



for every child

CHILDHOOD INTERRUPTED:

**How Canada's Child Well-Being
Compares to Other Wealthy Countries**

UNICEF REPORT CARD 19
Canadian Companion

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Canadian Companion to UNICEF Report Card 19

CHILDHOOD INTERRUPTED: How Canada's Child Well-Being Compares to Other Wealthy Countries

The UNICEF Report Card series monitors and compares economically advanced countries' performances in securing children's rights and advancing their well-being. This Canadian Companion distills and interprets data from UNICEF Report Card 19, *Child Well-Being in an Unpredictable World*.

Visit unicef.ca/rc19 to access these reports. Data sources and full references are cited in: UNICEF Office of Research, *Child Well-Being in an Unpredictable World*, UNICEF Report Card 19, UNICEF Innocenti – Global Office of Research and Foresight, Florence, 2025.

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Disclaimer: Data and rankings herein are based on the latest available information at the time of production. Please refer to UNICEF Report Card 19 if required.

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UNICEF Canada recognizes the traditional and ancestral territories we work on and commits to actions of reconciliation and decolonization as we advocate for children's universal human rights. We seek to respect the inherent and treaty rights of First Nations, Inuit and Métis Peoples.

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CHILDHOOD INTERRUPTED:

How Canada's Child Well-Being Compares to Other Wealthy Countries

UNICEF Report Card 19 at a Glance

The well-being of children is the sentinel of the health and potential of any country. Like canaries in a coal mine, children are particularly sensitive to changes in the environments in which they grow up.

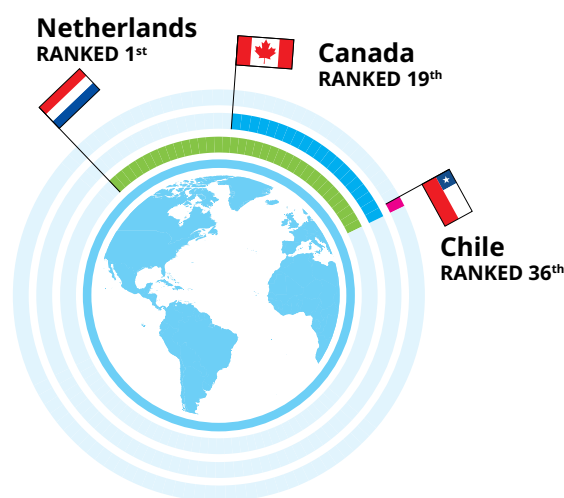
For 25 years, the UNICEF Report Card series has been taking stock of the state of children in Canada and other primarily high-income countries. Report Card 19 compares how these countries achieve six fundamental child well-being indicators using the most current data, measuring the outcomes that should be achievable for every child in a high-income country. The report also tracks recent trends in these aspects of children's lives and how well public policies provide a life of equitable opportunities for every child.

Where is Canada now?

Report Card 19 compares outcomes between 2018 and 2022. Progress for children in Canada has largely stalled in this time frame. Canada is one of the ten wealthiest countries in the UNICEF league table, but when we compare the state of children in this country with others the results are middling. Canada ranks 19th of 36 countries, in the middle of the league table comparing the overall state of children.

Canada's performance falls behind most of its peer

countries in most aspects of children's lives. Among six indicators of child well-being, Canada ranks in the top 12 countries in only one: academic skills (6th place). But even this bright spot is at risk of burning out. Reading and math scores have declined in Canada in recent years and as many as one third of children fall below the academic proficiency benchmark, with no progress made over a five-year span.



Canada ranks close to the bottom in three of six indicators: adolescent suicide (33rd), child mortality (25th) and social skills (28th). Low rankings matter because they indicate poor outcomes for a significant proportion of children. For example, one in five children in Canada face frequent bullying, one in five are lonely, one quarter are not learning the social skills they need for life, and more than one in four are overweight. On the other hand, seven of the top 12 countries in the UNICEF league table of child well-being have less national wealth than Canada and better child outcomes.

How has childhood in Canada changed?

Children's survival has been improving in Canada in some respects. Canada's rate of adolescent suicide – based on a three-year average – has fallen substantially in recent years from 10.1 to 8.4 per 100,000. However, suicide remains a leading cause of death among adolescents, and the rate in Canada is still higher than in most other countries. The rate of child mortality (ages 5 to 14) has lowered from 0.94 to 0.88 per 1,000 – an improvement, but a lesser one than most Report Card countries have achieved in the same time frame.

Progress in overweight, academic and social skills has stagnated with very small recent improvements or declines in these indicators. Children's life satisfaction has fallen three percentage points (from 79 per cent to 76 per cent) – not a statistically significant amount, but the largest deterioration Canada experienced across the six key indicators, and in line with a concerning longer-term trend.

A snapshot of Canada's performance in Report Card 19

Mental Well-Being

Overall life satisfaction:



7.6 in 10 Children Report High Life Satisfaction

Canada ranks 13th of 36 countries. However, children's life satisfaction (how they rate their lives overall) in Canada declined from 79 per cent to 76 per cent since 2018. Japan is the only country in which life satisfaction has risen considerably in recent years. The Report Card country average (72 per cent) dropped by four percentage points overall. Bullying is a major contributor to low life satisfaction, and 22 per cent of

Canada's children report being bullied frequently, ranking 26th of 40 countries. Only the Republic of Korea has a rate below 10 per cent.

Adolescent suicide:



Canada ranks 33rd of 42 countries. The rate of adolescent suicide in Canada fell significantly from 10.1 to 8.4 per 100,000 since 2018 – Canada's most substantial improvement across the six indicators. But suicide remains a leading cause of death of adolescents, and the rate in Canada is still higher than in most other countries: the average rate across Report Card countries is 6.2 per 100,000. Eight countries have kept the rate below 3 per 100,000. There is no clear trend in adolescent suicide across countries, with increases in some and decreases in others.

Physical Well-Being

Child mortality:



Canada ranks 25th of 43 countries. The rate of child mortality in Canada has improved from 0.94 to 0.88 per 1,000 since 2018, while it has improved by more in most other Report Card countries. The average child mortality rate across Report Card countries is 0.99 per 1,000. Only newer and Eastern European Report Card countries have higher rates of child mortality than Canada, New Zealand and United States.

Overweight:



**Nearly 3 in 10
Children are
Overweight**

Canada ranks 24th of 43 countries. At 28 per cent (in line with the average across high-income countries), the rate of overweight children in Canada has changed minimally (by less than a percentage point) over the period measured in this Report Card. In most other countries, it has stagnated or risen since 2018.

Skills Development

Academic skills:



**Around 7 in 10
Children Achieve
Academic
Proficiency**

Canada ranks sixth of 42 countries. However, the percentage of children achieving proficiency in reading and math in Canada fell slightly since 2018, from 68 per cent to 67 per cent - not a significant change but one that continues a longer-term trend. This leaves almost one in three children without these basic academic skills. In contrast, children's academic proficiency dipped more sharply in most

Report Card countries, leaving 45 per cent on average without academic proficiency. Academic skills are also becoming more unequal: the gap in mean math scores between children in the highest and lowest socio-economic groups widened by 13 percentage points in Canada since 2018.

Social skills:



**7.5 in 10 Children
Make Friends
Easily**

Canada ranks 28th of 41 countries. The rate of children's competence in social skills (ability to make friends) in Canada is 75 per cent and has shifted little (by less than a percentage point) since 2018. Children's acquisition of social skills has been relatively stable in most countries and declined or improved in others. The average rate of children that have competence in social skills across Report Card countries is 77 per cent.

Can Canada rise to the challenge and make progress for children?

Canada can aim higher than a middle ranking among peer countries for child well-being. Every government, institution, company and voter in Canada has a direct influence on public policy and should prioritize improving child well-being from the baseline in this Report Card and making it more equitable.

The good news is that Canada already has some of the right policy ingredients to rise above its lacklustre ranking for child well-being. Proven child social protection and care policies – including income benefits, child care, parenting leave and school food programs – are partially in place but need more time, investment and reach to achieve meaningful impacts on child outcomes. The alarming state of children's mental and physical well-being and skills development call for greater and more equity-producing investments in education, youth programs

and accessible health care. Policy solutions should be designed not only for, but with, diverse young people, who have the ideas and capacity to be involved in decisions affecting them.

Higher policy ambition will lead to happier, healthier children and, in turn, higher rankings in UNICEF league tables. All levels of government in Canada should level up their ambition for children with these public policies:

- Eliminate child poverty through more effective child-focused income benefits, ensuring equitable access, and double the Child Disability Benefit.
- Guarantee every infant adequately paid, protected time with a parent or primary caregiver at birth through parenting leave and ratify the International Labour Organization (ILO) Maternity Protection Convention 2000 (no. 183).
- Assure to every child an inclusive education that begins with access to quality, affordable early learning and child care, and ends with proficiency in the social and academic skills they need for life.
- Provide every schoolchild with access to healthy food at school, every school day by expanding on existing investments.
- Nurture a healthy and safe environment for children in all facets, including protection from marketing, digital harms, injury and victimization, and climate change.
- Ensure that every child can readily access preventive and responsive mental and physical health care.
- Implement the Spirit Bear Plan for First Nations and territorial children proposed by the First Nations Child and Family Caring Society and improve the responsiveness of Jordan's Principle to eliminate denials and delays of the services to which every child is entitled.
- Prioritize children on the policy agenda and give them first call on the nation's resources: Improve governance for children with a children's commission and strategy, a child policy lens and child budget expenditure tracking in fulfillment of children's rights.

The true measure of a nation's standing is how well it attends its children – their health and safety, their material security, their education and socialization, and their sense of being loved, valued and included in the families and societies to which they were born.

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A Message from UNICEF Canada President and CEO Sevaun Palvetzian

“How are your kids?”

It’s one of the first questions people ask those with children. Knowing that children are healthy and thriving is a universal signal of well-being and stability, no matter your postal code.

Today, in a rapidly changing and unpredictable time, asking that question about the world’s children is even more important.

For 25 years, UNICEF Report Cards have answered the question, how are children doing in the world’s wealthiest countries? Much like school report cards, these reports regularly measure the fundamental indicators of child well-being in high-income countries.

You might expect that, as the tenth wealthiest Report Card country in the UNICEF league table, Canada would have one of the highest rankings for overall child well-being. Instead, Canada ranks 19th of 36 countries for the state of children in UNICEF’s latest Report Card.

Even as Canada’s national wealth has risen over the past 25 years, indicators of child well-being have largely been stalling. Canada has seen little or no improvement in overweight and skills achievement in recent years. Child mortality has improved, but life satisfaction continues to trend downwards. In fact, one in five children report experiencing frequent bullying, and just as many report being lonely. Worryingly, adolescent suicide rates remain above the Report Card average.

These are the outcomes of an intense – what some describe as a “pressure-cooked” – childhood environment. Children today are facing a ‘polycrisis’ of generational shocks and stresses—from the lingering impacts of the most severe pandemic in a century,

to the fastest price inflation in a generation, to the record-breaking rise in temperatures as the climate changes. Despite their vulnerability, children’s issues often struggle to get the attention of decision-makers. Children’s interests are not always featured with prominence or prioritized in laws, policies and budgets.

We can, and must, do better as a country. The good news? Canada has the capacity to be the world’s leader in creating the best conditions for child well-being.

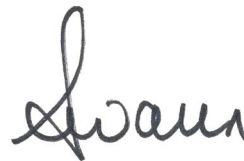
Canada has made recent progress in implementing the trifecta of ‘family-friendly’ social protection policies: income benefits, parental leave and child care. These provide children with the best start in life and have the highest economic returns if they are inclusive and adequate.

But we need to redouble our efforts. All levels of government in Canada have an opportunity to concretely address the trends we see in this Report Card. Our public and workplace policies need to be designed to support parents and children in their most formative years. Health, education and other support systems need to be more responsive to children’s changing needs. Equally important, children need to be more involved in program and policy development in order to create the most effective strategies.

In short, children and families must be a higher priority on our policy agendas and in our budgets.

UNICEF’s Report Cards have helped inspire higher aspirations for children. Report Card 19 should be the baseline for the next generation of Canada’s ambition. Our kids and their futures are counting on it.

Sincerely,



Sevaun Palvetzian

President and Chief Executive Officer,
UNICEF Canada

Twenty-five Years of Monitoring Child Well-Being in Rich Countries

The United Nations (UN) Convention on the Rights of the Child was born in 1989, following a decade of negotiation by countries around the world. Canada ratified the Convention in 1991, accepting the duty and promise to assure these rights to every child. In 2015, Canada pledged to achieve the UN Sustainable Development Goals and targets to improve children's lives by 2030.

For 25 years, UNICEF Report Cards have monitored and compared the state of children in the world's wealthiest countries, which have the capacity to create the best environments for childhood and

fulfil their pledges for children. Report Card 19 measures six fundamental and achievable indicators of child well-being that every high-income country can get right for every child – with the right protective and nurturing policies. It compares the performance of 43 of the world's wealthiest countries¹ in these indicators, measures recent trends through a global pandemic into the current polycrisis, examines factors driving the trends and outlines actions that can improve child well-being.

The indicators of well-being in Report Card 19 are balanced across three dimensions of life:

mental well-being, physical health and learning skills (Table 1). Two indicators are measured for each of these dimensions – a total of six. While many indicators of the state of children could be measured, **these Report Card indicators focus on fundamental child outcomes that any wealthy country can universally and equitably achieve.**

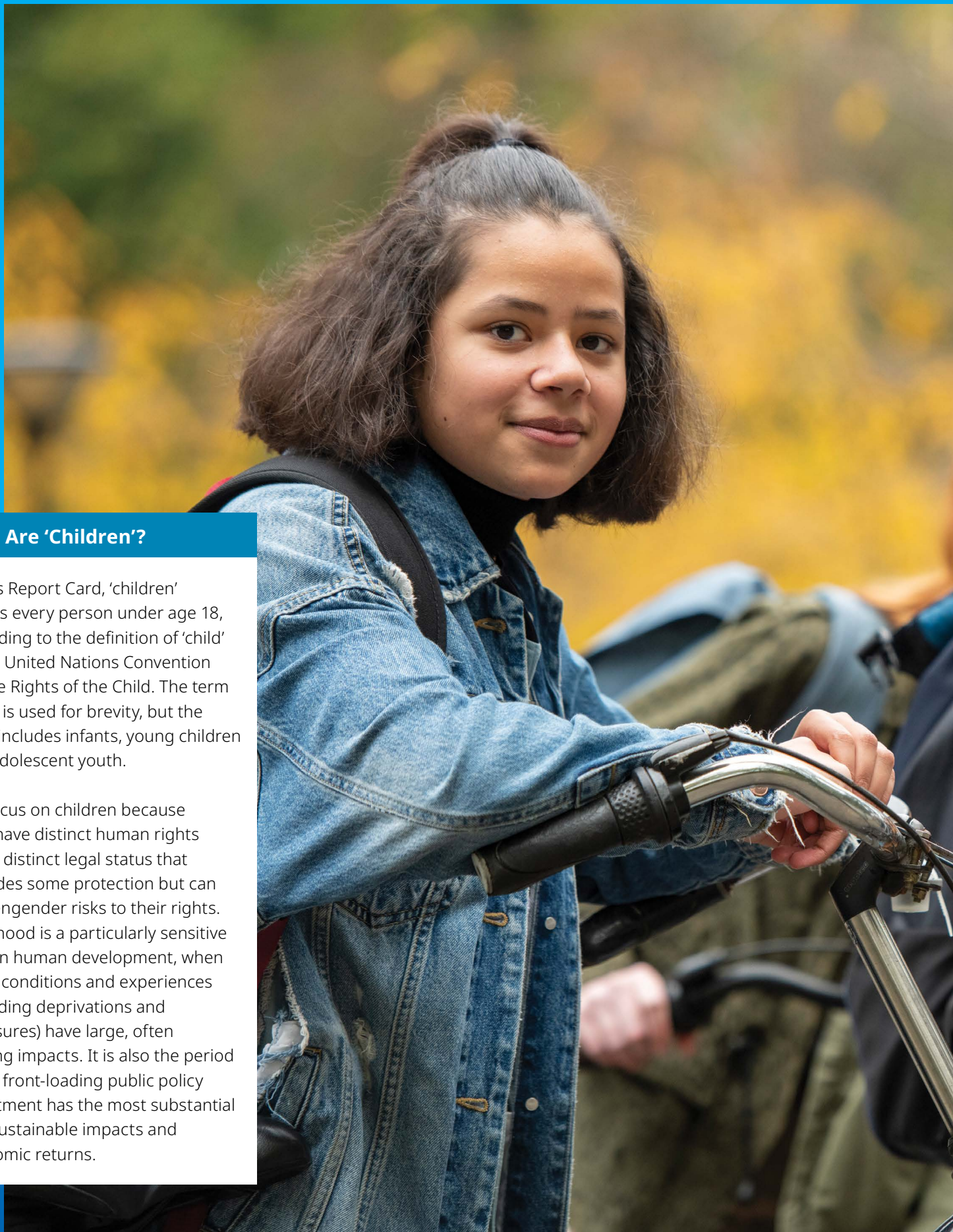
The Report Card uses the best available data to measure the indicators based on criteria including quality, relevance, coverage, recency, comparability and variability.

Table 1: Fundamental indicators of child well-being in high-income countries

Well-Being Dimension	Outcome	Indicator	Data Source
Mental well-being	• Life satisfaction	Rate of children with high life satisfaction (age 15)	OECD Programme for International Student Assessment (PISA) 2022*
	• Adolescent suicide	Rate of suicide (per 100,000, ages 15 to 19)	World Health Organization (WHO) Mortality Database
Physical well-being	• Child mortality	Rate of child mortality (per 1,000, ages 5 to 14)	UN Inter-agency Group for Child Mortality Estimation (UN IGME) project
	• Overweight	Rate of overweight children (ages 5 to 19)	Noncommunicable Diseases Risk Factor Collaboration (NCD-RisC) data, WHO/Lancet 2024
Skills development	• Academic skills	Rate of children proficient in reading and mathematics (age 15)	OECD, PISA 2022
	• Social skills	Rate of children who make friends easily at school (age 15)	OECD, PISA 2022

***NOTE:** Refer to Report Card 19 for full details on the above indicators. Canadian data for the life satisfaction indicator was substituted using data from the WHO Health Behaviour in School-Aged Children, Canada team.

¹ The Report Card focuses on the countries that are members of the Organisation for Economic Co-operation and Development (OECD) and/or the European Union (EU).



Who Are 'Children'?

In this Report Card, 'children' means every person under age 18, according to the definition of 'child' in the United Nations Convention on the Rights of the Child. The term 'child' is used for brevity, but the term includes infants, young children and adolescent youth.

We focus on children because they have distinct human rights and a distinct legal status that provides some protection but can also engender risks to their rights. Childhood is a particularly sensitive time in human development, when living conditions and experiences (including deprivations and exposures) have large, often lifelong impacts. It is also the period when front-loading public policy investment has the most substantial and sustainable impacts and economic returns.

Twenty-Five Years and Counting

UNICEF released its first Report Card on the state of children in high-income countries 25 years ago, in the year 2000 (Table 2). The UNICEF Report Card series has helped answer these questions:

- 1. How well are children in the world’s richest countries experiencing their childhoods?
- 2. Are childhoods getting better?
- 3. What will help countries with similar resources achieve similar great outcomes for every child?

Some UNICEF Report Cards, like this one, have measured the overall state of children, bringing together many aspects of their material, mental, physical, educational and social well-being into a league table ranking. Others have focused in detail on a particular dimension of children’s lives, such as poverty, child care or education.

UNICEF Report Cards measure aspects of child well-being in each country in absolute terms (for instance, the child poverty rate) and absolute change (for instance, whether child poverty is falling). The Report Cards also measure childhood in relative terms, with rankings of countries (for instance, whether child poverty is higher in Canada than in other countries or falling faster than in other countries). Both absolute and relative measures in this Report Card provide important information about our greatest challenges: What aspects of life are better or worse for children? How well are we progressing? How high can we aim considering what is achievable?

UNICEF compares the world’s wealthiest countries because countries with similar resources and capacities should achieve similar results for children.

If all rich countries created similar good conditions and achieved the same good outcomes for children, they would all be clustered together at the top of the UNICEF league tables. The top-performing countries in the UNICEF rankings set the bar for what is achievable and

help countries understand how to get there. Comparing countries reveals that differences in child well-being exist mainly because countries have different public policies and investments for children. Countries have risen and fallen in the league tables due to changes in their child policies. Therefore, better public policies will achieve better outcomes for children.

Table 2: UNICEF Report Card Topics

No.	Year	Topic
1	2000	Child poverty
2	2001	Child deaths by injury
3	2001	Teenage births
4	2002	Educational disadvantages
5	2003	Child maltreatment deaths
6	2005	Child poverty
7	2007	Multidimensional well-being
8	2008	Early childhood education and care
9	2010	Inequality in child well-being
10	2012	Child poverty
11	2013	Multidimensional well-being
12	2014	Impact of the economic crisis on children
13	2016	Inequality in child well-being
14	2017	Achievement of Sustainable Development Goals’ targets for children
15	2018	Educational inequalities
16	2020	Multidimensional well-being
17	2022	Impacts of the environment on children
18	2023	Child poverty and social protection
19	2025	Multidimensional well-being

Child Well-Being is Stalling as Canada's Wealth is Rising

Children everywhere are growing up in a 'polycrisis' of climate change, conflict, economic volatility, disease outbreaks and digital threats. While these conditions have emerged or accelerated in recent years, some children have also experienced a lifetime of discrimination and socio-economic inequalities and are more vulnerable to these headwinds.

When the COVID-19 pandemic was declared in March 2020, children across Canada were confined to their residences. Essential services including health care, child care and schools – even outdoor playgrounds – were shuttered for relatively long periods, with considerable disruption between closures. War continues to directly and indirectly affect children worldwide, and many countries including Canada have an influx of children and families fleeing conflicts and rising ethnic hatred. The growing environmental crisis does not respect borders. Wildfires are becoming more frequent and few children can escape the resulting air pollution. Childhoods are being transformed by disruptive digital technologies and demographic change as the population ages and the child population shrinks in comparison. How are children faring in the face of this rapidly changing and often unpredictable environment?

A polycrisis is a situation where multiple crises occur at the same time, amplifying each other's effects and creating a greater impact than the sum of their parts.

The State of Children in Wealthy Countries

The league table in UNICEF Report Card 19 ranks primarily high-income countries according to the overall state of children (Table 3). A country's ranking is based on a composite of six indicators across three dimensions of children's lives (Table 1).

The league table reveals stark differences in child outcomes among these countries. The top three countries overall – the Netherlands, Denmark and France – rank in the top third in every dimension of child well-being measured in the Report Card. Three of the bottom four countries – Chile, Türkiye, and Colombia – rank in the bottom third on each dimension.

Many countries rank high in some dimensions of well-being but low in others. For example:

- Japan, the Republic of Korea and Slovenia are in the top third for skills but in the bottom third for

mental well-being.

- Bulgaria, Croatia, Hungary, Romania and Slovakia rank high for mental well-being but low for physical health.
- Czechia and Iceland rank high for physical health but low for both mental well-being and skills.

Overall, Canada ranks 19th among 36 countries in the UNICEF league table (a middle position). Of the six indicators of child well-being comprising this ranking, Canada ranks in the middle half of wealthy countries in three indicators (life satisfaction, child mortality, overweight), in the bottom third in two indicators (adolescent suicide and social skills), and in the top third only in academic skills. Canada's current child well-being outcomes fall below the Report Card country average for adolescent suicide, overweight and social skills.

Canada is one of the top ten wealthiest countries in the league table measured by gross national income (GNI) per capita. By fairly sharing its wealth, Canada should achieve a ranking higher than 19th for child well-being. Countries with less wealth including France, Portugal and Spain have better child outcomes, ranking in the top third of the league table (Table 3 and Figure 1). In fact, seven of the 12 countries at the top of the league


table have less national wealth than Canada. These countries demonstrate what is possible in fulfilling children's rights.

Recent Changes in Child Well-Being

How has child well-being improved, stagnated or deteriorated in recent years – and why? What do the differences in trends and outcomes across countries reveal about the actions that could amplify progress and stem regression in child well-being? Report Card 19 measures recent trends in child well-being indicators spanning the five-year period from 2018 to 2022, during which the world experienced a global pandemic, and children have faced intensifying challenges from conflict, climate change, economic volatility, disruptive digital technologies and demographic shifts (Table 7).

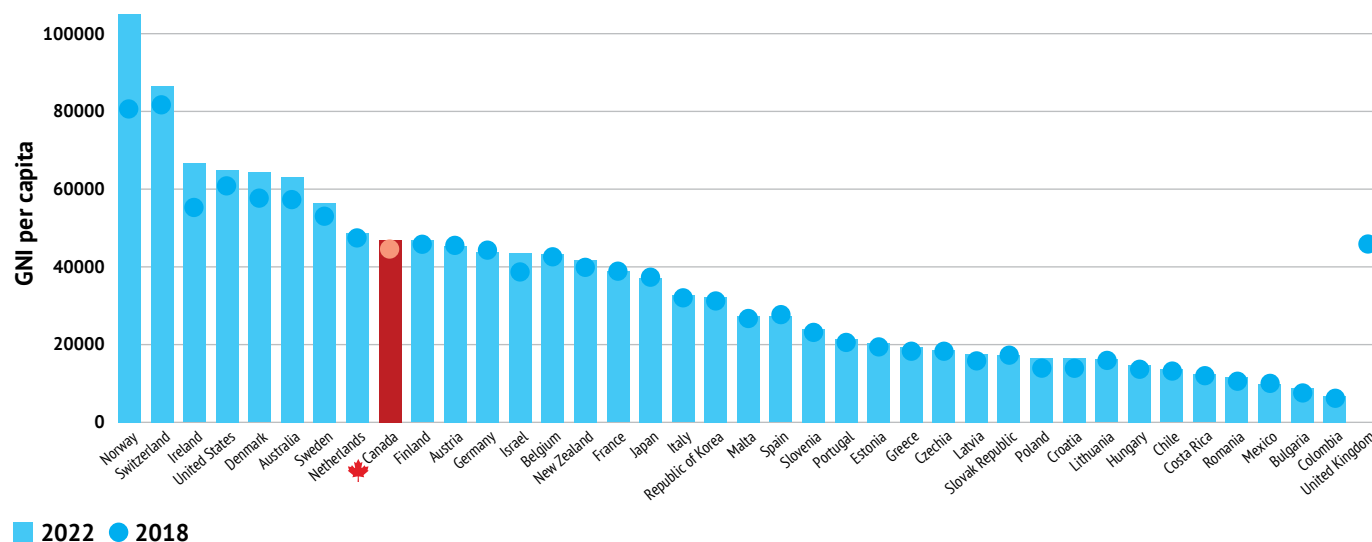
Most countries have continued a long-standing trend of improving child mortality rates, although results for adolescent suicide rates are mixed. On the other hand, overweight rates have stagnated or risen, academic skills have fallen, and life satisfaction has stalled or deteriorated across most countries. Social skills have remained largely stable. Notably, the most widespread and steepest declines overall occur across all three well-being dimensions:

Table 3: League table of child well-being

Overall rank	Country	Mental health	Physical health	Skills
1	Netherlands	1	4	11
2	Denmark	3	3	8
3	France	11	2	9
4	Portugal	2	10	22
5	Ireland	24	11	1
6	Switzerland	13	7	6
7	Spain	4	25	16
8	Croatia	9	31	3
9	Italy	8	16	23
10	Sweden	14	13	14
11	Hungary	6	30	13
12	Austria	16	20	7
13	Slovenia	28	18	2
14	Japan	32	1	12
15	Lithuania	20	17	17
16	Romania	5	32	26
17	Finland	21	23	18
18	Czechia	25	5	31
 19	Canada	23	24	21
20	Slovakia	12	29	27
21	United Kingdom	27	22	15
22	Iceland	26	6	28
23	Latvia	22	15	32
24	Greece	7	27	35
25	Germany	18	14	34
26	Malta	15	21	36
27	Republic of Korea	34	28	4
28	Bulgaria	10	34	33
29	Poland	30	19	30
30	Estonia	33	26	24
31	Costa Rica	17	36	39
32	New Zealand	36	35	25
33	Colombia	29	39	38
34	Mexico	19	41	41
35	Türkiye	35	37	37
36	Chile	31	40	40
	Australia	n/a	33	20
	Belgium	n/a	8	5
	Israel	n/a	12	19
	Norway	n/a	9	10
	United States	n/a	38	29

NOTES:

Due to lack of availability of data, it was not possible to include two countries in the League Table – Cyprus and Luxembourg. These countries are included in other parts of the report where data are available. In addition, it was not possible to fully rank the last six countries above due to missing data on life satisfaction.

Figure 1: Gross national income (GNI) per capita among league table countries (2018-2022)

Source: World Bank, GNI per capita (constant 2015 US\$). See References for full details.

Note: Data not available for Iceland or Türkiye.

- **Mental Well-Being:**

falling life satisfaction

- **Physical Well-Being:**

rising overweight

- **Skills Development:**

declining academic skills

However, these trends have not been uniform. Report Card readers are accustomed to seeing the Nordic and other northern European countries consistently ranking in or near the top ten in UNICEF league tables, with good child well-being outcomes that reflect robust and inclusive child policies. We also usually find the former British colonies of Canada, Australia, New Zealand and the United States farther down the league table. It is not surprising to find the newest OECD countries,

such as Colombia and Costa Rica, also lower down the table.

But league table rankings are sensitive to changes in child policies. While direct comparison between the league tables in Report Cards 16 (in 2020) and 19 (in 2025) is not possible due to the inclusion of additional countries, it is evident that since UNICEF Report Card 16 measured the same indicators, countries have diverged in their progress to advance child well-being. Some countries (such as Sweden, Portugal, Italy, Ireland and Japan) have risen up the rankings in the league table and others (such as Finland and Germany) have slid down. The Netherlands still leads the way with the top ranking, and Denmark (ranked second) and Sweden (ranked 10th) remain in the top ten. But Finland (ranked 17th)

and Iceland (ranked 22nd) are now in the middle of the pack.

Considering recent trends in the six indicators of child well-being, few countries are making substantial progress.

Overall, three of six indicators have stagnated or regressed in Report Card countries (Table 4). The greatest area of regression was in academic skills (in 21 countries). Only Japan saw considerable improvement in children's life satisfaction. Only the Republic of Korea, Romania, and the United Kingdom improved children's academic proficiency. Only Italy and Portugal made significant progress on childhood overweight. Social skills remain relatively stable across the board. For most countries, progress was made in child survival

with lower rates of child mortality (in 33 countries) but adolescent suicide has no clear trend.

Canada's rank in overall child well-being has improved since Report Card 16, from 30th of 38 countries to 19th of 36 countries. But Canada's current ranking is not a reflection of substantial progress for children in Canada. Canada's rise up the league table can be partly explained by significant regression in some countries that now rank below

Canada (including Germany, Estonia and the Republic of Korea) and by the inclusion of new OECD countries.

In fact, Canada's progress has dipped or stalled in most of the fundamental aspects of child well-being measured in Report Card 19 (Table 5). Canada's performance for children substantially improved in only one indicator – adolescent suicide (and its suicide rate is still higher than most other peer countries). In the remaining

indicators, Canada's progress has stagnated, with minimal change in child mortality, overweight, and academic and social skills. Though not a statistically significant change, life satisfaction decreased the most by 3 percentage points.

This raises the question: Where are the dividends of Canada's national wealth for children? It is easy to conclude that it is still not being invested to create the best possible childhood conditions for all.

Table 4: Overall trends in six indicators of child well-being across high-income countries

Well-Being Dimension	Getting Better	Not Changing/ No Clear Pattern	Getting Worse
Mental		• Adolescent suicide	• Life satisfaction
Physical	• Child mortality		• Overweight
Skills		• Social skills	• Academic skills

Table 5: Trends in six indicators of child well-being in Canada

Well-Being Dimension	Getting Better	Minimal or No Change	Getting Worse
Mental	• Adolescent suicide	• Life satisfaction	
Physical	• Child mortality	• Overweight	
Skills		• Academic skills • Social skills	

Table 6: Summary of Canada's comparative performance and trends in child well-being

Dimension	Dimension rank	Outcome	Outcome rank	Canada value (2022)	Country average (2022)	Top performer value (2022)	Canada value (2018)
Mental well-being	23	Life satisfaction	13	76%	72%	87%	79%
		Adolescent suicide	33	8.4 per 100,000	6.2 per 100,000	1.0 per 100,000	10.1 per 100,000
Physical well-being	24	Child mortality	25	0.88 per 1,000	0.99 per 1,000	0.32 per 1,000	0.94 per 1,000
		Overweight	24	28%	28%	16%	29%
Skills development	21	Academic skills	6	67%	55%	79%	68%
		Social skills	28	75%	77%	84%	75%

Note: Values rounded for clarity. See Appendix A for details.

CANADA RANKING	TOP THIRD	MIDDLE THIRD	BOTTOM THIRD	GETTING BETTER	GETTING WORSE	STAGNANT
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Table 7: League table of changes in child well-being (2018–2022)

Country	Life Satisfaction	Suicide	Mortality	Overweight	Academic	Social
Australia						
Austria						
Belgium						
Bulgaria						
Canada 🇨🇦						
Chile						
Colombia						
Costa Rica						
Croatia						
Cyprus						
Czechia						
Denmark						
Estonia						
Finland						
France						
Germany						
Greece						
Hungary						
Iceland						
Ireland						
Israel						

Note: This table captures changes of more than five per cent.

Table 7: Continued

Country	Life Satisfaction	Suicide	Mortality	Overweight	Academic	Social
Italy						
Japan						
Korea, Republic						
Latvia						
Lithuania						
Luxembourg						
Malta						
Mexico						
Netherlands						
New Zealand						
Norway						
Poland						
Portugal						
Romania						
Slovakia						
Slovenia						
Spain						
Sweden						
Switzerland						
Türkiye						
United Kingdom						
United States						

Ranking	Life Satisfaction	Suicide	Mortality	Overweight	Academic	Social
Improving	1	18	33	2	4	7
Stable	17	7	9	27	13	32
Deteriorating	14	17	1	14	21	1
No data	11	1	0	0	5	3

Zooming In on Recent Trends in Child Well-Being

The Report Card explores what is driving trends in child well-being, focusing on the areas with the most substantial, deteriorating changes across countries.

Trends in Mental Well-Being

What does it mean to be mentally well? The answer is complicated.

While recognizing the importance of tackling mental ill-health, the World Health Organization (WHO), 2022 describes mental health as “more than the absence of mental disorders.” Mental and psychosocial well-being (referred to as ‘mental well-being’ in this report) may include both positive and negative feelings and evaluations. Positive mental health includes happiness, satisfaction with life, a sense of flourishing, and feelings of autonomy, relatedness and competence. Some children with mental illness also report positive dimensions of mental health. Therefore, to provide a comprehensive picture of children’s mental well-being, this report would need to refer to a wide range of indicators. Unfortunately, international comparative data is limited, and the discussion in this section is restricted primarily to two fundamentally important indicators: life satisfaction and suicide.

Adolescent Suicide

Canada ranks:

33rd

(8.4 children per 100,000)



Top performer:

Cyprus

(1 child per 100,000)

Country average:

6.2 children per 100,000

Trend in Canada (2018-2022):

Improvement

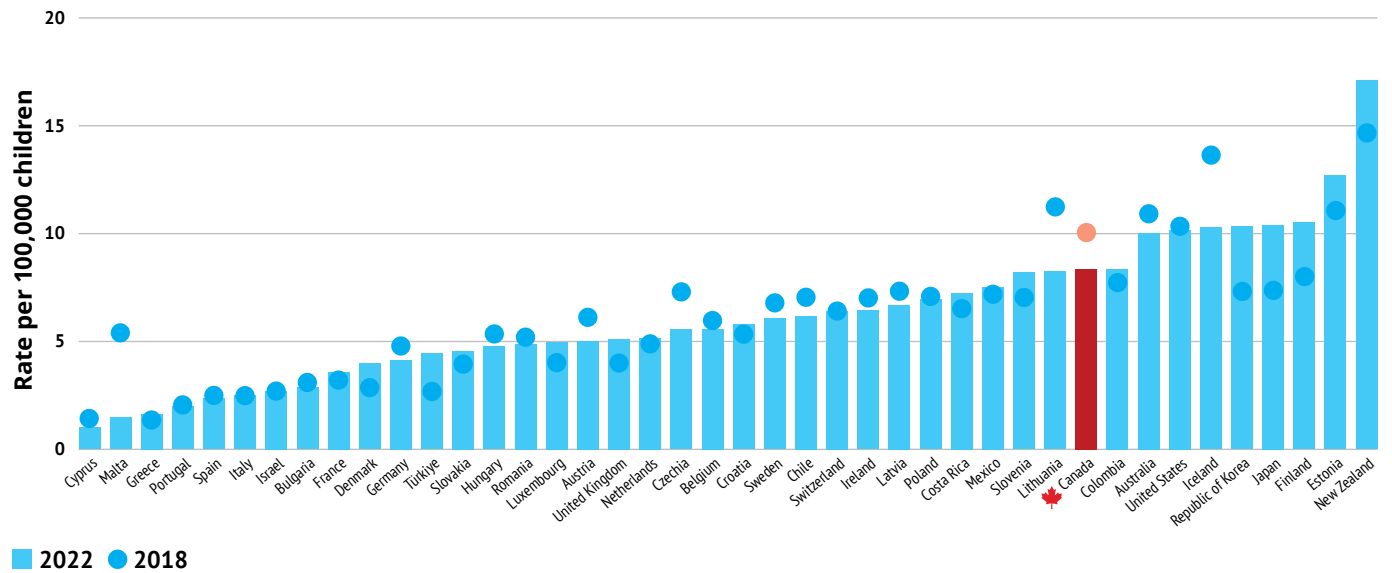
Nearly all Report Card countries monitor adolescent suicide, a recognition of the loss and grief of each one. The overall rate of suicide among adolescents (ages 15 to 19) was rising until the start of this century but then fell substantially by 2010. Figure 2 shows recent changes in adolescent suicide rates between 2018 and 2022. These rates are based on a moving average over three years for each time point. The rates fluctuate substantially in many countries over the five-year period, with roughly equal numbers of increases and decreases.

In 2022, the rate of adolescent suicide in Canada at 8.4 children per 100,000 was higher than in most

Report Card countries, which had an average of 6.2. Eight countries have a rate below 3.0 per 100,000. Although Canada has experienced a relatively substantial decline in the rate of adolescent suicide since 2018 (when it was 10.1 per 100,000), it still ranks comparatively poorly at 33rd of 42 countries, and suicide remains a leading cause of childhood mortality after injury.

Suicide rates in this age group remain substantially higher among males than females in many countries. The suicide rate among boys in Canada has declined more than among girls in recent years, but boys are still twice as likely as girls to die by suicide (Children’s Health Policy Centre, 2024). While estimates vary, suicide rates for Indigenous youth are significantly higher than for non-Indigenous youth (Kumar and Tjepkema, 2019).

Many Indigenous youth bear the intergenerational and current traumas of colonial policies and experience a myriad of survival challenges.

Figure 2: Changes in suicide rates (three-year average), 15 to 19 years old (2018–2022)

Source: WHO Mortality Database. See UNICEF Report Card 19 for full details.

For more information about youth suicide in Canada:

- <https://mentalhealthcommission.ca/wp-content/uploads/2022/03/Youth-and-Suicide.pdf>
- <https://www.canada.ca/en/public-health/services/publications/healthy-living/suicide-canada-key-statistics-infographic.html>
- <https://www.sac-isc.gc.ca/eng/1576089685593/1576089741803>

Help is available:

Hope for Wellness Line: 1-855-242-3310

Life Satisfaction

Canada ranks:

13th (76%)



Top performer:

Netherlands (87%)

Country average:

72%

Trend in Canada (2018–2022):

Minimal change

The UN Convention on the Rights of the Child affirms that

“children should grow up in an atmosphere of happiness, love and understanding.” The way young people feel about their own lives is one of the best sentinels of their overall ‘happiness’ and well-being. Early experiences have the potential to impact a child’s trajectory in life. Perhaps as a result, no less than four Canadian statistical surveys measure children’s life satisfaction at different ages.

A common approach to measuring life satisfaction is to ask children to rate their current life on a zero-

to-ten scale (i.e., from ‘not at all satisfied’ to ‘completely satisfied’ with their life). Measuring life satisfaction has been widely studied and validated in research, as have the drivers of higher and lower life satisfaction among children.

Figure 3 reveals how 15-year-old children rate their life satisfaction across Report Card countries. The rate of children in Canada reporting high life satisfaction is 76 per cent. Rates of high life satisfaction range from 43 per cent in Türkiye to 87 per cent in the Netherlands.

Girls in Report Card countries are more likely to report lower life satisfaction than are boys (35 per cent versus 20 per cent). This is also the case in Canada, where 72 per cent of girls reported high life satisfaction compared to 82 per cent of boys in 2022. The magnitude of the life satisfaction decrease was larger among girls in almost all countries, including in Canada. Meanwhile, only 55 per cent of those identifying as other or neither gender reported high life satisfaction in Canada, although contrary to the overall trend, life satisfaction for this group improved between 2018 and 2022 (Figure 4). According to a 2023 iteration of the Canadian Social Survey (Statistics Canada, 2024b), people in Canada are more likely to report high life satisfaction as they age, and life satisfaction is higher in rural than in urban areas (where most people live). This same survey series revealed that between 2021 and 2024, racialized Canadians

experienced sharper declines in high life satisfaction than other populations, and seniors in Canada (ages 65 and older) have maintained their high level of life satisfaction (Statistics Canada, 2024d).

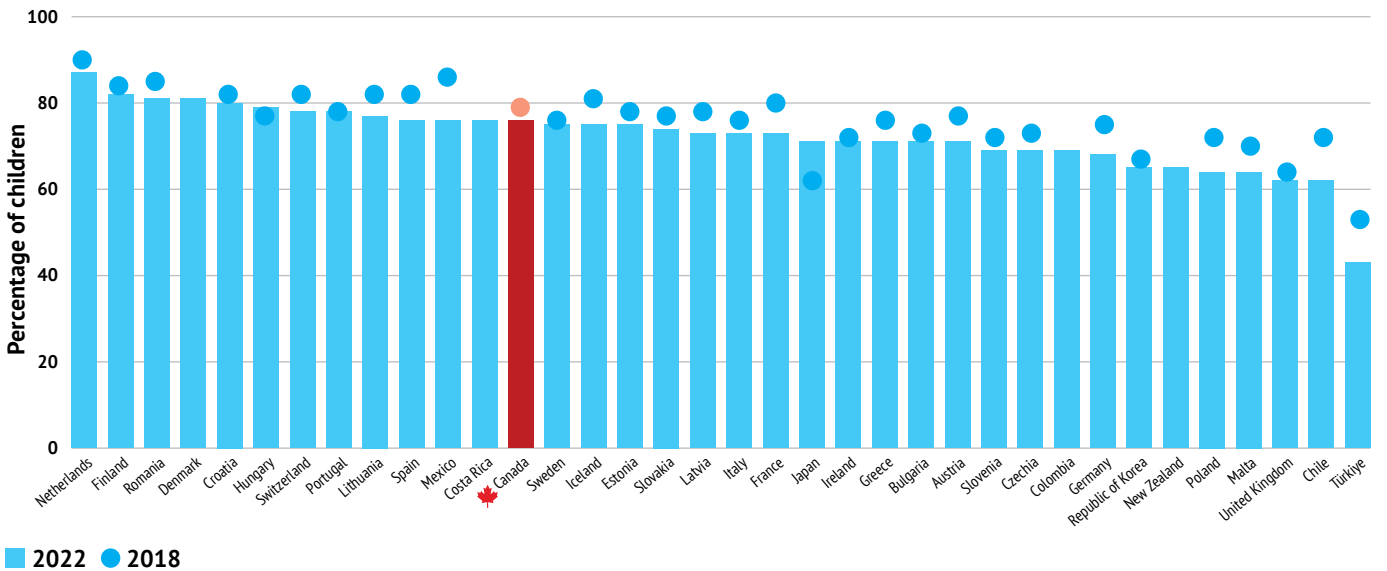
Report Card 19 notes that between 2018 and 2022, the proportion of children with high life satisfaction stagnated or declined, in all countries except Japan. In Chile, Mexico, and Türkiye, the decline was 10 percentage points. In Canada, contrary to the overall positive trend in adolescent suicide, life satisfaction fell from 79 per cent to 76 per cent. Although not captured as a statistically significant change, this merits mention as Canada's largest deterioration across the six core indicators. It also represents a continuation of a longer-term trend (Figure 4). At the same time, children's self-reported mental health in Canada underwent a concerning fall from 2019 to

2023, especially for adolescents and particularly for females, also continuing a longer-term trend (Statistics Canada, 2024e).

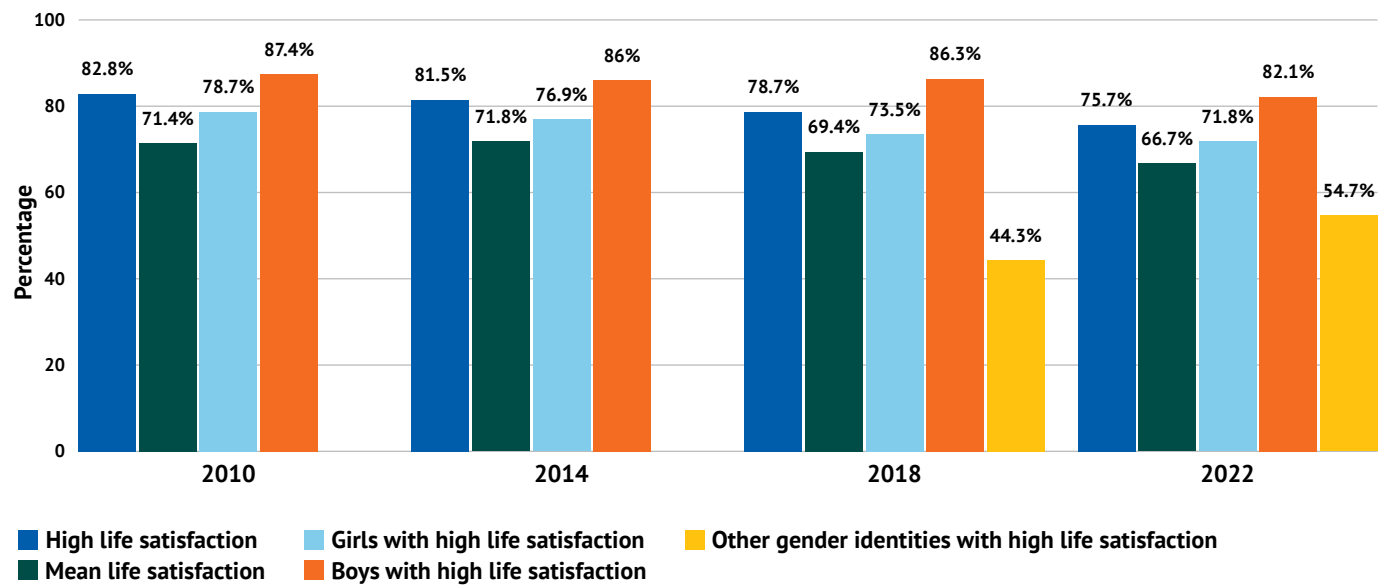
The rankings in life satisfaction somewhat mirror the overall league table rankings in child well-being, with Canada, the United States and the United Kingdom falling behind top-performing countries like the Netherlands. In fact, the life satisfaction gap between the top-performing and the lagging countries is growing.

Even while Canada's national wealth has climbed, children's life satisfaction has experienced a nearly 8.5 per cent fall spanning more than a decade. The level of life satisfaction among children has decoupled from the level of national wealth. This has been called the 'modernity paradox', a structural problem with children who are unhappier than ever in a time of unprecedented wealth.

Figure 3: Changes in high life satisfaction rates, 15 years old (2018–2022)



Source: PISA 2022. See UNICEF Report Card 19 for full details. Canadian data courtesy of the WHO Health Behaviour in School-Aged Children Survey, Canada Team.

Figure 4: Changes in high life satisfaction rates in Canada, 15 years old (2010–2022)

Source: Data courtesy of the WHO Health Behaviour in School-Aged Children Survey, Canada Team.

Why is life satisfaction falling? The ‘loneliness epidemic’ among children

The slide in children’s life satisfaction has been measured in UNICEF Report Cards and much-studied by researchers for more than a decade. What explains the decline evident across these countries?

Various dimensions of wealth distribution within countries influence children’s life satisfaction. Countries with higher levels of public spending on families and education tend to have children reporting higher life satisfaction (Minguez, 2017). Children in countries with wider overall income inequality are more likely to report lower life satisfaction (Elgar and Currie, 2016). The wider the level of income inequality, the greater

the likelihood that a society will experience higher rates of mental and physical health problems, including among children (Pickett and Wilkinson, 2010).

Canada has experienced a long-term trend of rising income inequality, and the income gap has grown wider since 2020. In 2022, the average (after-tax) income of families with children in the top 10 per cent of income distribution was 18 times higher than the average income in the bottom 10 per cent (Campaign 2000, 2024). Families in the highest 10 per cent of income had 25 per cent of total income, while those in the lowest had less than 2 per cent. Studies have observed a significant relationship between rising income inequality and increasing loneliness, more difficult relationships and more interpersonal violence (Twenge,

Campbell and Carter, 2014).

The relationships children have within their families and their schools have significant influence on their emotional health. Report Card 19 analysis notes that the quality of these relationships, including experiences of bullying, violence and discrimination, tends to be powerful predictors of children’s life satisfaction.

The frequency of being bullied has a strong negative association with life satisfaction. In the OECD Programme for International Student Assessment (PISA) survey, one in five Canadian children reported experiencing frequent bullying in 2022. Although an improvement from one in four in 2018, this remains concerningly high and places Canada 26th out of 40 countries.

Frequency of talking with parents is strongly associated with higher life satisfaction. While Canada ranks 11th place among Report Card countries for share of adolescents whose parents spend time talking with them at least once or twice a week (82 per cent), work demands, high-intensity activity schedules, and pressure to succeed financially and academically create considerable stress within families, which may be affecting the quality of family relationships and children’s life satisfaction. In fact, the 2022 WHO Health Behaviour in School-Aged Children (HBSC) survey shows Canadian children reporting lower levels of perceived family support compared to most other countries (Badura et al., 2024).

Loneliness has been defined as “the unpleasant experience that

occurs when a person’s network of social relations is deficient in some important way, either quantitatively or qualitatively” (Perlman and Peplau, 1981).

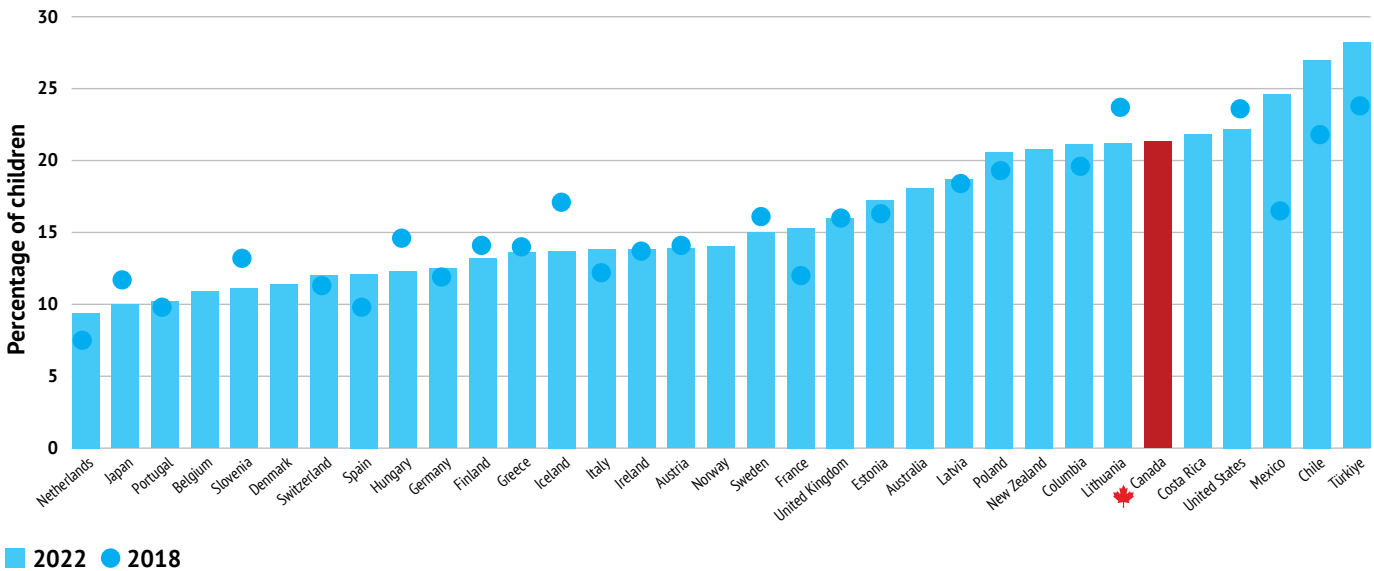
Canada’s schoolchildren are very lonely: 21 per cent reported loneliness at school in 2022, putting Canada at 28th of 33 countries (Figure 5). This is considerably higher than the 16 per cent average. The Netherlands, Japan and Portugal halve this rate at 10 per cent or fewer. Only Costa Rica, the United States, Mexico, Chile and Türkiye had more lonely children than Canada.

Loneliness in school appears to be strongly connected to children’s life satisfaction (Figure 6). While 67 per cent of girls who did not feel lonely at school reported being very satisfied with their

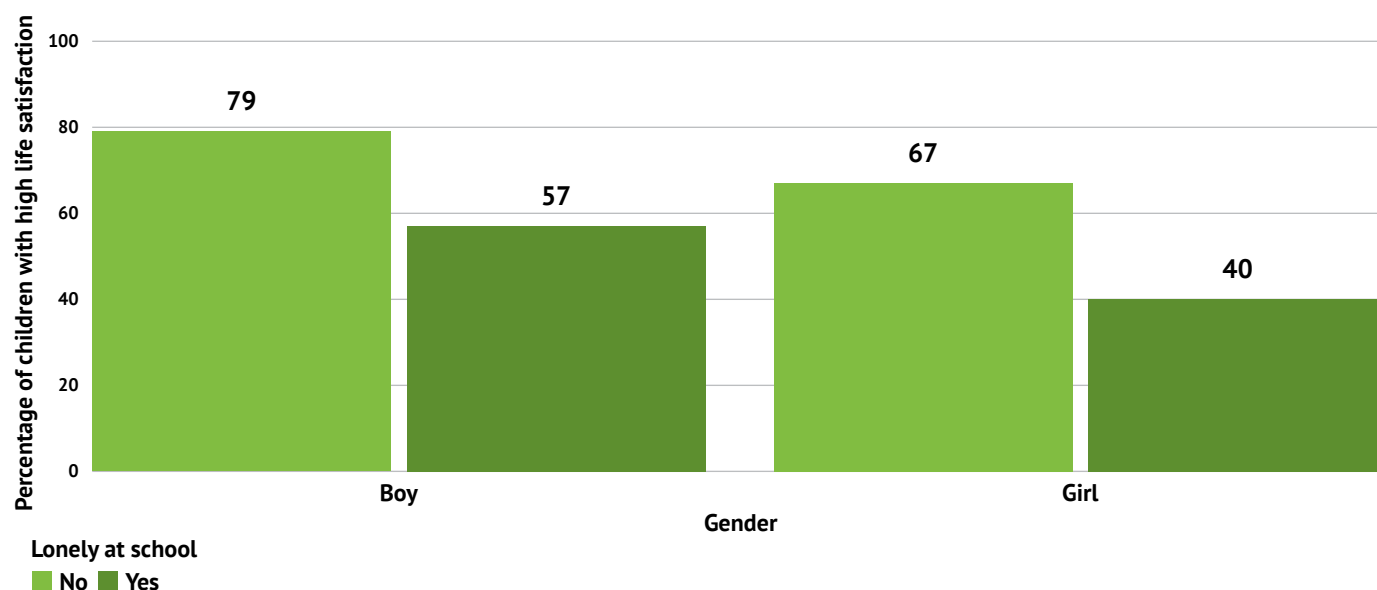
lives, only 40 per cent of girls who did feel lonely reported high life satisfaction. Similarly, 79 per cent of boys who did not feel lonely reported high life satisfaction, but only 57 per cent of those experiencing loneliness did so.

Among responding countries, the prevalence of children reporting loneliness at school increased 4.5 per cent between 2018 and 2022 (trend data is not available for Canada). The OECD’s 2024 *How’s Life* report discusses the rise of loneliness in populations across its member countries. Since 2010, the share of young people with friends and family to rely on in times of need declined more than for any other age group (OECD, 2024a). Compared to older people, young people have experienced a sharper decline in social connectedness since the onset of the COVID-19

Figure 5: Percentage of children who felt lonely at school, 15 years old (2018-2022)



Source: PISA 2018 and 2022. See References (OECD, 2018 and 2022a) for full details. Analysis conducted by UNICEF Innocenti.

Figure 6: Relationship between feeling lonely at school and life satisfaction, 15 years old (2022)

Source: PISA 2022. See References (OECD, 2022a) for full details. Analysis conducted by UNICEF Innocenti.

pandemic. Younger people were the only age group for which loneliness was higher in 2023 than in 2018.

Substantial improvements in children's life satisfaction could be fostered by policies supporting family relationships and functioning, such as income support and work-life balance, and through programs that foster positive peer relationships, such as tackling bullying and increasing accessibility of evidence-based youth programs. More attention should also be paid to the impact of social media use on children's mental well-being and on development of strategies to reduce children's risk of experiencing digital harms. While evidence is mixed regarding the impact of pure time spent online on children's mental well-being, the PISA study found a link between

children's life satisfaction and experiences with certain types of content online – with those who had reported encountering discriminatory content (ie: about race, gender, sexual orientation, or physical appearance) more likely to have lower life satisfaction.

How Happy Are Children in Canada? Insights from the UNICEF Canada Community Child and Youth Well-Being Survey

The UNICEF Canada Community Child and Youth Well-Being Survey measures life under age 19 across nine dimensions, aligned with *The Canadian Index of Child and Youth Well-being* | UNICEF Canada. This survey fills a need for otherwise hard-to-find data to support local governments' investments and actions to improve community life for and with their youngest citizens.

After a pilot study in 2020, the Community Child and Youth Well-Being Survey was undertaken in 2021 in Waterloo Region, Halton Region, Ottawa and the Tri-County Region of Nova Scotia, in partnership with UNICEF Canada, the Canadian Index of Wellbeing and the Trillium Foundation. The survey included more than 5,000 respondents ages 9 to 18. Subsequently, a third wave of the survey was conducted in Waterloo Region in 2023.

The survey asks young people to rate their life satisfaction on an 11-point scale or ladder (from zero to ten). The survey uses two similar scales: 'Cantril's Ladder', which is used internationally in surveys of young people, and a scale that aligns with what Statistics Canada uses in surveys of the general population.

The 2021 Community Child and Youth Well-Being Survey measured variations in life satisfaction within and across four communities. Figure A and B in this text box are based on data from three of these communities, produced for UNICEF Canada by the Canadian Index of Wellbeing. The survey revealed that patterns in young people's life satisfaction are similar across communities but also have some distinct variations. There are also deep inequalities among children within communities.

Mean life satisfaction among young people was similar across the communities, averaging just over six on the zero-to-ten scale. Overall, two thirds of young people (67 per cent) reported average to above-average life satisfaction. One third (33 per cent) reported very high life satisfaction (8 or higher on the 11-point scale), and one third (34 per cent) reported below-average life satisfaction (5 or lower on the 11-point scale). Rates of lower life satisfaction across communities ranged more widely (from 29 to 44 per cent) than high life satisfaction (from 27 to 38 per cent). This is a red flag for the communities with relatively more young people reporting low life satisfaction. Low life satisfaction

indicates potential difficulties in different areas of life and is often associated with more bullying, weaker supportive relationships, less material security, more substance use and lower attachment to education.

Another way of looking at the distribution of inequality in life satisfaction across communities is through the percentage of young people who fall within one point above and one point below the mean community rating on the 11-point life satisfaction scale. Across communities, 45 per cent of young people overall fell within this range. In other words, close to half of young people tended to cluster close together, around the mean, in their ratings of life satisfaction. But communities had some variation, from a higher clustering at 46 per cent in one community to more dispersion of life satisfaction at 40 per cent in another community. This community had a lower mean life satisfaction rating, more young people reporting low life satisfaction, and fewer young people reporting high life satisfaction. This community reflects patterns of life satisfaction in national surveys: Lower average life satisfaction tends to come with more inequality in the distribution of life satisfaction.

The dispersion of life satisfaction within communities is also revealed by the different scores young people reported based on their age, gender, race, disability, socio-economic conditions and location. Differences in children's life satisfaction according to these dimensions have similar patterns in each of the communities,

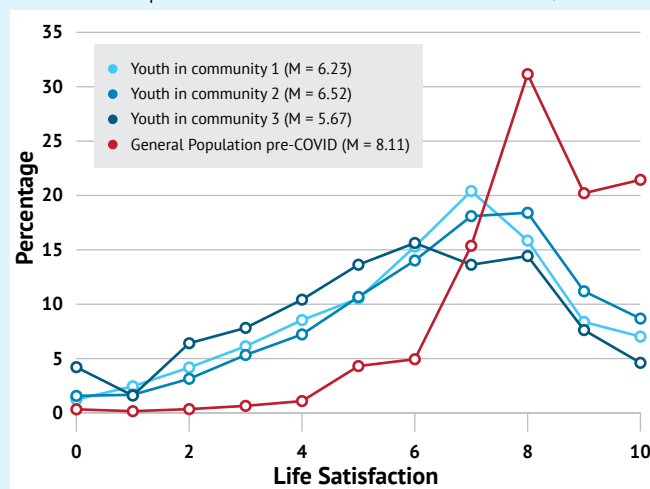


Figure A: Distribution of children's (ages 13 to 18) and general population's life satisfaction within and between communities

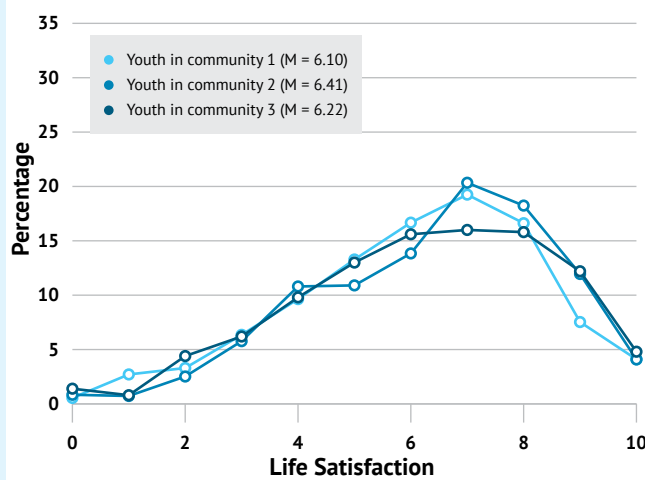


Figure B: Distribution of children's (ages 13 to 18) life satisfaction within and between communities based on Cantril's Ladder

broadly consistent with Canada's national pattern. But one community broke the prevailing age pattern, with younger children (below age 12) significantly less satisfied with their lives and less likely to say they are living their best possible life right now than those older than age 12. In this community, youth who were born outside of Canada reported higher life satisfaction than those born in Canada. In one community, the official language spoken was a distinctive factor in life satisfaction variation. In Waterloo Region, the rate of young people reporting moderate life satisfaction ranged from 76 to 90 per cent across its eight communities. Those identifying as gender non-binary reported a moderate life satisfaction rate of 48 per cent compared to the overall population average of 78 per cent. Young people with a long-term disability had a rate of 57 per cent compared to 82 per cent for those who did not.

Differences in patterns of life satisfaction between and within communities emphasize that local context matters when it comes to well-being. Local conditions can influence well-being and, therefore, local actions can improve children's life satisfaction.

Are children unhappier than adults?

Children experience life differently than adults do. Globally, children's and adults' life satisfaction within countries is not strongly linked. In some countries, life satisfaction is comparatively high among both groups; in others, life satisfaction is low among both; and in others, adults report higher life satisfaction than children do.

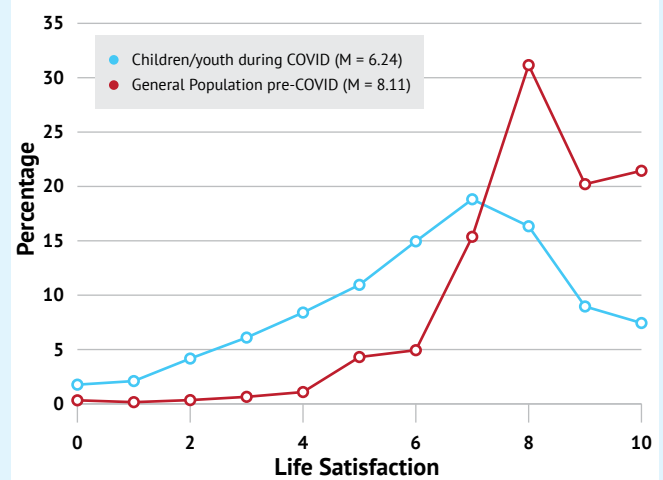


Figure C: Wider dispersion of life satisfaction among children than among adults in Canada

Young people in Canada report a lower level of life satisfaction than adults do. This is a long-standing disparity that widened during the height of the COVID-19 pandemic (Helliwell, Schellenberg and Fonberg, 2020). Based on the 2018 Canadian Community Health Survey of the general population, adults rated their mean life satisfaction at eight, almost two points higher than children's mean life satisfaction rating of six. The inequality in life satisfaction was also wider among young people (45 per cent within one scale-point of the community survey mean) than it was among adults (67 per cent within one scale-point of the mean), and far more young people than adults reported lower life satisfaction. This pattern is evident in Figure A and Figure C.

Contrary to national trends in recent years, children's life satisfaction improved in Waterloo Region between the cohort surveys in 2021 and 2023. In 2023, 78 per cent of young people reported at least moderate life satisfaction, an increase of seven percentage points since 2021 (average life satisfaction rose from 6.5 to 7.1). This result may reflect the easing of COVID-19 pandemic restrictions, which were more extensive in Ontario than in many other parts of Canada.

Local, national and global data show us that children's life satisfaction in Canada is lower than for adults, is inequitable, and has been falling for most children for years. This data underlines the importance of measuring our communities and country based not only on adults' experiences and perceptions but also with a specific focus on the state of children from their perspectives in all their diversity.

Trends in Physical Well-Being

Childhood lasts a lifetime. Physical health is fundamentally important not only for a good childhood but also as a foundation for adult well-being. Because of the comprehensive and subjective nature of health, many indicators are important. But two key sentinels for physical health are child mortality (ages 5 to 14) and the incidence of overweight children (ages 5 to 19). The mortality of children in a high-income country should come under heavy scrutiny. Overweight is also highly significant because it is influenced by, and in turn influences, so many aspects of child well-being.

Child Mortality

Canada ranks:

25th

(0.88 children per 1,000)

Top performer:

Luxembourg

(0.32 children per 1,000)

Country average:

0.99 children per 1,000

Trend in Canada (2018-2022):

Improvement

Report Card countries have been experiencing a long-term decline in child mortality. Figure 7 shows current rates and recent trends of child mortality per 1,000 children in the ten-year period between ages 5 to 14. Across these countries,

average child mortality had already fallen from 2.79 per 1,000 children in 1990 to 2.04 at the turn of the century, and has since halved to around 0.99 per 1,000 children in 2022. In recent years, child mortality rates continued to substantially decline in 33 of 43 countries, though progress has slowed for many as the challenge to prevent child mortality demands the 'last mile' of ambition.

Canada ranks 25th of 43 countries with a child mortality rate of 0.88 per 1,000 children. The average rate of Report Card countries is 0.99 per 1,000, while Iceland has about half of Canada's burden of child mortality at 0.52 per 1,000. Only the newer Report Card countries, including Colombia and Mexico, and Eastern European countries have higher rates than Canada, New Zealand and the United States. In Canada, while child mortality improved between 2018 and 2022, most other countries saw more significant improvements.

Report Card 19 notes that the risk of child mortality is unequal and heavily mediated by family economic factors including income levels and the range of income inequality. The most common cause of child mortality is external causes, such as traffic accidents, violence, falls, and drowning, and rates are substantially higher for boys than for girls in all but three countries (Finland, Latvia and Norway).

The slow rate of progress and the variable rates of child mortality across Canada (i.e., by province/territory, neighbourhood, ethnicity and family income) reveal that

preventing child deaths requires greater ambition to reduce risk factors such as poverty and discrimination and to create safer environments for every child.

Overweight

Canada ranks:

24th (28%)



Top performer:

Japan (16%)

Country average:

28%

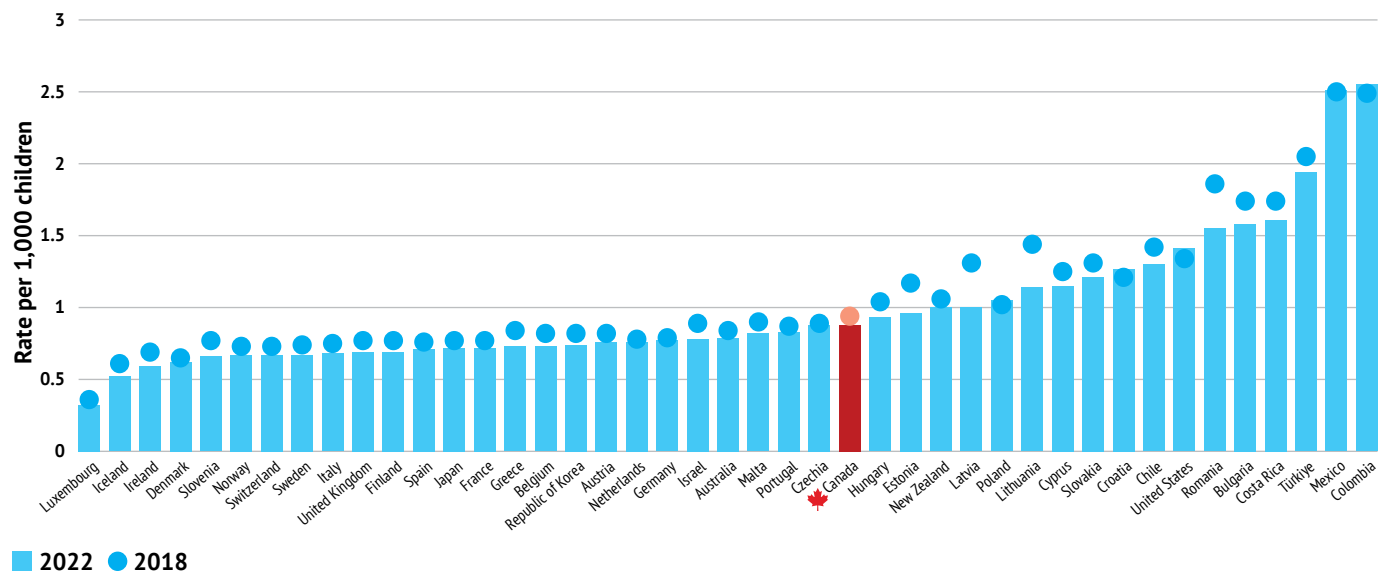
Trend in Canada (2018-2022):

Minimal change

On average, over one in four children in Report Card countries (ages 5 to 19) was overweight in 2022 (Figure 8). Roughly the same number (28 per cent) are overweight in Canada, which ranks 24th of 43 countries. Only five countries achieve a rate of less than 20 per cent.

In contrast to the dominant downward trend in child mortality, the rate of overweight among children ages 5 to 14 across Report Card countries has been increasing over the long term. Childhood overweight first began to rise in countries such as the United States and Canada, followed by a rise in many others. On average, it increased from 17 per cent in 1990 to 28 per cent in 2022. In Canada, the rate of child obesity has tripled since 1980.

In the most recent period for

Figure 7: Changes in child mortality rates, 5 to 14 years old (2018–2022)

Source: UN IGME project. See UNICEF Report Card 19 for full details.

which data is available (2018–2022), overweight rates have continued to increase in one third of countries, stabilized (at a very high level) in others including Canada, and decreased in only two (Italy and Portugal). There are substantial gender differences for the risk of overweight; for example, in 2022 average overweight rates were 9 per cent for girls and 12 per cent for boys. This pattern was consistent across all countries except one (Colombia).

Child malnutrition has three main dimensions: overweight/obesity, insufficient quantity of food and insufficient quality of food (sometimes called ‘hidden hunger’) (UNICEF, 2019a). UNICEF (2024a) defines ‘child food poverty’ as children’s inability to access and consume a nutritious and diverse diet.² In Canada, food insecurity,

defined as insufficient access to nutritious food due to financial constraints, is measured in both of these dimensions. The experience of food insecurity can mean running out of food before there is money to buy more, being unable to afford a balanced diet, going hungry, missing meals and, in extreme cases, not eating for days at a time.

Overweight and obesity are associated with a variety of factors, which can include lack of access to healthy, affordable food (WHO, 2024). Studies have shown a link between childhood overweight and food insecurity (Ortiz-Marrón et al., 2022). Insufficient income can lead to greater reliance on less expensive and more available ultra-processed foods (UPFs) that are high in fat, sugar and salt. Most countries do not share comparable approaches to measuring children’s physical

health and nutrition, including food insecurity, so the rate of overweight is a proxy indicator.

Food insecurity impacts many aspects of well-being in childhood and throughout life (Faught et al., 2017). Children living with food insecurity in Canada are 75 per cent more likely to visit hospitals and twice as likely to need access to health care for mental health or substance use disorders than those who have an appropriate diet (Anderson et al., 2023). Food insecurity has been linked to weaker academic achievement and relationship formation, decreasing children’s capacity to be engaged in school, to learn and to get along with their classmates (Ashiabi and O’Neal, 2008).

In Canada, high national wealth does not ensure that every child

² Child food poverty is measured using the UNICEF and World Health Organization (WHO) dietary diversity score. To meet the minimum dietary diversity for healthy growth and development, children need to consume foods from at least five out of the eight defined food groups.

has a healthy diet. Although children's rates of overweight and obesity seem to have stabilized, the rate of childhood food insecurity has continued to rise. Children have higher rates of food insecurity than the population average in Canada. In 2022, 17 per cent of people in Canada lived in households that experienced moderate or severe food insecurity (Statistics Canada, 2024a), while 21 per cent of children (ages 17 years and younger) experienced moderate or severe food insecurity (about 1.5 million) and 28 per cent of children experienced any degree of food insecurity. This is an increase from 17 per cent of moderately or severely food insecure children (24 per cent for any degree of food insecurity) in 2021 (Statistics Canada, 2024a). Children in female-led lone-parent families were among those with the highest risk of food insecurity at 37 per cent (Statistics Canada, 2024c). The rate of moderate or severe food insecurity among Indigenous children (ages 1 to 14) living off reserve was 33 per cent (Arriagada and Racine, 2024). For Inuit children in Inuit Nunangat, the rate was 69 per cent.

Rising household food insecurity in recent years has generally aligned with rising consumer price inflation and rising child poverty, compounded for many Indigenous children by challenges of food access, climate change and the continuing impacts of colonization that disrupt food systems and feeding. In 2022, both the depth of child poverty and severe food

insecurity increased, particularly among one-parent households with children (Polsky, 2024). Food price inflation climbed to almost 10 per cent in 2022 – the highest pace of food price increase in more than 40 years (Statistics Canada, 2023) – and was still elevated at 8 per cent in 2023. Inflation has since fluctuated but has left food at higher prices than before the inflationary boom (an increase of 19 per cent from 2018 to 2022) (Statistics Canada, 2025).

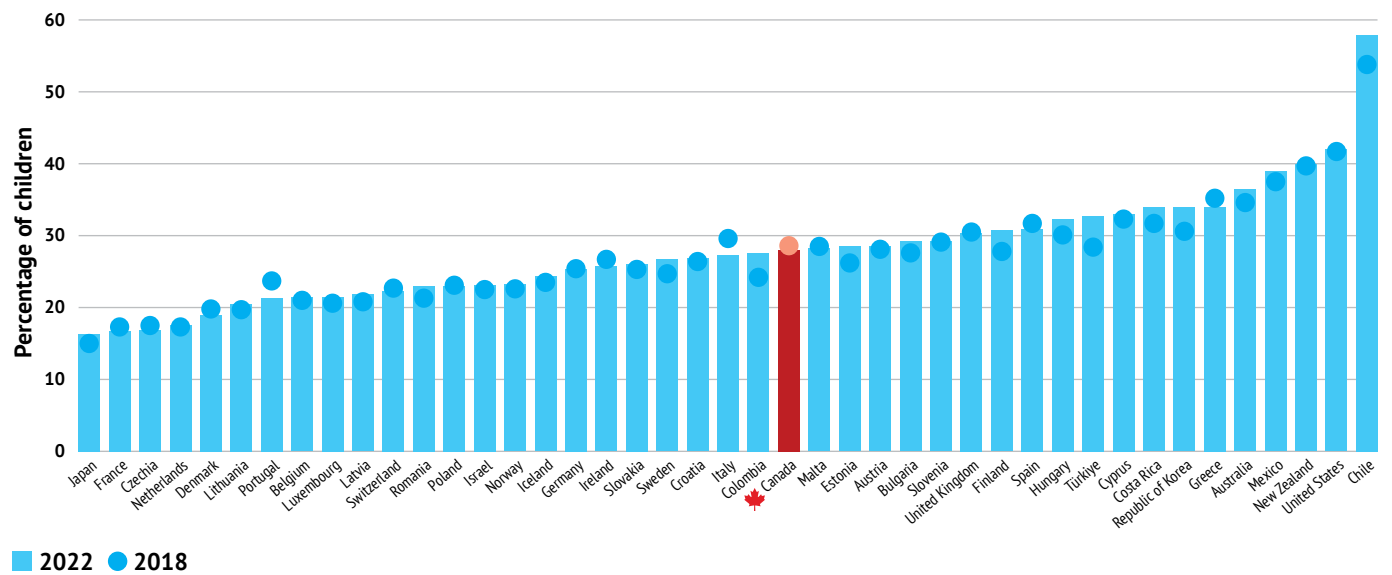
Around the same time, the child poverty rate rose in 2021 and again in 2022 after years of decline. From 2021 to 2022, child poverty increased by 2.5 percentage points to 18 per cent (increasing in every province and territory) – the largest annual increase on record (Campaign 2000, 2024). According to the official federal measure (the Market Basket Measure), 10 per cent of children lived in poverty in 2022 a half percentage point increase from 2019, just prior to the COVID-19 pandemic (National Advisory Council on Poverty, 2024).

Why are rates of overweight and obesity in children increasing? They are inundated with unhealthy food and drink marketing

Canada is unlikely to bring down the high rate of childhood obesity without stemming food insecurity, mainly through improved income benefits to lift children out of poverty and distinct investments to achieve Indigenous food

sovereignty and security. But another key policy measure will help protect child nutrition and health: curbing the marketing of unhealthy food and drink to which children are exposed.

The globe has seen widespread increases in the availability of ultra-processed foods and beverages (UPFs), which generally contain high amounts of salt, sugar, trans fats, and food additives and preservatives (Zhang and Giovannucci, 2022). There is evidence that these foods and beverages are associated with higher rates of overweight and obesity in adults (Lane et al., 2024). Child-specific data is limited, but early analysis in some Report Card countries found that children whose diets included higher UPF consumption shared other dietary intake characteristics implicated in obesity, such as more free sugars and higher energy (calorie) density (Neri et al., 2022). The same study notes that in some high-income countries, children and adolescents are the leading consumers of UPFs. While long-term trend data on the consumption of UPFs is not available, an analysis conducted for this Report Card finds that increases in average daily calorie intake per person from 2010 to 2022 were linked with increases in rates of childhood overweight and obesity (Carraro, 2025). Increases in the supply of sugar-sweetened beverages (SSBs) were associated with higher rates of overweight among children in the following year (Figure 9). In this same study, changes in physical activity were

Figure 8: Changes in overweight rates, 5 to 19 years old (2018–2022)

Source: NCD-RisC (WHO/Lancet). See UNICEF Report Card 19 for full details.

not consistently associated with changes in overweight across these countries.

Canadian children have diets high in sodium, sugar and saturated fat, and dental decay is a widespread concern, reflecting a food system that promotes and provides abundant unhealthy food and drink while implementing inadequate policies to prioritize and protect children's nutrition, health and development (WHO, 2024).

The marketing and availability of low-cost, unhealthy food are interrelated and have a major impact on food choices, making healthy eating a challenge for many families and children (UNICEF, 2021a). Nutritious choices are typically not the most available, affordable, convenient or widely promoted foods. Marketing of UPFs is pervasive and persuasive,

and has a powerful influence over children in Canada, reaching children of all ages through a wide range of content, media and settings. It is designed to reach and appeal to children through product design; the use of cartoons, child-friendly characters, fantasy and adventure themes, and humour; and placement and other marketing techniques (particularly outside Quebec, which has more restrictions). Children are highly vulnerable to marketing not only due to its volume but also because of their developmental stage. Children are still developing the emotional and cognitive tools necessary to resist the intent of product marketing to which even adults are susceptible. Children tend to become more aware of the selling intent of advertising as they get older, but many children under age 18 struggle to understand that sophisticated advertisements

are biased and trying to sell them something. An increasing number of studies using neuroscience and behavioural psychology have called into question whether even teenagers have the cognitive capacities to identify or protect themselves from the persuasive intent of advertising (UNICEF, 2021a).

In evidence gathered over the past 20 years, marketing of ultra-processed and nutrient-poor food and drink has been identified as a contributing factor of poor nutrition, overweight and obesity (Statistics Canada, 2020). Most food and beverage products promoted to children are UPFs, so it is not surprising that Canada ranks among the top countries for sales of UPFs and that UPFs make up the bulk of children's diets in Canada (Chen et. al., 2025). Children in Canada get nearly 60 per cent of

their calories from UPFs (Moubarac, 2017). This is evident even at age three (Chen et al., 2025).

77% of U-Reporters in Canada (ages 13 to 24) agree that they see a lot of advertisements for unhealthy food and drinks in stores.

(2023 poll; UNICEF Canada, n.d.)

There is also evidence to suggest that other environmental factors, such as exposure to obesogenic chemicals, play a role (Heindel et al., 2023, 2024). In 2022, the European Union Directorate-General for the Environment drew attention to an additional contributor to rising childhood obesity: “A growing number of studies indicate that certain

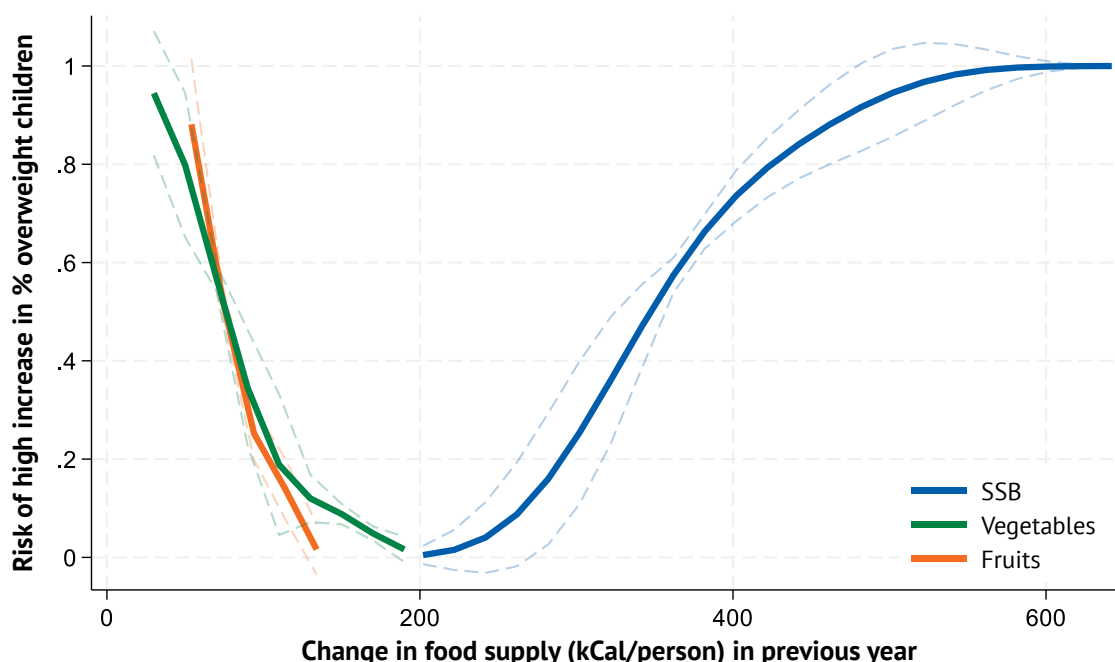
endocrine-disrupting chemicals may be important causative factors – primarily when exposure occurs during early development.”

A comprehensive scientific review identified the potential pathways of children’s exposure to various chemicals that may increase the probability of obesity (Figure 10). Children encounter obesogens including microplastics (MP) through food, water, air and household dust. Studies have estimated that children in the United States consume between 39,000 and 41,000 MP particles annually from food alone and 74,000 to 81,000 MP particles from other sources including inhalation (Cox et al., 2019). Bottled water consumption could add another 90,000 MP particles annually.

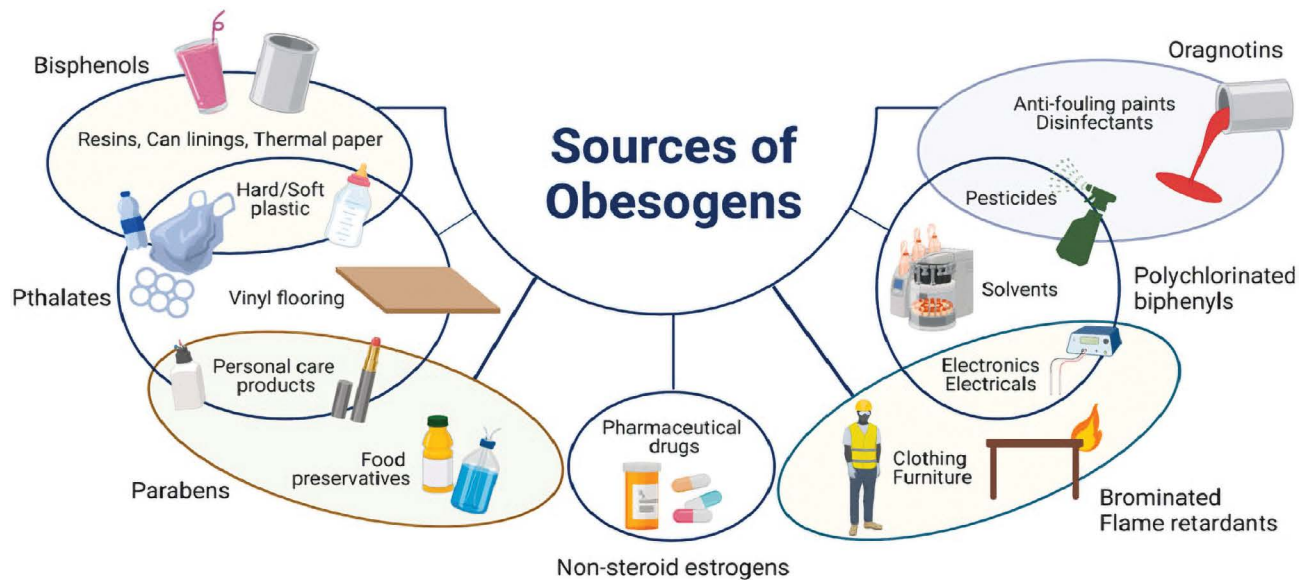
Moreover, infants ingest higher levels of MP through plastic bottles and toys, while toddlers are exposed through hand-to-mouth activities involving household dust and plastic materials.

Insufficient access to nutritious food, exposure to unhealthy environments and avoidable child deaths have no place in wealthy countries with the resources to achieve higher rates of child health and survival.

Figure 9: Changes in probability of childhood overweight associated with changes in food supply in previous year



Source: Carraro (2025). See References for full details.

Figure 10: Sources of obesogens

Source: Figure and accompanying text reproduced from Figure 1 in Heindel et al. (2022). See References for full details.

Breastfeeding Helps Lower the Risk of Obesity in Childhood and Later in Life



*Contributed by Sarah Bridgman and Meghan Azad
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Manitoba)*

More than 40 years ago, the first study showing that breastfeeding can help lower the risk of obesity later in life was published (Kramer, 1981). Since then, many other studies have supported this finding, showing that breastfeeding is linked to a lower risk of obesity in childhood and adulthood. It is now well established that early nutrition, especially breastfeeding, plays an important role in preventing childhood obesity.

Infants who are not breastfed have three times the risk of obesity as those breastfed exclusively for at least six months – meaning they did not receive any formula or complementary foods during the early months of breastfeeding. A recent review of 159 studies found that, on average, people who were breastfed as infants had a 27 per cent lower chance of being overweight or obese (Horta et al., 2023). The strongest benefits were seen in children and teens, but breastfeeding still provided some protection against obesity in adulthood. The benefits were even greater for those who were

exclusively breastfed.

It's important to acknowledge that in wealthier countries, breastfeeding and obesity are often influenced by similar social factors. For example, families with higher incomes are more likely to breastfeed and for longer periods and, for a variety of reasons, their children are also less likely to be overweight or obese (Victora, 2016). Even so, the protective effects of breastfeeding are seen when these social factors are taken into account.

Breastfeeding helps prevent obesity in several ways

Research has suggested several ways that breastfeeding might help prevent children from becoming overweight or obese. Some of these benefits come from the nutrients and special components in breastmilk, while others are linked to the process of breastfeeding.

Breastmilk is a unique and constantly changing food that provides nutrients, immune-boosting elements and other special components that formula milk cannot fully copy (Ballard and Morrow, 2013; Kim and Yi, 2020). Some of these components are linked to healthier

growth and weight regulation. For example, breastmilk has less protein than formula, and studies have shown that higher-protein formulas can lead to faster weight gain in babies (Weber et al., 2014), which is linked to a higher risk of obesity later in life (Koletzko et al., 2020). Breastmilk also contains human milk oligosaccharides, which help babies develop a healthy gut microbiome. A healthy gut microbiome has been linked to a lower risk of obesity (Petraroli et al., 2021). Additionally, breastmilk contains hormones like leptin, adiponectin and ghrelin, which play roles in controlling appetite and energy balance (Savino et al., 2009).

The act of breastfeeding may also help prevent obesity. Babies who are breastfed are less likely to be overfed because they stop feeding when they are full or suckle for comfort without taking in much milk. In contrast, a caregiver of a bottle-fed baby is more likely to encourage their baby to finish the bottle, even if the baby is full, and may not pay as much attention to the baby's hunger cues (Ventura and Hernandez, 2019). This difference may help breastfed babies develop better control over how much they eat, which could carry into childhood (Li, Fein and Grummer-Strawn, 2008; Li, Fein and Grummer-Strawn, 2010).

How and how long a baby breastfeeds can affect their risk of becoming overweight

Recent research from the Canadian CHILD Cohort Study (www.childstudy.ca) has improved understanding of how breastfeeding affects a baby's weight. It has also shown that how long a baby breastfeeds, the method of feeding (directly from the breast or using expressed breast milk), and supplementation with formula can influence weight gain in babies (Figure A).

Many earlier studies didn't clearly separate the effects of direct breastfeeding and feeding expressed breast milk or consider the impact of early formula supplementation in hospitals, but these differences matter. Expressing and storing breast milk can reduce some of its beneficial components, bottle feeding can make it harder for babies to regulate how much they eat, and even a small amount of formula might affect the baby's gut microbiome, all of which can influence weight gain.

The CHILD Study found that babies who were breastfed had a lower risk of being overweight in their first year, gained weight more slowly and had lower body mass

index (BMI) scores (Azad et al., 2018). These benefits were stronger when babies were breastfed for longer and when breastfeeding was exclusive. Even after considering factors like the mother's weight and family income, babies who were not exclusively breastfed at six months were twice as likely to gain weight rapidly and have higher BMI scores, and were three times more likely to be overweight by 12 months compared to babies exclusively breastfed. These effects were even greater than the influence of maternal obesity, a known risk factor for child obesity.

The study also showed that direct breastfeeding (at the breast) provided stronger protection against obesity than feeding expressed breast milk and that babies who were supplemented with formula had less protection compared to those supplemented with solid foods. Brief formula use in the hospital seemed to alter the microbiome (Forbes et al., 2018), but didn't significantly increase the risk of being overweight if exclusive breastfeeding was started and continued for at least three months after discharge (Azad et al., 2018).

The findings from the CHILD Study highlight important points:

1. Supporting breastfeeding can help reduce the risk of obesity in children.
2. Parents should be supported to breastfeed exclusively for the first six months and continue to breastfeed up to two years or longer, as recommended by the WHO. Longer and exclusive breastfeeding has the greatest benefits, but any breastfeeding is better than none.
3. Direct breastfeeding offers the most protection against obesity, although feeding expressed breast milk is still better than feeding no breast milk at all.
4. Hospitals should avoid encouraging formula feeding for newborns unless it is medically necessary.

Support systems are needed to help parents successfully breastfeed

Support systems that could help parents reach their breastfeeding goals include:

- Promoting breastfeeding as the normal and accepted way to feed babies in society
- Providing earlier and better access to lactation support to help parents start breastfeeding successfully and meet their goals
- Supporting inclusive, adequately paid maternity leave so parents have more time for direct breastfeeding,

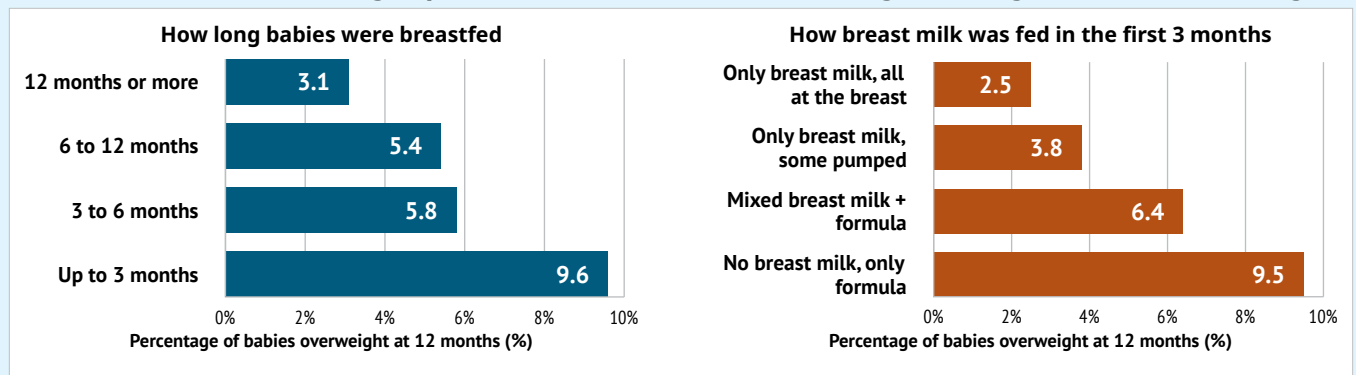
especially since many parents feed expressed milk when returning to work

- Making safe and comfortable spaces available for breastfeeding parents
- Strengthening rules to limit the marketing and promotion of formula, especially in hospitals.

Unless otherwise specified, the term 'breastfeeding' encompasses the feeding of human milk produced by the child's mother (or lactating parent), either fed directly from the breast (or chest) or expressed and fed from a bottle.

Figure A:

How different breastfeeding experiences relate to the risk of being overweight at 12 months of age



Source: CHILD Study cohort, Canada. Azad et al. (2018). See References for full details.



Trends in Skills Development

Children need opportunities to develop a wide range of skills for a good life. This Report Card focuses on academic and social skills, two fundamental areas of child development for which internationally comparative data is available.

Academic Skills (Proficiency in Reading and Math)

Canada ranks:

6th (67%)



Top performer:

Republic of Korea
(79%)

Country average:

55%

Trend in Canada (2018-2022):

Minimal change

Academic skills are measured in this Report Card as the proportion of children who are still at school at 15 years old and have reached basic proficiency in both reading and mathematics. This is a level of skill achievement that is functionally useful for everyday life (e.g., being able to understand a medicine leaflet and to calculate the change due when paying with cash in a store) – not the highest level of academic achievement. Proficiency is the level that should be within reach of every child with the right support.

Figure 11 shows the proportion of children reaching academic proficiency in each country, ranging widely from 19 per cent in Colombia to 79 per cent in the Republic of Korea and averaging 51 per cent. In Canada, 67 per cent of children reached academic proficiency in 2022, ranking sixth of 42 countries.

Although a better outcome than most other countries, this leaves almost one-third of children in Canada without a basic level of competency in core academic skills. Furthermore, the rate of academic proficiency among children in Canada declined by one percentage point between 2018 and 2022. While this decline is only marginal (and less than in many other countries), it continues a longer-term erosion in academic proficiency. The rate of academic proficiency declined substantially in 21 countries, overall the largest drop recorded since the PISA

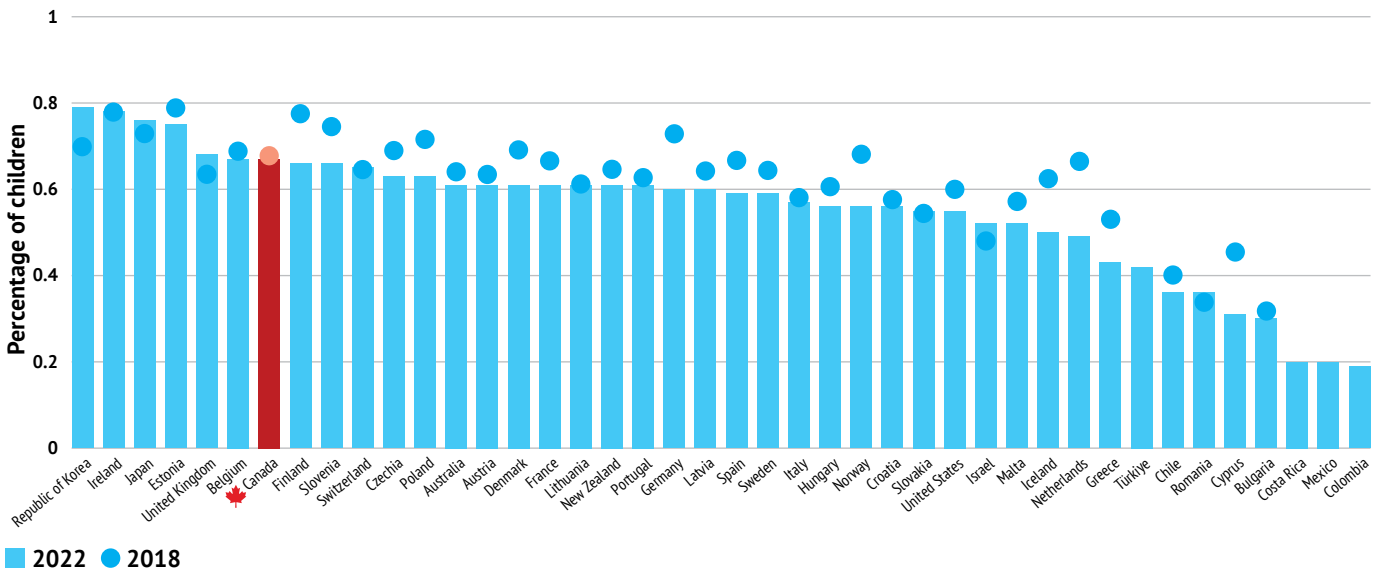
survey began 25 years ago. It only increased substantially in three countries. Girls score higher in reading than boys in every country, while boys score higher than girls in mathematics in most countries. The gender gap in reading scores is typically much larger than the gender gap in mathematics scores.

Previous UNICEF Report Cards have documented Canada's relatively high rankings on most measures of children's academic achievement in international tests at age 15 (e.g., PISA). Not only has Canada ranked at the top in learning achievement, it has also been a leader in the equity of educational outcomes, outperforming countries such as Norway, Sweden and Denmark. Significant equity gaps remain among children in Canada's schools – particularly for Indigenous, racialized and socio-economically disadvantaged children and those with disabilities. However, public

education retains significant power to level the inequalities among children and helps explain why Canada has been a more socially mobile society than countries such as the United Kingdom and the United States (Andrews and Leigh, 2009; OECD, 2024b).

Figure 12 presents a longer-term overview of trends in academic skills in OECD countries based on mean PISA test scores for reading and mathematics (rather than the proficiency benchmark). The decline in math scores emerged around 2009 and a drop in reading scores followed starting in 2012. Both trends appear to have accelerated between 2018 and 2022, representing the sharpest declines in these scores since the PISA assessments began 25 years ago. The average decline since 2018 was 16 percentage points for math and 11 percentage points for reading.

Figure 11: Changes in academic proficiency rates, 15 years old (2018–2022)



Source: PISA 2022. See UNICEF Report Card 19 for full details.

Similar to the overall trends, mean mathematics scores in Canada declined on average by 15 points between 2018 and 2022 (equivalent to the loss of three quarters of a year of learning) and reading scores fell by 13 points. However, the trend varied across provinces and territories; Newfoundland and Labrador, Nova Scotia, New Brunswick and Manitoba experienced larger declines, and Alberta and British Columbia saw smaller declines.

Social Skills (Making Friends)

Canada ranks:

28th (75%)



Top performer:

Croatia (84%)

Country average:

77%

Trend in Canada (2018-2022):

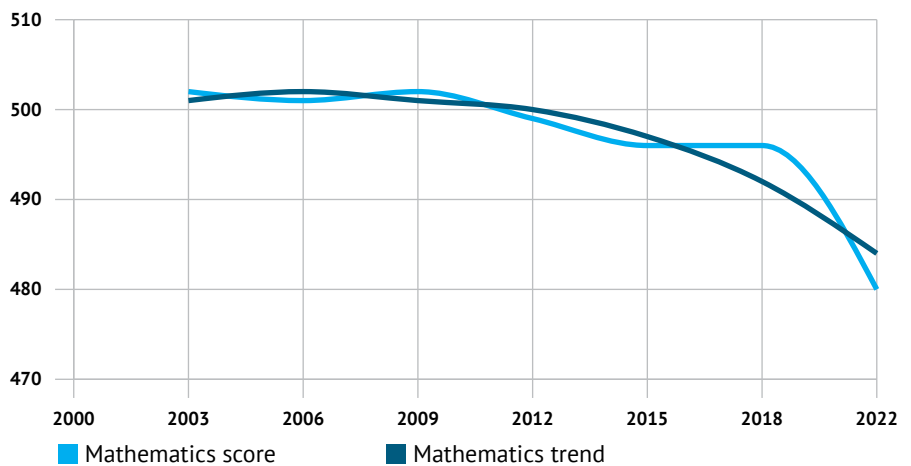
Minimal change

Social skills are very important for children to be able to form friendships and other positive relationships in childhood that are central to their development and life satisfaction.

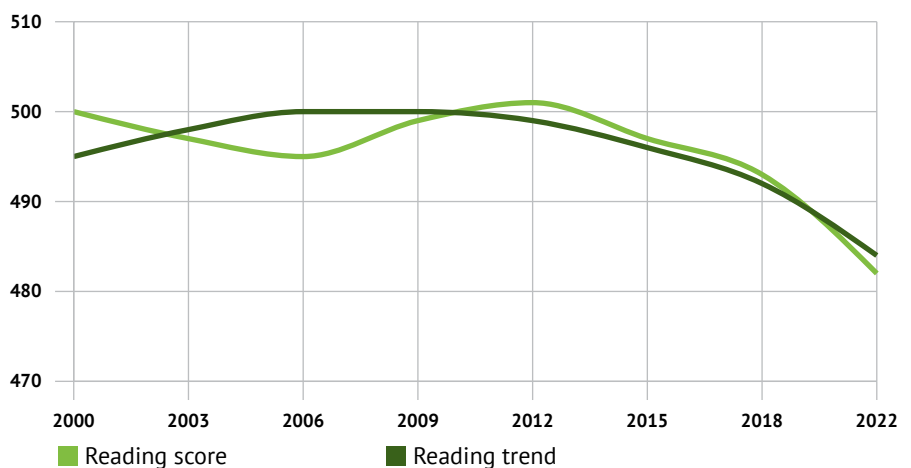
Children's social skills are measured in this Report Card as the proportion of children at age 15 who feel that they can make friends easily at school (Figure 13). Levels of social skills among children vary less among countries than do levels of academic skills. However, the proportion of

Figure 12: Trends in PISA test scores for reading and mathematics, 15 years old (2000–2022)

Mathematics



Reading



Source: OECD, PISA 2022 Database. See UNICEF Report Card 19 for full details.

children in high-income countries who can make friends easily tends to be higher among boys (80 per cent) than girls (73 per cent). In Canada, 75 per cent of children report having this social skill (more than the 67 per cent who achieve academic proficiency), but the rate is below the league table average of 77 per cent and considerably lower than the highest levels seen in Croatia and Slovenia (84 per cent). This score yields Canada a

rank of 28th among 41 countries, as opposed to the much higher ranking it achieves for children's academic skills (sixth). Interestingly, in the WHO HBSC survey, Canadian children have been reporting increasing levels of academic pressure and decreasing peer support in recent years (Badura et al., 2024).

In Report Card 19, the social skills indicator changed relatively

little between 2018 and 2022 – improving substantially in only seven countries, only decreasing substantially in one, and remaining largely stable in Canada. This news is somewhat positive given the concerns about the potential impacts of lockdowns, including school closures, on peer relationship formation during the COVID-19 pandemic.

Measuring other social skills, notably perspective-taking and empathy, offers a more rounded picture. Such skills are essential, not just to foster close personal connections that support child well-being, but also for the collective well-being and cohesion of communities and society as a whole.

Figure 14 shows the percentages of 15-year-olds who believe they can consider others' perspectives before they take a position and who say they can perceive how others

are feeling (empathy). Patterns of these two indicators vary among countries in different ways. Overall, between one in five and three in five children do not feel that they have these skills. The proportion of children who report making friends easily tends to be higher among boys (80 per cent) than girls (73 per cent).

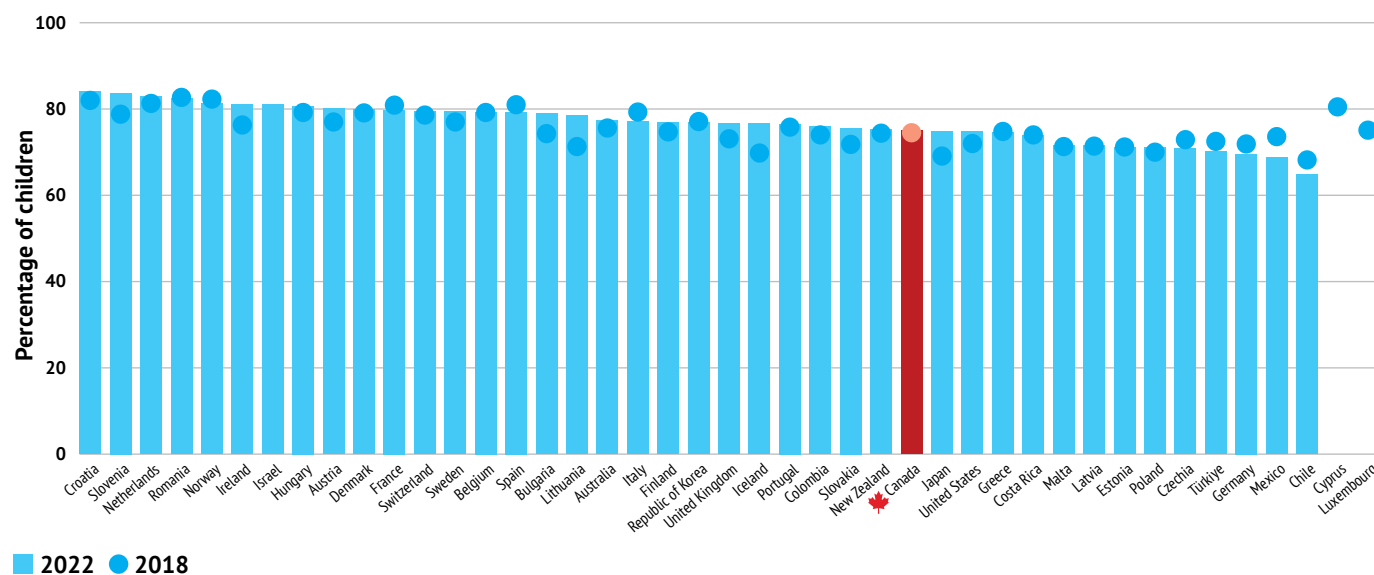
In Canada, one in three children report that they do not have these skills. Roughly equal numbers of children report having the skills of empathy (64 per cent) and perspective-taking (62 per cent). Compared to other Report Card countries, Canada ranks 20th of 36 countries for the rate of children reporting competency in empathy and 12th for perspective-taking.

Why have children's academic skills fallen in most countries? The COVID-19 effect

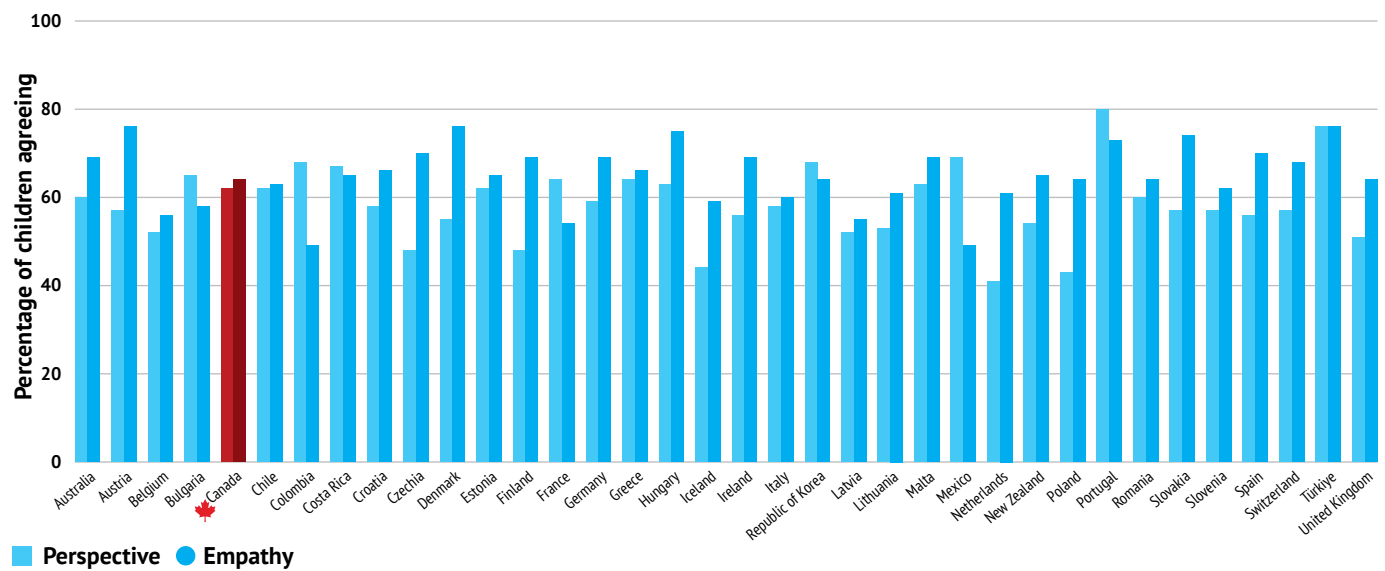
A number of reasons may explain the overall decline in the proportion of children proficient in academic skills across these countries.

The declaration of the COVID-19 pandemic in March 2020 was followed by a prolonged period of school closures and disruptions. During this time, children identified the greatest barriers to schooling as a lack of self-motivation, difficulties in understanding assignments and an inability to find someone to help with learning (Figure 15). However, the evidence is inconclusive on the impact of school closures on learning outcomes. While some studies suggest a correlation between school closures and learning loss, the OECD (2023) concluded that the COVID-19 pandemic may explain some, but not all, of the decline in academic proficiency. They note that (a) falling proficiency was already apparent before

Figure 13: Changes in social skill rates, 15 years old (2018–2022)



Source: PISA 2022. See UNICEF Report Card 19 for full details.

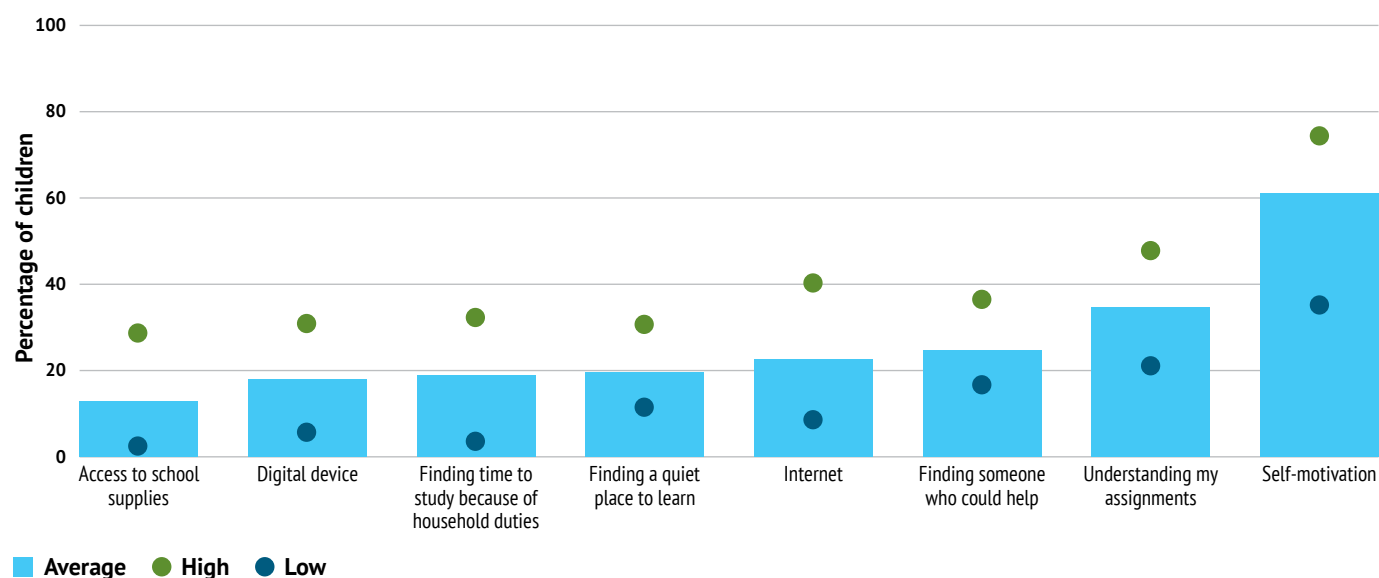
Figure 14: Children's ability to understand other people cognitively and emotionally, 15 years old (2022)

Source: PISA 2022. See UNICEF Report Card 19 for full details.

COVID-19 in 10 OECD countries, and (b) there is no clear difference in trends between countries that experienced limited and extended school closures. For instance, a substantial number of students in Canada experienced longer and more disruptive school closures than children in many OECD countries, but the rate of academic proficiency declined less in Canada.

A much-debated hypothesis during the period of pandemic school closures was that the move to remote learning in many countries would be particularly detrimental to disadvantaged children who may lack resources, including suitable space and digital assets at home, and whose parents may feel less able to support them academically, leading to greater academic inequalities.

Academic outcomes are strongly linked to socio-economic conditions. Analysis of the changes in mathematics and reading scores in PISA tests between 2018 and 2022 reveals an average gap increase of seven percentage points between the top and bottom 20 per cent of children according to socio-economic status (SES). However, the change in the socio-economic gap in math varied substantially across countries, ranging from a decrease in a few countries to a widening by more than 20 points in five countries. In Canada, the socio-economic gap in math scores increased by 13 percentage points (Figure 16) – more than in most other countries.

Figure 15: Problems with remote learning during COVID-19 identified by children, 15 years old (2022)

Note: “High” refers to a country with the highest value. “Low” to a country with the lowest value. “Average” to the mean value for all Report Card countries.

Source: PISA 2022. See UNICEF Report Card 19 for full details.

An international partnership including UNICEF (2023a) has reviewed global evidence to address the impacts of learning loss from pandemic school closures and proposed the RAPID framework:

- **R**each every child and keep them in school
- **A**ssess learning regularly
- **P**rioritize teaching a good foundation of literacy and numeracy
- **I**ncrease catch-up learning (including pathways for those who have left school)
- **D**evelop social and emotional skills, psychosocial health and well-being

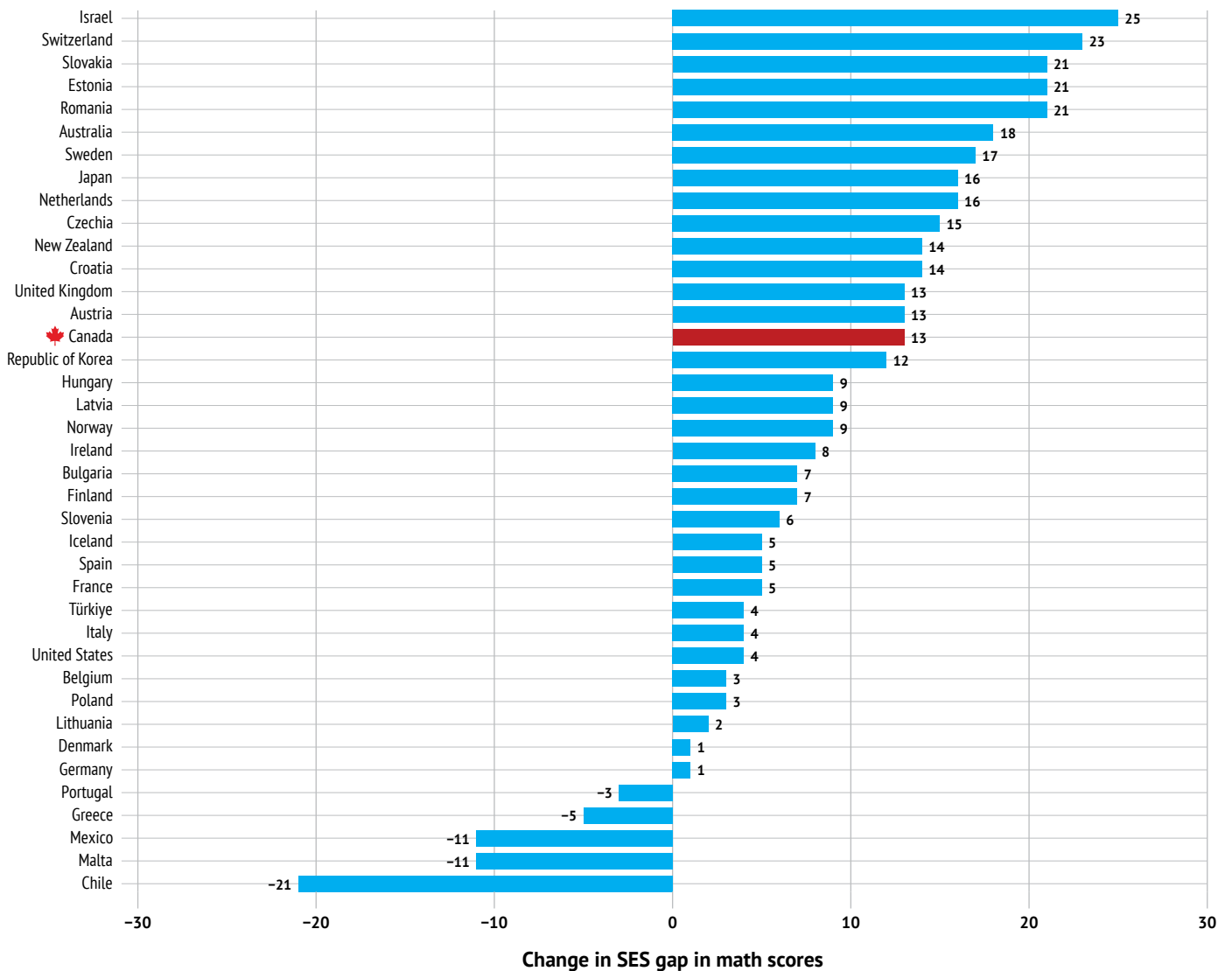
Has digital technology use affected children’s academic skills?

A big difference in the daily lives of today’s children compared to previous generations, across all high-income countries, is their use of digital technology, including cell phones and social media. Most children have a cell phone and while self-reported use levels tend to be unreliable, many children spend several hours online every day. Report Card 19 notes that moderate social media users tend to have somewhat higher life satisfaction than both intensive users and non-users. Some types of digital technology use, including social media, have been linked to positive aspects of well-being for some children, such as greater satisfaction with friendships. Which

children use digital technology, for what, when and for how long all have different influences on aspects of their well-being – with evidence suggesting a link between levels of life satisfaction and exposure to certain types of content online.

There is no clear evidence linking changes in digital technology use over time and changes in rates of academic performance. The UNICEF Report Card explores the link between cell phone and social media use during school time and academic outcomes using PISA survey data for children at age 15:

- 26 per cent of children said they feel anxious when they don’t have their phone near them for at least half of the time.
- 31 per cent of children said they

Figure 16: Changes in the socio-economic gap in mean mathematics scores (2018-2022)

Source: PISA, 2018 and 2022. See UNICEF Report Card 19 for full details.

get distracted by their phones during most lessons.

- 32 per cent of children went to a school with a phone ban – regardless of the level of enforcement.

Feeling anxious when their phone is not nearby was significantly associated with lower academic proficiency in 32 countries, with a


3 to 15 per cent lower probability of meeting academic proficiency. Students who said they get distracted by their phones during most lessons had, on average, 7 per cent lower probability of meeting this benchmark.

The use of phones during lesson time by children and those around them may be affecting learning, especially for more

vulnerable learners. However, evidence is less conclusive about effective policies to address this. Many countries are currently implementing or considering cell phone bans in schools for various ages, with most implementing restrictions of some type rather than outright bans; however, these policies vary considerably, which makes evaluating impact challenging. Phone bans at school

yielded erratic results related to academic proficiency: They were not significantly associated with academic proficiency scores in 21 countries and worked in opposite directions in the rest. School boards	across Canada have rolled out a new wave of such policies for the current (2024–2025) school year. While it is too early for rigorous evidence of their impact, early anecdotal evidence is mixed.	Some positive reports by students and teachers suggest that such policies have supported better concentration, engagement and productivity in class.
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Learning Loss in Canada: A Concerning Trend



Contributed by Tracy Vaillancourt, P.D., Tier 1 Canada Research Chair in School-Based Mental Health and Violence Prevention, Faculty of Education, University of Ottawa; Chair, Royal Society of Canada and CCUNESCO Canada Learning Loss Working Group.

Children need a broad set of skills to navigate life successfully, with academic and social competencies forming the foundation for their development and future opportunities. This Report Card examines these essential skills, offering an international perspective on children’s educational outcomes.

The latest data from the Programme for International Student Assessment (PISA) reveal a troubling global decline in academic proficiency, including in Canada. Although it is reasonable to attribute learning loss to the pandemic (Betthäuser et al., 2023), the downward trend predates this global emergency. Canada’s standing is a cause for serious concern. Declining academic skills have far-reaching consequences for individuals and society. Lower academic achievement is closely linked to poorer mental health, and both contribute to negative

adult outcomes such as employment instability and economic insecurity (Brittain & Vaillancourt, 2022). Lower proficiency in reading and mathematics can limit Canadian students’ educational and career prospects, ultimately diminishing their economic contributions. A workforce with weaker academic skills may struggle to compete in an increasingly knowledge-based global economy. Education gaps can exacerbate social inequalities, making it even harder for disadvantaged students to overcome systemic and economic barriers.

The findings of this Report Card underscore the urgent need to address declining academic skills in Canada and globally. Although Canada performs above the global average, falling proficiency rates signal the necessity of targeted interventions to support students, particularly those most at risk of falling behind, ensuring every child has access to high-quality education and the resources necessary to achieve basic proficiency in reading and mathematics. Strengthening academic foundations is essential to equipping Canadian students with the skills they need to build successful, fulfilling lives.

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Visit www.ureportcanada.ca for more information and to sign up as a U-Reporter.

Mental well-being

Young people thrive when they have a strong sense of connection with others. Half of U-Reporters say their social relationships are the primary influence on how satisfied they are with life.³ Most U-Reporters say that having friends is their most important antidote to loneliness.⁴



"Being in social situations with people you love, especially friends. Some highlights include eating together"⁵

After many years of public campaigns to eliminate the stigma of mental illness, many U-Reporters say that the biggest challenge young people face in accessing mental health support is still the stigma surrounding mental health.⁶ However, it is far from the only challenge: accessing appropriate treatment remains elusive for many.



"Effective treatment is difficult to find, especially in rural areas"⁷

Physical well-being

Most U-Reporters say that food accessibility and affordability guide their dietary choices. For one in three U-Reporters, affordability has the greatest influence on the food they consume.⁸ Challenges accessing affordable food that they wish to eat affect young people's mental health and overall well-being. In turn, over 80% of U-Reporters feel that their mental health affects their physical health and the foods they choose.⁹



"I realized that in grocery stores healthy food is much more expensive than unhealthy foods"¹⁰



"Food accessibility is a big issue. People shouldn't have to worry if their kids are going to go to bed hungry. Without physical health, mental health and personal success aren't accessible either"¹¹

3 U Report Canada, "Opinions: Report Card 19," U-Report, February 2025, accessed 8 April 2025, <www.canada-en.ureport.in/opinion/7794/>.

4 Ibid.

5 Ibid.

6 Ibid.

7 Ibid.

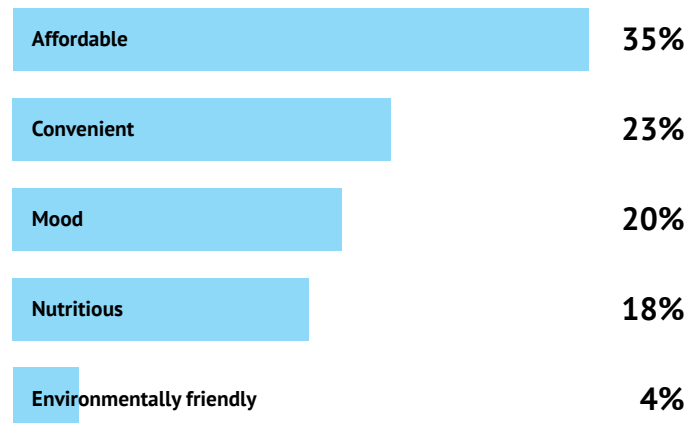
8 Ibid.

9 Ibid.

10 U Report Canada, "Opinions: Food Insecurity," U-Report, October 2024, accessed 8 April 2025, <www.canada-en.ureport.in/opinion/7569/>.

11 U Report Canada, "Opinions: Report Card 19," accessed 8 April 2025.

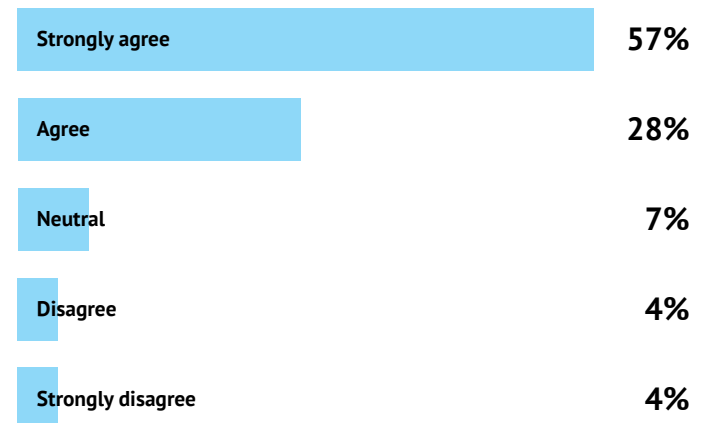
What factor most influences the foods you choose to eat?



UReport by UNICEF

204 responded out of 2,554 polled

How much do you agree with the following statement: *My mental health affects my physical health and the foods I eat.*



UReport by UNICEF

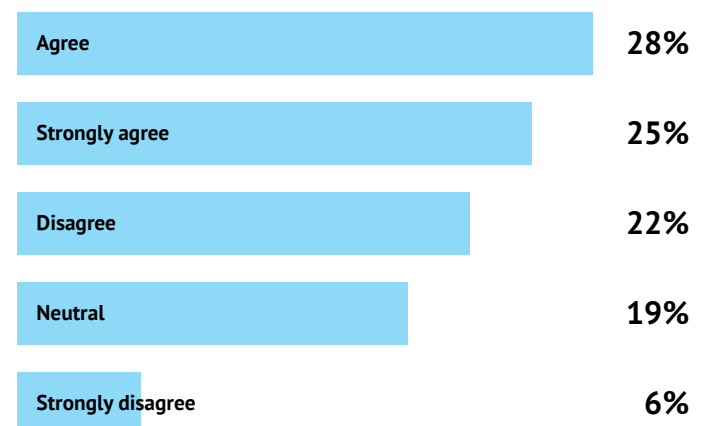
191 responded out of 217 polled

Skills development

Young people cite many conditions that affect their learning at school. More than half of U-Reporters believe that using their phones during class impairs their ability to concentrate in class.¹² 57% of U-Reporters say that their schools have taken measures to limit phone use during class.¹³ However, U-Reporters believe that there are stronger influences than cell phone use on their ability to develop reading and math skills – including teaching methods, access to learning support and a growing reliance on artificial intelligence.¹⁴

Even this sampling of young people's perspectives about the well-being outcomes measured in Report Card 19 reveals important insights that may otherwise be overlooked. How they describe the linkages between nutrition and mental health invites us to recognize the interdependent nature of their well-being (while governance, systems and policy measures tend to be siloed). How they identify challenges at school invites us to look beyond simplistic conclusions about policy solutions (such as cell phone bans). Their readiness to identify barriers to mental health services calls us to do better to achieve better well-being outcomes.

Phone usage during school affects my ability to focus in class.



UReport by UNICEF

187 responded out of 192 polled

¹² Ibid.

¹³ Ibid.

¹⁴ Ibid.

Uplifting Children's Well-Being by Upholding Their Rights

The most concerning trends in child well-being evident in Report Card 19 occur across all three well-being dimensions: falling life satisfaction, rising rates of overweight, and declining academic skills development. These trends have no single cause – a number of interacting factors drive them. Therefore, both issue-specific and holistic policy responses are necessary.

As much as the conditions shaping childhoods are changing, children's rights are enduring and provide the compass for action. Advancing children's universal human rights is not merely an effective way to create the foundation for good childhoods; rights are entitlements owed to children. With the Convention on the Rights of the Child, governments have specific duties to respect, protect and fulfill children's rights so they may develop to their potential and fully participate in the life of the society into which they are born. Children have rights to survival and health care, to education that fosters a range of skills and interests, and to protection from a wide range of harms including exploitative marketing and unsafe digital environments. To facilitate the realization of these interdependent rights, children are also entitled to an adequate standard of living, to participation in decisions

affecting them, and to priority consideration of their best interests by governments, including a first call on budgetary resources and a child policy lens on decisions affecting them.

A child rights-based lens can help ensure that policy responses are coherent (they solve a range of concerns and are mutually reinforcing) and avoid unintended negative impacts that reinforce concerning trends (for instance, too much emphasis on academic achievement can come at the expense of mental health and social skills). If their rights were fully realized, every child in Canada would have the chance for survival, optimal mental and physical health, and opportunities to learn the skills they need.

"As we embark upon this great collective journey, we pledge that no one will be left behind."

UN Declaration on Agenda 2030 for Sustainable Development, United Nations General Assembly, Resolution 70/1, 2015

Furthermore, the 2030 Agenda for Sustainable Development includes goals and targets that countries including Canada¹⁵ pledged to achieve by 2030 (Table 8). Reaching the targets would help improve the

child outcomes measured in this Report Card and reverse some of the concerning trends. However, only one of these targets – a 50 per cent reduction in poverty – has been achieved in Canada since 2015 (and it is now at risk of regressing). Only five years remain to reach these targets; now is the time to elevate political ambition for children.

15 Refer to United Nations General Assembly Resolution, A/RES/71/313, 6 July 2017.

Table 8: Progress towards the UN Sustainable Development Goals in Canada

Sustainable Development Target	Status in Canada
1.2 By 2030, reduce by at least half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions.	Achieved based on a national average using Canada's official poverty line, but inequalities remain and regression is possible with rising child poverty rates since 2021.
1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable.	Progress made to increase income benefit adequacy with the 2016 Canada Child Benefit, but universal inclusion and sufficiently adequate benefits to alleviate child poverty are not yet achieved.
2.1 By 2030, end hunger and ensure access by all people – in particular the poor and people in vulnerable situations, including infants – to safe, nutritious and sufficient food all year round.	Regression with increasing rate of child food insecurity; persistent rate of child obesity.
2.2 By 2030, end all forms of malnutrition, including achieving by 2025 the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons.	Regression with increasing rate of child food insecurity; persistent rate of obesity.
3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment, and promote mental health and well-being.	Progress but with a slow rate of decline in child mortality and a higher rate of adolescent suicide compared to other high-income countries.
4.1 By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education, leading to relevant and effective learning outcomes.	Progress with a rising high school completion rate, but regression in mean reading and math scores; inequalities remain.
4.2 By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.	Progress with expanded access, but exclusion and inequalities remain.

LEGEND: **ACHIEVED** **PROGRESS MADE** **NO PROGRESS**

Rising Up the League Table with Ambitious Policies for Children

The well-being of children is a sentinel of the presence, adequacy and inclusion of child policies. The trends in this Report Card demonstrate that public policies and systems are not yet sufficient to nurture children's potential and protect them from the economic, social, technological and environmental disruptions shaping childhoods in Canada. The wide range of child well-being outcomes across the UNICEF league table offers this lesson: Children's outcomes are malleable with effective public policies and, therefore, so are national rankings in UNICEF league tables.

The mobility of countries in league table rankings over the past five years demonstrates how sensitive children are to the conditions and policies shaping childhood. Child outcomes can be quick to change in response to changing contexts for childhood and changing public policies. In the world's richest countries, child well-being is not a function of chance or necessity, but of policy and priority. It is not a country's level of wealth that matters, but rather its level of ambition for children.

Child well-being varies considerably between rich countries. This variation has little relationship to the wealth of each country and much to do with the adequacy and inclusion of public policies for children.

Canada has advanced many important child well-being policies in recent years, including income benefits, early learning and child care, and most recently access to healthy food at school. Facing many economic, environmental and social challenges in common with other high-income countries, the outcomes measured in this Report Card have regressed less in Canada than in many other countries. But with one third of children without academic proficiency, one quarter with unhealthy weight, one quarter without social skills, one quarter without enough healthy food and one fifth in poverty, the child policy agenda is far from complete. With greater inclusion and adequacy, Canada's child policies can achieve much better outcomes, and Canada could be among the very best countries in which to grow up.

Developing public policies to advance child well-being should consider the multiple domains measured in this Report Card and the potential for cascading and complementary outcomes (OECD, 2021; OECD, 2024b). Some child policies have positive effects across

many indicators of child well-being. For instance, family-friendly policies that are universal, equitable and adequately funded have been proven to increase children's survival, mental and physical health, and academic and social skills (OECD, 2021; Clarke et al., 2022). Research has also found that parental happiness levels increase in the presence of family-friendly policies that make it less stressful and less costly to juggle the competing demands of earning and parenting (Glass et al., 2016). In fact, these policies benefit all Canadians because gaps in child well-being outcomes cost Canada nearly 3 per cent of its GDP every year (OECD, 2024b).

Overwhelming evidence suggests that high-income countries should double down on family-friendly, social protection and care policies for children to buffer them from poverty, share opportunities equitably, and achieve the best child outcomes and economic returns. UNICEF, the OECD, the World Bank and the International Monetary Fund agree that inclusive and adequate income support, primarily through cash transfers and parental leave, together with universal public services including quality child care and school meals, are keys to equitable social and economic progress (Figure 17) (UNICEF, 2019b; UNICEF and International Labour Organization, 2023).



Family-Friendly Policies

UNICEF calls child income benefits, child care and parental leave the ‘family-friendly policy trifecta’. Family-friendly policies provide time, resources and services to help families raise their children. They are the foundation of children’s success in school, the attainment of lifelong health, and the ability of children and families to exit poverty. Family-friendly policies are core public policies because they also bring high returns for wider societal well-being, gender equality, sustainable growth, productivity and economic advancement.

Family-friendly policies have features of both care and social protection policies. According to the International Labour Organization (ILO), *care policies* refer, in part, to “public policies that allocate resources in the form of money, services or time to caregivers or people who need care,” and *social protection policies* include income support and “policies that facilitate parents’ involvement in both direct care and paid employment, such as paid maternity, paternity and parental leaves.” UNICEF advocates for and helps governments build integrated, high-quality, universal, adequate and equitable social protection and care systems.

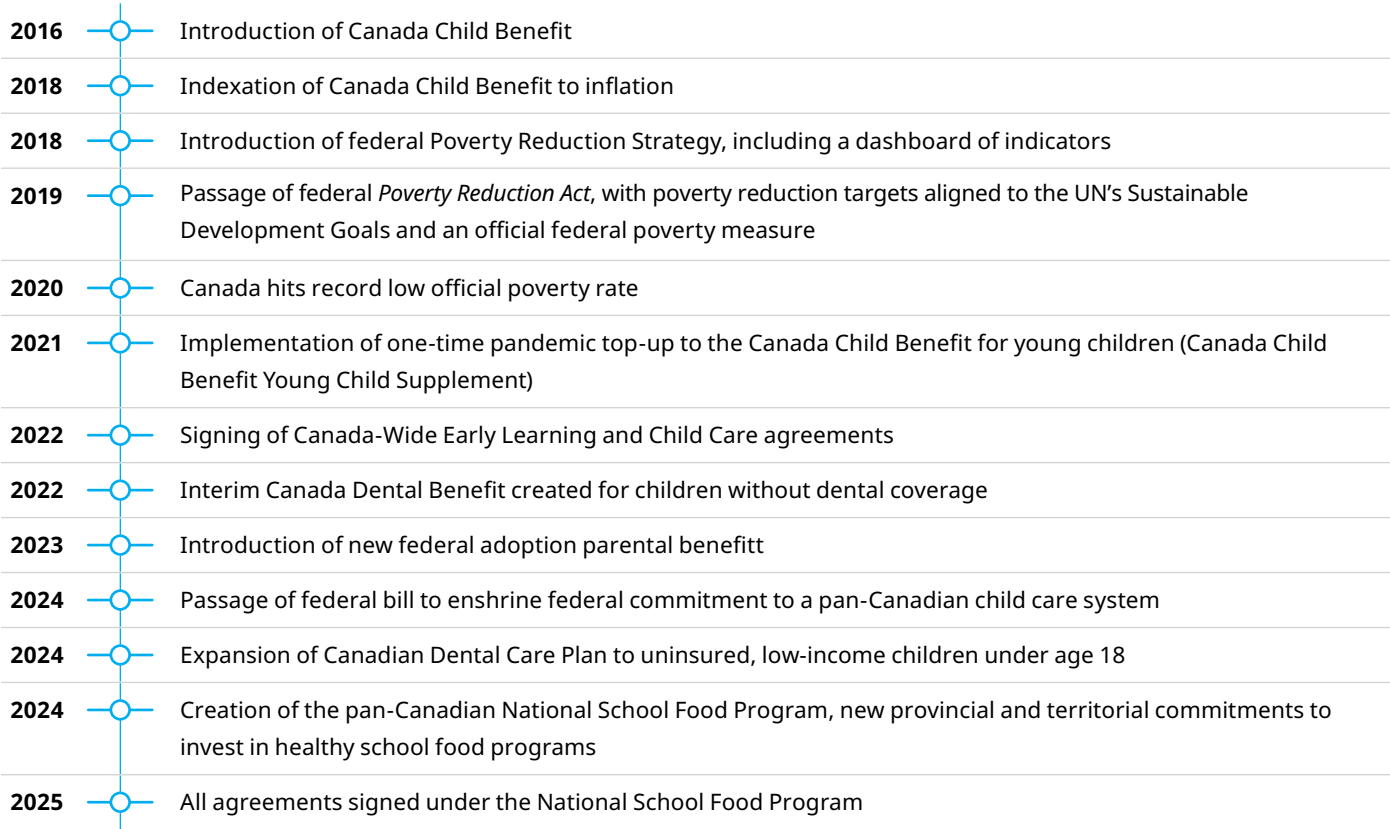
Figure 17: A comprehensive child policy portfolio by age

		Prenatal	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17+
Social Protection Cash Benefits	Family Allowances		Child and family benefits, child disability benefits, family tax breaks, advances on maintenance payments																	
	Leave and Family Care Policies	Maternity/ paternity leave and benefits		Parental leave and benefits		Child raising/ homecare allowances														
				Birth Grant																
Social and Human Services	Child Protection		Services for children (e.g., institutional care, social work interventions)																	
	Family Services	Home visiting, nurse-family partnerships																		
		Additional services in support of child-rearing (e.g., food packages, family accommodation services, family centres and parenting interventions)																		
	Employment Training																			Active labour market participation for youth
Education and Care Supports		Public work supports for caregivers																		
	Subsidies		Fees, waivers, or school or childcare fee subsidies, free meals or equipment																	
	Services		Childcare and preschool																	
Family Health Services																				
	Subsidies		Health insurance or cost waivers																	
	Family health services		Primary and secondary care																	
	Mother and infant health	Prenatal Checks		Birth Services, postnatal checks, immunizations																

Source: Reproduced from Richardson et al. (2023). See References for full details.

Some social protection and care policies for children have gained significant traction in Canada in recent years (Figure 18), but they are not yet comprehensive or adequate. Key milestones include:

Figure 18: A timeline of social policy milestones in Canada



Parenting Leave That Leaves No Child Out

Parenting leave – time and income for a parent or primary caregiver to care for their infant rather than working or seeking employment – arguably remains the most overlooked gap in Canada’s family-friendly policy portfolio. One third of newborns has a parent or primary caregiver who is excluded from parental leave (Employment and Social Development Canada, 2023). Outside of Quebec, Canada invests less in paid parental leave than the

OECD country average, and the pay of those who can access it is much lower than international standards (UNICEF Canada, 2023a). Canada’s parental leave is a regressive policy that provides the greatest benefits to the most advantaged, contrary to the more equitable design of other family-friendly policies. Parental leave is also policy-incoherent with child care, considering the limited availability and higher expense of infant child care. Exclusive and inadequate parental leave undermines investments in other child policies and services, given the potential returns for children’s

material security, nutrition, development, survival, health and protection.

Increasing the inclusion and pay adequacy of parental leave is a fundamental child policy advancement that evidence suggests would engender a wide range of positive impacts on child well-being, including the dimensions measured in this Report Card. If parental leave were reimagined as a child-centred social protection and care policy that offers adequately paid, flexible caregiving time for all infants, rather than an entitlement

of certain workers, more families would have more choice in how they wish to parent. A 2023 public opinion poll conducted by UNICEF Canada and Léger found that people in Canada overwhelmingly support a period of paid parenting time for every child – a rare near-consensus about a public policy direction.



A Better Child Income Benefit

In 2018, the Government of Canada announced a goal and strategy to reduce poverty in Canada by 50 per cent by 2030 (Employment and Social Development, 2018), and enshrined the commitment in legislation the following year through the *Poverty Reduction Act*. The Canada Child Benefit (CCB) contributed to an overall reduction in child poverty between 2015 and 2021 (National Advisory Council on Poverty, 2024). However, child poverty has been rising since 2021. Children in lone-parent families, Indigenous and racialized children, children who are in alternative care and those with disabilities remain more likely to live in poverty. Many children go to school or bed hungry and live in precarious and substandard housing. Children living in poverty are not only deprived of material conditions to thrive, but they also tend to experience gaps in academic achievement, health and happiness (OECD, 2022b). Canada's poverty goal cannot be considered achieved until it is achieved for every child.

The effectiveness of income benefits for children should be measured by their ability to reach children (universal coverage) and provide sufficient protection from poverty (adequacy) considering the resulting level of child poverty. Many high-income countries provide universal but progressive income benefit coverage for children, recognizing the cost and contribution to society of raising children but providing greater support for children in the lowest-income families.¹⁶

Income benefits for children must be inclusive and accessible in principle and in practice. Some children in Canada are administratively excluded from accessing the CCB and provincial/territorial income benefits for children. Section 122.6(e) of the *Income Tax Act* ties a child's CCB eligibility to their parents' immigration status. Children of parents without Canadian citizenship or permanent resident status are not eligible for the CCB, even if a parent is considered a resident for income tax purposes and is paying into the tax system and even if the child was born in Canada. Other children, particularly the most socio-economically disadvantaged, are de facto excluded from accessing the CCB and provincial/territorial benefits due to various circumstances. Children in kinship care, customary care and informal foster care face barriers to proving they meet eligibility requirements, and children in families that do not file tax returns cannot access income benefits (Robson and Schwartz, 2020).

Canada's social protection for children is also less than adequate. About 18 per cent of children in Canada, more than 1 million, live in families earning less than 50 per cent of the median income (Campaign 2000, 2024), an income threshold below which children are considered at risk of poverty by the OECD (2024b). These families have an income that is an average of \$15,000 lower than 50 per cent of the median income (Campaign 2000, 2024). The prevalence of child poverty, the rise in child poverty since 2021 and a recent increase in the depth of poverty strongly indicate insufficient investment in income benefits for children, as do rising rates of food insecurity and a child mortality rate that remains too high.

Income benefits should lift family incomes to at least 50 per cent of the median (Campaign 2000, 2024), ideally to 60 per cent, if Canada is to hold itself to the higher standard of many other high-income countries (UNICEF Canada, 2023b). Investing in more adequate income benefits for the lowest-income families would be consistent with global evidence about how best to support children and families. Research clearly shows that better social protection, particularly an adequate cash transfer, can reduce poverty and improve food security, and health and education outcomes. For instance, Canadian research has found that increasing benefit income is associated with improvement in children's math scores and greater school engagement (Milligan and

¹⁶ Eleven Report Card countries have universal income transfers for children (covering all families to at least some extent), while 18 countries including Canada have means-tested transfers.

Stabile, 2007; Berger et al., 2023, 2009; OECD, 2024b).



A Healthy Meal at School Every Day

There is an important distinction between platform social protection measures and cash-plus or in-kind social protection measures. A child-focused income benefit (platform) is the linchpin around which complementary initiatives should be built. Cash-plus interventions for primary health care and nutrition can be more effective than income benefits alone. For instance, a distinct child dental benefit can soften the often-unplanned financial shock of dental fees. School food programs are the most common form of in-kind child benefits, and most countries provide them (World Food Programme, 2020). Until 2024, Canada was the only G7 country and one of the only OECD countries without a country-wide approach to school food programs to help ensure no child goes hungry through a school day. In 2019, 33.2 per cent of children in Canada reported feeling hungry when arriving at school every day or almost every day, above the OECD average of 27.4 per cent (OECD, n.d.) - but only about half of schools are estimated to have a school meal program (Ruetz Consulting, 2024).

Access to healthy food at school is expanding, with the 2024 launch of a National School Food Policy (Employment and Social Development Canada, 2024) and a \$1-billion federal

contribution budgeted for 2024 to 2029 (Department of Finance, 2024), building on roughly \$370 million in combined annual provincial, territorial, and municipal investments¹⁷. A guarantee of healthy food available every school day, for every child, requires more program investment. Universality is important to ensure equitable and dignified access, as targeting is likely to create stigma that acts as a barrier to access, is administratively challenging and will not effectively meet the needs of all children.

Global evidence demonstrates that school food programs support a range of positive child outcomes of national interest (Cohen et al., 2021; Dos Santos et al., 2022). In addition to physical and mental health, well-designed programs improve readiness to learn at school and social relationships.



Freedom from Unhealthy Food and Drink Marketing

Governments have the duty to act in the best interests of children and safeguard their rights to nutrition, health, information and protection from exploitation. Marketing of unhealthy food and drink to children undermines these rights (United Nations Nutrition, 2022). By unfairly targeting and manipulating children at a developmental stage when it is highly influential and indefensible, marketing impairs children's rights to access information that supports their healthy development and to be protected from exploitation.

This in turn undermines their rights to optimal nutrition, health and development.

For many years, as children's rate of obesity rose, governmental and all-party parliamentary studies have called attention to the causes and impacts of poor diets. In 2012, the Public Health Agency of Canada issued a report, *Curbing Childhood Obesity: A federal, provincial and territorial framework for action to promote healthy weights*. In 2016, the Standing Senate Committee on Social Affairs, Science and Technology released *Obesity in Canada: A whole-of-society approach for a healthier Canada*, which recommended that the federal government prohibit the advertising of foods and beverages to children, and the committee recently passed a Private Member's Bill (C-252) to the Senate floor for a vote. In 2024, the House of Commons Standing Committee on Health released a report on child health that recommended the Government of Canada "implement restrictions on the marketing of unhealthy food to children" (House of Commons Standing Committee on Health, 2024).

Restricting food advertising to children has been a mandate of the federal Minister of Health since 2015. As part of its multi-faceted Healthy Eating Strategy announced in 2016, the federal government indicated its intent to limit the food and beverage industry's ability to advertise unhealthy food and drink to children, in a similar approach to Quebec's ban on advertising to children that has been in effect for

¹⁷ Estimates courtesy of the Coalition for Healthy School Food

decades (Health Canada, 2016). In April 2023, Health Canada published a policy update outlining its proposed 'first step' approach to regulating food advertising to children on television and digital media (Health Canada, 2024). This approach prioritizes media where children spend much of their time and where they are highly exposed to food advertising, including ads that air during children's television programs or on children's websites. It excludes children's exposure to unhealthy food and drink advertising at point of sale, on food packaging and labelling, and through other marketing tactics. The update does not propose to protect all children under age 18 nor limit the broader exploitation of children through marketing.

A limited focus for regulatory ambition would lay a basic foundation to protect children from food and beverage marketing. But global experience shows that partial restrictions leave many children inadequately protected and may actually have counterproductive effects (ASEAN, 2024). For instance, marketing may expand to areas that are not covered (e.g., types of broadcast media, settings and tactics) and to older children who are left unprotected yet more likely to experience a higher volume of advertising.

Restrictions on the marketing of unhealthy food and drink have been implemented to protect children's health in Quebec and in other jurisdictions around the world, leading to the consumption of more

nutritious food. The Government of Canada can uphold its duty to protect children with a children's rights-based approach to legislation and regulation that includes:

1. Legislation and reforms to the Food and Drug Regulations to comprehensively protect children under age 18 from marketing, consistent with the Convention on the Rights of the Child, World Health Assembly resolutions and WHO recommendations.
2. Implementing the International Code of Marketing of Breastmilk Substitutes and relevant World Health Assembly resolutions and recommendations in the 2016 WHO Guidance on Ending Inappropriate Promotion of Foods for Infants and Young Children to support a comprehensive approach that protects children across their life course (WHO, 2017).

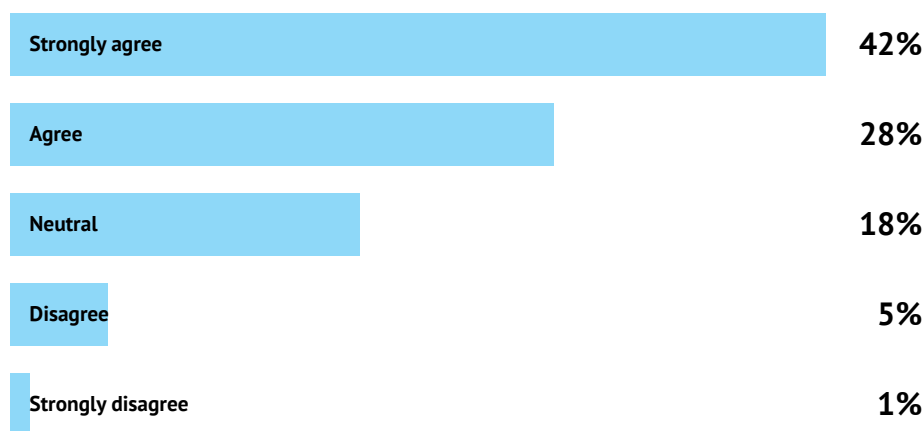
3. Ensuring that every child has access to nutritious food and drink in school environments that are free from marketing.



Public Budgets to Fulfill the Promise to Children

In ratifying the Convention on the Rights of the Child, governments accept a responsibility to give children the 'first call' on public resources and to maximize investment in children. Yet UNICEF research across low- to high-income countries finds that public resources to meet children's needs and rights are too little compared to other investments and, contrary to the best evidence, are invested too late in the life course (Richardson et al., 2023). Budgets are also typically unbalanced, with inadequate social protection compared to investments in other sectors, which perpetuates inequities across education, health and other aspects of children's lives.

"The government should restrict advertisements of unhealthy food and drinks specifically aimed at children and youth."



U Report by UNICEF

170 respondents

Source: UNICEF Canada (n.d.)

No State can tell whether it is fulfilling children's economic, social and cultural rights "to the maximum extent of available resources", as it is required to do under article 4, unless it can identify the proportion of national and other budgets allocated to the social sector and, within that, to children, both directly and indirectly.

General Comment Number 5 of the Committee on the Rights of the Child on General measures of implementation of the Convention on the Rights of the Child (2003).

All of the countries in Report Card 19 are party to the Convention on the Rights of the Child. Each is obligated to prioritize children in its public investment and to invest in children to the maximum extent of its available resources. How do we know if they do? Even in countries like Canada that have world-class fiscal management practices, the visibility of children in public budgets is typically obscure to all but the most ardent economists and auditors.

The UN Committee on the Rights of the Child has consistently noted the lack of quality information concerning spending on children. In 2022, it asked Canada to clearly track allocations to children to determine the adequacy of the budget and understand whether Canada is fulfilling its obligations to children (United Nations, 2022). Federal budgets in Canada have begun to identify which allocations are intended to benefit different

groups of people according to gender, income, age and other equity dimensions in the Statement and Impacts Report on Gender, Diversity and Quality of Life. But the 'youth' age cohort is too broad to distinguish children's specific rights and needs. UNICEF's Public Finance for Children Toolkit (2021b) provides guidance for Child Public Expenditure Management (C-PEM), which would assist Canada in making public budgets transparent and accountable.

The sentinels of child well-being measured in UNICEF Report

Card 19 differ significantly between countries that have similar resources. Countries must face the future with resolve to advance child well-being; without intentional policy ambition, current and emerging challenges and unanticipated shocks will continue to burden childhoods and stretch inequalities. Countries need not wait for future UNICEF Report Cards to act on the trends and signals evident today, and UNICEF will continue to monitor our progress in the years to come.

UN Committee on the Rights of the Child: 2022 Recommendation to Canada (United Nations, 2022)



10. The Committee welcomes the introduction of gender budgeting at the federal level. Recalling its general comment No. 19 (2016) on public budgeting for the realization of children's rights and taking note of target 16.5 of the Sustainable Development Goals, the Committee recommends that the State party:
 - (a) Conduct a **comprehensive assessment** of the budget needs of children and allocate **adequate** budgetary resources, in accordance with article 4 of the Convention, for the implementation of children's rights;
 - (b) Utilize a child-rights approach in the elaboration of the State budget, by implementing a **tracking system** for the allocation and the use of resources for children throughout the budget. The State party should also use this tracking system for **impact assessments** on how investments in any sector may serve the **best interests of the child**;
 - (c) **Define budgetary lines** for all children, with special attention to those in disadvantaged or vulnerable situations that may require affirmative social measures such as children of **Indigenous, African-Canadian, or other minorities and children with disabilities**, and make sure that those budgetary lines are **protected even in situations of economic crisis**, natural disasters or other emergencies.



About the Indicators, Data and Rankings

In many countries today, a wide and evolving range of indicators are used to measure different aspects of child well-being. However, data for international comparison is limited since countries have different priorities and different data collection methods. UNICEF Report Card 19 indicators are constructed with data from the most recent high-quality administrative data sets and international surveys available for comparison. Most data are collected by governments or with government support. Please note that the precision of individual indicator rankings in this companion may vary by indicator based on underlying data. As a result, the visual placement of entities within graphs may not directly correspond to their exact rankings. Additionally, some indicators include tied rankings, which may further affect graphical representation. Interpret visualizations with these limitations in mind.

UNICEF Report Card 19 (available at www.unicef-irc.org) includes discussion of data timeliness, parameters and gaps, the rationale behind including and constructing indicators, details of the construction of the league tables and recommendations for the development of new approaches to measuring child well-being, including the perspectives of children. While it is necessary to continue to develop statistical information about the state of children, perhaps the greatest opportunity before us is to act on the information we already have.

UNICEF Report Cards use national averages to compare the state of children in rich countries. National averages help reveal patterns that may not be visible in smaller areas with smaller data sets (such as provinces, territories or communities) and are necessary for international comparisons. National averages can tell us how many children in a country are deprived of the conditions to survive, be healthy and learn, and how that compares to other jurisdictions. If subnational data is available, national averages can facilitate the potential to benchmark the state of children at provincial, territorial and local levels. If the data can be disaggregated (e.g., categorized by gender, ethnic identity or immigration status), groups of children can be compared to a national or international average to unmask inequalities between children in the same country.

Unfortunately, data for smaller geographic areas and certain groups of children experiencing inequities are not available for all indicators. Data about First Nations, Inuit and Métis Peoples are also subject to distinctions in and sovereignty over its collection, possession, ownership and use. It is beyond the UNICEF Report Card's scope to provide within-country comparisons for all countries; however, this Canadian Companion refers to complementary data and examples to illustrate some of the inequalities experienced by children in Canada within the indicators in Report Card 19. It is a resource for others who wish to further examine inequalities among children in Canada.

Appendices

Appendix A:

Canadian Indicators in UNICEF Report Card 19

Indicator	Canada rank	Canada value (2022)	Top value (2022)	Average value (2022)	Median value (2022)	Canada rank (REPORT CARD 16)	Canada value (2018)
Overall	19		Netherlands			30	
MENTAL WELL-BEING							
Life satisfaction	13	76%	87%	72%	73%	28	79%
Adolescent suicide	33	8.4 per 100,000	1.0 per 100,000	6.2 per 100,000	5.7 per 100,000	35	10.1 per 100,000
PHYSICAL HEALTH							
Child mortality	25	0.88 per 1,000	0.32 per 1,000	0.99 per 1,000	0.79 per 1,000	28	0.94 per 1,000
Overweight	24	28%	16%	28%	27%	29	29%
SKILLS							
Academic skills	6	67%	79%	55%	60%	13	68%
Social skills	28	75%	84%	77%	77%	23	75%
CONTEXT							
Bullying	26	22%	8%				
Loneliness	28	21%	9%				
Skills for empathy	20	64%	76%				
Skills for perspective-taking	12	62%	80%				
Change in socio-economic gap in mean math scores	26	Increase of 13 percentage points	Decrease of 21 percentage points				

Notes:

- Indicators in **bold text** are included in the core league tables.
- Refer to UNICEF Report Card 19 for data reference years and sources.
- Differences between countries may not be statistically significant.
- Percentage values rounded to nearest whole number, adolescent suicide rates to nearest tenth, and child mortality to nearest hundredth for clarity. Note that rounding may conceal small differences.

CANADA RANKING	CANADA COMPARISON	CANADA'S PROGRESS
TOP THIRD	BETTER THAN AVERAGE	GETTING BETTER
MIDDLE THIRD	WORSE THAN AVERAGE	GETTING WORSE
BOTTOM THIRD	AVERAGE	STAGNANT
NOT APPLICABLE		

Appendix B:

International Abbreviations (ISO) for Countries and Regions in the Report Card

Country name	2-letter ISO code	3-letter ISO code	Country name	2-letter ISO code	3-letter ISO code
Australia	AU	AUS	Japan	JP	JPN
Austria	AT	AUT	Latvia	LV	LVA
Belgium	BE	BEL	Lithuania	LT	LTU
Bulgaria	BG	BGR	Luxembourg	LU	LUX
Canada	CA	CAN	Malta	MT	MLT
Chile	CL	CHL	Mexico	MX	MEX
Colombia	CO	COL	Netherlands	NL	NLD
Costa Rica	CR	CRI	New Zealand	NZ	NZL
Croatia	HR	HRV	Norway	NO	NOR
Cyprus	CY	CYP	Poland	PL	POL
Czechia	CZ	CZE	Portugal	PT	PRT
Denmark	DK	DNK	Republic of Korea	KR	KOR
Estonia	EE	EST	Romania	RO	ROU
Finland	FI	FIN	Slovakia	SK	SVK
France	FR	FRA	Slovenia	SI	SVN
Germany	DE	DEU	Spain	ES	ESP
Greece	GR	GRC	Sweden	SE	SWE
Hungary	HU	HUN	Switzerland	CH	CHE
Iceland	IS	ISL	Türkiye	TR	TUR
Ireland	IE	IRL	United Kingdom	GB	GBR
Israel	IL	ISR	United States	US	USA
Italy	IT	ITA			



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