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TURNING POINTS:

**Canadians from coast to coast set a new course
for healthy child and youth development**

The National Goals for Healthy Child and Youth Development

A C K N O W L E D G E M E N T

Health Canada would like to acknowledge the contributions of many hundreds of committed Canadians who generously gave of their time and expertise to develop this document.

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NATIONAL GOALS FOR HEALTHY CHILD AND YOUTH DEVELOPMENT

MISSION

To safeguard and improve the health and well-being of all children and youth in Canada

GOALS

Value all children and youth in Canada and share responsibility for their healthy development.

Support families in their role as the primary caregivers of children

Make health promotion and prevention of disease, disability and injury among children and youth a priority of healthy public policies.

Reduce child and family poverty.

Protect children and youth from abuse, violence, inequity and discrimination.

Ensure that young people have opportunities to participate in decisions about their healthy development and encourage them to make healthy life choices.

Strengthen the capacity of communities to promote and improve healthy child and youth development.

Develop collaborative, cost-effective strategies to achieve measurable improvements in health outcomes for children and youth.

1 THE DEVELOPMENT OF NATIONAL GOALS

Origins

At the 1990 World Summit for Children, co-hosted by Canada, 71 nations adopted a world declaration on the survival, protection, and development of children. The process of developing national child health goals began as a response to this Summit.

The Government of Canada ratified the U.N. Convention on the Rights of the Child in 1991. The underlying principle of every Convention article is “the best interests of the child should always be a primary consideration.” The Convention outlines the responsibilities governments and adults have to children and their families by ensuring a child’s right to survival, right to protection and the right to develop. The Convention on the Rights of the Child served as a key framework for the development of national child health goals.

Responding to Change

The social and economic environment for our children and youth is dramatically changed as a result of deep and broad changes. Major changes in family structure, the economy and the labour market, and tightly constrained government spending pose a challenge for all of us. New approaches are needed

to ensure Canada’s over-all prosperity and to maintain a quality social environment for our children.

Over the past two decades there have been major advances in knowledge regarding both the factors that influence healthy child development and the negative effects of inadequate social environments on healthy development. These advances in knowledge, coupled with the underlying economic and societal changes, call for the development of new strategies designed to improve outcomes for children and youth.

This document sets out a mission - to safeguard and improve the health and well-being of all children and youth in Canada - and eight national goals through which Canadians can fulfil that mission.

These goals recognize the social and economic realities of Canadian life. They are based in new knowledge about healthy child development that has emerged from research in recent years.

A New Understanding of Health

Canadians are justifiably proud of our health care system. It has contributed to major improvements in population health over the last several decades. But we have come to realize, based on a growing body of research evidence, that better health is not produced by better health care alone. If we are to improve the health and well-being of all children and youth in Canada, we need to look beyond health care to the “broader determinants” of health.

The key factors that help determine children’s health include the nurturing that they receive from their families, the financial resources of their parents, and their own biological makeup. A safe and stimulating environment in which to play and explore helps young children develop the learning and coping skills they will need as they grow into adulthood. Other important factors that encourage healthy development include developing positive relationships and self-esteem and experiencing success.

We know that prenatal and early childhood experiences on subsequent health, well-being and competence has a powerful and long lasting effect. Current knowledge of the broad determinants of health provides us with greater understanding of what makes children healthy and points toward new opportunities to improve outcomes for children and youth, while reducing costs over the long term.

The eight goals for healthy child and youth development provide a unified framework for understanding and taking action, based on the broad determinants of health.

Our Shared Responsibility

Ensuring that all Canadian children and youth get the best chance for healthy development is not the responsibility of doctors and hospitals, nor the sole responsibility of governments acting on behalf of the public. It is the shared responsibility of all Canadians in communities across this country.

That message came through clearly in a dialogue with Canadians on the healthy development of children and youth. The national goals described in this document reflect the aspirations of the many Canadians from all parts of the country who participated in the process of developing and refining them.

Those Canadians also made it clear that there must be a strong commitment to working toward achieving these goals. They must not be empty words.

To achieve these goals will require commitment and effort by many partners, including, but not limited to: governments at the federal, provincial, territorial and local levels, schools and other public

institutions, employers and unions, parents and communities, service providers in health, social services and other sectors, and young people themselves. Achieving our goals also requires the support of Canadians of all ages.

Developing the Goals: A Broad Consultation Process

The development of national goals has involved partnerships between Health Canada and a variety of organizations, including the Canadian Institute of Child Health, the Canadian Public Health Association and the Canadian Paediatric Society.

The goals were developed over a four-year period through consultation with a national working group of experts, provincial and territorial governments, Aboriginal groups, and people from communities across Canada. Beginning in 1992, consultations were held in every province and territory. They involved more than 900 people, including experts on child and youth issues, representatives of provincial/territorial governments, non-governmental organizations, research institutions, Aboriginal organizations, and youth and community groups.

Highlights included community workshops, involving a wide range of participants in all provinces and territories. Youth, parents, representatives from Aboriginal groups, multi-cultural groups, as well as people

from the health, social services, education, justice and recreation sectors provided valuable feedback on a discussion paper called: *A Vision of Health for Children and Youth in Canada*. The Canadian Public Health Association conducted the community workshops and summarized the results in *A Cross-Country Consultation on a National Vision and Goals for Child and Youth Health in Canada*.

Some 200 officials representing all of the provincial and territorial governments in Canada contributed to the consultation process. A number of them have provided ongoing assistance and feedback, and helped to define an appropriate role for the federal government in developing national goals.

The various steps taken, the resources produced and the key organizations involved in the consultation process are listed at the end of this document.

Aboriginal Communities

Four Aboriginal organizations — the Assembly of First Nations, the Congress of Aboriginal Peoples, Pauktuutit (the Inuit Women's Association), and the Métis National Council — conducted a review process with a number of their members.

Supportive of the idea of a national vision of health for children and youth, Aboriginal participants in the review process generally believed that the draft goals did not reflect the reality of Aboriginal populations.

The health of Aboriginal children is worse than the rest of the Canadian population. A high proportion of Aboriginal peoples live below Statistic's Canada's Low Income Cutoffs poverty line, and many experience conditions similar to those in the developing world. The infant mortality rate in First Nation populations is almost twice the current Canadian average. Aboriginal children are at greater risk for mental health problems because of the many social and economic issues facing them. The suicide rate among Indian youth is five times that of the Canadian population as a whole. As well, Aboriginal children have a much higher death rate from injuries than other children in Canada.

The view that was most often expressed in the review process was that Aboriginal groups and leaders should develop their own vision of healthy child and youth goals for Aboriginal young people.

Traditional teachings promote self-worth in Aboriginal children and youth. Participants stressed that Aboriginal children, youth and families have the right to know their traditions and cultures, regardless of where they live. It was noted that Aboriginal children living in urban settings in particular require additional support to survive in

mainstream society. New holistic models of healing need to be supported at the community level.

Many participants in the review process also raised the issues of discrimination and poor living conditions and their impact on Aboriginal children and youth. They urged that Aboriginal peoples be supported in their development of appropriate health goals for their young people.

As a result, the national goals in this document do not refer specifically to strategies for Aboriginal children and youth. However, it must be noted that the national mission of improved health and well-being for all children and youth in Canada will not be achieved until inequities affecting the Aboriginal population are redressed.

Result of the Consultations

Overall, there was strong support for the development of national goals that recognize the broader determinants of health which lie outside the health care system, including those factors in the social and economic environment.

Key themes that emerged from the consultation process included the need to:

- value children and youth for their own sake;
- recognize our shared responsibility for their well-being;
- promote the involvement of children and youth in their own healthy development;

- recognize the importance of families;
- work to reduce poverty and inequity significantly; and
- give communities the authority and resources to create change.

Substantial changes have been made to the original draft goals to reflect the comments and recommendations offered during the consultations.

The Role of the Federal Government

During the consultations, participants were asked about the appropriate role of the federal government in promoting the healthy development of children and youth.

The feedback from the consultations was that the federal government should:

- provide leadership through the national goals, and support provincial and territorial governments and communities to develop appropriate objectives and targets, based on regional and local priorities;
- support innovation, promotion and prevention strategies, and community capacity-building;
- increase public awareness of the determinants of healthy child and youth development; and

- promote collaboration and develop partnerships among sectors and disciplines.

These views influenced the development of the national goals and helped shape the plan of action outlined in the section “Moving the Agenda Forward” (see page 19).

2 THE NATIONAL GOALS

Introduction

Defining common goals that focus on healthy development and its many biological, emotional, social and economic determinants is a first step in a continuous, participatory process for improving the health and well-being of Canada's young people.

These national goals are intended to provide a coherent, yet flexible, guide for Canadians to gain momentum and achieve advances in the healthy development of children and youth. They are not meant to prescribe specific provincial, territorial or community priorities, but to act as principles for action.

No single goal stands in isolation from the others. Each is interrelated, and builds on and reinforces the others. The impact of achieving these goals will be cumulative in children's lives. For example, babies who get a good start in life will be more likely to have a healthy infancy and early childhood. Early childhood experiences have an important influence on learning and coping in later life. Families who are supported in their communities and receive the help they need with parenting will be more likely to raise healthy children.

The eight goals are not in order of priority. Based on comments from the consultations, a deliberate decision was made not to number the goals to signify that they are of equal importance.

Under each of the goal statements is a brief and general description of some of the issues that led Canadians to support this as a national goal. These issues are not meant to be comprehensive. Depending on the region or community, the specific issues involved will vary. The priority placed on what should be done to achieve each goal will also vary, depending on social and economic circumstances. For instance, the most important objective today for one community might be to reduce unemployment and under-employment; in another community, the priority might be providing support services for pregnant women and new mothers. At another time, a community's pressing concern may be different.

Issues such as poverty, abuse and discrimination are of immediate concern to all communities because of the adverse impact on the Canadian social fabric.

These goals will help to keep us on track, monitor our successes and remind us that we still have far to go.

Value all children and youth in Canada, and share responsibility for their healthy development.

Canadians share a belief that children and youth must be valued for themselves, and not just for the adults they will become. It is important to recognize that children are the citizens of tomorrow — they are our society’s future — but it is even more important to recognize that children and youth have their own rights and entitlements today. They should have priority when it comes to our caring and our resources.

Families need support from their communities to raise healthy children. All Canadians have a shared responsibility for our nation’s children and youth. This responsibility, going beyond our immediate families, is fundamental to the values of Canadian society. It reflects our sense of being members of a compassionate society, which is a defining part of our national character.

Every Canadian and institution of our society — economic, social and political — have the opportunity to demonstrate that they value children. Governments have a role, providing leadership and resources, but theirs is not the only role. We know that the healthy development of children and youth is not a product of the health and social services system alone. The involvement by other sectors that affect the broad determinants of health is fundamental to this healthy development.

For example, employers and unions can work together to develop and introduce family-friendly policies in the workplace so that parents are able to fulfil their job responsibilities without sacrificing their family obligations. City, community and neighbourhood leaders can bring people together to discover how to promote healthier families. Service providers in all sectors can join forces to pool ideas and experience, and coordinate resources and evaluation. Schools can serve as the focal point for community activities and supports for families. Young people themselves can get involved and make their own unique contribution to their communities and finding new solutions.

Valuing all children and youth in Canada means that all children and youth are entitled to a fair chance for health and well-being. We know that all children do not start life with equal advantages. Our strategies for healthy development should strive to equalize life chances, wherever possible, by providing additional supports where they are needed to overcome deficits in the child’s environment.

We often cannot overcome biological disadvantages that children are born with, but children

with disabilities and their parents have taught us that approaches which emphasize and capitalize on *ability* can have major positive effects on development.

Support families in their role as the primary caregivers of children.

Most children grow up in families. Family structures and parental roles may not be as they were 20 or 30 years ago, but parents remain the most important people in the lives of their children. They have the primary role in nurturing and raising children. Primary caregivers can also include step-parents, grandparents, and other relatives and guardians.

Healthy families provide a stable, secure environment where children can experience trust, empathy, curiosity and confidence - all basic factors for the healthy development of young people. Communities can play a valuable role in the support of families in raising their children.

A key time to support families is during pregnancy and early infancy. The health of the mother is the most important factor in the health of the baby. A good start in life can have lifelong positive effects on the health of children.

After a baby's birth, many parents need support to help them take on the responsibility of caring for a child. Post-natal support services can help reduce the isolation and anxiety of parents and provide needed information on healthy

child development. Providing information and help with parenting skills should start early and continue through the various phases of child and youth development.

Families need a neighbourhood support base, including child care services, schools, playgrounds and other recreational activities for children and youth. Community-based approaches may take the form of drop-in centres for parent and child, family counselling, parent education groups or informal child care networks. Parents of children with developmental or physical disabilities or serious illnesses have special needs for services such as respite care and at-home health care services.

In most Canadian families, both parents work outside the home so they need quality, affordable child care options. Parents need child care options that fit with their work schedules. Children should have child care that stimulates early childhood development and is sensitive to diverse cultural needs.

Research shows that quality child care benefits children, particularly those who are living in poverty or in stressful family situations.

There is also a need for family-friendly policies in the workplace. Many parents, especially women, are under stress because of the competing demands of work and home responsibilities. Potential workplace initiatives include flexible work hours, benefits for part-time employees, extended parental leave, family responsibility leave, and employer-sponsored child care.

Families are characterized by varying structures, sizes and cultural influences. Communities must be sensitive to the needs of the family in all its different forms. A sole-support mother may need help with child care and job training. A two-parent family overwhelmed by the responsibilities of caring for children and elderly relatives may need respite care. For families living in urban high-rises, green space and safe play areas for children may be a priority.

Make health promotion and prevention of disease, disability and injury among children and youth a priority of healthy public policies.

Health promotion means enabling and encouraging people to exercise control over improving their own health. Prevention focuses on efforts to control communicable diseases and reduce disabilities, injuries and premature death. Promotion and prevention strategies can

significantly reduce the costs of health care and the human costs of disease and injury, thus improving the quality of life for Canadians.

To be effective, promotion and prevention strategies for families and for the healthy development of children and youth must start early.

Good prenatal care can help reduce the incidence of low birth weight among newborns. Women need information and support to maintain their own health and that of their babies during pregnancy. Mothers with lower levels of education and income, and adolescent mothers are more likely than other women to have low birth weight babies. Additional supports and services should be available to reach pregnant woman and infants who are at greater risk of poor health.

Health strategies that focus on healthy behaviours must also target young people. The risk to health, particularly to pregnant women and newborns, posed by alcohol abuse, smoking and other drug use is well known. Fetal alcohol syndrome, for example, can have devastating disabling impacts on healthy development. Newborns are also affected by sexually transmitted diseases.

Disease prevention remains an integral part of health policy. Immunization has prevented many communicable childhood diseases that in the past devastated entire communities. Challenges still remain however. A primary one is the coordination of different levels of government to deal effectively with emerging problems.

Overall, the physical health of children and youth in Canada is improving. But respiratory illnesses are a growing

concern. Asthma among pre-school children has increased by almost 25 per cent over the past decade.

Behaviours such as smoking, diet, physical inactivity and obesity may predispose children and youth to early onset of atherosclerosis, leading to increased potential for heart disease and stroke later in life.

Emotional health among children and youth is another concern. Nearly 20 per cent of young people in Canada are affected by mental health problems. Among adolescents, suicide is the second leading cause of death. Many children and youth are at risk from poverty, physical and sexual abuse, negative family relationships and substance abuse. Actions to prevent or counteract such risk factors are urgently needed to promote emotional well-being and self-esteem.

Injuries remain the leading cause of death for children and youth after the first year of life, and the main cause of hospitalization. Healthy public policies should couple public education with effective regulation.

Public education is an effective tool for communicating how, where, when and why most injuries occur. Informed parents and others in communities can do a great deal, for instance, to make playgrounds and other areas for children more safe. Regulatory action also helps prevent injuries or reduce their seriousness.

A safe, healthy environment for children and youth includes reduction of environmental pollution. Children are particularly vulnerable to effects of toxic wastes, contaminated water, lead poisoning and other environmental hazards. Environmental sustainability must include health strategies that take into account complex and interrelated effects on people and nature.

Reduce child and youth poverty

In Canada today, one child in six is growing up in poverty. Poverty denies equal life chances to children and youth. Meeting the basic needs of poor families and preventing low-income families from slipping into poverty must be a priority for Canadians.

The impact of poverty is pervasive. Health problems associated with poverty are well known. They include a greater likelihood of low birth weight, inadequate nutrition, infant and childhood death, long-term disability and injury, psychiatric disorders, and poor school performance. The influence of poverty on family life goes beyond the lack of money for good housing or a varied and sufficient diet. The hardship of poverty increases family stress, and reduces the ability of families to cope, which in turn threatens the emotional health of children.

The basic physical needs of all children in Canada — food, housing and care — must be met. Their parents must be able to find work and make a decent living for themselves and their children. Many families were hard hit by the economic downturns of the past decade. Those who are working are finding it harder to get by on what they earn. The income levels of young families with children are actually falling in real dollars.

Being able to maintain, or in some cases, regain financial independence is vital to parents' sense of self-esteem is. It is also

vital that in circumstances where parents are unable to do so, assistance is available to carry them through with dignity. Strategies to assist poor and low-income families can help to remove barriers. For example, all children need recreational and enrichment opportunities to develop their potential, but many community programs charge fees or require the purchase of equipment not affordable to poor families.

Lack of subsidized child care prevents parents, especially lone parents, from being a education, training and job experience they may need for steady employment. Children whose families do not have access to early quality care because of lack of resources, do not receive the stimulation and learning opportunities necessary to reach their full potential in later life.

There is a direct link between the economic/social status of individuals and their health. Where a community or a neighbourhood is struggling with poverty, the healthy development of its children and youth are at risk — from inadequate housing or recreation, lack of opportunity and loss of hope.

Reducing disparity is in the interests of all Canadians. In the broader societal perspective, studies

have shown that a society which is reasonably prosperous and shares wealth fairly is more likely to have a healthy population.

Protect children and youth from abuse, violence, inequity and discrimination.

Abuse, violence and discrimination build and sustain inequities. Action to achieve this goal requires the involvement of many sectors, including health, justice, social services and education. Initiatives must focus on prevention and intervention of abuse, violence and discrimination where they occur. Public awareness and community support are crucial.

The physical, mental and emotional health of children and youth are threatened by abuse and violence. Studies show that child abuse can have significant, immediate and long term negative effects on development. Increased public awareness increases the reporting of sexual and other forms of abuse. We are just now learning the scope of the problem. Another social and criminal problem that has been brought into the open and that threatens child development is violence against women. Children are often helpless witnesses to spousal abuse.

Children and youth who have suffered abuse or neglect need help to heal. They need counselling and a variety of other supports. This is also true of street youth and homeless adolescents, many of

whom have run away from abusive families. Many are also runaways from the children's services system, which has been unable to meet their needs.

To begin to break the cycle of violence, all children and youth need support and guidance to learn how to create and maintain healthy relationships and deal with conflict in a non-threatening way. Some schools have taken the lead in helping to teach children the tools of conflict resolution.

Most parents, whether living in a large city or small town, fear for their children's safety. Schools have a key role, along with parents, in educating children to identify and avoid high-risk situations. They also have a responsibility to join with the community to protect children against aggression, bullying and violence in school and in the community.

Discrimination of any kind has a negative impact on mental and physical health. Whether based on age, gender, race, ethnicity, class, ability, religion or sexual

orientation, discrimination is a learned behaviour that can undermine social relationships and cause deep conflict. Education is essential for promoting understanding and tolerance.

About one in twenty children in Canada has a disability of some kind. Children and youth with disabilities should be able to enjoy full participation in community activities. Many people with developmental and other disabilities have successful careers, and more would do so if given a fair chance. Barriers to full and equal participation in schools, community life and in the workforce should be removed. Equitable opportunities for healthy development, especially for children living in disadvantaged circumstances should be an important concern in a caring and democratic society that values the health and well-being of its children.

Ensure that young people have opportunities to participate in decisions about their healthy development and encourage them to make healthy life choices.

Of all the goals, the meaningful involvement of children and youth in their own healthy development and that of their peers struck a common chord among Canadians who participated in the consultations. Young people themselves made significant contributions to the success of the consultation workshops with their ideas and enthusiasm.

Young people want to have a say about the things they see as important. Too often, the adult world dismisses their point of view. Their voices need to be heard, particularly on issues that affect their own well-being. Young people should be enlisted to help shape policies and programs that affect them. Meaningful youth

involvement will not occur unless institutional structures and policies demand it and opportunities are created. Young people need the chance to learn the skills required to participate fully. With participation goes responsibility.

There are articulate, aware young people in every school, neighbourhood, and community. Instead of always talking **about** them and their problems, we should be talking **with** them. Often, they see things much more clearly than those who are trying to help. A child who has experienced the child welfare system or the juvenile justice system can provide valuable insights into how these systems affect them — where they hurt and where they help.

Communities concerned that their young people are in danger from despair or unhealthy behaviours such as illegal drug use, drinking and driving, or unsafe sex might organize discussions with groups of young people about what's going on. Also, the resources of the community – parents, teachers, social workers, police, public health officials, and others – could be brought together to determine the best way to provide and reinforce opportunities for healthy choices.

Providing young people with opportunities to contribute to community life and practise responsibility supports and nurtures their healthy development. We have to give young people the “straight goods” on healthy lifestyle choices. But ultimately, they must learn for themselves.

Strengthen the capacity of communities to promote and improve healthy child and youth development

Throughout the consultations, Canadian emphasized that communities must be able to identify their own resources and develop their own strategies to improve the social and economic environments for children. Many things have to happen to make that possible.

Communities need information on children and youth in their local area. Are most babies born healthy? Are children coming to school ready to learn? Communities also need to know what resources are available – in specialized children’s services such as child welfare and in mainstream public services such as education, health, and recreation.

Overcoming existing barriers would allow communities to have the flexibility to use existing resources — institutional, human and financial — in new ways. Communities need the authority to implement their own strategies and be accountable to funders and the people whose lives are affected.

Schools can play a key role. By developing partnerships with groups within and outside the education sector, schools can provide a community focus for activities to support families. Many schools already include a child care centre or a parent-child resource centre.

Overall, children and youth are attaining higher levels of education than in the past. However, a substantial proportion of children and youth do not do well in school. Difficult family lives and low income are two of the factors related to poor school performance and increased dropout rates. Schools cannot eliminate societal inequities, but they can try to compensate so that each student has the opportunity to develop his or her potential. Innovative alternatives to regular classroom instruction, for example, can bring back to the education system some young people who dropped out of school.

One opportunity often lacking in disadvantaged communities is recreation. Recreation not only provides healthy activities for children and youth, it also gives them a chance to develop self-esteem as they learn new skills. Self-confidence acquired through sport or recreational activities contributes to the life-long healthy development of children and young people.

Many communities require economic development initiatives to increase opportunities for parents to support themselves and their children. There is a role for both the private and public sectors in stimulating economic opportunity.

To make real progress in improving healthy development, communities need at least one more important ingredient. They need to involve people who care about children and youth and who are determined to make their community a good place for families.

Develop collaborative, cost-effective strategies to achieve measurable improvements in health outcomes for children and youth.

An understanding of the broad determinants of health leads us to conclude that we must look beyond the health care system to “create” health. The health system on its own cannot bring about the necessary changes to ensure healthy child and youth development in Canada.

New knowledge gives us the opportunity to develop strategies that reflect what we have learned about the determinants of healthy development of children and youth. We know that factors such as income levels and opportunities for employment, strong and supportive families and social support networks in

communities influence healthy development. These are not the purview of any one service system.

Therefore, we need to find ways to bridge traditional boundaries and collaborate on new solutions. Comprehensive solutions, involving all sectors of society, are the pathways to the future. This calls upon voluntary, professional, business, consumer and labour organizations to participate alongside governments, with organizations representing such perspectives as communities of faith, ethno-cultural groups and organizations representing

populations with special needs. The involvement of young people, families and communities is vital.

As well, collaboration among the various government ministries and service systems, such as health, social services, education, employment, justice, training and recreation is critical to developing appropriate prevention strategies. Greater collaboration helps minimize duplication, maximize the use of available resources and facilitate effective reallocation of funding.

Creative practices presently happening across Canada are bringing together funders, service providers and communities to develop new approaches. A great deal can be learned from these innovative community-based initiatives.

A collective capacity must be developed to measure results. This involves developing research-based data that show us where we are now in terms of healthy child and youth development, and setting achievable targets to improve outcomes. Evaluation will be required to determine whether our initiatives are achieving the expected outcomes.

Monitoring the success of a variety of initiatives and approaches will also tell us where we are getting value for money spent. These findings can help us make judicious funding decisions.

It is important to take a long-term view and not expect instant results. Preventative strategies are proven to be cheaper, over the long-term, than intervention after the fact. Prevention is also preferable in human costs.

Improving the health and well-being of all children and youth will take commitment, determination, and the will to work together in new ways.

3 MOVING THE AGENDA FORWARD

Greater understanding of the determinants of healthy development, coupled with efforts to link innovative efforts across Canada, will help to change traditional practices and shift the primary focus of our efforts. We are moving from a focus on costly remediation of problems to a focus on prevention of risk, and promotion of improved health and well-being for all children and youth. Increased awareness will also reinforce for Canadians the vital link between investing in the next generation and the social and economic health of the nation.

A number of important initiatives at the community, provincial and federal levels are already headed in the right direction. These include:

- the Federal/Provincial/Territorial Advisory Committee on Population Health, and their report on *Strategies for Health: Investing in the Health of all Canadians*;
- provincial and territorial efforts to promote inter-sectoral coordination of policies and services for children and youth;
- a diverse group of communities across Canada that are building collaborative approaches to improve outcomes for children; and

- the involvement of private foundations, the business community and non-governmental organizations.

Building on these efforts, Health Canada is taking action as recommended in the consultation process (see page 5). In collaboration with the private sector, non-governmental organizations and other government departments and task forces, the federal department is facilitating the development of a long-term effort to move the agenda forward in three target areas.

The first priority is to enhance public understanding of the determinants of healthy child development — including recent findings that demonstrate the importance of new strategies to improve outcomes for children and youth.

The second target is to translate this understanding into a new way of thinking and responding. The emphasis here will be on “new generation” strategies that:

- focus on promotion and prevention rather than treatment, and are results

oriented, with particular attention to providing fair opportunities;

- promote community-based planning, decision-making, and evaluation;
- enhance inter-sectoral and inter-disciplinary coordination;
- link priorities for support of children with the social and economic health of Canada; and
- allocate resources to the initiatives that produce the best outcomes.

Finally, to facilitate the on-going exchange of information, problem-solving on common obstacles, and implementation of effective strategies, Health Canada is working with other partners — federal departments, non-governmental organizations, and the private sector — to develop a national inter-active network to link healthy child development initiatives in communities across Canada.

Summary of the Consultation Process

1990

Discussions within the Department of Health and Welfare

1991

Convening of the first “National Expert Working Group” in Ottawa, with representatives from provincial governments, academia, research institutions and non-governmental organizations

1992

The second national expert working group is convened in Ottawa

1992-1993

Provincial-level discussions held in every province and territory

Aboriginal review process coordinated by four leading Aboriginal groups

1994

Convening of a “National Networking Group” by the Canadian Public Health Association (CPHA), attended by 30 national non-governmental and Aboriginal representatives, to help develop the community-level consultation process

1994

Fourteen community-level consultations organized by CPHA, involving every province and territory

1995

A National Symposium on Community Action for Children, sponsored by Health Canada, the Canadian Institute for Advanced Research and the Centre for Studies of Children at Risk

1995

Distribution of the final document to the Federal, Provincial and Territorial Advisory Committee on Population Health of the Conference of Deputy Ministers of Health.

Summary of Resources Produced

1991

The Vision of Health for Children and Youth in Canada (first draft)

1992

The Vision of Health for Children and Youth in Canada (second draft for public discussion)

1993

Summary report on the provincial/territorial-level meetings with officials on the development of National Child Health Goals

1993

Kids Talk and Videotape video

1993

Inuit Child's Health Goals Working Group, prepared by the Inuit Women's Associations

1993

A Vision of Health for Aboriginal Children and Youth in Canada, prepared by the Native Council of Canada

1994

The Health of Canada's Children: A CICH Profile, 2nd Edition, the Canadian Institute of Child Health

1994

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