancy, to measuring true human trajectory. A national data framework would allow breakthroughs in one region to instantly inform and elevate the standard of care for a child thousands of kilometers away.



"We need national data. That goes without saying. It is like saying we need water, and yet we cannot ever seem to do it. When we can follow a child's journey through the system, we understand that child's needs, and we understand system needs."

Children's Healthcare Canada national consultation, 2026

5 Integrated, transformative research

The health system cannot successfully evolve without a continuous, integrated pipeline of discovery purpose-built for the changing realities of childhood in 2026. Canada needs sustained investment in pediatric-specific research spanning basic biomedical science, health systems implementation, and the downstream impacts of modern societal stressors such as digital harms and climate anxiety. Research should be embedded directly within the communities and care spaces where children live and heal, so that it can influence practice and be shaped around outcomes defined by patients and families.



"Investing in children's healthcare is not a static social cost; it is the catalyst for world-leading innovation. From radiation-free cancer trials to rewriting the global standards on pain, Canadian pediatric research proves that when we design a system explicitly for children, we build the infrastructure that transforms medicine for everyone."

Children's Healthcare Canada national consultation, 2026

From Vision to Action

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 role is to 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 will identify promising and successful new models of care, measure outcomes, support knowledge mobilization, and report publicly on progress.

Subsequent phases of this work will document exemplars of this approach already underway across Canada and internationally, and set out concrete opportunities for collaborative action, so that provinces, territories, institutions, and communities can learn from one another and move faster together than any one system could move alone.

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.

The Ultimate Nation Building Project

Every nation building project Canada undertakes, from economic productivity to social cohesion, 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. 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 this work.

Notes

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