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The Ontario Early Adversity and Resilience Framework: From Research to Action

Public Health Ontario Rounds

October 8, 2025

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Disclosures The presenters do not have any conflicts of interest to disclose.



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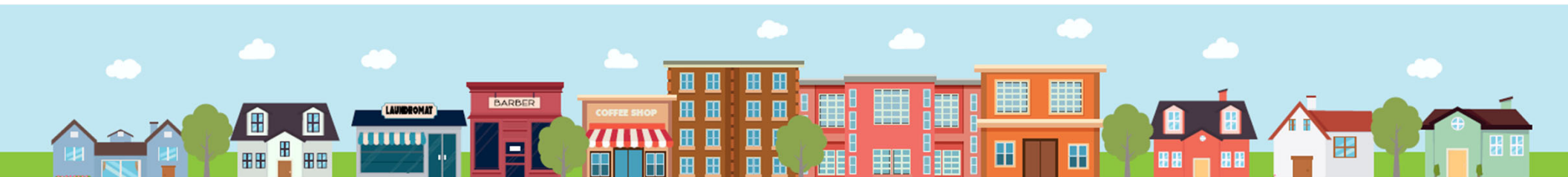
- This workshop includes topics related to early adversity, including adverse childhood experiences, trauma, neglect, and abuse
- Some content may be emotionally challenging or triggering
- Please prioritize your well-being—take breaks as needed, seek support, and engage in ways that feel safe for you
- If you need resources or assistance, please reach out to a trusted support service

Call or text Suicide Crisis Helpline at 9-8-8 or visit 988.ca to get help without judgement. Available in English or French, 24/7



LEARNING OBJECTIVES

1. Describe the concepts of early adversity and resilience, including risk and protective factors, and the effects of chronic stress.
2. Recognize early adversity and resilience as public health issues affecting health outcomes across the life course.
3. Summarize the components of the OEAR Framework and how it can be used to address systemic inequities.
4. Identify ways to apply the OEAR Framework within their own organizations or communities and promote its broader adoption by sharing and encouraging its use.



OUR TEAM

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**Framework
Working Group**

REFLECTING ON POSITIONALITY



- Our identities, lived experiences, and social locations shape how we understand and engage with the world
- Positionality shapes how we perceive adversity, resilience, and systemic inequities. It influences what we prioritize, whose voices we centre, and how we interpret findings
- Reflect on how your background and beliefs shape your engagement with this framework

Critical self-awareness strengthens our ability to foster respect, inclusion, and meaningful change

REVIEWER ACKNOWLEDGEMENTS

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- ACEs & Resilience Coalition of Kingston, Frontenac, Lennox & Addington (ARC)
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- University of Waterloo Master of Public Health Students: Briana Linton, Monica Michael, Naumce Trpeski, and Saida Azam

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- Ontario Native Women's Association (ONWA)
- Laurie O'Donnell, Dnaagdawenmag Binnoojiiyag Child & Family Services

THE SCIENCE OF EARLY ADVERSITY AND RESILIENCE



UNDERSTANDING ACEs AND EARLY ADVERSITY



Adverse Childhood Experiences (ACEs)

- Stressful and potentially traumatic events occurring before the age of 18
- Usually refers to a specific set of early adversities identified in the original ACE study that focus on 10 key experiences
 - **Abuse:** Physical, emotional, sexual
 - **Neglect:** Physical, emotional
 - **Household Dysfunction:** Substance abuse, mental illness, incarceration, divorce, domestic violence



Early Adversity

- A broader definition that refers to any challenging or negative experiences during childhood, including ACEs
- Examples include:
 - Poverty
 - Racism or Discrimination
 - Community Violence
 - Loss of a Caregiver



THREE REALMS OF ACES



Image adapted from PACESConnection, 2020

ACEs ARE PREVALENT

Internationally



61% of people have experienced at least 1 ACE
12-16% have experienced 4 or more ACEs

In Canada



6 in 10 people reported experiencing some form of maltreatment prior to age 15

In Ontario



81% of people have experienced at least 1 ACE
31% have experienced 4 or more ACEs

SOME POPULATIONS EXPERIENCE MORE ADVERSITY THAN OTHERS

- **Systemic factors**, such as colonialism, racism and other forms of oppression, increase the risk for certain groups
- **Structural and systemic inequities** in policies, practices, and social norms contribute directly to higher rates of adversity
- **Overlapping systemic inequities** create compounded risk, amplifying adversity
- Examples of groups at increased risk include
 - People facing discrimination or oppression
 - Individuals living in low socioeconomic status households
 - Individuals with higher care or support needs
- More research needs to be completed to identify additional groups at increased risk



ACEs DEMONSTRATE A DOSE-RESPONSE RELATIONSHIP

- The higher the number of ACEs experienced by an individual, the higher their likelihood of developing poor health outcomes in a **dose-response relationship**
- Adults with **4 or more ACEs** are **12 times more likely to face health risks** such as substance use, depression, and suicide attempts
- People with **6 or more ACEs** have an **increased risk of premature death of up to 20 years earlier** than average



Felitti, 2002; Brown, et al., 2009



TYPES OF STRESS

Positive Stress



Normal part of development
(e.g., first day of school)

Tolerable Stress



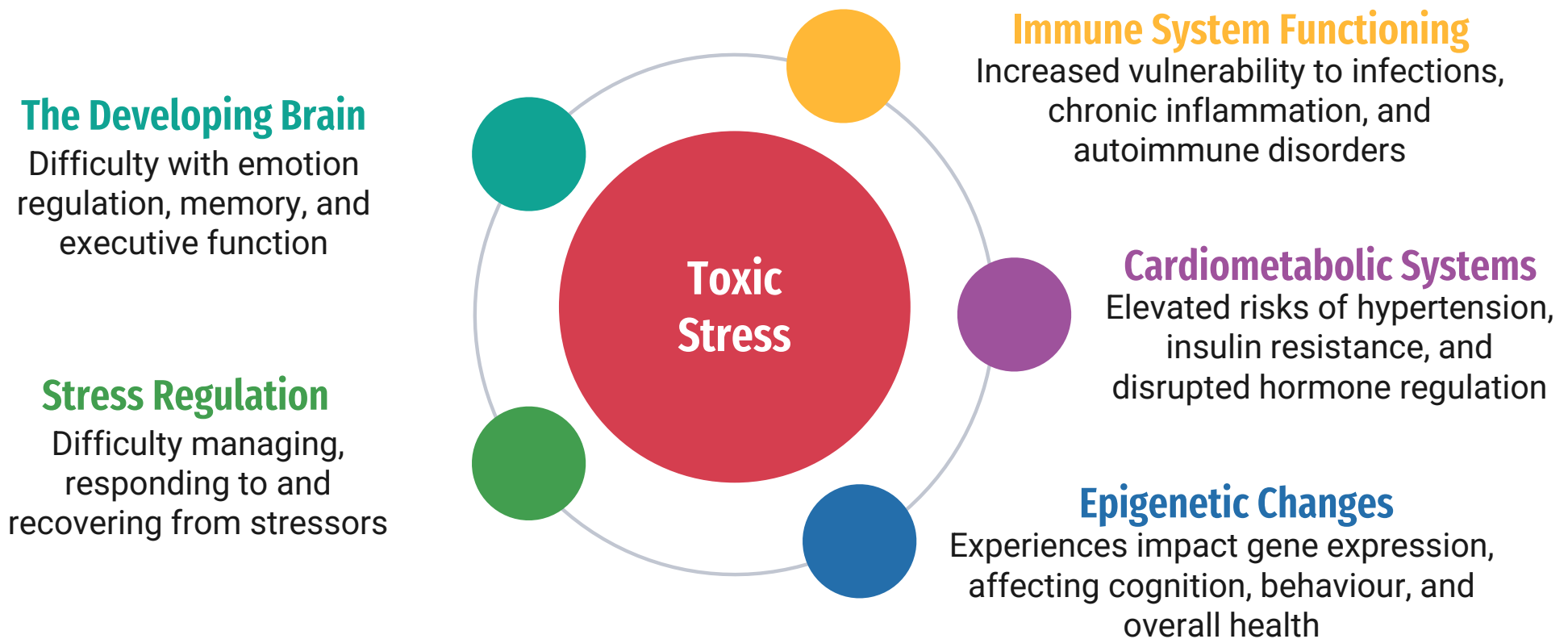
More intense stress
(e.g., loss of a loved one)
buffered by supportive
relationships

Toxic Stress



Severe and/or prolonged
stress without adequate
support

EARLY ADVERSITY AFFECTS DEVELOPING BIOLOGICAL SYSTEMS



EARLY ADVERSITY AND HEALTH OUTCOMES

ACEs can increase risk for disease, early death, and poor social outcomes

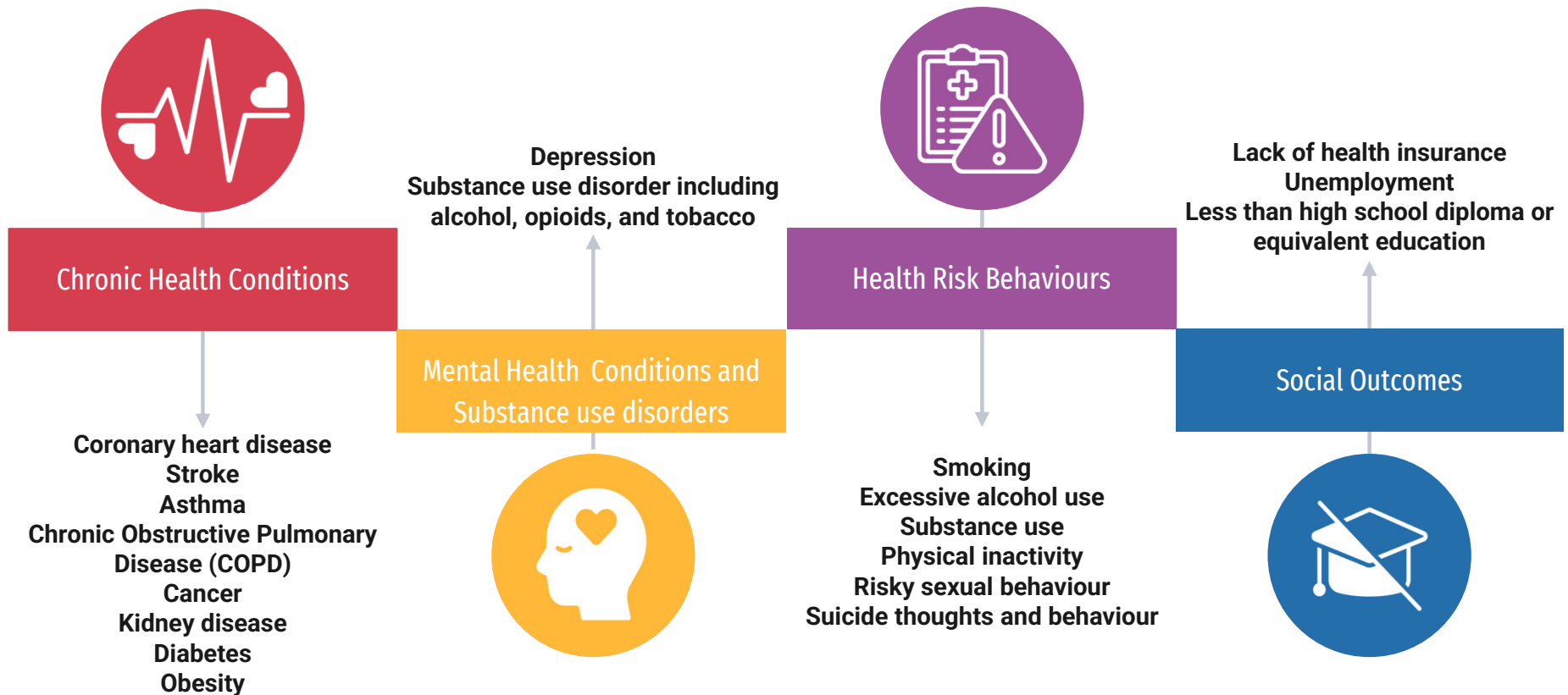


Image adapted from: Centers for Disease Control and Prevention, n.d.

WHAT DO WE MEAN BY RESILIENCE?

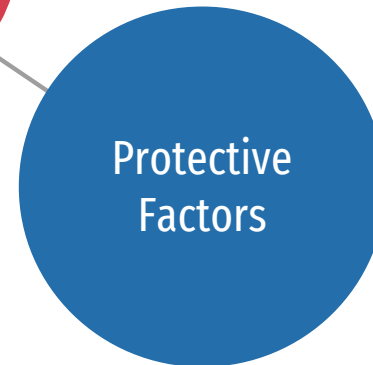
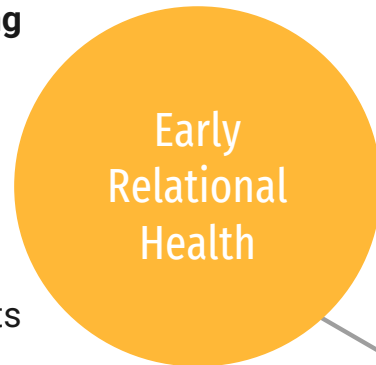
- Resilience is about **adapting, recovering**, and even **thriving** despite stress or adversity
- It is influenced by our **genes, relationships** with others, **life experiences, and environment**
 - It is **NOT** just something you're born with or that you develop on your own
- **Positive experiences and early relationships form the foundation of resilience**
- A **resilient community** works together to create and sustain the resources people need to thrive
- Resilience is not just the absence of hardship; it's the **ability to navigate challenges with the right supports**

Alberta Family Wellness Initiative, 2019; Center on the Developing Child at Harvard University, 2015; Resilience Research Centre, n.d.; Williams, 2023



HOW DO WE BUILD RESILIENCE?

- **The first positive, nurturing relationships between caregivers and infants/toddlers**
- Supports brain development, stress regulation, and well-being for both children and adults
- Forms the foundation for SSNRs and Positive Experiences in childhood



- Relationships that provide security, consistency, and emotional support, **buffering against stress and adversity** across childhood
- Built on ERH and is critical for positive experiences in childhood.

- ERH, SSNRs, and positive experiences all function as protective factors.
- **Conditions that reduce the impact of adversity and promote resilience** at individual, family, and community levels.
- Recognizes that systemic inequity limits access to protective factors

- Builds on SSNRs and expands to include opportunities for learning and developing **social and emotional skills**, engaging in safe, supportive and equitable **environments**, and fostering **social engagement and connectedness**

ADVERSITY IS NOT DESTINY

- With the right support and interventions, **individuals can heal, grow, and thrive despite past challenges**
- **Trauma- and violence-informed care (TVIC)** plays a critical role by recognizing and responding to the effects of trauma through fostering safety, empowerment, and healing
- Shifting the focus from *“What’s wrong with you?”* to ***“What happened to you?”***



Substance Abuse and Mental Health Services Administration, 2014; Perry, 2020



RECOMMENDED RESOURCE

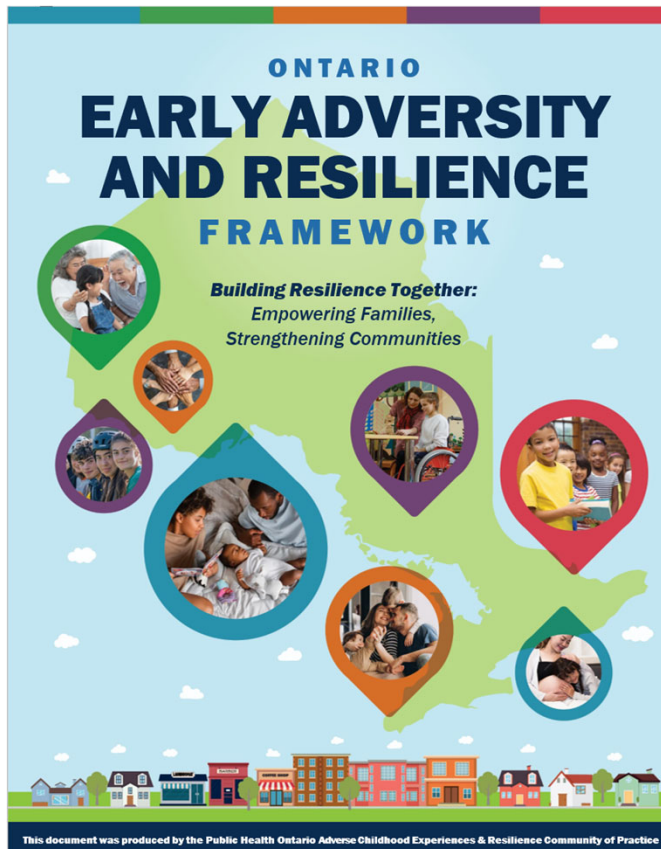
Community Resilience Core Training



**Community
Resilience Coalition**
Guelph & Wellington

communityresilience.ca

OVERVIEW OF THE FRAMEWORK



PROCESS OVERVIEW

Review of Frameworks

Decision to adapt Fraser Health's framework based on comprehensive review of existing frameworks, SWOT analysis, consultation



Adapt

Working Group members supported extensive adaptations to Ontario context



Review

Internal Review from PHU leaders
External Review from cross-sector leaders



Finalize and Communicate

Development of final report, graphic summary and communications plan



2024

2025

PURPOSE OF THE FRAMEWORK

This framework supports communities and decision-makers in Ontario by:

- **Promoting evidence-based strategies** to prevent adversity and promote resilience.
- **Explaining complex concepts** to make them more accessible and easier to understand.
- **Building shared understanding** and a common language around the drivers and impacts of adversity, and ways to build community resilience.
- **Encouraging community action** that fosters collective responsibility and cross-sector partnerships.
- **Increasing impact** to strengthen the effectiveness of initiatives that address adversity and resilience.

ONTARIO EARLY ADVERSITY AND RESILIENCE FRAMEWORK

Building Resilience Together: Empowering Families, Strengthening Communities

Focus Areas

1. Socially connected, equitable and inclusive communities
2. Social and emotional development and resilience
3. Reproductive health and parenting/caregiving readiness
4. Responsive and culturally safe parenting/caregiving

Pathways to Change

1. Shift social norms
2. Integrate upstream strategies
3. Influence healthy public policy
4. Intervene to lessen harm
5. Collect and use data



Guiding Principles

1. Across the life course
2. Collaborative
3. Culturally safe
4. Diverse and inclusive
5. Equity and reconciliation oriented
6. Evidence-informed
7. Place matters
8. Population-based
9. Strength- and resilience-based
10. Trauma- and violence-informed

Earlyadversityandresilience.ca

1. SOCIALLY CONNECTED, EQUITABLE, AND INCLUSIVE COMMUNITIES

GOAL: Children, youth and families thrive in healthy communities that are safe, connected, equitable, inclusive, resilient, and sustainable. This can be achieved by fostering safe, supportive and nurturing relationships and environments.

EXPECTED OUTCOMES:

- Shared responsibility for child, youth, and family well-being
- Enhanced social and cultural connections
- Family-friendly and accessible built environments
- Across the life course, with a focus on reducing barriers to resources
- Equity-centered policies and practices that create healthy communities
- A culture of acceptance, fairness and anti-racism

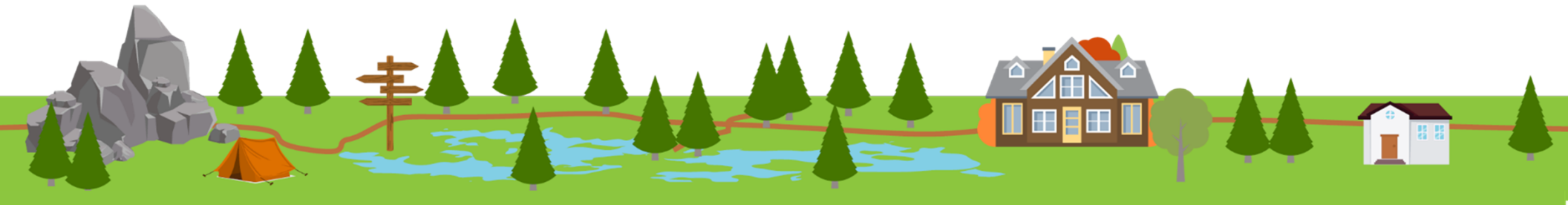


2. SOCIAL AND EMOTIONAL DEVELOPMENT AND RESILIENCE

GOAL: Children and youth are supported through social and emotional development to build healthy relationships.

EXPECTED OUTCOMES:

- Increased access to SED resources
- Culture and diverse identities are celebrated as a source of resilience
- Improved policies integrating SED in education and child care
- Expanded access to affordable, high-quality child care,
- Resourced and trauma-informed schools fostering positive relationships and engagement
- Greater use of SED indicators



3. REPRODUCTIVE HEALTH AND PARENTING/CAREGIVING READINESS

GOAL: Individuals and families are empowered to make informed decisions about reproductive health and have the resources, services and supportive environments needed to strengthen their capacity for parenting/caregiving.

EXPECTED OUTCOMES:

- Individuals and families make informed decisions for healthy pregnancies and long-term well-being
- increased access to culturally relevant, equitable and trauma- and violence-informed reproductive health services, preconception care, perinatal support
- Expectant and new parents feel supported through accessible prenatal education and perinatal resources.
- Increased parenting confidence, reduced stress, and improved maternal and infant health outcomes
- Enhanced support for those experiencing perinatal mood disorders



4. RESPONSIVE AND CULTURALLY SAFE PARENTING/CAREGIVING

GOAL: Parents and caregivers are supported by communities to develop safe, stable and nurturing relationships with their children, honouring cultural practices and traditions.

EXPECTED OUTCOMES:

- Cultivating a shared understanding of child development and the importance of parenting/caregiving
- Reduced sources of stress for children, youth and their families through comprehensive support systems
- Implementing equitable, culturally safe and family-supportive policies
- Enhancing access to family support programs, including strengthening core skills for parents/caregivers and fostering healthy relationships to prevent family violence
- Child welfare policies prioritize family preservation with culturally safe, prevention-focused supports



STRATEGIC ACTION TABLES

- Developed for each focus area
- Based on evidence, promising practices, and expert feedback
- Provide a range of options—from broad goals to specific actions—allowing communities to adapt them based on their resources, capacity, and local needs

| PATHWAYS TO CHANGE | CHILD/YOUTH | FAMILY | COMMUNITY | SOCIETY | |
|---------------------------------|---|--|--|---|--|
| Integrate upstream strategies | Evaluate the health impacts of climate change on children and implement strategies to adapt to these impacts | Connect children and youth with caring adults and activities in the community (e.g., community mentoring programs, after-school activities, offering training opportunities in sports, media, arts, science, technology) | Advocate for equitable access to green spaces to allow for unstructured outdoor play in nature to reduce stress, enhance health, stimulate creativity, and build essential life skills | | |
| | | | | | |
| Shift social norms | Create a shared understanding of SED with school and community partners and use this to develop program strategies that are equitable, strengths building, and work to acknowledge the diversity in children and youth's life experiences | Utilize programs such as <i>The Fourth R</i> to help teach children, youth and families how to create safe and healthy relationships and manage their emotions | Promote and support <i>School Mental Health Ontario's</i> initiative to develop and deliver a systematic and comprehensive approach to school mental health | Promote SED as a valued component of children and youth development | |
| | | | | | |
| Influence healthy public policy | | Support the ability of mature minors (children and youth assessed by health care providers as capable of giving consent) to make their own health care decisions | Support and promote universal access to contraception, including medications and devices (<i>BH-Care</i>), and advocate for equitable access to safe abortion | Implement recommendations from the <i>Final Report of the National Inquiry into Missing and Murdered Indigenous Women</i> with guidance from First Nations, Métis and Inuit leaders | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Intervene to lessen harm | | Advocate for supportive programming for incarcerated parents and their children | Expand access to addiction services, crisis intervention, mental health treatments, and community-based support for victims of gender-based violence, survivors and their families, including those who cause harm | Advance the uptake and acceptability of supports and resources for families experiencing family and Intimate Partner Violence (IPV) | |
| | | | | | |
| Collect and use data | | Conduct and disseminate evaluation results of new programs and initiatives to support high quality, evidence-based interventions | | Support the collection and sharing of data to monitor child poverty. For example, develop a Market Basket Measure for children (MBM-C) that supplements the MBM for families with children and includes goods and services to meet their specific needs and developmental opportunities, taking into account children's views | |

EXAMPLE STRATEGIC ACTIONS

| PATHWAYS TO CHANGE | CHILD/YOUTH | FAMILY | COMMUNITY | SOCIETY |
|---|--|--|---|--|
| Integrate upstream strategies | Evaluate the health impacts of climate change on children and implement strategies to reduce these impacts | Advocate for equitable access to green spaces to allow for unstructured outdoor play in nature to reduce stress, enhance health, stimulate creativity, and build essential life skills | | |
| | Promote positive developmental programs and settings that foster pro-social behaviours, positive peer norms and leadership | Promote initiatives that connect caregivers to formal and informal supports and skill-building opportunities, including parent/caregiver-child interventions | Promote and increase access to programs that foster cultural identity, and connections to family, community, culture, language and land as a means of resilience | |
| | | Deliver nutrition education and cooking skills programs based on the needs and desires of families | Develop programs and create interventions to foster a healthy social environment using evidence-based frameworks such as BC CDC's Healthy Social Environments Framework | |
| Integrate <u>social prescribing</u> into practice based on client needs, goals, and interests | | | | |
| | | | Optimize policies that prevent interpersonal and cultural racism and violence | Support immigrants and refugees navigate health, education and employment sector partnerships |
| | | | Optimize policies that prevent interpersonal and cultural racism and violence | Develop tools to assess and address needs and services for children and youth to create healthy environments |
| | | Optimize policies that prevent interpersonal and cultural racism and violence | Optimize policies that prevent interpersonal and cultural racism and violence | Optimize policies that prevent interpersonal and cultural racism and violence |

EXAMPLE STRATEGIC ACTIONS

| PATHWAYS TO CHANGE | CHILD/YOUTH | FAMILY | COMMUNITY | SOCIETY |
|---------------------------|--|--------|---|---|
| <p>Shift social norms</p> | <p>Utilize programs such as The Fourth R to help teach children, youth and families how to create safe and healthy relationships and manage their emotions</p> | | <p>Promote and support School Mental Health Ontario's initiative to develop and deliver a systematic and comprehensive approach to school mental health</p> <p>Execute a SED campaign that uses social marketing techniques to influence positive behaviours and attitudes, such as empathy, self-regulation, and healthy interpersonal relationships</p> | <p>Promote SED as a valued component of children and youth development</p> <p>Facilitate and support dialogue on equity and inclusion to raise consciousness, including anti-racism, anti-discrimination and Reconciliation</p> |
| | <p>Promote an environment of equitable SED with an applied racial equity lens that acknowledges the needs for unique services tailored to students</p> | | <p>Adopt and create community-specific Infant and Early Mental Health Care Pathways to ensure timely and appropriate support for infants and young children with mental health and/or developmental challenges</p> | |
| | <p>Promote importance of addressing mental health</p> | | | |

DOCUMENT FEATURES

Positionality Reflections

- Foster meaningful reflection and encourage critical thinking



Positionality Reflection

Reflect on the values you hold as a parent, caregiver, or family member, and how you define "good parenting/caregiving." Where did these values originate? How might your views on parenting or caregiving influence the way you evaluate the skills and values of other parents or caregivers? Explore and learn about diverse child-rearing practices and consider Canada's history of imposing Western parenting values on Indigenous communities.

Resources to Support Meaningful Action

- Offer valuable materials to support further learning



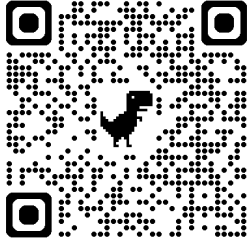
Resources to Support Meaningful Action

Increasing the representation of diverse populations in the public health, education, and social services workforce is crucial for bridging cultural gaps, incorporating diverse values, and building trust within communities. By empowering individuals from varied backgrounds and lived experiences to lead and engage in these sectors, we can prioritize and integrate diverse perspectives into the work being done.

[Ontario Health's Equity Inclusion, Diversity and Anti-Racism Framework](#)³⁰⁷ can be used to guide and support these efforts, ensuring that services are more effective and respectful of diverse perspectives.

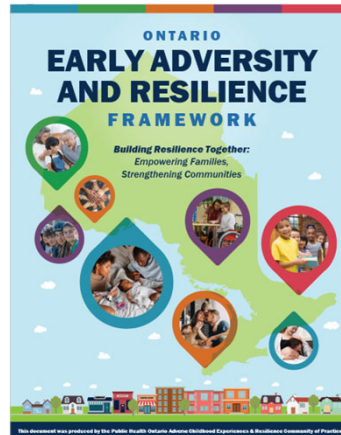
PUTTING THE FRAMEWORK INTO PRACTICE





WEBSITE

earlyadversityandresilience.ca



Full Report (92 pages)



The visual representation of the framework uses the metaphor of connected communities to show how children, families, and communities can address adversity and build resilience. At the center is the main goal, representing the heart of the framework. This is surrounded by four focus areas that target essential aspects of children's development and family well-being. These focus areas are then broken down into specific, actionable strategies and programs. The pathways to change are the core values of the framework, providing stability and shaping how actions are carried out. The pathways to change are the framework, which are made meaningful communities. These make meaningful how change happens and spreads, sharing skills between people and places. Together, these elements create an integrated and comprehensive approach to building resilience.

| FOCUS AREAS | |
|--|--|
| SOCIALLY CONNECTED, EQUITABLE, AND INCLUSIVE COMMUNITIES: Children's health and development are significantly influenced by their immediate social environment, the built and natural environments, and systemic forces shaping their environments. | SOCIAL AND EMOTIONAL DEVELOPMENT AND RESILIENCE: Children's development and resilience is a developmental process for the development of strong social and emotional competencies and resilience which equips children with the skills to manage stress, build healthy relationships, and excel in education. |
| REPRODUCTIVE HEALTH AND PARENTING/CAREGIVING READINESS: Access to reproductive health services and personal support empowers individuals to make informed choices. With the right support, families feel prepared to cope with stress and building, maintaining and strengthening resilient families and communities for children's protection, and building healthy, thriving young people. | RESPONSIVE AND CULTURALLY SAFE PARENTING/CAREGIVING: Parent/caregivers are the most influential and planned part of a child's life, shaping their overall health and well-being. Providing culturally safe spaces for families to share stories of stress, strengthen core skills, and support responsive relationships are built a strong foundation for children that promotes resilience and reduces adversity. |

UNDERSTANDING EARLY ADVERSITY AND RESILIENCE

Experiences in Childhood have Lifelong Impacts

- Early adversity** refers to stressful and potentially traumatic experiences occurring before age 15 that cause an adverse or long-lasting stress response. When children have these challenges without support from family, they can change the way they think and learn, and increase the risk of substance use, mental health struggles, learning issues, and early death. The experience of early adversity can vary between people, but may include abuse, neglect, witnessing domestic violence, and household challenges like caregiver mental health or substance use issues. Adversity also includes broader community and systemic factors such as racism, sexism, poverty, intergenerational trauma, and neighbourhood violence. Some populations experience more adversity than others.
- Resilience** is the capacity to stay well despite significant stress or hardship. It is influenced by our genes, relationships with others, life experiences, and environments. Positive experiences and early relationships form the foundation of resilience.
- Positive childhood experiences** help children develop resilience by providing a sense of safety, belonging, and the ability to manage challenges. Children thrive when they have safe, stable, nurturing relationships and environments, which serve as protective factors against adversity.
- To build **community and family resilience**, foster healthy development and prevent long-term physical and mental health issues, we can enhance protective factors such as responsive parenting/caregiving at the family level, strong social support at the community level, and equitable policies at the societal level.

ABOUT THE FRAMEWORK

This framework was adapted by members of the Public Health Ontario Adverse Childhood Experiences and Resilience Community of Practice and consolidates best evidence on the topic into a framework that can be used to facilitate cross-sector collaboration.

This framework supports communities and decision-makers in Ontario by:

- Promoting evidence-based strategies at all socio-ecological levels to prevent adversity and promote resilience.
- Explaining complex concepts to make them more accessible and easier to understand.
- Building shared understanding and a common language around the drivers and impacts of adversity, and ways to build community resilience.
- Encouraging community action that fosters collective responsibility and cross-sector partnerships.
- Increasing impact to strengthen the effectiveness of initiatives that address adversity and resilience.

A CALL TO ACTION

At the heart of this framework is a call for collective action across sectors to work together to develop innovative and meaningful solutions to prevent adversity, strengthen protective factors, build resilience, and support healing to families and communities.

Together, we can:

- Implement evidence-based programs and policies that support resilience.
- Advocate for systemic change and equitable resource allocation.
- Ensure that all children in Ontario have the opportunity to thrive.

Everyone has a role to play in building family and community resilience.
Reflect on your role and make a plan for your next step.

Read the full framework at:
earlyadversityandresilience.ca

2-page Graphic Summary

APPLYING THE FRAMEWORK



EVERYONE HAS A SHARED RESPONSIBILITY TO FOSTER CHILDREN'S POTENTIAL AND BUILD FAMILY AND COMMUNITY RESILIENCE



AN UPSTREAM APPROACH

- **Preventing Early Adversity is Primordial Prevention**
 - **Upstream Approach:** Addresses SDOH and root causes like poverty, systemic inequity, and lack of support for families.
 - **Building Resilience:** Strengthens protective factors such as safe, stable nurturing relationships and supportive communities.
 - **Early Intervention:** Prevents exposure to early adversity or provides support to mitigate the effects that lead to negative health outcomes.
- **Focusing on families and children has impacts across the life course**



LEVERAGING THE FRAMEWORK

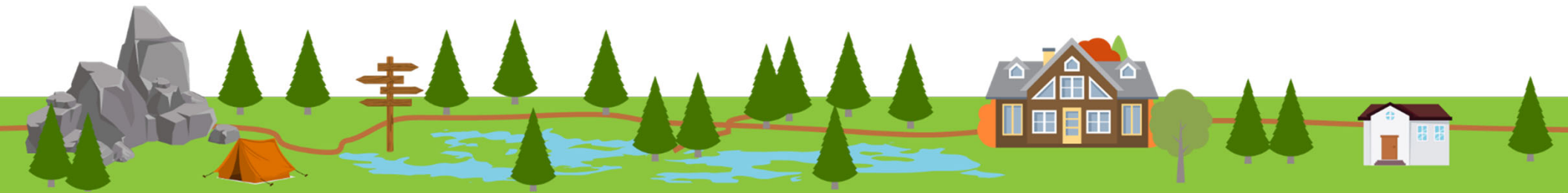
- **Public Health units can use the framework to help achieve the goals outlined in the Ontario Public Health Standards**
 - Evidence-based population-level strategies can be used to develop a *comprehensive health promotion strategy*
 - Opportunities for collaboration and partnership between PHUs and community partners across sectors
 - Ability to tailor to local needs, resources and priorities
 - Upstream approach supporting long-lasting outcomes



CONNECTIONS TO THE CLINICAL SETTING

- Embed **equity** and **trauma- and violence-informed care** in patient interactions
- **Strengthen referral** and **communication pathways** across sectors
- Support **mental health** and **early relational health** in families
- Expand access to **inclusive, evidence-based** supports
- **Partner** with families and communities to **build resilience**

A practical lens to adapt what clinicians already do for stronger long-term outcomes.



HOW THIS FRAMEWORK CAN SUPPORT COMMUNITY RESILIENCE



Shape Provincial Health and Social Service Strategies

Adopt into the Ontario Public Health Standards (OPHS) and guide paediatric health strategy



Facilitate Research and Strategic Partnerships

Enable research collaborations and actionable, multi-system strategies



Shape Strategies and Support Planning

Integrate into strategic and operational planning, supporting programs and grant writing



Support Population Health Assessment

Assist in selecting and prioritizing indicators for health monitoring and evaluation



Foster Cross-Sector Collaboration

Serve as a shared resource for partnerships across sectors (e.g., government, health, education, child welfare).



Guide Project Development

Inform action planning, implementation, and evaluation efforts



Facilitate Provincial Collaboration

Support province-wide initiatives such as communication campaigns, advocacy, and funding applications

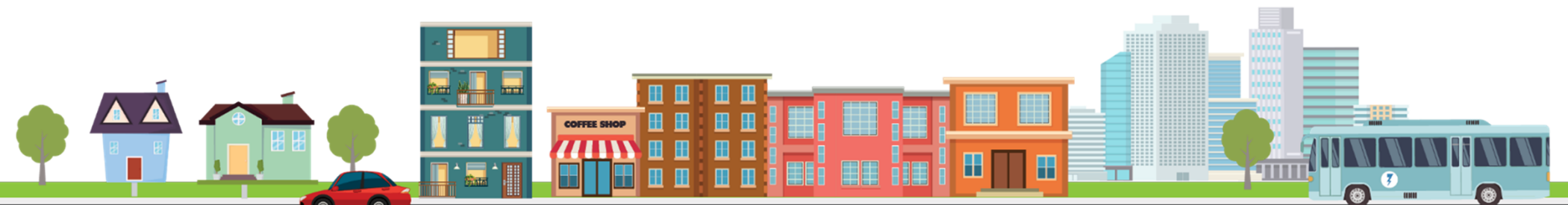


Guide Municipal Planning

Support local governments to integrate strategic actions into policies and services

NEXT STEPS YOU CAN TAKE

- **Review** the Framework
- **Reflect** with your team on what the framework means to your work
 - What focus areas and strategic actions fit with your role/work?
 - What else is happening in your organization or community that you can build on or do differently to contribute to the focus areas or strategic actions?
 - What partnerships might you want to form to move the work forward?
- **Plan** for what actions you can prioritize



Thank you!

For questions about the Framework, please contact the Co-chairs of the PHO ACEs and Resilience Community of Practice: [Emily Martyn](#) and [Becky Mann](#)



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EXAMPLE STRATEGIC ACTIONS

| PATHWAYS TO CHANGE | CHILD/YOUTH | FAMILY | COMMUNITY | SOCIETY | |
|---------------------------------|--|--------|--|---|--|
| Influence healthy public policy | Support and promote universal access to contraception, including medications and devices (Bill C-64), and advocate for equitable access to safe abortion | | Implement recommendations from the Final Report of the National Inquiry into Missing and Murdered Indigenous Women with guidance from First Nations, Métis and Inuit leaders | | |
| | | | Advocate for municipal policies and practices that support inclusivity and provide equitable service for 2SLGBTQ+ individuals | Address social and other determinants of health from an intersectional perspective to ensure that all people are able to enjoy their sexual and reproductive rights | |
| Intervene to lessen harm | Promote the importance of home visiting programs and advocate to increase funding and availability of these programs | | | | |
| | Promote and educate families on the benefits of home visiting programs and ensure they are accessible to all geographical areas across the province | | | Develop and implement policies that protect, promote, and support breast/chest feeding and the expression of breastmilk in workplaces and public spaces | |
| | | | Reduce barriers to accessing reproductive health services for those experiencing IPV | Ensure each Family Health Team includes an early childhood nurse to provide relational support to new parents/caregivers, screen | |

EXAMPLE STRATEGIC ACTIONS

| PATHWAYS TO CHANGE | CHILD/YOUTH | FAMILY | COMMUNITY | SOCIETY |
|---|--|--|-----------|--|
| <p>Influence healthy public policy</p> | <p>Secure funding and implement programs that enhance self-regulation and executive function skills, and boost incentives for two-generation programs that support these skills in both children and caregivers</p> | <p>Promote the implementation of flexible work weeks and enhanced parental leave policies for all workers</p> | | <p>Advocate for increases to the Canada Child Benefit (CCB) to provide more money to low-income families to reduce poverty and food insecurity rates, and reduce stress for parents/caregivers</p> <p>Advocate for children's right to physical security and repeal Section 43 of the Criminal Code to ban corporal punishment</p> |
| <p>Intervene to lessen harm</p> | <p>Expand access to addiction services, crisis intervention, mental health treatments, and community-based support for victims of gender-based violence, survivors and their families, including those who cause harm</p> | | | |
| <p>Collect and use data</p> | <p>Advocate for supportive programming for incarcerated parents and their children</p> <p>Expand access to addiction services, crisis intervention, mental health treatments, and community-based support for victims of</p> | <p>Advance the uptake and acceptability of supports and resources for families experiencing family and Intimate Partner Violence (IPV)</p> | | <p>Support data collection and sharing to monitor child poverty, including developing a Market Basket Measure for children (MBM-C) that reflects their needs, development, and perspectives.</p> |